

REFERENCES

- Aiumin, P. (1999). *Knowledge, attitude and practice on Dots strategy of national tuberculosis program among health providers in Chonburi Province*. Master's thesis, Faculty of Medicine, Chulalongkorn University.
- Chemayotin, C. (2002). *The Learning Educational Achievement in Social Subject 7*. Nakornpathom: Boyornwit school.
- Deemak, B. et al. (2000). The relationship between knowledge, attitudes and practices and Dengue fever prevention and control of populations in Chonburi province. *Central Region Primary Health Care Journal*. 12(1), 34-47.
- Gareesan, N. (1995). Effects of workshop intervention of behavioral changes in using pesticide among farmers in Rong Kwang District, Phrae Province. *Journal of health sciences*. 4(2), 146-153.
- George, RL. & Therese SC. (1995). *Counselling: Theory and Practice*. (4th ed.) Boston: Allyn and Bacon.
- Gillian, WC. Pastoral counselors, educations, and clowns. *T Pastoral Care 200 Winter*, 54(4), 411 – 417.
- Jaramorn, K. (2001). *A Study of The Effects of Person-Centered Group Counseling and Modeling Technique on Burnout in Living of AIDS-Infected*. Master thesis of Science, Faculty of Science, Burapha University.
- Kalaya Thongtos. (1996). *A Comparative Syudy of Achievement and Retention in Mathematics Learning on Multi Addition and Substraction of Prothom Suksa 1 Students Using Conceptual Thinking Construction Procedure and Conventional Method*. Master thesis of Element Education, Curriculum and Instruction, Burapha University.

- Kanchanatawan, B. & Thavichachart, N. (2002). Change of knowledge, attitudes and practices of medical students after finishing the human behavior course. *Chulalongkorn Medical journal*. 46(12), 985-996.
- Kesom, P. (1995). Counseling Service among the high prevalence of HIV/AIDS Patients area. *A Journal of Suanprung Psychiatric Hospital*. 11(2), 12-18.
- Lim-aree, P. (1990). *Introduction to guidance*. (2nd ed.). Bangkok : Odien Store.
- Manokul-anan, P. (1992). *Self-care behavior of the diabetes mellituss patients: an anthropological study in one community of Lumpang Province*. Master thesis, Institute for Population and Social Research, Mahidol University.
- Martin, SD. (1995). Coping with chronic illness. *Home Health Nurse*. 13(4), 50 – 54.
- NilchaiKowit, T. (1993). Technique of HIV Counseling 6. *Journal of clinic Ramathibodi Hospital*. 9(11), 773-779.
- Nitcharat, M & Kaewsathit, B. (2006). The Effectiveness of Participatory Learning Program for Stress-Coping Stage during Labor to Decrease Birth Asphyxia Rate. *Thailand Journal of Health Promotion and Environmental Health*. 29, 97.
- Pepinsky, H.B. & Pepinsky, P. (1954). *Counseling: Theory and Practice*. New York: Ronald Press.
- Pinyaphon, J. (1997). *Expectation and Received Serviced in Counseling of HIV infected Clients in Uttaradit Hospital*. Master thesis, The Graduate School, Chiang Mai University.
- Pongsopha, P. (2000). *Theories and Techniques of Counseling*. Bangkok: Pattanaseuksa.

- Pornsrima, O. et al. *Participatory learning approaches help learners gain real life experiences and opportunities in improving and polishing their skills.*
Bangkok: Chulalongkorn University.
- Prueksunund, P. et al. (2004). The participatory learning process for the community on the development of a healthy city at Pranburi sub-district municipality, Prachuabkirikhan, Thailand. *Thailand journal of health promotion and environmental health.* 27(2), 55-66.
- Punyarat, M. (1996). knowledge, attitudes and practices of local public health and local para-medical personnel on post-mortem examination in Sakolnakorn province. *Journal of Health Sciences.* 5(2), 199-207.
- Punyatangsakul, P., Tipayamongkongul, M. & Wangmanee, S. (1998). The evaluates a training program for provincial tuberculosis coordinators to support a new tuberculosis program of Thailand. *Journal of health sciences.* 7 (4), 533-541.
- Roger, C.R. (1942). *Counseling and Psychotherapy : new concept in practice.*
Boston : Houghton Muffhin.
- Roger, Carl R. et al. (1951). *Client-Centered Therapy.* Boston : Houghton Muffhin.
- Teaching and Learning Method Development Center, National Education Committee Bureau. (1998). *Participatory Learning, Learning Revolutionizing of a Concept of 5 Theories.* Bangkok : Idea Square Partnership.
- Thailand Ministry of Public Health, Bureau of Health Service System Development. (2005). *Manual of Primary Health Care Unit Standard Evaluation and Quality Assurance 2005.* Bangkok: Thailand Ministry of Public Health.
- Thavichachart, N. et al. (1994). Results of long-term follow-ups concerning knowledge, attitude, skills and opinions from "Training Workshop on Counseling Techniques on AIDS Prevention and Control" for final year medical students. *Chilalongkorn Medical Journal.* 49 (10), 561-572.

Uthai Hirunto. (1977). *Introduction to Public Relations*. Bangkok: Odean store.

Veerasuksawat, R. (1994). Registered nurse's attitude and counseling technique to AIDS patients in Sappasitthiprasong hospital of Ubonratchathani. *Medical Journal Ubonratchathani*. 17(3), 199-208.

Wasant, P. (1993). Approaches, counseling and care of down syndrome children at Siriraj Hospital. *Thai journal of Pediatric*. 32(2), 77-82.

Narong Wongkumsin. (1998). *Effects of Micro-Counseling Training towards Communication Skills in Supporting AIDS Patients of Second Year Nursing Students of Naval Medical Department, Bangkok Metropolitan*. Master's thesis, Faculty of Education, Srinakharin Wirot University.

Psycho-Social Care and Support Training Manual for Counseling Providers. (1997). Bangkok: Thailand's Agricultural Cooperatives Printing Company Limited.

Psycho-Social Care and Support Training Manual for Nurses. (1997). Bangkok: Thailand's Agricultural Cooperatives Printing Company Limited.

What are they in the midst of changes. 30-Baht Health Care Scheme, Decentralization, Restructuring of Minister of Public Health and Health Care Reform. (2001). Bangkok: Twentieth Century Company Limited.

APPENDICES

APPENDIX I

ID No.

Client-centered counseling knowledge checklist

Part 1: General information of the participant.

1. Name – Surname
2. Work unit 3
 - Social medicine study unit
 - Nursing unit
 - Health study unit
 - Public health center unit
3. Perform work in PCU 4
4. Position Level 5-6
5. Age years 7-8
6. Number of year in service ageyears 9-10

Part 2: Evaluate knowledge of participant about client-centered counseling service.

Explanation: Please make a mark / in Yes / No columns where you think is true.

No.	Description	Yes	No	
1.	A person has a capacity to develop his/her ability if a person is not under an illness condition.			<input type="checkbox"/> 11
2.	A physical deficiency and mental deficiency has an effect on each other.			<input type="checkbox"/> 12
3.	Counseling process is to organize a self-awareness for a client.			<input type="checkbox"/> 13
4.	Under a physical and mental problem, a client will lose ability to make a decision.			<input type="checkbox"/> 14
5.	Warm and friendly manner, and help in a decision making will assure a client to cope with problem.			<input type="checkbox"/> 15
6.	To change behavior of a client, counselor must change the attitude of a client first.			<input type="checkbox"/> 16
7.	Counselor must have a positive attitude and accept behavior of a client. This is considered necessary for client-centered counseling service.			<input type="checkbox"/> 17
8.	Counselor should not explain all procedures to a client. Instead, counselor should let it be natural.			<input type="checkbox"/> 18
9.	Counselor should pay attention in listening and should not interrupt so that a client can bring out a whole story freely and continuously.			<input type="checkbox"/> 19
10.	If the atmosphere is too silent, a client may feel uncomfortable.			<input type="checkbox"/> 20
11.	Good question will help a client to express unhappy feeling relax. Therefore counselor should use a question that can direct the answer.			<input type="checkbox"/> 21

No.	Description	Yes	No	
12.	Listening and observing will help understand the problem, emotion and feeling of a client.			<input type="checkbox"/> 22
13.	Testing a client about his/her skill, interest and personality will help client understand him/herself correctly.			<input type="checkbox"/> 23
14.	A client should participate in an interpretation of a test.			<input type="checkbox"/> 24
15.	A reflection of feeling will help a client explore him/herself and be aware how he/she feels.			<input type="checkbox"/> 25
16.	To identify and reflect a feeling is one way of encouragement.			<input type="checkbox"/> 26
17.	Bringing out a strength and a positive point of a client make the client to have hope.			<input type="checkbox"/> 27
18.	After interview, there should be a recheck on a client.			<input type="checkbox"/> 28
19.	There is no need to be trained on providing encouragement			<input type="checkbox"/> 29
20.	Counselor should avoid asking for information that can make a client feel uncomfortable to answer.			<input type="checkbox"/> 30

APPENDIX II

ID No. **Client-centered Counseling Provider Attitude checklist (close-ended)**

Instruction: Please tick \checkmark at a column which best describes your views (please tick only one column).

No.	Opinion	Opinion Levels				
		Extremely agree	Agree	Not sure	Disagree	Extremely disagree
1.	Clients may not be able to choose an appropriate health care program, so you should make a decision and select the best one for them.					
2.	Client's stress and tension can affect their decision making.					
3.	Stress and tension relief can help clients better take care of themselves.					
4.	Giving information about how clients can self-manage stress and tension can help them reduce stress and tension.					
5.	Counseling refers to an effort to find the best solution for clients to follow.					
6.	Counseling provider does not have to be a nurse.					
7.	It is not difficult to gain trust from clients.					

No.	Opinion	Opinion Levels				
		Extremely agree	Agree	Not sure	Disagree	Extremely disagree
8.	You feel that you can make clients tell you about their personal matters even though you have never known them before.					
9.	You agree and support the availability of counseling services at PCU.					
10.	You believe that you can organize counseling services at your PCU.					
11.	You believe that you can organize counseling services at your PCU.					
12.	Listening to other people's problems can make you feel stressed.					
13.	You think that respecting client's decision is more important than being right or wrong.					
14.	Counseling providers should advise their clients only of possible actions which they can follow or practice.					
15.	If clients are not feeling emotionally stable, the counseling provider should continue a discussion even though it runs out of time.					

APPENDIX III

ID No. **Client-centered Counseling Provider Attitude Test (open-ended)**

Please express your opinions as a client-centered counseling provider towards these questions in order to help clients seek a solution of their problems.

1. In your opinion, what is the client-centered counseling? How is it useful and beneficial to clients?

.....
.....

2. You have a patient with diabetes and her doctor suggests her to avoid food which has a lot of sugar but the client says it makes her lose appetite and does not enjoy eating. What would you say to the patient?

.....
.....

3. A patient with hypertension has never failed to make any appointment with his doctor and had a good record of adherence to drugs regimens. Still, his doctor cannot control blood pressure. So, you visit this patient at his house and you find out that there are a lot of medicines left which is contrast to his medical record. What would you say to the patient?

.....
.....

4. An older person is paralyzed at her right arm and needs to have assistance for her personal daily routines. She says that she feels so hopeless with this illness and feels like she is a burden for her husband and children. She says she does not want to live anymore. What would you say to her?

.....
.....

5. A patient has hypertension but still continues smoking and drinking liquor even though he is aware of negative effects of cigarettes and liquor for his health. What would you say to him?
-
-

Scoring criteria

Both the researcher and counseling experts will give the score of these 5 open-ended questions to assess attitudes. Key words were identified and agreed among the researcher and the experts as follows;

1. Each question is worth one point, so the total score is 5.
2. Question number 1
 - Emphasis on an approach to encourage clients to make their own decisions = 0.5 point.
 - Emphasis on a belief that clients can develop their own capacity to solve problems = 0.5 point.
3. Questions number 2-5
 - Do not blame the patient = 0.5 point.
 - Find out causes of emotional problems = 0.25 point.
 - Do not manipulate the patient's thinking = 0.25 point.
4. Determine average scores given by the researcher and experts for each question.
5. Combine the average scores of the open-ended and close-ended questions. The total represents the score of the individual attitude test.
6. Use the total score to conduct statistical analysis.

APPENDIX IV

ID No. **Client – centered counseling skills checklist**

Explanation: Please make a mark / only in a column where you think you will need to do most in counseling.

No.	Skill	Score level				
		5	4	3	2	1
1.	Opening Interview - Greeting with a warm and friendly word.					
2.	Speaking - Let a patient be most speaking side and bring out a problem. - Speak with gentle and warm voice - Must not make a judgement on a patient - Use a suitable word, not persuade or criticize a patient - Speak in a good speed					
3.	Listening - Try to listen and try not to interrupt. - Try not to add more information to what a patient tells. - Counselor may just use a word “Yes” or “Right” to show of an interest and reflect a feeling.					
4.	Reflection - Use whenever a patient pauses and counselor wants a patient to keep on telling. - Use when a patient is speaking too fast and talk about too many things to make a patient stick with a particular topic. - Avoid repeating with a question					

No.	Skill	Score				
		5	4	3	2	1
5.	Summarizing <ul style="list-style-type: none"> - Summarize all topics and feelings in the counseling. - Summarize whenever an issue becomes clear or when it is too short or too long. - Summarize a real problem of a patient. 					
6.	Reflecting on feeling <ul style="list-style-type: none"> - Use whenever a story told involves feeling or mood. - Avoid continuing a reflection with a question 					
7.	Questioning <ul style="list-style-type: none"> - Use open and close questions as necessary. - Avoid questioning in a topic that is already clear about. 					
8.	Problem Solving <ul style="list-style-type: none"> - Both party list all alternatives and plan for problem solving - Give opportunity to client to choose and alternative by him/herself 					
9.	Silencing <ul style="list-style-type: none"> - Make a silence with suitable duration, not too long to avoid uncomfortable feeling. 					
10.	Ending <ul style="list-style-type: none"> - Give homework and make the next appointment before ending counseling. - Summarize everything happening in counseling. Inform a patient not to come for the next time if it is a final counseling. 					
11.	Referral <ul style="list-style-type: none"> - Refer client to an expert as necessary. 					

APPENDIX V

Course Curriculum for Intensive Training Program: 3 Day Workshop

Day 1

08.30 – 09.00	Participants' Registration
09.00 – 09.30	Pretest
09.30 – 10.00	Introduction to Participatory Program
10.00 – 10.15	Break
10.15 – 12.00	Ice-Breaking session
13.00 – 14.30	Module1 “ Transactional Analysis ”
14.30 – 14.45	Break
14.45 – 16.30	Module2 “ Social & Mental Care ”

Day 2

09.00 – 10.00	Module2 “ Communication Skill ”
10.00 – 10.15	Break
10.15 – 12.00	Module3 “ Opening Interview & Speaking ”
13.00 – 14.30	Module4 “ Listening & Observation Skill ”
14.30 – 14.45	Break
14.45 – 16.30	Module5 “Questioning & Silence Skill ”

Day 3

09.00 – 10.00	Modole6 “ Restatement & Reflection of Content
10.00 – 10.15	Skill ”
10.15 – 12.00	Break
13.00 – 14.30	Modole7 “ Reflection of Feeling & Problem
	Solving Skill ”
14.30 – 14.45	Modole8 “ Clarifying, Summarizing, Ending &
14.45 – 16.30	Referral Skill ”
	Break
	Explain On-the-job training protocol & Question

APPENDIX VI

Course Curriculum for On-The-Job Training Program : To providing Client-Centered Counseling Service in PCU.

(Patient will have appointment to come to have a client – centered counseling service all together 6 times, 1 time per month)

Visit	Topic / Skill Practice	Objective	Detail
1 st	Relation at opening interview <u>Skill Practice</u> Opening interview, Communication skill, Speaking, Observation	<ol style="list-style-type: none"> 1. Build a relation between counselor and patient. 2. Explain objective, procedure, role of counselor and patient and amount of times and place of counseling. 3. Make a warm atmosphere so that patient will accept, trust and dare to express his/her feeling. 	<ol style="list-style-type: none"> 1. Make a greeting to build a relation between counselor and patient. 2. Explain an objective and appointment of counseling service.
2 nd	Investigate for a problem and summarize <u>Skill Practice</u> Speaking, Observation, Listening, Question, Silence, Restatement, Reflection	<ol style="list-style-type: none"> 1. Aid patient to explore him/herself and express feeling and concern about the chronic disease 	Stimulate patient to explore his/her own feeling about his/her body, mind, mood, and society.

	of content Reflection of feeling, Clarify and Summarizing.		
3 rd	<p>Set a plan for problem solving</p> <p><u>Skill Practice</u></p> <p>Speaking, Observation, Listening, Question, Silence, Restatement, Reflection of content and Reflection of feeling, Clarify, Summarizing and Problem solving.</p>	<ol style="list-style-type: none"> 1. Make patient to be clear about the problem 2. Get a patient think and plan to solve problem with a clear plan. 3. Aid a patient to set up process and procedures 	<ol style="list-style-type: none"> 1. Stimulate patient to understand the cause of a problem and set a plan to solve the problem.
4 th	<p>Implement according to the plan</p> <p><u>Skill Practice</u></p> <p>Speaking, Observation, Listening, Question, Silence, Restatement, Reflection of content and Reflection of feeling, Clarify, Summarizing and Problem solving</p>	<ol style="list-style-type: none"> 1. Ensure a patient of the plan and support to follow the plan. 2. Get the patient stick with the plan. 	<ol style="list-style-type: none"> 1. Patient explains how to follow up the plan to decrease stress caused by chronic disease. 2. Get a patient to have a try on the plan.
5 th	<p>Evaluate the result of implementation</p> <p><u>Skill Practice</u></p> <p>Speaking, Observation, Listening, Question, Silence,</p>	<ol style="list-style-type: none"> 1. Follow up the result of adjusting to new behavior of patient to cope with a stress and anxiety caused by chronic disease. 	<ol style="list-style-type: none"> 1. Patient tells the process in following the plan. 2. Patients tell as guideline on how they continuously

	Restatement, Reflection of content and Reflection of feeling, Clarify, Summarizing and Problem solving.	2. Ensure the patient of a behavior adjusting plan to solve the problem.	practice.
6 th	Evaluate the plan and end the counseling. <u>Skill Practice</u> Speaking, Observation, Listening, Question, Silence, Restatement, Reflection of content and Reflection of feeling, Clarify, Summarizing Problem solving, Ending and Referral.	1. Patient knows the benefits of having health counseling. 2. Ensure the patient of adjusting behavior to cope the chronic disease he/she is having. 3. End the counseling or pass on to an expert.	1. Patient participates in evaluating the counseling. 2. Provide feedback on counseling outcomes before ending counseling and/or making referral to an expert.

APPENDIX VII

The eleven health center in Muang district, under the supervision of Chonburi Hospital was plan to strengthen and upgrade to become the Primary Care Unit (PCU)

1. Health center of tumbol Nhongmaideang
2. Health center of tumbol Bansuan
3. Health center of tumbol Sansuk
4. Health center of tumbol Nhongkangkok
5. Health center of Banpuk
6. Health center of tumbol Bangsai
7. Health center of tumbol Donhua-Ror
8. Health center of tumbol Samed
9. Health center of tumbol Nhongree
10. Health center of tumbol Huaykapi
11. Health center of tumbol Angsila

APPENDIX VII
PRESENTATION HANDOUT

**Capacity Building in Counseling Service
to staffs in Primary Care Unit (PCU)
Chonburi Hospital**

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College of Public Health, Chulalongkorn University.
Learning at the Workplace Program, Chonburi group 2

1

Background & Rationale:

- ⊗ The Universal Health Care Coverage Project .
(30-baht health care program)
- ⊗ Improve the capacity of health center to
become the primary care unit. (PCU)
- ⊗ Counseling Service must arranged to serve
patients in PCU.

(MOPH's standard of community health service centers)

2

Background & Rationale:

- ⊗ Chonburi Hospital is a Contracting unit of primary (CUP).
- ⊗ Upgrade 11 health centers to become the PCUs.
- ⊗ PCU Staffs lack of Knowledge and Skills.

Hypertension

Five major illnesses and number of outpatients who received care and treatments at Chonburi Hospital from 2000-2006

Disease	2000	2001	2002	2003	2004	2005	2006
Essential (primary) Hypertension	14,292	16,930	22,478	25,977	30,838	35,545	39,371
Unspecified Diabetes Mellitus	14,192	17,056	20,859	22,561	24,350	25,931	29,293
Periapical abscess without sinus	4,295	5,262	6,561	5,212	13,046	15,823	18,149
HIV disease	4,181	6,210	11,154	11,156	13,470	15,347	16,708
Caries of Dentin	8,225	8,007	8,384	6,794	11,863	13,969	11,960

Annual report of Chonburi Hospital from 2000-2006

Five major illnesses and number of outpatients in Muang district of Chonburi province who received care and treatments at Chonburi Hospital from 2004-2006

Disease	2004	2005	2006
Essential (primary) Hypertension	21,949	24,694	26,909
Unspecified Diabetes Mellitus	18,970	20,574	20,454
Periapical abscess without sinus	10,053	12,385	13,251
Caries of Dentin	9,335	11,005	8,801
HIV disease	4,349	5,575	6,321

Annual report of Chonburi Hospital from 2000-2006

5

Background & Rationale:

Patients with hypertension have to cope with stress and if they are not well taken care of themselves, they may be risk of experiencing certain disease complication which can be fatal.

Pathumphan Manokul-anan, 1994: 54.

6

General objective

**To build the capacity of PCU staff members
in Muang district of Chonburi province
in providing client-centered counseling service.**

Specific objectives

- ❁ To improve the knowledge.
- ❁ To improve attitudes .
- ❁ To improve skills .
- ❁ To learn about achievements and
- ❁ To seek out possibilities to further develop.

Target Group

Population

Staff members working at 11 health centers under the supervision of Chonburi Hospital that planned to upgrade to be PCUs

Sample

Twenty two public health staff members
(2 staff per each PCU).

Study Area

Muang District at Chonburi Province

Research Design

Project Descriptive

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hypothesis

- ⊗ PCU staff members have more knowledge about the client-centered counseling after attending a 3-day workshop.
- ⊗ PCU staff members have more positive attitudes after having on-the-job training at PCUs for 2 months and 7 months.

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hypothesis

- ⊗ **PCU staff members have skills in the client-centered counseling at the higher level after undertaking on-the-job training at PCUs for 2 months and 7 months.**

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Limitations

- ⊗ **The number of population is too small.**
- ⊗ **The evaluation of counseling skills in the real setting while a counselor provides counseling to a client by expert or professional counselor.**

14

Ethical limitations

- ⊗ Directed Observation
- ⊗ Visual recording (VDO)

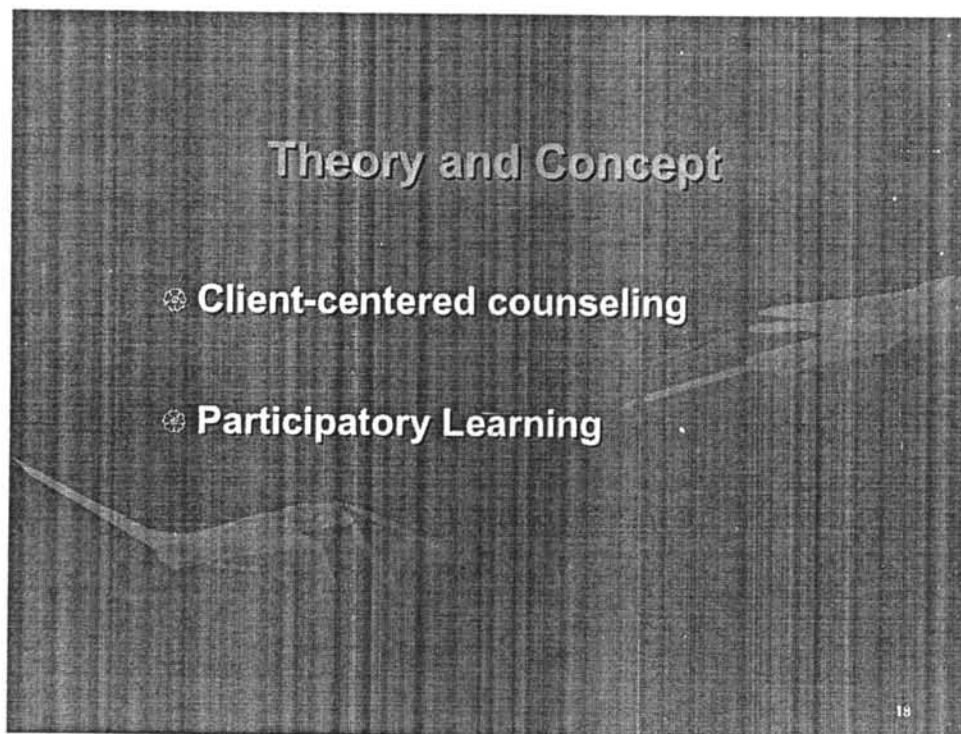
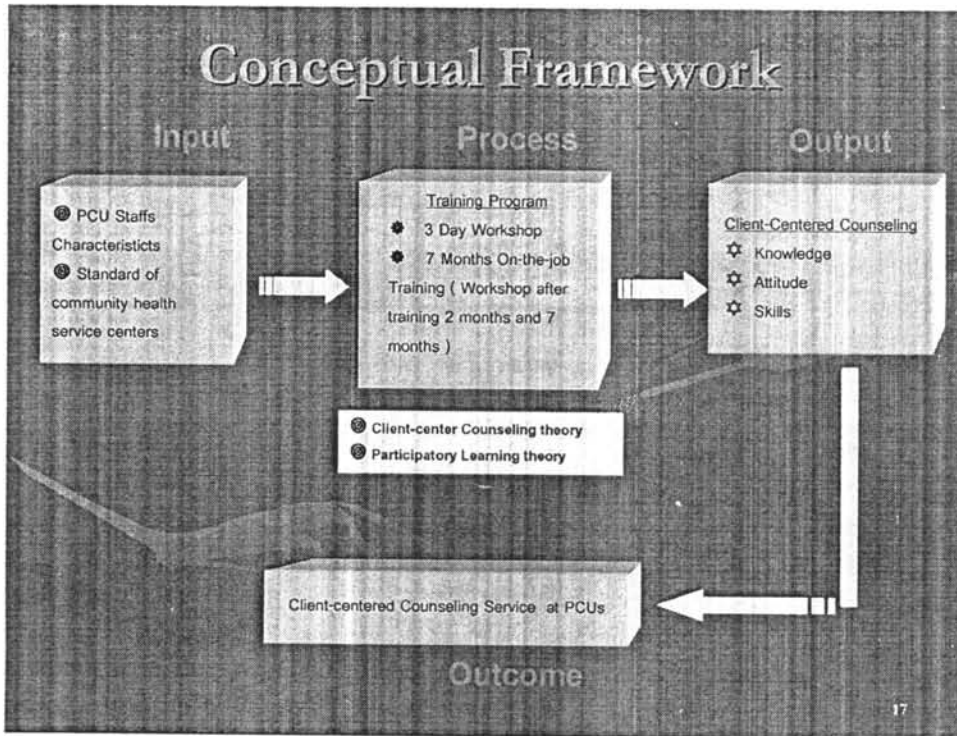
Audiotape Record

15

Expected benefit

Client-centered counseling services
will be made available at all PCUs
in Muang district of Chonburi province.

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Client-centered counseling theory

human has a reason to make a decision by him/herself with an honor, value and intelligence. Moreover human can adapt to environment, and desire for freedom in developing for a progress.

Carl R. Rogers 1942: 3.

19

Participatory Learning (PL)

is a process to build up knowledge by a learner him/herself. Expert or teacher may support a learning process to aid a learner getting more knowledge than relaying knowledge from expert to learn.

20

Participatory Learning (PL)

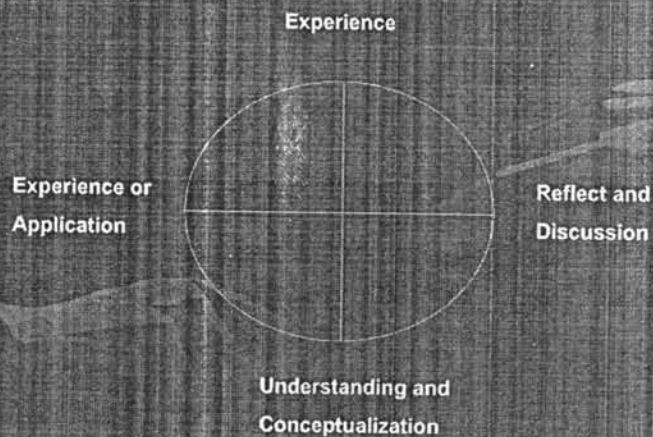
is a learner – centered learning process.
It consists of 2 basic learnings.

- ⊗ Experiential learning
- ⊗ Group process

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Participatory Learning (PL)

4 components of participatory learning



22

Participatory Learning (PL)

Relevant documents & Research Studies

an effective technique applied in training courses or workshops which can help learners accomplish the highest level of success in learning.

National Education Committee Bureau, 1998: 33-34 .

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Implementation Phase

- ⊗ A three-day workshop to provide knowledge about client-centered counseling.
- ⊗ A seven-month on-the-job training program in providing counseling for hypertension patients at the PCUs to improve attitudes and skills of PCU staffs.

24

Resource persons

- ⊗ The Director of the community health service center region 1 of the Ministry of Public Health (MoPH)
- ⊗ A nurse who will be his co-trainer in the group process.

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Intensive Training Program

8 - 10 October 2002

8 October 2002

08.30 – 09.00	Participants' Registration
09.00 – 09.30	Pretest
09.30 – 10.00	Introduction to Participatory Program
10.00 – 10.15	Break
10.15 – 12.00	Ice-Breaking session
13.00 – 14.30	Module1 " Transactional Analysis "
14.30 – 14.45	Break
14.45 – 16.30	Module2 " Social & Mental Care "

26

Intensive Training Program

8 - 10 October 2002

9 October 2002

09.00 – 10.00	Module3 " Communication Skill "
10.00 – 10.15	Break
10.15 – 12.00	Module4 " Opening Interview & Speaking "
13.00 – 14.30	Module5 " Listening & Observation Skill "
14.30 – 14.45	Break
14.45 – 16.30	Module6 " Questioning & Silence Skill "

27

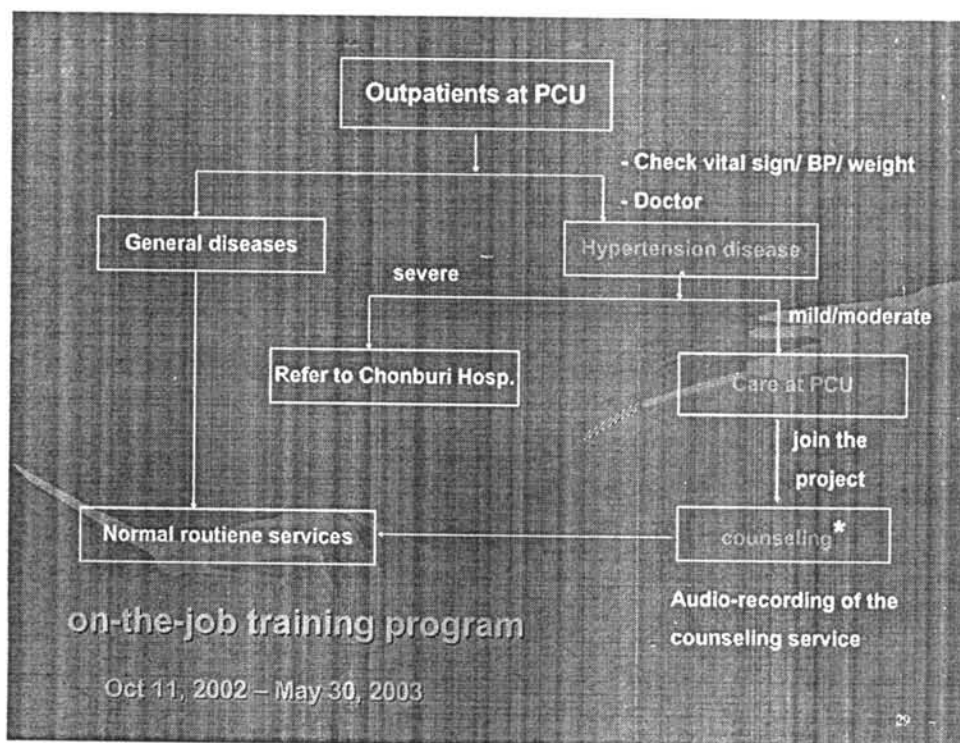
Intensive Training Program

8 - 10 October 2002

10 October 2002

09.00 – 10.00	Module7 " Restatement & Reflection of Content Skill "
10.00 – 10.15	Break
10.15 – 12.00	Module8 " Reflection of Feeling & Problem Solving Skill "
13.00 – 14.30	Module9 " Clarifying, Summarizing, Ending & Referral Skill "
	Break
14.30 – 14.45	Explain On-the-job training protocol & Question
14.45 – 16.30	

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Implementation Phase

During on-the-job training program, after 2 and 7 months on duty, a workshop will be organized to evaluate attitudes and skills of the staffs who have undergone the on-the-job training program.

continuously improve counseling skills

Evaluation Design

3 Days Workshop
Oct 8 – 10, 2002

7 months on the job training
Oct 11 – May 30, 2003

Oct 8, 2002	Oct 10, 2002	Dec 26, 2002	May 30, 2003
K 1	K 2		
22 persons	22 persons		
	A 1	A 2	A 3
	22 persons	19 Persons	11 Persons
		S 1	S 2
		8 Persons	3 Persons

31

Results

The PCU Staff's Knowledge before and after Workshop Training Program

	Mean (SD)	t	P-value	95% Confidence Interval	
				Lower	Upper
T- Pre	14.00 (1.48)	-2.309	.031	-1.8143	-.0948
T- Post	14.95 (1.40)				

32

Results

Score Level of Knowledge before and after Workshop Training Program

Variables	Pre test (%)	Mean (SD)	Post test (%)	Mean (SD)
Need Improvement	4 (18.2)	14.00 (1.48)	2 (9.1)	14.95 (1.40)
Fair	3 (13.6)		3 (13.6)	
Good	12 (54.5)		13 (59.1)	
Very Good	3 (13.6)		4 (18.2)	
Total	22		22	

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Results

Staff's Attitude before and after On-The-Job Training Program

	Mean (SD)	t	P-value	95% Confidence Interval	
				Lower	Upper
TOTA	58.32 (5.42)	-7.192	.000	-10.06	-5.51
TOTAA	66.11 (4.59)				

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Results

Score Level of Attitude before and after On-The-Job Training Program

Variables	Before (%)	Mean (SD)	After (%)	Mean (SD)
Very Poor	0 (0.00)	58.32 (5.42)	0 (0.00)	66.11 (4.59)
Poor	0 (0.00)		0 (0.00)	
Fair	17 (77.3)		4 (21.1)	
Good	5 (22.7)		15 (78.9)	
Very Good	0 (0.00)		0 (0.00)	
Total	22		19	

Results

Skills before and after On-The-Job Training Program

3 persons who submitted both assignments (13.64%)

listening, silence, restatement and questioning

Opinions of PCU Staffs towards this project

Benefits from this training program

- ⊗ improve their counseling skills.
- ⊗ more self-confident in giving counseling to clients at PCUs.

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Opinions of PCU Staffs towards this project

Curriculum of this training program

- ⊗ very good and appropriate.
- ⊗ was very useful for clients and themselves.
- ⊗ could learn continuously.

suggestion

- ⊗ practice giving counseling to actual clients.
- ⊗ VDO tapes of an example counseling.
- ⊗ on-the-job training program at Chonburi hosp.

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Opinions of PCU Staffs towards this project

Setting counseling services at PCU.

Providing counseling service at PCU was necessary.

suggestion

- ⊗ Hospital director & head of PCUs
- ⊗ Participant
- ⊗ Colleagues at PCU
- ⊗ Clients
- ⊗ Private counseling Room

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Conclusion & Discussion

- ⊗ PCU staff members have more knowledge about the client-centered counseling after attending a 3-day workshop.
- ⊗ PCU staff members have more positive attitudes after having on-the-job training at PCU for 2 months.

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Conclusion & Discussion

⊗ PCU staff members have skills in the client-centered counseling at the higher level after undertaking on-the-job training at PCU for 2 months and 7 months.

Listening, silence, restatement and questioning

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Problems

Problems of the implementation

- ⊗ Do not take their counseling services as plan.
- ⊗ Have the same facilities and structures of health center.
- ⊗ The staffs were not familiar with clients.

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Recommendations

- ⊗ Curriculum development.
- ⊗ Clear policies.
- ⊗ Move to a place where they have to undertake the on-the-job training earlier.
- ⊗ Private counseling settings to service.

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- ⊗ Dr. Prayook Sereesathiean
- ⊗ Dr. Wullada Poontharigwiwat
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