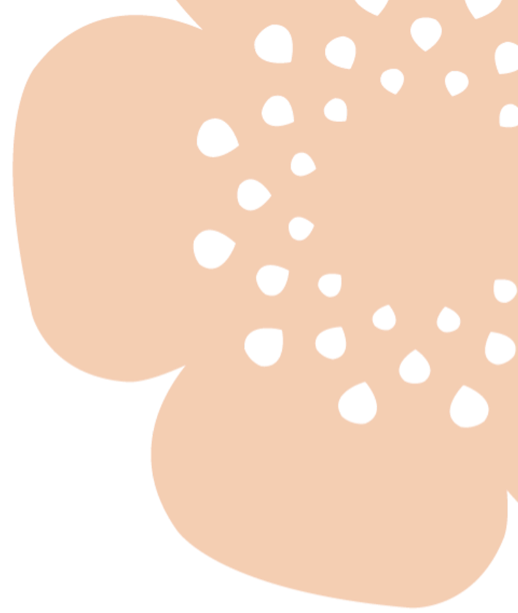
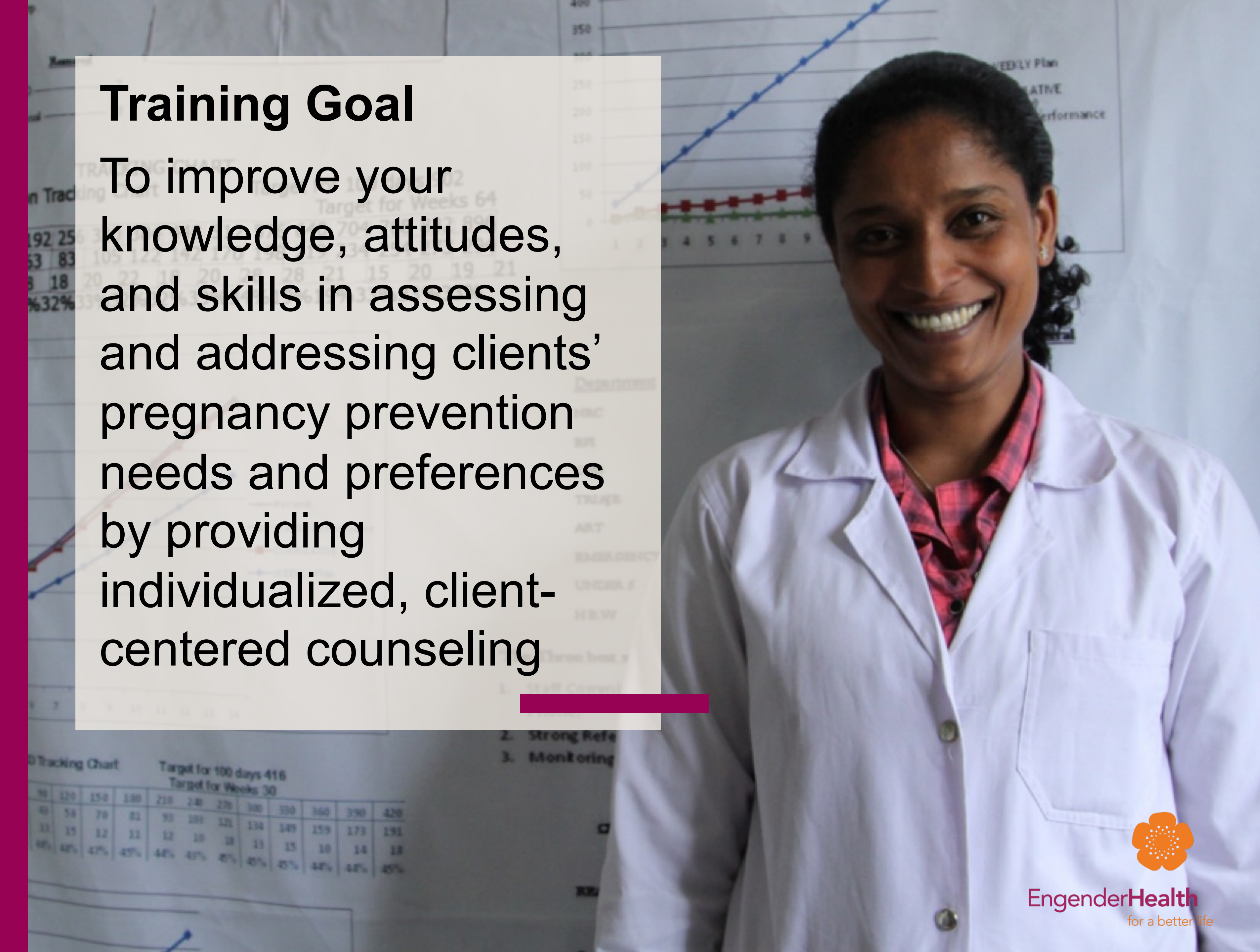
REDI: A Client-Centered Counseling Framework



1 Welcome and Introductions


Training Goal
To improve your knowledge, attitudes, and skills in assessing and addressing clients' pregnancy prevention needs and preferences by providing individualized, client-centered counseling
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Client-Centered Counseling: Essential Ideas

> Client-centered counseling considers the client's circumstances and sexual and reproductive (SRH) needs and preferences, and their impact on the choice and use of contraceptive methods.

> Client-centered counseling enables providers to better:

- Support clients in exercising their SRH rights and making full, free, and informed choices
- Assess and meet clients' informational, decision-making, and emotional needs
- Help clients make practical and actionable decisions and plans
- Support clients in using their chosen method successfully and coping with side effects

Overall Course Objectives

By the end of this training, you will be able to:

1. Explain the importance of quality client-centered counseling for ensuring full, free, and informed choice in decision making for pregnancy prevention

2. Communicate effectively with clients

3. Assess each clients' contraceptive needs, preferences, knowledge, and concerns—and work with clients to address them effectively and efficiently

Overall Course Objectives (continued)

4. Identify the key decisions clients need to make; assist and support clients through the decision-making process by discussing various options and their consequences

5. Assist clients in creating strategic plans to implement their decisions

Participant Handbook: Parts 1 and 2

1 Pretraining Materials

- Pretraining Handouts
- REDI Learning Guides
- Take-Home Test

2 Training Handouts—Sessions 1 to 18

- Learning Objectives and Essential Ideas
- Further Reading

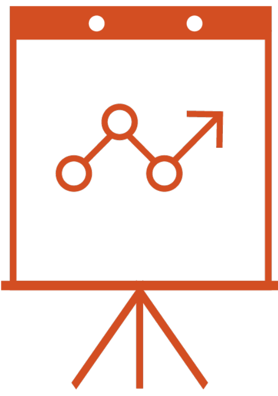
Agenda and Logistics

Review **Handout 1-B**—with practice in clinics with clients on the last two days

Review **Handout 1-C**

> **Logistics:** bathrooms, breaks, lodging, meals, and travel

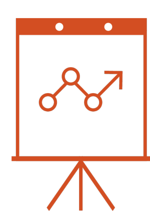
Workshop Norms



Brainstorming norms (guidelines) for a successful learning experience

Participant Introductions: Pairs Exercise

1. *What is your partner's name?*
2. *Where is your partner from?*
3. *How long has your partner worked in family planning (FP) and in what capacity?*
4. *What is one thing your partner hopes to learn in this training?*



Knowledge Pretest

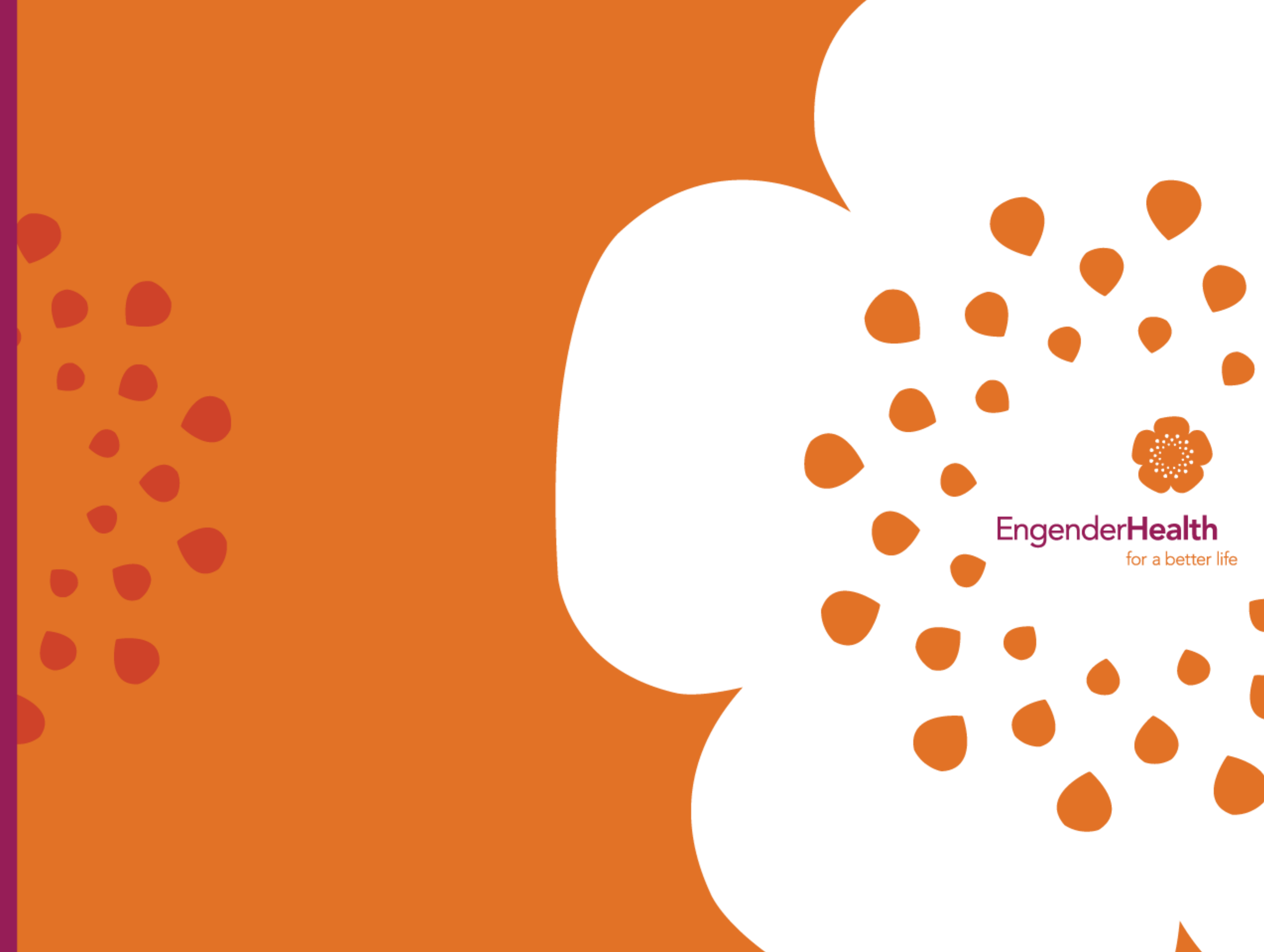
1. The purpose of pre- and posttesting
2. Do **not** write your name on the test.
3. Notice the number on your test and write it in your notebook to refer to later.
4. Read carefully—some questions ask you to find the **wrong** answer!
5. You will have 20 minutes for the test (with a time-check after 10 and 15 minutes).

Correcting the Pretraining Take-Home Test

1. It does not matter whose test you are correcting.

2. There are two purposes of correcting the take-home test in a large group.

3. Put a √ in front of questions that are answered correctly. Put an **X** in front of questions that are not answered correctly and **circle** the letter of the correct answer.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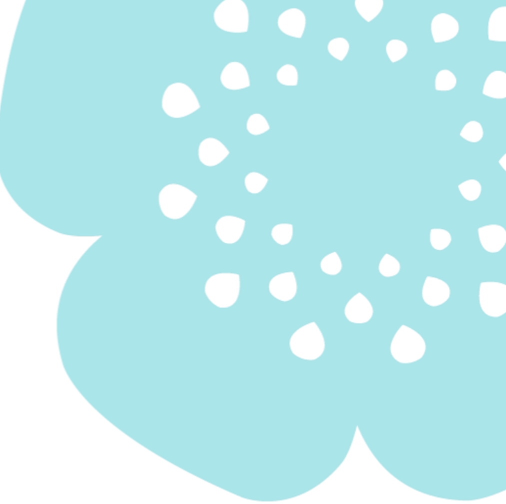

2

What Is Client-Centered Counseling?

Learning Objectives

- The relationship between client-provider interaction, counseling, and client-centered counseling
- The importance of client-centered counseling for contraceptive services
- Recognition of the client as an expert
- Tasks for client-centered counseling

Learning Objectives (continued)

- Benefits of client-centered counseling for the client and the family planning (FP) program
- Consequences of poor counseling
- Why providers might not provide good counseling
- Standards of behavior for client-centered counseling

Review of Sexual and Reproductive Health and Rights (SRHR)

See **Handout 2-F.**

> Form pairs

> Complete the worksheet with your partner

> Report your answers in a large group discussion

Why the Term “Family Planning” or “FP” Will Have Limited Use in this Training

- Family planning or FP is a familiar term for providers but may not be familiar to new clients, men, and/or youth. It may also be confusing for people who do not yet have a family or are not ready to start a family.
- Instead we say pregnancy prevention (as a strategy) or contraception (for methods).
- Client, counseling, provider, and clinic are all generic terms.
- Sexual and reproductive health (SRH) includes pregnancy prevention.
- FP can refer to established service delivery programs.

Counseling is a form of
client-provider interaction.
Photo credit goes here
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Client-Provider Interaction:
Person-to-person communication (verbal and nonverbal) between clients and healthcare staff
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Photo credit goes here

Principles of Good Client-Provider Interaction

- Treat each client with respect.
- Tailor the interaction to the individual client's needs, circumstances, and concerns.
- Interact and encourage the client's active participation.
- Avoid information overload.
- Provide the client's preferred contraceptive method or address the client's primary concern for other SRH issues.
- Use visual aids and provide memory aids.

Counseling

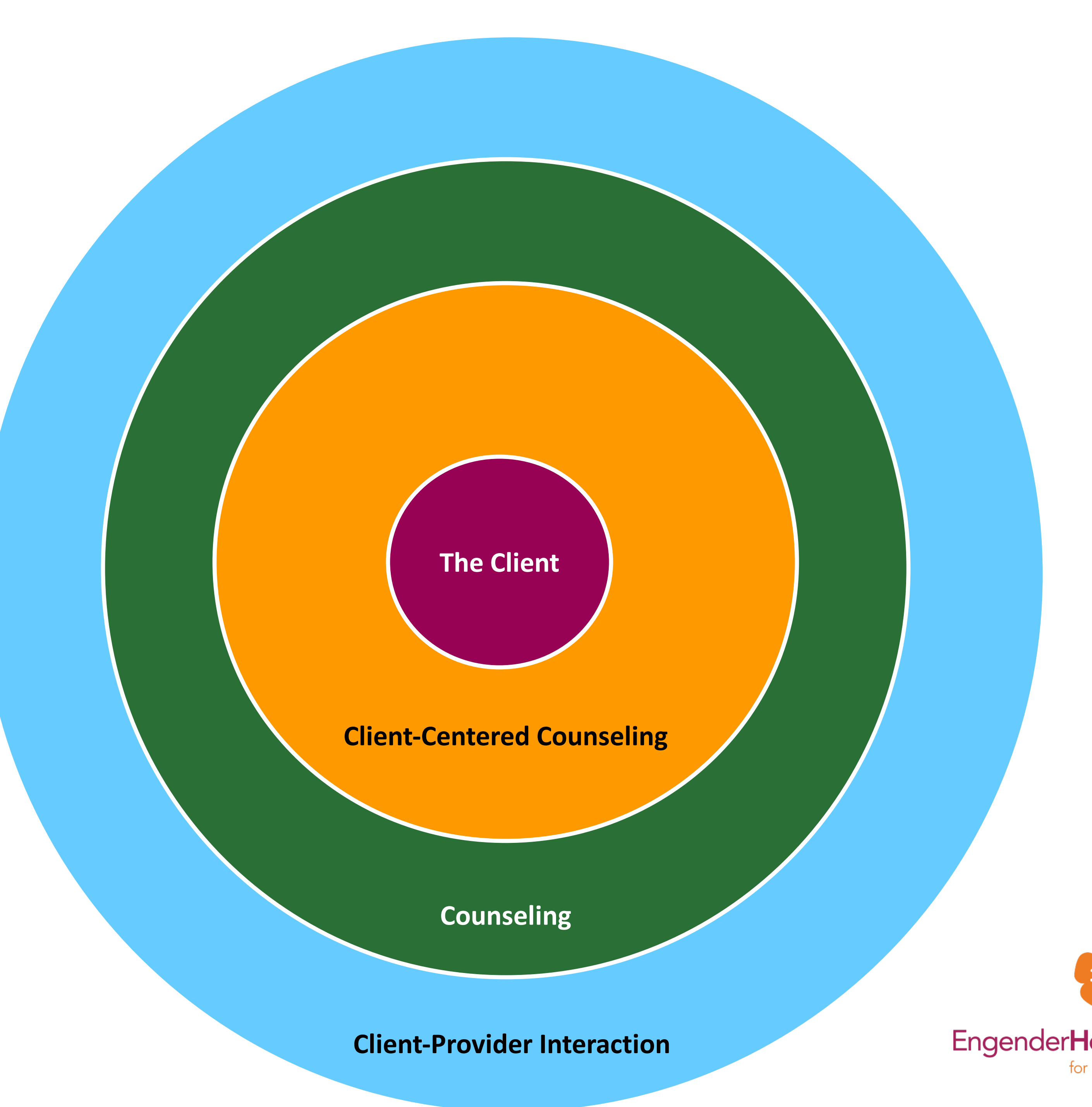
Counseling is a client-provider interaction that should:

> Facilitate or confirm a decision by the client

> Help the client address problems or concerns

Client-Centered Counseling

Client-centered counseling means treating each client as an individual and basing your input on the client's unique needs, preferences, and concerns.



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Why Is Client-Centered Counseling Important?

- It protects clients' right to full, free, and informed choice—an essential SRH right.
- It is an essential element of quality services.
- It is a key determinant of voluntary adoption and continued use of a contraceptive method.
- It helps clients execute their reproductive health decisions.

Two Experts in the Room: The Client…

The client has thoughts, feelings and opinions about:

- Fertility plans
- Past experiences with pregnancy prevention
- Relationship(s) with partner(s)
- Social circumstances
- Other unexpressed needs

Source: R. Islam/EngenderHealth

…and the Provider

The provider has:

> Knowledge of:
- Healthy timing and spacing of pregnancy
- Contraceptive methods
- Other SRH services

Source: Zeleman Production/EngenderHealth

> Skills to:
- Communicate and build trust
- Assess needs
- Tailor information
- Help clients weigh options and make decisions

Tasks of Client-Centered Counseling

- Help clients assess their healthcare, informational, and emotional support needs
- Provide personalized information
- Help clients make informed and voluntary decisions by enabling them to weigh the options
- Help clients plan how to execute decisions effectively
- Answer clients’ questions and address concerns

Benefits of Client-Centered Counseling for the Client

- It helps clients feel respected.
- It supports clients’ rights.
- It helps clients make decisions that best suit their circumstances.
- It increases client satisfaction—with methods and services.

Benefits of Client-Centered Counseling for *the Program*

Providing tailored information can:

- Save time
- Reduce the need for return visits
- Increase method continuation (*and increased continuation rates contribute more to contraceptive prevalence than increases in new users!*)

Counseling and Method Continuation

- Continuation with a method increases with respectful and responsive providers.
- Counseling about side effects significantly increases continuation.
- Clients who receive the method they want are more likely to continue use.

Clients Who Receive The Method They Want Are More Likely To Continue Use

% continuation at 12 months

120
100
80
60
40
20
0

Injection
Condom
Pill

Preferred method
NOT the client's preferred method

Telling Clients About Side Effects

- Many providers think they will scare clients away by talking about side effects. *But…*
- Research shows that counseling about side effects *increases* continuation.
- Not knowing about side effects is a major reason for clients *discontinue* use of pills and injectables.

Why do you think counseling about side effects would increase continuation?

Consequences of Poor Counseling

Effects	Outcomes
Improper method use	Unwanted pregnancy
Fear of and dissatisfaction with side effects	Discontinuation
Failure to recognize serious warning signs	Health risks
Dissatisfaction with services and method	Drop out Poor word of mouth Low utilization
All of the above	Prevents clients from exercising their SRH rights and/or meeting their reproductive intentions

In spite of these benefits of counseling for both clients and the FP program, the reality of counseling often falls short of the ideal.

Under What They Call "Counseling," Many Providers:

- Fail to explore client concerns, preferences, and informational needs
- Think they know what is best for the client
- Give inappropriate or incomplete information (or, in some cases, too much information)
- Give little or no preparation for side effects
- Do most of the talking
- Instruct the client on what method to use

Small group work:
Why might this happen? And how can it be changed?

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Possible Reasons for Poor Counseling

Providers may lack:

- Good communication skills
- A client-centered approach
- Comfort in discussing SRH issues
- Adequate training and supervisory support for counseling

Counseling Supports SRH and Client Rights

Quality counseling is the main safeguard for the client's right to full, free, and informed choice.

It also supports each clients rights to:

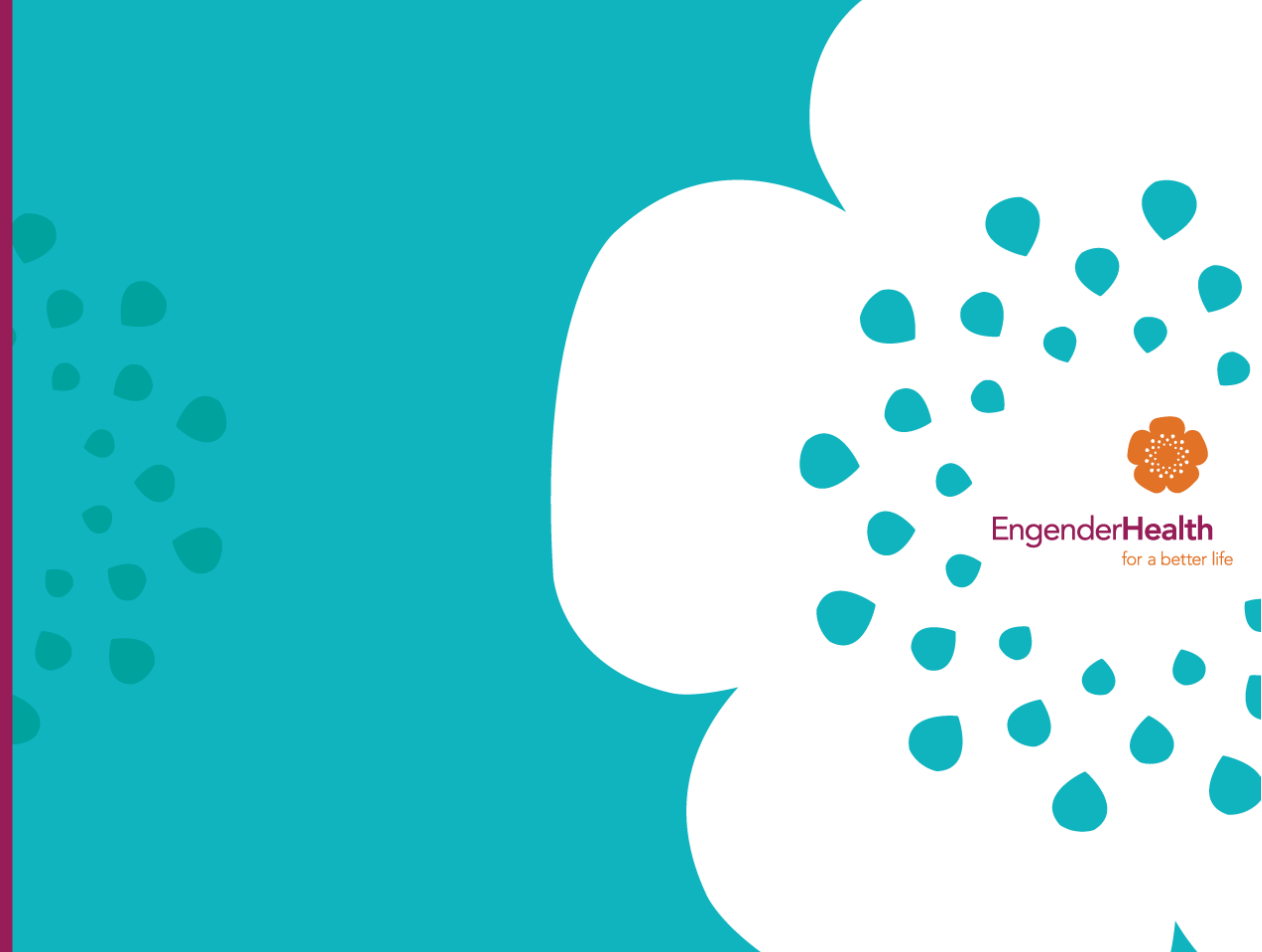
- Information
- Informed choice
- Access services
- Safety of services
- Continuity of care
- Dignity, comfort, and expression of opinion
- Privacy and confidentiality

Standards of Behavior for Client-Centered Counseling

Refer to **Handout 2-H.**

Remember…

There are two experts in the room!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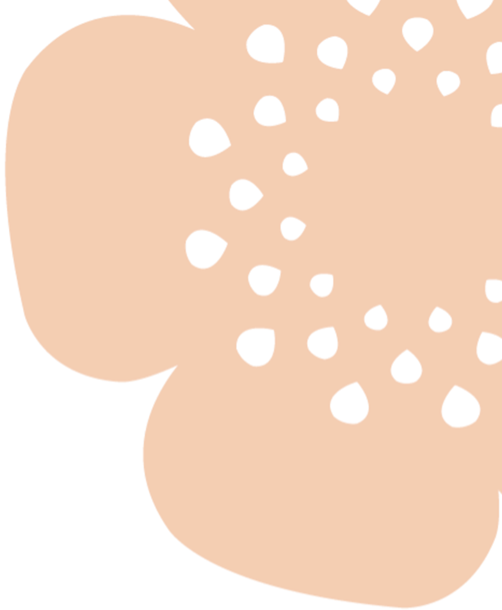

3

Decision Making from the Client's Perspective

Learning Objectives

> Explain why empathy is important in client-centered counseling

> Explain why it is important to understand the categories of clients for client-centered counseling

> Explore the factors that influence decision making about pregnancy prevention through participants' own life experiences

> Describe the gender-sensitive approach to sexual and reproductive health (SRH) service delivery

> Understand client categories, factors influencing decision making, and the impact of gender—and use this understanding to identify potential needs and concerns of profiled clients

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What Is Empathy?

Empathy is the ability to share someone else's feelings or experiences by imagining what it would be like to be in that person's situation.

Why is empathy important in counseling?

Why Do We Consider Categories of Clients?

Considering client categories can help providers:

- Focus on unique needs and preferences of individuals
- Be aware of similar needs and concerns of specific categories of clients

Awareness of categories can help the provider to:

- Identify clients' needs and concerns quickly
- Determine what questions *to ask* the client and what information *to provide* to the client
- Show empathy and provide reassurance and support to the client

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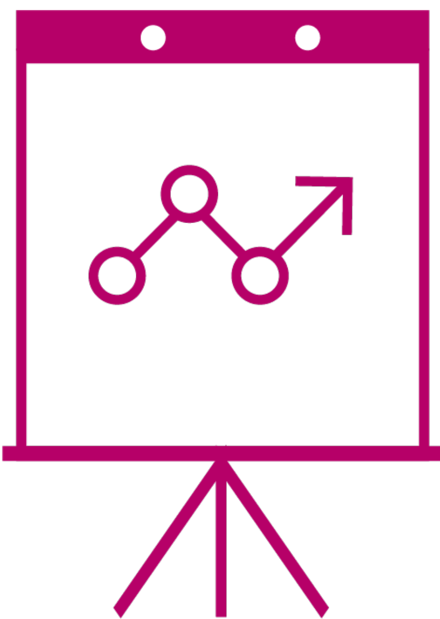
Which Categories Can You Name?

- New versus returning clients
  - New: method in mind or not
  - Returning: satisfied or not satisfied
- Fertility plans
- Pregnancy history
- Population groups
- Clients with other SRH needs

Questions for Individual Survey

1. *Have you ever used a contraceptive method?*
2. *If yes, what circumstances or people influenced you to use a particular method?*
3. *If no, what circumstances or people influenced that decision?*
4. *Have you ever used a contraceptive method and then stopped? If so, why did you stop?*

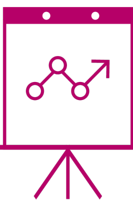
Summary: Individual Survey



Factors that Influence a Client's Choice

- Individual factors
  - Intimate relationships
  - Family influences
- Community and social factors
- Method characteristics
- Service factors
- Other SRH conditions

Survey Discussion



Label the responses by factor:

I (individual)

C (community)

M (method)

S (service factors)

O (other SRH conditions)

1. *Which factor appears most often on our flip chart? Which factor appears least often?*

2. *How do you think this compares to the experience of your clients? How would they be the same? How would they be different?*

3. *How does this exercise relate to feeling and showing empathy?*

The Impact of Gender on Decision Making about Pregnancy Prevention

What is the difference between sex and gender?

Under which influencing factor would you find gender?

See **Handout 3-H.**

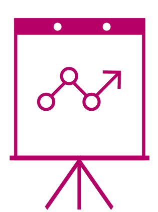
The Gender-Sensitive Approach

Approach to service delivery: ensure adequate information, access to services, and voluntary choice—regardless of the client's gender—to support full, free, and informed choice

Being gender-sensitive, as a provider, means addressing the effect of the client's gender on the various factors that influence that client's decision making.

The Client's Perspective: Small-Group Work

1. *What is the client's **pregnancy prevention need**? Which client categories does the client fit into?*



2. *How might the client **feel** about their current situation? What **concerns or worries** might the client have?*

3. *What **decisions** will the client have to make about pregnancy prevention or SRH? What **information** will the client need?*

4. *What **factors** might influence decision making for this client? What role might **gender** play in decision making?*

Read the client profile assigned to your group and answer Questions 1-4 on a separate flipchart.

Small-Group Presentations

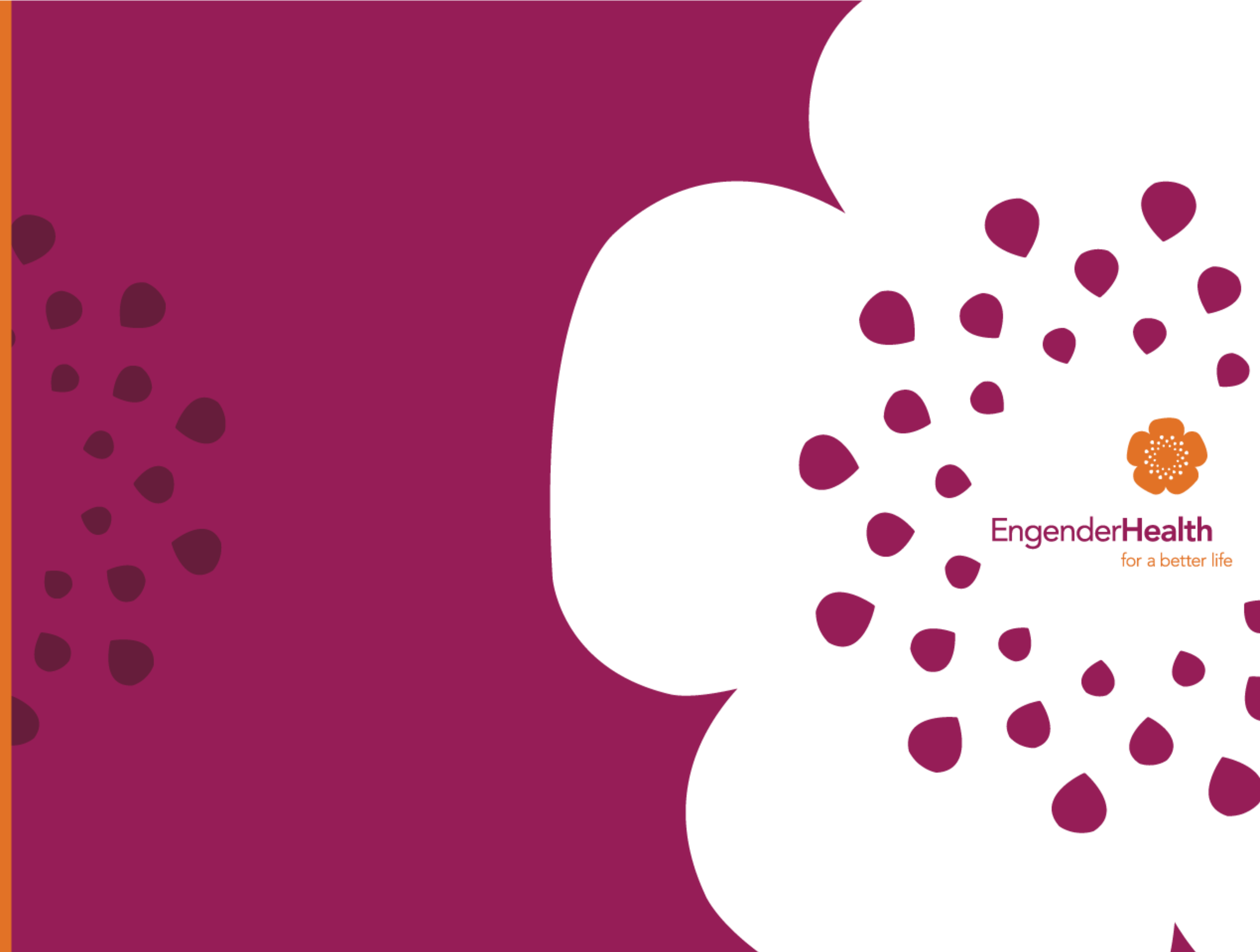
Each group's presenter reads the profile aloud and shares the answers to the questions about their client.

How do you think this activity might help you in counseling clients?

See **Handout 3-I.**

Essential Ideas: Decision Making from the *Client's* Perspective

- Recognizing the *importance of empathy* in client-centered counseling
- Using *client categories* to identify the client's needs more quickly
- Focusing on the *client as an individual*—regardless of category
- Understanding common *factors that influence* decision making about pregnancy prevention
- Recognizing the role of *gender dynamics* in clients' decision making
- Using a *gender-sensitive approach* to support full, free, and informed choice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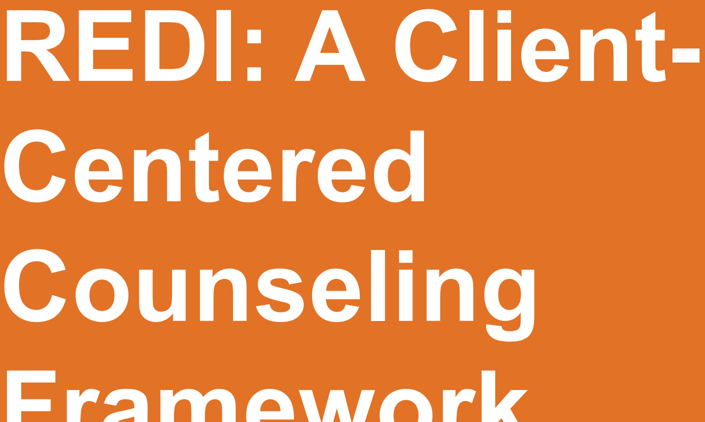
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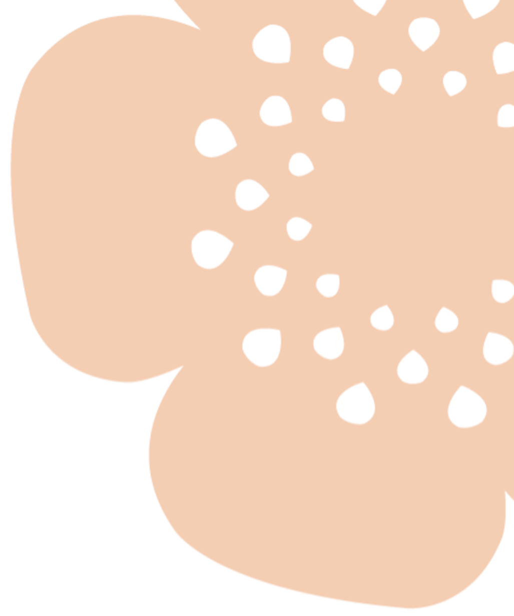


4

Providers' Beliefs and Attitudes

Learning Objectives

- Understanding the importance of being aware of your own beliefs and attitudes so that you can be respectful and nonjudgmental with all clients
- Examining your beliefs and attitudes and those of fellow trainees

Review Questions

> ***What are beliefs?***
- How do we form our beliefs?

> ***What are attitudes?***
- How do our beliefs influence our attitudes?

> ***What are behaviors?***
- How do our attitudes influence our behaviors?

Beliefs, Attitudes, and Behaviors

- **Beliefs:** Concepts and ideas that we accept as the truth
- **Attitudes**: The way we think and feel about people or ideas
- **Behaviors:** The way we act toward people

Our *beliefs* shape our *attitudes*. Our *attitudes* are reflected in our *behaviors*.

Large-Group Exercise: Beliefs and Attitudes

For each statement, decide: Do you agree? Do you disagree? Or are you not sure?

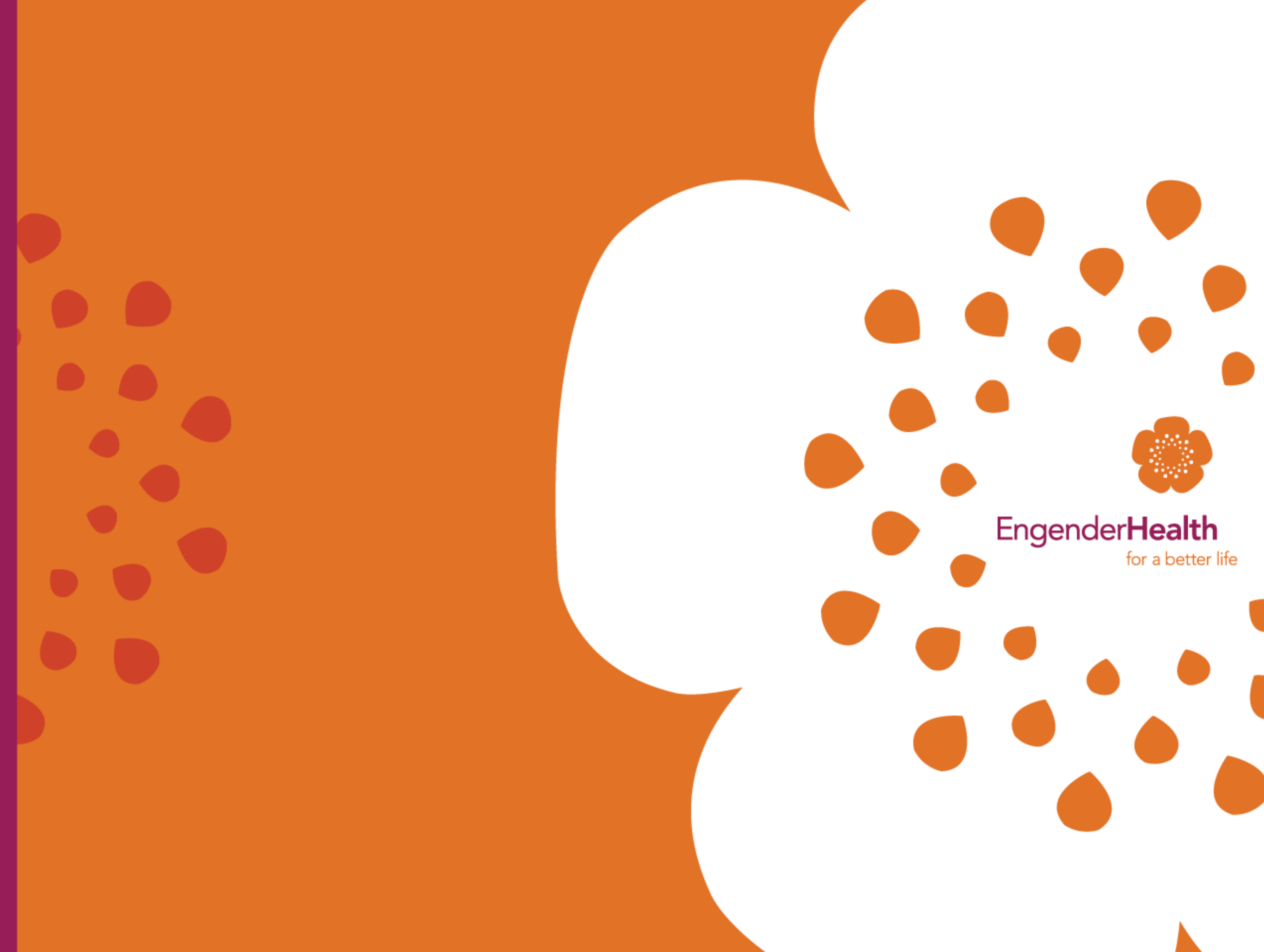
There are no right or wrong answers! Respond based on your own beliefs.

Discussion

- *What can happen when providers hold different beliefs about pregnancy prevention and sexual and reproductive health (SRH) issues than their clients?*
- *Why is it important for us, as providers, to be aware of our beliefs and attitudes about pregnancy prevention and SRH issues?*

Essential Ideas: Providers' Beliefs and Attitudes

- We have a right to our own *beliefs*.
- But as service providers, we have a professional obligation to provide healthcare with respect for our clients (*attitude*) and without judging them (*behavior*).
- Being aware of our beliefs and attitudes and how they can affect clients—positively and negatively—will help us set aside disrespectful and judgmental attitudes.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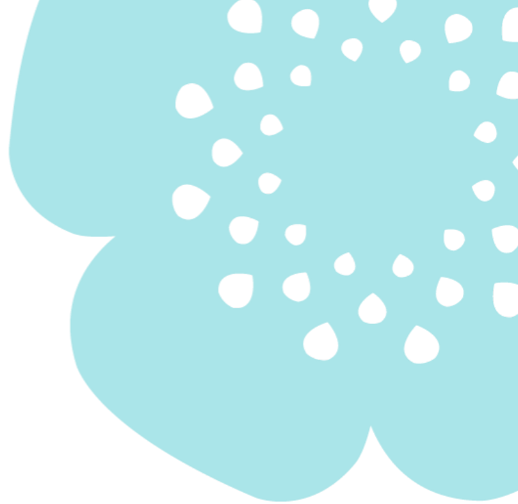

5 Communication Skills for Counseling

What do you think of when I say the word "communication"?
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Overview of Communication Skills

In this training, we will focus on three major areas of communication skills:

- **Nonverbal communication**
- **Asking questions**
- **Active listening (including paraphrasing and reflecting)**

Nonverbal Communication

Learning Objectives:

> Apply what you learned about nonverbal behaviors to identify positive and negative nonverbal cues in your own culture

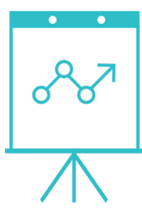
> Practice communicating emotions through tone of voice and body language

What Is Nonverbal Communication?

- *Do babies and toddlers communicate with their parents? How?*
- Nonverbal communication is also called body language. It includes the way we move our body, our expressions, and our gestures (hand movements).
- In counseling, nonverbal signals can communicate interest, warmth, and understanding to clients.

Positive and Negative Signals and Cues

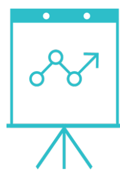
The meaning of nonverbal communication varies from culture to culture. Sometimes it differs among groups within a culture (e.g., men and women, adults and adolescents).



- *What are some positive nonverbal signals and cues in the culture(s) of your clients?*
- *What are some negative signals and cues?*

Exercise: Tone of Voice and Body Language

The provider's tone of voice and body language are important components of communication—they may be even more powerful than the words we use.



Trainer demonstration: Guess the emotion, based on tone of voice and body language.

- *What were the cues that made you select that emotion?*
- **Trainee practice**—with three volunteers!

Discussion

Refer again to the flipchart of emotions.

- ***Which tones of voice (i.e., which emotions) would you want to hear when you go to someone for help?***

- ***Which tones of voice are not appropriate in a clinic setting?***

Essential Ideas: Nonverbal Communication

- Nonverbal communication is what we say through body language and tone of voice.
- Body language can have different meanings in different cultures and in different groups within a culture.
- In counseling, the provider's body language and tone of voice can help the client feel welcome and understood—or the opposite.

Asking Questions

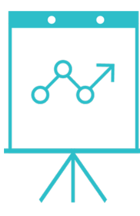
Learning Objectives:

- Apply what you learned about closed and open questions to categorize questions that providers typically ask clients during counseling
- Practice changing closed questions into open questions

Why Do We Ask Questions in Counseling?

- To establish a good relationship (build rapport) by showing concern and interest.
- To actively engage clients and gather information about their needs, concerns, and preferences.
- To assess clients' knowledge about contraception and sexual and reproductive health.
- To determine language level to use with clients.
- To explore clients' feelings and opinions.

Large-Group Exercise: Part 1



List typical questions that you ask clients. Say them exactly the way you would ask them.

Two Types of Questions:
(1) Closed

What are closed questions?

Why are they used in counseling?

Closed questions:

> Usually lead to one-word or short response from the client

> Are good for gathering factual information

Two Types of Questions: (2) Open

What are open questions?

Why are they used in counseling?

Open questions:

> Encourage longer, more detailed responses

> Are good for learning about the client's feelings and opinions

Large-Group Exercise: Part 2

Look at each question on the flipchart and code it, as follows:

> *Is the question closed [**C**] or open [**O**]?*

> *Is it about information [**I**] or feelings [**F**]?*

Discuss:

> *How many questions are closed? Open? Information-related? Feelings-related?*

> *What does this tell you about the kinds of questions we typically ask clients?*

> *What effect could this have on counseling?*

Large-Group Exercise: Part 3

Change the closed questions to open (if possible). Begin questions with “how,” “what,” or “why.”

Example:

> *Did you feel okay about taking the pill? [closed]*

> *How did you feel about taking the pill? [open]*

Essential Ideas: Asking Questions

Which type of questions should providers use?

> Providers typically rely too much on closed questions. This often results in one-way communication with clients.

> Using open questions will give providers a better sense of clients' feelings and opinions, as well as better understanding of their needs and knowledge.

> Encourage clients to ask questions, too!

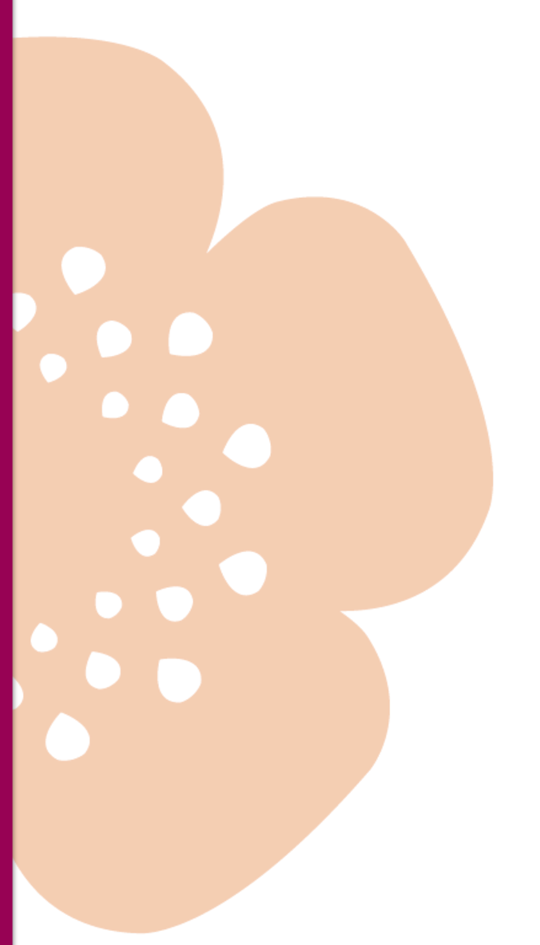
Active Listening

Learning Objectives:

> List at least three nonverbal indicators of active listening

> Identify examples of paraphrasing and reflecting in demonstrations by the training team

> Explain which communication purpose(s) were met in each example



It may seem obvious that listening to clients speak is an important part of counseling, but…

…observations of client-provider interaction show that providers do most of the talking.

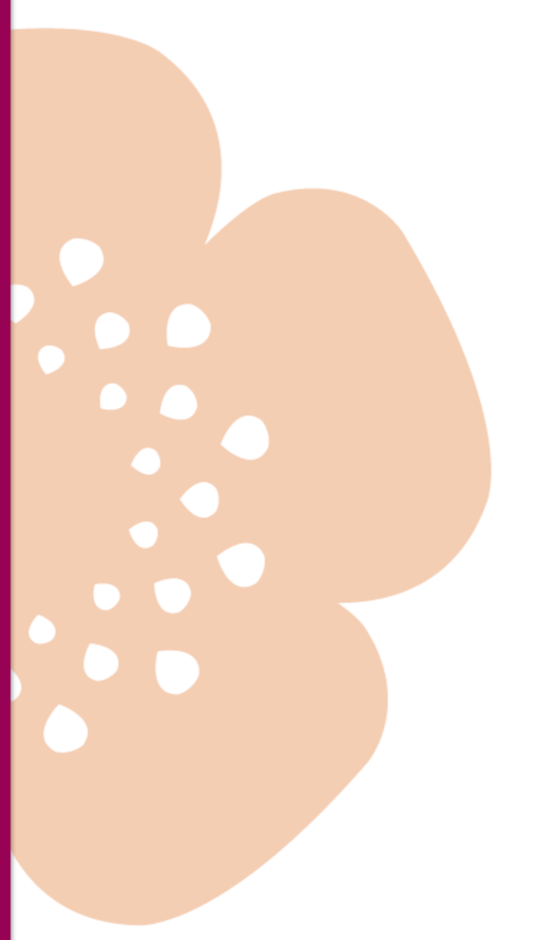
Why might this be true?

What Is Active Listening?

Active Listening is listening to another person in a way that communicates *understanding*, *empathy*, *interest*, and *respect*.

It is called active listening because it goes beyond listening to include verbal skills—such as paraphrasing, reflecting, and asking questions—to *confirm or clarify what the speaker means*.

Active listening helps providers more quickly and accurately determine a client's needs, concerns, and knowledge. It also makes clients feel *important*, *acknowledged*, and *empowered*.



What behaviors and body language would show that a provider is actively listening to what the client is saying?

What behaviors and body language would show that the provider is not listening?

Nonverbal Tips for Active Listening

> Pay attention to your client by:

- Making and maintaining eye contact (if culturally appropriate)
- Nodding, smiling, and leaning toward the client
- Not doing other tasks at the same time
- Not interrupting or allowing others to interrupt while your client is speaking

> Pay attention to your client's words and body language

> Allow for silent pauses

Paraphrasing and Reflecting

Paraphrasing means restating the client's message simply and in your own words.

The *purposes of paraphrasing* are:

- To show that you are paying attention
- To make sure you correctly understand the client
- To summarize or clarify what the client is saying
- To encourage the client to continue talking

Reflecting means stating the *feelings* that you are understanding from the client's words or body language

Trainer Demonstration

How did the trainer demonstrate paraphrasing or reflecting?

Which of the purposes of paraphrasing or reflecting is the trainer demonstrating?

Essential Ideas: Listening and Paraphrasing

> Active listening is a primary tool for showing respect and establishing rapport with clients.

> Active listening helps providers identify clients' needs and concerns more effectively.

> Paraphrasing—restating what the client said in your own words—can help to clarify what the client has said and show that the provider is listening.

> Reflecting emotions can help providers clarify the client's meaning and encourage more sharing.

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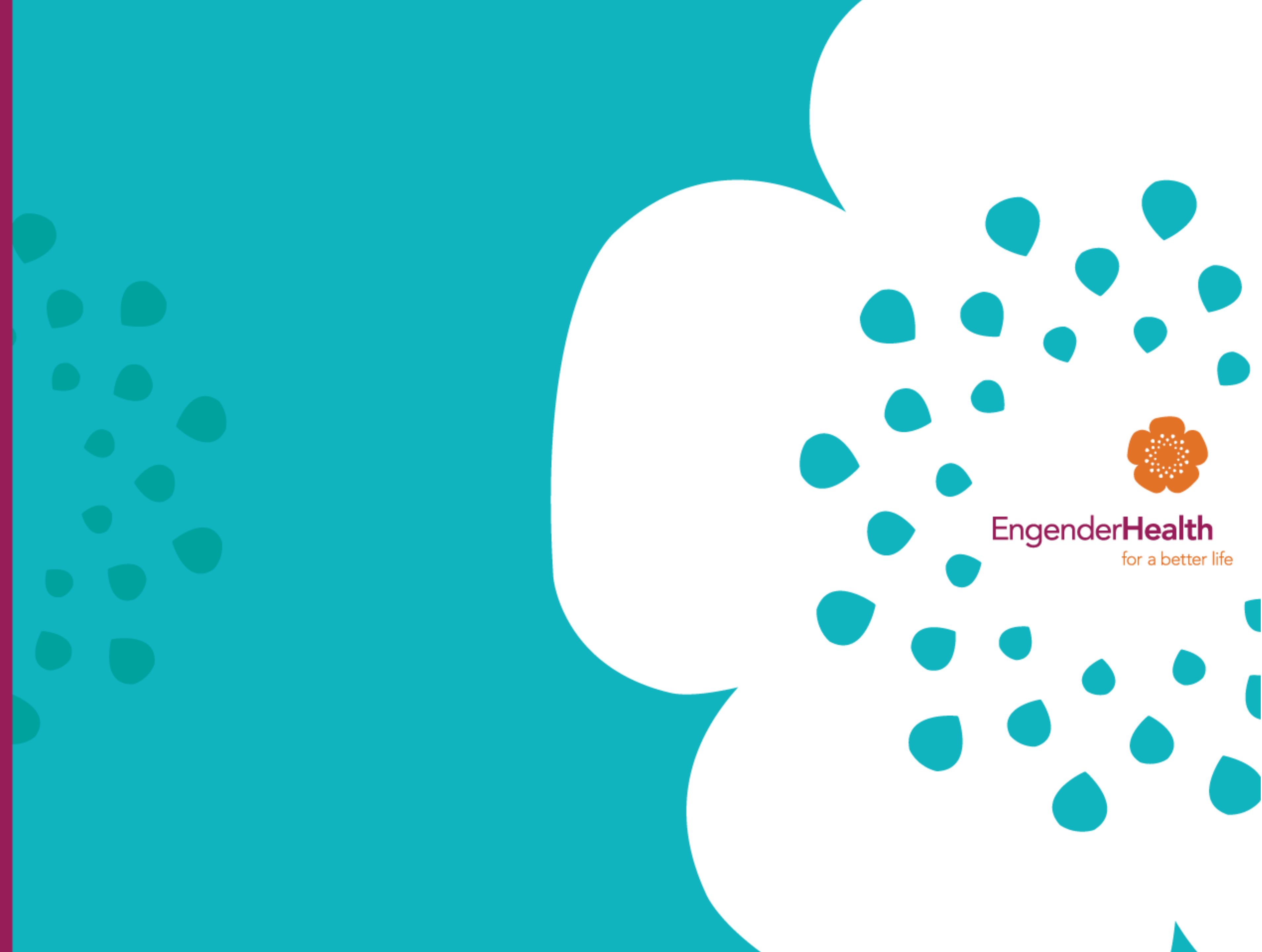
Summary: Communication Skills for Counseling

- What is the most important thing you learned from this session?
- How do you think communication skills would be helpful in counseling?
- Which communication skill would you most like to improve on?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REDI: A Client-Centered Counseling Framework

6 Using Simple Language and Visual Aids

Learning Objectives

- Identify local terms that clients use to describe reproductive anatomy and physiology, as well as sexual practices
- Use simple language and visual aids to explain basic sexual and reproductive health (SRH) terms

Exercise:
Exploring Terms
that Clients Use
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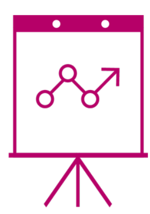
Exploring Terms That Clients Use: Discussion



Read the flipcharts…

- *What was it like for you to hear these words? To say them or write them?*
- *How would you respond if a client used a term that you consider crude or inappropriate?*
- *How do you think this exercise can help us in communicating with our clients?*

Using Information, Education, and Communication (IEC) Materials

- *How many of you are using IEC materials in your facilities? Which ones?*
- *Why do we use IEC materials?*

- *What have you learned about how to use these materials? Or, how not to use them?*

Tips for Using Anatomy Drawings or Models

- Let clients know that you will show an anatomy drawing *before* you show it.
- Start by asking clients what the picture looks like to them.
- First, identify parts of the picture that clients know, then discuss any that they are not familiar with.
- Point to parts of the pictures as you explain them.
- Look at the client, as well as the flipchart or poster.

Using Visual Aids In Counseling: Female Reproductive Anatomy

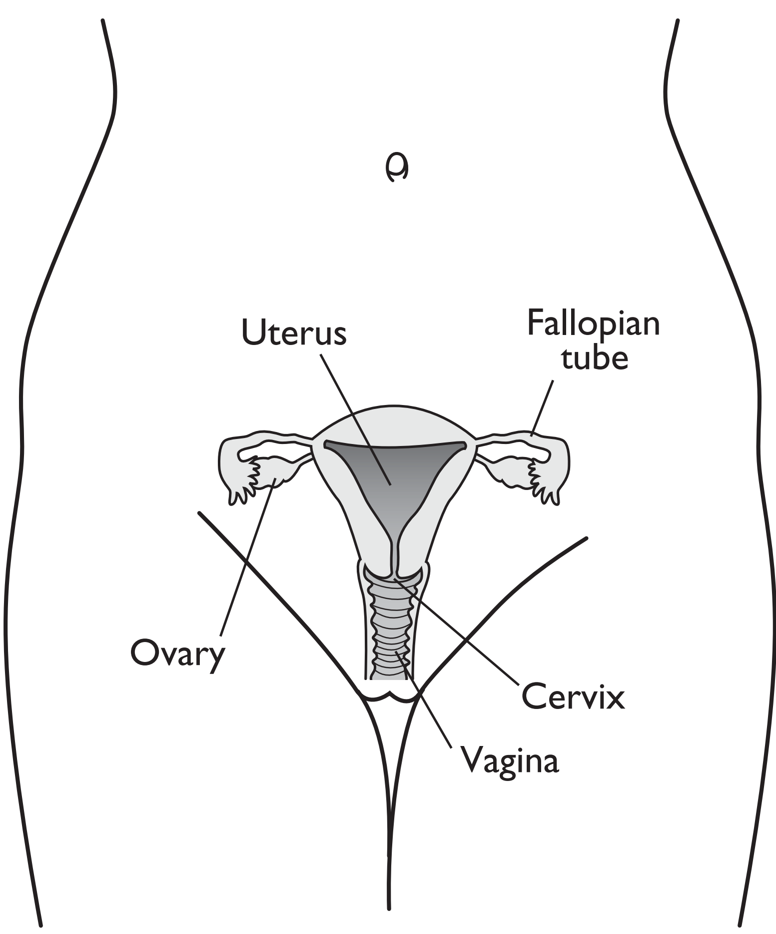


Illustration by David Rosenzweig

Using Visual Aids in Counseling: Male Reproductive Anatomy

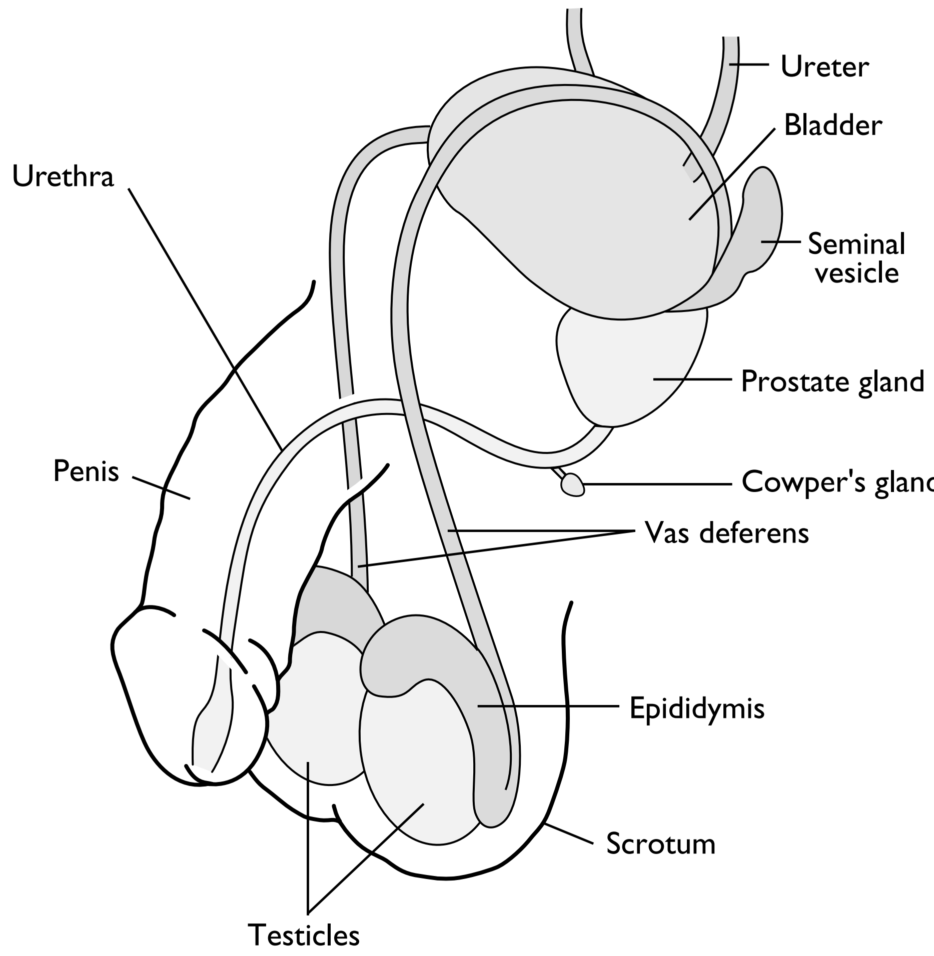


Illustration by David Rosenzweig

Small-Group Exercise: Explaining in Simple Language with Visual Aids

Remember: Ask what the client already knows. Then use words they understand and visual aids.

> Menstruation

> Conception

> Sexually transmitted infections

Discussion

- *Did "the providers" always check to see what "the clients" already knew before beginning the explanation? What happened when they did not?*
- *How did the visual aids help in explaining the terms?*
- *What did you learn from this exercise?*

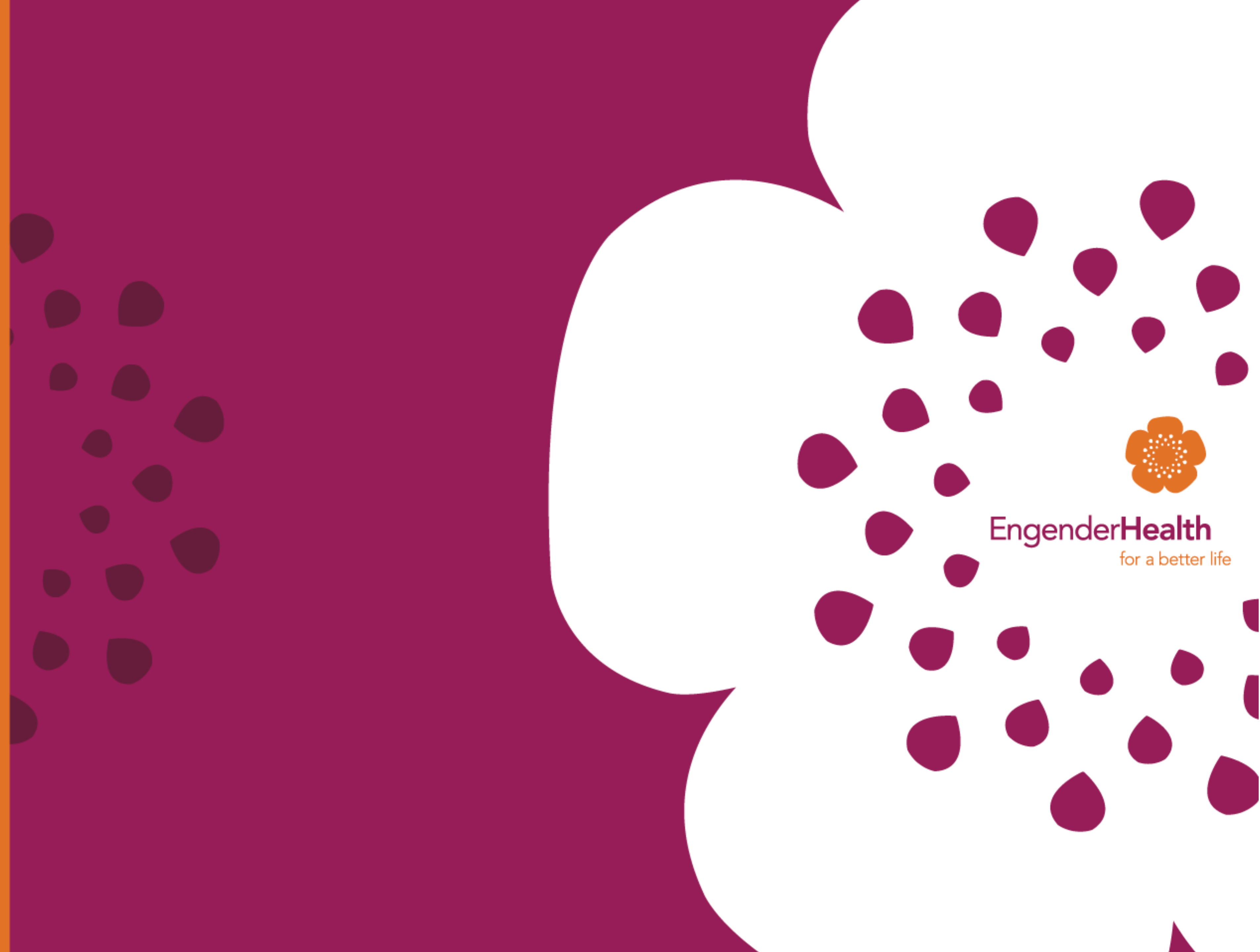
Essential Ideas: Using Simple Language and Visual Aids

> The provider is responsible for explaining SRH issues so the client can understand

- Find out what the client already knows
- Become familiar with terms clients use to talk about SRH issues
- Use those terms to connect with medical terms

> Use visual aids in your explanation

- Find out first what they mean to the client
- Work from that information to explain key concepts
- Ask questions to check for understanding



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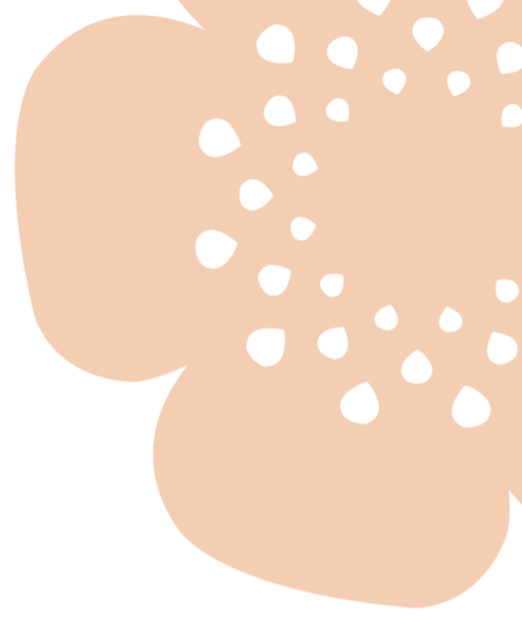
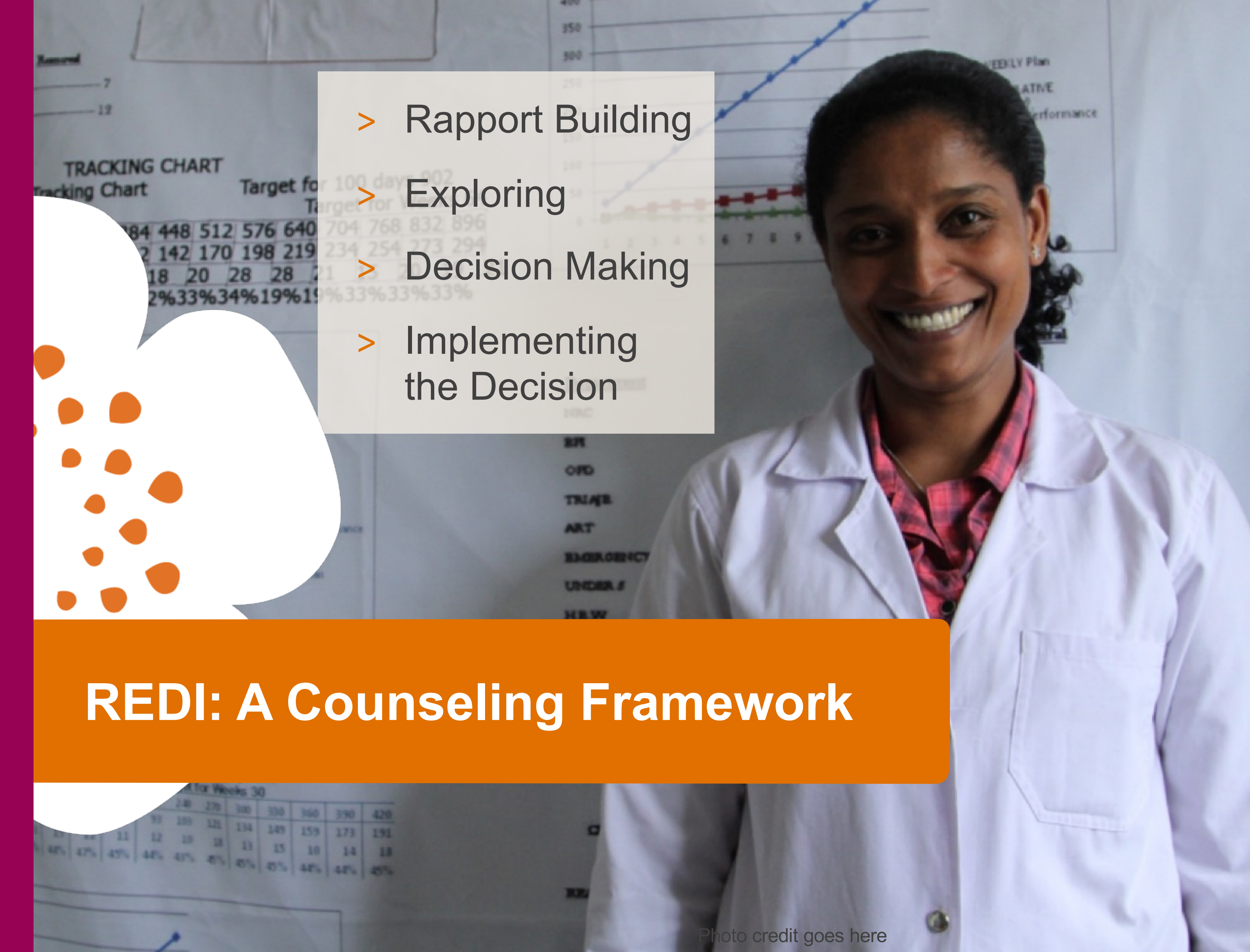


7

R = Rapport Building

Learning Objectives

- Describe the steps of REDI, Phase 1: Rapport Building
- Explain the importance of showing respect for clients
- Describe how to show respect for clients
- Explain how praise and encouragement can help to build rapport
- Explain how rapport building supports clients' sexual and reproductive health (SRH) rights



> Rapport Building
> Exploring
> Decision Making
> Implementing the Decision
REDI: A Counseling Framework
Photo credit goes here

Overview of REDI

The REDI counseling framework:

- Supports full, free, and informed choice
- Provides a structure for talking with clients so that providers do not miss important steps in the counseling process
- Strengthens the client-provider relationship
- Can be used flexibly to respond to the individual needs of each client

Rapport Building

What steps do you remember for rapport building?

1. Greet client with respect
2. Make introductions and identify the client's category
3. Assure confidentiality and privacy
4. Explain the need to discuss sensitive and personal issues
5. Use communication skills effectively

Exploring

What steps do you remember for exploring?

1. Explore (in detail) the client's reason for the visit
2. Explore the client's reproductive history, pregnancy prevention goals, and current condition
3. Explore the client's sexual relationships, social and gender contexts for decision making, and risk of contracting or transmitting a sexually-transmitted infection (STI) or HIV
4. Explain pregnancy prevention and SRH options—focusing on the method(s) of interest to the client

Decision Making

What steps do you remember for decision making?

1. **Summarize from explore:**
   a. **Identify the decisions the client needs to make or confirm**
   b. **Identify relevant options for each decision**
   c. **Confirm medical eligibility for contraceptive methods being considered**
2. **Help the client consider benefits, disadvantages, and consequences of each option**
3. **Confirm that any decision the client makes is informed, well-considered, and voluntary**

Implementing the Decision

What steps do you remember for implementing the decision?

1. Assist the client to make a concrete and specific plan to implement the decision
2. Identify barriers the client may face in implementing the plan
3. Develop strategies to overcome the barriers
4. Make a follow-up plan and/or provide referrals

Focus on R: What Is Rapport Building?

What does the term "rapport" mean to you?

Rapport is "a harmonious relationship in which people communicate well and understand each other's feelings or ideas."

Why might there not be rapport between a provider and a client when they first meet?

Steps of R = Rapport Building

Refer to **Learning Guide-2**

How do you think these five steps would help to build rapport between the client and the provider?

Respect

What does the term "respect" mean to you?

How do you know when you are respected?

How do you show respect to your clients?

Review **Handout 7-D**

Praise and Encouragement

What does the term “praise” mean to you?

What does the term “encouragement” mean to you?

Praise is the expression of recognition, approval, and admiration.
Encouragement is the provision of support, courage, confidence, and hope.
Source: S. Lewis/EngenderHealth
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The Purposes of Praise and Encouragement in Rapport Building

How could praise and encouragement help build rapport with clients?

- By showing that you are listening to the client and valuing what the client says
- By showing your support
- By motivating the client to continue the discussion

Showing Praise and Encouragement

A return client comes in late for an injection of Depo-Provera. She says: "I wanted to come in before now, but I could not find anyone to look after my children."

> *What would you say to this client to show praise and encouragement?*

> *How does the sample response show praise or encouragement?*

Review **Handout 7-E.**

Supporting Clients' Rights

Review **Handout 7-F.**

How does Rapport Building support clients' rights?

- Privacy and confidentiality
- Dignity, comfort, and expression of opinion
- Access to services, without social barriers or coercion

Supporting SRH Rights

When the provider establishes a trusting relationship with the client through Rapport Building, it sets the stage for open and honest sharing about the client's needs and preferences in the remaining phases of counseling.

Open and honest sharing is the foundation for helping clients make full, free, and informed choices about their SRH rights.

Essential Ideas: Overview of REDI

- REDI stands for "Rapport Building, Exploring, Decision Making, and Implementing the Decision."
- REDI provides structure and guidance for talking with clients.
- Frameworks are useful, but focusing on the client is the most important part of counseling—not following a script.

Essential Ideas: R = Rapport Building

> *Rapport* means good communication and understanding between the client and the provider.

> *Respect* means valuing each person as an individual. This may be shown differently in different cultures.

> Giving praise and encouragement to clients shows that you respect their efforts to deal with their health problems.

> Building rapport with the client sets the stage for open and honest sharing about the client's needs and preferences.

GATHER

G Greet

A Ask/Assess (client's needs)

T Tell (about relevant options)

H Help (make a decision)

E Explain (how to use chosen option)

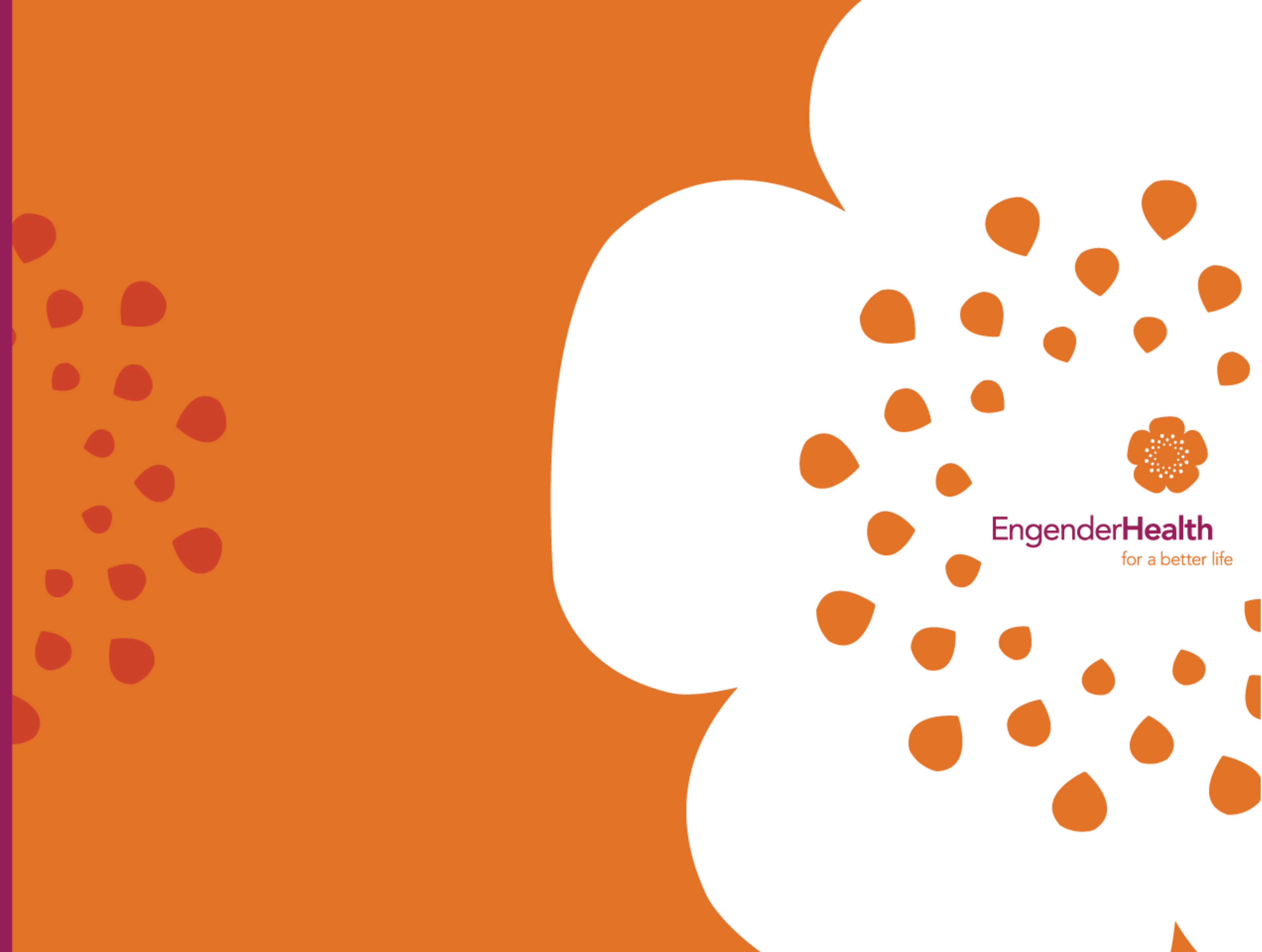
R Return Visit or Referral

Balanced Counseling Strategy (BCS)

- Pre-Choice Stage
- Method Choice Stage
- Post-Choice Stage

BCS+ = All of the above plus:

- STI/HIV Prevention, Risk Assessment, and Counseling and Testing Stage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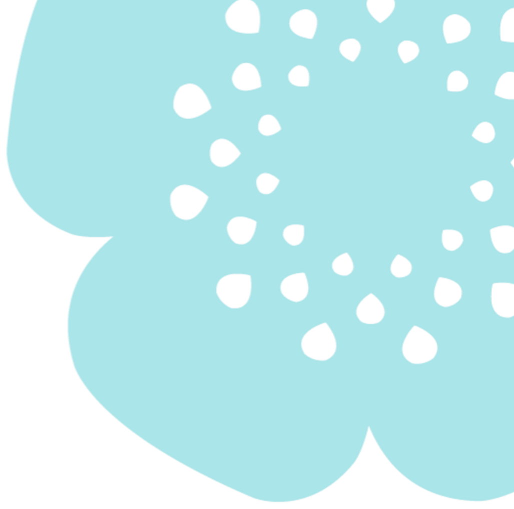

8

E = Exploring (Steps 1-3)

Steps of E = Exploring—for New Clients

1. Explore the client's reason for the visit, in detail
2. Explore individual factors: the client's sexual and reproductive health (SRH) history and pregnancy prevention goals
3. Explore other key factors: the client's sexual relationships, social and gender contexts for decision making, and risk of contracting a sexually transmitted infection (STI) or HIV
4. Explain contraceptive and SRH options, focusing on the method(s) of interest to the client and addressing individual and other key factors for decision making

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Learning Objectives: Exploring—Steps 1 and 2

> Step 1: Reason for the visit
  - Describe how to explore, in detail, the reason for the client's visit

> Step 2: Individual factors (SRH history and pregnancy prevention goals)
  - Name the four sub-steps for exploring individual factors influencing the client's decision making about pregnancy prevention

Exploring—Step 1: Reason for the Visit

Explore in detail the client's reason for the visit.

Refer to **Learning Guide 2**, and review the sub-steps under Exploring—Step 1.

Exploring—Step 2-A

Refer again to **Learning Guide 2.**

2-A. Explore the client's reproductive history, including most recent pregnancy, and pregnancy prevention goals.

> *Why and how do you ask about pregnancy prevention goals?*

> *Which of the bullets addresses these goals?*

Exploring—Step 2. Individual Factors: Documenting Client Records

Step 2 is the best step in counseling for writing information on the client's record.

> *Why?*

Step 2-A. Most Recent Pregnancy and Breastfeeding Status

Why ask about the client's most recent pregnancy?

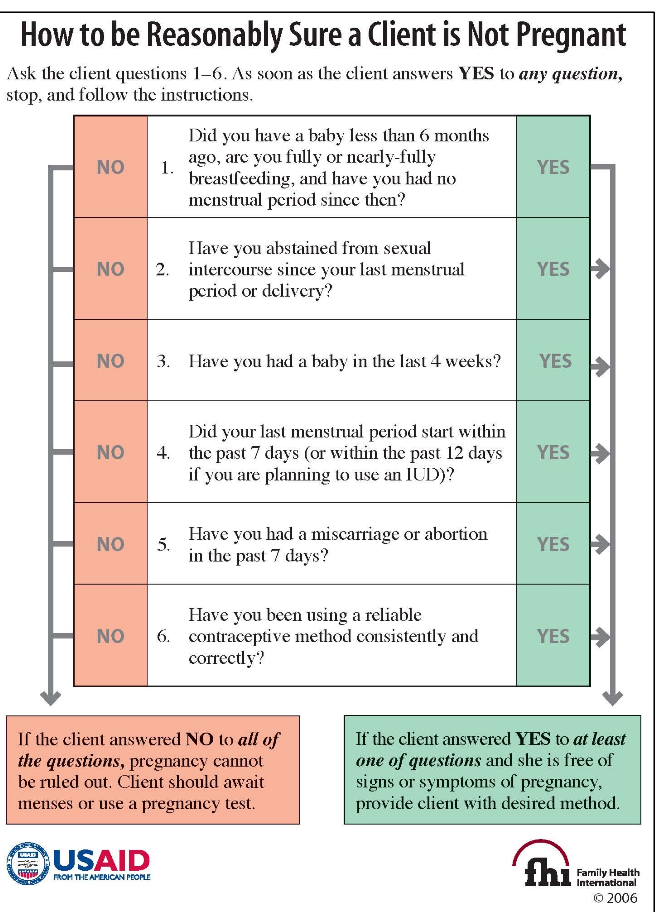
> You need to ask about recent pregnancy to learn if the client is postpartum, postabortion, interval, or has never been pregnant. Different methods are better for different categories.

> Also, contraceptive options for clients who are breastfeeding are slightly different, compared to a client who is not breastfeeding.

Step 2-B.
Rule Out Pregnancy

Why is it important to confirm that the client is not already pregnant?

Refer to **Handout 8-L.**



How to be Reasonably Sure a Client is Not Pregnant

Ask the client questions 1–6. As soon as the client answers **YES** to ***any question***, stop, and follow the instructions.

NO	1.	Did you have a baby less than 6 months ago, are you fully or nearly-fully breastfeeding, and have you had no menstrual period since then?	YES
NO	2.	Have you abstained from sexual intercourse since your last menstrual period or delivery?	YES
NO	3.	Have you had a baby in the last 4 weeks?	YES
NO	4.	Did your last menstrual period start within the past 7 days (or within the past 12 days if you are planning to use an IUD)?	YES
NO	5.	Have you had a miscarriage or abortion in the past 7 days?	YES
NO	6.	Have you been using a reliable contraceptive method consistently and correctly?	YES

If the client answered **NO** to ***all of the questions***, pregnancy cannot be ruled out. Client should await menses or use a pregnancy test.

If the client answered **YES** to ***at least one of questions*** and she is free of signs or symptoms of pregnancy, provide client with desired method.

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Steps 2-C and 2-D

Refer to **Learning Guide 2**, particularly Steps 2-C and 2-D.

> 2-C. Explore factors related to monthly bleeding
>
> - *Why?*

> 2-D. Explore signs and history of STIs/HIV
>
> - *What do you ask?*

Essential Ideas:
Exploring—Steps 1 and 2

- Step 1: Clarifying the specific needs and concerns of the client
- Step 2: Gathering further background information that will be crucial in helping the client make decisions

Ask questions to complete these steps *before* starting to explore the other key factors influencing decision making (Step 3).

Exploring—Step 3.
Other Key Factors

3-A: Explore the client's sexual relationships

3-B: Explore the client's social and gender contexts for decision making

3-C: Explore the client's risk of STI/HIV

Learning Objectives: Exploring—Steps 3-A and 3-B

Steps 3-A (Sexual Relationships) and 3-B (Social and Gender Contexts)

- Explain why questions about sexual relationships may need to be discussed in counseling
- Explain why it is important to be aware of your own attitudes about sexual practices
- Explain why it is important to address the client's social and gender contexts

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Why do we need to be able to explore sexual relationships in counseling?
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Step 3-A. We Need to Ask about Sexual Relationships Because…

- Sexual activity leads to pregnancy and STIs.
- The nature of relationships affects how clients *communicate* with their partners and *make decisions*.
- A couple's sexual practices can affect the choice, use, and effectiveness of contraceptive methods.
- There are some sexual practices that do not lead to pregnancy but may result in STIs.
- Clients may have needs related to sexual abuse, coercion, incest, or rape.

Step 3-B. Explore the Client's Social and Gender Contexts for Decision Making

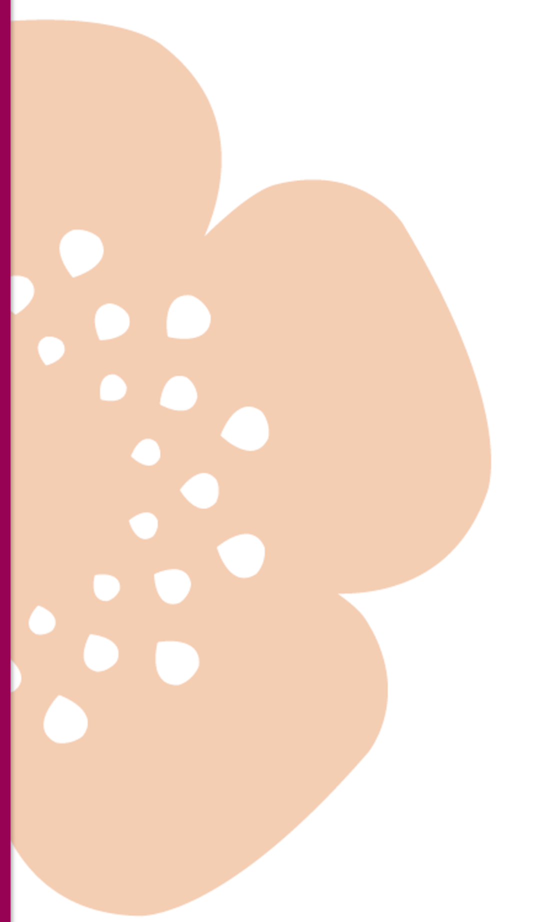
Social and gender factors can affect the client's ability to make decisions. Ask the client about:

- Partner/spouse and/or family involvement in and support for contraceptive use
- Ability to communicate with the partner(s) about pregnancy prevention and SRH decisions
- Other social factors that might influence choice and use of contraceptive method(s)
- Gender roles and power dynamics

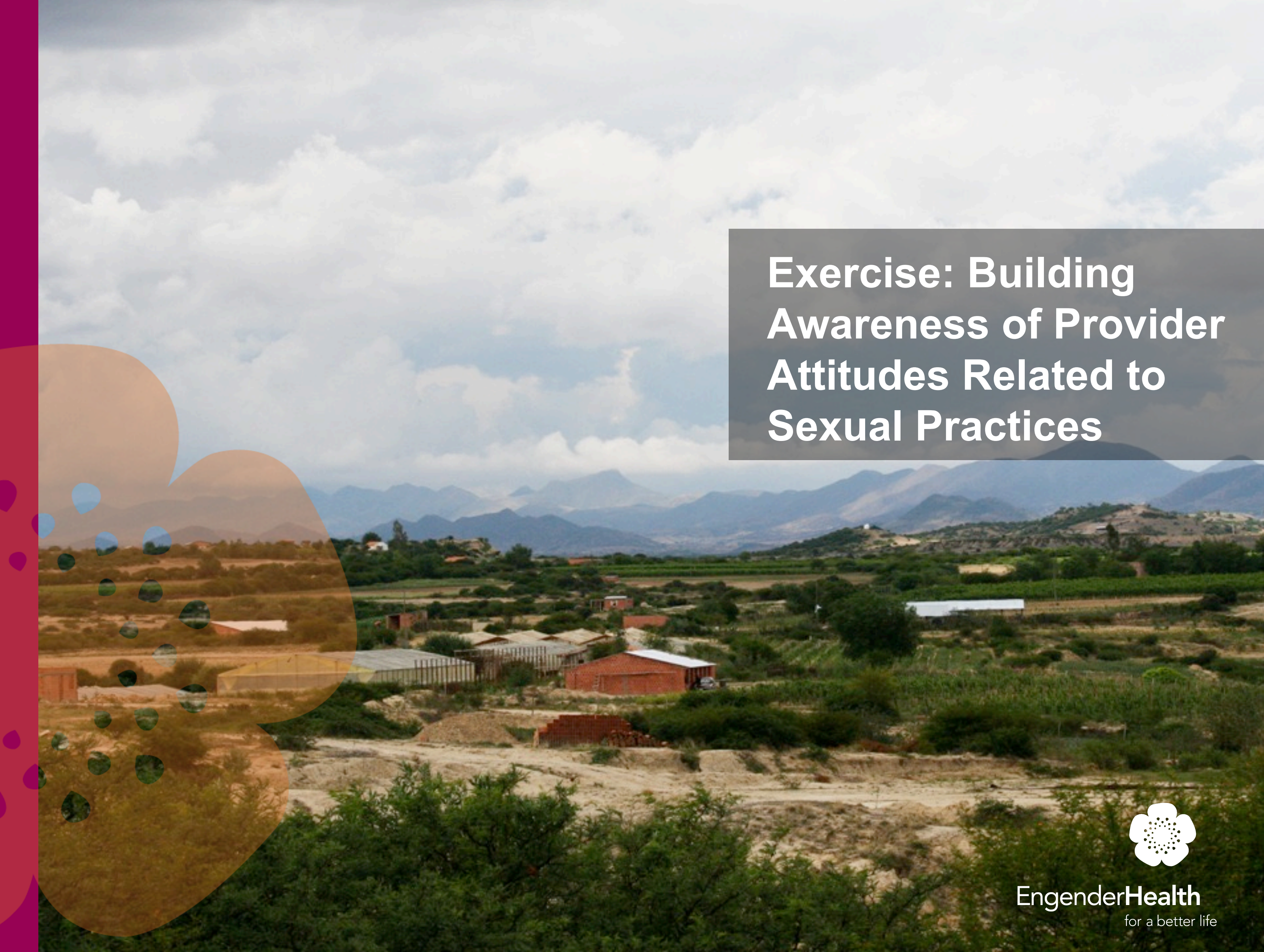
Sub-steps for Steps 3-A and 3-B

Refer to **Learning Guide 2**, Exploring. Other Key Factors: Steps 3-A and 3-B.

> Review the sub-steps.



“Okay, we can understand talking about sexual relationships with clients, but do we really have to talk about sexual practices?”


Exercise: Building Awareness of Provider Attitudes Related to Sexual Practices
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How Do You Feel about this Sexual Practice?

- **OK for me** (it is a practice that I would engage in)
- **OK for others** (it is *not* a practice that I would engage in, but I have no problem with other people doing it)
- **Not OK** (it is a practice that no one should engage in)

Discussion

- *Why do you think I asked you to read the sexual practice on your card as you placed it on the wall?*
- *How would you feel if someone placed a practice that you engage in yourself in the "Not OK" category?*
- *How would you feel if someone placed a practice you feel is wrong in one of the "OK" categories?*

Shift to Provider Perspective

> *How do you respond, as a provider, when a client talks about a sexual practice that is "not OK" for you, personally?*

> The only sexual practices that are "not OK" for clients are those that involve coercion, violence, or legal age issues. If none of that applies, the provider must accept that practice as "OK for others."

> *Which of the "Not OK" practices involve coercion, violence, or legal age issues?*

Essential Ideas: Sexual Practices

> It may be necessary to discuss sexual practices in counseling.

> The provider is responsible for being comfortable discussing sexual practices, as they relate to method choice and STI/HIV risk.

> Providers should not question or judge sexual practices that they find personally unacceptable. Instead, they should recognize that such practices exist and help clients consider the impact of these sexual practices on SRH decision making.

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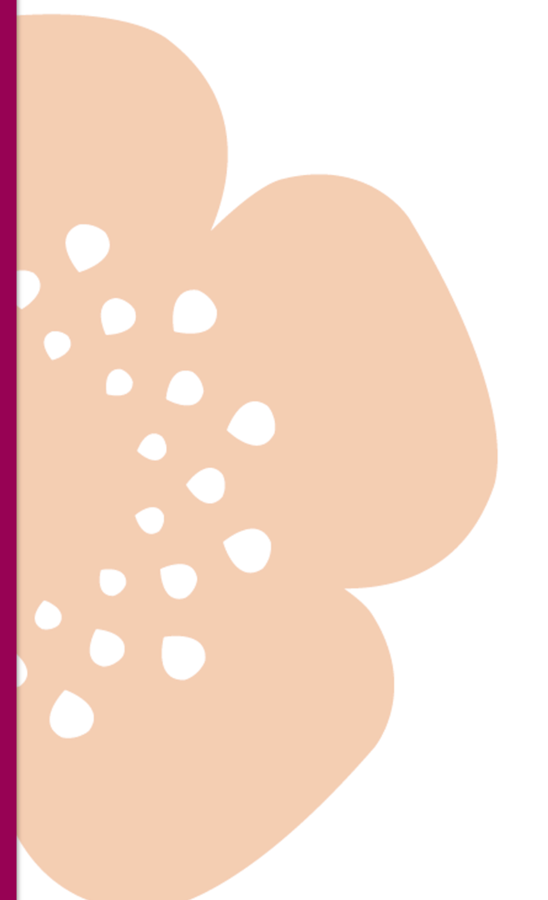
Learning Objectives: Exploring—Step 3-C. Risk of STI/HIV

- Apply your knowledge of the risk assessment to case scenarios
- Explain how particular sexual practices can be high-risk in one situation and low-risk in another
- Explain risk of pregnancy, STIs, and HIV in simple terms



What does the term "risk assessment" mean to you?

Risk assessment: Helping clients understand their risk of becoming pregnant or contracting an STI or HIV, and the sexual behaviors or circumstances that put them at risk
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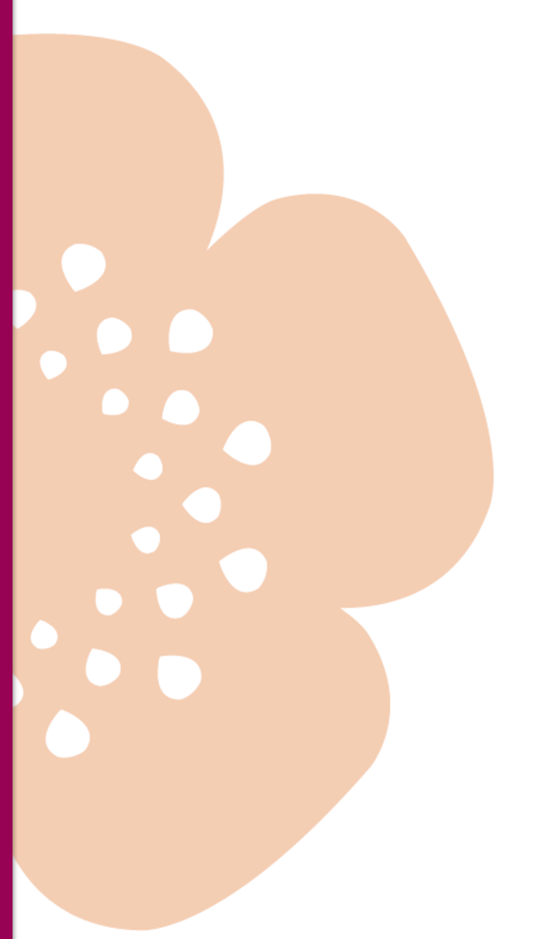
Why Do We Use Risk Assessment in Counseling?

- To better understand clients' behaviors and circumstances and to better tailor counseling
- To help clients assess their own risk for STIs/HIV and need for protection and to use that information to choose the best contraceptive method
- To help clients change risky practices

Refer to **Handout 8-M.**

Why Do People Underestimate their Risk?

- Stereotyped beliefs about who is at risk
- The illusion of invulnerability
- Fatalism
- Bigger or more urgent problems
- Misconceptions about risk
- Traditional gender roles and societal expectations



Why is a client's perception of their own risk so important?

Answer: Most people will not change their behaviors to lower their risk of STI/HIV unless they think they are at risk.

Exercise: Risk Assessment Case Scenarios

Refer to **Handout 8-N.**

Read through each scenario and answer the following questions (5 minutes):

- *What is the client's risk of pregnancy?*
- *What is the client's risk of contracting or sharing an STI?*
- *What is the client's risk of contracting or sharing HIV?*

Refer to **Handout 8-O.**

How Would You Explain Risk Behaviors to a Client?

Risk for pregnancy?

> Any behavior that allows a man's semen to enter a woman's vagina

Risk for HIV?

> Any behavior that exposes a person to the body fluids of an infected person

Risk for STI?

> Any behavior (not just sexual) that allows contact with the infected area

Refer to **Handout 8-P.**

Risk Assessment: Counseling Steps and Essential Ideas

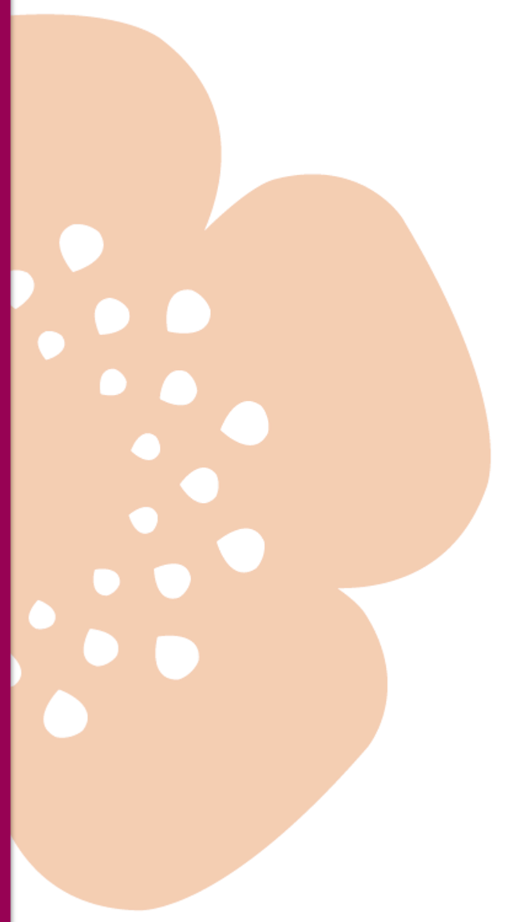
Review sub-steps for Step 3-C in **Learning Guide-2.**

Review Essential Ideas:

- Why we do a risk assessment in counselling
- How practices can be low-risk in one relationship and high-risk in another
- Importance of simple and clear explanations of risk of pregnancy, STI, and HIV

Learning Objectives: Exploring— Step 3. How to Ask Sensitive Questions

- Describe a strategy to introduce questions about sexual relationships
- List questions to address clients' sexual relationships
- List questions to help clients consider the social and gender contexts of their decision making about pregnancy prevention
- Describe a strategy to help clients consider their own risk of STI/HIV



How can a provider introduce the subject of sexual relationships in a way that puts a client at ease?

When and How to Ask about Sexual Relationships (and Put the Client at Ease)

Sexual relationships should never be the first thing that a provider talks about with a client. Build rapport and trust first.

Important points to cover with client:

1. Explain the purpose of the questions
2. Explain that providers ask all clients these questions
3. Assure the client of confidentiality and privacy
4. Tell the client they do not have to answer, if they do not want to

Refer to **Handout 8-Q.**

Practice Asking Sensitive Questions: Small Group Work and Role Play

Refer to **Handout 8-R.**

- In the same groups from risk assessment activity, participants will work on one section of questions and one person will role-play “the provider” in the large group setting.
- The trainer will role-play “the client” from one of the case scenarios in **Handout 8-N**. Counseling has been completed up to Exploring—Step 3.
- Assign one section of questions to each group. They will have five minutes to prepare and select a member for the role-play exercise.

Discussion

"Client" questions:

> *Was it easy or hard to answer these questions?*

> *What did the provider do that helped you feel comfortable about answering these questions?*

"Provider" questions:

> *Was it easy or hard to ask these questions?*

> *Which questions were most challenging?*

> *What made them challenging?*

Questions for everyone:

> *What could the provider do to make the client feel more comfortable?*

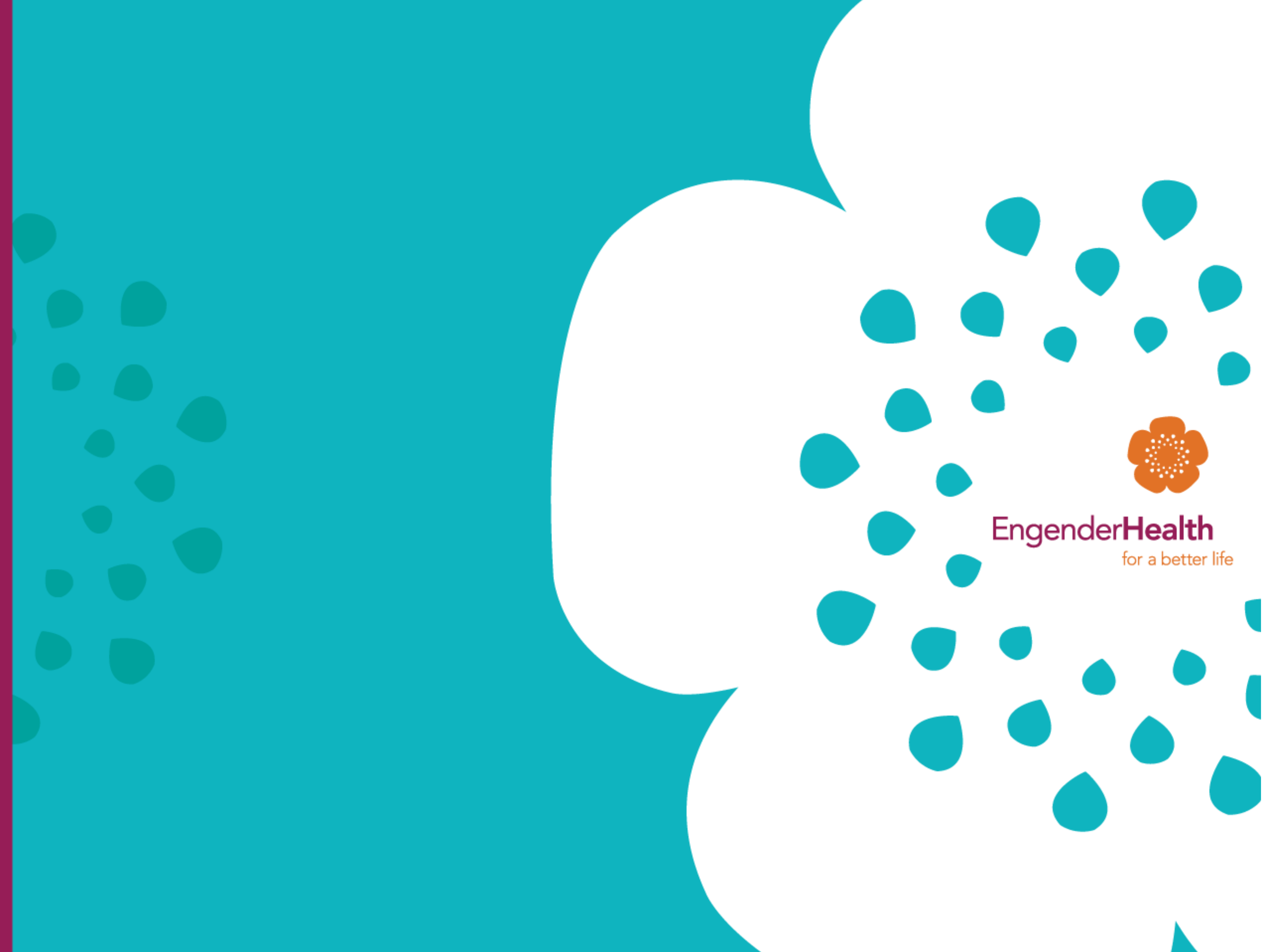
Essential Ideas: Exploring—Step 3. How to Ask Sensitive Questions

> Sexual relationships should never be the first thing you talk about with a client.

> Remember the four key points to introduce sensitive questions (**Handout 8-Q**).

> Adapt the sample questions (**Handout 8-R**) for each client considering:

- The nature of the client's sexual relationships
- How the client communicates with their partner(s)
- How the client makes decisions about pregnancy prevention and SRH and who or what factors that influence their decision making
- The client's risk for contracting STI or HIV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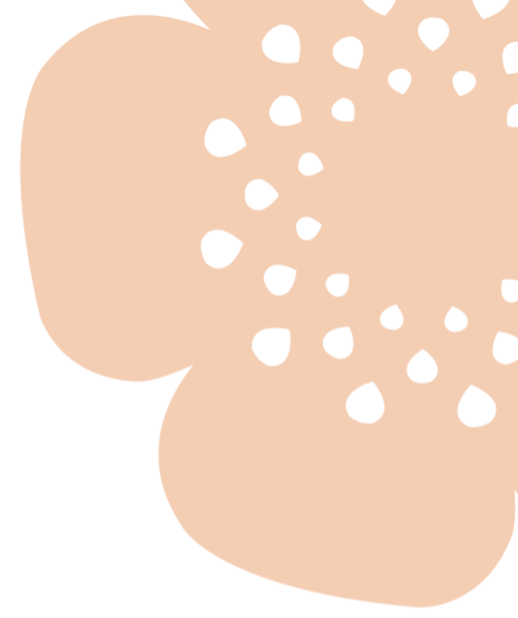

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E = Exploring—Step 4

Learning Objectives

> Describe the sub-tasks of Step 4

> Explain how to assess clients' informational needs

> Identify common misconceptions about contraceptive methods

> Address some of those misconceptions

> Describe principles of information giving and key areas of information to cover

Learning Objectives (continued)

- Discuss side effects, health risks, and complications
- List three ways to achieve dual protection
- Explain how the Exploring phase supports sexual and reproductive health (SRH) and clients' rights
- Practice Rapport Building and Exploring through role-play exercises

Exploring—Step 4 (New Clients)

Refer to **Learning Guide 2.**

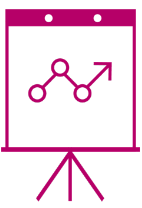
Step 4. Explain pregnancy prevention and other SRH options—focusing on the client's method(s) of interest

- Review healthy timing and spacing of pregnancy, if needed
- Find out what the client already knows about contraceptive methods
- Provide information to address knowledge gaps and correct misconceptions
- Show method samples and provide brochures
- See what questions the client has

Addressing Clients' Misconceptions

- *Why is it important to find out what the client already knows?*
- *What does the term "misconception" mean?*
- *What are sources of misconceptions for your clients?*
- *In general, how should a provider respond to a client's misconception?*

Exercise: Addressing Misconceptions



Brainstorm some of the misconceptions about FP contraceptive methods that are common in your area.

> Small-group work (5 minutes):
  - Review the misconception assigned to your group
  - Discuss potential responses to a client who presents this misconception

> Report back

Review: Principles of Giving Information

- *What does it mean* to tailor information *to the client's needs*?
- *How do you* personalize information *for the client*?
- *How do you* make information understandable *for the client*?
- *What does it mean* to "put risks into perspective"?

Review **Handout 9-K**.

Review: Key Information on Contraceptive Methods

> *What information does the client need to have when choosing a contraceptive method?*

> Key Information
- Kind of method (how it prevents pregnancy)
- Effectiveness and duration
- Side effects, health risks, and complications
- How to use, where to obtain, and how much it costs
- When to return
- Prevention of sexually transmitted infections (STIs) and HIV and methods of dual protection

> *How will the information be different for clients who have a method in mind and those who do not?*

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What Are Side Effects, Health Risks, and Complications?

What is the difference between side effects, health risks, and complications?

> *Side effects* are changes in the body in reaction to a contraceptive method—these are common, generally not harmful, and may resolve themselves without treatment.

> *Health risks* (negative health conditions) and complications (problems after a procedure) are rare but can be serious and require medical attention.

> *Why should the provider tell clients about common side effects for methods they are considering?*

> *How should a provider tell clients about possible health risks and complications?*

What Is Dual Protection?

> Dual protection is a strategy to prevent pregnancy *and* transmission of STIs.

Ways To Achieve Dual Protection

What are three ways to achieve dual protection?

> Condom alone

> Dual-method use (condom plus another method)

> Avoiding risky behavior
  - Mutual monogamy between uninfected partners and a contraceptive method
  - Abstinence
  - Avoiding penetrative sex

How Does the Exploring Phase Support SRH and Clients' Rights?

- Helps clients understand their personal risks for unintended pregnancy and STIs/HIV
- Offers accurate and understandable information about options for pregnancy prevention and STI/HIV protection specifically related to the client's needs and interests
- Includes information about side effects, health risks, and complications
- Addresses "full" and "informed" aspects of "full, free, and informed choice"

Essential Ideas: Exploring—Step 4

- Follow the sub-steps of Step 4: Explain Pregnancy Prevention and Other SRH Options—focusing on method(s) of interest to the client.
- Information is tailored to the client's interests and personalized to their needs. Ask what they already know. Keep it brief and non-technical.
- Discuss side effects briefly now. Discuss side effects in more detail, with health risks and complications, in the Decision Making phase.
- Discuss dual protection.
- Support rights to full and informed choice.

Demonstration Role Play: Rapport Building and Exploring
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Feedback Guidelines for Role Plays

- Ask "the client," *How did you feel during the role play? How well were your needs met (or not)?*
- Ask "the provider," *What did you do well? What would you do differently next time?*
- Ask "observers," *What did the provider do well? How could the provider improve their counseling and communication skills?*
- *How well did the provider accomplish all the tasks listed for Rapport Building and Exploring?*

Counseling Practice in Triads: Instructions

Each person in the triad has a different role:

> Client (see client profile flipchart)

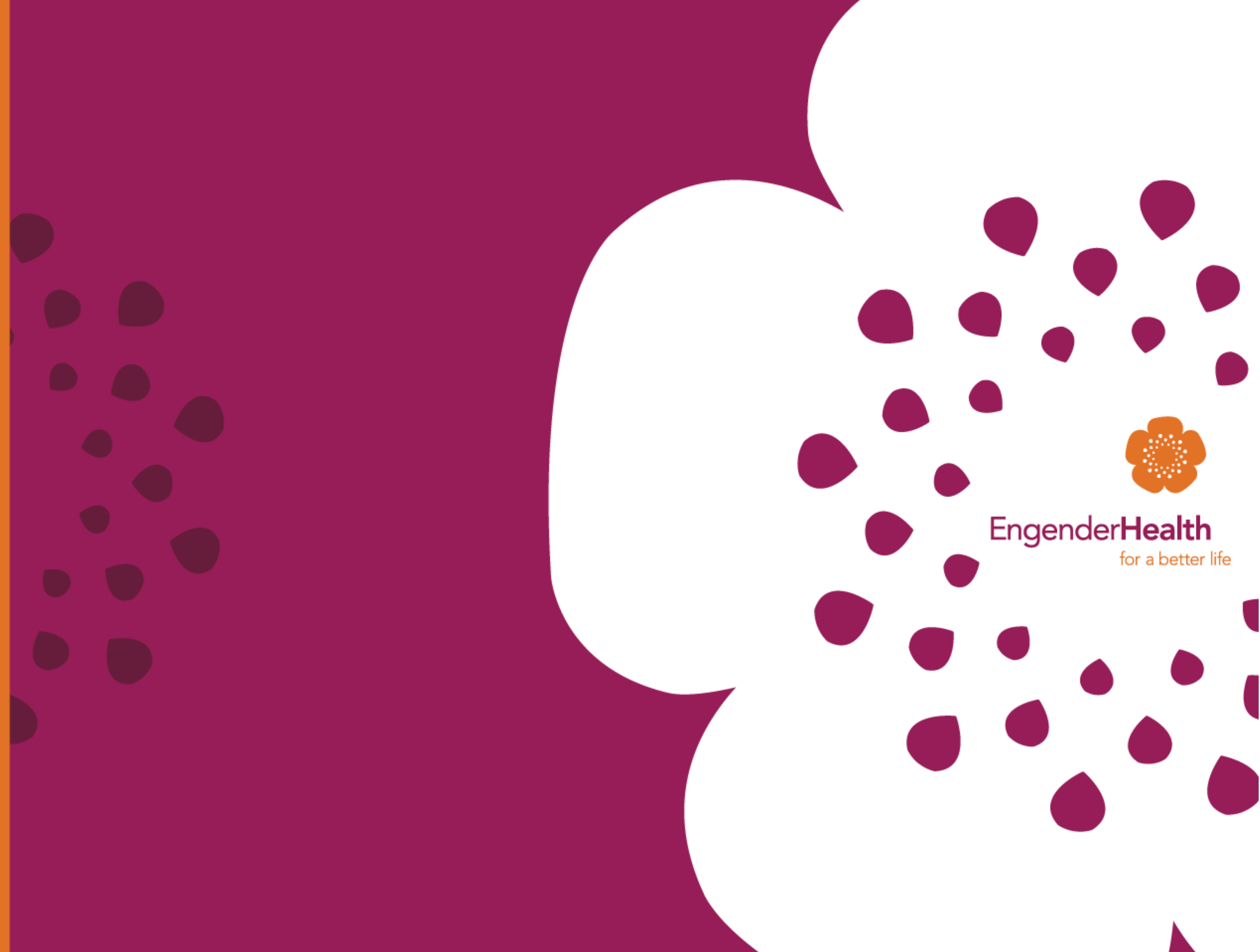
> Provider

> Observer

There will be three role plays. Each one will last for seven minutes. Next, take three minutes to give feedback in your triad. Then everyone will assume a new role and begin a new role play with a new client profile.

Counseling Practice: Discussion

> *How did you feel at the end of the role-play exercise?*
> *Overall, what worked well with these phases (Rapport Building and Exploring)?*
> *Overall, what do you think could be improved—either about the counseling process or your skills?*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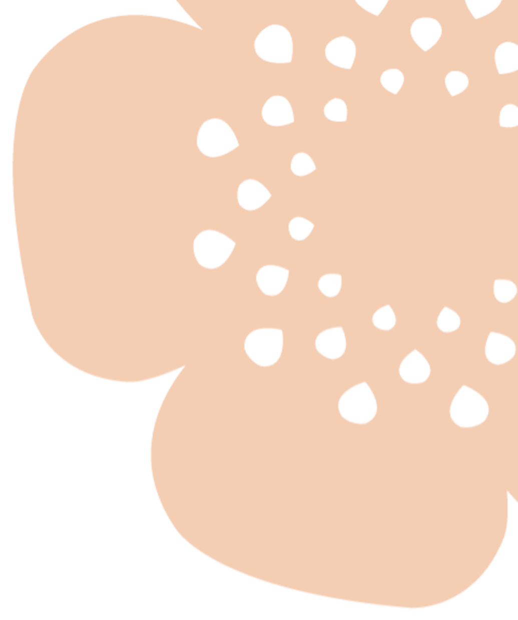
REDI: A Client-Centered Counseling Framework



10 D = Decision Making

Learning Objectives

- Describe the steps of Phase 3: Decision Making
- Describe how to focus on key decisions, list relevant options, and confirm medical eligibility (Step 1)
- Describe how to help clients choose contraceptive methods (Step 2)
- Describe how to support clients in making their own decisions without exerting pressure (Step 3)
- Explain how this phase supports sexual and reproductive health (SRH) and clients' rights

Steps of D = Decision Making

Refer to **Learning Guide 2.**

1. Summarize from the Exploring phase:

   1-A. Review the decisions the client needs to make or confirm including pregnancy prevention, sexually transmitted infection (STI)/HIV risk reduction, other SRH concern

   1-B. Identify relevant options for each decision

   1-C. Confirm medical eligibility for contraceptive methods client is considering

2. Help the client consider benefits, disadvantages, and consequences of each option

3. Confirm that any decision is informed, well-considered, and voluntary

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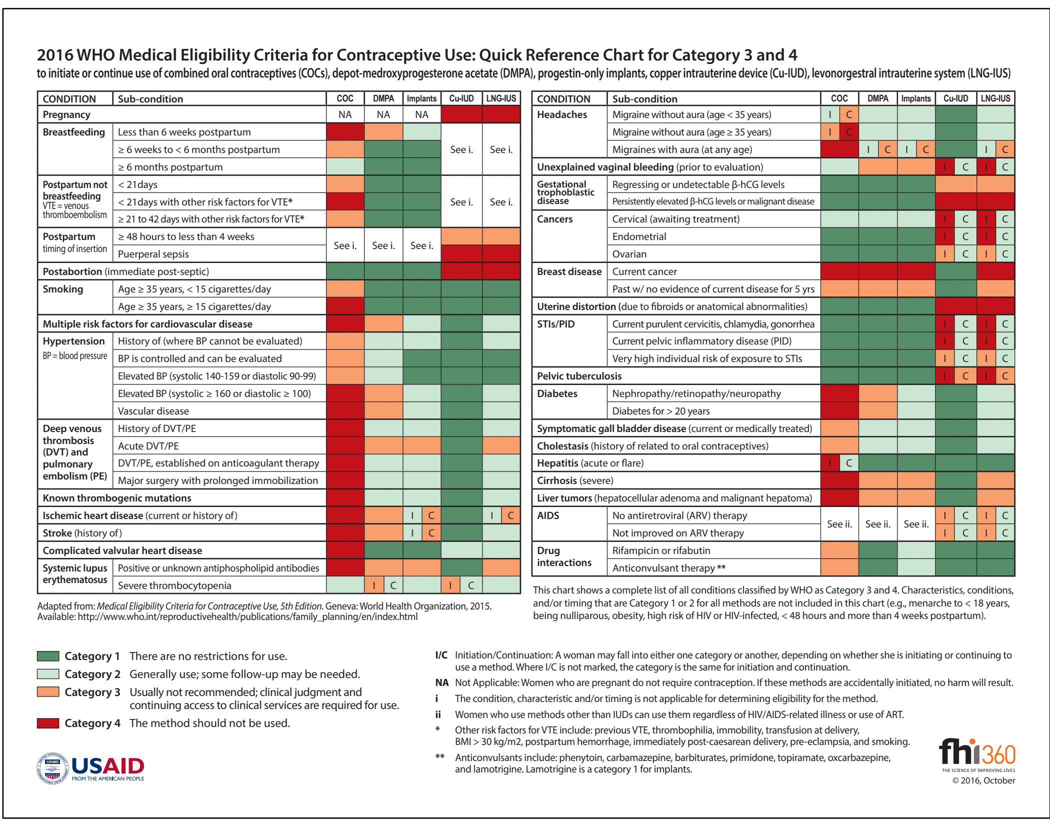
Step 1:
Summarize from Explore

Think about the client from the role-play demonstration.

- *What decisions does that client need to make or confirm?*
- *What are the options for each decision?*

Medical Eligibility Criteria

Refer to **Handout 10-E.**



2016 WHO Medical Eligibility Criteria for Contraceptive Use: Quick Reference Chart for Category 3 and 4

to initiate or continue use of combined oral contraceptives (COCs), depot-medroxyprogesterone acetate (DMPA), progestin-only implants, copper intrauterine device (Cu-IUD), levonorgestral intrauterine system (LNG-IUS)

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD	LNG-IUS
Pregnancy		NA	NA	NA		
Breastfeeding	Less than 6 weeks postpartum					
	≥ 6 weeks to < 6 months postpartum				See i.	See i.
	≥ 6 months postpartum					
Postpartum not breastfeeding VTE = venous thromboembolism	< 21days					
	< 21days with other risk factors for VTE*				See i.	See i.
	≥ 21 to 42 days with other risk factors for VTE*					
Postpartum timing of insertion	≥ 48 hours to less than 4 weeks	See i.	See i.	See i.		
	Puerperal sepsis					
Postabortion (immediate post-septic)						
Smoking	Age ≥ 35 years, < 15 cigarettes/day					
	Age ≥ 35 years, ≥ 15 cigarettes/day					
Multiple risk factors for cardiovascular disease						
Hypertension BP = blood pressure	History of (where BP cannot be evaluated)					
	BP is controlled and can be evaluated					
	Elevated BP (systolic 140-159 or diastolic 90-99)					
	Elevated BP (systolic ≥ 160 or diastolic ≥ 100)					
	Vascular disease					
Deep venous thrombosis (DVT) and pulmonary embolism (PE)	History of DVT/PE					
	Acute DVT/PE					
	DVT/PE, established on anticoagulant therapy					
	Major surgery with prolonged immobilization					
Known thrombogenic mutations						
Ischemic heart disease (current or history of)				I C		I C
Stroke (history of)				I C		
Complicated valvular heart disease						
Systemic lupus erythematosus	Positive or unknown antiphospholipid antibodies					
	Severe thrombocytopenia		I C		I C	

Adapted from: *Medical Eligibility Criteria for Contraceptive Use, 5th Edition.* Geneva: World Health Organization, 2015. Available: http://www.who.int/reproductivehealth/publications/family_planning/en/index.html

CONDITION	Sub-condition	COC	DMPA	Implants	Cu-IUD	LNG-IUS
Headaches	Migraine without aura (age < 35 years)	I C				
	Migraine without aura (age ≥ 35 years)	I C				
	Migraines with aura (at any age)		I C	I C		I C
Unexplained vaginal bleeding (prior to evaluation)					I C	I C
Gestational trophoblastic disease	Regressing or undetectable β-hCG levels					
	Persistently elevated β-hCG levels or malignant disease					
Cancers	Cervical (awaiting treatment)				I C	I C
	Endometrial				I C	I C
	Ovarian				I C	I C
Breast disease	Current cancer					
	Past w/ no evidence of current disease for 5 yrs					
Uterine distortion (due to fibroids or anatomical abnormalities)						
STIs/PID	Current purulent cervicitis, chlamydia, gonorrhea				I C	I C
	Current pelvic inflammatory disease (PID)				I C	I C
	Very high individual risk of exposure to STIs				I C	I C
Pelvic tuberculosis					I C	I C
Diabetes	Nephropathy/retinopathy/neuropathy					
	Diabetes for > 20 years					
Symptomatic gall bladder disease (current or medically treated)						
Cholestasis (history of related to oral contraceptives)						
Hepatitis (acute or flare)		I C				
Cirrhosis (severe)						
Liver tumors (hepatocellular adenoma and malignant hepatoma)						
AIDS	No antiretroviral (ARV) therapy	See ii.	See ii.	See ii.	I C	I C
	Not improved on ARV therapy				I C	I C
Drug interactions	Rifampicin or rifabutin					
	Anticonvulsant therapy **					

This chart shows a complete list of all conditions classified by WHO as Category 3 and 4. Characteristics, conditions, and/or timing that are Category 1 or 2 for all methods are not included in this chart (e.g., menarche to < 18 years, being nulliparous, obesity, high risk of HIV or HIV-infected, < 48 hours and more than 4 weeks postpartum).

Category 1 There are no restrictions for use.

Category 2 Generally use; some follow-up may be needed.

Category 3 Usually not recommended; clinical judgment and continuing access to clinical services are required for use.

Category 4 The method should not be used.

I/C Initiation/Continuation: A woman may fall into either one category or another, depending on whether she is initiating or continuing to use a method. Where I/C is not marked, the category is the same for initiation and continuation.

NA Not Applicable: Women who are pregnant do not require contraception. If these methods are accidentally initiated, no harm will result.

i The condition, characteristic and/or timing is not applicable for determining eligibility for the method.

ii Women who use methods other than IUDs can use them regardless of HIV/AIDS-related illness or use of ART.

* Other risk factors for VTE include: previous VTE, thrombophilia, immobility, transfusion at delivery, BMI > 30 kg/m2, postpartum hemorrhage, immediately post-caesarean delivery, pre-eclampsia, and smoking.

** Anticonvulsants include: phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine, and lamotrigine. Lamotrigine is a category 1 for implants.

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Medical Eligibility Criteria and Decision Making

What would you do if the client chooses a method that is not medically appropriate?

Step 2: Benefits, Disadvantages, and Consequences

Help the client consider the benefits, disadvantages, and consequences of each pregnancy prevention option; focus specifically on:

- Side effects
- Possible impact of the contraceptive method on sexual relations, religious practices, and/or family life
- Recurrent costs of paying for the method, plus time and travel required for repeat clinic visits
- Protection against STIs/HIV

What do you know about the profiled client in each of these areas?

Small-Group Exercise: Handout 10-F

Task A. Label each of the provider's questions or statements with appropriate the Decision-Making step: Step 1-A, 1-B, 1-C, Step 2, or Step 3.

Task B. For provider's questions or statements labeled "Step 2," indicate the relevant words for each topic (at right) and write the topic in the "Provider" box:

- Side effects
- Impact
- Costs
- STI/HIV

Step 3: Power Imbalances between Client and Provider

> *Why might there be a power imbalance between a client and a provider?*

> *What are some signs of a power imbalance between provider and client during counseling?*

> *What impact could a power imbalance have on interactions between a provider and a client?*

Finding the Right Balance

What can the provider do to overcome the barriers caused by this imbalance?

- Be aware of beliefs and attitudes that might interfere with the client-provider interaction.
- Remember that there are two experts in the room.
- Accept that decisions made for the client and not by the client may not work for the client.
- Improve communication skills.
- Stay client-centered by following the steps of REDI!

Supporting Clients' Rights

How does the Decision Making phase support clients' SRH rights?

- Access to service
- Informed choice
- Dignity, comfort, and expression of opinion

Essential Ideas:
D = Decision Making

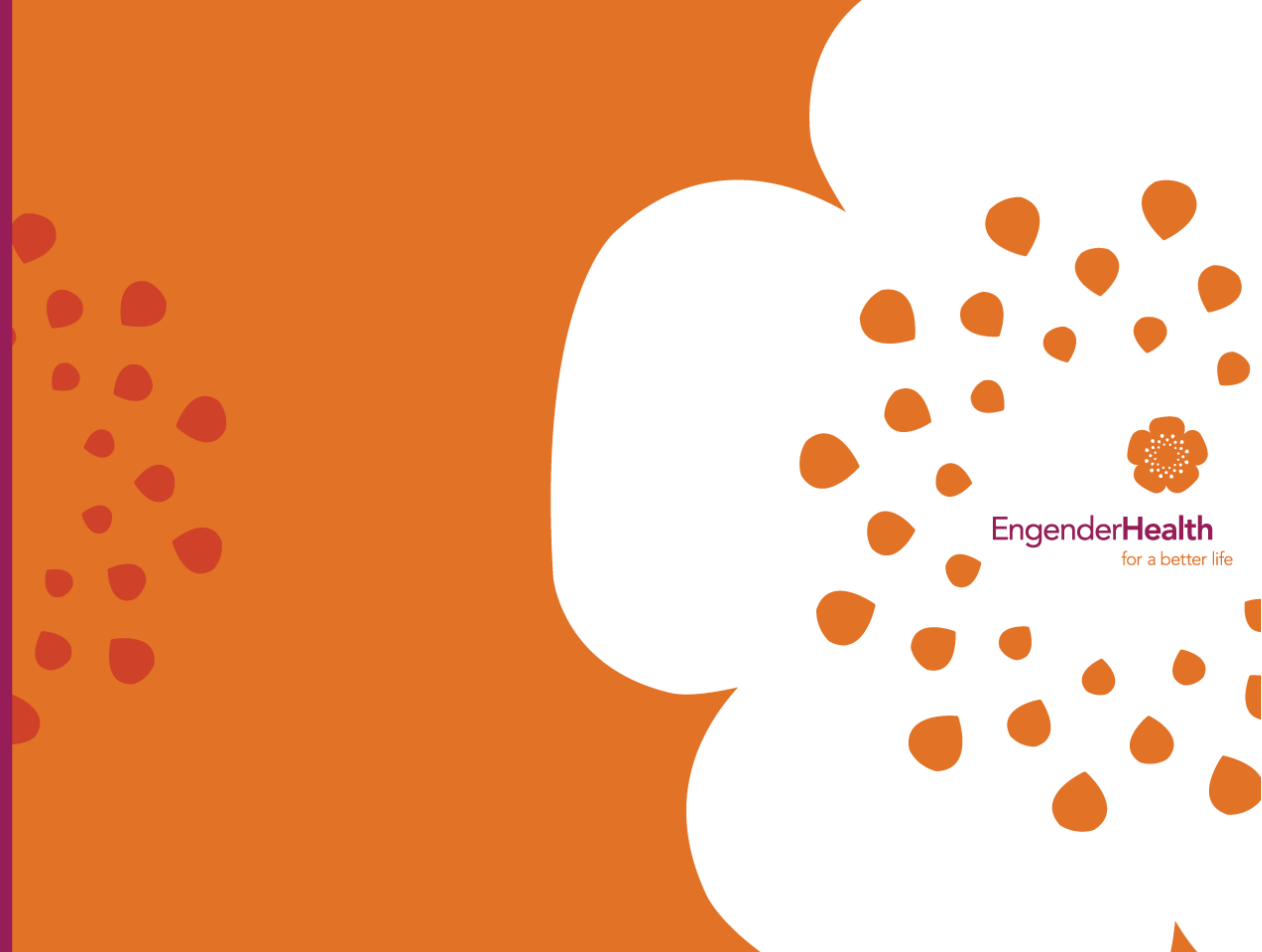
Three steps of Decision Making:

> Step 1. Summarize decisions, list options, check medical eligibility

> Step 2. Support the client in considering benefits, disadvantages, and consequences of each option

> Step 3. Support the client to make full, free, and informed choices

Support the client's rights by being aware of power imbalances or other pressures on the client's decision making.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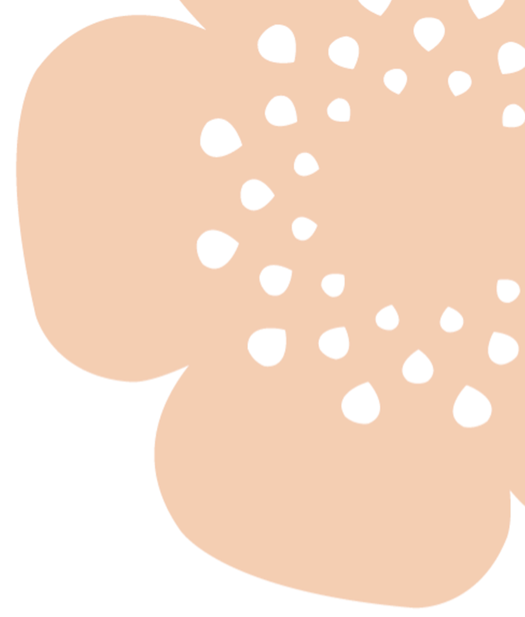

11

I = Implementing the Decision

Learning Objectives

> Describe the steps of REDI, Phase 4: Implementing the Decision

> Apply learning from the Pretraining Materials with a profiled client

> Identify reasons why clients might not want to talk with their partners about pregnancy prevention and other sexual and reproductive health (SRH) issues

> Practice responding to some of these reasons

> Explain how this phase supports SRH and clients' rights

Steps of I = Implementing the Decision

1. Assist the client to make a concrete and specific plan to implement the decision(s).

2. Identify potential barriers the client may face in implementing the plan.

3. Develop strategies and skills to overcome the identified barriers.

4. Make a follow-up plan and/or provide referrals.

Step 1. Assisting the Client to Make a Plan

Refer to **Learning Guide 2.**

- *Why is a concrete plan needed for using a contraceptive method?*
- *How can the provider make sure that the client's plan is specific and concrete?*
- *What should be included in the implementation plan for the client in* ***Handout 10-F****?*

Reviewing Key Information—Again!

- *Why do you need to review key information about the chosen method again?*
- *What are the categories of key information to review?*
- *How can you be sure that the client understands?*

Step 2. Identifying Barriers and Step 3. Developing Strategies

Refer to **Learning Guide 2.** Review Step 2.

Think about the client in **Handout 10-F**.

> *How would you help this client identify possible challenges and barriers to the implementation of her decision?*

Review Step 3.

> *How would you discuss strategies to overcome the barriers for the client in Handout 10-F?*

Step 4. Making a Plan for Follow-Up or Referral

Refer to **Learning Guide 2.**
Review Step 4.

Think about the client in **Handout 10-F**.

> *What is the follow-up or referral plan for this client?*

Partner Communication

- *What are some reasons why clients might not talk with their partners about pregnancy prevention and SRH?*
- *What are some suggestions that providers can make to their clients about how to discuss pregnancy prevention and other SRH issues with their partners?*
- *What would you say to a client who says they absolutely cannot discuss pregnancy prevention with their partner?*

Refer to **Handout 11-G.**

Responding to Clients' Reasons for Not Talking to their Partners

Refer to **Handout 11-H.**

- Work in pairs for five minutes.
- For your assigned client reason, consider the possible deeper personal and social factors for the client's reluctance to talk with their partner.
- Then decide: *What suggestions would you make to your client about talking with their partner?*

How Does the Implementing Phase Support SRH and Clients' Rights?

Clients' Rights

- *Safety of services:* By providing clear instructions about how to use the chosen method, side effects, and warning signs of health risks or complications
- *Continuity of care:* By ensuring that the client has access to resupply, is aware of necessary follow-up, and is referred for services not available on-site

SRH Rights

- Safety and continuity, plus being aware of potential barriers and how to overcome them, are important to attaining the highest standard of SRH

Essential Ideas:
I = Implementing the Decision

Review from **Pretraining Material:**

> The importance of developing a concrete plan and being specific about changes required

> Key information to review on the chosen method

> Barriers and strategies to overcome barriers

> Not assuming clients know how to use condoms

If partner communication is a barrier:

> Identify reasons why and discuss strategies

> Don't force the client—*the client knows best!*

Demonstration Role Play: Rapport Building and Exploring
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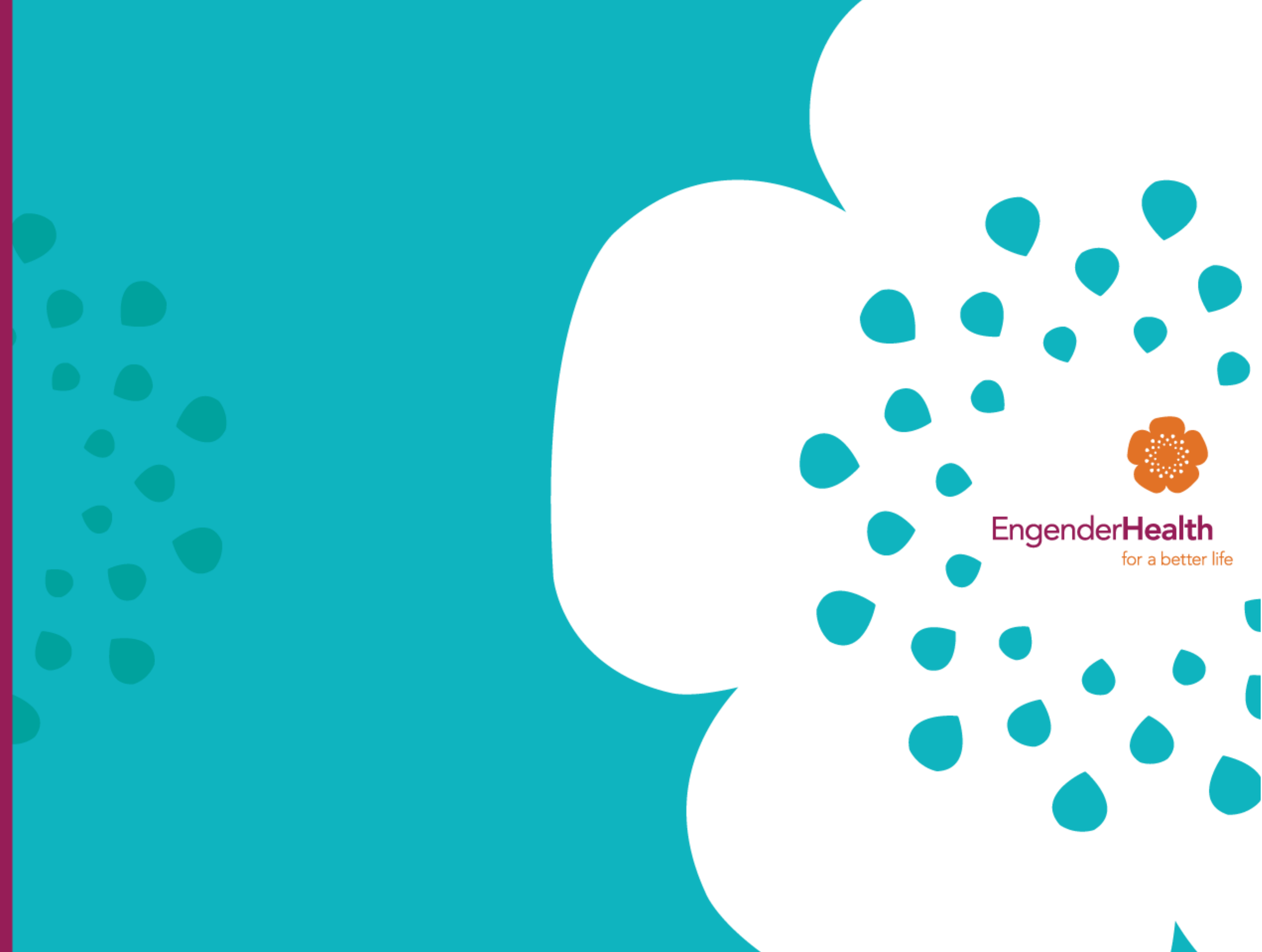
Feedback Guidelines for Role Plays

- **Ask "the client,"** ***How did you feel during the role play? How well were your needs met (or not)?***
- **Ask "the provider,"** ***What did you do well? What would you do differently next time?***
- **Ask observers,** ***What did the provider do well? How could the provider improve their counseling and communication skills?***
- ***How well did the provider accomplish all the tasks listed for Decision Making and Implementing the Decision?***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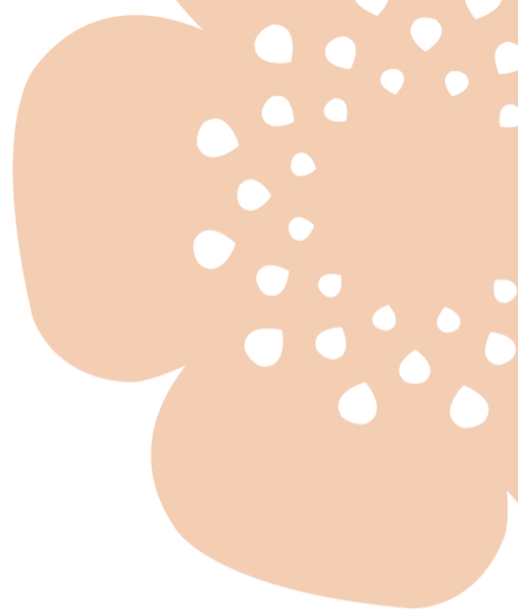


12 Counseling Return Clients

Learning Objectives

- Recap possible reasons for return visits
- Explain how to use different REDI steps for satisfied and dissatisfied return clients
- Identify the three main reasons for method discontinuation
- Describe how to support clients who want to discontinue
- List the steps in managing side effects and other problems
- Explain how this approach supports clients' sexual and reproductive health (SRH) rights

Counseling Return Clients

- Many of the clients who come to clinic facilities for contraception are return clients.
- Return visits are an important part of the Implementing the Decision phase of REDI.
- Asking open-ended questions to assess the client's needs can help providers quickly identify and address concerns or problems, and quickly service clients without problems.

Brainstorm: ***Why do clients return to the clinic after starting a contraceptive method?***

REDI for Return Clients

Two main categories of return clients:

> Clients who are satisfied with their method

> Clients who are dissatisfied

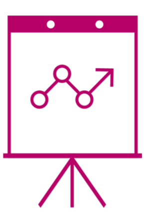
Two different approaches:

> Satisfied return clients should receive the services or supplies they request, without delay.

> Dissatisfied return clients should receive careful attention and counseling.

Review **Handout 12-E**.

Discussion: Appropriate Provider Responses



Reasons for clients using a contraceptive method to return to the clinic

What would be an appropriate provider response to this client?

Reasons for Switching Methods or Discontinuation

When clients say they want to switch to another method or stop using contraception completely, it is important to know *why*, in order to know how to respond.

> *Why do clients say they want to switch methods or discontinue contraception?*

Main Reasons Why Clients Want to Switch Methods or Discontinue Contraception

There are three main reasons why clients want to switch methods or discontinue contraception.

1. Because of side effects or other health or social problems related to the current method

2. Because of concerns caused by lack of accurate information

3. Because the client wants to conceive or no longer needs protection

Pairs Exercise

Review **Handout 12-F.**

Work in pairs:

> Decide which reason category fits each client.

> Discuss how you would respond to each client.

> Report back to the large group.

Supporting Clients Who Want to Switch or Discontinue

Review **Handout 12-G**.

Review **Handout 12-H**.

Managing Side Effects and Other Problems

Review **Handout 12-I**.

- Always acknowledge the clients' complaints.
- Take the clients' complaints seriously.
- Gain a full understanding of the complaint—ask questions and listen!
- Inform and reassure the client.
- Offer medical management or refer to an appropriate provider.

Role-Play Demonstration:
Counseling Return Clients
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Feedback on Role-Play Demonstration

> *What did the provider do during the Exploring phase for the returning that was different from counseling a new client?*

> *How did the provider assist the client in the Decision Making phase?*

> *How satisfied is the client with this counseling?*

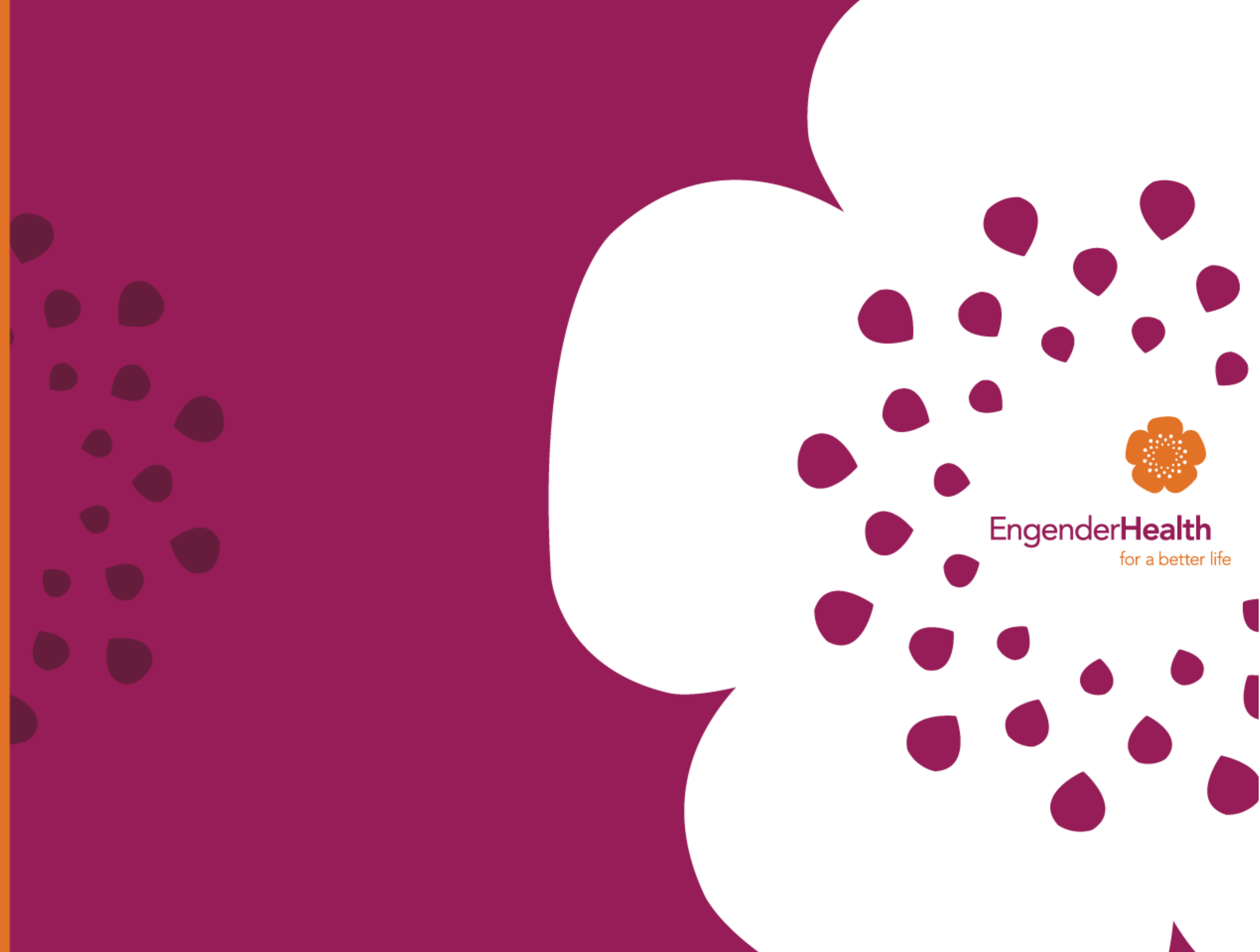
Supporting SRH and Client's Rights

Which of the client's rights are supported by counseling return clients?

> Access to services
> Informed choice
> Safety of services
> Continuity of care

Essential Ideas: Counseling Return Clients

- Two types of returning clients → two counseling approaches
- Three main reasons why clients want to switch methods or discontinue contraception
- Switching methods should always be an option if the client is dissatisfied
- Two categories of side effects or problems: those that do not require treatment and those that require treatment or indicate health risk or complication
- Importance of supporting SRH rights of return clients through counseling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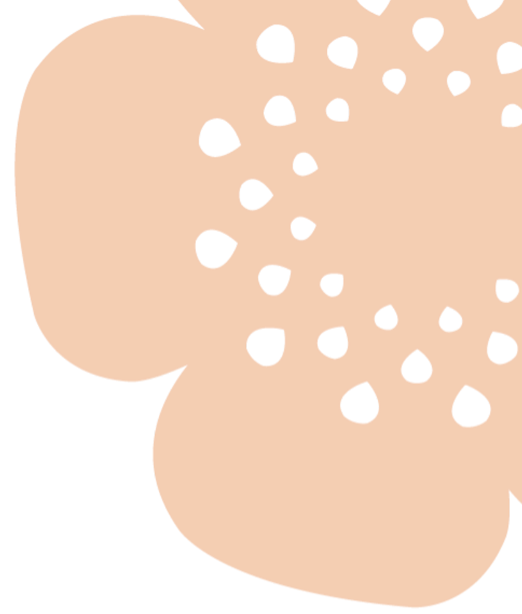

13 Counseling Practice

Learning Objectives

- Practice counseling clients
- Instructions for counseling practice with actual clients

REDI Review Questions

- *How does REDI ensure that counseling is client-centered?*
- *How does REDI avoid overloading clients with unnecessary information?*
- *Why does REDI address the social context and the client's personal relationships?*
- *How does REDI support full, free, and informed choice?*

See **Handout 13-B**.

Counseling Observation Tools

Use **Learning Guide 1** during the counseling observation.

You can use the more detailed **Learning Guides 2, 3, and 4** when reflecting upon your own counseling practices.

Role-Play
Demonstration
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Feedback Guidelines for Role-Play Demonstration

- **Ask "the client,"** ***How did you feel during the role play? How well were your needs met (or not)?***
- **Ask "the provider,"** ***What did you do well? What would you do differently next time?***
- **Ask observers,** ***What did "the provider" do well? How could the provider improve their counseling and communication skills?***
- ***How well did the provider follow the phases of REDI?***

Counseling Practice in Triads

Each person in the triad will play a different role:

> Client (see flipcharts)

> Provider

> Observer

Each role play will last for *10 minutes*. After that, you will have *5 minutes* to debrief in your triad.

Then, everyone will assume a new role and you will begin a new role play with a new client profile.

Role-Play Reflections and Summary

Briefly share what you learned from this counseling practice:

- **In the *client* role**
- **In the *provider* role**
- **In the *observer* role**

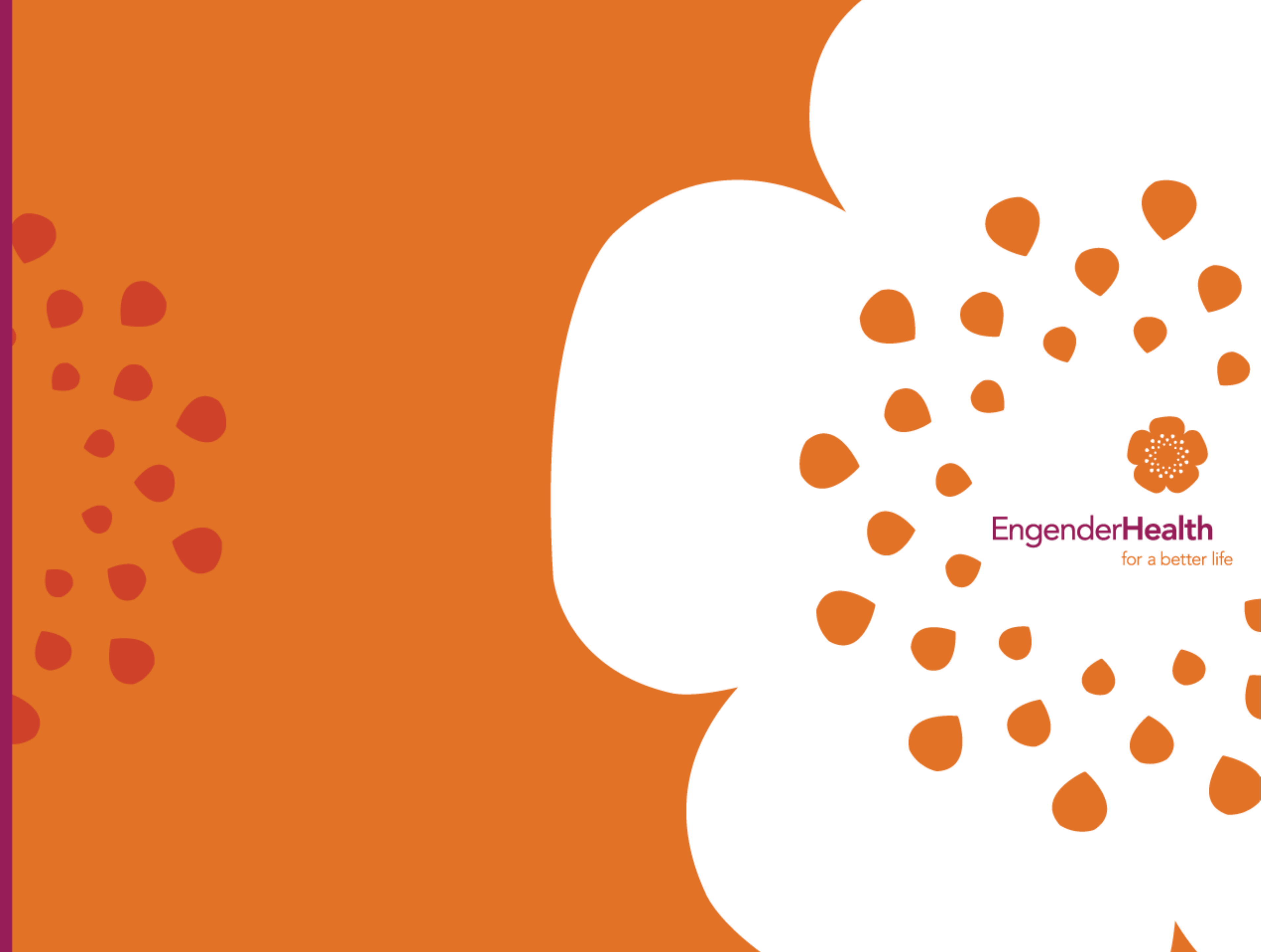
Preparation for Counseling Practicum with Clients

See **Handout 13-C**.

- Activities in the clinic
- What to wear
- Client consent
- Rules of respect during observation
- Feedback process
- Rotation of participants for practice
- Transportation and lunch

Trainer's Observation Checklist

See **Handout 13-D.**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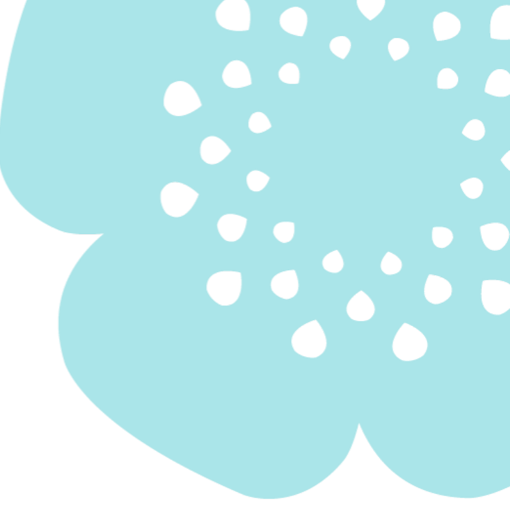


14

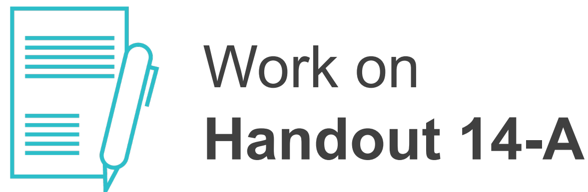
Counseling Practicum with Clients (First Round)

Learning Objectives

- Practice the client-centered counseling approach with at least one actual client
- Receive feedback immediately after the practice from a trainer and a fellow trainee
- Share observations and lessons learned from counseling practice with actual clients

Logistical and Administrative Issues

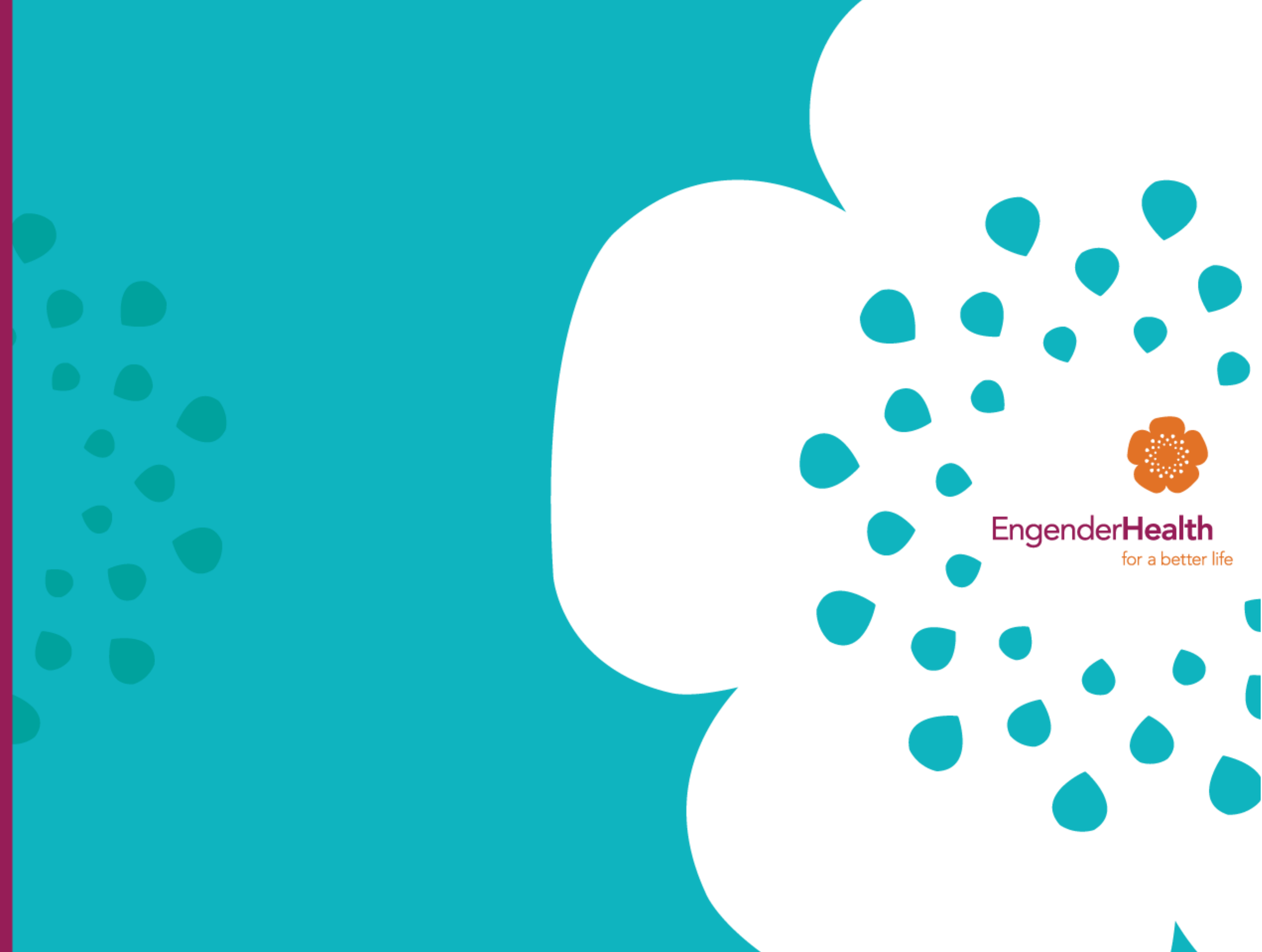
- Uniforms or white gowns
- Observation checklists (**Learning Guide 1** for participants and **Handout 13-C** for trainers)
- Verbal consent of the client
- Five people in the room: one client, one participant counseling, one trainer, one participant observing, one provider
- No interference during counseling
- Feedback session after the client leaves
- Waiting area for participants who are not with clients



Work on **Handout 14-A**.

Questions for Self-Reflection

- *How do you feel about your ability, overall, to meet the client's needs during counseling?*
- *How did you use communication skills?*
- *How well do you think you covered each phase of REDI?*
- *Which phase was most challenging? Why?*
- *If you could do anything differently with your client, what would it be?*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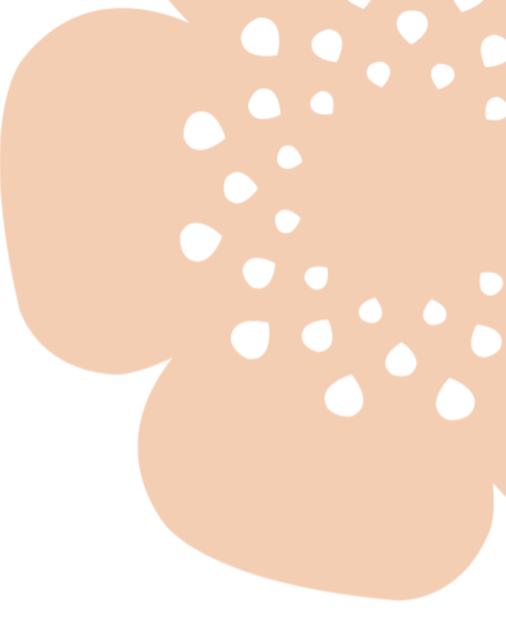

15

Counseling Specific Categories of Clients

Learning Objectives

- Explain the importance of being aware of your attitudes toward specific categories of clients
- Apply this awareness to case studies
- Identify key points to address when counseling specific categories of clients
- Explain how using a client-centered approach to counseling and following the REDI steps will help you effectively address the needs of a client in any category

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Specific Categories of Clients

In addition to new versus return clients (and satisfied versus dissatisfied), there are broad categories of clients with special issues for counseling:

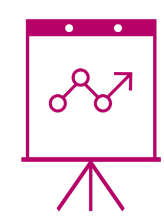
- Clients interested in permanent methods
- Postpartum clients
- Postabortion clients
- Adolescent clients
- Male clients
- Couples
- Clients living with HIV
- Women experiencing intimate partner violence (IPV)

Considering Provider Attitudes

Client-centered counseling and the REDI framework are designed to enable providers to meet the unique needs and concerns of all clients—no matter what category they fall into.

But, provider attitudes about particular types of clients may interfere with their ability to support each client's right to full, free, and informed choice for (or against) contraception.

Small-Group Exercise: Providers' Attitudes about Specific Categories of Clients



- After reading these instructions, go to the flipchart station assigned to your small group.
- List different attitudes that you may have heard from providers about that particular group of clients. Remember: There are no right or wrong attitudes.
- When instructed, move to the next flipchart.
- First, read what the previous group has written. Then note any additional attitudes. Continue in this manner until you have visited all the flipcharts.

The Impact of Provider Attitudes on Counseling and Clients' Rights

> *Which attitudes could have a positive effect on the client, the client's rights, or the counseling process?*

> *Which attitudes could have a negative effect on the client, the client's rights, or the counseling process?*

> *What could the provider do to overcome the negative effects of these attitudes?*

Case Study: Counseling for Permanent Methods

Sheela is 31 years old. She has a daughter aged five and a son aged three. She and her husband have decided that she should have female sterilization. They have a good relationship and no problems.

What are the unique considerations for the provider—including information, emotional support, and provider attitude—for counseling these clients?

Key Points for Counseling for Permanent Methods

- Sterilization is permanent and involves surgery.
- The counselor's role is to ensure that the client's decision is voluntary, informed, and well-considered.
- Explain and review the informed consent form.

Case Study: Counseling for Postpartum Clients

Wonder is 25 years old and eight months pregnant. She has two children—one is three years old and the other is 10 months old. She came to the clinic for an antenatal check-up. The provider walked her to your area to make sure she is prepared to use a contraceptive method after delivery.

What are the unique considerations for the provider—including information, emotional support, and provider attitude—for counseling this client?

Key Points for Counseling Postpartum Clients

- Clients should wait at least two years after a live birth before trying to become pregnant again.
- Different types of contraceptive methods are appropriate at different times after delivery.
- Consider client's breastfeeding plans.
- The ideal timing for counseling is during the antenatal period. Counseling just before delivery is generally not appropriate due to stress the client may be feeling. Counseling can also be done after delivery but before the client leaves the facility.

Case Study: Counseling for Postabortion Clients

Lucina is 32 years old and seven weeks pregnant. She has four children—the youngest is 11 months old. She is sure that she does not want this pregnancy to continue. Her husband is with her and agrees with her decision.

She has come to the health center requesting an abortion, which she will be able to get at the facility. She was referred to you for counseling about pregnancy prevention first.

What are the unique considerations for the provider—including information, emotional support, and provider attitude—for counseling these clients?

Key Points for Counseling Postabortion Clients

- Providing counseling and contraceptive methods are key elements of postabortion care.
- Clients can start any contraceptive method immediately postabortion.
- If not using contraception, a woman can get pregnant again 11 days after an abortion.
- For a desired pregnancy, experts recommend waiting at least six months after a miscarriage or abortion.
- Counseling a client immediately before the procedure is only appropriate if the client is receptive and not under stress. Counseling after the procedure but before she leaves the facility is better.

Case Study: Counseling Unmarried Adolescent Clients

Elena is 19 years old and not married. She has been sexually active for two years with the same partner. They wanted to get married but did not have enough money for a traditional ceremony. Now they have decided to get married without the ceremony. They have used condoms and withdrawal. Since they have decided to marry, they are having sex more often. Elena desperately wants something more effective to prevent pregnancy before they get married!

What are the unique considerations for the provider—including information, emotional support, and provider attitude—for counseling this client?

Key Points for Counseling Unmarried Adolescent Clients

Provider responsibilities:

> Be a reliable, factual source of information.

> Create an atmosphere of privacy, respect, and trust.

> Offer choices, accept the client's right to choose, and do not judge their choice(s).

Consider: *Is it clear from the name of your service site that unmarried adolescents are welcome there? What words could you use to make it clearer?*

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Case Study: Counseling Male Clients

Solomon is 24 years old. He works in the city in a hotel a few hours away from his home in the suburbs. He has a girlfriend with whom he spends his afternoon free time. They usually practice oral sex and the withdrawal method to avoid pregnancy. He has not used condoms because his girlfriend and he are scared it may tear and cause a pregnancy. But the last time they had sex, he did not withdraw in time, and now he's worried she may be pregnant. He has come to the clinic on his own.

What are the unique considerations for the provider—including information, emotional support, and provider attitude—for counseling this client?

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Key Points for Counseling Male Clients

> Just like clients, providers grow up receiving messages about gender and the different rights and responsibilities of men and women in society. These messages can affect their attitudes about working with men and couples.

> Be aware of your attitudes about working with men to reduce or avoid the impact of biases.

> Treat a male client just like any other client!

Key Points for Couples Counseling

Later, Solomon brings his girlfriend with him to the clinic. *What are the unique considerations for counseling them as a couple?*

- Talk separately with Solomon (the primary client) and confirm that he is okay with them being counseled together; maintain confidentiality (if needed).
- Acknowledge the importance of couples working together for their sexual and reproductive health.
- Involve both partners by asking for information and opinions from each individual.
- Pay attention to power dynamics within the couple.
- Ensure voluntary decision making.

Case Study: Clients Living with HIV

Meera is 30. She was married in her late teens and contracted HIV from her husband. Her husband died a few years ago, but she has not experienced any signs of AIDS so far. Now she has met a man who wants to marry her. He knows about her HIV status but thinks they can have sex, and even have children, without her transmitting the virus to him or a child. Meera has come to talk about pregnancy prevention and how to avoid transmitting HIV to her partner or a child.

What are the unique considerations for the provider—including information, emotional support, and provider attitude—for counseling this client?

Key Points for Clients Living with HIV

People *living with HIV*:

- Can have a healthy sex life
- Can use most contraceptives safely (see last bullet)
- Can prevent further transmission of HIV
- Can have a healthy baby
- Clients who are *living with AIDS* and who are not well should not use an intrauterine device (IUD) or be sterilized. This is the only restriction on contraceptive methods.

Case Study: Counseling Clients Who Are Experiencing IPV

Sita is 27 years old and has two children aged five and three. She is using an IUD but suffers from frequent abdominal pain so she wants to have the IUD removed and try the five-year implant that her neighbor has used. Her husband is very aggressive and often hits her when he is angry or drunk. He does not want her to use any contraception and does not know about the IUD.

What are the unique considerations for the provider—including information, emotional support, and provider attitude—for counseling this client?

How IPV Affects Decision Making and Use of Contraceptives

What is IPV (Intimate Partner Violence)?

How does IPV affect decision making and use of contraceptives?

- The client may need to hide the contraceptive method from their partner.
- The client may have limited access to clinic services.
- The partner may hide or destroy birth control pills.
- The partner may not cooperate with partner-dependent methods (e.g., condoms or withdrawal).
- The partner may pressure or force a pregnancy or abortion.

Key Points for Counseling for Clients Experiencing IPV

What is the role of the provider when counseling a client who is experiencing IPV?

- Do not judge the client (or the partner).
- Support the client's efforts to prevent pregnancy and prevent contraction/ transmission of STI/HIV.
- Consider the impact of IPV on method choice and use.
- Refer clients for IPV counseling and assistance.
- Protect the client's confidentiality!

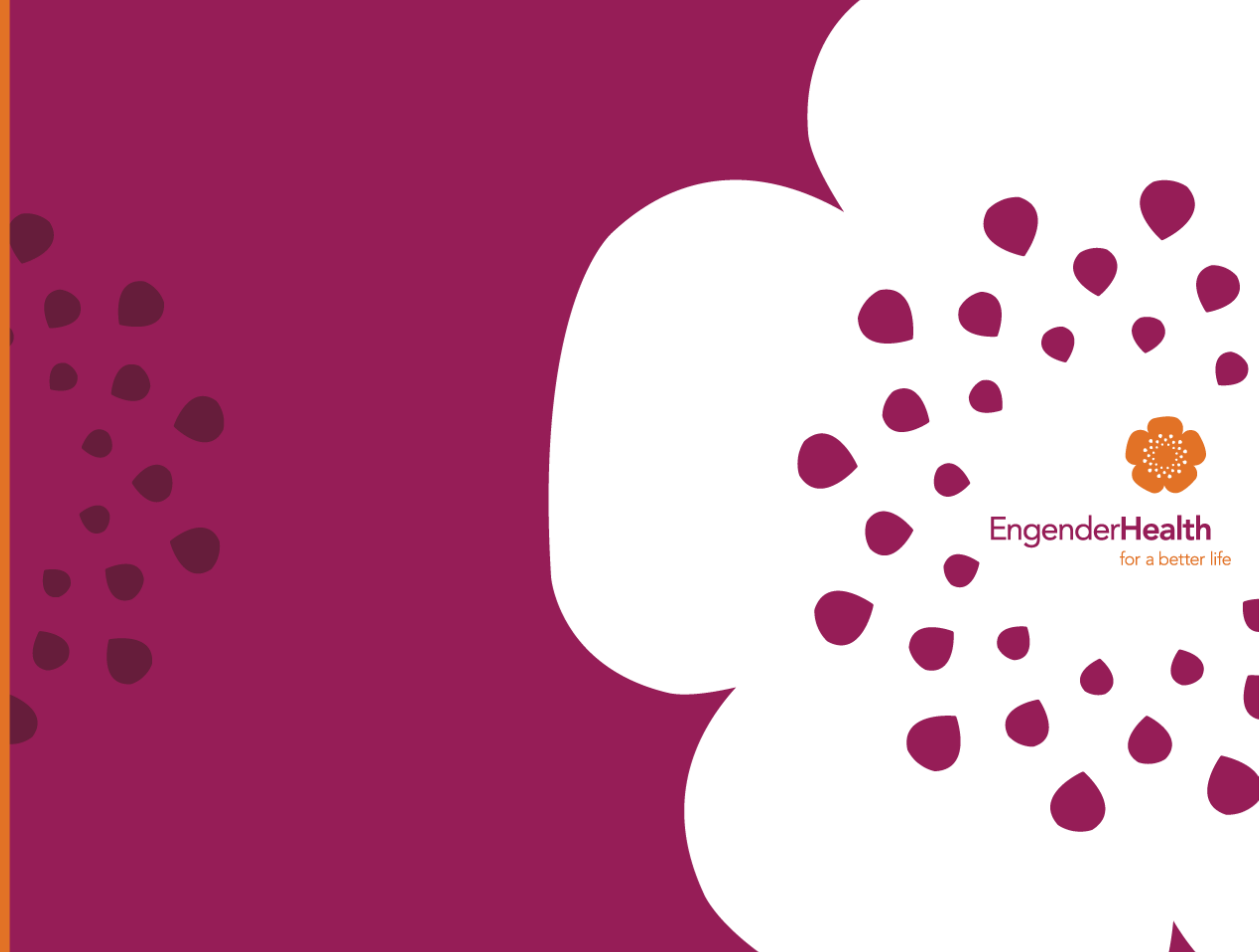
Essential Ideas: Counseling Specific Categories of Clients

How does REDI and the client-centered counseling approach help you to effectively meet the needs of clients from different groups?

> Identifying and exploring each client’s unique situation and needs—regardless of the category of client

> Tailoring information provision and decision-making support to meet those needs

> Becoming aware of biases toward categories of clients—then mitigating these biases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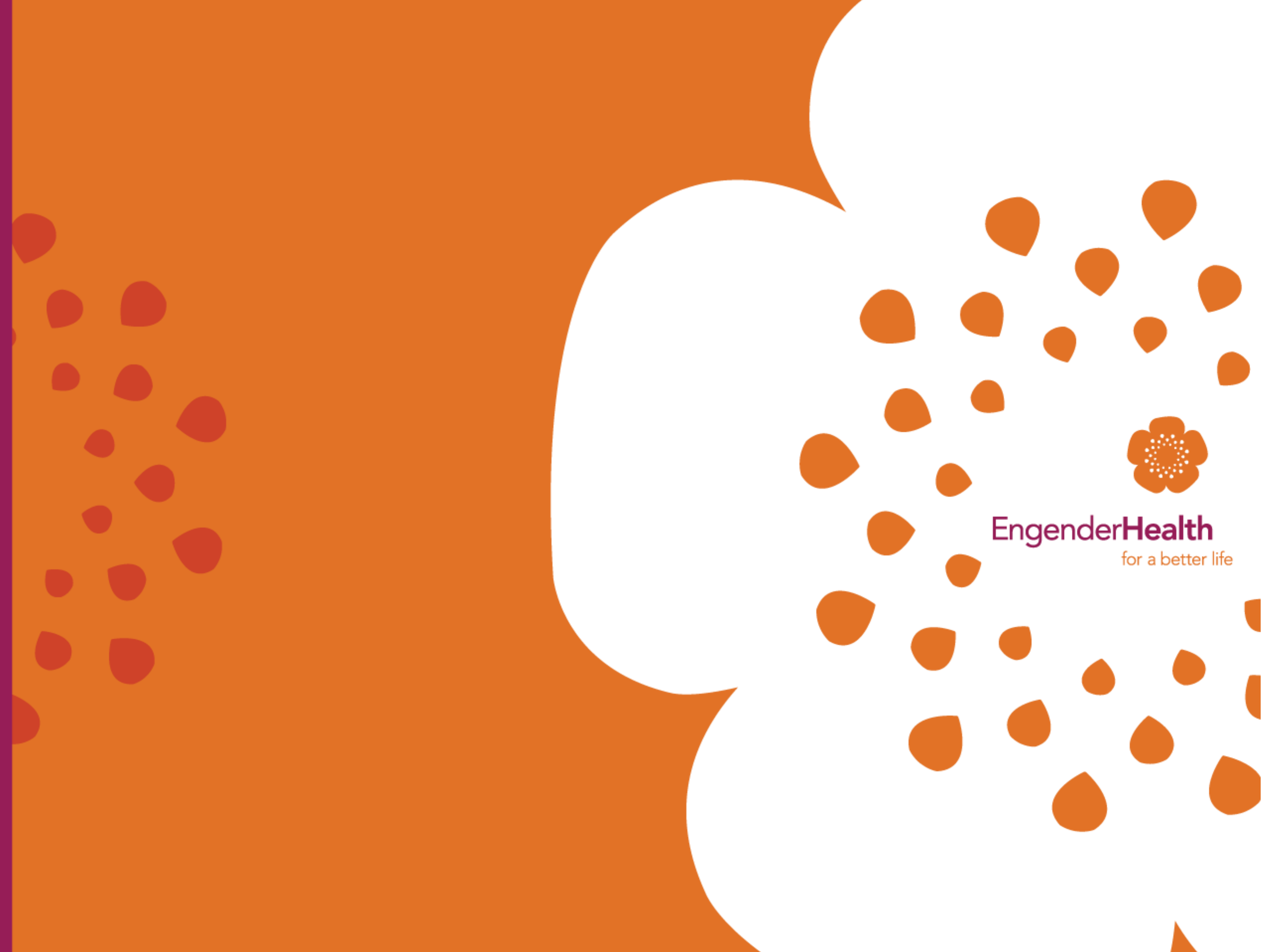
Session 16: Counseling Practicum with Clients (Second Round)

> *How did today's counseling practice compare to yesterday's for you? What was the same? What was different?*

> *What did you learn about counseling from this round of practice?*

> *How did your counseling support the client's sexual and reproductive health rights?*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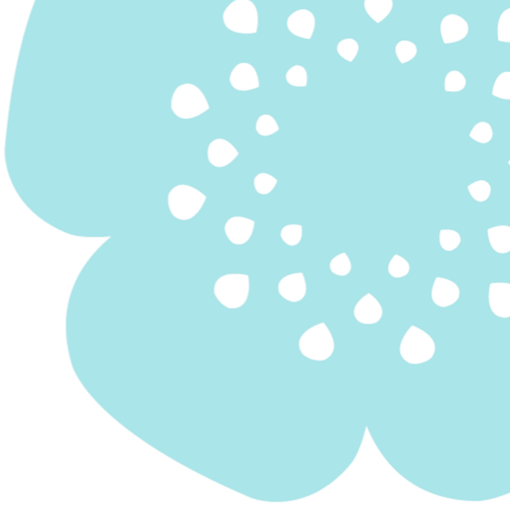


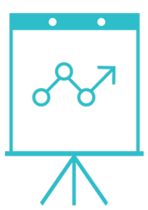
17 Action Plans

Learning Objectives

> Identify specific changes to make in your counseling, and in counseling services in your facility, as a result of what you learned in this training

> Develop action plans for implementing those changes

Action Plan: Making Changes



Brainstorm all the possible changes you would like to make to: (1) *improve your counseling* and (2) *improve counseling in your facility*.

What kind of barriers might there be to implementing these changes?

Possible Barriers and Strategies to Overcome these Barriers

- Lack of time for counseling
- Lack of space to ensure privacy
- Lack of support or awareness from co-workers and supervisors
- Lack of information, education, and communications (IEC) materials
- Embarrassment about raising issues of sexuality
- Reluctance to identify clients' needs that cannot be met at the facility
- Pressure to meet service-delivery targets

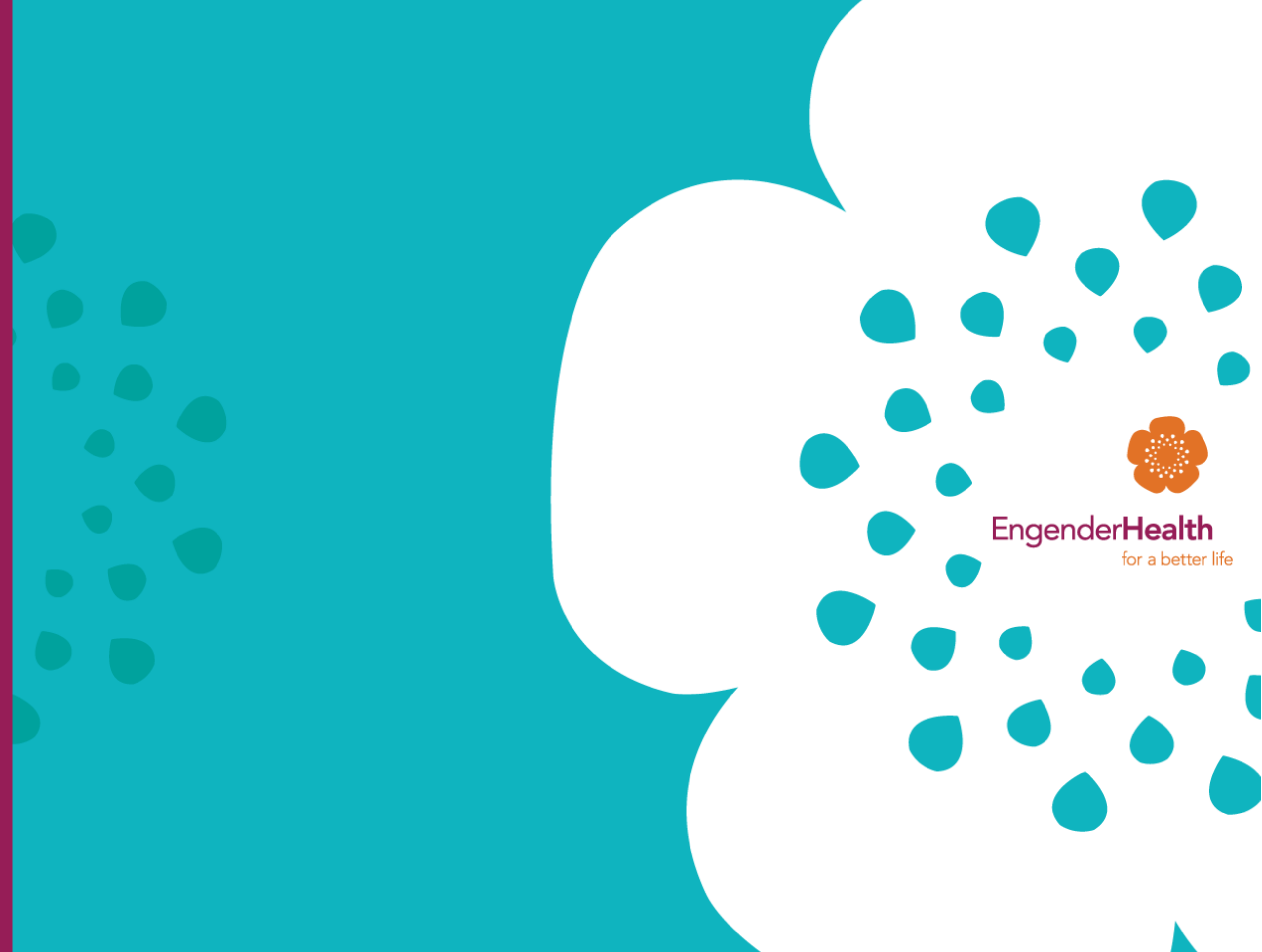
Action Plan: Individual or Group Work

- Reflect on the list of possible changes that you brainstormed as a group.
- Choose three changes that you would like to implement to improve your own counseling.
- Choose three changes that would improve the counseling environment or services in your facility.

Complete **Handout 17-B.**

Essential Ideas: Action Plans

- Lasting change does not happen overnight. Focus on a few *key actions* and *strategies* that you can do now.
- Bigger changes will take more *time* and may require additional *support*.
- We will reexamine action plans during follow-up visits after the training (Session 18).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18

Posttest, Workshop Evaluation, and Closing

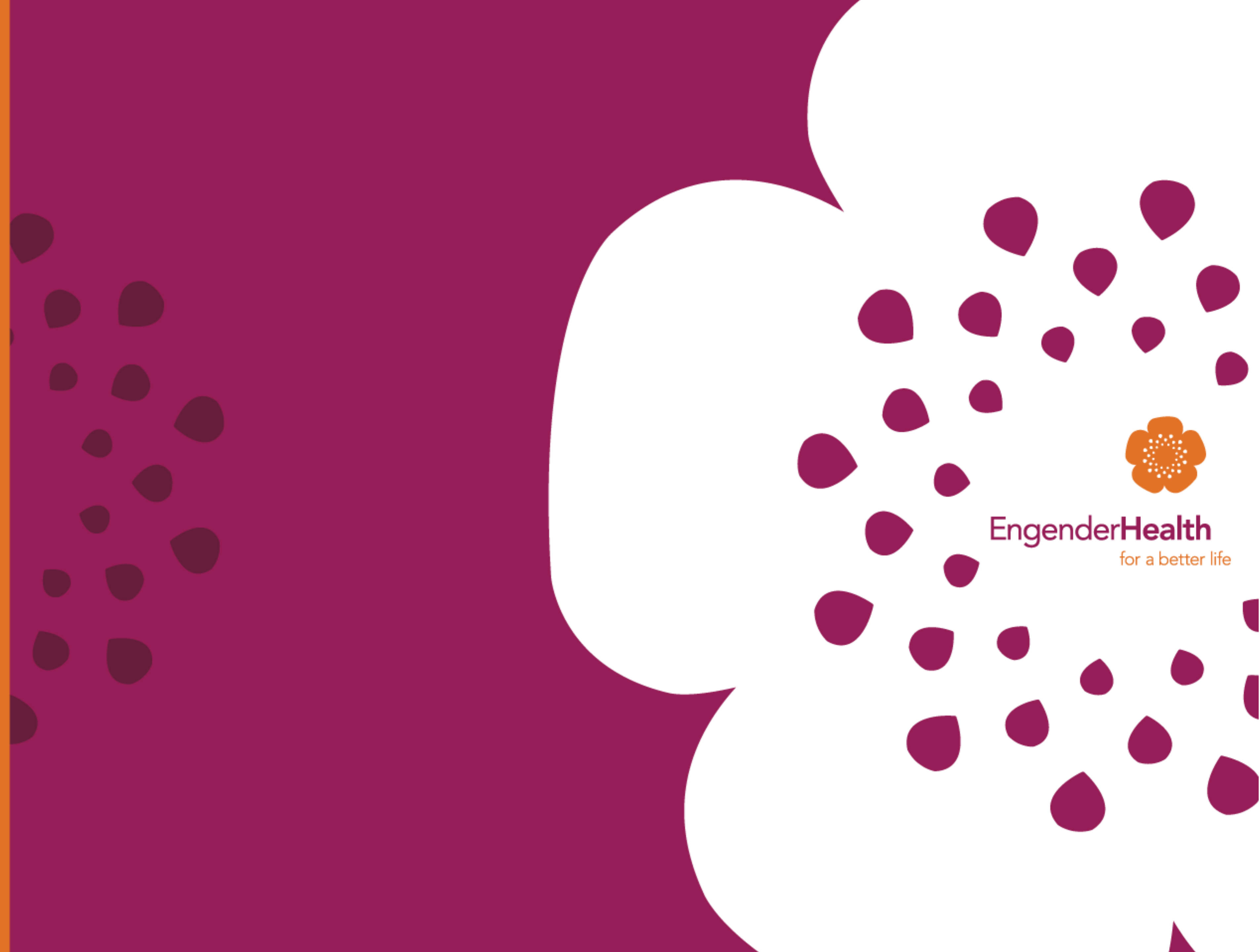
Agenda for Session 18

> Provide correct answers for the posttest

> Gather participants' thoughts and impressions about the training and their suggestions for improving future workshops

> Describe the follow-up plans

> Formally close the workshop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