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Reaching Impact, Saturation, and Epidemic Control (RISE)

Strengthening Counseling for Adolescents at Voluntary Medical Male Circumcision Services

Training Manual

RISE is a 5-year global project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID). RISE works with countries to achieve a shared vision of attaining and maintaining epidemic control, with stronger local partners capable of managing and achieving results through sustainable, self-reliant, and resilient health systems by 2024. RISE's contributions to this work will lead to fewer new HIV infections, decreased HIV-related morbidity and mortality, and increased quality of life for people living with HIV.

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Introduction

The intended audience for this training course is health and social service providers who work with adolescents; in particular, providers who counsel adolescent boys ages 15 to 19 years old at voluntary medical male circumcision (VMMC) services. This training manual is intended to be used in combination with *The Guide for Counseling Adolescents at Voluntary Medical Male Circumcision Services*. Although this training focuses on clients aged 15 years and older who are eligible for circumcision per the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) 2020 Country Operational Plan Guidance, 10–14 year-olds presenting who are ineligible for services should receive appropriate prevention services and be advised to return at age 15.

The training manual and guide were developed in response to needs expressed by clinical providers at VMMC sites during research conducted from 2015–2016 in Tanzania, South Africa, and Zimbabwe (see Recent Evidence on Counseling of Adolescents at VMMC Services in Annex 2). In the studies referenced, providers expressed a need for guidance on how to more effectively counsel and communicate with adolescents at VMMC sites.

Note: In settings where large group trainings are not possible due to safety or logistics concerns, programs may consider convening multiple smaller trainings with fewer learners per group. Programs may also consider adapting the course materials and exercises for on-site delivery to VMMC teams at individual sites. Please refer to Annex 3 in this manual for additional information on using these materials for on-site mentorship and support.

Course Structure

This course is designed as a highly interactive, group-based course. It is intended for VMMC service providers responsible for group and individual testing, postoperative counseling, and follow-up counseling. Providers attending this course should have completed a basic VMMC counseling training. The following materials are required to conduct this course:

- *Strengthening Counseling for Adolescents at Voluntary Medical Male Circumcision Services: Training Manual*
- *The Guide for Counseling Adolescents at Voluntary Medical Male Circumcision Services*
- VMMC counseling cue cards
- VMMC adolescent counseling flip charts
- Session presentation slides
- Directory of adolescent-friendly services

The course content is presented in a series of sessions over 3.5 days. For each session, there will be interactive classroom presentations based on PowerPoint slides and small-group activities (e.g., role-plays and exercises). Table 1 lists the course sessions. The approximate time allocated for each session is also indicated. Refer to the session plans in this manual for detailed information on how to facilitate each of these sessions.

The fifth day of the course is a full-day counseling practicum. This may occur immediately after the course or may be scheduled within four weeks (refer to the final session plan for more information).

Table 1. List of Course Sessions

Session	Title	Duration (minutes)
1	Course Introduction and Overview	60
2	Recent Evidence on Counseling of Adolescents at VMMC Services	30
3	Understanding Values Related to VMMC	60
4	Addressing Values-Based Conflicts in Counseling Adolescents about Sensitive Topics	120
5	Overcoming Taboo-Based Barriers to Effective Counseling about Sensitive Topics	90
6	The Adolescent Brain	40
7	Creating Male Adolescent-Friendly Services	60
8	Comprehensive Sexuality Education and VMMC – "Let's Talk About Sex"	90
9	Counseling Cue Cards and Adolescent Counseling Flip Charts	90
10	Setting the Stage: Nonverbal Communication with Adolescent Clients	50
11	Body Language: Nonverbal Communication with Adolescent Clients	70
12	Opening Up the Conversation	90
13	Introduction to Effective Counseling Techniques	90
14	Additional Counseling Techniques	60
15	Counseling with Age-Appropriate Language	75
16	Motivational Interviewing	90
17	Referrals	120
18	Conclusion	75
19	Post-Training Practicum	8+ Hours

Course Syllabus

Course Description

This 3.5-day course (plus a full-day practicum) is designed to prepare VMMC counselors (group and individual testing, postoperative counseling, and follow-up counseling) who have received basic VMMC counseling training to effectively counsel adolescent male clients ages 15–19 years.

Course Objectives

After completion of this course, the learner will be able to:

- Use nonverbal and verbal communication techniques that can strengthen counseling of adolescent boys accessing VMMC services.
- Identify possible biases and assumptions counselors might hold that could limit the quality and effectiveness of their counseling of adolescents.
- Identify and use different levels of age-appropriate language to effectively counsel adolescents accessing VMMC services who are at different stages of development on sensitive topics.
- Use specific communication techniques and screening tools to promote behavior change among adolescents during counseling sessions.
- Make referrals in the context of VMMC services.
- Participate in on-the-job skills building (one-day practicum) at VMMC clinics to reinforce counseling and communication skills acquired during counseling training.

Course Materials

- *Strengthening Counseling for Adolescents at Voluntary Medical Male Circumcision Services: Training Manual* (includes course handouts that will need to be copied for learners prior to the course)
- *The Guide for Counseling Adolescents at Voluntary Medical Male Circumcision* Services (copy for each learner)
- VMMC counseling cue cards (set for each learner)
- VMMC adolescent counseling flip charts (set for each learner)
- Session presentation slides
- Directory of adolescent-friendly services (copy for each learner)

Facilitator Selection Criteria

It is recommended that two facilitators conduct this course. They should:

- Have completed basic VMMC counseling training.
- Have completed the Strengthening Counseling for Adolescents at VMMC Services course.
- Be competent counselors.
- Have completed facilitator training.

Learner Selection Criteria

- The ideal group size for this course is 20 to 25 VMMC providers/counselors, not including managers and adolescent boys assisting with the training. If possible, the course should include participation of adolescent boys, who can assist during role-playing in several sessions where suggested. These adolescent participants "play the roles" of adolescents in the training to more realistically demonstrate some of the challenges that may come up during counseling.
- Learners should have received training on group counseling, HIV testing and counseling, and postsurgical counseling within VMMC services. Technical content, such as how to conduct an HIV test or how to conduct a condom demonstration, is NOT included in this training.
- Additionally, approximately 10 to 15 community volunteer advocates, health workers, or other mobilizers who help promote VMMC uptake could be included to train learners on how to strengthen referrals of adolescent clients to other services.

Learning Methods

- Interactive classroom presentations
- Small-group exercises
- Role-plays
- Skills practice and feedback

Methods of Assessment

- Knowledge assessment focusing on key course content
- Skills and attitudes observed by the course facilitator during role-plays

Course Schedule

A sample course schedule is included on the following page. Refer to the plans in this manual for details as to what occurs during each of the sessions listed in the schedule.

Sample Schedule: VMMC Counseling and Communication Course

3.5 DAYS

Time	Session	Person/Format/Time
DAY ONE		
9:00–9:15	Welcome by a local official or representative	Plenary (15 minutes)
9:15–9:30	Pretraining evaluation (instructions included in the evaluation)	15 minutes
9:30–10:30	Session 1: Introductions and Learning about Learners' Experience Counseling Adolescents	All learners/facilitator Pairs and plenary (60 minutes)
10:30–10:45	Health/coffee break	15 minutes
10:45–11:15	Session 2: Recent Evidence on Counseling at VMMC Services (adolescents welcome!)	Presentation (facilitator), plenary discussion (30 minutes)
11:15–12:15	Session 3: Understanding Values Related to VMMC Provision (adolescents welcome!)	Presentation (facilitator), plenary discussion (60 minutes)
12:15–13:15	Lunch	60 minutes
13:15–15:15	Session 4: Addressing Values-Based Conflicts in Counseling Adolescents about Sensitive Topics	Presentation (facilitator), small-group/plenary discussion (120 minutes)
15:15–15:30	Health/coffee break	15 minutes
15:30–17:00	Session 5: Overcoming Taboo-Based Barriers to Effective Counseling about Sensitive Topics	Small-group/roving idea storms/plenary discussion (90 minutes)
17:00–17:15	Summary of day one	Plenary (15 minutes)
DAY TWO		
9:00–9:15	Overview of day two	Plenary discussion (15 minutes)
9:15–9:55	Session 6: The Adolescent Brain	Presentation (facilitator), plenary discussion (40 minutes)
9:55–10:55	Session 7: Creating Male Adolescent-Friendly Services (adolescents welcome!)	Keywords exercise (all learners), plenary discussion (60 minutes)
10:55–11:10	Health/coffee break	15 minutes
11:10–12:40	Session 8: Comprehensive Sexuality Education and Serving Adolescents at VMMC Services	Ambassadors exercise, plenary discussion, and presentation (90 minutes)
12:40–13:40	Lunch	60 minutes
13:40–15:10	Session 9: Counseling Cue Cards and Adolescent Counseling Flip Charts	Small-group "scavenger hunt," presentations, plenary discussion (90 minutes)
15:10–15:25	Health/coffee break	15 minutes

Time	Session	Person/Format/Time
15:25–16:15	Session 10: Setting the Stage: Nonverbal Communication with Adolescent Clients	Small-group discussion; presentations, plenary discussion (50 minutes)
16:15–17:25	Session 11: Body Language: Nonverbal Communication with Adolescent Clients	Small-group discussion, role-plays, plenary discussion (70 minutes)
17:25–17:40	Summary of day two	15 minutes
DAY THREE		
9:00–9:15	Overview of day three	Plenary discussion (15 minutes)
9:15–10:45	Session 12: Opening up the Conversation	Presentation, group discussion/role-plays, plenary discussion (90 minutes)
10:45–11:00	Health/coffee break	15 minutes
11:00–12:30	Session 13: Introduction to Effective Counseling Techniques	Small-group work/role-plays, plenary discussion (90 minutes)
12:30–13:30	Lunch	60 minutes
13:30–14:30	Session 14: Additional Counseling Techniques	Small-group discussion/role-plays, plenary discussion (60 minutes)
14:30–15:45	Session 15: Counseling with Age-Appropriate Language (adolescents welcome!)	Small-group/role-plays, plenary discussion (75 minutes)
15:45–16:00	Health/coffee break	15 minutes
16:00–17:30	Session 16: Motivational Interviewing	Plenary, small-group discussion/role-plays (90 minutes)
17:30–17:45	Summary of day three	15 minutes
DAY FOUR (Half Day)		
9:00–9:15	Overview of day four	15 minutes
9:15–11:15	Session 17: Referrals (adolescents welcome!)	Small-group discussion, presentations, plenary discussion (120 minutes)
During Session 17	Health/coffee break	
11:15–13:30	Session 18: Conclusion Concluding points, next steps, and post-training evaluation	Small-group/plenary discussions (75 minutes)
13:30–2:00	Lunch	
DAY FIVE		
Full day	Session 19: Full-Day Counseling Practicum	8+ hours

Session Plan Introduction

The session plans on the following pages offer suggestions for how the facilitators will present the content and facilitate the activities related to each of the course sessions.

The primary sections in most of the session plans include:

- Overview: brief description of the session
- Objectives: description of what the participant will learn and be able to do after completion of the session
- Format: brief description of how the session will be conducted
- Time: the estimated time required to present the content and facilitate the activities or exercises related to this session
- Materials: materials required to facilitate the session (e.g., flip chart paper, PowerPoint presentation, handouts, counseling cue cards and adolescent counseling flip charts, etc.)
- Methods and activities: detailed descriptions of how to facilitate the various learning methods and activities within the session

Note: Many of the session plans will refer to specific handouts. These handouts are located in an annex in this training manual and will need to be printed out for participants prior to the session.

Session Plan 1. Introductions and Understanding Learners' Experience of Working with and Counseling Adolescents

Overview

This session provides an opportunity for learners to get to know each other and share their professional experience counseling adolescents. The discussion examines good practices, successes, challenges, and suggestions for strengthening counseling of adolescents at local VMMC services.

Objectives

After completion of this session, the learner will be able to:

- Identify the names and key information for the other learners and the facilitators.
- Identify good practices and challenges experienced by learners in counseling adolescents during VMMC service provision.
- Apply recommendations from all learners for how to improve counseling of adolescent males at VMMC services.

Format	"Interviews" with partners, in pairs; presentations of partners in plenary; plenary discussion; PowerPoint presentation "Course Introduction and Overview"
Time	60 minutes
Materials	Flip chart paper/stands Markers PowerPoint presentation "Course Introduction and Overview" Copies of the course schedule

Methods and Activities

Learner Interviews: "Getting to Know You and Your Experience"

1. Project the first slide in the presentation. Advance the slides (in conjunction with reviewing the points listed below).
2. Ask learners to break into pairs/choose a partner to interview. Each partner will report back on what his/her partner says. Tell learners that they should take five to seven minutes to interview their partner so that they can report back in plenary on the following four points:
    - Their name, family status (number of children, for example), professional role, and one activity their partner enjoys for fun
    - One best practice or success the partner has experienced in working with or counseling adolescents
    - One key challenge or barrier the partner has faced in counseling or working with adolescents
    - One solution or recommendation the partner would propose for how counseling of adolescents at VMMC services can be improved
3. Provide a two-minute warning and let learners know when their time is up for each interview.
4. When all interviews are concluded, ask learners to report back on the information and views expressed by their partners.
5. The facilitator(s) should keep notes of points made by presenters that duplicate or closely resemble key points in two other presentations ("Recent Evidence" and "The Adolescent Brain") to emphasize especially important points.
6. Facilitator should summarize points noted and be prepared to repeat these during the other two sessions.

Course Objectives and Schedule

1. Present the course objectives and review the course schedule (following the presentation slides).

Setting Ground Rules

1. After learner introductions, facilitate a short plenary discussion aimed at setting ground rules. Ask learners to identify rules that will help to ensure a safe, comfortable space for them to share honestly and openly and to help the training run smoothly.
2. Make sure the following rules are included:
    - Respect other learners.
    - Do not interrupt others.
    - Be on time, especially in the morning.
    - Turn off cellphones or put them in silent or vibration mode.
    - Attend the whole course—do not come in and out.
    - Listen to others' points of view.
    - Actively participate.
3. Write the ground rules on a piece of flip chart paper and post/tape the rules on a wall where they are clearly visible.
4. Explain that this is a contract among all present.
5. Ask learners to propose consequences if the rules are broken. Ideas may include learners must dance, apologize, do a good deed for others, etc.
6. Facilitator should be prepared to read the ground rules aloud each day (if needed).
7. Mention that counselors set up a contract or informal agreement with clients at the start of the counseling process, which is comparable to a set of ground rules.
8. **Important:** Tell learners that throughout the training, they are encouraged to air any concerns, questions, or disagreements about the topics, approaches, or materials used in the training. This training is a work in progress, and its improvement and/or adaptation to local contexts depends on learners' and facilitators' feedback.

Session Plan 2. Recent Evidence on Counseling of Adolescents at VMMC Services

Overview

This session examines recent findings from the Infectious Diseases Society of America's journal, *Clinical Infectious Diseases*, on successes and challenges of adolescent VMMC counseling.

Objectives

After completion of this session, the learner will be able to:

- Interpret evidence of good practices and challenges in counseling adolescents during VMMC service provision.
- Identify how findings may be linked to successes and challenges noted by learners.
- Apply recommendations from the findings for future work in counseling adolescents.

Format	Plenary PowerPoint presentation Discussion Adolescent participation is encouraged so that they may express their views.
Time	30 minutes
Materials	Slide projector PowerPoint presentation "Key Findings: VMMC Three-Country Study"

Methods and Activities

1. Give the presentation "Key Findings: VMMC Three-Country Study."
2. Be sure to note points that match, resemble, or contradict points made by learners in the previous session.
3. Encourage Q&A/discussion after the presentation.
4. Ask learners if they believe that findings from the studies accurately reflect their own experience counseling adolescent clients at local VMMC and other adolescent services. Ask them to explain why or why not.

Session Plan 3. Understanding Values Related to VMMC

Overview

The premise of this session is that providers' own moral, cultural, societal, religious, and other personal values can act as facilitating factors or barriers to effective counseling of adolescents related to VMMC. Adolescents also hold certain values that should be understood. Each may have biases that can affect the results of VMMC counseling.

Objectives

After completion of this session, the learner will be able to:

- Understand that adults and adolescents may have different values, and that these are not necessarily "right" or "wrong," but they can affect the outcomes of counseling at VMMC services.
- Understand that their own values, preconceptions, and assumptions may affect their counseling.
- Understand that there are cultural assumptions and norms that may affect how adults and adolescents relate to each other, and these may impact the effectiveness of counseling.

Format	Learners split into two groups for discussions as "adults" and "adolescents," followed by plenary discussion. Include adolescents in the exercise to inspire and inform adult learners' understanding of possible differences in values between adolescents and adults (optional).
Time	60 minutes
Materials	Flip chart paper/stands Markers Handout 4: Values

Methods and Activities

Guide the exercise, covering the following points:

1. Reflect on how things were when you were an adolescent. Were things different for adolescents then? Can you recall some of your feelings from your adolescence? What were your priorities, beliefs, and/or values? Did you feel free to be who you thought you were then?
2. Ask learners to share with the group some examples of their feelings, priorities, and values from their own adolescence.
3. Introduce the exercise, explaining that learners will examine their values, both as adults and as "adolescents" (either as actual adolescents or as adults playing the role of adolescents).
4. Ask learners to break into two groups. One group will be adults, and the other will be the "adolescents."
5. Ask groups to prioritize the six lists of values on Handout 4, one list at a time. Each group will vote to prioritize a list of six values, rating these values according to their importance on a scale of 1 through 6. The idea is not to discuss these items—only to vote.
6. After covering all six lists of values, each group should choose one representative to explain its voting on each block of values. There will be a total of six representatives from the adult/adolescent sections.
7. Draw a line down the middle of a piece of flip chart paper on two different charts, with one marked "Adults" and the other marked "Adolescents." Write the top three items from each group in the left column and the bottom three items from each group on the right.

8. **Note**: As you go, point out any differences noted in prioritization among the groups, asking the following questions:
    - Are there clear differences in priorities between adolescents and adults?
    - Do people aspire to certain values as they grow older?
    - Do different generations hold different values?
    - Are adult values more "correct" than adolescent values or just different? Why or why not?
    - Can you understand why adolescents would prioritize values differently?
    - Do you have a new perspective on values that you did not have as an adolescent?
9. Emphasize especially the following points in relation to VMMC:
    - Could a counselor's values get in the way of her/him discussing certain sensitive topics, such as masturbation, sexual intercourse, condom use, or sexuality in general, with a young adolescent?
    - Could a counselor's values prevent him/her from promoting condom use as appropriate among adolescent clients?
    - Could a counselor's values prevent her/him from talking about emotions with an adolescent client?
    - Could a counselor's values lead him/her to stereotype and talk about certain activities as "for boys" or "for girls" and thus limit an adolescent's thinking about what activities are "OK" to do?
    - Ask the learners if they can think of other ways in which values could influence or limit the way a counselor speaks with adolescent clients.
    - Ask how a better understanding of our values can help providers counsel adolescents more effectively.
10. Spend time discussing these points, especially those related to sexuality and condoms.
11. Ask counselors how they plan to overcome any internal or external barriers that would inhibit or prevent them from discussing sensitive topics related to sexuality with adolescent clients.
12. Emphasize that studies have shown that education, provision of information, and counseling about sensitive topics, such as sexuality and condoms, do not lead to early sexual debut.
13. Tell learners that when counseling young adolescents who are not yet sexually active, it is recommended to frame sensitive topics about sexuality as being healthy and natural, **BUT** only when a boy/young man is ready emotionally and psychologically. It may be effective to say, "In the future, when you are older and ready to begin engaging in sexual behaviors, like masturbation or sexual intercourse, it will be important for you to protect yourself and your partner by using condoms."
14. Time permitting, ask learners to work in pairs or small groups to write two to three suggested strategies for counseling adolescents on a piece of flip chart paper and post this on the wall for reference during the course.

Session Plan 4. Addressing Values-Based Conflicts in Counseling Adolescents about Sensitive Topics

Overview

It is acceptable for counseling professionals to hold personal and moral values. However, sometimes a counselor's values may be inconsistent with counseling goals, may create conflict between counselor and client, and /or may affect quality of care. The focus of this session is on understanding values-based conflicts that may arise when counseling adolescents about sensitive topics.

Objectives

After completion of this session, the learner will be able to:

- Clarify that values-based conflicts among counselors are usually due to either personal or professional issues.
- Overcome values-based barriers to effective counseling of adolescent clients at VMMC services through use of the Counselor Values-Based Conflict Model (see citation #3 under Additional Sources for Further Reference in Annex 2) and related principles.
- Apply key concepts and strategies, including countertransference, codes of ethics, ethical bracketing, and action plans to strengthen counseling.[1]

Format	PowerPoint presentation "Values-Based Conflicts as Barriers to Effective Counseling" Plenary explanation of handouts Small-group work using handouts, including Handout 5: Algorithm for Addressing Challenges to Discussing Sensitive Topics at VMMC Services; Handout 6: Definitions, Concepts, and Action Plan-Related Topics for Dealing with Values-Based Counseling Conflicts; Handout 7: Values-Based Conflict Scenarios for Small-Group Work Small groups discuss their scenario and prepare role-plays illustrating counseling sessions before and after learners test out all steps in each group's recommended personal/professional action plans. In other words, each small group presents a hypothetical situation in which the counselor meets with the client before and after dealing effectively with the values-based conflict
Time	120 minutes
Materials	PowerPoint presentation: "Values-Based Conflicts as Barriers to Effective Counseling" Handouts: 5: Algorithm for Addressing Challenges to Discussing Sensitive Topics at VMMC Services; 6: Definitions, Concepts, and Action Plan-Related Topics for Dealing with Values-Based Counseling Conflicts; 7: Values-Based Conflict Scenarios for Small-Group Work Flip chart paper/stands Pens LCD projector

Methods and Activities

1. Give the PowerPoint presentation to clarify for learners up-front that barriers to effective counseling about sensitive topics (like masturbation, sexual intercourse, condoms) may include: 1) lack of age-appropriate language skills and/or the need to strengthen adolescent counseling skills; 2) the influence of taboos; or, 3) issues related to conflicts of values between counselors and clients.

[1] Kocet and Herlihy refer to "remediation plans." For this training, we will use the term "action plans" to strengthen counseling by addressing values-based counseling conflicts.

2. Tell learners:
    - Adolescent counseling and communication skills are covered by this training, including through discussion of: how to strengthen age-appropriate language skills (see Handouts 11 and 12), setting up an effective counseling space, body language, active listening, motivational interviewing techniques, use of screening tools, etc.
    - Taboos as barriers are covered in Session 5. The main point is that taboos exist, they change over time, and they should not become barriers to provision of important information that can benefit the health and well-being of clients.
    - Values-based barriers are generally due to either lack of professional skills (lack of understanding of code of counseling ethics, the effects of countertransference, etc.) or personal issues (conflicts due to ethical, moral, or religious beliefs). These can be addressed, for example, by obtaining support from professional colleagues, developing personal action plans, or developing skills in ethical bracketing. These skills are addressed in this session.
3. After giving the presentation and allowing time for questions/answers and discussion, describe the scope and purpose of the handouts. Then, divide the learners into four groups. Tell them that based on the scenario assigned to their group, they will be asked to:
    - Identify the types of barriers to effective counseling in their scenario;
    - Identify strategies/steps that could be used to overcome the barriers identified;
    - Write these strategies in an action plan to strengthen counseling.
    - They should consult the handouts for support.
4. Have small groups meet to carry out the exercise and prepare presentations to address each scenario
5. Invite each group to present its analysis and recommended solutions
6. Discuss these in plenary to ensure all learners understand the issues and solutions presented. Allow time for Q&A.
7. Conclude by saying that taboo- and values-based barriers to effective counseling on sensitive topics (like masturbation, sexual intercourse, condoms) can and should be overcome by professional counselors to ensure the quality of counseling of adolescent clients. This can be done by “bracketing” (setting aside our personal values or beliefs, even when these may conflict with those of our clients), thus prioritizing our professional obligation to ensure the health and well-being of our clients. (See Handout 6: Definitions, Concepts, and Action Plan Topics for Dealing with Values-Based Counseling Conflicts.)

Session Plan 5. Overcoming Taboo-Based Barriers to Effective Counseling about Sensitive Topics

Overview

Cultural taboos can create significant barriers to effective counseling. The focus of this session is on identifying taboos and moving beyond these to counsel adolescents at VMMC services.

Objective

After completion of this session, the learner will be able to:

- Identify taboos within their own culture and discuss the importance of moving beyond taboo-based barriers to counseling adolescents at VMMC services.
- Build consensus that taboos change over time, topics that were once taboo may no longer be taboo, and topics that might be taboo in a broader social context may not and/or should not be taboo in a clinical/VMMC counseling setting.

Format	Small-group discussions Roving idea storms Presentation of conclusions and recommendations from each group
Time	90 minutes
Materials	Flip chart paper/stands Multicolored markers

Methods and Activities

1. Introduce the exercise by telling learners that in most societies, there are taboo topics that are very difficult to discuss openly.
    - Some of these topics are still taboo after many years. These may include certain sex acts, diseases, scandalous behavior, or even religious or political topics.
    - Others may have once been taboo but are more easily discussed today, for example, HIV/AIDS, FGM/C, menstruation, sexually transmitted infections (STIs), early pregnancy, and gender-based violence.
    - Topics that may have been or that are still taboo to discuss in public settings might bear discussion in clinical settings, for example, sensitive topics related to female sexuality.
2. Tell them that we will now take approximately 20 minutes to conduct a roving idea storm.
3. Tell learners to split up into three groups, and send each group to a different table. Groups will meet for 10 minutes to discuss and agree on a list of topics. Learners will discuss their topic and write their answers on one to two sheets of flip chart paper.
4. Tell learners that each table will feature a slightly different assignment. Learners will be asked to identify topics assigned to tables as follows:
    - Long-standing taboos in learners' society (table 1)
    - Formerly taboo topics that are no longer taboo or are much less taboo now (table 2)
    - Topics that are taboo in some settings (overall society, public settings, etc.) but are NOT taboo in other settings, including a clinical setting (table 3)
5. Then, tell learners to move in a clockwise direction to the next table, where they will be asked to idea-storm answers to a second question. Tell them they will have seven minutes for this second discussion.

6. Finally, tell learners to move to a third table, where they will have five minutes to identify answers to a third question.
7. As learners move from table to table, they will build on the ideas noted by each of the previous groups, adding to what they find.
8. Ask learners if they can imagine a social or community change in which discussions of certain sensitive topics, such as masturbation, premarital sex, and sexual intercourse, would become more easily discussed with adolescent clients. What could cause such a change? Have they experienced such a change in any taboos in their professional careers?
9. Ask learners if it is more important to overcome uncomfortable feelings and discuss sensitive topics with adolescent clients than to remain inhibited and silent, thus avoiding provision of important information or opportunities to discuss topics that are important for the health and well-being of adolescent clients.
10. Remind learners that it is the counselor's responsibility to discuss these topics and provide adolescent boys with accurate information in a confidential, nonjudgmental environment.

Session Plan 6. The Adolescent Brain

Overview

This session summarizes findings from recent neuroscience research and counseling practice about the adolescent brain and how this may support more effective counseling of adolescents at VMMC and other adolescent-friendly services.

Objectives

After completion of this session, the learner will be able to:

- Interpret recent findings from neuroscience on the adolescent brain.
- Determine how the findings may impact VMMC/adolescent-friendly service uptake, behavior change, etc.
- Share their own experience with these challenges with their adolescent clients.

Format	Plenary discussion, followed by plenary PowerPoint presentation
Time	40 minutes
Materials	Slide projector PowerPoint presentation “The Adolescent Brain”

Methods and Activities

1. Start the session by asking learners to think back to when they were adolescents. Encourage comments from them by asking the following questions:
    - What was on your mind in those days?
    - What kinds of things did you worry about?
    - What were your favorite activities back then?
    - What did you think of adults?
    - Did you care much about what your peers said about you?
2. Then, give the presentation, linking any points just made to points in the presentation.
3. Make sure to conclude by highlighting the following two points:
    - The importance of joint decision-making, helping the adolescent to come to his own decision
    - Adolescents will live up to (or not meet) our expectations of them. As counselors, we need to make sure to express positive expectations based on adolescents’ strengths.

Session Plan 7. Creating Male Adolescent-Friendly Services

Overview

This session focuses on factors that create male adolescent-friendly services.

Objectives

After completion of this session, the learner will be able to:

- Identify factors that contribute to making services adolescent- and male-friendly.
- Describe difference between "youth-friendly" and "adolescent-friendly" services.
- Describe the procedure for and importance of informed consent and informed assent.

Format	Small-group discussion Keywords exercise Plenary PowerPoint presentation, followed by plenary discussion Adolescent participation is encouraged for this session.
Time	60 minutes
Materials	Flip chart paper/stands Markers Slide projector PowerPoint presentation "Creating Male Adolescent-Friendly Services"

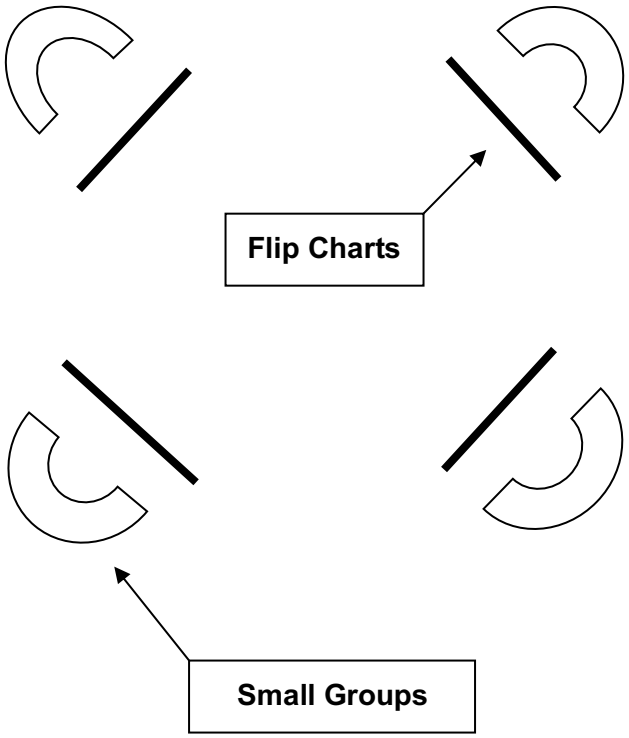
Methods and Activities

Encourage Q&A while explaining and facilitating the exercise as follows.

Step 1: 45 minutes

1. Divide learners into three or four groups, forming them so they can see only their flip chart stand (see diagram below titled Keywords exercise room arrangement). In absence of sufficient stands, you may arrange learners in groups in various parts of the room. The point is that groups should **not** be able to see the work being done by other groups.
2. Tell each group to have two separate pieces of paper to work with; each will be posted on a flip chart stand or wall.
3. Tell learners to write, one at a time, one word or phrase each that to them describes what **"adolescent-friendly"** services are. They may go to the chart more than one time if they wish, but they must wait their turn and they must be silent the whole time (five minutes).
4. Then, instruct them to put an "x" next to the word or phrase on the flip chart paper that is most important to them. As in step 3 (above), they may go to the chart more than one time if they wish, but they must wait their turn and they must be silent the whole time (five minutes).

Keywords exercise room arrangement



5. Now, they may talk. Ask each group to discuss its findings together and make a summary of their findings on the second sheet of paper to present to the rest of the learners (five minutes).
6. Now repeat the same exercise, focusing on the phrase **"male-friendly"** services. Again, with each word or topic, groups must begin in silence, must mark their "x's" next to the words most important to them, and then may discuss their ideas (15 minutes).
7. Now ask each group to walk in a clockwise direction and together "visit" the summaries of each other group. Groups may talk among themselves, but they may not communicate with the other groups (15 minutes).
8. Returning to their original places, each group should choose one representative to present the group's findings during the next step. The group should work with the representative to prepare him/her to accurately summarize the group's findings in three to five minutes each.
9. Each representative will briefly present his/her group's findings for three to five minutes each (20 minutes total). **Note**: The facilitator may need to guide group presenters not to go into a comprehensive and/or exhaustive description in their summaries. The main point is to cite the most popular and meaningful (for the group) **keywords** only.

Step 2: 10 minutes

The facilitator should now present the PowerPoint presentation "Creating Male Adolescent-Friendly Services," making linkages with the learners' conclusions of the Keywords exercise.

Make sure to highlight the following points:

- There is a difference between "youth-friendly" and "adolescent-friendly" services. Remember, adolescents **as defined in this course** are 15 to 19 years old; youth are 15 to 24 years old or older, so services must be tailored appropriately to **adolescents**.
- Males are aware of whether they are being respected. They will:
  - Watch how providers treat other adolescent males and other providers.
  - Observe how providers ask questions. Do they do so with respect?
  - Listen to whether providers speak in an open, nonthreatening, and nonjudgmental manner. Do they speak **with** them, not **at** them?
- Males may prefer a male or female provider.
  - Do male adolescents prefer male or female counselors? Does this matter for genital examinations?
- For genital exams, let them keep clothing/underwear on as much as possible. (i.e., when not being examined).
- What about informed consent/assent? (See Section V and Annex 2 in the guide.)
  - Are there any major local barriers to informed consent/assent?
  - Is informed consent consistently obtained prior to providing services to adolescents under the legal age of majority?
  - What about informed assent? How and when is this obtained?
- Conclude by saying that it is extremely important to ensure that VMMC services are male adolescent-friendly and to remove barriers to access to increase adolescent attendance at VMMC and other health services. Mention that these topics can be discussed throughout the remainder of the course as well.

Session Plan 8. Comprehensive Sexuality Education and VMMC: Let's Talk about Sex

Overview

This session focuses on comprehensive sexuality education (CSE) and VMMC. CSE frames the conversation about sexuality from a health and a human rights perspective. CSE equips adolescents to make choices to maintain good health and protect their dignity and rights.

Objectives

After completion of this session, the learner will be able to:

- Identify the principles and main topics covered by CSE.
- Identify the benefits of CSE in the context of HIV/AIDS prevention and VMMC.
- Identify the values required for counselors/providers to provide effective CSE.
- Interpret the evidence base for CSE effectiveness.
- Apply CSE principles to strengthening counseling of adolescent clients at VMMC services.
- Identify fears about CSE.

Format	Ambassadors exercise, followed by PowerPoint presentation "Comprehensive Sexuality Education: Let's Talk about Sex" Plenary discussion
Time	90 minutes
Materials	Slide projector PowerPoint presentation "Comprehensive Sexuality Education: Let's Talk about Sex"

Methods and Activities

Facilitate the Ambassadors exercise as follows:

1. Without explaining the exercise, ask for four volunteers who will be called ambassadors.
2. Ask each ambassador to pick one of the four priority areas/topics:
    - Clarify the goals and content of CSE.
    - Identify some common fears about CSE.
    - Clarify the main benefits of CSE.
    - Identify the values needed of providers/counselors to effectively counsel adolescents on CSE.
3. Explain to ambassadors that their responsibility throughout the entire exercise will be to research and report back on their findings of all the groups on their chosen topic.
4. Now divide the remaining learners into four groups. Instruct the ambassadors to visit each group for progressively shorter periods of time, as follows:
    - First group: 10 minutes
    - Second group: eight minutes
    - Third group: five minutes
    - Fourth group: four minutes

5. During their visits to each group, they should pose their question to the group and then listen as each discusses that question. Be sure to emphasize that the ambassador must not participate in the discussion at all; s/he is only there to suggest the topic, listen, and take notes. The facilitator should ensure that each ambassador remains with each group precisely for the time periods specified above. He/she should also ensure that each group remains focused on the topic suggested by the ambassador. After listening to the first group, each ambassador will move to the next group, until he/she has listened to each group discuss his/her question.
6. After all four ambassadors have listened to/observed each small-group discussion, give them five to 10 minutes to summarize their notes on flip chart paper. During this time, small groups should identify two to three main points that came out during their discussions with the ambassadors. Tell the groups that they should be prepared to add these points if the ambassadors miss them.
7. Now ask each ambassador to present the main points in plenary that he/she summarized from the combined discussions. Be sure to emphasize that ambassadors must report **only** on what was actually said by each group and should not editorialize or interpret what was said (to the extent possible).
8. Encourage learners to comment on the ambassadors' conclusions, but facilitators should try to avoid any conflicts or debates between ambassadors and groups. The main point is for ambassadors to act as emissaries or reporters, describing what was discussed as objectively as possible.
9. Now present the PowerPoint presentation "Comprehensive Sexuality Education: Let's Talk about Sex," being sure to relate the contents of the presentation to learners' conclusions.
10. Be sure to emphasize that CSE provides opportunities to discuss sensitive and challenging topics with adolescents, such as sexual intercourse, masturbation, and condom use. CSE does **not** promote sexual activity; rather, it promotes open and informative discussions aimed at empowering adolescents to make their own decisions based on the best available information.

Session Plan 9. Counseling Cue Cards and Adolescent Counseling Flip Charts

Overview

Effective counselors use job aids to help ensure they consistently provide high-quality services. This session focuses on two job aids: counseling cue cards and adolescent counseling flip charts.

Objectives

After completion of this session, the learner will be able to:

- Describe the content, benefits, and purpose of the cue cards and adolescent counseling flip charts designed to support counselor/provider adolescent counseling at VMMC.
- Describe the evidence base for the content of the cue cards and adolescent counseling flip charts.
- Identify the primary audience for the cue cards and adolescent counseling flip charts.
- Use the cue cards and adolescent counseling flip charts to provide VMMC services.

Format	Small-group "scavenger hunt" Small-group presentations Plenary discussion
Time	90 minutes
Materials	Handout: Cue Cards for Counseling Adolescents at VMMC Services Handout: Adolescent Counseling Flip Charts for Counseling Adolescents at VMMC Services

Methods and Activities

1. Pass out the cue cards to learners. Give them a few minutes to look them over quickly (10 minutes).
2. Tell learners that the cue cards are intended to remind trained providers of the content they should cover at various points in the VMMC service process (group discussion, one-on-one counseling, follow-up visits, etc.).
3. The cards are intended to ensure all appropriate topics are covered accurately.
4. **Scavenger hunt (20 minutes):** Now ask learners to divide up into five groups. Give each group a topic/group of topics to find or locate within the full set of cue cards and discuss as follows:
    - Difficult topics: masturbation, sexual intercourse, condoms
    - Counseling while clients are waiting for results of HIV rapid test
    - Necessity of six weeks of abstinence post procedure: What to say to those who say they cannot abstain for six weeks?
    - Post-HIV test counseling for adolescents who test HIV-positive (Q&A, misconceptions, disclosure)
    - New topics: family planning, gender-based violence, masculinity, alcohol/drug use/abuse
5. Tell learners in their small groups to do the following:
    - Identify each place in the set of cue cards where their topics appear.
    - Determine whether the information about their topics is clear.
    - Discuss whether they would feel comfortable counseling adolescents about their topics. Why or why not?

6. Ask a representative from each group to summarize the group's observations and conclusions (15 minutes). Record key inputs provided.
7. Pass out the adolescent counseling flip charts. Give learners a few minutes to look them over (10 minutes total).
8. Point out that the information in the adolescent counseling flip charts is taken from the cue cards.
9. Explain that the four adolescent counseling flip charts are used to describe the process to the client through images while also serving as a prompt for the counselor. The following four adolescent counseling flip charts are used when counseling:
    - Group Counseling Session
    - Individual Counseling Session
    - Immediate Postoperative Counseling
    - Follow-Up Visits Days Two and Seven
10. Demonstrate the use of the individual counseling flip chart by conducting a role-play (20 minutes):
    - Ask one of the learners to assume the role of a male client.
    - Use the adolescent counseling flip chart to guide the counseling session, referring to the appropriate cue card if needed.
    - Following the role-play, discuss learner observations of how the adolescent counseling flip chart was used to support the counseling process.
    - Time permitting, ask the participants to work in small groups and conduct their own role-plays.
11. Tell learners that various sources were used to create the cue cards, including the President's Emergency Plan for AIDS Relief/Health Communication Capacity Collaborative's *Voluntary Medical Male Circumcision In-Service Communication: Best Practices Guide*, which was based on quality assurance assessments (2013–2014) and reviews of communication materials being used in at least nine priority countries, as well as various additional peer-reviewed sources.
12. Finally, tell learners that their feedback is important for helping the U.S. Agency for International Development and implementing partners adapt and revise the cue cards and adolescent counseling flip charts if necessary to better fit the local settings and countries where they may be used.

Session Plan 10. Setting the Stage: Nonverbal Communication with Adolescent Clients

Overview

This session explores contextual factors—including physical space—that facilitate or prevent privacy and confidentiality during counseling with adolescents.

Objective

After completion of this session, the learner will be able to:

- Identify factors in the setting where VMMC services are provided that support effective communication between providers/staff and adolescent male clients.

Format	Small-group discussion Role-play presentations Plenary discussion
Time	50 minutes
Materials	Flip chart paper/stands Markers Cue cards Adolescent counseling flip charts

Methods and Activities

1. Ask learners to break up into four groups. Two groups will set up and demonstrate a counseling scenario where the physical space is well designed, and two groups will demonstrate scenarios where the physical space is not well designed and does not support effective counseling of adolescent clients.
2. Groups may use chairs, tables, and group members to creatively display the design of their counseling space. Give them about 10 minutes to set up their spaces.
3. Now, have each group role-play counseling (using the cue cards and/or adolescent counseling flip charts) as it would happen in their space (five minutes maximum per group, for a total of 20 minutes.)
4. Ask group members to identify positive and negative aspects of each scenario (10 minutes).
5. To conclude, review in plenary the following points, asking learners if they observed any of these in role-play presentations (10 minutes):
    - Did staff respect each client's right to privacy (i.e.; did they announce or discuss a client's personal information in front of or within hearing of other clients and staff?)? If so, they should **not** have done so.
    - Was the setting for VMMC and HIV testing services private and confidential?
    - Did the counselor assure the adolescent client that the discussion would remain confidential—that s/he would not share his personal information with anyone?
    - Did the furniture arrangement convey "power"/that someone was the "authority"?
    - Were adolescent clients empowered to make their own choices?
    - Did the counselor sit behind a desk or computer? (S/he should **not** have done so.)
    - Did the counselor use the phone, computer, and/or other devices during the session? (S/he should **not** have done so.)
    - Did any other behavior or aspect of the counseling inhibit effective counseling?

Session Plan 11. Body Language: Nonverbal Communication with Adolescent Clients

Overview

The session examines how body language—including local expressions of body language—can help or hinder effective counseling.

Objectives

After completion of this session, the learner will be able to:

- Demonstrate body language that can facilitate or inhibit open and effective counseling among adolescent VMMC clients.
- Demonstrate the ability to work with the cue cards and adolescent counseling flip charts.

Format	Small-group discussion/role-play presentations, using cue cards or adolescent counseling flip charts to demonstrate positive/negative body language Plenary discussion Adolescent participation is encouraged for this session.
Time	70 minutes
Materials	Flip chart paper/stands Markers Chairs for role-plays Handout 8: Body Language Do's and Don'ts

Methods and Activities

Learners should consult Handout 8: Body Language Do's and Don'ts.

1. Ask learners to break up into groups of three. One will play the role of counselor/provider, one will be the adolescent, and one will be an observer. **Note:** Ideally, it would be best if adolescents could participate in the session to "play the role" of adolescents.
2. Tell the counselor/provider to use appropriate cue card and/or adolescent counseling flip chart for reference.
3. Counselors will engage with adolescents in a mock counseling session for 10 minutes.
4. During this time, observers will take notes on what they observe about the counselor's body language. They should refer to Handout 8: Body Language Do's and Don'ts.
5. After five minutes, ask group members to rotate so that roles are exchanged. They will do this three times so that each group member can play each role for five minutes. Learners should use the appropriate cue cards and adolescent counseling flip charts during the role-plays. It is important that learners feel comfortable using both the cue cards and adolescent counseling flip charts.
6. In plenary discussion, ask each learner to identify one observation they made while they were observers. Make sure learners cover the points in the handout.

7. If needed, stimulate feedback by asking the following questions:
    - Did the counselor's body language make the adolescent feel welcomed? Respected? Comfortable?
    - Did the counselor's body language make the adolescent feel uncomfortable or reluctant to speak openly?
    - Was there anything the counselor might have done differently? Why or why not?
8. Conclude the session by highlighting the following points:
    - The nonverbal messages or behavior of our bodies can help or hinder effective communication.
    - By showing that we are attentive, body language can communicate interest and respect for the adolescent client and may encourage him to open up.
    - On the other hand, if a provider appears to be disinterested and preoccupied with other tasks, his body language may push an adolescent to close down and hold back important information.

Session Plan 12. Opening Up the Conversation

Overview

This session explores elements of two screening tools that can support providers in opening up or initiating individual counseling sessions with adolescent boys at VMMC services, especially where sensitive topics may be discussed. These tools can be used to explore the level of well-being or needs of an adolescent client beyond what is typically assessed at VMMC services or to determine other services that the adolescent may need. The tools are best used during individual counseling, when the counselor can have a longer conversation with the adolescent client. In cases where there is not enough time to devote to one client who appears to need further services, counselors should explore the possibility of scheduling a time for longer and more in-depth individual counseling at a later date. While the tools are most relevant to individual counselors and volunteer community advocates or other cadres conducting referrals, we also share this session with group and post-test counselors so that they are aware of these additional techniques.

Objectives

After completion of this session, the learner will be able to:

- Use the HEADSS and SSHADESS screening tools to facilitate counseling sessions with adolescent males at VMMC services.
- Focus on the first three or four elements of each screening tool:
  - From HEADSS: home, education, employment, and activities
  - From SSHADESS: strengths, school, home, and activities
- Identify questions, statements, or approaches from the topic areas from each screening tool to assist providers in comfortably initiating counseling sessions with adolescent males at VMMC services.
- Identify questions or statements that may not be relevant to counseling adolescents at VMMC services.

Format	Plenary discussion using Handout 9: Opening the Conversation with HEADSS and SSHADESS Screening Tools Small-group work in pairs Role-play demonstrations of counseling sessions
Time	90 minutes
Materials	Handout 9: Opening the Conversation with HEADSS and SSHADESS Screening Tools Flip chart paper/stands Markers Chairs for mock counseling demonstration sessions

Methods and Activities

Explain to learners that:

1. The HEADSS and SSHADESS screening tools were originally designed for medical providers to screen adolescents who may be engaging in risk behaviors or are in crisis and may urgently need support and/or referrals to services.
2. The premise of this session is that providers at VMMC services may experience challenges in starting counseling sessions with adolescent males, especially when sensitive topics are discussed.
3. The first three elements from HEADSS or first four elements from SSHADESS may be useful for helping counselors initiate counseling sessions at VMMC services to encourage open, empowering sessions with adolescent clients in time-constrained situations.

4. Explain that during this session, learners will decide whether the first three or four elements from each tool could be useful for them when counseling adolescents at VMMC services.
5. Begin the exercise. Ask learners to break up into pairs on opposing sides of the room.
6. The pairs sitting on the right side of the room assume the adolescent client is 15 years old, and the pairs sitting on the left side of the room assume the adolescent client is 19 years old.
7. Ask each pair to study the handout for a few minutes to identify some statements and questions from the first three elements from HEADSS or first four elements from SSHADESS that they believe would help them more comfortably initiate counseling sessions with adolescent males.
8. Learners who provide counseling outside of VMMC service facilities (whether mobile or static clinics), such as volunteer community advocates or community mobilizers, should conduct the role-play as if it were taking place in the community.
9. Ask four or five volunteer pairs to demonstrate the beginning of a mock counseling session. The session is not intended to explore any particular topic in depth, only to demonstrate how the use of some of the topics/questions/statements from the screening tools can make starting a counseling session with an adolescent male easier.
10. Ask learners who did not demonstrate to identify the questions and statements that counseling pairs demonstrated that were effective. Why were these effective? Were there some that were not effective? Why?
11. To conclude the session, ask learners:
    - Could the HEADSS and/or SSHADESS screening tools be useful to help counselors more effectively counsel adolescent clients in context of VMMC services?
    - How could HEADSS and/or SSHADESS help to facilitate effective counseling of adolescents about sensitive topics, such as masturbation, sexual intercourse, and/or condom use?
    - Would the tools require any changes or adaptations to be more useful? Explain.
    - Would other service providers (outside of VMMC services) likely find the tools useful? Why or why not? How might they use them?

Session Plan 13. Introduction to Effective Counseling Techniques

Overview

This session explores three counseling techniques that can encourage adolescents to be more open and seek support from providers more often: starting from strengths, reflecting back/paraphrasing, and summarizing.

Objective

After completion of this session, the learner will be able to:

- Apply three effective techniques to improve active listening when counseling adolescent clients.

Format	Small-group work Role-plays Plenary discussion Adolescent participation is encouraged for this session.
Time	90 minutes
Materials	Flip chart paper/stands Markers Chairs for role-plays Selected cue cards and adolescent counseling flip charts Handout 10: Counseling Techniques

Methods and Activities

1. Have learners break up into pairs. Tell them they will be preparing role-playing demonstrations to illustrate three principles of effective counseling: starting from strengths, reflecting back/paraphrasing, and summarizing. Explain that you will introduce each technique one at a time for them to focus on.
2. **First technique: starting from strengths**: Share the following:
    - Resilience theory suggests that adolescents live up to or do not meet expectations of them (see citation under The Adolescent Brain in Annex 2). If we tell them we expect them to do well, they are more likely to do well.
    - Instead of treating the adolescent as "a problem," think of him as someone worthy of praise, affirmation, and encouragement—this is the essence of a strengths-based approach (see citation under The Adolescent Brain in Annex 2).
    - During counseling sessions, listen to the adolescent and observe what you can praise or tell him you admire about him. Be genuine.
    - Help him recognize his strengths.
    - In the context of VMMC, counselors could praise adolescents for coming for VMMC and/or for coming for follow-up checkups on days two and seven after the procedure.
3. Ask learner pairs to develop a role-play where one partner plays the role of counselor, and the other plays the role of adolescent.
    - Those playing the role of adolescents are free to make up their own situations, profiles, and characteristics of the adolescent role they play, but they should keep in mind that the counseling is taking place at VMMC services.
    - Counselors should use the appropriate cue cards (or adolescent counseling flip charts) and follow the one they choose from start to as far as they can go in 10 minutes.
    - Counselors should also consult Handout 10: Counseling Techniques for support.

- The facilitator should briefly review the following bullet points and explain that the questions and ideas on the handout (repeated below) are intended to get the conversation going with an adolescent client:
  - How is your day going so far?
  - Tell me about school. How is that going these days?
  - If you would like to, tell me about your family. How is your family doing?
  - What do you like to do in your spare time?
  - If an older adolescent, you may want to ask him about his girlfriend/partner.

4. Tell the learners to take notes while their "client" speaks. They should try to write down answers to the following questions. (**Note**: Facilitator may read the examples out loud to help stimulate learners' thinking.)
   - One positive thing the counselor observes about the client (nicely dressed, nice smile, etc.)
     - Example: "I can see that you pay attention to making a good impression; your warm smile tells me that you are a kind and confident person."
   - One positive thing you can say about his involvement in school (studies hard, dedicated to school, hopes to continue his schooling and earn a degree, etc.)
     - Example: "You are a great role model for your siblings, taking your schoolwork seriously shows them the importance of doing well in school."
   - One positive thing you can observe about the client's family situation (support from parents, support for siblings, healthy family, etc.)
     - Example: "You are an excellent source of support to your younger brothers. Helping them with their schoolwork shows that you care for them."
   - One positive thing about how your client spends her/his spare time (exercise is healthy, deserves to rest/relax after hard day at school, etc.)
     - Example: "It is good that you are committed to playing football. It's a great way to relieve stress and stay healthy."
5. Tell learners to be sensitive when asking about adolescents' home lives; for some, home is not a comfortable or safe place.
6. Counselors should now tell their client about one or two positive attributes. This should be done in a warm, caring, and respectful way. They may use the statements in #4 above if they have trouble coming up with their own.
7. Reverse roles. The former client now becomes the counselor. Each session should last only five to 10 minutes.
8. Ask each learner to pause in their role-playing. Ask them to identify in plenary one or two positive attributes that they chose to praise the adolescent on in their counseling practice.
9. **Second technique: reflecting back or paraphrasing:** Explain to learners that paraphrasing (or reflecting back) allows providers to ask adolescent clients whether they have understood what a client is saying. Examples include:
   - It sounds like you are saying that it is difficult for you to use condoms.
   - If I heard you correctly, you are telling me that it was your father's idea for you to be circumcised.
   - It sounds like you are feeling uncomfortable about getting circumcised. (This is an instance where you are reflecting back what you believe the adolescent is feeling or thinking.)

- Let me see if I have understood you. You seem to be saying that you decided to get circumcised because most of your friends have done it and they are satisfied with the results. Is this correct? (This is an instance where you are summarizing the main points as you think you heard them.)

By paraphrasing, counselors signal that they are paying attention and listening. It also provides an opportunity to check if the counselor actually understood correctly what the client has said. And the technique also serves as a kind of "invitation," encouraging the client to say more.

10. Ask pairs to return to their counseling role-play development, focusing on paraphrasing or reflecting back what the adolescent client is saying to them. Tell them to use the appropriate cue card (or adolescent counseling flip chart) on individual counseling to guide their mock counseling session.
11. **Third technique: summarizing:** Summarizing key points allows the counselor to check whether he/she correctly understood what the client is saying. It also signals to the adolescent that the counselor is listening and interested. Even repeating verbatim what the adolescent just said shows that the provider is paying attention, and this will likely encourage the adolescent to say more. Finally, summarizing helps the provider clarify next steps that the adolescent may agree to take. Examples of summarizing include:
    - Let me see if I have understood you. You seem to be saying that you decided to get circumcised because most of your friends have done it and they are satisfied with the results. Is this correct? (This is an instance of summarizing the main points as you think you heard them.)
    - If I heard you correctly, it sounds like you are saying that you came for VMMC because your parents convinced you; you are not sure what the benefits would be and you are feeling a bit nervous about the possible pain of the procedure. Is that correct?
12. Ask learners to spend a few minutes practicing summarizing, using the appropriate cue card (or adolescent counseling flip chart). Tell the pairs that they may use material from any of the cue cards or adolescent counseling flip charts as a basis for their counseling session.
13. Now, ask two to three volunteer pairs to demonstrate each of the techniques just practiced.
14. Wrap up the exercise. Ask learners about any challenges or remaining questions they may have and whether they learned something unexpected from the exercise. Point out that these techniques require practice and encourage learners to incorporate these into their daily work/practice.

Session Plan 14. Additional Counseling Techniques

Overview

This session explores additional techniques to strengthen learners' active listening skills.

Objective

After completion of this session, the learner will be able to:

- Apply additional techniques to improve active listening, including:
  - Asking open-ended questions
  - Responding appropriately
  - Prioritizing topics
  - Demonstrating empathy

Format	Small-group work Role-play practice Presentations of active listening techniques Plenary presentation and discussion Adolescent participation is encouraged for this session.
Time	60 minutes
Materials	Handout 10: Counseling Techniques Both cue cards and adolescent counseling flip charts for content reference Flip chart paper/stands Markers Chairs for role-plays PowerPoint presentation "Additional Counseling Techniques"

Methods and Activities

Review the main points of Handout 10, focusing on counseling techniques with learners.

1. To start the session, explain that this session introduces several new active listening techniques. Show the PowerPoint presentation "Additional Counseling Techniques."
   - Prioritize topics for maximum impact.
   - Ask open-ended questions. Remember: Closed questions can be answered yes or no. Closed questions tend to stifle conversations.
   - Respond appropriately. Remain neutral, listen, and do not interrupt. Ask if he wants your advice.
   - Show empathy. Treat the adolescent client as you would want to be treated.
2. Now, tell learners to continue in their counselor/adolescent client pairs and prepare a role-play in which the adolescent will talk about some sensitive, emotional, and challenging topics (which can be inspired from cue cards and adolescent counseling flip charts). Learners should clarify the age of the "adolescent" they are counseling (15–17, 18–19). During the role-play, the "counselor" will demonstrate two of the counseling techniques presented/discussed above.
3. Now, guide learners through the exercise by saying:
   - **For prioritizing topics:** Working in pairs, for the next five minutes, write down a series of five topics in order of prioritization, referring to the cue cards, adolescent counseling flip charts, and the handout. Keep in mind that you should discuss the following with your partner:
     > Which topic would you open up the discussion with?
     > Which topic would be good to close with?

    - How would you prioritize the topics in between and why?
    - Are there certain questions people tend to ask first in your culture? Are they just being polite, or do they genuinely want to know certain information from you?
- **Asking open-ended questions:** Now, continue working for about 10 minutes in the same pairs to come up with at least three examples each of open-ended questions related to the topics/points on the cue cards, adolescent counseling flip charts, and handout.
- **Responding appropriately:** Referring to the handout, choose one or two techniques that demonstrate responding appropriately. At the same time, you may want to ask some questions to buy you time and help you better understand what the adolescent is saying and how to respond, including:
    - What do you think?
    - What is your opinion?
    - I have my own ideas, but I am interested in knowing what you think.
    - What seems right to you?
- **Show empathy:** Remember: Treat the adolescent client as you would want to be treated. Acknowledge feelings. How would you show your "adolescent client" partner that you care about what he is feeling, but in a respectful way? Choose one or two techniques to practice and demonstrate.

4. After learners have had adequate time to practice (30 minutes total), ask for three volunteer pairs to demonstrate the techniques they chose. You may suggest that each pair demonstrate just a couple of the techniques at a time. **Important: Tell each role-playing pair NOT to tell the rest which techniques they will be demonstrating.** Ask the other learners:
    - Can they guess which techniques were demonstrated?
    - Were they shown clearly?
    - Could anything have been improved? If so, how?
5. Conclude, after each of the three pairs have shown their role-plays, by giving the PowerPoint presentation "Additional Counseling Techniques," asking learners if they think they will be able to incorporate these techniques into their counseling of adolescents. How/why? Why not?

Session Plan 15. Counseling with Age-Appropriate Language

Overview

This session explores how to broach difficult topics with different adolescent age groups. The session incorporates CSE approaches, local language, and terminology.

Objective

After completion of this session, the learner will be able to:

- Speak to adolescents of different age groups about important, VMMC-related topics.

Format	Role-plays Session handouts Plenary discussion Adolescent participation is encouraged for this session.
Time	75 minutes
Materials	Handout 11: Comparing Age-Appropriate Language Handout 12: Background: Comparing Age-Appropriate Language Flip chart paper/stands Markers Chairs for mock counseling sessions

Methods and Activities

Guide the exercise, covering the key points in the handouts.

1. Divide learners into two groups, representing one of two age groups (15–17 and 18–19). Each age group will split into pairs, with one "counselor" and one "adolescent" (this could be an actual adolescent or an adult role-playing an adolescent) to practice counseling/being counseled on one of the topics listed in Handout 11.
2. After 20 minutes of practice, ask for six volunteer pairs (or a number of pairs that can keep within time remaining for the session) to demonstrate their session to the rest of the learners. Role-plays should demonstrate two to three phrases/statements appropriate to the assigned age group.
3. During role-playing demonstrations, ask observing learners to note to themselves any statements or approaches to topics that link an approach to each specific age group. Ask learners to:
    - Cite one or two statements that the provider covered that are most appropriate for the age group covered (15–17 and 18–19).
    - Explain why these statements were appropriate for each age segment.
    - Cite any topics that were not age-appropriate. Why were they not?
4. The facilitator should write these observations on flip chart paper and encourage questions and discussion throughout.
5. Conclude the session by saying:
    - This has been a very quick introduction to a complicated topic.
    - It is recommended that you study the handouts and practice using and/or adapting these concepts and approaches in your daily work.
    - Any suggested changes to the language in the handouts are welcome.
    - It is important to note that there may be variations depending on local context. The purpose of the exercise was primarily to understand that there are developmental differences for differing age groups, and it is important to keep this in mind when speaking to adolescent clients.

Session Plan 16. Motivational Interviewing

Overview

This session explores the use of motivational interviewing (MI). Counselors can use this approach to support adolescent clients' empowerment by building their self-efficacy to help them come to their own decisions about health issues related to VMMC.

Objective

After completion of this session, the learner will be able to:

- Use MI to counsel adolescent clients by motivating them to articulate their own behavioral solutions around issues related to VMMC.

Format	PowerPoint presentation Small-group work in pairs Role-plays
Time	90 minutes
Materials	PowerPoint presentation "Motivational Interviewing for Adolescent Clients at VMMC Services" Handout 13: Principles of Motivational Interviewing Handout 14: Scenarios for Motivational Interviewing for Adolescents at VMMC Services Flip chart paper/stands Markers Chairs for counseling demonstration sessions

Methods and Activities

1. Begin the session with the PowerPoint presentation "Motivational Interviewing for Adolescent Clients at VMMC Services." Be sure to emphasize that MI fits well with the objectives of counseling adolescents at VMMC services because:
    - MI elicits the client's own reasons for changing (or maintaining) a behavior and builds the adolescent's autonomy and self-efficacy.
    - MI helps adolescents overcome their resistance to the perception that adults/counselors are "telling them what to do."
    - MI is based on using empathy, active listening, open-ended questioning, and exploration of the adolescent's experience to create a space for self-reflection and a desire for change.
    - MI uses ambivalence about behavior change—which is normal—by allowing adolescent clients to weigh the pros and cons of proposed behavior change.
    - MI has proven to be effective in more than 200 clinical trials with both adults and adolescents. It is theory-based, verifiable, and generalizable, and can be delivered by a range of professionals to address a variety of behaviors (see citation under The Adolescent Brain in Annex 2).
2. Tell learners to refer to Handout 13 to support them during work in pairs and when presenting counseling scenarios. Ask learners if they have any questions about Handout 13.
3. Explain that, as with other techniques, MI will take practice. Even using two or three of the skills or tactics offered during this session will likely improve their approach to counseling adolescents at VMMC services.
4. After the presentation, ask if learners have any questions, and take a few minutes to discuss these in plenary.

5. Now, tell learners that they will develop mock/demonstration counseling sessions based on Handout 14 (using Handout 13 for reference/support).
6. Ask learners to divide up into pairs to develop counseling sessions to demonstrate two or three features of MI (allow 30 minutes for this work). As in previous sessions, one learner will role-play an "adolescent," either age 15–17 or 18–19. The other will be the "counselor." Where possible or relevant, learners playing the counselor should incorporate a referral to an appropriate adolescent-friendly service outside of VMMC services.
7. After 30 minutes, ask for volunteer pairs (three or four, no more than five minutes each) to demonstrate counseling sessions that show two or three principles of MI.
8. Ask learners in plenary after each session to identify the principles of MI that they observed. Was the counseling effective? Why or why not? What was successful? Why or why not? What might have been done differently?
9. Ask learners whether they can identify differences in counseling for the two age groups (15–17 and 18–19). Did counselors tailor their counseling content, messages, or certain topics to each age group? Do you think this would have been effective in an actual counseling session? Why or why not?
10. Conclude by saying that MI is somewhat complex and challenging, but, as mentioned earlier, even using just two or three of the strategies discussed in this session will likely have a positive impact on counseling adolescents at VMMC services.

Session Plan 17. Referrals

Overview

The goal of this session is to identify ways to strengthen referrals to/from VMMC services and other adolescent-friendly services, including through effective use of any existing local adolescent-friendly services directories or other reference tools.

Objectives

After completion of this session, the learner will be able to:

- Identify the benefits of active referrals to/from VMMC and other adolescent-friendly services and explain the difference between active, facilitated, and passive referrals.
- Reflect on the scenarios for referrals provided in Handout 15 and adapt (if necessary) to create scenarios that are realistic for the local context.
- Strengthen their skills to make effective referrals for adolescents.
- Clarify mechanisms to strengthen and promote increased referrals to/from VMMC services and other adolescent-friendly services, including through use of existing local adolescent-friendly services directories or other referrals tools and/or mechanisms.

Note: Learners should include volunteer community advocates or other community outreach workers/mobilizers who promote VMMC and/or other services for adolescent boys, and nongovernmental organization staff and/or representatives of government services who play important roles as providers and/or who refer adolescent boys to needed services in the community.

Format	**Part 1:** PowerPoint presentation "Making Referrals in the Context of VMMC Services" Plenary discussion Small-group work on Handout 15: Referral Scenarios Discussion and adaptation of revised scenarios to make them appropriate to the local context (as needed) Adolescent participation is encouraged for this session. **Part 2:** Presentation of local adolescent-friendly services directory by local government representative Small-group and plenary discussion to identify successes, gaps and barriers to success, and strategies to overcome these to increase effective referrals of adolescent boys to local adolescent services
Time	120 minutes
Materials	PowerPoint presentation "Making Referrals in the Context of VMMC Services" Handout 15: Referral Scenarios Sample referral directory (included in guide) Flip chart paper/stands Markers Local adolescent-friendly services directory

Methods and Activities

Notes to Facilitators

1. Start by explaining the objective of the session:
    - Strengthen referrals.
    - Practice making referrals based on localized/adapted referral scenarios from Handout 15.
    - Build awareness of any existing local adolescent-friendly services directory, the successes and barriers to effective referral-making, and strategies to overcome those barriers, including more effective use of referral directory(ies) and/or other referral tools and mechanisms.

Part 1

1. Ask learners if they know the difference between active, passive, and facilitated referrals and the benefits of active referrals (see definitions in Box 1 [see citation under Referrals in Annex 2] and in PowerPoint presentation).
2. Ask learners to review the 12 scenarios in Handout 15. Scenarios include requests for support requiring referrals related to:
    - Condoms
    - Birth control
    - Sexually transmitted infections (STIs)
    - Test for HIV/HIV testing and counseling
    - Friend tested HIV-positive
    - VMMC
    - Mental health: depression
    - Alcohol abuse
    - Violence/school bullying
    - Trouble with the law
    - Failing out of school
    - Violence/abuse at home
3. Emphasize that these are draft scenarios. Learners will each choose one scenario and need to:
    - Decide whether the scenario is realistic in the local context.
    - If not, they must adapt or rewrite it to make it realistic.
    - If it is realistic, develop a short role-play based on their scenario and illustrate clearly:
        - > The reason for the referral
        - > Type of referral (active, passive, facilitated)
        - > The specific local service or services to which the adolescent is being referred

Box 1. Notes for facilitators' reference: types of referrals

Passive referrals are when the client is given the details of the referral agency to make his/her own appointment.

Facilitated referrals are when a client is helped to access another service. For example, with the client's permission, a health care worker makes an appointment with another service on the client's behalf.

Active referrals are when a health care worker contacts another service in the presence of the client and makes an appointment. The health care worker, with the client's consent, provides information collected about the client with his/her professional assessment of the client's needs. Such referral is necessary when clients are unmotivated, unlikely, or unable to go to other services by themselves.

Part 2

1. Distribute copies of any existing local adolescent services referral directory(ies), if possible, to all learners prior to the session.
2. Ask a local government representative or another relevant person to give a brief presentation of the referral directory(ies), describing:
    - The process through which the directory was developed
    - The types of services available as listed in the directory(ies), particularly those that are adolescent-friendly
    - Strategies that have been implemented by government and partners (nongovernmental organizations, donors, etc.) that may have increased referrals among adolescents in the past and that may have utilized the referral directory(ies) presented
    - Recommended strategies using the referral directory(ies) presented that could be implemented to promote increased referrals of adolescents to the services they need to address the full range of health and social concerns they are likely to encounter
3. Ask learners to break up into small groups to identify:
    - Do they feel that there is a functioning "referral network" of adolescent-friendly services in their community?
    - If so, how well is this network functioning? Can they give examples from their own work of referral successes, where referrals are meeting the needs of adolescent boys?
    - Are there any gaps and/or barriers in referrals of adolescent boys locally? If so, how can these gaps/barriers be overcome?
    - How could the referral directory(ies) presented or other known referral directories be used to increase referrals?
    - What recommendations would the group make to improve referrals locally?
4. Ask each group to present its findings.
5. Be sure to discuss/conclude with the following questions in plenary, summarizing learners' responses and suggestions on flip chart paper:
    - If referred to a service, how do counselors confirm whether the adolescent actually attended the service he was referred to?
    - Do counselors follow up with the adolescent to see if he attended the service he was referred to and how the visit went for him?
    - Is/are the referral directory(ies) provided for the exercise useful? Accurate? Will learners actually use the directory(ies)? If not, why not? If so, will they promote its/their use among colleagues?
    - Do adolescents actually attend the services in the directory?
    - What are some next steps for strengthening referral processes and outcomes among the services listed in the local referral directory? Who will undertake these steps? How will they be monitored and evaluated?

Session Plan 18. Conclusion

Overview

This final module wraps up the course, briefly summarizes essential conclusions and key points, gives learners an opportunity to share their concerns about the training and materials provided, gives learners a post-test evaluation to check their knowledge, and identifies next steps, including description of the one-day practicum in which learners will have the opportunity to put their newly developed skills into practice at local VMMC clinics.

Objectives

After completion of this session, the learner will be able to:

- Demonstrate knowledge gained through a training post-test evaluation.
- Summarize essential take-home points from each session.
- Provide feedback related to any concerns or suggested changes to the training.
- Identify next steps, including clarifying the scope and purpose of the one-day practicum in which learners will have the opportunity to practice their newly acquired counseling/communication skills and promoting effective referrals immediately following the training workshop.

Format	PowerPoint presentation Plenary discussion
Time	75 minutes
Materials	PowerPoint presentation "Main Points from VMMC Adolescent Counseling Workshop" Flip chart paper/stands Markers

Methods and Activities

1. Ask learners to break up into small groups with flip chart paper. Each group will collect feedback from group members about each session, answering two main questions:
    - What were the most important two to three points learned or discussed per session? (The group may record many points but must rank the most important two to three.)
    - Were there any concerns or remaining questions about the content of each session? Was the information useful and relevant to their work with adolescent boys in the context of VMMC services? Why or why not?
2. Do a quick exercise by going around the room, having each learner say in less than one minute one thing that they learned or a topic that they will take with them and use in their work. They should also identify any skills or topic areas that they would like to practice during the one-day practicum immediately following the conclusion of the course. It is OK if people repeat things.
3. Then, ask learners to take the post-test evaluation (Handout 2) and evaluate the course (Handout 16). (Give them 15 minutes to complete.)
4. Afterward, give the PowerPoint presentation, emphasizing key conclusions from each session. Invite learners to ask questions and share if they agree or disagree with the conclusions.
5. Build consensus about the conclusions, reminding learners that this is "their" training, and it should be useful in their local context.
6. Make sure learners understand that the training and materials are works in progress, and that their improvement and adaptation to country contexts will depend on their further feedback.
7. Thank all for their feedback, attendance, and support.

Session Plan 19. Post-Training Practicum

Overview

Mentors or other facilitators should spend at least one day immediately following the training (or soon after it) providing on-the-ground support to training learners as they practice the counseling/communication skills from the main portion of the training. The practicum could be implemented immediately following the training. Ideally, it should be implemented within one month of the 3.5-day training.

Objectives

After completion of this session, the learner will be able to:

- Apply the counseling and communication skills learned or strengthened as a result of completing this course.
- Address remaining gaps or weaknesses identified by the learners or mentors.

Format	Observed/supervised counseling of adolescent clients at VMMC clinics. Recommended opportunities include VMMC group sessions, HIV testing and counseling offered at VMMC, and return visits on days two and seven following the procedure.
Time	One day
Materials	Cue cards and adolescent counseling flip charts for counselor trainees Mentoring cue card for mentors/trainers

Methods and Activities

Preparing for the Practicum

1. On their own and before the counseling practicum, learners should identify specific counseling/communication skills that they would like to strengthen and practice, such as reflecting back (paraphrasing and/or summarizing), demonstrating good body language, key steps of MI, prioritizing topics, showing empathy, and using age-appropriate language.
2. Tell learners to study the handouts, presentations, cue cards, adolescent counseling flip charts, and their notes to help them decide what they would like to strengthen through practice and thus optimize the supervised practicum opportunity.
3. Tell mentors to study and come to the practicum well acquainted with the contents of the mentoring cue card. They should know the content of the mentoring cue card well enough to enable them to pay close attention to the counseling as it occurs during the practicum.
4. Facilitators/trainers/mentors may wish to divide and assign specific skill areas to learners in accordance with their expressed wishes.

Guidance for Mentors/Facilitators during Practicum Counseling Sessions

1. Mentors/facilitators should observe practicing counselors during the group sessions for 15- to 19-year-old adolescents, the day two follow-up visit, and the day seven follow-up visit.
2. Mentors/facilitators may suggest to counselors that they practice in pairs, observing each other and taking notes on successful skills and what needs to be improved (in addition to being observed by mentors/facilitators).

3. Depending on the total number of learners and the client flow at local clinics, mentors/facilitators may decide to divide learners into a number of separate groups. The point is that no more than eight trainee counselors should engage in the practicum at a clinic in one day.
4. In any practicum session, **always** check with adolescent clients, parents/guardians, and/or other health care providers on the premises to make sure they consent to proceed with the observed counseling sessions.
5. **After** (not before or during) group sessions or follow-up visits are concluded, mentors should review their and learners' notes and facilitate discussions in a private setting (away from clients and/or other providers) to assess:
    - What went well during the session for each counselor: It is important to give each counselor praise/credit for that which s/he did well.
    - What seemed most challenging for each counselor: Be sure to say "In my opinion . . ." or "It seemed to me that . . ." when citing areas for improvement.
    - What specific steps each counselor could take to improve his/her counseling for the next time: Be as specific as possible.
6. If possible, provide opportunities for counselor/trainees to conduct/observe more than one session. Practice makes perfect!
7. Use the mentorship cue cards provided in the VMMC counseling guide for adolescents to facilitate observation and provide feedback.

Concluding the Day

1. Be sure to:
    - Thank key staff and providers at the clinic for allowing the practicum to take place there.
    - Remind staff/providers that they are supporting the overall objective of improving the quality of care and the health of adolescent boys in the community.

Annex 1. Course Handouts

Handout 1. VMMC Pre-Training – Technical Evaluation

Participant Name: _____

Directions: For each of the following items, read the question and then select the best response by circling the appropriate letter (A, B, or C). When completed, raise your hand, and your facilitator will collect your knowledge evaluation. Time permitting, your facilitator may discuss the correct responses with the group.

1. According to _____, the human brain does not stop developing after early childhood but goes through important growth during adolescence.
   - A. some teachers
   - B. the United Nations
   - C. recent neuroscience research
2. Contrary to what was previously thought, adolescence is a/an _____ time to intervene in support of positive health, growth, and development.
   - A. poor
   - B. inopportune
   - C. excellent
3. A strengths-based approach encourages counselors to express _____to adolescents.
   - A. negative feedback
   - B. stern warnings
   - C. positive expectations
4. "Adolescent-friendly" and "youth-friendly" are _____the same thing.
   - A. usually
   - B. not necessarily
   - C. exactly
5. Acceptable services for male adolescents are _____.
   - A. respectful, confidential, and visually and aurally private
   - B. the same as services for adolescent females
   - C. the same as services for all young adults
6. Comprehensive sexuality education has been shown to _____ among adolescent boys.
   - A. promote early sex
   - B. contribute to increased use of condoms
   - C. promote increased numbers of sexual partners
7. The placement of furniture in a counseling space can _____.
   - A. give adolescent clients a place to get some extra sleep
   - B. be a good way to store extra furniture at a clinic
   - C. signal authority or power to an adolescent client

8. Some initial steps in the HEADSS and SSHADESS screening tools include _____.

   A. sports, hiking, and economics

   B. education, strengths, and activities

   C. alcohol, science, and equal rights

9. The HEADSS and SSHADESS screening tools can _____ between an adolescent client and counselor.

   A. interfere with effective counseling

   B. build trust and more effective counseling

   C. lead to less relevant counseling sessions

10. The _____ of a counselor can help make an adolescent client feel comfortable, respected, and more willing to speak freely.

    A. body size

    B. body weight

    C. body language

11. _____ what an adolescent is saying is a key to effective counseling.

    A. Challenging

    B. Paying attention to

    C. Ignoring

12. Reflecting back or paraphrasing during counseling signals to a male adolescent client that a counselor _____.

    A. likes to hear himself/herself talk

    B. is listening

    C. is making fun of him

13. Asking open-ended questions _____ effective counseling.

    A. is a barrier to

    B. stimulates

    C. should not be a part of

14. A counselor's values can make it difficult for him/her to remain _____ when counseling.

    A. awake

    B. seated

    C. neutral and objective

15. Adolescents usually appreciate discussions about _____ topics.

    A. abstract

    B. concrete

    C. hypothetical

16. Adolescent males ages 15–17 are often concerned about _____and whether they can attract a partner.
    A. their study skills
    B. the opinions of their peers
    C. their parents
17. Older adolescents ages 18–19 are often concerned about their _____ in society.
    A. parents' reputation
    B. appearance
    C. role or place
18. Motivational interviewing brings out the client's _____ reasons for making certain decisions.
    A. family's
    B. partner's
    C. own
19. Active referrals are when _____ contact other health care or social workers in the presence of the adolescent client and an appointment is made.
    A. activists
    B. health care workers/providers
    C. parents of adolescent clients
20. Passive referrals are generally_____ than active referrals.
    A. more work for the counselor
    B. less supportive
    C. more polite

Handout 2. VMMC Post-Training – Technical Evaluation

Participant Name: _____

Directions: For each of the following items, read the question and then select the best response by circling the appropriate letter (A, B, or C). When completed, raise your hand, and your facilitator will collect your knowledge evaluation. Time permitting, your facilitator may discuss the correct responses with the group.

1. According to _____, the human brain does not stop developing after early childhood but goes through important growth during adolescence.
   A. some teachers
   B. the United Nations
   C. recent neuroscience research
2. Contrary to what was previously thought, adolescence is a/an _____ time to intervene in support of positive health, growth, and development.
   A. poor
   B. inopportune
   C. excellent
3. A strengths-based approach encourages counselors to express _____to adolescents.
   A. negative feedback
   B. stern warnings
   C. positive expectations
4. "Adolescent-friendly" and "youth-friendly" are _____the same thing.
   A. usually
   B. not necessarily
   C. exactly
5. Acceptable services for male adolescents are _____.
   A. respectful, confidential, and visually and aurally private
   B. the same as services for adolescent females
   C. the same as services for all young adults
6. Comprehensive sexuality education has been shown to _____ among adolescent boys.
   A. promote early sex
   B. contribute to increased use of condoms
   C. promote increased numbers of sexual partners
7. The placement of furniture in a counseling space can _____.
   A. give adolescent clients a place to get some extra sleep
   B. be a good way to store extra furniture at a clinic
   C. signal authority or power to an adolescent client

8. Some initial steps in the HEADSS and SSHADESS screening tools include _____.

   A. sports, hiking, and economics

   B. education, strengths, and activities

   C. alcohol, science, and equal rights

9. The HEADSS and SSHADESS screening tools can _____ between an adolescent client and counselor.

   A. interfere with effective counseling

   B. build trust and more effective counseling

   C. lead to less relevant counseling sessions

10. The _____ of a counselor can help make an adolescent client feel comfortable, respected, and more willing to speak freely.

    A. body size

    B. body weight

    C. body language

11. _____ what an adolescent is saying is a key to effective counseling.

    A. Challenging

    B. Paying attention to

    C. Ignoring

12. Reflecting back or paraphrasing during counseling signals to a male adolescent client that a counselor _____.

    A. likes to hear himself/herself talk

    B. is listening

    C. is making fun of him

13. Asking open-ended questions _____ effective counseling.

    A. is a barrier to

    B. stimulates

    C. should not be a part of

14. A counselor's values can make it difficult for him/her to remain _____ when counseling.

    A. awake

    B. seated

    C. neutral and objective

15. Adolescents usually appreciate discussions about _____ topics.

    A. abstract

    B. concrete

    C. hypothetical

16. Adolescent males ages 15–17 are often concerned about _____and whether they can attract a partner.
    A. their study skills
    B. the opinions of their peers
    C. their parents
17. Older adolescents ages 18–19 are often concerned about their _____ in society.
    A. parents' reputation
    B. appearance
    C. role or place
18. Motivational interviewing brings out the client's _____ reasons for making certain decisions.
    A. family's
    B. partner's
    C. own
19. Active referrals are when _____ contact other health care or social workers in the presence of the adolescent client and an appointment is made.
    A. activists
    B. health care workers/providers
    C. parents of adolescent clients
20. Passive referrals are generally_____ than active referrals.
    A. more work for the counselor
    B. less supportive
    C. more polite

Handout 3. VMMC Pre- and Post-Training – Technical Evaluation Answer Key

The correct answer to each question is in bold. Check each question and mark if the participant's response is correct or incorrect. Time permitting, review the correct responses following the administration of the pre- and post-training evaluations. It is important that each participant knows the correct responses before leaving the course.

1. According to _____, the human brain does not stop developing after early childhood; but goes through important growth during adolescence.
   A. some teachers
   B. the United Nations
   C. **recent neuroscience research**
2. Contrary to what was previously thought, adolescence is a/an _____ time to intervene in support of positive health, growth, and development.
   A. poor
   B. inopportune
   C. **excellent**
3. A strengths-based approach encourages counselors to express _____to adolescents.
   A. negative feedback
   B. stern warnings
   C. **positive expectations**
4. "Adolescent-friendly" and "youth-friendly" are _____the same thing.
   A. usually
   B. **not necessarily**
   C. exactly
5. Acceptable services for male adolescents are _____.
   A. **respectful, confidential, and visually and aurally private**
   B. the same as services for adolescent females
   C. the same as services for all young adults
6. Comprehensive sexuality education has been shown to _____ among adolescent boys.
   A. promote early sex
   B. **contribute to increased use of condoms**
   C. promote increased numbers of sexual partners
7. The placement of furniture in a counseling space can _____.
   A. give adolescent clients a place to get some extra sleep
   B. be a good way to store extra furniture at a clinic
   C. **signal authority or power to an adolescent client**

8. Some initial steps in the HEADSS and SSHADESS screening tools include _____.

   A. sports, hiking, and economics

   B. **education, strengths, and activities**

   C. alcohol, science, and equal rights

9. The HEADSS and SSHADESS screening tools can _____ between an adolescent client and counselor.

   A. interfere with effective counseling

   B. **build trust and more effective counseling**

   C. lead to less relevant counseling sessions

10. The _____ of a counselor can help make an adolescent client feel comfortable, respected, and more willing to speak freely.

    A. body size

    B. body weight

    C. **body language**

11. _____ what an adolescent is saying is a key to effective counseling.

    A. challenging

    B. **paying attention to**

    C. ignoring

12. Reflecting back or paraphrasing during counseling signals to a male adolescent client that a counselor _____.

    A. likes to hear himself/herself talk

    B. **is listening**

    C. is making fun of him

13. Asking open-ended questions _____ effective counseling.

    A. is a barrier to

    B. **stimulates**

    C. should not be a part of

14. A counselor's values can make it difficult for him/her to remain _____ when counseling.

    A. awake

    B. seated

    C. **neutral and objective**

15. Adolescents usually appreciate discussions about _____ topics.

    A. abstract

    B. **concrete**

    C. hypothetical

16. Adolescent males ages 15–17 are often concerned about _____and whether they can attract a partner.

    A. their study skills

    B. **the opinions of their peers**

    C. their parents

17. Older adolescents ages 18–19 are often concerned about their _____ in society.

    A. parents' reputation

    B. appearance

    C. **role or place**

18. Motivational interviewing brings out the client's _____ reasons for making certain decisions.

    A. family's

    B. partner's

    C. **own**

19. Active referrals are when _____ contact other health care or social workers in the presence of the adolescent client; and an appointment is made.

    A. activists

    B. **health care workers/providers**

    C. parents of adolescent clients

20. Passive referrals are generally_____ than active referrals.

    A. more work for the counselor

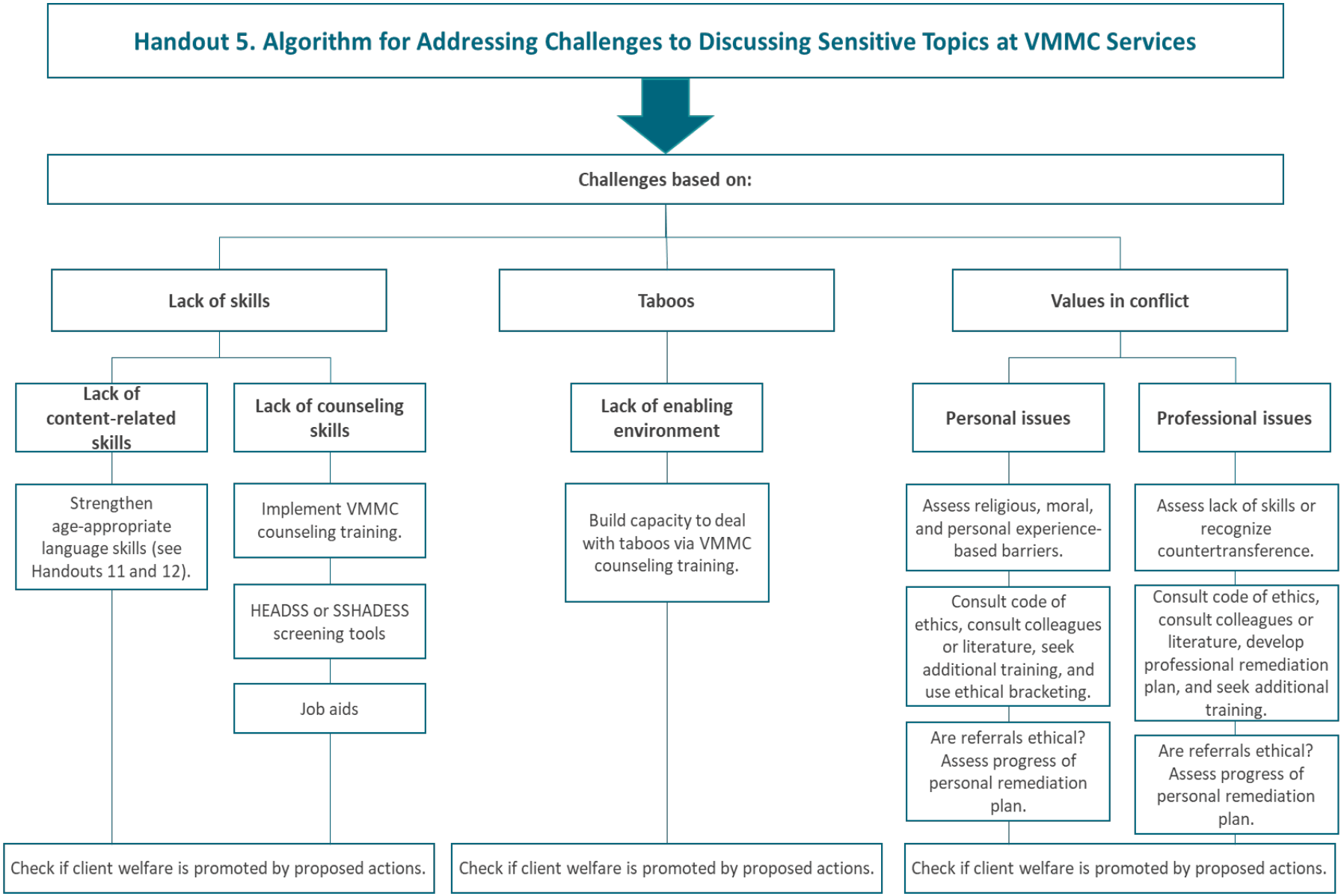
    B. **less supportive**

    C. more polite

Handout 4. Values

• Time • Money • Nice things • Books • Romance • Life	• Family • Friends • Fresh air • Food • Music • Dressing well
• Traditional rituals • Partying • Religious life • Health • Education • My phone/the Internet	• Love • Trust • Honesty • Self-respect • Justice • Global warming
• Alcohol • Cigarettes • Sports • Taking care of self • Good looks • Sex	• Respect for adults/elders • Respect for children • Respect for adolescents • Respect for women • Respect for authority • Respect for knowledge

Handout 5. Algorithm for Addressing Challenges to Discussing Sensitive Topics at VMMC Services



Handout 6. Definitions, Concepts, and Action Plan-Related Topics for Dealing with Values-Based Counseling Conflicts

1. **Countertransference**: Takes place when a counselor transfers emotions to a person in counseling. When a counselor's emotions are influenced by the person being counseled, s/he may respond with countertransference. Countertransference requires counselors to develop healthy boundaries and be mindful that countertransference may occur unconsciously. Counselors may decide to consciously share their feelings with clients to be empathetic or to better understand differences between their own experience and those of their clients. But this can be harmful if the counselor misplaces or mistakenly transfers feelings or does so to meet his/her own personal psychological needs.

   Examples of countertransference include:

   - When a client reminds or triggers in the counselor feelings about his/her own children and then the counselor reacts to or treats the client like his/her own child
   - When a client expresses views at odds with the counselor's values, such as expressions of racism, stigmatization toward certain groups, or religious, ethical or moral views, leaving the counselor unsure of how to proceed or, even worse, causing the counselor to react negatively or treat the client inappropriately

   The point is that counselors must not let their own feelings—whether consciously held or unconsciously provoked—interfere with the counseling process and the goal of ensuring the well-being of clients. (See citation #5 under Additional Sources for Further Reference in Annex 2.)

2. **Transference:** Occurs when a client redirects feelings for others onto a counselor. For example, an adolescent client who has a negative relationship with a parent might direct anger toward a counselor who reminds him of his parent or because the counselor represents to him someone of authority, such as his parent. (See citation #5 under Additional Sources for Further Reference in Annex 2.)
3. **Code of ethics:** Ethical codes set out professional standards for counselors and other therapeutic professionals to guide appropriate behavior, define professional expectations, and prevent harm to clients. Counselors are obliged to be familiar with their country's professional code of ethics and its application to their professional services. (See citation #5 under Additional Sources for Further Reference in Annex 2.)
4. **Ethical bracketing:** The "intentional separating of a counselor's personal values from his or her professional values or the intentional setting aside of the counselor's personal values in order to provide ethical and appropriate counseling to all clients, especially those whose worldviews, values, belief systems and decisions differ significantly from those of the counselor…to avoid imposing those values onto clients and [contribute] to empowering clients to achieve their therapeutic goals." (See citation #3 under Additional Sources for Further Reference in Annex 2.)
5. **Ethical bracketing theory:** That certain steps, including immersion, education, consultation, supervision, and personal counseling, can support counselors in overcoming values-based conflicts that can negatively influence counseling's contribution to the health and well-being of clients. (See citation #3 under Additional Sources for Further Reference in Annex 2.)

6. **Action plan to address values-based counseling conflicts:** A plan of action drawn up to address an issue.
    - **For personal issues**: An action plan to address values-based counseling conflicts that are rooted in personal issues of the counselor might include the following steps:
        - Consulting local code(s) of counseling ethics
        - Consulting professional literature
        - Committing to attend educational workshops or training
        - Consulting with colleagues or supervisors
        - Seeking additional, on-the-job supervision
        - Consulting other ethical decision-making models
        - Engaging in ethical bracketing
        - Seeking personal counseling with another counselor to work through the issue(s)
        - Identifying course of action (continued counseling, referral to another counselor, etc.)
        - Identifying the right time to return to counseling with the client
    - **For professional issues**: An action plan to address professional issues of the counselor might include:
        - Identifying further educational options or training to address the professional issue
        - Consulting professional code(s) of ethics
        - Seeking additional supervision
        - Reviewing the rationale or basis for potential referral
        - Reviewing the likelihood that the action plan would be successful in eliminating future such referrals (see citation #3 under Additional Sources for Further Reference in Annex 2)

Handout 7. Values-Based Conflict Scenarios for Small-Group Work

1. A devout Christian counselor is counseling a 15-year-old adolescent boy at a VMMC clinic who reveals to the counselor that he is **sexually active**; he has been having sex with an older girl for the past few months. The counselor is surprised by this new information—he knows the family of the boy and, as a devout Christian, firmly believes that sex should not occur outside of marriage. He is so concerned that he is not sure he can carry on counseling the boy. Is this conflict personally or professionally rooted? What would you recommend that the counselor do to address this conflict? What steps would you include in a remediation plan for the counselor?
2. A female counselor and mother of four teenage boys is counseling a 16-year-old adolescent boy who says he sometimes **visits sex workers**. The boy says that he sometimes insists that the girls/women he visits have sex without a condom, and he treats some of them violently. The counselor is shocked to learn this information, is not sure she can handle the emotions she feels when counseling the boy, and does not know what to do. Is this a matter of personal or professional values-based conflict? What would you recommend that the female counselor do? What steps would you include in a remediation plan for her to address the situation?
3. A young male counselor at VMMC services is counseling a 16-year-old adolescent client who admits that he regularly **drinks/uses various drugs** to cope with feelings of social unease and make it easier to meet/talk with girls. The counselor does not know much about drugs that might be common in the community and is surprised to learn that such a young adolescent is exposed to alcohol. Furthermore, he is unaware of any services that might be helpful to the boy. Is this conflict personally or professionally rooted? What would you recommend that the counselor do to address these issues?
4. A female counselor who identifies as a feminist is counseling a young male client who has confessed to her that he **sometimes beats his girlfriend** when she does not agree to have sex with him or when she spends time with other boys. The client admits that he comes from a violent home where his father beats him and his siblings, especially when his father gets drunk, which happens several times per week. The counselor is disturbed by the boy's behavior and situation, and she is not sure she can continue counseling him. Is this an example of a personal- or professional-based values conflict? What would you suggest that the counselor do to address the situation? What steps would you include in a remediation plan for the counselor?
5. A devout Muslim male VMMC counselor suspects that one of his adolescent clients may be **homosexual**. The boy has admitted that he has no interest in girls but says he would like to be circumcised nevertheless. The counselor is offended on religious grounds by the idea that the boy may be gay and is not sure he can continue counseling him. Is this a personal or professional values-based conflict? What would you recommend the counselor do? What steps would you include in remediation plan for the counselor?
6. A female counselor is counseling a 15-year-old boy who says that he **masturbates regularly**. The female counselor thinks that masturbation is a sin and does not know what to say to the boy about masturbation. This is especially important because she needs to counsel the boy NOT to masturbate during the postoperative period, when he is still healing. Is this a personal or professional values-based conflict? What would you recommend the counselor do? What steps would you include in a remediation plan for the counselor to address the issue?

Handout 8. Body Language Do's and Don'ts

DO	DON'T
Posture: Sit up straight and lean a bit toward the client. Look open and interested. Have a relaxed body—keep your body oriented toward the adolescent. Stay still.	**Posture:** Fold/cross your arms and/or legs (defensive posture that signals you are not interested or listening to what you are hearing). Sit slouched over. Shrug your shoulders.
Listen/Pay Attention: Listen with full attention, without reacting/appearing to evaluate what is being said. Nod your head occasionally. Put aside any distracting thoughts.	**Listen/Pay Attention:** Daydream. Look away from the speaker.
Reply: Reply with brief phrases to indicate you are listening ("yes," "uh-huh," "I see," etc.), but do not give away your opinion. Listen. Stay focused on what the client is saying.	**Reply:** Express shock or dismay. Become distracted by strategizing about what you will say later.
Be Sensitive to Personal Space: This will vary country-to-country. Discuss cultural norms about personal space.	**Be Sensitive to Body Space:** This is cultural. Need to discuss with participants what NOT to do.
Observe: Watch the adolescent's own body language. Does he look nervous? Afraid? Defensive? Disinterested? Watch his facial expressions and tone of voice—these can add meaning to what he is saying.	**Observe:** Maintain an "internal dialogue" (e.g., thinking about other work you have to do and need to address after the session) Don't mentally prepare a rebuttal. If you are planning what to say, you may miss the meaning of something the adolescent is actually saying.
Eye Contact: Maintain appropriate eye contact. This varies from culture to culture and can send the right or wrong message.	**Eye Contact:** Roll your eyes. Grimace. Crease or furrow your eyebrows. (This can also be cultural, so discuss with participants.)
Hands and Fingers: Use hands appropriately. Keep hands/fingers still and away from your face. Sit with hands out, with palms up to signal you welcome their input.	**Hands and Fingers:** Point, tap, or wave fingers, which may be perceived as aggressive. Stroke the chin or other part of the face. Sit with hands folded, fingers laced together, especially with fingers pointed upward (or any direction) as if praying (conveys evaluation of what is being said; dominance).

Handout 9. Opening the Conversation with HEADSS and SSHADESS Screening Tools

HEADSS[2] was designed as a developmentally appropriate psychosocial screening tool by Dr. Eric Cohen. The tool has been validated around the world and is especially useful in supporting health care providers who want to learn more about adolescent clients engaged or influenced by risk situations, including unwanted pregnancy, sexually transmitted infections (STIs,) drug or alcohol use, eating disorders, and mood disorders.

☐ H – Home and Environment:

- Who lives at home with you? Where do you live?
- How many brothers/sisters do you have. How old are they? Are they healthy?
- Are any new people living in your home?
- What are rules like in your home?
- How do you get along with your parents/siblings? Any arguments?
- Is there anything you would like to change about your family?

☐ E – Education and Employment:

- Which school do you attend? Grade? Any recent changes in schools?
- What do you like best about your school? Favorite/least favorite subjects?
- How are your grades? How many hours per day of homework do you do?
- Any school missed this year? Recently? Why? Have you ever been suspended?
- How do you get along with teachers?
- What do you want to do after you finish school? Any goals/plans/dreams?
- How do you get along with your employers?
- How do you get along with your peers?

☐ A – Activities:

- Are most of your friends from school? Somewhere else? Are they the same age as you?
- Whom do you spend time with? Do you have a best friend/friends? Many friends?
- Do you spend much time with your family? What do you do with your family?
- Do you play any sports or exercise regularly? Hobbies? Other interests?
- Do you attend church or mosque? Which one?
- Do you watch much TV? Spend much time on the Internet? On your phone?
- Do you read much? What kinds of books/other materials do you read most?

☐ D – Drugs:

- When you go out with your friends to parties or social gatherings, do some people smoke? Drink? Use drugs? Is this a problem for you? Do you use any of these?

☐ S – Sexuality:

- Have you ever been in a relationship? When? How was that? How long did it last?
- Tell me about your girlfriend or romantic partner.
- Have you had sex? Was it a good experience? Are you comfortable with sexual activity? How many partners have you had?
- What does the term “have sex” mean to people your age?
- Do you use contraception? Which type? How often (10%/50%/90% of the time)?
- Have you ever had a discharge or sore on/around your penis that you were concerned about? Have you been checked for STIs?
- Have you ever had concerns about HIV/AIDS? Why? Have you ever been tested for HIV?

☐ S – Suicide/Anxiety/Depression:

- Any severe family problems?
- Any changes in school performance or friendship patterns?
- Any preoccupation with death? Acting-out behaviors (drugs or alcohol abuse)?

[2] BC Children’s Hospital. H.E.A.D.S.S. - A Pyschosocial Interview For Adolescents. BC Children’s Hospital website. http://www.bcchildrens.ca/youth-health-clinic-site/documents/headss20assessment20guide1.pdf.

SSHADESS[3] was designed by Kenneth Ginsburg and colleagues for screening adolescents using a strengths-based approach to risks and vulnerabilities. This tool may be used when a parent/guardian is present, but then, only general topics should be asked; more direct questions about risk behaviors should not be discussed with parents present. This can be used to help teach a parent how to begin a conversation about sensitive topics. If responses to the points below are concerning, deeper exploration should follow (not covered here).

☐ **S – Strengths:**
- What do you like doing?
- How would you describe yourself?
- What is something you are most proud of?
- How would your best friends describe you?

☐ **S – School:**
- What do you enjoy most/least about school? How is your attendance? How many days have you missed, had to be excused, or arrived late to school? Why?
- How are your grades? Have they changed since last year? Do you believe you are doing your best at school lately? Why or why not? What is helping you most or getting in the way?
- Do you feel safe on the way to/from school?
- Do you participate in any sports activities linked to school? Which ones?
- What would you like to do when you get older?

☐ **H – Home:**
- Whom do you live with? Have there been any recent changes in your family? Whom would you talk to in your family if you were stressed?

☐ **A – Activities:**
- Are your friends treating you well? Do you have a best friend or an adult you trust outside of your family?
- Are you still involved in the activities you were doing last year?
- What sort of things do you do just for fun?
- Are you spending as much time with your friends as you used to?

☐ **D – Drugs/Substance Abuse:**
- Do any of your friends talk about smoking tobacco, using drugs, or drinking alcohol?
- Do you smoke cigarettes? Drink alcohol? Chew khat? Use any other pills or drugs? If so, how do they make you feel? What do they do for you? Are they getting in the way of anything else you would like to do?

☐ **E – Emotions/Eating/Depression:**
- Have you been feeling stressed lately?
- Have people been getting on your nerves more than usual lately?
- Do you feel bored lately? More than usual?
- Do you feel nervous a lot?
- Have you had any trouble sleeping lately? What kind of trouble?
- Would you describe yourself as a healthy eater?
- Have you been trying to gain/lose weight lately? Why?
- Have you been feeling down or depressed lately? Have you thought of hurting yourself or someone else recently? Have you ever tried to hurt yourself?

☐ **S – Sexuality:**
- Do any of your friends have girlfriends or romantic partners? Do you have a girlfriend or romantic partner? Tell me about her. Have you done anything sexual with her? Kissing? Touching? Oral sex? Intercourse? Was it enjoyable for you?
- What kinds of steps do you take to protect yourself/your girlfriend? Have you ever gotten your girlfriend pregnant?
- Have you ever been worried that you might have an STI? If so, did you go to a health care provider to have it checked out?

☐ **S – Safety:**
- Do you feel safe at school? Are there a lot of fights there? Is there bullying? Have you been bullied?
- What kinds of things make you mad enough to fight?
- Has anyone ever touched you physically or sexually when you didn't want them to?
- Does your girlfriend ever get jealous? (Jealousy is a sign of a potentially abusive relationship.) Have you ever gotten into fights with your girlfriend?

[3] *Reaching Teens, Strength-Based Communication Strategies to Build Resilience and Support Adolescent Development*, Editors: Ginsburg, Kenneth, MD, MS Ed, FAAP, FSAHM; Kinsman, Sara B., MD, PhD, American Academy of Pediatrics 2014

Handout 10. Counseling Techniques

Topic	What to Do/Not to Do	What to Say
Session 13: Introduction to Effective Counseling Techniques		
1. Starting from strengths	• Treat adolescent as worthy of praise, affirmation, and encouragement. • Listen to and observe what you can praise or tell him you admire about him. • Be genuine, caring, and respectful. • Help him recognize his strengths. • Build on observations from discussion about VMMC. • Open up the session with general "getting to know you" questions, such as: - How is your day going so far? - Tell me about school. How is that going these days? - If you would like to, tell me about your family. How is your family doing? - What do you like to do in your spare time?	• You have done a great thing for your health and your future by coming here for VMMC today! • It's great that you care enough about your health to come back for your day two (or seven) follow-up visit! • Cite something positive related to personal attributes (smile, nicely dressed; this could be cultural). • You are smart for being so dedicated to your studies and future success. • You are a fine son for helping out with the family chores and taking care of your siblings. • You are wise to get plenty of exercise and take care of yourself by getting good rest so you can do well at school!
2. Reflecting/paraphrasing	• Repeat an idea or concern you heard the adolescent client say. This: - Signals that a counselor is paying attention and listening. - Is a good way to check if a counselor understood correctly what the client said. - Serves as an "invitation," encouraging the client to say more.	• It sounds like you are saying that it is difficult for you to use condoms. Is that correct? • If I heard you correctly, you are telling me that it was your father's idea for you to be circumcised? • It sounds like you are feeling uncomfortable about getting circumcised (reflecting back what you believe the adolescent is feeling or thinking).
3. Summarizing	• Summarize or recap multiple questions or concerns expressed by the adolescent client.	• Let me see if I understood you: You seem to be saying that you decided to get circumcised because most of your friends have done it, and they are satisfied with the results. Is this correct? (Summarize the main points as you think you heard them.) • If I heard you correctly, it sounds like you are saying that you came for VMMC because your parents convinced you, but you are not sure what the benefits would be, and you are feeling a bit nervous about the possible pain of the procedure. Is that correct?

Topic	What to Do/Not to Do	What to Say
Additional Counseling Techniques		
4. Prioritizing topics for discussion	• Start with less sensitive topics. • Save the sensitive topics for later. • Ask about sensitive topics indirectly.	Suggested prioritization: 1. Benefits of VMMC 2. HIV/sexually transmitted infection transmission and prevention 3. Pain from the VMMC procedure 4. Wound care 5. Condom use
5. Asking open-ended questions	• Avoid asking closed questions, which can be answered with yes or no. Closed questions tend to stifle conversations.	• What are boys your age saying about VMMC? • What do you mean when you say that girls like boys who have undergone VMMC? • What have you heard about any discomfort experienced by others during the procedure? • How do you feel about cleaning the wound by yourself during recovery? • How do you feel about using condoms every time you have sex?
6. Responding appropriately	• Remain neutral/use neutral language. Don't express shock or dismay to responses. Just listen (you may decide to offer guidance later). • Withhold judgment. Hold back on expressing your own opinions too quickly. Doing so can cause the adolescent to become defensive. • Vary the tone of your voice. • Don't interrupt. • Stay on point and avoid abruptly changing the subject. • Ask for more information. • Ask if your client wants your advice.	• What do you think? • What is your opinion? • I have my own ideas, but I am interested in knowing what you think. • What seems right to you?

Topic	What to Do/Not to Do	What to Say
7. Showing empathy	• Treat the adolescent client as you would want to be treated. • Show him you care about what he is feeling, but do so respectfully. • Be candid, open, and honest in your response. • Follow up and show concern. • Respond appropriately. Assert your own opinions respectfully. • Don't push the adolescent client beyond his comfort zone.	• "You seem to be feeling anxious about this. Am I understanding you correctly?" • "I may not understand what you are saying, but I am feeling emotional (sad, concerned, etc.) about what you are talking about."

Handout 11. Comparing Age-Appropriate Language

For all clients: Praise strengths. Encourage active involvement in decision-making. Support family/school connectedness. Consider parental expectations. Raise sensitive topics to get adolescents to open up about them. **Keep the conversation personal** (not about general facts). **Ask adolescents specifically what is happening in their lives. State clearly that session is confidential and explain what that means.**

	15- to 17-year-olds	18- to 19-year-olds
	Acknowledge and praise rapid growth, change, and increasing independence. Affirm positive attributes. Encourage independent thinking, positive experimentation, and abstract thought. Expect challenging discussions, but don't invite them. Stay positive!	Speak to the adult in them. Help them "do the right thing" and plan for a positive future. Affirm their sense of responsibility for others and partners/family/society. Focus more on lifelong issues.
The opener	Welcome! Glad you (and your parents) are here! It would be helpful to know who recommended VMMC to you. Friends? Others?	Welcome! Glad you are here! Who or what encouraged you to come for VMMC? Parents? A partner?
Benefits of VMMC	VMMC reduces the risk of HIV/sexually transmitted infections (STIs) if you are sexually active. It is easier to keep the penis clean, and many find it attractive.	VMMC reduces the risk of acquiring and/or transmitting HIV/STIs to your sexual partner. It is easier to maintain good hygiene, and many partners find it attractive.
Pain	We make every effort to keep the pain minor and brief. Most young men say the shot of anesthetic was minor and worth the brief discomfort.	We make every effort to keep any pain or discomfort minor and brief. We do administer anesthetic, which most young men say is the only minor and brief pain involved. We believe you will agree that the benefits far outweigh the brief discomfort.
Are you sexually active?	Do you have a girlfriend? Are you married or romantically involved? Have you had sex yet? At what age did you start? If you are sexually active, we need to talk about using protection to prevent HIV and STI transmission or prevent unwanted pregnancies. Do you understand STIs?	Are you sexually active? Do you have a special partner? How long have you been having sex? Do you have more than one partner? I encourage you to reduce your number of partners and to use condoms and contraception to prevent unwanted pregnancies and to protect you and your partner(s) from getting an STI or HIV.
Condoms	If you are sexually active, condoms are the most effective way to prevent transmission of HIV/STIs and/or prevent unwanted pregnancies. I will provide a condom demonstration to be sure you know how to use one. We can provide them to you before you leave. It is important that you understand that VMMC does not protect you 100% (only 60%) from acquiring HIV, so you will need to use condoms even after circumcision.	If you are sexually active, condoms are the most effective way to prevent transmission of HIV/STIs and/or prevent unwanted pregnancies. I will provide a condom demonstration to be sure you know how to use one. We can provide them to you before you leave. It is important that you understand that VMMC does not protect you 100% (only 60%) from acquiring HIV, so you will need to use condoms even after circumcision. It is also important that you not engage in sex during the healing period. For some, this is impossible, so they must use condoms or risk HIV transmission from their partner(s) to themselves.

	15- to 17-year-olds	18- to 19-year-olds
HIV/STIs	Do you know the difference between HIV and AIDS—that HIV causes AIDS? Do you know how to prevent HIV/STIs/pregnancy? You need to use condoms consistently and correctly. I will provide a condom demonstration. Do you know about other forms of contraception? If you become HIV-positive, there is effective treatment and support that can help give you a long and healthy life.	Do you know the difference between HIV and AIDS—that HIV causes AIDS? Do you know how to prevent HIV/STIs/pregnancy? You need to use condoms consistently and correctly. I will provide a condom demonstration. Do you have a steady partner? Have you talked about condoms and birth control with her? Have you talked about what will happen if she gets pregnant?
Follow-up care	It is very important for your healing that you return after two and seven days so I can check your healing and remove your bandage. If they can, your parents may want to come with you so they can support your healing. Do not get your penis/bandages wet for the next two days. Do you feel confident that you can follow these instructions?	It is critically important for your healing that you return after two and seven days so I can check your healing and remove your bandage. Is there anything that would prevent you from doing so? Do not get your penis/bandages wet for the next two days. If you have a steady partner/wife, she should read the brochure I will give you and support you to follow instructions closely and heal well. You should discuss wound care and the healing process with her.
Wound care (including abstinence)	After your bandage is removed, it is important to keep the wound clean and dry. It would be good to have your parents support you to remind you what to do. Do NOT apply dung, ash, etc., to the wound; make sure your parents know this. Your wound will take six weeks to heal. Do not masturbate or have sex for a full six weeks. Do you think you can comply with this important instruction? If not, we need to talk further.	After your bandage is removed, you must keep the wound clean and dry. If you have a partner, it would be good for her to support you to remind you what to do. Do NOT apply dung, ash, etc., to the wound; make sure your partner(s) know this. Your wound will take six weeks to heal. Do not masturbate or have sex for a full six weeks. Do you think you can comply with this important instruction? If not, we need to talk further.

Handout 12. Background: Comparing Age-Appropriate Language

Key Topics	15–17 years old	18–19 years old
Characteristics and concerns	**Thinking:** increased self-involvement and autonomy; increased abstract thought, insight, and experimentation; capacity for "if…, then…" thinking development; starting to think of longer-term goals; interested in meaning of life/moral reasoning; improved thinking about multiple dimensions and relativity vs. absolute, but revert to concrete thinking under stress; thinking more about possibilities and ambivalence about emerging independence **Physical health:** peaks/troughs of excessive physical activity/lethargy; appetite/lack of appetite; need much sleep **Behavior:** experimentation with behaviors without commitment; peer behaviors are best predictors of risky behaviors **Social relations:** peers still important; exploring ability to date and attract a partner; relationships change frequently; beginning to develop feelings of love/passion; opening to perspectives of others, social approval, and social order; re-examining social conventions; clashes with parents; peak of peer group influence and conformity **Self-image/identity:** appearance and body; may still feel strange about self and body **Questions:** "How do I look?" "Am I sexually attractive?"	**Thinking:** more cognitive developments; ability to think abstractly; discerns underlying principles and applies to new situations; increased capacity to think rationally and independently, delay gratification, and think/plan for the future; realistic understanding of long-term consequences; independently seeks advice **Physical health:** fewer physical developments; maturation mostly complete **Behavior:** most are sexually experienced; focused on self-reliance, school completion, and work; moving toward social, moral, and financial independence **Social relations:** increased concern for others; can see multiple views; ability to compromise; less concerned about peers; relationships based on ideas and shared values; relate to individual peers instead of peer groups; supportive of peers; balanced influence of family/peers; more concerned with doing the "right thing" **Self-image/identity:** gaining firm sense of identity, increased emotional stability, greater acceptance of physical appearance; feeling "in between" (adolescence and adulthood) **Questions:** "What kind of person am I?" "What kind of person could be my partner?" "Who am I in relation to society?" "What is my role in life?"

Handout 13. Principles of Motivational Interviewing

Principle	What this means	Examples
1. Establish rapport.	Find out how they are.	"How's it going? What's going well? Tell me about life…"
2. Listen for understanding.	Don't offer information right away.	Just listen. Don't get distracted by thinking of what to say.
3. Elicit client's story.	Find out about his values, beliefs, and future goals.	"How do you feel about ___? How does this match your future goals?"
4. Express empathy.	Acknowledge the difficulties of changing one's behavior.	"I can see why you might think that VMMC could be painful/using condoms consistently would be difficult/caring for your wound might be challenging."
5. Develop discrepancy.	Reflect on the client's own ambivalence about change.	"So, on one hand, you feel this way, but on the other, you feel that way…"
6. Resist the "righting reflex" (urge to fix).	Don't argue. This will lead to resistance.	Listen to his argument for change, not your own.
7. Reflect client's resistance.	Name what you see/hear.	"It looks like you don't want to be here today." "It sounds like it will be impossible for you to take care of your wound by yourself."
8. Allow silence.	Elaborate on client's resistance.	"What would help? What makes it so hard to do X or Y?"
9. Support self-efficacy.[4]	Point out successes and strengths.	"You managed to use condoms every time you had sex. That's great!"
10. Explore self-efficacy.	Help client identify how he managed to do something.	"How did you manage to find condoms every time you had sex?"
11. Explore triggers for return to old behavior.	Ask about what happened, without judging or becoming alarmed.	"What motivated or pushed you to do X and Y? If you got to that point again, what might you do differently to resist doing that again?"
12. Support him to develop his own plan.	Base the plan on his own solutions.	"When would you like to come back again?"

[4] "Self-efficacy is a person's belief that he or she can succeed at something.

Handout 14. Scenarios for Motivational Interviewing for Adolescents at VMMC Services

1. You are beginning an individual counseling session with a 17-year-old male who you noticed continually chatting and joking with some of his friends during the group session. Whenever you asked him if he had any questions or concerns, he quickly stopped and looked away from you. Now, you are thinking that he may have something on his mind, but when you ask him **if he is sexually active**, he refuses to talk. How might you use motivational interviewing to get him to open up about what is really going on?
2. You are conducting an individual counseling session with a 15-year-old male. He is **hesitant about the VMMC procedure**—he says his peers persuaded him to come with them to check it out. He has a "girlfriend" but is embarrassed to talk about her and says he has not started having sex yet. How might you use principles of motivational interviewing to persuade him to have the procedure done?
3. A 16-year-old male comes to you for VMMC. During the one-on-one counseling session, you discover that he has a steady girlfriend and has been sexually active for about a year. When you ask him if he uses **condoms** with her, he answers, "Sometimes. Whenever I can afford them." How might you explore this issue further using motivational interviewing (MI) principles especially using open-ended questions
4. An 18-year-old male just underwent VMMC, and you are speaking with him during his postoperative counseling session. He was recently married and has told you that his wife is eager to see the results of the procedure. When you explain that he must abstain from sex for six weeks while his wounds heal, he tells you that being a newlywed and very much in love, they are both very anxious to resume sexual relations. You **sense resistance to waiting the full six-week period.** How would you use motivational interviewing to persuade him to wait the full six weeks?
5. A 16-year-old male who is not sexually active comes for VMMC with his mother. He seems very shy and is reluctant to talk; his mother does much of the talking on his behalf. After some encouragement to speak his mind, the client admits that he is **very nervous about the procedure**. He has heard from at least one friend that parts of the procedure **can be rather painful**. How would you use principles of motivational interviewing to deal with the mother and help him decide on his own whether to go ahead with VMMC?
6. A 15-year-old male underwent VMMC and returns for his second follow-up visit. During your brief counseling session, he tells you that his friend/neighbor (about his age) suggested that he visit the traditional community healer to get some special herbs that are believed to help the VMMC wounds heal faster. He says his friend claimed that this is the same healer who helps boys after traditional circumcision. How would you discuss this issue with the client using principles of motivational interviewing? Remember, even though you might think he should be simply and bluntly told, "Just don't do it," motivational interviewing suggests it is more effective to allow the client to arrive at his own solutions. How would you ensure this result in your brief counseling session?

Handout 15. Referral Scenarios[5]

Referrals that could be provided during or after VMMC:

1. **Condoms:** An adolescent comes to you for advice on where he can get condoms—preferably free—because he doesn't want to get his girlfriend pregnant or pass along a sexually transmitted infection (STI).
2. **STI:** An adolescent asks to speak with you because he thinks he may have an STI. Should he go to the local traditional healer or is there some other option you would recommend?
3. **HIV testing and counseling:** A young man strikes up a conversation with you about HIV. He says that the other night, he got drunk and slept with a woman he met at a bar. He thinks she is a sex worker, and he is worried he may have put himself at risk of HIV and/or other STIs. He wants to know where he can go to get an HIV test.
4. **Friend tested positive for HIV:** An adolescent boy comes to you because his "friend" recently tested HIV-positive but doesn't know where to go for care and support. Is there any kind of treatment available? If so, where?
5. **VMMC:** A 15-year-old male is eager to talk to you about VMMC, which he says most of his male friends are doing. He was thinking of going for VMMC but is worried that the procedure will be painful, the healing time will be long, and although he is sexually inexperienced, he has heard and is concerned that undergoing VMMC could make sex painful.

Referrals to services outside of VMMC:

1. **Birth control:** A young many approaches you for help because he wants his girlfriend to use some form of birth control to avoid pregnancy.
2. **Mental health (depression):** A shy and quiet young man you have met before comes to you for help about feeling low and sad lately. Is there anyone you know who he could talk to? Is there a place he can go for help?
3. **Friend seems to have a drinking problem:** A boy has approached you about his friend, who he says has been drinking a lot lately. He thinks his friend probably drinks alcohol every day. It has gotten him into trouble lately, including fights after school.
4. **Violence/school bullying:** A quiet adolescent boy comes to you for help. He says he is picked on before and after school every day by certain older boys in his neighborhood. Is there anything you can do to help him?
5. **Trouble with the law:** An adolescent comes to you because his good friend recently got arrested by the police on a Friday night. The police accused him of stealing from the local store recently. They detained him for a few hours, but in the end, they let him go for lack of evidence. Is there someone/somewhere his friend can go to for advice?
6. **Failing out of school:** A boy approaches you because he is having difficulties with his studies at school. He has trouble concentrating and says his family is having a hard time. Is there someone he can talk to about this?
7. **Violence/abuse at home:** During counseling at the VMMC clinic, a young adolescent male tells you that his parents can be pretty violent sometimes. He even admits that his father recently punched him and kicked him after he came home a bit late after school. Is there someone who can help him?

[5] Revise/adapt locally.

Handout 16. Strengthening Counseling for Adolescents Accessing VMMC Services Evaluation Form

Thank you for attending the course Strengthening Counseling for Adolescents at VMMC Services. To evaluate the effectiveness of the course, we ask for your assistance in completing this evaluation. Your feedback and comments will help shape and strengthen future courses.

Please complete both sides of this form.

1. Please indicate the strength of your agreement with each of the following statements:

Statement	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
The purpose of the course was clear.					
The issues discussed were consistent with the course objectives.					
The materials provided during the course were clear and useful.					
The format of the course was easy to follow.					
I gained sufficient knowledge and information from this course to improve my counseling and communication with adolescent clients.					
The course met my expectations.					

2. Please rate each of the following aspects of the course:

Statement	Very poor	Poor	Average	Good	Very good
Travel arrangements					
Accommodations					
Venue and catering					
Facilitation					
Meeting materials					

3. What did you like most about the course?

4. What did you like least about the course?

5. Any further comments or suggestions?

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Annex 3: VMMC Onsite Mentorship Guide

The purpose of VMMC onsite mentorship is to provide on-the-ground support and training for health and social service providers who work with adolescents, particularly providers who counsel adolescent boys. While the onsite mentorship is designed to support providers who recently completed VMMC counseling training (e.g., Basic VMMC Counseling Training or Strengthening Counseling for Adolescents at VMMC Services), site-level mentoring may also be used to train providers unable to leave their site to attend courses.

Mentors should meet the following criteria:

- Completed the basic VMMC counseling training course.
- Completed the Strengthening Counseling for Adolescents at VMMC Services course.
- Are competent counselors.
- Completed mentor training.

Onsite mentoring is typically conducted during a single day. However, if there are a number of providers to be mentored or trained, the mentor may need to schedule several visits.

The recommended counseling of adolescent clients at VMMC clinics to be observed during a mentoring site visit include:

- VMMC group sessions
- HIV testing and counseling offered at VMMC
- Return visits on days two and seven following the procedure

The mentor will need to ensure that the counselors being mentored have access to:

- VMMC cue cards
- VMMC adolescent counseling flip charts

The mentor will use the mentoring cue card during observations and as a guide when providing feedback.

Before the Onsite Mentoring Visit

Prior to the site visit, the mentor should complete each of the following. While these tasks are presented in sequence, performance of one task may happen before or after another. The key is to complete all of the tasks.

	Before Onsite Mentoring
	The mentor should complete the following before conducting onsite mentoring sessions: • Review *The Guide for Counseling Adolescents at Voluntary Medical Male Circumcision Services* • Review the *Strengthening Counseling for Adolescents at Voluntary Medical Male Circumcision Services: Training Manual* • Review and practice using the VMMC counseling cue cards • Review and practice using the VMMC adolescent counseling flip charts • Review the session presentation slides (use of a computer and projector at the site level is unlikely, so make notes of any key content to be stressed during site-level mentoring and training)
	The mentor should ensure that he or she feels competent and confident using the cue cards and adolescent counseling flip charts to counsel adolescents.
	Review the mentoring cue card.
	Contact the facility in-charge (or site supervisor): • Share information about the importance of VMMC services and the effective counseling of male adolescents. • Share information about the onsite mentoring process. • Ask for support before and after service providers are mentored or trained. • Determine the number of service providers to be mentored or trained. • Establish the date when the onsite mentorship will be conducted.
	In collaboration with the facility in-charge, make arrangements for conducting the onsite mentorship: • Room/space and tables and chairs for any practice, role-playing, etc. • Plans for morning and/or afternoon breaks (if applicable). • Identify and plan for any site-level safety practices to be followed during the mentoring or training process.
	Schedule time to review the cue cards and adolescent counseling flip charts when mentoring providers who have not been trained to use these job aids. Plan several role-plays to demonstrate correct counseling practices using the cue cards and adolescent counseling flip charts. Plan for the learners to role-play several scenarios using the cue cards and adolescent counseling flip charts.
	Arrange for copies of cue cards and adolescent counseling flip charts. When possible, provide one or more copies of *The Guide for Counseling Adolescents at Voluntary Medical Male Circumcision Services* for the site supervisor.

During the Onsite Mentoring Visit

During the mentoring process, the mentor should complete each of the following. While these tasks are presented in sequence, performance of one task may happen before or after another. The key is to complete all of the tasks.

	During Onsite Mentoring
	Arrive at the site: • Meet with the facility in-charge (site supervisor) and service providers. • Set up the practice space (if being used). • Confirm plans for breaks (if applicable). • Follow all site-level safety practices.

	During Onsite Mentoring
	Sign in providers as they arrive and ensure each one has copies of the cue cards and adolescent counseling flip charts.
	Review the cue cards and adolescent counseling flip charts with providers who have not been trained to use these job aids. Conduct several role-plays to demonstrate correct counseling practices using the cue cards and adolescent counseling flip charts. Ask the providers to role-play several scenarios using the cue cards and adolescent counseling flip charts.
	Explain the mentoring process: • Provider counsels an adolescent client. • Mentor quietly observes, taking notes on the mentoring cue card or a pad of paper. • Mentor smiles, nods, and displays positive body language. • Mentor will not speak to the client during the counseling session unless there is incorrect information being discussed that could present a health threat to the client.
	Always check with adolescent clients, parents/guardians, and/or other health care providers on the premises to make sure they consent to proceed with the observed counseling sessions.

After Counseling Observations

Immediately following the counseling observations, the mentor should meet with the service provider and complete the following steps.

	After Counseling Observations

	Observe the provider counsel one or more clients:
	• Once the client leaves, the mentor will provide feedback.
	  - Ask the service provider what he or she thought they did well.
	  - Ask the service provider what he or she would do differently next time.
	  - Discuss the steps performed well and suggestions for improvement.
	• The mentor will determine if the service provider is competent at providing services or if additional practice and another mentoring session will be required.

	Meet with the in-charge: • Discuss VMMC counseling and service provision. • Discuss challenges providers are experiencing providing VMMC services.