

# Principles for Providing Quality Counseling

2015 National Conference

National Family Planning & Reproductive Health Association

Monday, April 27, 2015

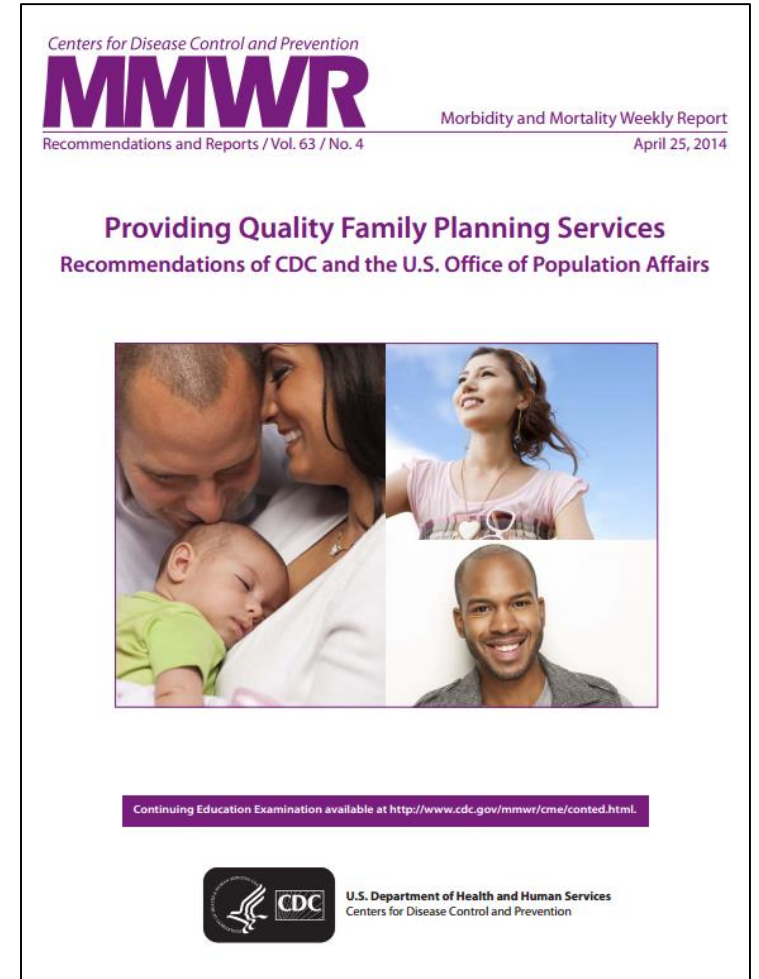
*Karen Dluhosh, MC*



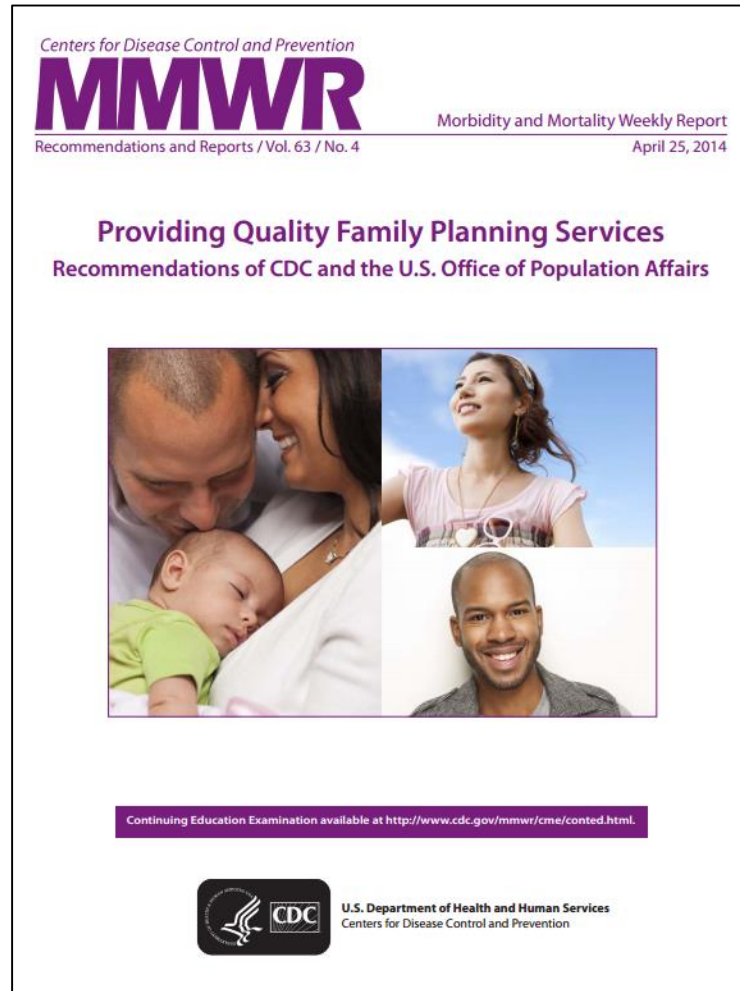
# Providing Quality Family Planning Services

CDC and OPA developed the recommendations based on

- A systemic review of available evidence and
- Extensive input from a broad range of clinical experts.



# Principles for Providing Quality Counseling, *Appendix C*



*How can we consistently provide quality counseling that will enable our clients to make and follow through on their decisions about contraceptive use?*



## Key Words!

How can **we** consistently provide  
**quality counseling** that will  
**enable our clients** to  
**make and follow through** on  
**their decisions** about contraceptive use?

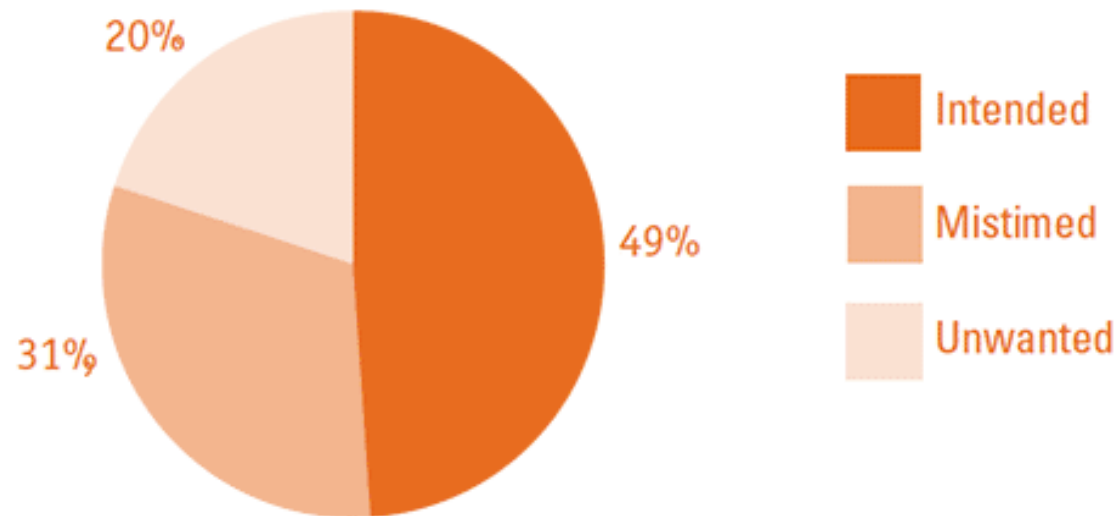


## Setting the Stage

51% of U.S. pregnancies are unintended

### Pregnancies by Intention Status

More than half of pregnancies are unintended.



The Guttmacher Institute (AGI) *Unintended Pregnancy in the United States*, February 2015

# Our Opportunity!

54%=“nonuse”

41%=“inconsistent use”

5%=“consistently using BCM”

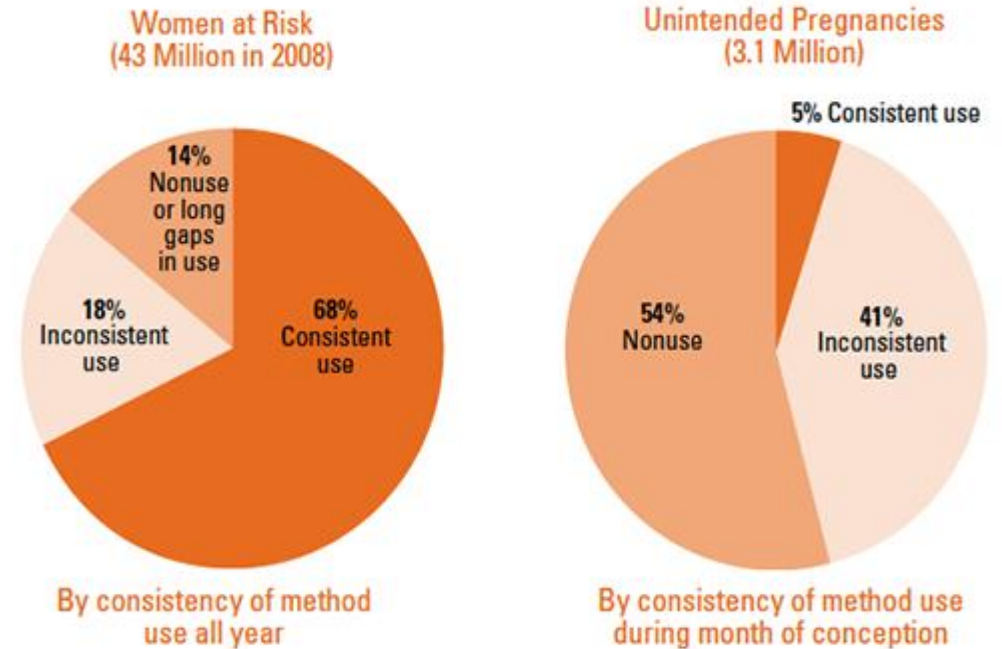
**If Modern contraception works**

*What is our role in providing quality contraceptive counseling?*



## Modern Contraception Works

The two-thirds of U.S. women at risk of unintended pregnancy who practice contraception consistently and correctly account for only 5% of unintended pregnancies.



*Notes:* “Nonuse” includes women who were sexually active, but did not use any method of contraception. “Long gaps in use” includes women who did use a contraceptive during the year, but had gaps in use of a month or longer when they were sexually active. “Inconsistent use” includes women who used a method in all months that they were sexually active, but missed taking some pills, or skipped use or incorrectly used their barrier method or condom during some acts of intercourse. “Consistent use” includes women without any gaps in use who used their method consistently and correctly during all months when they were sexually active, including those who used a long-acting or permanent method.

[www.guttmacher.org](http://www.guttmacher.org)

## Learning objectives

- Describe the five principles for providing quality counseling
- Offer strategies to incorporate these principles into all patient encounters
- Apply motivational interviewing techniques to maximize rapport and promote healthy behaviors.



## Agenda

- FIVE Principles for Providing Quality Counseling
- Applying Skills, Strategies and Techniques
- Integrating: Principles, Skills, Strategies and Techniques
- Q & A







# FIVE Principles for Providing Quality Counseling

*Providing Quality Family Planning Services:  
Recommendations of CDC and OPA;  
Appendix C*



# A Quick Look at all FIVE

1. Establish and Maintain Rapport
2. Assess the Client's Needs and Personalize Discussions Accordingly
3. Work with the Client Interactively to Establish a Plan
4. Provide Information that can be Understood and Retained by the Client
5. Confirm Client Understanding



## Principles for Providing Quality Counseling

Counseling is a process that enables your client to make and follow through on decisions. Education is an integral component of the counseling process that helps clients make informed decisions. Providing quality counseling is an essential component of client-centered care.

Your client is the primary focus when providing counseling related to reproductive and sexual health decision making about preventing or achieving pregnancy and supporting healthy behaviors. Using **client-centered** skills, you tailor the interactive counseling and educational encounter to meet the unique and culturally appropriate needs of your client.

### PRINCIPLE 1:

#### Establish and maintain rapport with the client

- Create a welcoming environment—greet the client warmly, show you care. Listen to and engage your client by asking open-ended questions that can build a climate of safety and trust that will encourage questions at every stage of the client encounter.



### PRINCIPLE 2:

#### Assess the client's needs and personalize discussions accordingly

- Tailor your questions and conversation so that your client's clinical needs, personal life considerations and psychological concerns are integrated into important education and decision-making discussion.

### PRINCIPLE 3:

#### Work with the client interactively to establish a plan

- Address your client's personal goals by interactively exploring decision-making and readiness for behavior change if needed. Help establish a plan that will lead to healthy outcomes.



### PRINCIPLE 4:

#### Provide information that can be understood and retained by the client

- Provide an opportunity for your client to learn medically accurate information that is balanced, nonjudgmental and in accordance with your client's plan at this time in her or his life.

### PRINCIPLE 5:

#### Confirm client understanding

- Use an interactive teach-back process to give your client an opportunity to say—in his or her own words—the important information shared during the encounter. The goal of using a teach-back approach is to clarify any client misunderstandings to ensure your client's success in their reproductive health choices.



Source: Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs, 2014; Appendix C

 **Family Planning**  
National Training Centers  
[www.fpntc.org](http://www.fpntc.org)

FPNTC is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services. The information presented does not necessarily represent the views of OPA, HHS, or FPNTC member organizations.

March 2015

# 1. Establish and Maintain Rapport

- Create a welcoming environment
- Build a relationship of trust, respect and safety (every stage of encounter)
- Ensure confidentiality, expertise and easy access



## 2. Assess the Client's Needs and Personalize Discussions Accordingly



- Gather client's personal information using standardized assessment tools
- Tailor the discussion to the client's circumstances and needs
- Learn about the client's experience, values, beliefs, priorities and goals which will be a reflection of his or her cultural experience



### 3. Work with the Client Interactively to Establish a Plan

- Use interactive counseling skills to facilitate client-centered decision-making
- Identify and address possible misinformation (myths) and barriers (access, etc.)
- Create a plan based on the client's needs and personal goals



## 4. Provide Information That Can Be Understood and Retained by the Client

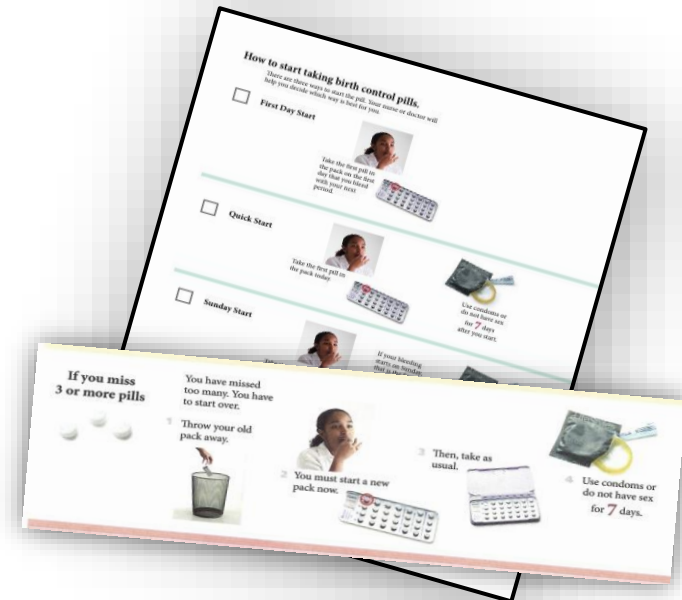
- Use interactive education strategies to ensure informed decision-making (Appendix E)
- Use a medically accurate, balanced and nonjudgmental approach
- Confirm a plan and follow up based on the client's needs





## 5. Confirm Client Understanding

- Use the teach-back method to ensure the client is making an informed and self-determined choice
- Confirm the client's understanding and confidence in using the method(s) of choice



## How do we demonstrate quality\*?

List the ways:

1. The Principle is “demonstrated” or “verified” by an **individual**.
2. Your **agency** ensures this Principle is consistently followed by staff.

List the challenge(s):

3. Your **agency** has (**or you** have as an individual) in implementing (or demonstrating) this Principle.

\*As it relates to quality contraceptive counseling services





# A Review of the FIVE Principles

1. Establish and Maintain Rapport
2. Assess the Client's Needs and Personalize Discussions Accordingly
3. Work with the Client Interactively to Establish a Plan
4. Provide Information that can be Understood and Retained by the Client
5. Confirm Client Understanding



## Principles for Providing Quality Counseling

Counseling is a process that enables your client to make and follow through on decisions. Education is an integral component of the counseling process that helps clients make informed decisions. Providing quality counseling is an essential component of client-centered care.

Your client is the primary focus when providing counseling related to reproductive and sexual health decision making about preventing or achieving pregnancy and supporting healthy behaviors. Using **client-centered** skills, you tailor the interactive counseling and educational encounter to meet the unique and culturally appropriate needs of your client.

### PRINCIPLE 1:

#### Establish and maintain rapport with the client

- Create a welcoming environment—greet the client warmly, show you care. Listen to and engage your client by asking open-ended questions that can build a climate of safety and trust that will encourage questions at every stage of the client encounter.



### PRINCIPLE 2:

#### Assess the client's needs and personalize discussions accordingly

- Tailor your questions and conversation so that your client's clinical needs, personal life considerations and psychological concerns are integrated into important education and decision-making discussion.

### PRINCIPLE 3:

#### Work with the client interactively to establish a plan

- Address your client's personal goals by interactively exploring decision-making and readiness for behavior change if needed. Help establish a plan that will lead to healthy outcomes.



### PRINCIPLE 4:

#### Provide information that can be understood and retained by the client

- Provide an opportunity for your client to learn medically accurate information that is balanced, nonjudgmental and in accordance with your client's plan at this time in her or his life.

### PRINCIPLE 5:

#### Confirm client understanding

- Use an interactive teach-back process to give your client an opportunity to say—in his or her own words—the important information shared during the encounter. The goal of using a teach-back approach is to clarify any client misunderstandings to ensure your client's success in their reproductive health choices.



Source: Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs, 2014, Appendix C

 **Family Planning**  
National Training Centers  
[www.fpncc.org](http://www.fpncc.org)

FPNCC is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services. The information presented does not necessarily represent the views of OPA, HHS, or FPNCC member organizations.

March 2015

## Skills, Strategies and Techniques

1. OARS Model: Using essential communication skills
2. Decision Making: Exploring levels of making decisions
3. Ambivalence: Using the Scaling Question
4. Listening for “change talk”



# OARS Model: Using essential communication skills

O = Open-Ended Questions

A = Affirming

R = Reflective Listening

S = Summarizing



SOURCE: Miller, William R. & Rollnick, Stephen. 2013. *Motivational Interviewing: Helping People Change*. Third Edition. New York: The Guilford Press

## Open-ended Questions

- Building a trusting and respectful professional relationship
- Gaining an understanding about the client and the “client’s world”
- Learning about the client's needs- today and possibly in the future
- Being more efficient (for you and for your client)



## Affirming

- Building rapport; demonstrating empathy and trust that your client can make good decisions
- Affirming the client's strengths and abilities so you can build on them



## Reflective Listening

- Listening to what the client is **saying** and briefly reflecting key words or phrases
  - To check accuracy & understanding
  - To show that you are listening
  - To offer your reflection that may help the client come to deeper understanding
- Observing the client's **behavior** (e.g. tears, smiles, etc.) reflection possible feelings
  - Same as above
- Demonstrating **your desire to understand** the client's experience and needs



## Summarizing

- Reflecting what's been said so far and moving to a new topic
- Reflecting what's been said during the session and moving to a plan of action



## Case Study: Celine, age 21, single

- She is currently in school and working 2 part-time jobs.
- Celine has been sexually active “off and on” for a few years.
- She has experience using withdrawal, condoms, pills and the sponge.
- She has never been pregnant but she does worry that “one of these days” she might get pregnant.
- She wants children in the future, but not now or in the next 3-4 years.
- She says that she is interested in an IUD but her friend tried one and has “horrible bleeding.”





## What is the skill? *What is your intent?*

*Celine - I see that you're  
in school and working  
2 jobs. You must be  
really busy.*

*Coming to the clinic  
today must have taken  
some real planning.  
It's great to see you.*



## What is the skill? *What is your intent?*

*So - it seems like you've used different methods of birth control and you haven't gotten pregnant.*

*It also sounds like you don't want to plan a pregnancy soon.*

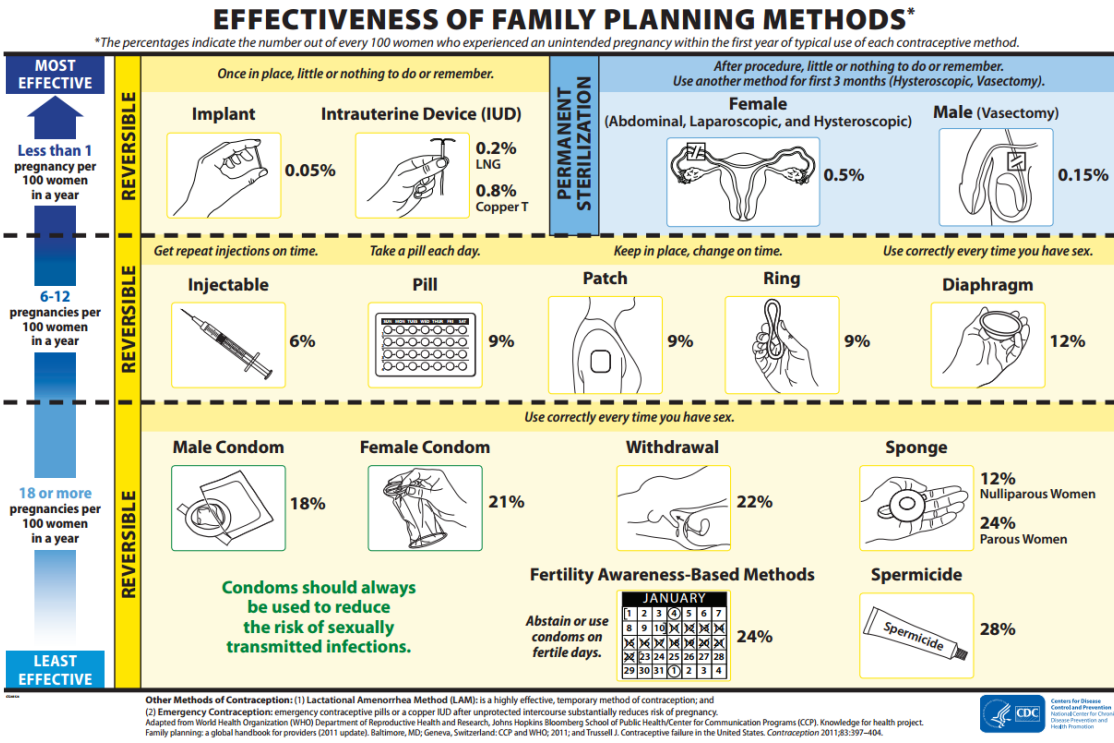
*So you've been thinking about one of the long acting methods of birth control.*

*But - you're a bit worried about "more bleeding" with an IUD - which is one of the possible side effects.*



# What is the skill? *What is your intent?*

*What birth control methods have you used in the past and how did they work for you?*



## What is the skill? *What is your intent?*

*So Celine- we've talked about the various IUDs and how there might be some bleeding with an IUD - - - or at least a change in bleeding patterns – depending on which IUD you would choose.*

*It also sounds like your periods are pretty light and you don't have many cramps. Your health history says you are a good candidate for an IUD.*

*But - you'd like to do some more thinking about what you want to do next...It is important to take time and feel right about it. (pause...)*

*So, what method might you use in the meantime - in case need birth control? You said you really don't want to get pregnant.*



# OARS Model: Using essential communication skills

O = Open-Ended Questions

A = Affirming

R = Reflective Listening

S = Summarizing



SOURCE: Miller, William R. & Rollnick, Stephen. 2013. *Motivational Interviewing: Helping People Change*. Third Edition. New York: The Guilford Press

# Interactive Strategies and Techniques

1. Decision-making: Exploring levels of making decisions
2. Ambivalence: using the Scaling Question
3. Listening for “change talk”



## Interactive Contraceptive Counseling and Education

Counseling is an interactive process that enables your client to make and follow through on decisions. Providing quality contraceptive counseling is an essential component of client-centered care.

Counseling is a dialogue; it's a conversation. Counseling includes exploring the client's feelings and beliefs and taking them into account to facilitate the client's decision making. The approach used in counseling is to help clients understand themselves better and to follow through on their decisions.

Education is an integral component of the counseling process that provides accurate information so that clients can make informed decisions.

Information needs to be presented clearly and simply. It should be culturally and linguistically appropriate and reflect the client's beliefs, ethnic background and cultural practices. The amount of information presented should be limited to essential points, and tailored to the needs and knowledge gaps of that individual.

Help your clients understand risks and benefits by using clear numeric terms. Education is never one-way; it should be interactive and engaging.

A quality client-centered counseling and education encounter is interactive, engaging, nonjudgmental and respectful of the client's goals and preferences.

COUNSELING	EDUCATION
What do you know about the different methods of birth control?	The most effective methods of birth control are the methods that have one procedure and then you can forget about them—like an IUD or an implant.
What's the most important thing for you in a birth control method?	Let me show you this chart of methods and we can talk about the ones that might work for you.
What methods have you used in the past... how did they work for you?	The most important way for a method to be effective is for you to be able to use it consistently and correctly—in other words—every time you have sex and always the right way.
It sounds like you've heard things about IUDs that make you worried...	We now have a lot of research that tells us that IUDs are really safe for most women.
How concerned are you about side effects with pills?	Often, if a woman has side effects with one pill a provider can make a change in her prescription...
What things might get in the way of you returning to the clinic to get your shot?	If you can't make it to the clinic in time for your shot, be sure to have a backup plan—like having condoms around.
How might your partner feel about using a condom—every time you have sex?	Now that we've talked about condoms, tell me how you'd use condoms—step-by-step.
Before you leave, I just want to ask you—What do you know about Emergency Contraception?	EC is available over-the-counter now. Let's circle (or write down) the name of a drug store near you where you could get EC anytime.

 **Family Planning**  
National Training Centers  
[www.fpnrc.org](http://www.fpnrc.org)

FPNRC is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services. The information provided does not necessarily represent the views of OPA, DHHS, or FPNRC and/or organizations.

March 2015

# Decision-Making: Exploring multiple levels of making decisions

We are making decisions about:

1. Do I want to be sexually active?  
- Yes? No? Maybe? I'm not sure...
2. Do I want to use contraception?  
- Yes? No? Maybe? I'm not sure...
3. If I choose this specific method(s) can I use it every time? Always the right way?



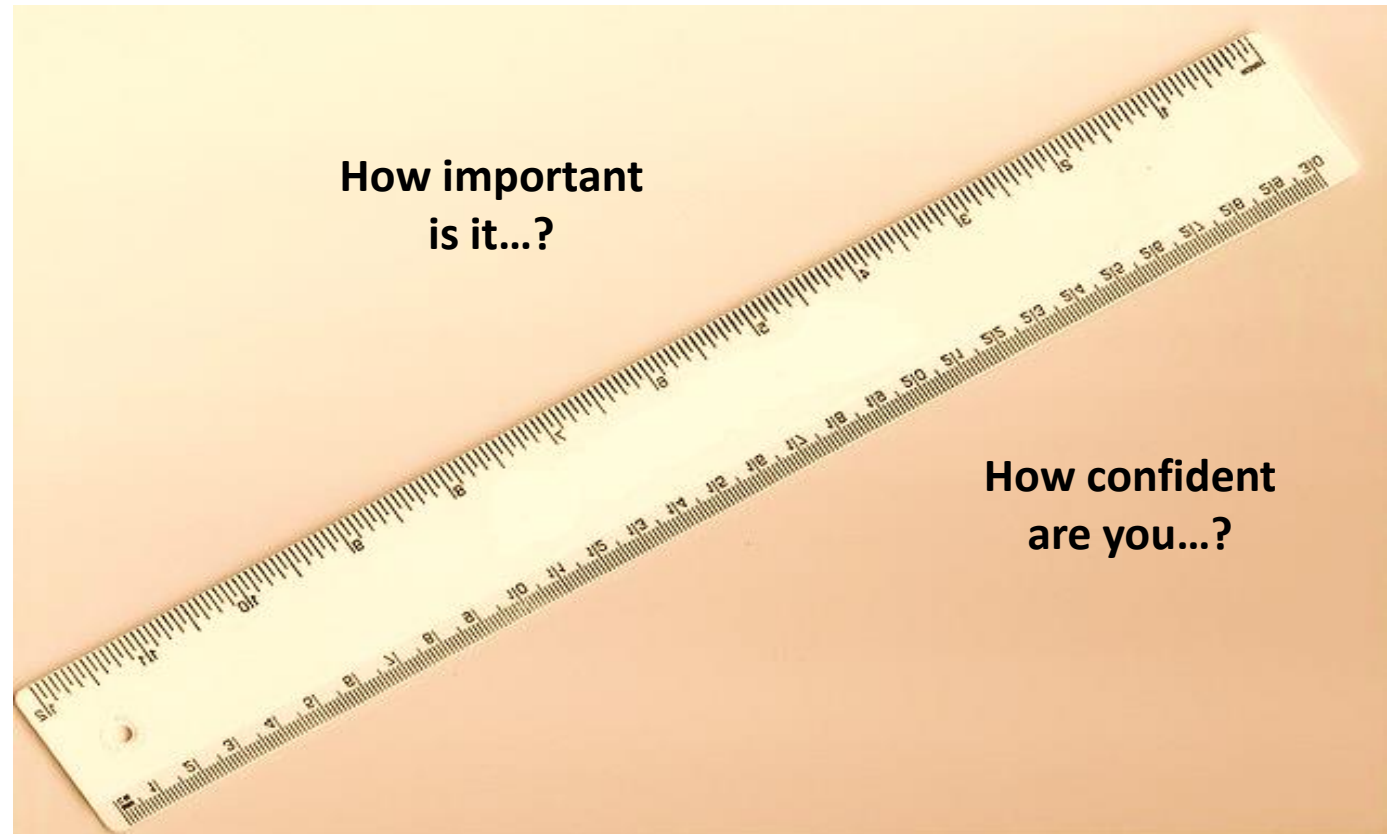
Strategy: As a counselor-you need a bucket full of open-ended questions and a listening approach. Your questions can help your client sort out various levels of decision-making.



## Ambivalence: Using the Scaling Questions

Asking:

On a scale of 1-10  
1 being really low  
10 being very high





## Listening for “change talk”

RAISE YOUR HAND IF YOU THINK THIS IS “CHANGE TALK”

- ✓ *I know that I keep having trouble with taking my pills...*
- ✓ *I really don't have sex that often - so mostly it seems like I don't need birth control all the time...*
- ✓ *So the IUD is great - no worry about getting pregnant. I know it's not much help with not getting STDs. But...oh well.*

What other examples do you hear?



# Interactive Strategies and Techniques

1. Decision-making: Exploring levels of making decisions
2. Ambivalence: using the Scaling Question
3. Listening for “change talk”



## Interactive Contraceptive Counseling and Education

Counseling is an interactive process that enables your client to make and follow through on decisions. Providing quality contraceptive counseling is an essential component of client-centered care.

Counseling is a dialogue; it's a conversation. Counseling includes exploring the client's feelings and beliefs and taking them into account to facilitate the client's decision making. The approach used in counseling is to help clients understand themselves better and to follow through on their decisions.

Education is an integral component of the counseling process that provides accurate information so that clients can make informed decisions.

Information needs to be presented clearly and simply. It should be culturally and linguistically appropriate and reflect the client's beliefs, ethnic background and cultural practices. The amount of information presented should be limited to essential points, and tailored to the needs and knowledge gaps of that individual.

Help your clients understand risks and benefits by using clear numeric terms. Education is never one-way; it should be interactive and engaging.

A quality client-centered counseling and education encounter is interactive, engaging, nonjudgmental and respectful of the client's goals and preferences.

COUNSELING	EDUCATION
What do you know about the different methods of birth control?	The most effective methods of birth control are the methods that have one procedure and then you can forget about them—like an IUD or an implant.
What's the most important thing for you in a birth control method?	Let me show you this chart of methods and we can talk about the ones that might work for you.
What methods have you used in the past... how did they work for you?	The most important way for a method to be effective is for you to be able to use it consistently and correctly—in other words—every time you have sex and always the right way.
It sounds like you've heard things about IUDs that make you worried...	We now have a lot of research that tells us that IUDs are really safe for most women.
How concerned are you about side effects with pills?	Often, if a woman has side effects with one pill a provider can make a change in her prescription...
What things might get in the way of you returning to the clinic to get your shot?	If you can't make it to the clinic in time for your shot, be sure to have a backup plan—like having condoms around.
How might your partner feel about using a condom—every time you have sex?	Now that we've talked about condoms, tell me how you'd use condoms—step-by-step.
Before you leave, I just want to ask you—What do you know about Emergency Contraception?	EC is available over-the-counter now. Let's circle (or write down) the name of a drug store near you where you could get EC anytime.

 **Family Planning**  
National Training Centers  
[www.fpnrc.org](http://www.fpnrc.org)

FPNRC is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services. The information provided does not necessarily represent the views of OPA, DHHS, or FPNRC and/or organizations.

March 2015

# Review – The Principles of Quality Counseling

## Principles for Providing Quality Counseling

Counseling is a process that enables your client to make and follow through on decisions. Education is an integral component of the counseling process that helps clients make informed decisions. Providing quality counseling is an essential component of client-centered care.

Your client is the primary focus when providing counseling related to reproductive and sexual health decision making about preventing or achieving pregnancy and supporting healthy behaviors. Using **client-centered** skills, you tailor the interactive counseling and educational encounter to meet the unique and culturally appropriate needs of your client.

### PRINCIPLE 1:

#### Establish and maintain rapport with the client

- Create a welcoming environment—greet the client warmly, show you care. Listen to and engage your client by asking open-ended questions that can build a climate of safety and trust that will encourage questions at every stage of the client encounter.



### PRINCIPLE 2:

#### Assess the client's needs and personalize discussions accordingly

- Tailor your questions and conversation so that your client's clinical needs, personal life considerations and psychological concerns are integrated into important education and decision-making discussion.

### PRINCIPLE 3:

#### Work with the client interactively to establish a plan

- Address your client's personal goals by interactively exploring decision-making and readiness for behavior change if needed. Help establish a plan that will lead to healthy outcomes.



### PRINCIPLE 4:

#### Provide information that can be understood and retained by the client

- Provide an opportunity for your client to learn medically accurate information that is balanced, nonjudgmental and in accordance with your client's plan at this time in her or his life.

### PRINCIPLE 5:

#### Confirm client understanding

- Use an interactive teach-back process to give your client an opportunity to say—in his or her own words—the important information shared during the encounter. The goal of using a teach-back approach is to clarify any client misunderstandings to ensure your client's success in their reproductive health choices.



Source: Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs, 2014; Appendix C

 **Family Planning**  
National Training Centers  
[www.fpnctc.org](http://www.fpnctc.org)

FPNCTC is supported by the Office of Population Affairs of the U.S. Department of Health and Human Services. The information presented does not necessarily represent the views of OPA, HHS, or FPNCTC member organizations.

March 2015

1. Establish and Maintain Rapport
2. Assess the Client's Needs and Personalize Discussions Accordingly
3. Work with the Client Interactively to Establish a Plan
4. Provide Information that can be Understood and Retained by the Client
5. Confirm Client Understanding



## Questions/Comments



## References & Resources

*Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*, MMWR, Vol. 63/No. 4, April 2014

Guttmacher Institute. Fact Sheet: *Unintended Pregnancy in the United States*, February 2015. Available at [www.guttmacher.org](http://www.guttmacher.org)

Dehlendorf, C., et al. *Women's preferences for contraceptive counseling and decision making*. *Contraception* 88 (2013) 250-256.

Jaccard, J. and Levitz, N. *Counseling Adolescents About Contraception: Towards the Development of an Evidence-Based Protocol for Contraceptive Counselors*. *Journal of Adolescent Health* 52 (2013) S6-S13.



## References & Resources

Borrero, S., et al. *“It just happens”: a qualitative study exploring low-income women’s perspectives on pregnancy intention and planning.* Contraception 91 (2015) 150-156.

Miller, William R. & Rollnick, Stephen. 2013 *Motivational Interviewing: Helping People Change.* Third Edition. New York: The Guilford Press.

Rollnick, S., W.R., & Butler, C.C.; *Motivational Interviewing in Health Care: Helping Patients Change Behavior.* Guilford Press: New York, 2008.

Rosengren, D.B. *Building Motivational Interviewing Skills: A Practitioner Workbook.* Guilford Press: New York, 2009.



# Contact us



---

Follow us on  @fp\_ntc

Subscribe to our newsletters at [fpntc.org/enewsletter](http://fpntc.org/enewsletter)

Karen Dluhosh, MC  
NTC-Service Delivery  
[kdluhosh@cardeaservices.org](mailto:kdluhosh@cardeaservices.org)

