

Module 4 Communicating with and Counseling Adolescents



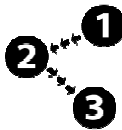
Total Module Time: 255 minutes (4 hours, 15 minutes)

Learning Objectives

After completing this module, participants will be able to:

- Discuss ways of establishing trust and rapport with adolescent clients
- Demonstrate effective counseling skills

Methodologies



- Interactive trainer presentation
- Large group discussion
- Brainstorming
- Case studies
- Role play
- Small group work

Materials Needed



- Slide set for Module 4
- Flip chart and markers
- Tape or Bostik (adhesive putty)
- Participants should have their Participant Manuals. The Participant Manual contains background technical content and information for the exercises.

Resources



- WHO. (2010). *IMAI one-day orientation on adolescents living with HIV, Facilitator Guide*. Geneva: WHO Press.
- WHO/UNICEF. (2008). *Global consultation on strengthening the health sector response to care, support, treatment and prevention for young people living with HIV*. Geneva: WHO/UNICEF.
- WHO. (2008). *Guidance on provider-initiated HIV testing and counselling in health facilities*. Available at:
<http://www.who.int/hiv/pub/vct/pitc2007/en/>
- Republic Of Zambia, Ministry Of Health. (2010). *National training package on pediatric provider-initiated HIV testing & counseling in Zambia*. Available at:
<http://cumc.columbia.edu/dept/icap/resources/peds/index.html>

Advance Preparation



- Read through the entire module and ensure that all trainers are prepared and comfortable with the content and methodologies.
- Exercise 3 requires advance preparation.
- Review the appendices so that you can refer to them and integrate them into your presentation.

Session 4.1: Establishing Trust and Rapport with Adolescent Clients

| Activity/Method | Time |
|---|------------|
| Interactive trainer presentation and large group discussion | 20 minutes |
| Exercise 1: Establishing Rapport and Building Trust: Role play and large group discussion | 35 minutes |
| Questions and answers | 5 minutes |
| Total Session Time | 60 minutes |

Session 4.2: Effective Techniques for Counseling Adolescents

| Activity/Method | Time |
|---|-------------|
| Interactive trainer presentation and large group discussion | 70 minutes |
| Exercise 2: Reflecting Back: Pair work | 15 minutes |
| Interactive trainer presentation and large group discussion | 30 minutes |
| Exercise 3: Practice Listening and Learning Skills: Case studies in small groups and large group discussion | 75 minutes |
| Questions and answers | 5 minutes |
| Total Session Time | 195 minutes |

Session 4.1

Establishing Trust and Rapport with Adolescent Clients



Total Session Time: 60 minutes (1 hour)



Trainer Instructions

Slides 1–4

Step 1:

Begin by reviewing the Module 4 learning objectives and the session objective, listed below.

Step 2:

Ask participants if there are any questions before moving on.

Session Objective

After completing this session, participants will be able to:

- Discuss ways of establishing trust and rapport with adolescent clients



Trainer Instructions

Slides 5–10

Step 3:

Explain that establishing trust is the starting point for good communication. In order to encourage adolescent clients to feel comfortable expressing their needs, it is important to understand their mindset and to be responsive to what they are feeling.

Ask the following questions to facilitate discussion and record key points on flip chart:

- *What are some things a health worker might do to build trust and rapport with an adolescent?*
- *How do you think your adolescent clients feel when they come to the clinic? (Are they scared? Excited? Anxious?)*
- *How might these feelings affect their trust of and relationship with you as a health worker?*

Debrief by reviewing the tips for establishing rapport with adolescents in the content below and in the slides (focus on content that didn't come up during the discussion).



(optional) Ask the adolescent co-trainer the following questions to encourage his or her input and participation:

- *Do you remember a time when a health worker communicated with you in a way that helped build your trust? Please explain.*
- *Do you have an example of an occasion when a health worker communicated in a way that was not helpful or supportive? Please explain.*



Make These Points

- Building trust and rapport with adolescent clients starts with understanding their feelings and mindset. Being able to understand the perspective of the adolescent will enable the health worker to respond appropriately and to create a positive and effective service experience.
- Adolescents may have feelings of discomfort, embarrassment, shyness, and uncertainty when communicating with health workers about personal issues (for example, about sexuality, wanting to have sex, wanting to have a baby, etc.).
- Encouraging trust and rapport with adolescents means demonstrating respect at all times, being non-judgmental, ensuring confidentiality, showing empathy for the adolescent's situation, using age-appropriate language, reassuring them that their feelings are normal, and showing a sincere willingness to help.
- Communication approaches and techniques for building rapport with ALHIV need to be tailored to the needs of the particular individual. What works for one adolescent will not necessarily work for another.

Strategies for Establishing Trust and Rapport with Adolescent Clients¹

ALHIV may have a variety of personal concerns related to their diagnosis, to disclosure of their HIV-status, to feelings of isolation, and to coping with a chronic condition. In order to provide them with support and information, health workers must first establish trust and rapport.

Establishing trust with an adolescent can be difficult because:

- Adolescence is a unique phase of life and adolescents are going through dramatic biological and emotional changes. Seeking health care may seem challenging to young people because the normal changes of adolescence affect their self-confidence, relationships, social skills, and general thinking.
- Adolescents may feel fearful, embarrassed, or uncomfortable around health workers. They may be reluctant to disclose personal information because they fear being scolded or mocked, especially if a caregiver is present.
- Most adolescents have concerns about confidentiality, which will impact their willingness to discuss personal issues with health workers. **Health workers should always reassure adolescents during one-to-one counseling sessions that what is discussed in the counseling session will remain confidential.**
 - Clarify what this means: although the health worker may have to share information with other health workers (if it is critical in making decisions about the client's care), discussions with clients are never shared with anyone outside of the multidisciplinary

team. Discussions had with clients are not even shared with caregivers or partners, unless the client gives explicit permission.

When face-to-face with a health worker (or an adult staff member) many adolescents feel:

- *Shy* about being in a clinic and needing to discuss personal matters
- *Embarrassed* that they are seeking assistance on a taboo topic (HIV, sex, sexuality, wanting to have sex, wanting to have a baby, etc.)
- *Worried* that someone will see them and tell their parents or other people
- *Inadequate* at describing their concerns and ill-informed about health matters in general
- *Anxious* that they have a serious condition that will have significant consequences
- *Afraid* that they might die
- *Intimidated* by the medical facility and/or the many “authority figures” in the facility
- *Defensive* about being the subject of discussion or because they were referred against their will
- *Resistant* to receiving help or engaging in care and treatment because of rebelliousness, a fear of the unknown, or another reason
- *Unsure* about how to ask for help related to living with HIV
- *Loyal* to a health worker with whom they have a long-established relationship
- *Hopeful* that clinic staff can provide them with care that will make them more comfortable and able to live a normal life

The following are tips for building rapport with adolescents:

- Treat everyone equally and with respect.
- Be genuinely open to adolescents’ questions or need for information.
- Do not use judgmental words or body language. Do not talk down to adolescents by scolding, shouting, blaming, or getting angry.
- Use words and language that adolescents can understand and that are appropriate to their age and developmental stage. Use educational materials — like flip charts or pictures — to explain complicated information.
- Do not be critical of adolescents’ appearance, concerns, or behavior.
- If sensitive issues are being discussed, make sure that conversations are not seen or overheard by others.
- Reassure adolescents that anything they say will be kept confidential. This means that members of the multidisciplinary care team will not tell other people any information about clients, including what they say or that they are living with HIV.
- Do not threaten to break adolescents’ confidentiality “for their own good.”
- Adolescents may be reluctant to disclose personal information if their parents or caregivers are present. Health workers should stress that information entrusted with them will not be shared — even with caregivers — unless the client gives his or her permission.
- Allow enough time for adolescents to become comfortable enough during the visit to ask questions and express concerns.
- Show an understanding of and empathize with the client’s situation and concerns. Try to put yourself “in the adolescent’s shoes.”
- Understand that adolescents might be uncomfortable; be reassuring when responding to them. Explain that you “*are here to help.*”
- Reassure adolescents that their feelings and experiences are normal.
- Be honest and admit when you do not know the answer to a question.



Trainer Instructions


Slides 11–15

Step 4:

Lead participants through Exercise 1, which will give them an opportunity to discuss and practice some skills required for building rapport and trust with an adolescent client.

Exercise 1: Establishing Rapport and Building Trust: Role play and large group discussion

| | |
|----------------------------|--|
| Purpose | To practice establishing rapport and building trust with adolescent clients |
| Duration | 30 minutes |
| Advance Preparation | None |
| Introduction | It is important to remember that adolescents may feel anxious, uncomfortable, or uncertain when speaking to health workers, especially when disclosing personal information. Therefore, as health workers, we must be self-aware about our own behavior and be able to identify what we should DO and what we should AVOID to facilitate the establishment of trust with adolescent clients. This exercise will give us an opportunity to apply some trust-building strategies and to discuss options for how to respond to adolescent clients. |
| Activities | <p>Part 1: Trainer Demonstration</p> <ol style="list-style-type: none"> 1. Ask participants to review the case studies in their Participant Manuals. 2. Two trainers (or 1 trainer and 1 of the adolescent co-trainers) should be seated at the front of the room and should take about 5-8 minutes to role play case study 1 for the entire group. 1 trainer will play the role of the health worker and the other the role of the client. The health worker should incorporate into his or her counseling style some of the tips and strategies discussed in Session 4.1. 3. Upon completion of the role play, facilitate a discussion by asking the following questions: <ul style="list-style-type: none"> • <i>What do you think the adolescent was thinking/experiencing in this situation? What do you think he or she was concerned with?</i> • <i>How did the health worker try to build rapport and trust with the client?</i> • <i>What was done well?</i> • <i>What would you have done differently?</i> <p>Part 2: Participant Demonstration</p> <ol style="list-style-type: none"> 4. Invite 2 participants to role play the 2nd case study in front of the large group. Again, 1 participant should play the role of the health worker and the other the role of the client. They should follow the steps outlined in Part 1. |

| | |
|---|--|
| | <p>5. If there is not enough time, ask a participant to read the 2nd case study out loud and discuss in the large group the health worker's potential responses to the client. Ask the following questions to encourage discussion:</p> <ul style="list-style-type: none"> • <i>How could the health worker build rapport and trust with the client in this situation?</i> • <i>What should the health worker say and do?</i> |
|  | <p>(optional) Encourage participation by the adolescent co-trainer, who can either act as the client in one of the role plays or comment on how he or she might have reacted in a similar situation. Ask the adolescent co-trainer the following questions:</p> <ul style="list-style-type: none"> • <i>How did you feel during this exercise? Were you satisfied with how the health worker tried to build rapport?</i> • <i>What did the health worker do well?</i> • <i>What could the health worker have done differently? What else could he or she have done to establish trust with you?</i> |
| <p>Debriefing</p> | <ul style="list-style-type: none"> • Summarize the exercise by noting that, as health workers, our effectiveness with adolescents depends entirely on how well we engage them and make them feel comfortable. • Establishing trust and rapport with adolescents can be challenging, but it is crucial to our ability to discuss important health issues with them, to support their retention and adherence, and to ensure that their needs are adequately addressed. |

Exercise 1: Establishing Rapport and Building Trust: Role play and large group discussion

Case Study 1

M___ is 18 years old and recently found out that she is HIV infected. She disclosed her HIV-status to her boyfriend who, much to her surprise, broke up with her immediately. Now M___ is not only heart-broken but also worried that her ex-boyfriend will, out of spite, disclose her HIV-status to others. *How do you proceed with M___?*

Key points for trainers: M___

- M___ needs someone to listen to her. For the moment, she probably doesn't need advice; she needs someone to respond to the emotional component of what is going on in her life.
- In the next session (Session 4.2), participants will learn about "Listening and Learning skills." For now, advise participants that in situations in which a client's primary issue is emotionally charged, it is best to respond with empathy to show the client that you understand how he or she feels. In this case, an empathetic response might be: *"It sounds like your ex-boyfriend betrayed you and your trust."* Listen to the client non-judgmentally and follow his or her lead.
- You may want to explore M___'s feelings about recently finding out her HIV-status and try to get a sense of what information and support she needs.
- Reassure her that you are "here to listen" and give her the time she needs to talk.

- In order to encourage M___ to talk, you will need to reassure her at an appropriate time that that your discussion is confidential, which means that you (as the health worker) are obligated to keep the discussion private unless M___ gives her permission to include others.

Case Study 2

E___ is 15 years old and has been living with HIV since she was an infant. Her mother passed away a few years ago and she lives with her father now. She is responsible for caring for her 3 younger siblings. She comes to the clinic today claiming that she is having some stomach pains. You suspect that the real reason she has come is because she wants to talk about something. *How do you proceed with E___?*

Key points for trainers: E___

- You, as the health worker, should ensure that E___ proceeds through the steps of a typical clinical visit. Make sure that there is still enough time to talk with E___ once the clinical component of the visit has been completed.
- If E___ doesn't discuss what seems to be bothering her, you should ask her something like: "*E___, you seem _____ (fill in with the emotion observed, for example, worried, angry, tired, overwhelmed), would you like to talk about it?*" If E___ begins to talk about what is on her mind, continue the session using the 5 "A's."
- If E___ brings up the topic of her stomach pains, look through the results of her physical exam. If the exam didn't include a focus on her stomach complaint, then you should repeat that part of the physical exam or take her back to the physician to rule out any physical cause. Assuming there are no physical findings that explain the stomach pains, ask her if there is anything going on right now in her life that might explain an emotional cause.
- If E___ denies that anything is wrong, then you should remind E___ that your discussion is confidential. You should also define what this means.
- To encourage and give E___ space to talk, you should feel comfortable using silence — whereby you look expectantly at E___ and wait for 60–90 seconds to see if she decides to talk more freely. Another technique you could use is to just ask E___, "*If you did have something that you really wanted to talk about, what could I do to reassure you that the conversation will be confidential?*"; "*Is there anyone else in your life you can talk to, maybe a friend?*"; "*Is there anyone else here at the clinic you would prefer to talk with today?*" (keep in mind that if the health worker is male and, if E___ is worried that she is pregnant, for example, maybe she would prefer to talk to a female health worker); "*Should I refer you to a counselor?*"



Trainer Instructions

Slide 16

Step 5:

Allow 5 minutes for questions and answers on this session.

Session 4.2

Effective Techniques for Counseling Adolescents



Total Session Time: 195 minutes (3 hours, 15 minutes)



Trainer Instructions

Slides 17–18

- Step 1:** Begin by reviewing the session objective listed below.
- Step 2:** Ask participants if there are any questions before moving on.

Session Objective

After completing this session, participants will be able to:

- Demonstrate effective counseling skills



Trainer Instructions

Slides 19–22

- Step 3:** Now that we have talked about how to build trust and rapport with clients — the first step in the counseling process — we will move onto how to communicate effectively with clients.
- Ask participants to briefly reflect on a time when they received good counseling — from a friend, a colleague, or a counselor. Ask the following questions to facilitate discussion about the components of “good counseling”:
- *What is counseling?*
 - *What does good counseling include? What does it not include?*
- Fill in using the content below and in the slides.
- Step 4:** Ask participants to think back to the “Values Clarification” exercise (Exercise 3) in Session 1.4, Module 1 (the exercise during which we moved to the “Agree” or “Disagree” signs on opposite sides of the training room). Remind participants of the following:
- During this exercise, we discussed the importance of examining our own values and beliefs to avoid treating clients with prejudice and bias.
 - If we recognize our own values, we are more likely to be nonjudgmental when listening to a client whose values are different from our own.

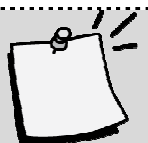
- Remaining nonjudgmental is the key to showing clients that it is “safe” to receive care and to talk openly and honestly.

Encourage participants to review *Appendix 4A: Common Counseling Mistakes*.



(optional) Ask the adolescent co-trainer the following questions to encourage his or her input:

- *Do you remember a time when you received counseling that you would consider very good? What made it good?*



Make These Points

- Counseling is a way of working with people to understand how they feel and to help them decide what they think is best to do in their specific situation.
- The role of health workers is to support and assist the client’s decision-making process.
- Health workers are not responsible for solving all of the client’s problems.
- Ultimately, it is the responsibility of the client to make his or her own decisions and to then carry them out.

Overview of Counseling and Communication

Why do we counsel people?

- To help them talk about, explore, and understand their thoughts and feelings
- To help them work out for themselves what they want to do and how they want to do it

Counseling includes:

- Establishing supportive relationships
- Having conversations with a purpose (not just chatting)
- Listening carefully
- Helping people tell their stories without fear of stigma or judgment
- Giving correct and appropriate information
- Helping people make informed decisions
- Exploring options and alternatives
- Helping people to recognize and build on their strengths
- Helping people develop a positive attitude toward life and to become more confident
- Respecting everyone’s needs, values, culture, religion, and lifestyle
- Being willing to trust clients’ feelings and decisions, which may be the right ones for them at that time, given their particular situation

Remember: Counseling requires that health workers recognize their own values (this often requires values clarification — see Exercise 3 in Module 1) and that they ensure that their values are not imposed on others.

Counseling does NOT include:

- Solving another person’s problems
- Telling another person what to do
- Making decisions for another person
- Blaming another person
- Interrogating or questioning another person
- Judging another person
- Preaching to or lecturing another person
- Making promises that cannot be kept
- Imposing one’s own beliefs on another person
- Providing inaccurate information



Trainer Instructions

Slides 23–31

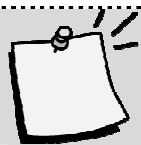
Step 5:

Remind participants that their counseling and communication approach will be somewhat different for each client. For example, counseling older adolescents is very different from counseling younger adolescents. Some younger adolescents may want to express their thoughts and feelings, but may have difficulty verbalizing them. Refer participants to “How Adolescents Differ from One Another” in Session 2.1.

Ask participants:

- *What suggestions do you have for communicating with adolescents?*
- *How would your counseling style differ for an 11-year-old versus an 18-year-old?*
- *What can you do to communicate effectively with younger adolescents and to help them express themselves?*

Record responses on flip chart and fill in using the content below and in the slides. Refer participants to *Appendix 4B: General Tips on How to Talk with Adolescents* and *Appendix 4C: Basic Counseling Guidance for ALHIV*.



Make These Points

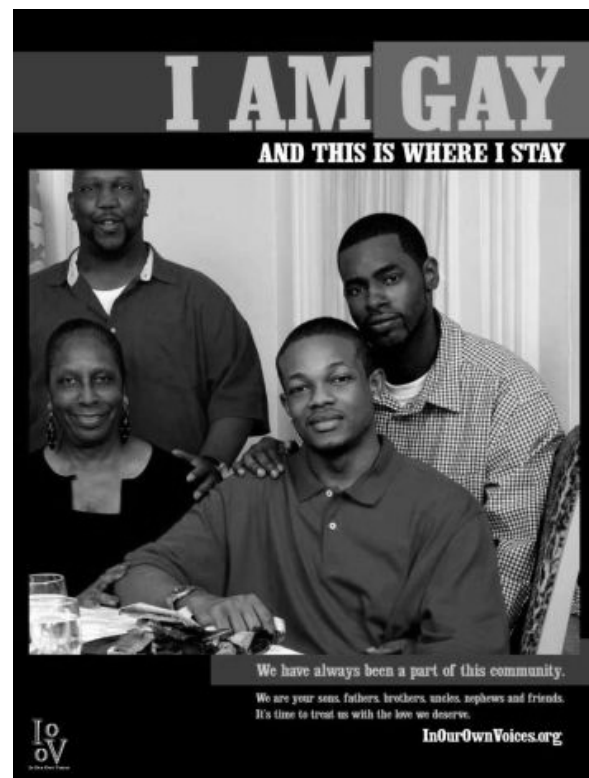
- Some effective ways of communicating with all adolescents include: giving real-life examples through storytelling, reducing stigma around a sensitive issue by normalizing the issue, using indirect questions, talking about non-threatening topics before talking about sensitive ones, and encouraging and offering opportunities for peer support.
- When counseling younger adolescents, be patient, use simple language, allow plenty of time to build rapport, and use creative activities to encourage expression, such as reading or storytelling, drawing, or doing something fun.
- Health workers need to adjust their counseling and communication style to the adolescent they are counseling, keeping in mind his or her age and developmental stage.

Communicating with Adolescents

General tips for communicating with adolescents¹:

- **Start the counseling session by talking about non-threatening issues:** Begin by establishing rapport with the client (see Session 4.1). Ask questions about the adolescent's home, family, school, and even hobbies before moving onto more sensitive topics like adherence to medication, disclosure, and sexual or reproductive health issues.
- **Ask indirect questions:** Initially, ask about the behavior of peers and friends rather than asking direct questions about the adolescent's own behavior: *"Do any of your friends smoke pot/dagga?"; "Have you ever joined them?"*
- **Reduce stigma around an issue by normalizing the issue:** An adolescent who is living with HIV may feel embarrassed seeking help to deal with different issues, but you can reduce stigma and feelings of shame by saying: *"I have treated a number of young people who are also living with HIV. I'm here to help you."*; *"I ask all of my clients if they are having sex so I can make sure they get the information and services they need. Some adolescents are in sexual relationships and others are not. Whether your answer is yes or no, it is OK and I want you to feel comfortable talking with me about these personal things."* Another way to reduce stigma is to hang posters in common areas that communicate important messages in an eye-catching, youth-friendly manner. See Figure 4.1 as an example. The logo at the bottom of the poster reads, "We have always been a part of this community. We are your sons, fathers, brothers, uncles, nephews, and friends. It's time to treat us with the love we deserve." This type of poster would communicate to a young homosexual man that the clinic is gay-friendly, making him more likely to open up about his sexuality.
- **Repeat information through questions:** You can repeat information that sounds irrational and unreasonable back to an adolescent in the form of a question. For example, an adolescent might say, *"I do not care that my cousin stopped talking to me when I told him I had HIV. I do not need him."* Instead of saying, *"Of course you care"* and thus telling the client how he or she should feel, you could respond by asking, *"So it doesn't bother you that your family is giving you a hard time? How does this make you feel?"* When put into a question, many adolescents begin to re-think the statements they just made.

Figure 4.1: "I am gay" poster



- **Encourage peer support:** Encourage adolescents to discuss issues with peers who are also infected with HIV — either one-to-one or in groups. Peer support helps adolescents recognize that they are not alone in dealing with the types of problems they have. ALHIV may not respond to adults who tell them to take their medication every day; but they might listen to a peer who tells them the same thing. Using other adolescents who have struggled with the same problems related to care and treatment, like adherence challenges or disclosure, can be an extremely effective motivator for adolescent clients. See Session 5.3 for more information about peer support.

Considerations when communicating with younger adolescents:

- Younger adolescents need time to feel safe and to trust. Try starting the session by doing something together, like playing a game.
- They need some time to observe you! Do not expect them to instantly begin talking. Allow plenty of time and be patient.
- They may feel scared and they may fear being judged.
- They may feel anxious or embarrassed when asking for help.
- Explain things in simple terms.
- Younger adolescents understand concrete things that they can touch and see. Drawing, demonstrations, or visual aids can be used to make information more concrete.
- Just because an adolescent is not asking questions does not mean that he or she is not thinking about what is being said.
- Do not force adolescents to share. Positively reinforce their efforts to express themselves.
- If a youth is rude or aggressive, remember that this behavior may not be directed at you. He or she may be feeling angry with adults in general for treating him or her badly or for letting him or her down. Be patient and don't take it personally.

Considerations when communicating with older adolescents:

Like younger adolescents, older adolescents also need to feel safe and may feel embarrassed asking for help. However, to earn the trust of older adolescents, health worker will need to try somewhat different strategies than those used with younger adolescents.

- Ask older adolescents about the things that are important to them: hobbies, friends, sports, fashion, cars/motorbikes, music, family, boy/girlfriends, etc. Get to know older adolescents as a way of establishing trust.
- Try to understand the perspective of adolescent clients. Keep in mind that their life experiences are still relatively limited. When providing advice to adolescents, do so from the perspective that they have not yet had the opportunity to appreciate or know what you are explaining to them, rather than scolding them for their lack of knowledge. Never criticize them or say something they may interpret as criticism.
- Never assume that they are not yet sexually active. Also never assume that they **are** sexually active. The best way to know for sure is to build trust and rapport with adolescent clients so they feel comfortable sharing this type of information with you.
- Do not assume that any one adolescent has the same interests or issues as other adolescents you have met recently. Adolescent clients may pride themselves on having the confidence to be different.
- In summary, never make assumptions, use open-ended questions (discussed in the next section), and always remain non-judgmental.

Table 4.1: Activities to do with adolescents to promote expression

| Appropriate for... | | Activity |
|----------------------|--------------------|--|
| Younger adolescents? | Older adolescents? | |
| Yes | Probably not | <ul style="list-style-type: none"> • Storytelling or reading together: The health worker could read or tell a story during a group or individual counseling session. After finishing the story, the health worker should ask key questions to encourage thought and discussion. |
| Yes | Yes | <ul style="list-style-type: none"> • Journaling: Encourage adolescent clients to keep a journal or diary. The journal is a place adolescents can write about what is happening in their lives and how they feel about it (for example, they could answer the question, <i>How would I describe myself?</i> or fill in the sentence, <i>Last week I felt.....because.....</i>). Younger adolescents may prefer to draw in their journals. |
| Yes | Probably not | <ul style="list-style-type: none"> • Drawing: Encourage clients to draw a picture of their families or their homes. The health worker should then ask questions about the drawing to show interest and encourage expression: <ul style="list-style-type: none"> • “Tell me about your drawing.” • “What happened here?” • “How did you feel then?” |
| Yes | Yes | <ul style="list-style-type: none"> • Letter writing: Encourage adolescent clients to write letters to friends or family members about what is happening or how they are feeling. |
| Yes | Yes | <ul style="list-style-type: none"> • Doing something fun: Do something fun while you are talking. This could include playing a game, playing cards, taking a walk, pursuing a hobby (making a toy, knitting, hand sewing, etc.), or playing a sport. Young people often feel more comfortable talking when discussion is secondary to something else they are doing. |



Trainer Instructions

Slide 32

Step 6:

Explain that clear and effective communication is the key to good counseling. Explain that the 7 basic listening and learning skills that should be used routinely by health workers are the building blocks for counseling and effective communication with clients.

Discuss each of the 7 skills, one at a time, and explain why each is important for quality counseling. Trainer instruction boxes are included immediately prior to each of the skills. In general, the content for each of the 7 skills includes some type of skills-building exercise — most are informal, but there is a more formal, 15-minute exercise included for practicing Skill 4: Reflect back what the client is saying.



Make These Points

- As health workers, we need to use good communication skills to engage and help our clients.
- The 7 listening and learning skills are the building blocks of good communication with clients.

Listening and Learning Skills^{2,3,4}

Good counselors use verbal and non-verbal listening and learning skills to help clients through their process of exploration, understanding, and action. Specifically, when communicating with and counseling clients, health workers should use the following skills:

- Skill 1: Use helpful non-verbal communication
- Skill 2: Actively listen and show interest in the client
- Skill 3: Ask open-ended questions
- Skill 4: Reflect back what the client is saying
- Skill 5: Empathize — show that you understand how the client feels
- Skill 6: Avoid words that sound judging
- Skill 7: Help the client set goals and summarize each counseling session

For additional information, refer participants to *Appendix 4B: General Tips on How to Talk with Adolescents*, *Appendix 4C: Basic Counseling Guidance for ALHIV*, and *Appendix 4D: Listening and Learning Skills Checklist*.



Trainer Instructions

Slides 33–36

Step 7:

Explain and illustrate “Skill 1: Use helpful non-verbal communication.” Start by asking:

- *What is meant by “non-verbal communication?”*
- *What is an example of non-verbal communication?*

Fill in using the content below and in the slides.

Step 8:

Ask participants to pair up with the person sitting next to them. 1 person in each pair should take 1 minute to talk about the best day of his/her life while the other person listens and uses non-verbal communication. Each pair should then switch and the 2nd person should take 1 minute to talk about the best day of his/her life while the other person listens and uses non-verbal communication.

When both participants in each pair have finished, ask the large group:

- *What non-verbal communication was used?*
- *How did it feel to be the speaker?*

- *How did it feel to be the listener?*
- *How would it have felt if the listeners had not been allowed to use any non-verbal communication?*



(optional) Invite the adolescent co-trainer to describe unhelpful non-verbal communication, based on a clinical experience. He or she should also describe what non-verbal communication would have made the unpleasant encounter a pleasant one.



Make These Points

- Active listening includes both verbal and non-verbal forms of communication. Non-verbal communication refers to all aspects of a conversation that convey information without the use of words.

Skill 1: Use Helpful Non-Verbal Communication

Non-verbal communication refers to all aspects of a conversation that convey information without the use of words. This includes messages conveyed through gestures, gaze, posture, and facial expressions. Non-verbal communication reflects people’s attitudes. Helpful non-verbal communication encourages the client to feel that the health worker is listening and cares about what is being said.

The acronym “ROLES,” as shown in Table 4.2, can be used to help remind health workers of behaviors that convey caring.

Table 4.2: ROLES

| Non-verbal behaviors that conveys caring | |
|--|--|
| R | A relaxed and natural attitude with clients is important. Do not move around quickly or chat nervously. |
| O | Adopt an open posture . Crossing your legs or arms can signal that you are critical of what the client is saying or that you are not listening. Using an open posture shows that you are open to the client and what he or she is saying. |
| L | Leaning forward toward the client is a natural sign of involvement. |
| E | Culturally appropriate eye contact should be maintained to communicate interest. Never stare or glare at the client. |
| S | Sitting squarely facing another person shows involvement. If for any reason this may be considered threatening, then sitting to the side is also an option. |

Note: These physical behaviors convey respect and genuine caring; however, these are only guidelines and should be adapted based on cultural and social expectations.



Trainer Instructions

Slides 37–38

Step 9:

Explain and illustrate “Skill 2: Actively listen and show interest in the client.” Start by asking:

- *What are some examples of gestures that show interest?*
- *If a 12-year-old client says to you, “I hate school, I want to quit!,” how might you respond if you were trying to use a gesture that shows interest?*
- *Why not respond by saying something like “You can’t leave school, you’re only 12.”?* (Answer: such responses discourage the adolescent from discussing their feelings any further.)

As needed, distinguish between non-verbal behaviors and “gestures that show interest” (Skills 1 and 2):

- Non-verbal cues are silent and include, for example, the expression on your face or how you hold your arms and legs.
- “Gestures that show interest,” on the other hand, include responses to what a client says — they can be either verbal (“*umhum*” or “*aha*”) or non-verbal (a nod of the head or a smile to encourage further discussion).
- Non-verbal cues can be either intentional or non-intentional whereas “gestures that show interest” are usually intentional and made in response to what a client says or does.

Step 10:

Fill in the discussion on active listening using the content below and in the slides. With a co-trainer, demonstrate the role play in Table 4.3 below.



Make These Points

- Health workers can show that they are listening to their clients and that they are interested in what they are saying by using particular gestures (such as nodding and smiling), responses (such as “*Mmm*” or “*Aha*”), and skills (such as clarifying and summarizing).

Skill 2: Actively Listen and Show Interest in the Client

Another way of showing that you are interested and want to encourage a client to talk is by using gestures like nodding and smiling, responses like “*Mmm*” or “*Aha*,” and skills like clarifying and summarizing. These behaviors, also referred to as attending skills, demonstrate that the health worker is actively listening to the client. They also invite the client to relax and talk about him- or herself.

Clarifying: Clarifying prevents misunderstanding and helps sort out what has been said. For example, if an adolescent says: “*All my friends will abandon me if they find out I have HIV!*,” the health worker could say, “*Tell me more about why disclosing to your friends is a concern for you.*”

Summarizing: Summarizing means pulling together the themes that have come up during a counseling discussion so the client can see the whole picture. Summarizing helps ensure that the client and the health worker understand each other.

- Health workers should review the important points of the discussion and highlight any decisions made.
- Health workers can summarize key points at any time during the counseling session, not just at the end.
- Summarizing can offer support and encouragement to clients and help them carry out the decisions they have made related to their own health and well being.

Table 4.3: Example of actively listening and showing interest

| What to do |
|--|
| HW: <i>Hey, you seem sad today. What's going on?</i> |
| Male adolescent client: <i>It's school, I don't want to go anymore.</i> |
| HW: <i>umhum*</i> (nods understandingly) |
| Adolescent: <i>Well, it's not really school, it's the other pupils at school...I don't have any friends.</i> |
| HW: <i>So, you don't like going to school because you feel like you don't fit in?***</i> |
| Adolescent: <i>Yeah, the other children make fun of me. They call me mean names.</i> |
| HW: <i>umhum*</i> |
| Adolescent: <i>Yesterday one of the bigger boys even pushed me to the ground and tried to take my pocket money.</i> |
| HW: <i>That's terrible. It seems to me that the other boys are harassing you. What one thing would you like to change to make this situation better?***</i> |
| * A gesture that shows interest |
| ** Clarifying |
| *** Summarizing |



Trainer Instructions

Slides 39–40

Step 11:

Explain “Skill 3: Ask open-ended questions.” Start by defining what open-ended questions are and contrast them with closed-ended question, using the content below and in the slides.

Use the slides to give participants a chance to re-word the following questions:

- *Are you scared to talk with your family about your status?* (Example of an open-ended question: *How do you feel about talking to your family about your HIV-status?* Or: *What do you think your family would say if you told them you have HIV?*)
- *Are you taking your ARVs?* (Example of an open-ended question: *Can you tell me more about how you take your ARVs?* Or: *How many times in the past week have you taken your ARVs?*)
- *Are you having sex?* (Example of an open-ended question: *When was the last time you had sex?* Or: *How many times in the last month have you had sex?*)

Note that in some cases it might be very appropriate to keep this particular question closed-ended or to preface it with, for example, *“Some people your age are having sex. Whether you’re having sex or not, it is OK. I am only asking you this question so I can provide you with the information you need.”*)

- *Do you use condoms every time?* (Example of an open-ended question: *Tell me about how you use condoms. Or: What do you and your partner do to prevent HIV, STIs, and pregnancy when you have sex?*)



Make These Points

- Open-ended questions — questions that cannot be answered with a simple “Yes” or “No” — encourage responses that lead to further discussion.
- Although closed-ended questions are good for gathering basic information, they are less helpful in getting at how the client is really feeling.

Skill 3: Ask Open-Ended Questions

Asking questions helps identify, clarify, and break down problems into smaller, more manageable parts. **Open-ended questions** begin with words like *“how,” “what,” “when,” “where,”* or *“why.”* An example of an open-ended question is: *“When was the last time you used a condom?”* This type of question encourages the client to talk openly and in a way that leads to further discussion. They help clients explain their feelings and concerns, and they also help counselors get the information they need to help clients make decisions.

Closed-ended questions, on the other hand, usually start with words like *“are you?,” “did he?,” “has she?,”* or *“do you?,”* and usually only require a “Yes” or “No” answer. An example of a closed-ended question is: *“Do you use condoms?”* Closed-ended questions are good for gathering basic information at the start of a counseling or group education session. However, they are less helpful in getting at how the client is really feeling.

In general, health workers should try to avoid asking questions that have a “Yes” or “No” answer. Therefore, instead of asking, *“Are you concerned about talking to your family about your diagnosis?”* you could ask, *“What concerns do you have about talking to your family about your HIV test results?”* Or, instead of *“Are you taking your ARVs?”* you could ask, *“How many times have you taken your ARVs in the last 3 days?” “What problems have you had taking your ARVs lately?” “Which doses did you miss?” “What can you do to make it easier to remember the doses that you tend to miss?”*

Please note that very sensitive questions, particularly when working with adolescents, are easier to ask as close-ended rather than open-ended questions. For example, when asking if a client is sexually active, it may be offensive to the inexperienced client if you ask, *“When was the last time you had sex?”* Instead, it may be more appropriate to say, *“Many adolescents have sex with their partners. Are you having sex?”* even though this is a closed ended question.



Trainer Instructions

Slide 41

Step 12:

Explain “Skill 4: Reflect back what the client is saying,” using the content below and in the slide. Participants will have an opportunity to practice “reflecting back” in Exercise 2.



Make These Points

- "Reflecting back" means paraphrasing what a client has said (using different words) to encourage him or her to say more.

Skill 4: Reflect Back What the Client is Saying

"Reflecting back," also referred to as paraphrasing, means repeating back what a client has said in order to encourage him or her to say more. Try saying what the client has said, but in a slightly different way. For example, if a client says, “*I can’t tell my boyfriend about my HIV-status,*” the health worker could reflect back by saying, “*It sounds like talking to your partner is not something that you feel comfortable doing right now.*” After the client confirms that this is accurate, the health worker could then say, “*Let’s talk about that some more.*”

Health workers can use the following formulas for reflecting:

- “You feel _____ because _____.”
- “You seem to feel that _____ because _____.”
- “You think that _____ because _____.”
- “So I sense that you feel _____ because _____.”
- “I’m hearing that when _____ happened, you didn’t know what to do.”

Reflecting back shows that the health worker is actively listening, it encourages dialogue, and it helps the health worker understand the client’s feelings in greater detail.



Trainer Instructions

Slides 42–43

Step 13:

Lead participants through Exercise 2. Facilitate this exercise fairly quickly — give participants about 10 minutes to work in pairs and then take about 5 minutes to debrief.

| Exercise 2: Reflecting Back: Pair work | |
|---|--|
| Purpose | To practice reflecting back what the client is saying |
| Duration | 15 minutes |
| Advance Preparation | None |
| Introduction | This exercise will give you an opportunity to reflect back or paraphrase what a client is saying. |
| Activities | <ol style="list-style-type: none"> 1. Invite participants to pair up with someone sitting close to them — if possible, it should be with someone other than the person with whom they paired up last time. 2. One person in the pair should take the role of the health worker and the other should take the role of the client. The client should read 2 or 3 of the following scripts out loud, one at a time (the scenarios and scripts are also included in the Participant Manual, but without the suggested responses). After each script is read, the health worker should try to reflect back or paraphrase what the client has just said, in a way that invites further discussion. 3. Switch roles so that the person who was playing the health worker is now the client. The new client should read the remaining scripts one at a time. 4. If time allows, those playing clients should come up with 1 or 2 more scripts based on their own experience, thus providing those playing health workers with additional practice reflecting back. 5. Once the pairs have finished all 5 of the scripts (about 10 minutes), take 5 more minutes to debrief in the large group. Ask participants how they paraphrased the 1st script. Once 2 or 3 paraphrases have been mentioned, move onto the 2nd script. Continue in this way until all 5 scripts have been discussed. |
| Debriefing | <ul style="list-style-type: none"> • Reflecting back is a powerful tool that can be used to encourage clients to discuss a particular issue further. • Reflecting back is a non-judgmental way of encouraging clients to explain more about their situation. • Further discussion encourages clients to clearly articulate the issue they are having and encourages them to provide the background information health workers need to provide them with better assistance and support. |

Exercise 2: Reflecting back: Pair work

Possible answers for trainers

| Scenario and script | What the health worker can say to reflect back |
|--|---|
| <ul style="list-style-type: none"> You are the mother of a 15-year-old male ALHIV. You initiate the counseling session with the health worker by saying: <ul style="list-style-type: none"> <i>“Two days ago, I found my son, I___, looking at pornographic magazines. I’m not sure how I feel about this.”</i> | <p><i>“It sounds to me like you’re not sure if it’s normal or inappropriate for adolescent boys to look at pornographic pictures.”</i></p> |
| <ul style="list-style-type: none"> You are a 16-year-old ALHIV. When the health worker asks you how you are doing today, you say: <ul style="list-style-type: none"> <i>“I’m not doing very well. I’m actually glad to be here today because it means I don’t have to be at school. I really don’t like going to school.”</i> | <p><i>“I hear you saying that you don’t like going to school.”</i></p> |
| <ul style="list-style-type: none"> You are the aunt of a 15-year-old female ALHIV whom you have accompanied to the clinic today. You step into the health worker’s office without your niece and explain the following: <ul style="list-style-type: none"> <i>“I think my niece, who is here today for her appointment, has an older boyfriend who is buying her new clothes and perfumes.”</i> | <p><i>“It sounds like you think your niece has an older boyfriend.”</i> (If she does not continue, consider asking how she feels about this. If she says she is concerned, ask why this concerns her).</p> |
| <ul style="list-style-type: none"> You are a 16-year-old female client who has been coming to the ART clinic since you were a child. Today at your appointment, you tell the health worker: <ul style="list-style-type: none"> <i>“I know that you wanted me to tell my boyfriend that I have HIV, but the time just hasn’t been right to tell him yet.”</i> | <p><i>“It sounds like you are having a difficult time disclosing your HIV-status to your boyfriend.”</i> (Pause for a moment to see if she tells you more. If she doesn’t say anything, ask her about her plan for disclosure as a way of encouraging her to talk more about her barriers to disclosure and how she might overcome them).</p> |
| <ul style="list-style-type: none"> You are a 17-year-old female. When the health worker asks you how you are doing today, you say: <ul style="list-style-type: none"> <i>“I’m finishing school next month. I have to admit, although I’m looking forward to school being over, I’m also a bit worried about what I’m going to do next. I haven’t yet been accepted to a university and I don’t have a job.”</i> | <p><i>“It sounds like you are concerned that you might not get into University.”</i> (Pause for a moment. If she doesn’t discuss this further, ask her what she will do if she is not accepted into University).</p> |



Trainer Instructions

Slides 44–51

Step 14:

Explain “Skill 5: Empathize — show that you understand how the client feels.”

After providing a brief overview of this skill, use the examples in the slides to give participants an opportunity to practice using the skill (working as a large group — there is no need to break into small groups).



Make These Points

- The use of empathy shows that the health worker understands how the client feels and encourages the client to discuss the issue further.
- Empathy should be used when a client expresses a highly emotional statement. If a statement is not an emotional one, then it would be more appropriate to use “Skill 4: Reflect back what the client is saying”.

Skill 5: Empathize — Show That You Understand How the Client Feels

Empathy is when one person is able to comprehend (or understand) what another person is feeling. Empathy is not the same as sympathy — sympathy implies that you pity or feel sorry for the other person.

Showing empathy helps encourage clients to discuss issues further. For example, if a client says, “*I just can’t tell my partner that I have HIV!*,” the health worker could respond by saying, “*It sounds like you might be afraid of your partner’s reaction.*” Or if a visibly upset client says: “*My partner argues with me all the time about using condoms! I’m so sick of fighting with him,*” the health worker could respond by saying: “*That must be really upsetting. It sounds like you feel very frustrated with him.*” If, on the other hand, the health worker responds with a factual question like, “*How often do you have these kinds of fights about condoms?*,” the client may feel that the health worker does not understand because his or her response was not in reference to the client’s underlying feelings.

Empathy is used to respond to emotional statements. When empathizing, the health worker identifies and articulates the emotions behind a client’s statement. This is different from “Skill 4: Reflect back what the client is saying,” which is used to summarize a conversation that is primarily factual.



Trainer Instructions

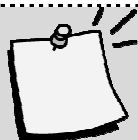
Slides 52–53

Step 15:

Explain “Skill 6: Avoid judging words,” using the content below and in the slides.

Start by explaining what we mean by “judging words” and then use the slides to give participants an opportunity to reword questions so that they are neither judging nor leading.

If time allows, demonstrate the role plays about judging words in the content below with a co-trainer and ask participants to comment.



Make These Points

- Health workers should avoid phrasing questions in a way that is judging and should avoid asking questions that lead the client to respond in a certain way. Questions that do not lead or judge are more likely to encourage the client to respond accurately.

Skill 6: Avoid Judging Words

Judging words are words like: *right, wrong, well, badly, good, enough, and properly*. If a health worker uses judging words when asking questions, adolescent clients may feel that they are in the wrong or that they need to respond in a certain way to avoid disappointing the health worker. Health workers should also avoid phrasing questions in a way that is judging, which means asking questions that lead the client to respond in a certain way because they are scared to disappoint the health worker. Examples of what **NOT** to do:

Examples of using judging words

| | |
|----------------|---|
| HW: | <i>Did you listen to me and use a condom?</i> |
| Client: | <i>Um...yes.</i> |
| HW: | <i>Did you take your medicine correctly (or properly)?</i> |
| Client | <i>I think so.</i> |
| HW: | <i>Didn't you understand what I told you about taking your medicine?</i> |
| Client: | <i>I don't know, I think so.</i> |
| HW: | <i>Did you follow my recommendation to talk to your mother about your HIV-status? (Or: Did you do the right thing and talk to your mother about your HIV-status?)</i> |
| Client: | <i>Well, yes, I tried to talk to her....</i> |

Notice in these examples that the client has not fully responded to the health worker's questions. Instead, the health worker is making the client uncomfortable. In such situations, it is quite likely that the client will give the health worker a misleading response because he or she fears being judged.

Note that the client may use judging words and that this is acceptable (for example, “I was not brave enough to talk to my mother. I only told my sister.”) When a client uses judging words, do not correct him or her and do not agree with the client either. Instead, your response should aim to build the client’s confidence through praise. For example, “I am impressed that you were able to talk with your sister. That is a big step.”

More examples using open-ended questions and avoiding judging words:

Examples of using non-judging words

HW: *What form of family planning, if any, did you use the last time you had sex?*

HW: *How many times in the last 3 days have you taken your ARVs?*

HW: *When do you usually take your medicines? How do you take them (with water? with food?, etc.)? What has been your experience with taking ART? What problems, if any, have you had taking your ARVs?*

HW: *Can we go back to our discussion about disclosure? Who have you told about your HIV test result since your last visit?*

Note: Sometimes a health worker needs to use “good” judging words to build a client's confidence and to recognize and praise him or her for doing the right thing.

Example of using judging words to build confidence

HW: *You are doing a great job remembering to come to your appointments.*

HW: *You are doing the right thing for yourself and your baby by taking your ARVs.*



Trainer Instructions

Slides 54–56

Step 16:

Explain “Skill 7: Help the client set goals and summarize each counseling session,” using the content below and in the slides.



Make These Points

- “Skill 7: Help the client set goals and summarize each counseling session” is a chance to work with the client to develop next steps and to reiterate key points from the session.

Skill 7: Help the Client Set Goals and Summarize Each Counseling Session

Toward the end of a session, the health worker should work with the adolescent client to come up with “next steps” and to summarize the session:

- **Develop “next steps”:** The health worker could initiate this part of the discussion by saying, “Okay, now let’s think about the things you will do this week based on what we talked about.” To help the client develop a more specific plan, the health worker could ask:
 - *What do you think might be the best thing to do?*
 - *What will you do now?*
 - *How will you do this?*
 - *Who might help you?*
 - *When will you do this?*
- **Summarize the client’s plan and review next steps:** The health worker could say, “I think we’ve talked about a lot of important things today. (List main points.) We agreed that the best next steps are to _____. Does that sound right? Let’s plan a time to talk again soon.”
- **Give the client a chance to ask questions.**
- **Make referrals,** if needed.
- **Make an appointment for return visit:** Discuss when the client will return and make sure he or she has an appointment.
- **Record key points of the session and next steps in the client’s clinical notes.**

Next steps and goals should:

- Be developed by the health worker and client together
- Empower the client to achieve what he or she wants by agreeing to realistic short- and long-term goals and actions
- Provide direction and must be results-oriented
- Be clear enough to help the client measure his or her own progress (people feel good when they achieve something they have set out to do)

Note: “Motivational interviewing” is a technique that aims to help clients identify and change behaviors that may be placing them at risk of developing health problems or may be preventing optimal management of a chronic condition. All of the listening and learning skills just covered are used in motivational interviewing. Additional information about motivational interviewing can be found in *Appendix 4E: Motivational Interviewing*.



Trainer Instructions

Slides 57–58

Step 17:

Use the following section entitled “Tips for Counseling Adolescents” to discuss some general counseling techniques to bridge communication gaps with adolescents. Use this section to transition to Exercise 3, which wraps up the module.

Refer participants to *Appendix 4F: Common Counseling Scenarios*, which can be used as reference, for in-depth study, or — if teaching a more advanced group — as part of your presentation.



Make These Points

- Even with training, health workers will not be able to perfectly address all of the communication challenges they encounter with adolescent clients. It is important to remember that even the most experienced counselors make mistakes and that everyone gets better with practice and over time.

Tips for Counseling Adolescents

- Involve adolescents in their care! (Of course, their involvement should be appropriate given their interest level and developmental stage.)
- Assess each adolescent's emotional and developmental level (including level of understanding, capacity to express him- or herself, and capacity for self-care). This will help ensure that expectations of the adolescent are appropriate.
- Keep in mind the changing capacities of each adolescent.
 - With very young adolescents, the focus of the counseling session is generally on the caregiver.
 - As adolescents get older, their understanding and ability to express themselves continually improve and the focus shifts away from the caregiver.
 - However, because of differences between adolescents, it is important that counseling is always adapted to the needs of each particular adolescent.
- Find out what the adolescent knows and be guided by the questions he or she asks.
- Listen to ALHIV, reflect back their feelings, offer empathy, and show that you care about what they are going through. ALHIV may be angry, depressed, or afraid — especially after learning about their diagnosis.
- Encourage them to ask questions to check their understanding.
- Be aware of each adolescent's attention span. (Younger adolescents will usually lose interest more quickly than older adolescents.)
- Watch the adolescent's body language to determine if he or she is taking in the information (for example, fidgeting, slumping, changing the subject, or falling asleep are indications he or she is not). If the adolescent is inattentive, stop and try again at a later time.
- Schedule adolescents to see the health worker with whom they best get along/relate. Sometimes an adolescent will feel more comfortable with one particular health worker than with another. Use the skills, strengths, and approaches of different health workers on the multidisciplinary team to meet clients' needs.

Advice on dealing with difficult counseling scenarios can be found in *Appendix 4F: Common Counseling Scenarios*.



Trainer Instructions

Slides 59–64

Step 18:

Lead participants through Exercise 3, which will provide them with an opportunity to practice the 7 listening and learning skills.

| Exercise 3: Practice Listening and Learning Skills: Case studies in small groups and large group discussion | |
|--|--|
| Purpose | To provide participants with an opportunity to gain experience using listening and learning skills with adolescent clients |
| Duration | 75 minutes |
| Advance Preparation | <ul style="list-style-type: none"> • Read through and adapt the case studies as needed. • (If opting to do Part 1) Identify an experienced participant or a co-trainer to demonstrate how to use the listening and learning skills using the case study below. • Encourage participants to review <i>Appendix 4D: Listening and Learning Skills Checklist</i>. |
| Introduction | <p>A health worker’s manner of communicating with adolescent clients plays an essential part in determining whether his or her clients listen and act on the information they are given. Remember that a good communicator should:</p> <ul style="list-style-type: none"> • Use helpful non-verbal communication. • Actively listen and show interest in the client. • Ask open-ended questions. • Reflect back what the client is saying. • Empathize — show that you understand how the client feels. • Avoid words that sound judging. • Help the client set goals and summarize each counseling session. |
| Activities | <p>(Optional) Part 1: Trainer Demonstration</p> <p>Invite a co-trainer or volunteer from the group (if possible, someone with counseling training and experience) to role play the client as the trainer demonstrates the basic listening and learning skills.</p> <ol style="list-style-type: none"> 1. Place 2 chairs facing each other in such a way that all participants can easily observe the role play. 2. Ask participant to use <i>Appendix 4D: Listening and Learning Skills Checklist</i> as they observe the basic listening and learning skills demonstration. 3. The trainer (or a participant with counseling skills) and the co-trainer (or volunteer) should then take about 5 minutes to role play the following scenario. They should try to demonstrate 3 or 4 of the listening and learning skills just discussed in this session (more if there is enough time). <p>Note: The demonstration should take no more than 5 minutes. The objective of this part of the exercise is to demonstrate how to do the role plays, not to demonstrate how an entire counseling session should proceed.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>G ____, who has had HIV since she was a baby, has been coming to your clinic ever since you can remember. G ____ is now 19 years old and, while at clinic today, she asked for a pregnancy test. Although she has had the same boyfriend since she was 14, she looks upset when you tell her that the test result is positive.</p> </div> |



Note: During the demonstration, use the listening and learning skills to find out what G___ thinks about being pregnant, how she feels this affects her future, and if and how she is going to tell her partner and family. Make sure that you are NOT judgmental!!)

4. Take 5 minutes to debrief with participants using *Appendix 4D: Listening and Learning Skills Checklist*.
5. Ask participants to share their observations and suggestions.
6. (Optional) Encourage participation by the adolescent co-trainer, who can act as the adolescent client in the trainer demonstration. Ask the following questions to encourage discussion:
 - *How did you feel during this exercise? Were you satisfied with how the health worker tried to build rapport with you?*
 - *What did he or she do well?*
 - *What could he or she have done differently?*
 - *What else could he or she have done to effectively communicate with you?*

Part 2: Small Group Work

7. Break participants into groups of 3. Assign 1 of the 3 case studies that appear below and in the Participant Manual to each of the groups.
8. Next:
 - Ask each small group to identify a health worker/counselor, a client, and an observer for their case study.
 - Suggest that the health workers initiate the discussion with the clients as they would in the clinic setting.
 - Explain that the health workers and clients will be given about 5 minutes for their sessions. The health workers should use as many of the listening and learning skills as they can during this time.
 - Explain that, during the role play, the third person in each group should observe and record on *Appendix 4D: Listening and Learning Skills Checklist* when he or she notices the health worker use any of the 7 listening and learning skills.
9. After 5 minutes, stop the exercise and ask the observers to provide feedback on each of the skills and techniques they observed, using the Listening and Learning Skills Checklist.
10. Have the small groups change roles so that another person in each triad is playing the health worker and continue the exercise. The new health worker should pick up the conversation where the previous health worker left off, continuing with the same case study.
11. Again, stop the exercise after 5 minutes and ask the observers to give feedback on each of the skills they observed. If there is enough time, resume the role plays a third time so that the last person in the triad has an opportunity to play the role of the health worker.
12. Trainers should circulate around the room during the role plays to ensure that participants are using the 7 listening and learning skills and that they are providing accurate and appropriate support and advice.

| | |
|-------------------|---|
| | <p>Part 3: Large Group Discussion</p> <p>13. Depending on the time available, ask some groups to perform their case study in front of the large group while the other participants observe using <i>Appendix 4D: Listening and Learning Skills Checklist</i>.</p> <p>The trainer should debrief after each role play by asking the group:</p> <ul style="list-style-type: none"> • <i>What did the health worker do to build trust and rapport with the client?</i> • <i>Which listening and learning skills worked well?</i> • <i>Which listening and learning skills were not used? Could they have been used? If so, how?</i> <p>14. Record key points on a flip chart and lead an interactive discussion pointing out strengths and possible ways of improving listening and learning skills.</p> |
| Debriefing | <ul style="list-style-type: none"> • Summarize the key points from the group feedback. • Remind participants that improving listening and learning skills takes practice as well as continuous self-exploration. |

Exercise 3: Practice Listening and Learning Skills: Case studies in small groups and large group discussion

Case Study 1:
M___ is an 18-year-old client you see regularly at the ART clinic. He tells you that he has a male partner he sees on the weekends. He also tells you that he is very worried that his family and friends at school will find out that he is HIV infected. *How do you counsel M___?*

Key points for trainers: M___

- Ensure you use listening and learning skills to encourage M___ to discuss not only his issues around disclosure but also the fact that his primary partner is a male. In a heterosexual world, many people who have same-sex partners are very aware of the discrimination they will likely face if their sexual preference becomes known.
- M___ will need reassurance around confidentiality.
- Given that M___ is “worried” and “scared,” the counselor will need to exhibit empathy skills (“Empathize — show that you understand how the client feels”) as well as the other listening and learning skills.
- If it doesn’t come up in conversation, use open-ended questions to ask if there is a threat to M___’s safety — either from his partner (domestic violence) or from family or friends at school who could potentially become violent if faced with a homosexual couple (bias crime).

Case Study 2:
P___ is a 12-year-old girl who acquired HIV perinatally. Her mother died when she was 5 and she has been living with her grandmother ever since. Her grandmother does not like to talk about P___’s HIV-status and none of P___’s friends know she has HIV. When you speak to P___, she doesn’t say anything and keeps looking at the floor with her arms crossed. *How do you counsel P___?*

Key points for trainers: P___

- You want to get P___ to trust you. Assuming she likes and trusts the health worker, she will eventually open up and discuss why she is so angry. Start with general questions (open-ended, of course) to encourage her to talk about herself (for example, “What’s your favorite subject in school?”).
- The key is to establish trust — i.e., a key listening and learning skill for today’s session with P___ is “Actively listen and show interest in the client.” Once she sees that you are interested in her and can be trusted, then you can use empathy (“Empathize — show that you understand how the client feels”) to ask, for example, “P___, you seem angry today, would you mind telling me why?”

Case Study 3:

G___ is a 16-year-old young man who tested positive for HIV 4 weeks ago. When you see him at the clinic today, he appears upset. He says that he hasn’t told anyone about his HIV-status, that he isn’t doing well in school, and that he feels really angry most of the time. His girlfriend is threatening to break up with him because of his moodiness. When you ask him questions, he gives you short responses in an angry voice. *How do you counsel G___?*

Key points for trainers: G___

- You want to let G___ know that anger is a normal part of coming to terms with his HIV-status.
 - If you (as the health worker) have met G___ previously (maybe you were the health worker who gave him the test result 4 weeks ago), then you might be able to start this session using your empathy skills (“Empathize — show that you understand how the client feels”). First, acknowledge his anger. Reassure him that this is normal, but then ask, for example, “*What do you think is making you feel so angry right now?*”
 - If you are meeting G___ for the first time, you may want to just start with getting to know him by asking open-ended questions before using your empathy skills.
- G___ may not be ready to talk. If he isn’t, ensure that you’ve communicated to him that you care (through “Use of helpful non-verbal communication,” “Actively listening and showing interest,” and “Reflecting back what the client is saying”).
- When you summarize the counseling session with him, make a follow-up appointment and make sure he knows how to find you if he wants to come in before that date.



Trainer Instructions

Slide 65

Step 19:

Allow 5 minutes for questions and answers on this session.



Trainer Instructions

Slides 66–68

- Step 20:** Ask participants what they think the key points of the module are. What information will they take away from this module?
- Step 21:** Summarize the key points of the module using participant feedback and the content below.
- Step 22:** Ask if there are any questions or clarifications.



Module 4: Key Points

- Establishing a comfortable and open relationship is the foundation for communication and education, and it increases the chances that the client will return to the clinic and stay engaged in care.
- When asked by health workers about sensitive issues like sexual activity, adolescents may be reluctant or embarrassed to disclose information because they fear being scolded or mocked.
- When communicating with adolescent clients, it is important to be respectful, to ensure privacy, to maintain confidentiality, to be honest, to use language they understand, and to be open to their ideas and choices — even if they are not the ones you would have wanted them to make.
- Some communication and counseling tips for adolescents are: start the conversation by building rapport and by discussing non-threatening issues, ask indirect questions, and try to reduce stigma around a sensitive issue by normalizing it.
- Younger adolescents sometimes require a more activity-based approach to counseling — using storytelling, games, reading, art, etc.
- Good communication is the key component to effective counseling. The 7 key listening and learning skills health workers should always use are:
 - Use helpful non-verbal communication.
 - Actively listen and show interest in the client.
 - Ask open-ended questions.
 - Reflect back what the client is saying.
 - Empathize — show that you understand how the client feels.
 - Avoid words that sound judging.
 - Help the client set goals and summarize each counseling session.

Appendix 4A: Common Counseling Mistakes³

The “Listening and Learning Skills” are easy to learn but difficult to apply. Some common mistakes include:

- Not allowing enough time for counseling, which can make it hard for the client to take in all the information and react to it.
- Conducting counseling in a non-private space, like in a corridor or waiting area, or allowing interruptions during the counseling session.
- Controlling the discussion instead of allowing the client to control it and giving him or her time to ask questions and express his or her feelings and needs.
- Judging the client — making statements that show the client does not meet the health worker’s standards.
- Preaching to the client — telling him or her how to behave or how to lead his or her life, for example, saying: *“you never should have trusted that guy, now you have created a big problem for yourself.”*
- Labeling the client instead of finding out his or her individual motivations, fears, or anxieties.
- Reassuring the client without even knowing his or her health status — for example, telling the client, *“you have nothing to worry about.”*
- Not accepting the client’s feelings — for example, saying *“you shouldn’t be upset about that.”*
- Advising the client before he or she has enough information or before he or she has had enough time to arrive at his or her own solution.
- Interrogating — asking accusatory questions. Questions that start with *“why...?”* can sound accusatory, although the tone makes a difference (“why” questions can also be a way of asking an open-ended question).
- Encouraging dependence — increasing the client’s need for the health worker’s guidance.
- Persuading or coaxing — trying to get the client to accept new behavior by flattery or fakery. *“I know you are a good girl and will take your ARVs like I have told you.”*

Appendix 4B: General Tips on How to Talk with Adolescents⁵

This section presents general guidelines on interacting with adolescents either when providing testing or when providing ongoing care and treatment services. Establishing a comfortable and open relationship (using the listening and learning skills discussed in Session 4.2) is the foundation for good communication. It also increases the chances that a client (and his or her caregivers) will return to the clinic.

The age and developmental stage of the adolescent is critical to the way the health worker should communicate with him or her. Some basic principles about working with adolescents include:

- Make the adolescent feel comfortable from the beginning. Create a comfortable environment by encouraging the adolescent to talk about general things that interest him or her before moving onto specific issues in the client's life. (For example, *Did you hear about the football match last night? How is school going? I like the blouse you're wearing, did you sew it yourself?*)
- Engage and take an interest in the adolescent as a person, and not just in his or her physical condition.
- Meet the adolescent at his or her level. This might mean using creative methods to help adolescents (especially younger ones) feel comfortable and express their feelings, and to make the information being presented more concrete.
- Maintain eye contact.
- Do not ask too many questions.
- Listen attentively.
- Use language that is developmentally appropriate and be direct. Use clear language that is not too technical or complex to understand.
- Avoid falsely reassuring the client and do not impose your personal beliefs on the situation.
- Younger adolescents need the presence of a trusted adult to feel secure. Try involving caregivers and other family members in the counseling process.
- Explain confidentiality and note that there are some situations in which it may be necessary to breach confidentiality.
- Act appropriately and with authority without being an authoritarian.
- Use an interactive, participatory style of communicating. Give the adolescent enough time to explain his or her ideas and decisions to you.

Appendix 4C: Basic Counseling Guidance for ALHIV

Appendix 4B provides suggested conversational cues or prompts for introducing some core topics related to HIV care and treatment. It should be noted that this is meant to be a simplified framework outlining main discussion points around care and treatment rather than a comprehensive counseling script.

| Counseling ALHIV, Ages 10–12 | |
|---|--|
| Guidance <ul style="list-style-type: none"> Remember to incorporate the 7 listening and learning skills described in this module. Determine disclosure status for younger adolescents and tailor the discussion accordingly. Use the term “HIV” only if the adolescent knows his or her diagnosis; otherwise, substitute a word such as “a germ” or “your health” for “HIV” and continue working with caregivers on the disclosure process (see Module 7). Give realistic information about the client’s health status. At this age, depending on the client’s developmental level, it may be appropriate to begin discussions about HIV. Emphasize that people with HIV can live meaningful lives and have normal relationships. Help the client deal with possible stigma. | |
| Objectives | Script |
| Tell the client that you are here to address his or her specific questions and concerns. | <p><i>I want to talk with you about any questions you may have about your HIV result.</i></p> <p><i>or</i></p> <p><i>I want to talk with you about any questions or concerns you may have about your health and about your care here at the clinic.</i></p> |
| Talk about HIV in age-appropriate terms. | <p><i>What is HIV? (Tailor explanation to the client’s response and level of understanding. Key points you may want to include in your explanation follow).</i></p> <p><i>HIV is a germ that lives in your blood and that makes it easier for you to get other germs. That means you could get sick if you don’t take your medicines or if you don’t take them correctly. You should know that you can still grow up to live a good life even though you have HIV.</i></p> |
| Ask about HIV-related discrimination. | <p><i>Some people have heard wrong information about HIV. If they think you have HIV, they might treat you differently just because they don’t know any better. Has this happened to you? (Tailor explanation to the client’s response and level of understanding. Key points you may want to include in your explanation follow).</i></p> <p><i>Some of the things you can do are: talk to someone you trust who can help you manage the bad feelings; know that you have friends and family who love and care for you; and understand that HIV is just a germ.</i></p> |
| Emphasize that ALHIV are normal. | <p><i>Having HIV does not make you a bad or different person, it just means you have to take care of your health. If you take care of your health, you will be able to live a healthy life just like other people.</i></p> |

| Objectives | Script |
|--|---|
| <p>Discuss ART and adherence.</p> | <p><i>How many times have you taken your ARVs in the last 3 days? What problems have you had taking your ARVs lately? Which doses did you miss? What can you do to make it easier to remember the doses you tend to miss? (Tailor explanation to the client's response and level of understanding. Key points you may want to include in your explanation follow).</i></p> <p><i>It is important for you to take your medicines every day and to not skip any doses even if you don't feel like taking them. These medicines will help you to stay healthy. Are you having any problems taking your medicines or problems remembering to take them?</i></p> |
| <p>Talk about ways to stay healthy.</p> | <p><i>How do you stay healthy? (Tailor explanation to the client's response and level of understanding. Key points you may want to include in your explanation follow).</i></p> <p><i>Knowing that you have HIV will let you take control of your health. To stay healthy, you should always take your medicines. You can also stay healthy by eating healthy foods, exercising, and getting enough sleep.</i></p> |
| <p>Discuss confidentiality. Encourage the client to decide with his or her caregivers which people are okay to talk to about HIV.</p> | <p><i>While knowing your HIV-status is necessary for taking good care of yourself, it is not something you have to share with everyone. Your test results are confidential. That means that they are only shared with doctors and nurses who help take care of you. You and your caregivers can decide together who else you feel comfortable talking to about your HIV-status.</i></p> |
| <p>Provide referrals.</p> | <p><i>There are doctors who are experts in taking care of people just like you. There are also support groups and services available to you in the community, such as _____, _____ and _____.</i> Our referral team can help you get in touch with these services.</p> |
| <p>Comfort the adolescent.</p> <p>Address any questions and concerns.</p> | <p><i>There are a lot of ways you can stay healthy and we are here to help you.</i></p> <p><i>What questions do you have? If you think of any questions later on, I will be available to answer them. Let's talk about how you can contact me if you have any more questions.</i></p> |

Counseling ALHIV, Ages 13–19

Guidance

- Remember to incorporate the 7 listening and learning skills described in this module.
- Give realistic information about the client’s health status and answer all questions.
- The client should know his or her HIV-status by this age. Waiting to disclose makes it much more difficult for the adolescent to accept his or her status.
- Emphasize that ALHIV can live meaningful lives and have normal relationships.
- Help the client deal with possible stigma and determining how and when to disclose to others.
- Include prevention information in pre- and post-test counseling.

Objectives

Script

Tell the client that you are here to address his or her specific questions and concerns.

I want to talk with you about any questions or concerns you may have about your health, about your care here at the clinic, or about HIV.

Talk about HIV in age-appropriate terms.

What is HIV? (Tailor explanation to the client’s response and level of understanding. Key points you may want to include in your explanation follow).

HIV is a virus that lives in your blood and makes it easier for you to get other illnesses. That means you will get sick very often if you don’t take your daily medicines or if you don’t take them correctly. You should know that you can still have a good life even though you have HIV — you can even get married if you want to.

Ask about HIV-related discrimination.

Some people have incorrect information about HIV. If they think you have HIV, they might treat you differently just because they don’t know any better. Has this happened to you? (Tailor explanation to the client’s response and level of understanding. Key points you may want to include in your explanation follow).

If you feel you’ve been discriminated against because you have HIV, talk to someone you trust. Take reassurance in the fact that you have friends and family who love and care for you and who understand that HIV is just a virus.

If you have been discriminated against by someone who you feel you can talk to and if you feel comfortable doing so, go ahead and address this person’s misconceptions. You don’t have to disclose to this person, simply address their misinformation with correct, factual information.

Emphasize that ALHIV are normal.

Having HIV does not make you a bad or different person, it just means you have to take care of your health. If you take care of your health, which includes taking your medicines, coming to the clinic, and living “positively,” you will be able to live a healthy life just like other people.

Discuss ART and adherence.

How many times have you taken your ARVs in the last 3 days? (Tailor explanation to the client’s response and level of understanding. Key points you may want to include in your explanation follow).

It is important for you to take your medicines every day and to not skip any doses even if you don’t feel like taking them. These medicines will help you to stay healthy. What problems have you had taking your ARVs lately? Which doses did you miss? What are you doing now to remember to take your medicines every day?

If appropriate: Tell me a bit more about why you missed some doses of your medicine? What ideas do you have to improve your adherence (in other words, to remember to take your medicines every day at about the right time)?

| Objectives | Script |
|--|---|
| <p>Talk about ways to stay healthy.</p> | <p><i>How do you stay healthy? (Tailor explanation to the client’s response and level of understanding. Key points you may want to include in your explanation follow).</i></p> <p><i>Knowing that you have HIV will let you take control of your health. To stay healthy, you should take your medicines every day, twice a day, exactly as the health worker described. You can also stay healthy by eating healthy foods, exercising, and getting enough sleep.</i></p> |
| <p>Discuss confidentiality. Encourage the adolescent to decide with his or her caregivers which people are okay to talk to about HIV.</p> | <p><i>While knowing your HIV-status is necessary for taking good care of yourself, it is not something you have to share with everyone. Your test results are confidential. That means that they are only shared with doctors and nurses who help take care of you. You and your caregiver can decide together who else you feel comfortable talking to about your HIV-status.</i></p> |
| <p>Provide referrals.</p> | <p><i>There are doctors who are experts in taking care of young people with HIV. There are also support groups and services available to you in the community, such as _____, _____ and _____.</i> Our referral team can help you get in touch with these services.</p> |
| <p>Talk about the responsibility to protect others.</p> <p>When age-appropriate, talk about safer sex.</p> | <p><i>Many adolescents have sex with their partners. Are you having sex? If so, how do you and your partner protect yourselves? (If client is sexually active and did not use condoms the last time, ask: <i>When was the last time you used a condom?</i>) (Tailor discussion to the client’s response and level of understanding. Key points you may want to include in your explanation follow).</i></p> <p><i>Now that you know your HIV-status, you have the power to stay healthy. It is also your responsibility to prevent the spread of HIV.</i></p> <p><i>If you are not yet having sex, it is important that you stay abstinent until you are at an age when you are ready to handle any possible consequences of sex, like getting pregnant or getting a sexually transmitted infection.</i></p> <p><i>You can pass on HIV to your partner if you have sex without a condom. In fact, having sex without a condom is the most common way that HIV is spread. This means that you should always use a condom when you have sex. This will also help prevent unwanted pregnancies (and we recommend using condoms PLUS another method of contraception to be safe). If you are having sex, it is important that you stay with only one partner and that you talk to your partner about having sex only with you.</i></p> |
| <p>Comfort the adolescent.</p> <p>Address any questions and concerns.</p> | <p><i>There are a lot of ways you can stay healthy and we are here to help you.</i></p> <p><i>What questions do you have? If you think of any questions later on, I will be available to answer them. Let’s talk about how you can contact me if you have any more questions.</i></p> |

Adapted from: Zambia Ministry of Health. (2010). *National training package on provider-initiated paediatric HIV testing & counseling in Zambia.*

Appendix 4D: Listening and Learning Skills Checklist

| Skill | Specific Strategies, Statements, Behaviors | (√) |
|---|---|-----|
| SKILL 1: Use helpful non-verbal communication. | • Make eye contact. | |
| | • Face the person (sit next to him or her) and be relaxed and open with your posture. | |
| | • Use good body language (nod, lean forward, etc.). | |
| | • Smile. | |
| | • Do not look at your watch, the clock, or anything other than the client. | |
| | • Do not write during the session. (Or, if you need to take notes to remember key points, explain this and reassure the client that the notes will be kept confidential in his/her medical file). | |
| SKILL 2: Actively listen and show interest in the client. | • Other (specify) | |
| | • Use gestures that show interest (nod and smile) and use encouraging responses (such as “yes,” “okay,” and “mm-hmm”). | |
| | • Clarify to prevent misunderstanding. | |
| | • Summarize to review key points at any time during the session. | |
| SKILL 3: Ask open-ended questions. | • Other (specify) | |
| | • Use open-ended questions to get more information. | |
| SKILL 4: Reflect back what the client is saying. | • Other (specify) | |
| | • Reflect back or paraphrase. | |
| | • Encourage the client to discuss further (“Let’s talk about that some more”). | |
| SKILL 5: Empathize — show that you understand how the client feels. | • Other (specify) | |
| | • Demonstrate empathy: show an understanding of how the client feels by naming the emotion he or she has expressed. | |
| | • Avoid sympathy. | |
| SKILL 6: Avoid words that sound judging. | • Other (specify) | |
| | • Avoid judging words such as “bad,” “proper,” “right,” “wrong,” etc. | |
| | • Use words that build confidence and give support (for example, praise what a client is doing right). | |
| SKILL 7: Help your client set goals and summarize each counseling session. | • Other (specify) | |
| | • Work with the client to come up with realistic “next steps.” | |
| | • Summarize the main points of the counseling session. | |
| | • Set a next appointment date and discuss availability of clinic services outside of clinic visits. | |

Adapted from: World Health Organization. (2008). *Prevention of mother-to-child transmission of HIV generic training package*. Available at: http://www.womenchildrenhiv.org/pdf/p03-pi/pi-60-00/Intro_PM_2-05.pdf

Appendix 4E: Motivational Interviewing⁶

Motivational interviewing is an approach to counseling that aims to help clients identify and change behaviors that may be putting them at risk of developing health problems or may be preventing optimal management of a chronic condition. Motivational strategies include eight components that are designed to increase the level of motivation the person has toward changing a specific behavior. These components include:

- Giving advice (about specific behaviors to be changed)
- Removing barriers (often removing barriers to accessing help)
- Providing choice (making it clear that if the adolescent chooses not to change, that this is his or her right)
- Decreasing desirability (of the status quo, i.e., how the adolescent currently behaves in a particular situation)
- Practicing empathy
- Providing feedback (from a variety of perspectives — family, friends, health professionals — in order to give the client a full picture of their current situation)
- Clarifying goals
- Active helping (such as expressing caring or facilitating a referral, which convey a real interest in helping the person to change)

The overall aim of motivational interviewing is to encourage and support clients to adopt new behaviors. This should be done in a supportive way with the health worker accepting the client's perspective and reflecting it rather than challenging it.

How to encourage change

Below are the 8 steps to motivational interviewing:

1. **Establishing rapport:** Take the time to get to know the client and reassure him or her of confidentiality.
2. **Setting the agenda:** When embarking on a change program, many people attempt too much and/or too quickly. The client should set the agenda for change using feedback from the health worker regarding priorities, potential difficulties, and strategies.
3. **Assessing readiness to change:** Asking simple questions like, *“On a scale from 1 to 10, how motivated are you to . . . ?”* will give insight into the client's level of motivation. Answers can then be challenged gently: *“You said 4, which is more than 3. Why not 5? Are you sure it is not 5? What makes you sure?”*
4. **Sharpening the focus:** After the initial sessions, which are aimed at identifying what the client wants help with, the following sessions should focus on what exactly the patient wants to change.
5. **Identifying ambivalence:** Ambivalence is normal and is often expressed when clients disagree, argue, deny, or ignore a statement of reflection or a request for elaboration. Ambivalence is not a sign of a client being difficult or unhelpful, but rather an indication that there are reasons for and against change.
6. **Eliciting self-motivating statements:** The health worker should take every opportunity to encourage the adolescent client to phrase things in a positive way and to highlight successes. Asking what would be the best outcome for the client from a particular course of action encourages him or her to see possibilities and visualize success.
7. **Handling resistance:** Reflection is a powerful way of handling resistance. It is important to concretely express what you, the health worker, are observing and hearing.

8. **Shifting the focus:** Helping people get around a barrier can be another way of handling resistance. The health worker should shift the focus to the beliefs underpinning the client's behavior and should help him or her explore those beliefs.

Motivational interviewing: Creating the conditions for change

Motivational interviewing has 5 basic principles:

1. **Expressing empathy:** Demonstrating empathy is conveying a real, informed understanding of the person's predicament and why he or she is responding in a particular way. Expressing empathy demands active listening so the health worker can reflect back what the client is saying (see "Skill 5: Empathize — show that you understand how the client feels" in Session 4.2.).
2. **Avoiding argument:** Arguments are counterproductive. Motivational interviewing itself is challenging and confrontational as it questions how much someone wants to make a change. Rather than arguing with the client, however, the goal of motivational interviewing is to encourage the client to hear themselves say why they want to change.
3. **Supporting self-efficacy:** Belief in one's ability to make a change and to stick to it is fundamental to success. Encouraging the client to make overt positive statements that reflect a sense of self-efficacy will help the client 'reframe' his or her thinking.
4. **Rolling with resistance:** The aim is to not argue with the client, but to carefully challenge the thought processes that underlie the behavior the client wants to change. When done skillfully, this can shift the client's perspective of the situation. A health worker can help the client see the incompatibility between where he or she is and where he or she wants to be through questioning, asking for clarification, and summarizing (and sometimes even by exaggerating a particular position). New perspectives can be offered but should not be imposed.
5. **Developing discrepancy:** Clients need goals to work toward. In addition, they need to be aware that their current situation has consequences. Goals should be generated by the client instead of being imposed on him or her by others. The exercise of getting the client to outline his or her goals gives the health worker insight into how realistic these goals are and what his or her priorities for change.

Appendix 4F: Common Counseling Scenarios

| Scenario | What the health worker can do |
|--------------------------|---|
| Silence | <ul style="list-style-type: none"> Remember that silence can be a sign of shyness, embarrassment, anger, or anxiety. If an adolescent client is silent at the beginning of a session, the health worker can say, <i>“I realize it’s hard for you to talk. Talking to someone you don’t know can be scary. Many people are scared (or too embarrassed, too angry, too anxious) to share their feelings.”</i> |
| Anger | <ul style="list-style-type: none"> Say, <i>“You seem angry. It’s OK to be angry, but would you like to talk about it?”</i> Or, if the health worker thinks he or she knows why the client is angry, he or she can say something like: <i>“Sometimes when someone comes to see me against his or her will and doesn’t want to be here, it is difficult for him or her speak. Is that what is going on?”</i> |
| Shyness | <ul style="list-style-type: none"> Legitimize the feeling by saying, <i>“I would feel the same way in your place. I understand that it’s not easy to talk to a person you have just met.”</i> Use books, brochures, or posters to encourage discussion or refer to a story or anecdote so the adolescent can talk about others rather than him- or herself (see “Activities to promote expression with younger adolescents” on page 4-15). Some adolescents simply need time to feel comfortable with someone new. If the adolescent cannot or will not talk, the health worker should propose another meeting. |
| Crying | <ul style="list-style-type: none"> Try to evaluate what provoked the tears and assess if it makes sense in the given situation. If the client is crying to relieve tension, the health worker can give the adolescent permission to express his or her feelings by saying, <i>“It’s okay to cry...it’s the normal thing to do when you’re sad.”</i> If the client is using crying as manipulation, the health worker can say, <i>“Although I’m sorry you feel sad, it’s good to express your feelings.”</i> The health worker should allow the client to freely express emotions and should not try to stop his or her feelings or belittle their importance. |
| Threat of suicide | <ul style="list-style-type: none"> Take all suicide threats very seriously! Refer the adolescent to a qualified counselor, psychiatrist, or psychologist and accompany him or her to the appointment. Work together with relevant members of the multidisciplinary care team to form an appropriate plan of action. |
| Refusal of help | <ul style="list-style-type: none"> Discreetly try to find out why the adolescent is refusing help. If the underlying feeling is anger, refer to some of the suggestions under “Anger” listed above). If the client has been sent against his or her will, the health worker can say, <i>“I understand how you feel. I’m not sure I can help you but maybe we could talk for a minute and see what happens.”</i> |

| Scenario | What the health worker can do |
|---|--|
| <p>Difficulty dealing with short stature</p> <p>(Many adolescents with perinatally-acquired HIV feel self-conscious about being “different.” These physical differences can interfere with their self-esteem).</p> | <ul style="list-style-type: none"> • Reassure the ALHIV that most adolescents go through a period of feeling unhappy about themselves. One study from the U.S. suggests that almost 54% of American girls aged 12 to 23 years old are unhappy with their bodies;⁷ another study suggests that 9 out of 10 British girls are unhappy with their bodies.⁸ Although few of these young people had HIV, these statistics illustrate that adolescents, regardless of HIV-status, often feel self-conscious and even dissatisfied with their looks. • Encourage ALHIV to reframe their difference as not making them “different,” but rather as defining them as individuals. A young man who is shorter than the average might feel better about himself if he focuses on the skills and qualities that he sees as positive, e.g., if he is artistic, creative, or naturally outgoing. • It is difficult for young people to reframe their differences as positive. Give them time and encourage them to talk about their differences with friends and within support groups. Support groups can also give adolescents tips on dealing with teasing. • Encourage caregivers of ALHIV to support their children to feel good about themselves. A caregiver’s unconditional love and support is the core of self-esteem. Self-esteem is the armor adolescents need to ignore peer teasing. |
| <p>Need to talk</p> | <ul style="list-style-type: none"> • It can be a counseling challenge when a client is very vocal and wants an outlet to express concerns that the health worker does not perceive to be directly related to the client’s immediate counseling needs. In this situation, the health worker should give the client the opportunity to express his or her needs and concerns. The health worker should then summarize the discussion so far and identify the key issues that need to be discussed further that day. This sets the agenda for the rest of the meeting and gives the health worker permission to pull the session back on track if the client starts discussing tangential issues. • Sometimes the health worker simply does not have enough time to devote to a particularly needy or talkative client. In this case, the health worker should get about partway through the session and should then summarize the session so far, identifying the key points that require further discussion. Assuming that the client agrees the summary is accurate, the health worker should then try to prioritize the client’s issues. The health worker should suggest they talk about the first 2 or 3 issues in the time remaining during that day’s session and that they tackle the other issues at the next session. Assuming the client agrees with this listing of priorities, the health worker should then make a note of the agenda items to be covered during the next session so they are not forgotten. • Refer client to a peer support group; talkative clients tend to benefit greatly from opportunities to interact with their peers. |

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