Making a decision about an SRH problem or need is only the first step toward the client’s meeting his or her need. The client then must leave the clinic and carry out this decision on his or her own. Some decisions (for example, condom use) will require consistent action on the part of the client and partners. Other decisions (for example, to convince a partner to be tested for STIs or HIV) require the client to influence someone else’s behavior. These sessions examine ways in which the provider can help prepare a client to carry out his or her decision, including helping the client develop communication strategies and skills.
Session 27
Helping Clients Develop an Implementation Plan—
Counseling Practice III

Objectives
• To identify practical ways for helping clients make a plan to carry out their SRH decision
• To list the skills that clients might need to develop to carry out their plan

Materials
• Flipchart paper, markers, and tape
• Prepared flipchart with guidelines for feedback, from Session 23

Advance Preparation
1. Review Session 27 in the Participant’s Handbook (page 121) and REDI—Phase 4: Implementing the Decision (see Trainers’ Tool, page 150). (The handbook includes a “sample plan” for a client who wants dual protection. It is not used in this session, but it can be a resource for the participants or trainers.)
2. Prepare a flipchart showing the four steps of implementation (REDI—Phase 4, page 148).

Time

<table>
<thead>
<tr>
<th>45 minutes</th>
<th>Training Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Discussion</td>
<td>15 min.</td>
</tr>
<tr>
<td>B.</td>
<td>Demonstration role play/feedback</td>
<td>10 min.</td>
</tr>
<tr>
<td>C.</td>
<td>Practice role plays</td>
<td>15 min.</td>
</tr>
<tr>
<td>D.</td>
<td>Discussion</td>
<td>5 min.</td>
</tr>
</tbody>
</table>
Session 27

Session 27 Detailed Steps

Activity A: Discussion (15 minutes)

1. Introduce the activity by telling the participants that it is important for the client, having made a decision, to have a specific plan for how he or she will carry out this decision and to develop the skills needed for communication and behavior change.

2. Ask the participants to turn to Session 8 in their handbooks and find REDI—Phase 4: Implementing the Decision.

3. Post the prepared flipchart on implementation and briefly review the four steps.

   Implementing the Decision:
   Counseling Steps

   1. Make a concrete, specific plan for carrying out the decision
   2. Identify skills that the client will need to carry out the decision
   3. Practice skills, as needed, with the providers’ help
   4. Make a plan for follow-up

4. Note that in this session, the participants will practice developing an implementation plan to help clients carry out their decision (Step 1). (The next session will focus on developing skills for partner communication and negotiation, Steps 2 and 3.)

5. Focus on Step 1 in the Participant’s Handbook (Session 8, page 35). Ask for a volunteer to read the first bullet out loud. Note that sample questions are already given for condom use. Ask the participants what other questions they would ask for different decisions (using client profiles as examples). Note how open-ended questions are used.

6. Repeat this process for the rest of the bullets.

Activity B: Demonstration role play/feedback (10 minutes)

1. Using several members of the training team, conduct a demonstration role play for helping the client to make an implementation plan, using the “sixth client” profile. As much as possible, use the questions from the bullets.

2. Ask the participants for feedback on how well the role play demonstrated Step 1 of Implementing the Decision.

Activity C: Practice role plays (15 minutes)

1. Divide the participants into the same five groups as in Session 26, with the same client profiles. Have each group decide who will play the “provider” (it should be someone who has not already practiced counseling) and who will play the “client.”
2. Explain that they will do a 10-minute role play of helping the “client” to make a plan for carrying out the decision that was made in the last role play, continuing where they left off. Discussion will be conducted in the large group after the role plays.

3. Ask the “providers” to begin. Have the training team monitor as many of the groups as possible, moving around as necessary. Stop the role plays after 10 minutes.

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

Post the feedback guidelines flipchart (from Session 23, page 128) and facilitate a discussion on all three bullets.
Trainers’ Tool

REDI—Phase 4: Implementing the Decision

1. Make a concrete, specific plan for carrying out the decision
   • Be specific. If a client says that he or she is going to do something, find out when, under what circumstances, and what his or her next steps will be in each situation. Asking a client “What will you do next?” is important in developing a plan to reduce risk. For example, if a client says that he will start to use condoms, the provider should ask: “How often?” “Where will you get the condoms?” “How will you pay for them?” “How will you tell your partner that you want to use them?” and “Where will you keep them so you will have them with you when you need them?”
   • Ask about possible consequences of the plan: “How will your partners react?” “Do you fear any negative consequences?” “How will the plan affect relationships with your partners?” “Can you communicate directly about the plan with your partners?” and “Will indirect communication be more effective at first?”
   • Ask about social supports. Who in the client’s life can help the client carry out the plan? Who might create obstacles? How will the client deal with a lack of support or with individuals who interfere with the client’s efforts to reduce risk?
   • Make a “Plan B”—that is, if the plan does not work, then what can the client do?

2. Identify skills that the client will need to carry out the decision
   • Partner communication and negotiation skills
   • Condom-use skills
   • Skills in using other family planning methods

3. Practice skills, as needed, with the provider’s help
   • Partner communication and negotiation skills
     ➤ Discuss the client’s fears or concerns about communicating and negotiating with partners about condom use, family planning, maternal health concerns, safer sex, or sexuality, and offer ideas for improving communication and negotiation
     ➤ For a client who feels that it may be difficult to negotiate condom use for HIV and STI prevention, discuss whether it might be easier to introduce condoms for pregnancy prevention
     ➤ Role-play with the client possible communication and negotiation situations
   • Condom-use skills
     ➤ Demonstrate correct condom use on a penis model, describe the steps, and ask the client to repeat the demonstration to be sure that he or she understands
     ➤ Discuss strategies for making condom use more acceptable to partners
     ➤ Provide samples of condoms (if possible) and make sure that the client knows where and how to obtain more

(continued)
Trainers’ Tool

REDI—Phase 4: Implementing the Decision (continued)

- Skills in using other family planning methods
  ► Make sure that the client understands how to use other family planning methods that he or she has selected by asking the client to repeat back basic information and by encouraging him or her to ask for clarification

4. Make a plan for follow-up
- Invite the client to return for a follow-up visit to provide ongoing support with decision making, negotiation, and behavior change
- Explain timing for medical follow-up visit or contraceptive resupply
- Make referral for services not provided at your facility
Session 28
Helping Clients Develop Skills in Partner Communication and Negotiation

Objectives
• To identify possible reasons that clients may have for not talking with their partners about SRH concerns
• To recognize deeper personal and social issues behind clients’ difficulties in discussing SRH issues with partners
• To help clients discuss SRH issues more effectively with partners, even in relationships marked by violence or a power imbalance between partners

Materials
• Flipchart paper, markers, and tape
• Prepared flipchart with guidelines for feedback, from Session 23 (page 128)
• Prepared flipchart with contact information for local resources for people in violent or abusive relationships (from Session 25, page 137)

Advance Preparation
2. Prepare a two-column flipchart for Activity A (see page 154). Be sure to make the left-hand column wider than the right-hand column. (See the Participant’s Handbook, page 126, for an idea of what the flipchart might look like when it is filled out.)

Time

<table>
<thead>
<tr>
<th>Time</th>
<th>Training Activities</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 hour</td>
<td>A. Brainstorm/discussion</td>
<td>15 min.</td>
</tr>
<tr>
<td></td>
<td>B. Brainstorm</td>
<td>10 min.</td>
</tr>
<tr>
<td></td>
<td>C. Demonstration role play</td>
<td>15 min.</td>
</tr>
<tr>
<td></td>
<td>D. Practice role plays</td>
<td>15 min.</td>
</tr>
<tr>
<td></td>
<td>E. Discussion</td>
<td>5 min.</td>
</tr>
</tbody>
</table>

Note: This session is adapted from: EngenderHealth, 2002.
**Session 28 Detailed Steps**

**Activity A: Brainstorm/discussion (15 minutes)**

1. Introduce this session by noting that even after attending a workshop like this, providers and trainers alike still may have trouble in talking with their own partners about sexuality issues and SRH concerns. Yet talking with their partners is a key component of most clients’ implementation plans. So, in this session, participants will discuss the difficulties that clients may have in talking openly with their partners about sexuality and the ways in which providers can help them develop communication skills and strategies.

2. Ask the participants to brainstorm responses to the following question: (Participants should have their handbooks closed during this activity.)

   What are some reasons why clients may not talk with their partners about SRH concerns?

3. Record the responses in the left-hand column of the prepared flipchart (see the table “Barriers to Talking…” on page 126 of the Participant’s Handbook, for ideas for this activity, if necessary).

   | Barriers to Talking with Partners about SRH Concerns |
   |---------------------------------|---------------------------------|
   | Clients’ Reasons | Deeper Personal and Social Factors |

4. For each reason listed, ask the participants to discuss the deeper personal issues (e.g., fears) and social factors that are behind it. After agreeing on each one, write the response in the right-hand column, next to the reason.

5. If fear of violence or abuse does not come up in the brainstorming, note that under the best of circumstances women may find it challenging to discuss sexuality issues with a partner. Ask how this is further complicated when there is a power imbalance or violence or abuse in the relationship (see Discussion Summary, page 127 in the Participant’s Handbook, for discussion points). Refer to the posted flipchart on local resources for people in abusive or violent relationships.

**Activity B: Brainstorm (10 minutes)**

1. Ask the participants to brainstorm answers to the following questions:

   What are some possible suggestions that you, as providers, can make to your clients for discussing sexuality issues and SRH concerns with their partners?
What are your options when a client absolutely refuses to discuss SRH concerns with his or her partner?

2. Record their suggestions on a separate flipchart, supplementing as necessary from the Participant’s Handbook. Acknowledge that some suggestions may be about reducing the client’s risk for harm. (In other words, these would be realistic options, or “survival strategies,” for clients who are in potentially violent situations.)

Activity C: Demonstration role play (15 minutes)

1. Using members of the training team, demonstrate helping the client develop partner communication and negotiation skills, using the “sixth client” profile and working from the implementation plan that was developed in the last demonstration role play. Try to use some of the suggestions listed on the flipchart, including conducting a role play with the client, to help the client practice communicating with his or her partner (see the Participant’s Handbook, page 126). (10 minutes)

2. After the role play, ask for feedback or questions from the participants. (5 minutes)

Activity D: Practice role plays (15 minutes)

1. Divide the participants into pairs. Spread out the pairs across the room as much as possible, to minimize distractions from the other role plays. Within each pair, decide who will play the “provider.” (Since there is time for only one role play, it should be someone who has not yet had a chance to practice counseling.) The “client” can choose whichever client profile he or she wishes.

2. Explain that the participants are to do a 10-minute role play about helping the “client” develop partner communication and negotiation skills, working from the implementation plan that was developed for that client in the earlier session. There will be discussion in the large group after the role plays.

3. Ask the “providers” to begin. Have the training team monitor as many of the pairs as possible, moving around as necessary. Stop the role plays after 10 minutes.

Activity E: Discussion (5 minutes)

Post the feedback guidelines flipchart and facilitate a discussion on all three bullets.