In these sessions, participants begin applying attitudes and communication skills to carry out the counseling tasks that comprise the four general objectives for this training. Helping clients assess their own comprehensive SRH needs requires two-way communication between the client and the provider. The provider begins by asking appropriate questions; the client responds and the provider listens; the provider gives information that the client is lacking or corrects misinformation related to the client’s needs; and then the provider helps the client consider how the information applies to him or her and his or her level of risk. This crucial phase of counseling thus is a combination of the first two general objectives—helping clients assess their need for a range of SRH services, information, and emotional support, and providing information appropriate to their problems and needs.
Session 18
Introducing the Subject of Sexuality with Clients

Objectives
• To be able to explain to clients why they will be discussing sensitive and personal issues in their counseling, such as STIs and sexual relationships and behaviors
• To list key points to cover with clients to help put them at ease in these discussions

Materials
None needed

Advance Preparation
Review Session 18 in the Participant’s Handbook (page 85).

Time

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Introduction/brainstorm</td>
<td>5 min.</td>
</tr>
<tr>
<td>B. Discussion</td>
<td>15 min.</td>
</tr>
<tr>
<td>C. Role plays/discussion</td>
<td>15 min.</td>
</tr>
<tr>
<td>D. Demonstration role play, feedback, and summary</td>
<td>10 min.</td>
</tr>
</tbody>
</table>
Session 18 Detailed Steps

Activity A: Introduction/brainstorm (5 minutes)
1. Note that to introduce the discussion of sexuality issues in a counseling session, the provider must overcome both his or her own nervousness and the client’s possible embarrassment in response. Having a structured approach to beginning the discussion will both increase the provider’s confidence and ensure that key issues of concern to clients are addressed. The provider must remember, however, that it is his or her responsibility to initiate these discussions and to put the client at ease.

2. Ask the participants:
   * How can providers introduce the subjects of sexuality, HIV and STIs, sexual relationships, and sexual behaviors in a way that puts clients at ease?

3. Encourage three to four responses. (Since you will be referring quickly to the Participant’s Handbook, do not write their answers on the flipchart.)

Activity B: Discussion (15 minutes)
Refer the participants to Session 18 in their handbooks. Discuss each key point to cover with clients. For the examples, ask:

   * How would you say this to clients in your own service setting?

Activity C: Role plays/discussion (15 minutes)
1. Divide the participants into pairs. Explain that the participants will role-play being the provider and introducing the subject of sexuality to a client, following the guidelines in the handbook. The participant in the client role will choose one of the client profiles as his or her role. They will have only 2 minutes for each role play and then will switch roles, with the new “client” choosing a new profile.

2. Before starting the first role play, check to see that each pair has identified who will be the “provider,” who will be the “client,” and which profile the “client” is playing. (It is okay for more than one group to role-play the same client profile at the same time.) (5 minutes)

3. Ask the participants to start their role play. Stop them after 2 minutes. Allow for 1 minute between role plays, to let the new “client” choose a different profile. Announce the time for the new role plays to start. Stop them after 2 minutes. (5 minutes)

4. Briefly request feedback from the participants by asking: (5 minutes)
   * How did it feel to play the role of the provider?
   * How did it feel to play the role of the client? What did you observe about the “provider’s” body language and mannerisms as he or she explained the need to ask questions about your sexual life?

Activity D: Demonstration role play, feedback, and summary (10 minutes)
1. From your observations during the practice role plays, select one pair to demonstrate how to introduce the subject of sexuality to a client. (2 minutes)
2. Ask the rest of the participants to give feedback on the role play by asking:

* What was going on between the “provider” and the “client”? 
* What did the “provider” do that was effective in this situation?
* What might the “provider” consider doing differently next time?

3. Summarize the session by reviewing any of the Essential Ideas from the Participant’s Handbook that were not covered during the feedback. Emphasize that it is the provider’s responsibility to be comfortable enough to introduce the subject of sexuality and to help the client feel comfortable about responding to questions.
Session 19
The Risk Continuum

Objectives
• To identify risk for pregnancy, transmission of HIV, and transmission of other STIs for various practices
• To explain how one behavior can be high-risk for one condition and low-risk for another
• To identify ways to lower the risk for some behaviors
• To explain in simple terms which behaviors put people at risk for pregnancy, HIV, and other STIs

Materials
• White letter-size paper
• Three different colors of cards or paper
• Scissors
• Pens and markers
• Tape

Advance Preparation
1. Review Session 19 in the Participant’s Handbook (page 89) for background on the risk continuum and on factors that influence risk.
2. Review the Training Tip for Activity B, and decide how you want to distribute the behavior cards.
3. Prepare four risk-level cards, using white letter-size cards or paper, with the following titles: “No Risk,” “Low Risk,” “Medium Risk,” and “High Risk.”
4. Prepare behavior cards using colored paper or cards; these cards should be about half the size of a sheet of letter-size paper. Each behavior will be written on three cards, with one card labeled “Pregnancy Risk,” the second one labeled “HIV Risk,” and the third labeled “STI Risk.” Try to use one color of paper for all of the “Pregnancy Risk” cards (e.g., blue), a different color for all of the “HIV Risk” cards (e.g., yellow), and a third color for all of the “STI Risk” cards (e.g., pink). (See Trainers’ Tool, page 107, for the behaviors and for details on preparation of the cards.)
5. Post the risk-level cards high on a wall, with plenty of space between each card and plenty of space below them for participants to post the behavior cards. Place the cards in the order shown below, to create a continuum from no risk to high risk.

No Risk  Low Risk  Medium Risk  High Risk
Session 19

6. Make sure that the space in front of the wall is cleared so the participants have enough room to move around as they post the behavior cards.

7. Prepare enough small pieces of tape in advance so the participants will be able to stick cards or pieces of paper to the wall quickly.

<table>
<thead>
<tr>
<th>Time</th>
<th>Training Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hour</td>
<td>A. Introduction</td>
<td>5 min.</td>
</tr>
<tr>
<td></td>
<td>B. Large-group exercise</td>
<td>20 min.</td>
</tr>
<tr>
<td></td>
<td>C. Discussion</td>
<td>30 min.</td>
</tr>
<tr>
<td></td>
<td>D. Summary</td>
<td>5 min.</td>
</tr>
</tbody>
</table>

*Note: This session is adapted from: EngenderHealth, 2002.*
Session 19 Detailed Steps

Activity A: Introduction (5 minutes)

1. Explain to the participants that, having already focused on the attitudes and communication skills necessary for effective counseling, in this next section of the training the group will consider the information needed by clients and providers, to help clients assess their own comprehensive SRH needs.

2. Explain that much of what happens in helping clients to explore their own needs is about helping clients to accurately perceive their own risk—whether for unintended pregnancy, STIs, or pregnancy complications—so they can make decisions that will reduce their level of risk. The concepts of risk and risk reduction pose a challenge to providers and clients alike. One reason is confusion about the facts of HIV and STI transmission and conception. Another is that the same behavior may be “risky” in one situation and yet not risky in another, or risky for pregnancy but not risky for HIV and STIs (and vice versa). This session tries to clarify the various levels of risk from different behaviors and for different outcomes.

3. Conduct a quick brainstorm: Ask the participants to describe, in simple terms, the behaviors that put people at risk for pregnancy, for STIs, and for HIV. (Hold no discussion at this point.) Explain that they will return to these concepts at the end of the session.

Activity B: Large-group exercise (20 minutes)

1. Make sure that the Participant’s Handbooks are closed. Distribute all of the behavior cards to the participants, trying to ensure that each participant has the same number of cards.

2. Explain that each card has a risk label (pregnancy, HIV, or STI) and a behavior. The participants must determine what level of risk that behavior poses for pregnancy, HIV transmission, or STI transmission (whichever is written on the card). (Note: The “STI Risk” cards refer to risk for transmitting STIs other than HIV.) For example, if a card says “Pregnancy Risk” and “Masturbation,” they must determine the level of risk that masturbation poses for pregnancy, using the four risk-level categories (“No Risk,” “Low Risk,” “Medium Risk,” or “High Risk”).

3. Point out the risk-level cards placed on the wall. Once the participants have determined the risk level for a behavior and a condition, they should go to the wall and, using the tape provided, place each of their cards on the wall, under the sign for that level of risk.

Training Tip

Working individually or in pairs (teams)

This exercise can be conducted with individual participants placing the cards, or in pairs or small teams. If the participants are already knowledgeable on this subject, working individually is fine. However, if the participants do not know much in this area, there are advantages to putting two or more participants together, as they will
Training Tip (continued)

Working individually or in pairs (teams) (continued)

have to justify to each other the placement of the cards, pooling their knowledge. Greater learning happens when the participants discuss these issues among themselves prior to hearing “the answer” from the trainer. Additionally, individual participants will not feel so awkward about having misconceptions about this subject if they can see that their colleagues are also confused.

Distribution of cards

The exercise’s purpose is to clarify the participants’ thinking about different types of risky behavior and how to explain this clearly to clients. Two options give you a slightly different approach for achieving that purpose.

Option A: The basic issues of risks for pregnancy, HIV, and STIs would be reinforced most effectively by giving each participant (or “team”) a set of three cards with the same behavior and then having them decide the level of risk for that one behavior for pregnancy, HIV, or some other STI.

Option B: If the group is somewhat knowledgeable in these areas, it would be more challenging to mix the cards and distribute them randomly.

When participants get “stuck”...

For some of these cards, there is no “right” answer. The placement of the behavior in a risk category depends on many factors, such as whether either partner is infected (for HIV and STI risk), whether it is the fertile time of the woman’s cycle (for pregnancy risk), or whether the spouse tells the truth about not having other relationships. So it is absolutely correct for the participants to say “it depends...” when trying to figure out where to place their card. The trainer should encourage the participants to do their best with the information (or lack thereof) that is given on the card. If that becomes too frustrating, the trainer can suggest that the participants write on the card to add the information they need to place it in a particular category. Encouraging this kind of thinking is precisely the goal of this exercise—to understand the basic factors of risk and the necessity of individualizing that information to each client’s unique situation.
Activity C: Discussion (30 minutes)

1. Once all cards are placed, read the cards in each category, beginning with “No Risk,” and ask:
   ✴ Do you have questions about the placement of any behaviors in this category? Where do you think they should go and why?

2. Allow the participants to answer each other’s questions whenever possible and to share their knowledge of the relative risks of various behaviors. Affirm accurate responses and correct any misconceptions that do not get resolved in discussion among the participants. Place the cards in their correct categories if they have been incorrectly placed.

   ➤ Training Tip

   The purpose of the discussion is to explore all of the different conditions that can change the risk level of a behavior. Emphasize that “it depends…” is the right answer most of the time. (This applies to the table in the Participant’s Handbook as well.) When there is disagreement about the placement of a card, encourage the participants to explain how they decided the risk level for those behavior cards.

   Sometimes the participants place behaviors that they find offensive in the “high risk” category, even if they present little risk for pregnancy or infection. If this happens in your group, recall how attitudes and judgments can influence a provider’s assessment of risk in a client’s behavior.

   Referring to the continuum in the Participant’s Handbook

   If participants have very little knowledge in this area, another option for discussion would be to refer them to the risk continuum table in their Participant’s Handbook. Then they could compare their own placements of behaviors with what is shown in the table, and discuss the differences. However, once you do this, you will lose some of their focus for discussion, since many participants will be more focused on reading than on listening and thinking.

   If at all possible, it would be best to help them think through these issues on their own, and refer them to the continuum at the end of the session. You may want to schedule time later (during the warm-up or wrap-up) for questions related to the continuum.

3. After reviewing the categories, ask the following questions about the whole continuum (refer to the Participant’s Handbook for possible responses):
   ✴ Why are some behaviors found in both “no risk” and “high risk” categories?
   ✴ How does the relationship between two individuals affect their level of risk for some behaviors?
   ✴ How can some behaviors be moved to a lower level of risk?
Session 19

**Activity D: Summary (5 minutes)**

1. Ask the participants again:
   - How would you explain to clients which behaviors put people at risk for pregnancy?
   - How would you explain to clients which behaviors put people at risk for STI transmission?
   - How would you explain to clients which behaviors put people at risk for HIV transmission?

2. Turn to Session 19 in the Participant’s Handbook and review with the group the risk summary statements from the Essential Ideas. Point out the risk continuum table (if you have not done so already); suggest that they review it on their own, and offer to answer further questions related to the continuum at a later time in the training, as a follow-up to this exercise.
Trainers' Tool

SRH Risk Continuum: Sample Behavior Cards

Behaviors
- Abstinence
- Masturbation
- Vaginal sex using a condom
- Anal sex using a condom
- Sitting on a public toilet seat
- Unprotected vaginal sex with your spouse
- Rubbing genitals together without penetration, unclothed
- Unprotected vaginal sex with a monogamous, uninfected partner
- Vaginal sex with multiple partners, always using a condom

• Oral sex on a man
• Oral sex on a woman
• Deep (tongue) kissing
• Anal sex without using a condom

Make three cards for each behavior—one for each area of risk. If possible, make all of the risk cards the same color (e.g., all of the pregnancy risk cards would be blue, all of the HIV risk cards yellow, and all of the STI risk cards pink).

Example:
## Risk Continuum for Pregnancy, HIV, and Other STIs

<table>
<thead>
<tr>
<th></th>
<th>No risk</th>
<th>Low risk</th>
<th>Medium risk</th>
<th>High risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pregnancy</strong></td>
<td>Abstinence</td>
<td>Vaginal sex using a condom</td>
<td>Anal sex using a condom</td>
<td>Unprotected vaginal sex with your spouse</td>
</tr>
<tr>
<td></td>
<td>Masturbation</td>
<td>Rubbing genitals together without penetration, unclothed</td>
<td>Oral sex on a man</td>
<td>Unprotected vaginal sex with a monogamous, uninfected partner</td>
</tr>
<tr>
<td></td>
<td>Oral sex on a man</td>
<td>Vaginal sex with multiple partners, always using a condom</td>
<td>Anal sex on a woman</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral sex on a woman</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deep (tongue) kissing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anal sex using a condom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anal sex without using a condom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HIV</strong></td>
<td>Abstinence</td>
<td>Vaginal sex using a condom</td>
<td>Anal sex using a condom</td>
<td>Anal sex without using a condom</td>
</tr>
<tr>
<td></td>
<td>Masturbation</td>
<td>Deep (tongue) kissing</td>
<td>Oral sex on a man</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sitting on a public toilet seat</td>
<td>Rubbing genitals together without penetration, unclothed</td>
<td>Oral sex on a woman</td>
<td>Unprotected vaginal sex with your spouse</td>
</tr>
<tr>
<td></td>
<td>Unprotected vaginal sex with a monogamous, uninfected partner</td>
<td>Vaginal sex with multiple partners, always using a condom</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other STIs</strong></td>
<td>Abstinence</td>
<td>Deep (tongue) kissing</td>
<td></td>
<td>Oral sex on a man</td>
</tr>
<tr>
<td></td>
<td>Masturbation</td>
<td>Vaginal sex with multiple partners, always using a condom</td>
<td></td>
<td>Oral sex on a woman</td>
</tr>
<tr>
<td></td>
<td>Sitting on a public toilet seat</td>
<td></td>
<td></td>
<td>Vaginal sex using a condom</td>
</tr>
<tr>
<td></td>
<td>Unprotected vaginal sex with a monogamous, uninfected partner</td>
<td></td>
<td></td>
<td>Anal sex using a condom</td>
</tr>
</tbody>
</table>

*Note: This continuum can change depending on social and individual factors, such as involvement with other partners (for HIV and STI risk) or whether the woman is in her fertile time (for pregnancy risk), among others.*
Session 20
Exploring the Context of Clients’ Sexual Relationships

Objectives
• To explain why we need to ask questions about clients’ sexual relationships
• To list at least three questions that participants can use to help clients explore their sexual lives, including social context and the circumstances under which they have sexual intercourse

Materials
• Flipchart paper, markers, and tape

Advance Preparation
2. Review REDI—Phase 2: Exploration, with a focus on steps for this session (reproduced in the Trainers’ Tool, page 114).
3. Prepare three flipcharts with the headings for the areas to explore with clients (“Sexual Relationships,” “Communicating with Partner,” and “Partner’s Other Relationships”).

<table>
<thead>
<tr>
<th>Sexual Relationships</th>
<th>Communicating with Partner</th>
<th>Partner’s Other Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions from the framework:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What sexual relationship(s) are you in?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What is the nature of your relationship (including violence or abuse)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• How do you feel about it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Questions you could ask your clients:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• How do you communicate with your partner about sexuality, family planning, and HIV and STIs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Questions you could ask your clients:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What do you know about your partner’s sexual behaviors outside your relationship?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Questions you could ask your clients:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. For Activity B, think of one sample question for each category that would be easier for providers to ask their clients, given the social and cultural norms of their community. (See the Trainers’ Tool, page 113, for some ideas. These will differ from one culture and community to the next.)
<table>
<thead>
<tr>
<th>Time</th>
<th>Training Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 minutes</td>
<td><strong>A. Instructions</strong></td>
<td>10 min.</td>
</tr>
<tr>
<td></td>
<td><strong>B. Small-group work</strong></td>
<td>15 min.</td>
</tr>
<tr>
<td></td>
<td><strong>C. Plenary/discussion</strong></td>
<td>20 min.</td>
</tr>
</tbody>
</table>

Session 20
Session 20 Detailed Steps

Activity A: Instructions (10 minutes)

1. Ask the participants to turn to Session 8 in their handbooks and find Phase 2: Exploration in the detailed description of REDI. Refer them to Step 1, and the second bullet, “Explore the context of clients’ sexual relationships.”

2. Ask:
   ✗ Why is it necessary to explore these areas of a client’s personal life?
   (Responses should be close to what is contained in the session’s Essential Ideas, on page 93 of the Participant’s Handbook.)

3. Explain that the questions given in the REDI framework are a summary for providers; these are not necessarily the questions that they would actually use in counseling. The questions need to be restated in simpler language and in a way that would be acceptable to providers and clients in their own communities. The purpose of this session is to draft questions that they would feel comfortable asking a client and that would elicit the information needed to help the client accurately assess his or her risk for SRH problems.

4. Remind the participants about Session 18 (Introducing the Subject of Sexuality with Clients). Note that in the counseling session, they would have already identified the reason for the client’s visit and introduced the subject of sexuality. Also, for the purpose of this session, they should assume that they would already have asked what the client knows about his or her situation, concerns, and desired outcome from this visit (Exploration, Step 1, first bullet). Now they are ready to ask some of the more sensitive questions about sexual behaviors and relationships.

Activity B: Small-group work (15 minutes)

1. Divide the participants into three groups. Distribute the flipcharts with the headings of the areas to explore.

   ➪ Training Tip
   If the groups are too large (i.e., more than five participants per group), split the participants into six groups and assign two groups to each heading. They can record their questions on notepaper, and then a trainer can write them on the flipchart during the plenary. It may also prove interesting to compare the questions from the two groups.

2. Read the sample question that you developed for each flipchart heading. Ask for comments and improvements—that is, how to make the question more acceptable to both the provider and client in their own clinic settings. Explain that you want them to draft questions that they would feel comfortable asking a client and that would elicit the information needed for their assigned flipchart. Note that if they feel they could ask the question(s) already written
Session 20

on the flipchart, this is fine, but that they should also add more questions, in case the clients
do not understand.

3. Explain that they will have about 10 minutes to draft their questions and write them on the
flipchart. Ask them to start.

4. Quickly visit each group to check that they understand the assignment and see if they have
any questions.

Activity C: Plenary/discussion (20 minutes)

1. Have the first group (sexual relationships) post their flipchart and read the questions they
drafted. Ask for comments or additions from the others. Add, as appropriate, from the
Trainers' Tool (opposite) for this activity. Have each group present their questions in this
way. (15 minutes)

2. Ask the participants:
   * How do you think clients would feel about your asking these questions?
   * What could you do to make the client more comfortable?

3. Note to the participants that, in a table for this session in their handbooks, they can fill in
some of the questions that the teams drafted for this exercise.

4. Also note that in Session 14 (Asking Open-Ended Questions), they drafted questions to ask
clients about their history, current health status, and concerns in specific areas of SRH.
Combined with the questions developed in this session, they now have sample questions for
all of the bulleted items in Step 1 of Exploration.
Trainers’ Tool

Sample Questions to Explore the Context of a Client’s Sexual Relationships

<table>
<thead>
<tr>
<th>Questions from the REDI framework</th>
<th>Questions you could ask your clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What sexual relationships are you in?</td>
<td>[Confirm marital status. If not married, ask:]</td>
</tr>
<tr>
<td>• What is the nature of your relationship (including violence or abuse)?</td>
<td>• Are you with somebody now?</td>
</tr>
<tr>
<td>• How do you feel about it?</td>
<td>• How long have you been with this man or woman?</td>
</tr>
<tr>
<td></td>
<td>[If married]</td>
</tr>
<tr>
<td></td>
<td>• Is this your first marriage?</td>
</tr>
<tr>
<td></td>
<td>[For all clients:]</td>
</tr>
<tr>
<td></td>
<td>• What decisions can you make in your current relationship?</td>
</tr>
<tr>
<td></td>
<td>• How many children do you have?</td>
</tr>
<tr>
<td></td>
<td>• Are they all from the same father/mother?</td>
</tr>
<tr>
<td></td>
<td>• How does he or she treat you?</td>
</tr>
<tr>
<td></td>
<td>• How do you feel about that?</td>
</tr>
<tr>
<td>• How do you communicate with your partner about sexuality, family planning, and HIV and STIs?</td>
<td>• How do you talk about family planning with your partner?</td>
</tr>
<tr>
<td></td>
<td>• If you do not talk with him or her, why not?</td>
</tr>
<tr>
<td></td>
<td>• How do you talk about sex with your partner?</td>
</tr>
<tr>
<td></td>
<td>• If you do not talk with him or her, why not?</td>
</tr>
<tr>
<td></td>
<td>• How do you talk about HIV and STIs with your partner?</td>
</tr>
<tr>
<td></td>
<td>• If you do not talk with him or her, why not?</td>
</tr>
<tr>
<td>• What do you know about your partner’s sexual behavior outside of your relationship?</td>
<td>• How do couples deal with outside relationships in your community?</td>
</tr>
<tr>
<td></td>
<td>• What do you know about your partner’s outside relationships (if any)?</td>
</tr>
<tr>
<td></td>
<td>• How do you feel about that?</td>
</tr>
<tr>
<td></td>
<td>• Does he have other wives? [depending on the culture]</td>
</tr>
<tr>
<td></td>
<td>• What do you know about signs of STIs? [If nothing, then briefly explain.]</td>
</tr>
<tr>
<td></td>
<td>• Have you ever noticed anything like these signs in your partner? What about you?</td>
</tr>
</tbody>
</table>
Trainers’ Tool

REDI—Phase 2: Exploration

1. Explore the client’s needs, risks, sexual life, social context, and circumstances
   - Assess what the client understands about his or her SRH condition or situation, what worries or concerns he or she might have, and what he or she specifically hopes to accomplish through this visit.
   - Explore the context of the client’s sexual relationships:
     - What sexual relationships is he or she in, what is the nature of the relationships (including any violence or abuse), and how does he or she feel about it?
     - How does he or she communicate with partners about sexuality, family planning, and HIV and STIs?
     - What does he or she know about his or her partners’ sexual behavior outside of the relationship?
   - Explore the client’s pregnancy history and knowledge of and use of family planning methods, including condoms.
   - Explore the client’s HIV and STI history, present symptoms, and knowledge of partners’ HIV and STI history.
   - Explore other factors about the client’s circumstances that may limit his or her power or control over decision making, such as financial dependence on partners, tensions within an extended family, and fear of violence, among others.

2. Assess the client’s knowledge and give information, as needed (will be covered in Session 21)

3. Assist the client to perceive or determine his or her own pregnancy or HIV and STI risk (will be covered in Session 22)
Session 21
Information-Giving in Integrated SRH Counseling

Objective
• To identify basic information that clients need about SRH, regardless of the service that they request

Materials
• “New development” cards

Advance Preparation
1. Prepare “new development” cards for each client profile, to ensure that each one has a secondary SRH problem that needs to be addressed. These will be given out at the beginning of the session (see Training Tip, page 117, bottom).
2. Decide how the participants should be divided and profiles assigned (see Training Tip, page 116, bottom).
4. Review Session 21 in the Participant’s Handbook (page 95) and background materials on each SRH service area (Participant’s Handbook, Appendixes A to D). Prepare a presentation on “Key Messages in Integrated SRH Counseling” (Activity B), based on the table in the Participant’s Handbook.
5. Prepare and copy any materials specific to the health needs of the country or community in which the participants are working, to use as additional handouts.
6. Locate the wallchart entitled: “Do you know your family planning choices?” (JHU/CCP, USAID, & WHO, 1999), and obtain enough copies so you have at least one for each participant.

Time

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparatory activity</td>
<td>5 min.</td>
</tr>
<tr>
<td>A. Introduction</td>
<td>5 min.</td>
</tr>
<tr>
<td>B. Presentation</td>
<td>30 min.</td>
</tr>
<tr>
<td>C. Small-group work</td>
<td>25 min.</td>
</tr>
</tbody>
</table>

1 hour, plus 5 minutes of preparatory activity (preferably the day before this session)
Session 21

Session 21 Detailed Steps

Preparatory activity (5 minutes)
The day before this session is to be conducted:

1. Explain that the next day’s sessions will involve the “client profiles” that were developed on the first day. Specifically, the client’s knowledge and need for additional information in a variety of SRH areas will be assessed. Explain that they will have some time to prepare as a group before demonstrating for the large group in a practice role play (Session 23).

**Training Tip**
The agenda shows Session 21 as being part of Day 4 activities. If at all possible, client profiles should be assigned and “new development” cards distributed at the end of the preceding day (Day 3). In residential trainings, this would give the participants the opportunity to work together during the evening. However, if this is not possible, you may want to alert the participants at the beginning of the course to use any available time to review the basic background materials on SRH. They will have 1 hour total to work together on Day 4, but that will not be enough time to review the materials in any depth.

2. Divide the participants into five groups and assign each group a client profile.

**Training Tip**
This is the first of five sessions in which groups of participants will be assigned to practice counseling tasks and skills using client profiles. There are three options for how to organize this group work: keeping the same group of participants working with the same client profile throughout the course (Option 1), keeping the same group of participants, but changing the client profile (Option 2), or randomly assigning participants to profiles, changing with each day (Option 3). The trainer should decide how to organize the group work now, to avoid confusion later in the training.

Option 1: Same Participants, Same Client Profile
This is the easiest format logistically, because the counseling practice will be broken down into sequential steps and each practice role play will continue where the previous one left off. In this way, the participants benefit from getting to know one client’s situation very well. Also, although the participants get less “exposure” to the different client situations and less opportunity to learn from other participants, they will be able to observe all of the “clients” during practice role plays during and at the end of the training and will be able to learn from the other participants in other group work.

(continued)
Training Tip (continued)

Option 2: Same Participants, Different Profiles
The benefit of this approach is that participants become familiar with the different client profiles and the issues that need to be addressed in counseling. It could be time-consuming to bring a new group of participants up-to-date on each “new” client each time they are assigned to a new profile. However, the time and confusion can be minimized if the participants keep the same profile for each day of the training. For example, they would be in one “client” group on Day 1, when they develop the profiles; they could then receive a different profile for Day 4 (the sessions on rapport-building and exploration), another one for Day 5 (the sessions on decision making and implementing the decision), and yet another—and possibly two—for the final counseling practice (Days 5 and 6).

Option 3: Different Participants, Different Profiles
Assigning participants to different groups and different client profiles each day allows for the maximum exposure to information and ideas. However, it will be the most confusing logistically. This option would probably work best when participants have had some counseling training and are experienced in at least one area of SRH.

3. Distribute the “new development” cards and explain that the participants now need to consider this new situation as part of the client’s profile.

Training Tip
Many of the client profiles may have been developed to focus on one SRH need. However, the participants need to be aware that each client can have several SRH needs at the same time. For that reason, the trainer should consider each client profile and write a “new development” card. This will describe either something that has happened to the client or new information that the client is sharing with the provider revealing an additional SRH need that must be addressed (see Introduction for Trainers, page xxiii).

4. Ask the participants to use whatever time is available between now and the next day to review Session 21 and the SRH background information in their handbooks (Appendixes A to D). They should identify which points should be covered with their assigned “client” and which points should be covered with every client, regardless of their SRH condition or need. (This corresponds with Step 2 of the Exploration Phase of REDI, and with Assess and Tell in GATHER.)
Session 21

Training Tip
If the participants have time to meet as a group at the end of Day 3, even briefly, a group can decide to assign members to read different sections of the background information, so that all of the material will be covered before the next day.

Activity A: Introduction (5 minutes)
1. Begin by explaining that this session is the first of many in which they will practice counseling skills using the client profiles, attempting to assess and address clients’ needs in an integrated, comprehensive approach.
2. Review the session’s Essential Ideas, from the Participant’s Handbook.
3. Explain that the purpose of this session is to help the participants organize their thinking about how to assess the client’s knowledge and how to address the different areas of information necessary for this counseling session, using the guidelines from Phase Two: Exploration, Step 2. They will have some time to prepare as a group, and later (in Session 23) they will do a role play, with the rest of the participants observing.

Activity B: Presentation (30 minutes)
1. Refer the participants to the table “Key Messages in Integrated SRH Counseling” on page 96 of their handbooks.
2. Give a presentation on these key messages from each area of SRH and on how to tailor these messages to different types of clients.

Training Tip
This session is meant to help the participants think about broad areas of content and concerns to cover with clients and how to integrate these into one counseling session. This session will not give the in-depth knowledge that the participants would need to actually conduct the counseling. However, the background materials go into more detail, if the participants are interested in reading on their own.

Activity C: Small-group work (25 minutes)
1. If this was not done the day before, divide the participants into five groups and assign a client profile to each group. Give each group the “new development” card for their client.
2. Instruct the participants to work as a group to figure out (first) which questions to ask so as to assess the client’s knowledge and (second) what information to provide to their client (REDI—Exploration, Step 2; or GATHER—Assess and Tell). They can refer to the open-ended questions that they developed in Session 14 for each of the SRH areas. They should also use the background materials provided with their handbooks as a resource for what information the client might need.
3. **Warning!** In counseling, there is never enough time to cover *all* of the information about *all* areas of SRH that affect a client. The key task here is to ask questions to determine which areas to focus on in *this* counseling session and which pieces of information the client needs the most. They will have only 10 minutes for their role plays on rapport-building *and* exploration (Session 23), but even that is more than some providers have for the entire counseling session.

---

**Trainers’ Tool**

**REDI—Phase 2: Exploration**

1. **Explore the client’s needs, risks, sexual life, social context, and circumstances (covered in Session 20)**

2. **Assess the client’s knowledge and give information, as needed**
   - Assess the client’s knowledge of pregnancy-related care (if appropriate), postabortion care (if appropriate), family planning, HIV, and STIs
   - Correct misinformation and fill in gaps, as needed

3. **Assist the client to perceive or determine his or her own pregnancy or HIV and STI risk (will be covered in Session 22)**
Session 22
Risk Assessment—
Improving Clients’ Perception of Risk

Objectives
• To define risk assessment and explain why and how it is used in counseling
• To identify three reasons why it is difficult for people to perceive their own risks
• To describe two ways in which they can help clients perceive and understand their own risks for HIV and STI transmission and for unintended pregnancy

Materials
• Flipchart paper, markers, and tape

Advance Preparation
1. Review Session 22 in the Participant’s Handbook (page 97) for presentation guidelines (Activity B), plus Step 3 of the Exploration phase of REDI, with a focus on steps for this session (see Trainers’ Tool, page 123).
2. Prepare a flipchart with the definition of risk assessment and why we do it (Activity A), found in the Participant’s Handbook (page 98).
3. Prepare a flipchart with the six reasons why clients underestimate their risk (Activity B), found in the Participant’s Handbook (pages 98 to 99).

Time

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Introduction</td>
<td>5 min.</td>
</tr>
<tr>
<td>B. Presentation/discussion</td>
<td>20 min.</td>
</tr>
<tr>
<td>C. Discussion</td>
<td>20 min.</td>
</tr>
</tbody>
</table>

Note: This session is adapted from: EngenderHealth, 2002.
Session 22 Detailed Steps

Activity A: Introduction *(5 minutes)*
1. Explain to the participants that, having discussed different categories of risk and the behaviors and social factors that influence risk (Session 19), it is time to focus on the provider's role in helping the client to assess his or her own risk.
2. Ask the participants:
   ✶ What does risk assessment mean to you?
3. After getting a couple of responses, post the flipchart with the definition of risk assessment and briefly explain it.

Activity B: Presentation/discussion *(20 minutes)*
1. Explain that most people generally underestimate their own risks in life, and that this includes risks for transmission of HIV and STIs and for unintended pregnancy. Ask the participants to give a few reasons why people have difficulty in perceiving their risks for SRH problems.
2. Post the flipchart with the six reasons why clients underestimate their risk. Briefly explain each reason.
3. Facilitate a brief discussion by asking the following questions. (See the Participant’s Handbook for possible responses.)
   ✶ Why is a client’s perception of his or her own risk so important?
   ✶ Considering the reasons why clients underestimate their risk, which reasons apply to our “profiled” clients? Why?

Activity C: Discussion *(20 minutes)*
1. Ask the participants to refer to Session 8 (REDI—Phase 2: Exploration, Step 3), on page 34 of their handbooks (“Assist the client to perceive or determine his or her own pregnancy or HIV and STI risk”). In the large group, ask them to brainstorm how they would actually ask the questions in the first two bullets.
2. Discuss each suggestion briefly to see if people agree with the questions, and then write them on a flipchart.
3. Using one of the client profiles as an example, note that we should assume that the client has answered “no” to the first two questions, but that you know he or she is indeed at risk. Ask the participants:
   ✶ How would you explain the risks of HIV or STI transmission and unintended pregnancy to this client?
   ✶ What questions could you ask to help the client relate these risks to his or her own situation?
4. To summarize, ask the participants the following question. (Refer to the “Discussion Summary” in the Participant’s Handbook, pages 99 to 100, for possible points to cover.)
   ✶ What are some of the ways in which providers can help clients perceive and understand their own risks?
Trainers’ Tool

REDI—Phase Two: Exploration

1. Explore the client’s needs, risks, sexual life, social context and circumstances (covered in Session 20)

2. Assess the client’s knowledge and give information, as needed (covered in Session 21)

3. Assist the client to perceive or determine his or her own pregnancy or HIV and STI risk
   • Ask the client if he or she feels at risk for unintended pregnancy or for HIV and STI transmission, and explore why or why not
   • Ask the client if he or she thinks that his or her partners may be at risk for unintended pregnancy or HIV and STI transmission, and explore the reasons
   • Explain HIV and STI transmission and pregnancy risks (as necessary), relating them to the individual sexual practices of the client and his or her partners
   • Help the client to recognize and acknowledge his or her risks for HIV and STI transmission or unintended pregnancy
Session 23
Counseling Practice I

Objectives

• To demonstrate the Rapport-building step of REDI (or the Greet step of GATHER)
• To demonstrate how to use open-ended questions to explore the client’s needs, risks, sexual life, social context, and circumstances (REDI—Phase 2: Exploration, Step 1; or GATHER: Assess)
• To demonstrate how to assess the client’s knowledge and to give information to fill gaps, as needed (REDI—Phase 2: Exploration, Step 2; or GATHER: Assess and Tell)
• To demonstrate how to help the client to perceive his or her own risk for HIV and STI transmission or unintended pregnancy (REDI—Phase 2: Exploration, Step 3; or GATHER: Assess and Tell)

Materials

• Pamphlets, educational flipcharts, sample family planning methods, and any other “props” for the role plays
• Flipchart paper, markers, and tape
• Flipcharts with all of the client profiles, posted where the participants can see them

Advance Preparation

2. Review Sessions 8 (page 31) and 18 (page 85) from the Participant’s Handbook, to prepare for demonstrating the Rapport-building phase of REDI.
3. Develop a client profile to be used for demonstration role plays throughout the rest of the workshop (the “sixth client”).
4. Prepare a flipchart with the “sixth client” profile.
5. Prepare a flipchart with feedback guidelines for the role plays (see Trainers’ Tool, page 128).
6. Prepare the room for demonstration role plays. This might include setting up a table and chairs for a counseling space, and being sure that all participants will be able to both see and hear the demonstration, as well as arranging flipcharts, clinic supplies, pamphlets, and other “props” that make the space look more like a counseling setting.
### Session 23

<table>
<thead>
<tr>
<th>Time</th>
<th>Training Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 hours, 30 minutes</td>
<td><strong>A.</strong> Demonstration role play/feedback .................................................. 30 min.</td>
</tr>
<tr>
<td></td>
<td><strong>B.</strong> Small-group work .................................................................................. 35 min.</td>
</tr>
<tr>
<td></td>
<td><strong>C.</strong> Practice role plays (10-min. role play, plus 5-min. discussion, performed five times) 1 hour, 15 min.</td>
</tr>
<tr>
<td></td>
<td><strong>D.</strong> Discussion ............................................................................................... 10 min.</td>
</tr>
</tbody>
</table>
Session 23 Detailed Steps

Activity A: Demonstration role play/feedback (30 minutes)
1. Post the flipchart entitled “Guidelines for Feedback after Role Play” and briefly discuss.
2. Explain that the training team will first conduct a demonstration role play for the Rapport-building and Exploration phases of REDI (or for Greet, Assess, and Talk for GATHER). Then, each “client” group will do a role play for the same phases.
3. Post the flipchart and share the “sixth client” profile with the participants.
4. Introduce the “client,” the “provider,” and any other players. (10 minutes, total)
5. Conduct the role play. As much as possible in this role play, use the questions developed by the participants in the previous sessions. (10 minutes)
6. Ask the participants for feedback, following the posted guidelines. (10 minutes)

Activity B: Small-group work (35 minutes)
Ask the participants to return to their client groups and prepare briefly to conduct a role play with their client. They will demonstrate the rapport-building and exploration phases of REDI that they have developed in the preceding sessions. They will have 10 minutes for the role play and 5 minutes for feedback.

Activity C: Practice role plays (1 hour, 15 minutes)
1. Ask one group to volunteer to go first. Briefly review the flipchart of the client profile for this group. Introduce the “provider” and the “client.” Start the role play.
2. Stop the role play after 10 minutes. Spend 5 minutes discussing the role play, following the first two bullets of the feedback guidelines.
3. Repeat for the other four client groups.

Training Tip
Following standard rules of feedback is important for keeping the discussions positive and is helpful for all of the participants (see Trainers’ Tool, page 128). You may want to review these points, depending on how familiar the participants are with this training methodology.

Activity D: Discussion (10 minutes)
1. Facilitate a brief discussion around the following question:
   * What more do you [all participants] need to work on—knowledge, attitudes, or skills—to carry out these steps of counseling?
2. Note the participants’ responses on a separate flipchart; this may provide you with guidance for further work during the training or during follow-up.
### Trainers' Tool

**Guidelines for Feedback after Role Plays**

- [Ask the “client”] How did you feel during the role play? How were your needs met (or not)?

- What did the “provider” do well? What improvements would you suggest?

- What communication skills did the “provider” use?