Principles for Providing Quality Counseling

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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.

- Intended: 49%
- Mistimed: 20%
- Unwanted: 31%

Our Opportunity!

54% = “nonuse”
41% = “inconsistent use”
5% = “consistently using BCM”

If Modern contraception works

What is our role in providing quality contraceptive counseling?
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
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
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

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 you need birth control? You said you really don’t want to get pregnant.
OARS Model: Using essential communication skills

O  =  Open-Ended Questions

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S  =  Summarizing

Interactive Strategies and Techniques

1. Decision-making: Exploring levels of making decisions

2. Ambivalence: using the Scaling Question

3. Listening for “change talk”
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

1. How important is it...?
2. How confident are you...?
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”
Review – The Principles of Quality Counseling

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


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