Main Points from VMMC Adolescent Counseling Workshop: Essential Take-Home Points

SESSION 18







- The human brain does not stop developing after early childhood; it goes through important growth during adolescence.
- A strengths-based approach encourages counselors to express positive expectations of adolescents.



- "Adolescent-friendly" and "youth-friendly" are not necessarily the same thing.
- Adolescent-friendly services (AFS) are appropriate, equitable, acceptable, effective, and accessible to adolescents.
- Male adolescent-friendly services honor preference for male vs. female providers, are respectful and nonjudgmental of clients, and include male-friendly communication materials. Adolescent males are also engaged in the design and delivery of AFS.

- Comprehensive sexuality education (CSE) has been shown to be effective in increasing practice of protected sex among adolescent boys. CSE has NOT been shown to increase practice of sex or to encourage early onset of sexual debut among adolescent boys.
- Placement of furniture and other office equipment—by signaling or not signaling authority or power—can play a part in empowering adolescent males in counseling sessions to speak as authorities on their own lives and to make their own choices.
- The body language of a counselor can help make an adolescent client feel comfortable, respected, and more willing to speak freely about what is going on in his life.





- Reflecting back and/or paraphrasing during counseling signals to an adolescent client that a counselor is listening and that s/he cares, and helps both client and counselor understand each other better.
- Asking open-ended questions, remaining neutral, and knowing when to show empathy are important techniques for effective counseling.
- A counselor's values can impact his/her ability to remain neutral and objective when counseling.
- Using age-appropriate language helps counselors address issues in ways that are tailored to an adolescent client's level of maturity and the priorities of his stage of development.



- Steps in the HEADSS and SSHADESS screening tools include strengths (SSHADESS), home (both), education/school (both), activities (both).
 By opening up a conversation about these themes, counselors can learn more about adolescents' lives, help clients feel more at ease, and build trust for a more effective counseling session. These tools can be used to explore areas of need and make referrals.
- Starting from strengths helps counselors communicate to adolescent clients that they are worthy of praise, affirmation, and encouragement.





- An adolescent's values can make him feel misunderstood when speaking with an adult.
- Adolescent males ages 15–17 are concerned about their looks and whether they can attract a female partner. Adolescents ages 18–19 are concerned about the role they play in society and what sort of partner they could be or be with.
- Motivational interviewing brings out a client's own reasons for making certain decisions. VMMC service providers can use motivational interviewing to motivate adolescent clients to access services other than VMMC that they might need.







- Active referrals are when health care workers contact other health care or social workers in the presence of the adolescent client and an appointment is made.
- Passive referrals are when health care workers give details of another service to the adolescent client so that he can make his own appointment.
- Facilitated referrals are when a client is assisted to access another service and the health care worker makes an appointment for the adolescent with the client's permission and on his behalf.

Questions

Are there any questions?