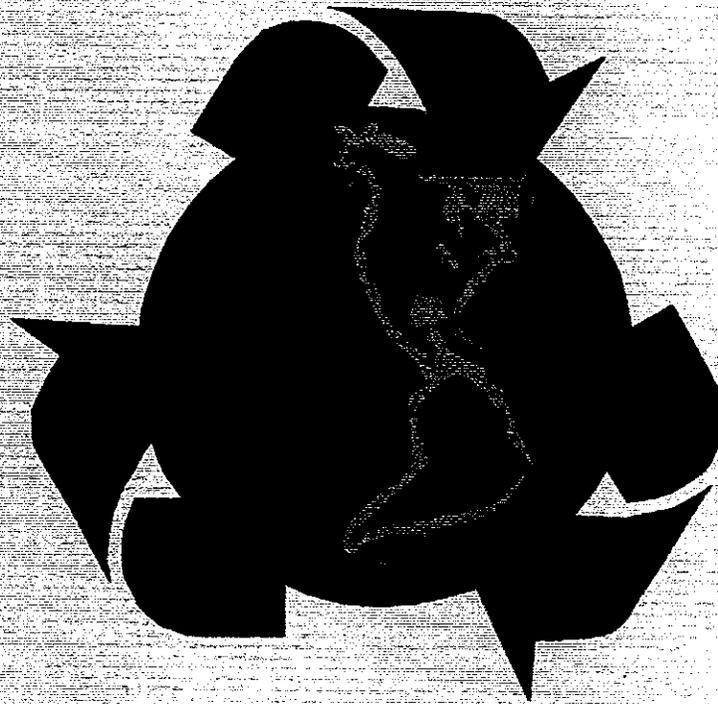


PW-ACR-485

The GRMA/PRIME

**Self-Directed Learning/
Client-Provider Interaction
Adolescent Reproductive
Health Initiative**

a programme in six modules



**Module 2:
Counselling Adolescents**

1999

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Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
CPI	client-provider interaction
FP	family planning
GRMA	Ghana Registered Midwives Association
HIV	human immunodeficiency virus
MOH	Ministry of Health
RH	reproductive health
SDL	self-directed learning
STD	sexually transmitted disease
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development

Module 2: Counselling Adolescents

Introduction

Hello! Good counselling means your clients are more likely to make healthy choices and use your services longer and more effectively. They will be happy with their care, come back when they need help, tell other people good things about you and recommend your services to others. Even if you have the best technical skills in the world, if you do not communicate well with your clients, they will probably not understand or feel good about what happened during their visit with you.

Counselling is the process of one person helping others make a decision or solve a problem. To make informed decisions, the client needs an understanding of the facts and emotions involved in the decision. When you help a client make a decision or solve a problem, you are counselling. Counselling adolescents can be challenging, but their needs are great, and it can be very rewarding.



Objectives

After completing this module, meeting with your learning partner, and discussing the topic at the monthly peer review meeting, you will be able to:

- describe at least four benefits of good counselling for both you and your clients
- describe and demonstrate a practical counselling process (for example, GATHER)
- demonstrate special knowledge about counselling adolescents by helping a young person make informed reproductive health decisions

There are three lessons in this module:

- Lesson One treats effective counselling and its benefits for you and your clients
- Lesson Two covers the counselling process
- Lesson Three discusses special counselling challenges with adolescents.

To complete this module you will need:

- Population Reports' "New GATHER Guide to Counselling"
- AIDSTECH/Family Health International's "Instructions for use of the male condom"
- penis model and condoms and other educational materials

When completing the module, use page 35 to keep track of questions or comments you might have for your facilitator. Use page 36 to keep track of questions or issues you want to raise at the next peer review meeting.

Before you start...

Fill out your schedule for completing the module during the next month. The items should include: covering the lessons in the module, the meeting with your partner, your practice activities in the work site, preparing for your monthly meeting and the monthly meeting itself. In order to fill in the schedule ask yourself the following questions: "What am I doing this month? What time is available? When is the best time to do my lessons? What are my obstacles to completing the lessons? How will I overcome what gets in my way?"

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							

Lesson One: Effective Counselling and its Benefits for You and Your Clients

This lesson is about what counselling is and how you and your young clients can benefit from your good counselling. Making a good connection with a young person requires specific knowledge of their needs and a willingness to be honest and respect them as clients who need to make informed choices. Often young adults face more and different reproductive health issues than older clients. Thus counselling young adults requires being even more open, more flexible, more knowledgeable and more understanding. This lesson helps you identify what counselling is and what would motivate you to pay attention to the consistent use of good counselling behaviours.



Self-assessment

1. Circle the best answer for the following three items:

I have clients who come to me whenever they need the type of services I offer	Always	Sometimes	Never
My clients refer their friends and family to me	Always	Sometimes	Never
I regularly counsel my clients	Always	Sometimes	Never
I see young clients in my work	Always	Sometimes	Never

2. Five important elements or activities in counselling are:

Element 1:

Element 2:

Element 3:

Element 4:

Element 5:

3. How comfortable are you discussing sexuality with clients:

Younger clients?

Older clients?

Male clients?

4. The benefits of good counselling for clients are:

5. The benefits of good counselling for me are:

6. What are obstacles to my doing what I think is good counselling?

7. What helps me be a good counsellor?

What is good counselling?

This lesson is about what counselling is and how you and your young clients can benefit from your good counselling. This lesson helps you identify what counselling is and what would motivate you to pay attention to the consistent use of good counselling behaviours.

Everyone can learn good counselling. Good counselling skills show clients that you care about them and that you can be trusted. You counsel clients well when you:

- show that you understand and care about them.
- give clients useful, accurate information and help them understand what this information means to them.
- help clients to make their own choices, based on clear information and their own feelings.
- help them remember what to do.

Counselling is the process of one person helping others make a decision or solve a problem. To make informed decisions, the client needs an understanding of the facts and emotions involved in the decision. This definition features the following:

- 14 The role of one person is to help another take action. It is not the counsellor's job to make the decision - even for young clients;
- (15) Facts include what the client shares such as their medical history, family background, future plans and wishes, and partner's plans and wishes. Facts also include what the counsellor shares, particularly accurate contraceptive and other reproductive health information;
- (16) Feelings of the client include their concerns and fears, attitudes and values around sexuality, family planning, contraception, and parenting. Young clients often have strong feelings concerning peer and family relationships, school and their future.

→ Suggested reading: pages 1 - 3 in Population Reports "GATHER Guide to Counselling."

How is counselling adolescent clients different from counselling adults?

You may already be wondering how counselling young clients is different from counselling adults. In fact, the process used in effective counselling is the same for both adolescents and adults. However, often young adults face more and different reproductive health issues than older clients. Counselling young adults requires being even more open, more flexible, more knowledgeable and more understanding. Making a good connection with young people also requires specific knowledge of their needs and a greater willingness to be honest and to respect them as clients who need to make informed choices. In working with adolescent clients, communicating respect is even more important than for adult clients. It may require effort on your part to change communication habits that are based on the personal biases we all have. It is especially important to show that you are listening, ask appropriate questions, and not criticise.

The United Nations defines an adolescent as a person between the ages of 10 and 19. Ghana also defines adolescents as people between the ages of 10 and 19. Not all adolescents are the same. There are married and unmarried adolescents; adolescents who are parents and adolescents who are not yet physically mature enough to have children; adolescents who are sexually active by choice, adolescents who are sexually active but not by choice, and those who are not yet sexually active; and finally, adolescents who are in school and those who are not in school. As you can see, adolescents are difficult to characterise by age alone. Different groups of adolescents have different concerns and needs. Each group poses special challenges for you as you inform, educate, and provide services to them.

As you may already know, the physiological changes that accompany puberty and adolescence will raise questions for adolescents and parents. Adolescents will be especially interested in social questions at this time in their lives. They may want to talk with you about schooling, relationships with family and peers, sexually transmitted diseases (STDs), and family planning (FP) methods.

Research shows that providing adolescents with information about reproductive health (RH) and sexuality does not encourage increased sexual activity. (For more about this issue, please refer to the two fact sheets from Advocates for Youth that are reproduced at end of this module.) Effective counselling can have a positive effect on the behaviour of adolescents. You can help them develop good health practices and a positive attitude and expression of their sexuality. Messages that are likely to be influential with adolescents are positive messages about the rewards of responsible sexuality. Being a responsible adolescent gives one a future free of infection and unwanted pregnancy.

If an adolescent is not yet sexually active, you can help him or her by providing information that will promote sexual responsibility. While most adults would agree that abstinence is the best choice for adolescents, you can help those who are sexually active to practice behaviours that will keep them safe and healthy.

How do personal values and perceptions affect counselling?

Even for experienced health care providers, talking about sex can be difficult. Using sexual terms or the slang terms that clients may use can be embarrassing. As a result, providers may not volunteer important information or may not answer clients' questions fully. You may even try to influence a client's choice of methods to avoid explaining how to use condoms or vaginal methods, for example.¹

But reproductive health and sex cannot be separated, especially since STDs and particularly HIV/AIDS are spreading in many areas. To help clients fully, providers need to become comfortable with hearing sexual terms, using pictures of the body and penis models.

¹ Population Report. Gather Guide to Counseling. p. 6.



Apply it now

Activity 1

- a. Use one word to describe how it feels to counsel someone about sensitive matters like sexuality.
- b. Do you think clients ever feel uncomfortable discussing their bodies or sexuality? Why/why not? What about young clients?

Activity 2

Practice using condoms and a penis model to show clearly how to put on a condom. Use the brochure that came with the course materials to help you.

Activity 3

Take “obstacles” to good counselling that you listed in the self-assessment. For each obstacle, consider how you might respond to it.

Lesson 2

The Counselling Process: Necessary Knowledge and Skills

This lesson will help you organise the helping process into the steps and activities that matter most in effective counselling.



Self-assessment

How do you currently act during counselling sessions with adolescents? Tick your answers to help you determine where you can improve your skills.

Areas of Competence Counselling Adolescents	Always	Some- times	Never
I. Establishing and maintaining a good connection			
1. I use an appropriate greeting.			
2. I make sure the counselling environment is private and comfortable.			
3. I assure confidentiality.			
4. My body posture and eye contact are natural, friendly, relaxed and attentive.			
5. My facial expression, gestures, and speech communicate caring, interest and acceptance.			
6. I pay attention to what the client's is telling me and what I see (glances, gestures, bodily reactions, voice tones, pauses).			
II. Gathering information and listening			
1. I ask reason for visit.			
2. I use open-ended questions rather than leading questions or "cross - examining" the client.			
3. I wait for the client to answer one question before asking another question.			
4. I ask about feelings.			
5. I ask about risks of STD/HIV.			

Continued on next page...

Areas of Competence Counselling Adolescents	Always	Some- times	Never
III. Providing information and explaining			
1. I say something nice or praise the client (for coming, their choices, etc.): I encourage the client to talk.			
2. I use flipcharts, models or samples to help explain medical content, including methods.			
3. I explain technical concepts in words the client can understand.			
4. I explain how the technical information is related to the client's personal situation.			
5. I can explain issues relevant to the client, such as:			
a. Policies that relate to adolescents			
b. Sexuality			
c. Physical changes during adolescence			
d. Relationships (family, peers, work/school...) including non-voluntary situations and violence			
e. Contraceptives useful for young clients			
f. STDs/HIV/AIDS			
IV. Decision making and problem solving			
1. I let the client do most of the talking.			
2. I help the client identify decision areas or problems.			
3. I assist the client to develop options.			
4. I help the client to examine consequences of each option.			
5. I let the client make the decision and refrain from offering solutions prematurely.			
V. Planning next steps			
1. I confirm any decisions or choices by the client; checking understanding and commitment.			
2. I know and talk about support and referral resources.			
3. I invite the client to bring or send others to my maternity home.			
4. I thank the client for coming and invite them to return to my maternity home.			

The Counselling Process

There are five main elements in the counselling process. You may be familiar with using the six steps described by the initials G A T H E R for family planning counselling. Not every counselling session consists of all the GATHER steps but every counselling session does consist of the five elements. The six steps and five counselling elements are:

5 Counselling Elements	6 G.A.T.H.E.R. Steps
1. Establishing and Maintaining a Good Connection (Greet)	1. GREET
2. Gathering Information and Listening (Ask)	2. ASK
3. Providing Information and Explaining (Tell and Explain)	3. TELL
4. Decision-Making and Problem Solving (Help)	4. HELP
5. Planning and Next Steps (Return)	5. EXPLAIN
	6. RETURN

Every counselling situation should be tailored to the client's needs. Continuing clients, in particular, have specific needs that should be met with specific responses. Clients - especially young clients - often talk with counsellors several times before they decide to act. You should be prepared to see the client as often as the situation demands.

Element 1. Establishing and maintaining a good connection

This connection begins right from the start with a respectful, friendly, warm greeting and continues through the conversation and treatment procedures until you say good-bye. The connection continues during encounters at the marketplace or church. Your friendly, respectful behaviour makes a client feel welcome. A good connection builds trust, and clients rely on providers they trust. Clients who are well-treated will return to you for further services and will refer others to you. This is also true for adolescents. They will continue to see you as they grow older to seek your advice about spacing births and for help in having healthy children. This element is noted in GATHER as GREET the clients.

The most important knowledge and behaviours in this element are:

- arranging a situation that the client believes is private, comfortable and confidential
- communicating respect, warmth and interest in the client
- being positive and encouraging
- being comfortable with emotions and sensitive subjects
- being able to balance any biases or problems caused by differences between you and the client

→ Suggested reading: Population Reports "GATHER Guide to Counselling" page 4.

Element 2. Gathering information and listening to what the client says

Counselling is a partnership of two “experts.” You are an expert in family planning and other reproductive health care. The client is an expert of his or her own life, wants, and feelings. For successful counselling, you must share your knowledge. The GATHER step included in this element is called **ASK clients**. Asking is more than taking medical history because other aspects of a person’s life (life stage, lifestyle, personality, etc.) often impact the client’s post-counselling behaviour more than their medical history. Therefore, the most important behaviours are to focus on the person, asking not only about their medical history but also their:

- ✓ concerns
- ✓ personal lifestyle
- ✓ lifestage
- ✓ life goals
- ✓ preferences

The most important knowledge and behaviours in this element are:

- effective use of questions, especially using open questions
- encouraging the client to talk and not interrupting her or him
- asking the reason for the visit
- asking about STDs

→ Suggested reading: Population Reports “GATHER Guide to Counselling” page 5-6.



Apply it now

Activity 4

Step One

Think about a recent interaction you had with a client. How well did you do with each of the following counselling behaviours? Tick the appropriate column in the table below to rate your behaviours and the behaviours you observed in your client.

ESTABLISHING A GOOD CONNECTION, GATHERING INFORMATION AND LISTENING		I could have done better	I did fine	I did very well
Your Behaviours				
1.	Used an appropriate greeting.			
2.	Made sure the counselling place was private and comfortable			
3.	Assured the client you would not talk about what they shared with you to another person			
4.	Nodded to show client that you were listening			
5.	Looked at the client rather than the papers on my desk			
6.	Paid attention to what the client was telling me both in what they said and how they acted			
7.	Found out reason for client's visit			
8.	Started most questions with "how" or "what" rather than asking only for factual, medical information			
9.	Asked about feelings			
10.	Did not interrupt client while she or he was speaking			
Client Behaviours		A little	Some- what	A lot
1.	Client gave brief answers to questions			
2.	Client seemed to be nervous			

Step Two Reflection

What messages did you send in your choice of seating, use of gestures, facial expressions, tone of voice, etc.?

Why is it important to show the client that you are listening carefully?

How can you show the client that you are paying close attention to her or him?

How could you tell what the client was feeling?

Step Three Planning for behaviour change

Refer back to the list in Step One of this activity. In the Current Behaviour column below, list two specific behaviours that you would like to change this week. For example, you might want to do something more often, stop doing something, or try something new. Then, for each current behaviour you listed, describe your ideal behaviour in the column under Behavioural Goal. Later, try out your new behaviours and describe the results in the What Happened column. An example is provided to help you get started.

<i>Current Behaviour</i>	<i>Behavioural Goal</i>	<i>What Happened</i>
<i>I tend to interrupt young clients.</i>	<i>Be quiet and listen more.</i>	<i>I learned more about the client's needs.</i>

Element 3. Providing accurate information that the client wants and needs.

This element is SO IMPORTANT that it is the focus of Module FOUR. Two GATHER steps are represented in this element: Tell and Explain.

When you “**TELL**” (provide information), avoid giving too much information at one time because there is a limit to how much information people can retain. Instead, “chunk” the information, checking for understanding. Specific information, organised logically is retained longer and more fully, especially if the clients are encouraged to ask questions.

Let’s consider for a moment that the client has already made a decision and now we are going to provide more detailed information on the services they need. In **EXPLAIN**, once the client has made a choice, the provider uses client education materials to help the client remember key information. Use flipcharts, brochures, samples of contraceptives and models to remind you of important discussion points, to reinforce key information and for the clients to touch.

<p>For family planning methods, key information includes:</p> <ol style="list-style-type: none"> 1. effectiveness 2. side effects and complications (absolutely crucial for a young client to be prepared) 3. advantages and disadvantages 4. how to use 5. when to use 6. STD prevention

The most important knowledge and behaviours for providing accurate information that the client wants and needs are:

- provide information specific to young clients including access and service policies; sexuality issues, physical changes during adolescence, relationships at home and school.
- be able to give medical information including knowledge of modern family planning methods and STDs/HIV/AIDS.
- avoid giving too much information by focusing on the choice or problem area.
- be brief, make time for and encourage questions.
- use non-technical, simple language.

→ Suggested reading: Population Reports “GATHER Guide to Counselling” page 7 & 11.



Apply it now

Activity 5

Step One

Think about a recent interaction you had with an adolescent client. How well did you do with each of the following counselling behaviours during that interaction? Tick the appropriate column in the table below to rate your behaviours and the behaviours you observed in your client.

<i>Providing correct information that the client wants in ways they can understand and remember</i>		I could have done better	I did OK	I did very well
Your Behaviours				
1.	Used an appropriate greeting			
2.	Used non-technical, simple language to explain			
3.	Used charts, models, or sample to help explain methods			
4.	Encouraged questions			
5.	Checked to make sure client understood and could take the same actions I was demonstrating			
6.	Explained how technical information is related to the client's personal situation			
Client Behaviours		A little	Some-what	A lot
1.	Client nodded or shook head instead of speaking			
2.	Client seemed embarrassed			

Step Two Reflection

How could you tell that the client understood and could take the correct actions, as necessary (for example, if you demonstrated how to put on a condom, how do you know that the client could do it, too)?

Step Three Planning for Behaviour Change

Refer back to the list in Step One of Activity 5. In the Current Behaviour column below, list two specific behaviours that you would like to change this week. For example, you might want to do something more often, stop doing something, or try something new. Then, for each current behaviour you listed, describe your ideal behaviour in the column under Behavioural Goal. Later, try out your new behaviours and describe the results in the What Happened column. An example is provided to help you get started.

<i>Current behaviour</i>	<i>Behavioural goal</i>	<i>Results</i>
<i>My explanations to clients are too complicated.</i>	<i>Simplify language and terms used in explaining methods.</i>	<i>Clients are better able describe to me how they will use their chosen FP method.</i>

Element 4. Decision making or problem solving

This is the element in counselling that requires the provider to help the client make their own choice about the information or service they want and need. GATHER describes this process as HELP the client. This is the decision-making or problem-solving moment. You are helping the client sort through the medical information, lifestyle and life stage issues to come up with various alternatives and to consider the advantages and disadvantages for each.

The knowledge and behaviours required for this element include:

- the ability to respond to rumours respectfully.
- an awareness of which contraceptives and reproductive health procedures you favour and an ability to balance your biases with the needs and desires of the client.
- the ability to help clients organise their thinking so they can come to a truly informed choice. One that they feel good about.

→ Suggested reading: Population Reports “GATHER Guide to Counselling” pages 9-10 & 23.

Element 5. Planning next steps

GATHER describes this as the RETURN/REFER step, during which return visits or referrals should be planned. Clients need advice concerning when to return for follow-up or resupply. This is also a good time to make sure they can apply at home what they’ve learned in the meeting.

The knowledge and behaviours required for this element are:

- double-check that client understands the decision they’ve made (ask, repeat, etc.).
- demonstrate knowledge of referral sources and procedures.
- ensure the client understands what is happening next; when and where to return.
- ensure the client understands what to do if they experience side effects or if something goes wrong such as missed pills or injections.
- give take-home materials to the clients.
- thank client and invite them to return and send others to your maternity home.

→ Suggested reading: Population Reports “GATHER Guide to Counselling” pages 13-15 & 19.



Apply it now

Activity 6

Step One

Think about a recent interaction with a young client. How well did you do with each of the following counselling behaviours during that interaction? Tick the appropriate column in the table below to rate your behaviours and the behaviours you observed in your client.

<i>Decision-making, problem solving and planning next steps</i>	I could have done better	I did fine	I did very well
Your Behaviours			
1. I let the client do most of the talking.			
2. I helped the client identify decision areas or problems.			
3. I helped the client to develop options and examine the consequences of each option.			
4. I let the client make the decision and refrain from offering solutions prematurely.			
5. I confirmed any decisions or choices by the client; checking understanding and commitment.			
6. I talked about support and referral resources.			
7. I invited the client to bring or send others to my maternity home.			
8. I thanked the client for coming and invited them to return to my maternity home.			

Step Two Reflection

Would you personally have come to the same decision as your client? How did you balance your biases with the needs and desires of the client?

How prepared do you think this client is for unexpected situations that occur after he or she returns home?

How could you tell that the client understood what should happen next?

Step Three Planning for Behaviour Change

Refer back to the list in Step One of this activity. In the Current Behaviour column below, list two specific behaviours that you would like to change this week. For example, you might want to do something more often, stop doing something, or try something new. Then, for each current behaviour you listed, describe your ideal behaviour in the column under Behavioural Goal. Later, try out your new behaviours and describe the results in the What Happened column. An example is provided to help you get started.

<i>Current Behaviour</i>	<i>Behavioural Goal</i>	<i>What Happened</i>
<i>I suggest my solutions to problems before the client has a chance.</i>	<i>Be patient and hold my ideas to myself.</i>	<i>My client actually came up with a better solution than the one I wanted to offer.</i>

Lesson 3: Special Counselling Challenges for Adolescents

This lesson will use what you have learned in the previous lessons and look at some of the special challenges providers face when counselling young clients. This lesson deals with the inevitable surprises. Every provider has experienced some uncomfortable moments. Expect some challenges. The skill lies in how you recover from these situations. So, it is a matter of knowing what to do when - not if - something happens.



Self-assessment

Say whether the statement is true or false by placing a "T" for true and a "F" for false in the area to the right of each question. You will find the answers to these questions on the next page.

Statements about Adolescents	This statement is - TRUE (T) or FALSE (F)
1. Adolescents most often want biological information rather than help in sorting out social and sexual relationships.	
2. Young people sometimes find it hard to understand the idea of risky behaviour or that they personally could suffer consequences.	
3. Older clients are more at risk for STDs than sexually active young clients.	
4. Young people's sexual activity is voluntary and planned.	
5. Adolescents who are the same age have the same knowledge and experience.	

Often adolescents face more and different reproductive health issues than older clients. Thus counselling adolescents requires being even more open, more flexible, more knowledgeable, and more understanding.

Answers to the self-assessment:
1-False, 2-True, 3-False, 4-False, 5-False

Adolescents are special clients²

- Adolescents often need skills as much as facts. They need to learn how to deal with other people—including older people. For good reproductive health, important skills are knowing how to say no, how to negotiate, and how to make decisions.
- Adolescents often want to know how social relationships and sexual relationships fit together. Often, this is more important to them than facts about reproductive health.
- Adolescents often focus on the present. They find it hard to make long-range plans or to prepare for the future.
- Adolescents often find it hard to understand the idea of risk or risky behaviour.
- Sexually active adolescents often face more STD risk than older clients.
- A young person's sexual behaviour may be forced or pressured—possibly by an older person.
- Adolescents of the same age may have very different levels of knowledge and different sexual attitudes, behaviour and experiences.



Apply it now

Activity 7

Review the self-assessment test you took at the beginning of Lesson two. What behaviours do you think are the most important in effectively counselling adolescents? Why?

² Population Report. Gather Guide to Counseling. p. 24.

Counselling Challenges

Put a tick (✓) by any difficult situation you have experienced when counselling clients. Be as specific as possible. How did this situation or person make you feel or behave?

✓	<i>Situation</i>	<i>What Happened and How I Felt</i>
	1. Silence - the client didn't talk.	
	2. The client could not stop crying.	
	3. You thought there was no solution to the problem.	
	4. You made a counselling mistake.	
	5. You didn't know the answer to a factual question.	
	6. The client refused help.	
	7a. The client was uncomfortable with your age, gender, background, etc.	
	7b. You were uncomfortable with the client's age, gender, background, etc.	
	8. You were short of time.	
	9. You just could not establish good rapport.	
	10. You and the client knew each other socially.	
	11. The client talked continuously and inappropriately.	
	12. The client asked personal questions of the counsellor.	
	13. You were embarrassed by the subject matter.	
	14. OTHER???	

Challenging moments in counselling

The following pages discuss the difficult moments on the checklist from page 21. Read those passages that correspond to the challenges you have faced on the job. You may find the other passages information interesting, as well, and they may help prepare you for a challenge to come!

1. Silence

The client is unwilling or unable to speak for some time. This is a common problem among clients who are very anxious or angry. If it happens at the very beginning of a session, it is best to wait a little while, then gently call attention to it, saying perhaps: "I can see that it is a bit difficult to talk (*reflect feeling*). It's often that way when someone first comes to see me. (*validation*) I wonder if you're not feeling a bit anxious?" Or, alternatively, if the silence seems an angry one (e.g., the client is looking away from you) you might say "You know sometimes when someone comes to see me, who doesn't really want to be here, they decide not to say anything. I wonder if that's how you're feeling?" These statements should be followed by another period of silence. Look at the client and maintaining body language which indicates a sympathetic interest.

Sometimes silence will occur in the middle of a session. In those circumstances the context is very important, and you will have to judge why it has occurred. It may be because the client is finding it very hard to tell a secret, or that he or she is unhappy with how you have just reacted to something. Generally, it is best to wait, as it is crucial that the client makes the effort to express his or her feelings or thoughts, even though you may initially find it uncomfortable. There are times when a silence is simply the result of thoughtfulness on the part of the client. There is no need to break the silence nor to indicate in any way that it is not acceptable. Give the client some time to think.

Young clients can be frightened, embarrassed and anxious about seeing you. You are also the adult so helping them to feel comfortable enough to talk is crucial.

2. The client cries

A young client who starts to cry or sob may make you uncomfortable. A natural response is to try to stop it, perhaps by comforting her, but that is usually not best in a counselling session. Crying may occur for different reasons. For some it is a very helpful release of emotion and an appropriate response is to wait for a while. If it continues, say that it is all right to cry and that it is a natural reaction when you feel sad. This gives your client permission to express his or her feelings. The crying will usually cease in awhile.

Crying, however, sometimes occurs for another reason. It can be used to get sympathy or to stop any further questions. It may be a way in which the client is trying to manipulate you much the way he or she would at home. Again, it is best to let the client cry, indicating that although you are sorry he or she feels sad, it is nevertheless a good thing to express feelings. If the client is being manipulative, it will soon come to an end, with the client learning that you cannot be manipulated in the same way that others have been.

Some counsellors in some cultures will want to comfort the client by touching him or her. While it may be appropriate, clients of the opposite gender should be touched with caution. There are several reasons for this. If the difficulties a client is experiencing are sexual in nature, touching the client, even in a relatively non-sexual way (such as on the hand, or on the shoulder), may be misinterpreted and frighten the client. The decision should be appropriate to the culture as well as to the gender and age of the counsellor and client, but it is important that a professional, not social, relationship be established. This is less of an issue with a young client, but keeping good boundaries is always a good idea.

3. You believe there is no solution to the “problem”

If you think there is no solution to a client’s problem you may become “stuck,” and not know how to proceed. It is important to remember that the main focus of counselling is on the person, not the problem. Even the worst difficulties, including a young girl wanting to have an abortion when it is impossible to obtain one; or a person facing death due to infection with the HIV virus, do not mean that you cannot help the client.

One of the most appropriate ways to deal with a client who insists on a solution to a problem as he or she defines it, is to say that while you may not be able to change some things, in your experience it is always helpful to talk and sometimes the perspective on things changes. Try not to jump to conclusions. The more the client is able to explore his or her ideas, the more possibilities will exist for dealing with the difficulties, including their underlying causes.

4. You make a mistake

There are many ways in which a counsellor can make a mistake. You may make a factual error about something the client has said earlier, may provide incorrect information, or become embarrassed or angry at something the client has said. The single most important rule in establishing a good relationship with the client is to be honest. Basic respect for the client is one of the key principles of counselling. Demonstrate your respect by admitting that you were wrong and apologising. Factual errors are easiest to deal with. You might say: “I’m sorry, I’d forgotten that you told me you have three daughters.”

If you do something that you regret - perhaps getting angry at a client who is being provocative - it is also appropriate to admit it. You might say: “You know, a moment ago when you said that you found it difficult to remember to take the Pill every day, I scolded you. I was angry for a moment because last time you were here we spent some time discussing how important it is to take the Pill every day at the same time. Perhaps you noticed my reaction. It’s a natural way to react, but it’s not really fair to you. Would you like to talk about that?”

You can be sure that any emotional reaction you express, unknowingly or otherwise, will be perceived by the client in some manner. The more openly you can deal with your feelings when it is appropriate (without making personal revelations about your life outside the session), the better example you will be providing to the client to do the same thing. Your mistake can be turned to the good of the client.

5. You don’t know the answer to a factual question

This is a common anxiety. It is perfectly appropriate to say that you don’t know the answer but will try to get the information for the client, if it is appropriate for you to do so. You may alternatively identify another source of information for the client. Evading the question or answering without adequate knowledge will do far more harm to the all-important relationship you are establishing with your client than simply admitting your lack of knowledge.

6. The client refuses help

Gently probe for the reason. One of the most important first steps in counselling is to establish why the client has come. Many clients feel pressure for one reason or another. Helping a person say why they are there will usually open the subject up. It is then appropriate to say something like: “Well, I can understand how you feel. I am glad that you came here today to discuss family planning. Perhaps we could take a few minutes to talk about your needs. I can help you learn more about the family planning methods that will work best for you. There are several methods you can

choose from.” If the client is completely unwilling to talk, stress the positive, that at least she came, you’ve met each other now, and maybe she might like to reconsider. Suggest another appointment and try, if possible, to leave it open.

7. The client is uncomfortable with the your age, gender or background

This difficulty will be clear if the client says, “I don’t think I can talk to a woman (or man) about this” or “You’re like my mother, you can’t understand.” It may not be stated but sensed by you. If this is the case, it is best to raise the issue by saying something like- “I wonder if you were expecting to see my younger assistant?” Once the issue is in the open it is appropriate to say something like “Some people are, at first, more comfortable with someone younger, but in my experience that usually becomes less important once they get to know each other. Why don’t we try to continue, and see how we get on?” The client will usually accept that, and the problem is likely to vanish if you are attentive, respect the client and are non-judgmental.

Use encouragement to show that what the client is saying is acceptable. See if the client can be given sufficient confidence for you to work together.

8. You are short of time

It is always of benefit to the client to know approximately how much time he or she will have with you, and it is best if that amount of time remains more or less constant. On occasion, it may happen that you have less time than usual. It is then extremely important for you to tell the client at the beginning, provide the reason if possible, and apologise, saying you hope to meet the client again at a specific time. A great deal can be accomplished even in a few minutes. It is best to make use of that time rather than send the client away.

Examples of things you might do WHEN YOU HAVE LITTLE TIME	
1) Establishing & maintaining a good connection	- Arrange private room for meeting before hand. - Maintain eye contact, smile. - Ask “How can I help you today?”
2) Gathering information and listening	- Arrange for assistants to gather certain information in waiting area. - Ask client to complete a questionnaire.
3) Providing information and explaining	- Use client’s waiting time to distribute all-methods leaflets. - Provide only the details that the client wants and needs. Explain and demonstrate only what the client wants.
4) Decision-making, problem-solving	- Follow an organised approach that ensures good decision process in a short time , for example: <i>Step One:</i> Identify the “Challenge” or decision that is being made. <i>Step Two:</i> List at least three “Choices” or options. <i>Step Three:</i> For each choice, list several positive and negative outcomes or “Consequences.” Being able to predict consequences is a particularly important skill for young people who often forget the negative aspect of a choice they want to make.
5) Planning Next Steps	- Ask, What will you do if you make a mistake, have a side effect or negative reaction? - Say, “Thank you!”

9. You cannot establish good rapport

Sometimes it may be very difficult to establish satisfactory rapport with a young client. Review the basic behaviours needed to establish rapport. Have you created a private, comfortable space? Have you assured confidentiality? Have you been positive and encouraging? It is easy to criticise like a parent when an adolescent just needs wise counsel from someone he or she can trust. If you find yourself having a negative reaction to the client, it is important for both of you that you have a way to deal with this.

Be aware of what or who makes you uncomfortable and create strategies to balance those negative reactions. For example, once you realise that you don't like a client, the next step should be to identify the specific issue (I don't like this young girl because she is not a virgin), then think of a balancing statement that you can think to yourself, such as, "She needs my help to protect herself from disease and pregnancy."

10. You and your client know each other

It is quite common in small communities that you may know the young client or their family. It may be possible to serve as a counsellor, but it must be made clear early on that confidentiality will be completely respected. You must also explain that the way you will relate to your client is quite different from the way you would relate to a friend, acquaintance, or younger relative.

If you are well known to each other, it may not be possible to serve as a counsellor. A major concern of young clients is confidentiality. This is particularly true if the adolescent fears that you will talk to his or her parents or relatives about the purpose of her visit or her medical situation.

11. The client talks continuously and inappropriately

This is the opposite of a client being silent or refusing to talk, but it may come from the same kind of anxiety which makes talking difficult. If a young client persists in talking continuously and saying things that are essentially trivial (to the client) and repetitive, it is appropriate to interrupt after some time, and say, for example, "Excuse me Mary, but I wonder if you realise that for some time now you have been repeating the same thing? Are you feeling a bit nervous or finding it hard to talk about other things?" This may help to alter the focus of the conversation from something outside the session to the client herself, which may be sufficient to halt the flow of inappropriate talk.

12. The client asks you a personal question

A counsellor-client relationship is a professional one, not a social one. This is valuable because it enables you to react in different ways than the other people in the client's life. This may be difficult for the client to understand at first, especially if you are being warm and caring at the same time. Answering personal questions from the client is dangerous for the professionalism of your relationship.

Reasons for not answering personal questions include:

- it takes attention away from the client.
- it may lead to a series of questions that may end with private matters you don't want to discuss. This gives the wrong message to the client, suggesting that something is wrong, either with you or with the client for being concerned about such things.

Sometimes the client will want to know if you have the same problem. Saying “yes” may make the client feel that you cannot offer help with that particular problem, while saying “no” may make the client feel you cannot understand the problem. It is far better to respond to a personal question by saying that is not helpful to the client if you talk about yourself and that is why you have made it a rule not to. Saying no is far better than either answering some but not all questions, or worse, evading the issue, which will hurt the honesty of the relationship.

13. You are embarrassed by the subject matter

Something a client says may embarrass you. The more exposure to or training you have had in sensitive subjects, the better you will be able to identify vulnerable areas, and the less likely you are to be unprepared. Nevertheless, you may be embarrassed. It is always best to be honest with the client, especially if he or she has responded emotionally, since the client will be aware of it. This can be turned to an advantage, by acknowledging having had such a feeling and then returning to the subject if the client has raised it. You may wish to say something like: “You may have noticed that when you mentioned that fact that you are involved with a “sugar-daddy,” for a moment I was taken aback. That sometimes happens when people aren’t expecting something, but in fact, I’m glad you brought it up. Maybe it would be useful to talk about that.” After the meeting it may be helpful to talk with your supervisor or a trusted peer about what happened and see if such uncomfortable feelings can be overcome.

References for Module 2

- WHO: Counselling Skills Training in Client Sexuality and Reproductive Health: A Fact Guide, Geneva, August 1993.
- BKKBN Counselling Skills Training for Midwives (BKKBN, Rudy, 1997)
- FPU/MOH Tanzania IEC In Action Curricula (S. Rudy, 1996)
- Rinehart, W., Rudy, S. and Drennan, M. GATHER Guide to Counselling. Population Reports, Series J. No. 48, Baltimore. JHU School of Public Health, PIP, Dec. 1998
- BKKBN Self-Directed Learning for midwives (BKKBN, YMK, 1998)

Paired learner meeting

The meeting with your learning partner is an opportunity for you to talk about what you have learned and the activities you have performed in the module. Use this time to discuss the self-directed learning process and to review what you have learned, your questions, your experiences and anything you might not agree with. Also use this time to put your learning into practice.

Suggested time: 2-4 hours

1. Discuss with your partner the learning process to date

- What are you enjoying about the process?
- What difficulties are you having with the process?
- Are you able to find time to learn without being interrupted?
- What time management and planning strategies have worked for you?
- What time management and planning activities will you do differently with the next module?

2. Discuss the content

- What are the 2 or 3 most important things you have learned in this module?
- Is there anything you have found in this module that you disagree with?
- What in this module did you already know?
- Share your completed activities with your partner and compare your responses. How are your answers similar or different?

3. Partner activities

A. Exercise

Step one - With your partner, take a big piece of paper. Make a list of reproductive anatomy and sexual behaviour terms. Make a list about men and a list about women. How do you say these terms in the local language and in slang used by adolescents?

Step two - Discuss how you feel about hearing and using these words. Compare the words listed for men with those listed for women. Discuss the full meanings of the different words. For example are some words used as insults? What do these words mean for adolescents? What do these words mean for adults?

Step three: Which of those words would you prefer to use? Do these words avoid negative meanings? Do your young clients understand these words?

B. Role play

A 15 yr. old girl is staying with her big sister and her husband. The husband's brother is also living in the house and has been raping the girl continuously. The girl can't tell her sister for fear of being driven to the village. Now the girl is pregnant and does not want her sister to know. She goes to see the midwife because the boy insists that she have an abortion. The girl does not want the boy to be questioned by the midwife.

Take turns with your partner playing the role of the midwife and the young client. After each role is acted, critique each other and give feedback on the positive points and the places for improvement for the midwife role. Feedback hints: What happened in the role play? Did the person playing the role of the midwife ask about feelings? Did she give opinions and advice, or did she encourage and guide the client? The role play assessment inventory will help you identify important counselling skills.

Role play assessment inventory

Skill demonstrated by the midwife	Learning partner 1	Learning partner 2
Communicates caring, interest and acceptance		
Pays attention to the client		
Asks about feelings		
Assures confidentiality		
Encourages client to talk		
Helps client identify decision areas or problems		
Lets client make the decision		
Asks about risks of STD/HIV		
Gives accurate, concise information requested by the client		
Able to summarise the discussion with the client		
Invites client to bring or send others		
Thanks client for coming		
Other:		

Practice applying skills on the job

This section is designed to help you apply your new knowledge and skills to your work site.

Complete the Activity Plan for Applying Skills on-the-job that is found on the next page. This plan will help you identify the specific changes related to counselling adolescents that you can make in your maternity home. (See Module 1 for more complete instructions on how to prepare your activity plan.)

**ACTIVITY PLAN FOR APPLYING SKILLS ON-THE-JOB
MODULE 2: COUNSELLING ADOLESCENTS**

1. Name of Provider: _____

2. Name of Maternity home/Work Site: _____

3. District and Region: _____

Specific Changes I Wish to Introduce at My Work Site	What Activities Will be Done to Effect the Change at My Work Site	Outcomes at the Work Site and/or Among the Clients as a Result of the Changes	Time Period for the Changes to Occur (from _____ to _____)	Comments

Evaluation of Module Two

GRMA and PRIME are in the process of testing the suitability of using Self Directed Learning (SDL) for identified learning needs. Your thoughts and observations on the SDL process and materials will be helpful. Please take a few minutes to fill out the evaluation below. You will be asked to turn it in at your next meeting.

✓ Checklist: Tick the boxes that apply. If your answer is "no" please explain at the right.

YES	NO		Observations
<input type="checkbox"/>	<input type="checkbox"/>	I was able to complete Module Two in the allotted time.	_____
<input type="checkbox"/>	<input type="checkbox"/>	The amount of content and length of activities is appropriate.	_____
<input type="checkbox"/>	<input type="checkbox"/>	The content corresponds to the stated objectives.	_____
<input type="checkbox"/>	<input type="checkbox"/>	The content is sequenced logically.	_____
<input type="checkbox"/>	<input type="checkbox"/>	The content is stated simply and clearly and corresponds to my job responsibilities.	_____
<input type="checkbox"/>	<input type="checkbox"/>	The text is legible, clear and easy-to-read.	_____
<input type="checkbox"/>	<input type="checkbox"/>	The instructions are easy to follow.	_____
<input type="checkbox"/>	<input type="checkbox"/>	The self-assessments help me identify my knowledge and skills gaps and help focus my attention on important information.	_____
<input type="checkbox"/>	<input type="checkbox"/>	The suggested activities help reinforce learning.	_____
<input type="checkbox"/>	<input type="checkbox"/>	The readings correspond to the stated objectives.	_____
<input type="checkbox"/>	<input type="checkbox"/>	The information and practice is adequate for having an effective meeting with my partner.	_____
<input type="checkbox"/>	<input type="checkbox"/>	I was able to complete the module without assistance.	_____
<input type="checkbox"/>	<input type="checkbox"/>	I had all the materials needed to complete the module.	_____
<input type="checkbox"/>	<input type="checkbox"/>	I was able to receive all necessary help from my facilitator if/when I needed it.	_____
<input type="checkbox"/>	<input type="checkbox"/>	I will apply my new knowledge and skills in my workplace.	_____

What did you like best about the module? Explain.

Did you have any problems when completing the module that are not discussed above? Explain.

Please add any other comments or observations that you feel would help improve the self-directed learning process or the materials that you have been provided.

Things I want to discuss when I see my facilitator are...

Things I want to discuss at the peer review meeting include...

Suggested readings

1. What Sex Education/Service Programs Do/Don't Do
2. UNAIDS Says Sexuality Education Leads to Safer Sexual Behavior

What Sex Education/Service Programs Do/Don't Do:
35 Researched Programs in the United States and Other
Countries Analyzed by the WHO (1993)

Sex Education Programs:

Number of programs that caused <u>earlier sexual intercourse</u>	=	0
Number of programs that caused <u>more frequent sexual intercourse</u>	=	0
Number of programs that <u>delayed first intercourse</u>	=	16
Number of programs that caused <u>less frequent sexual intercourse</u>	=	16
Number of programs that <u>increased safer sex practices</u>	=	16
Programs <u>most effective</u>	=	Abstinence-plus
Programs <u>least effective</u>	=	Abstinence-only
Number of programs increasing " <u>secondary virginity</u> "	=	0
Number of programs increasing <u>abstinence until marriage</u>	=	0
Number of programs showing <u>no effect</u> on sexual activity	=	17

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UNAIDS SAYS SEXUALITY EDUCATION LEADS TO SAFER SEXUAL BEHAVIOR

A review commissioned by the Joint United Nations Program on HIV/AIDS (UNAIDS) indicates that sexuality education for children and young people promotes safer sexual practice and does not increase their sexual activity.

UNAIDS commissioned a review of 68 reports on sexuality education from France, Mexico, Switzerland, Thailand, the United Kingdom, the United States, and various Nordic countries that looked at sexual health education programs and those incorporating education about the HIV virus.

The review's primary intention was to inform policy-makers, program planners, and educators about the impact of HIV and sexuality education on the behavior of young people as described in the published literature.

The major conclusions of the review were:

- Education about sexual health and/or HIV does not encourage increased sexual activity.
- Quality programs help delay first intercourse and protect sexually active youth from sexually transmitted diseases, including HIV, and from pregnancy
- Responsible and safe behavior can be learned
- Sexuality education is best started before the onset of sexual activity.

The review also concluded that effective education programs:

- have focused curricula, give clear statements about behavioral aims, and feature clear delineation of the risks of unprotected sex and methods to avoid it
- focus on learning activities that address social influences and media influences
- teach and allow for practice in communication negotiation skills
- encourage openness in communicating about sexuality
- are grounded in theories stressing the social nature of learning

"Globally, there has been some increase in political commitment and in programs responding to the right of people to be educated about their health, but much more needs to be done especially in the area of sexual health." said Dr. Peter Piot, executive director of UNAIDS. "And as this review shows, the quality of these programs is all important in developing healthy behavior in order to reduce transmission of HIV and STDs."

"The most important conclusion is that failing to provide appropriate and timely information to young people for fear of encouraging sexual activity is not now a viable option".

For more information: UNAIDS, 26C 3 UN Plaza New York, NY 10017, Phone: 212/824-6643 Web <[http://www. Unaids.org](http://www.Unaids.org)>.

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