Module 1: Quality Counseling Principles

Module Preview and Preparation

Key Concepts for Participants
1. Client-centered counseling respects each client’s unique life experiences, reflects sound ethical health care practice, and helps ensure positive health outcomes for each client.
2. Staff who provide contraceptive counseling have a professional commitment to work to prevent bias through self-awareness and by focusing on a client’s needs and goals.
3. The five key elements of Quality Counseling Principles, based on the QFP, provide a standardized client-centered counseling framework.

About This Module
This module offers a standardized counseling framework that emphasizes a professional commitment to providing client-centered contraceptive counseling services that are unbiased, culturally aware, and reflect genuine interest in learning about and addressing the client’s unique experience and needs.

The Contraceptive Counseling Process Guide integrates five Quality Counseling Principles, based on the QFP, into an easy to remember encounter process of three stages — Beginning, Middle and Closing.

Beginning (and throughout)
Principle: Establish and maintain rapport with the client

Middle
Principle: Assess the client’s needs and personalize discussions accordingly
Principle: Work with the client interactively to establish a birth control method plan
Principle: Provide information that can be understood and retained by the client

Closing
Principle: Confirm client understanding

Why This Module Matters
Building a respectful and trusting client-professional relationship through quality, client-centered counseling reflects sound ethical health care practice and will help ensure positive health outcomes for each client.

Important Terms
As you prepare to deliver this module, familiarize yourself with the following terms:

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

Client-centered contraceptive services are defined as contraceptive care that treats each person as a unique individual with respect, empathy and understanding. Client-centered services involve:
• Providing accurate, easy-to-understand information about contraception based on the client’s needs and goals.
• Asking questions, listening thoughtfully to the client’s answers and responding appropriately.
• Assisting clients in selecting a contraceptive method that is the best match for their personal preferences.
Culturally aware services start with understanding that each individual holds a broad range of cultural influences that include race, ethnicity, age, gender and gender identity, sexual orientation, nationality, language, economic class, education, level of ability(ies) and many other life and community experiences. Services should be respectful of the beliefs, practices and needs of each individual client.

**Trainer Tip:** Reflection and self-awareness are critical skills for staff working to overcome bias and provide client-centered and culturally aware services. Activity 1.2 offers opportunities to discuss and build self-awareness skills.

**Trainer Tip:** Work with your organization’s leaders to align this module’s Key Concepts and definitions of client-centered and culturally aware services with your agency policies and procedures to build clarity and consistency into your contraceptive services.

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**Additional Resources**

The Contraceptive Counseling Process Guide is a tool that outlines the counseling process from beginning to end, highlighting key counseling behaviors and attitudes. Each module of the toolkit addresses one or more sections of this counseling guide and reinforces quality counseling principles throughout.

Module 1 provides an overview to the guide and the principles.

Module 2 focuses on communication skills and building rapport from the beginning of the session (and throughout).

Modules 3 and 4 detail the middle section of this guide with interactive education, assessment, and client-centered decision making.

Module 5 focuses on the closing of a session.

This guide links the quality counseling principles with corresponding actions and behaviors throughout a contraceptive counseling session. Although the principles are listed in a particular order, counseling is an integrated and iterative process. For example, the principles related to education and assessment are interdependent, with the counselor tailoring the education they provide as they assess the client’s existing knowledge and decision making priorities.
Training Activities in this Module

Activity 1.1  What is Client-Centered Counseling?  
(30–45 minutes)

Purpose: Participants will be able to describe the meaning and rationale of client-centered contraceptive counseling.

In this activity you will:
• Ask participants to reflect on a personal experience reflective of a client-centered approach, in which they were in the role of the ‘client.’
• Ask participants to describe the impact of a client-centered approach on their experience.
• Lead participants in a discussion of the qualities, actions and behaviors that are essential in delivering client-centered counseling.

Activity 1.2  My Professional Role vs. My Personal Values  
(20–30 minutes)

Purpose: Participants will be able to describe the importance of a professional commitment to engage in personal self-assessment to prevent bias and focus on a client’s needs and goals.

In this activity you will:
• Guide participants in identifying and examining their own values and beliefs related to contraceptive methods and the clients they serve.
• Help participants explore strategies that can help them keep personal values separate from their professional role as they work with clients — in a client-centered manner — on topics related to contraceptive services.

Activity 1.3  Principles for Providing Quality Counseling  
(30–45 minutes)

Purpose: Participants will be able to describe a counseling process framework that includes a client-centered approach as a fundamental element in delivering quality family planning services.

In this activity you will:
• Provide participants with an overview of the QFP’s five Quality Counseling Principles as a client-centered approach to contraceptive services.
• Ask participants to offer examples of ways they could apply each of the five Principles and integrate client-centeredness during counseling sessions and in the overall clinic environment.
• Guide participants through the Contraceptive Counseling Process Guide, a counseling process framework that follows the five Quality Counseling Principles.
General Guidance for All Activities

• Suggested language for the trainer to say out loud is in italics and shaded. We encourage you to cover these points in your own words and add additional comments relevant to your site.

  Example:

  This activity is to help us step back and think about what “client-centered” really means and how it’s demonstrated when a person is making a very personal and important life decision.

• We encourage you to be creative with how you present the content within the activities. Have fun, and make it your own! While the content is evidence-based and should be delivered with fidelity, there are many training approaches you could use to help your participants engage with this content. See Effective Teaching Methods for ideas, or incorporate your own favorite training strategies!
Activity 1.1  What is Client-Centered Counseling?

Purpose
The purpose of this activity is to clarify the meaning and rationale of client-centered contraceptive counseling. Staff will reflect on personal experiences related to a client-centered approach and identify what qualities, actions and behaviors are essential in delivering quality counseling.

Who should participate?
Appropriate for all clinic staff who provide family planning services to clients
Especially important for staff who provide contraceptive counseling and education

Time
30–45 minutes

Preparation
Review the following:
• Module 1 Preview & Preparation
• Activity 1.1 Trainer Reference Notes

Materials
Supplies:
• 3 x 5 notecards (at least 1 per participant)
• Blank large paper to stick/tape to the wall (enough sheets for groups of 2-3 participants to each have one)
• Pens, markers
• Additional large paper or whiteboard (optional)

Resources
Have at least one printed copy available for reference:
• Providing Quality Family Planning Services (QFP): Recommendations of CDC and OPA, Appendix C
• Any agency policies or procedures that will support the client-centered, culturally aware services provided in your clinic setting
Detailed Instructions

1. Introduce the activity:

   This activity is to help us step back and think about what “client-centered” really means and how it’s demonstrated when a person is making a very personal and important life decision.

   The question we’ll answer is — What is it a person does, says, or “projects” non-verbally that helps us feel safe, relaxed and open, encouraging us to ask questions, share concerns, and learn new ideas or facts?

   You may want to write the bolded key words above on a white board or large paper to refer to throughout the activity.

   This activity will help us recognize personal experiences that reflected a client-centered approach. It will also help us commit to self-assessment, to build on what we already do that reflects client-centered qualities and skills.

2. Review the Key Concept for Participants.

   Optional: Post on large paper or white board.

   The following Key Concept is the important takeaway for this activity. We’ll talk about what client-centered counseling looks like, but it’s also important to remember why we do it:

   - Client-centered counseling respects each client’s unique life experiences, reflects sound ethical health care practice, and helps ensure positive health outcomes for each client.

3. Give each participant a 3 x 5 notecard and give the following instructions:

   First, take a few moments of personal reflection and think about a time in your life when you were considering a decision about birth control, being sexually active, or even thinking about if you were ready to be a parent. Was there a person you talked to about this decision?

   - They could have been a health care provider, educator, counselor… or, this person could have been a friend or a relative.
   - Or — think of the kind of person you would have liked to talk with…

   Write on one side of your 3 x 5 card a few words that would describe the key qualities and skills this person brought to your conversation.

   - How would you describe how the person made you feel?
   - What did this person do?
   - What did this person say that was helpful for you?
   - What else could they have done to make you feel safe and relaxed?

   If participants are struggling to list qualities and skills, see the Trainer Reference Notes at the end of this activity for ideas you could share.
4. Ask participants to form groups of 2 or 3. Give each group either a large blank sheet of paper, and give the following instructions:

- Take a few minutes to have each person in your group talk about the person that you thought about. **What key qualities, words or behaviors were helpful?** You do not need to share what decision you were considering, or the identity of the person you thought about.
- Next, thinking about the qualities or behaviors you’ve talked about, use the blank paper to **draw an “ideal counselor”** you would want to talk to about an important reproductive health decision.
- **Be creative!** You can give your counselor any qualities or other descriptors of what you would want this person to be.

5. Ask each group to present their “ideal counselor” to the full group.

6. **Lead a full group debrief,** asking participants to reflect on the important qualities and behaviors they identified. You may ask questions like:

- What seems to be the most important quality that was identified?
- What did you talk about as you identified qualities and behaviors?
- Is there anything missing from our “ideal counselors?”
- How common are these “ideal counselors?”
- What training would be helpful in developing these qualities?
- What other observations do you have?

7. **Present a definition of client-centered contraceptive counseling:**

   You may want to write this definition on large paper or a whiteboard. **Client-centered** is defined as providing care that treats each person as a unique individual with respect, empathy, and understanding. It involves:

   - Providing accurate, easy to understand information based on the client’s needs and goals; and
   - Asking questions, listening thoughtfully to the client’s answers and responding appropriately;
   - Assisting clients in selecting a contraceptive method that is the best match for their personal preferences.

   Any comments or observations about this definition?
8. Ask participants to do a final reflection.

- Take 2 minutes to reflect on what you have just experienced.
- On the **second side of your 3 x 5 notecard**, write 2-3 qualities and/or behaviors you already feel you can demonstrate, and also 2-3 qualities or behaviors you feel you could improve.
- Lastly, think about and write down what training or coaching could help you come closer to that “ideal client-centered counselor.”

9. **Wrap up the activity**, sharing concluding/summarizing comments such as:

> Providing high quality, client-centered, culturally aware contraceptive services is our goal. We aim to:

- Identify what we do well and ensure its consistency;
- Discover where and what we can improve; and
- Build training, coaching, and system improvements into our work.

This in turn helps us with our ultimate goal, to provide the best care possible to clients that will allow them to achieve their personal goals.
Trainer Reference Notes — Step 3

Here are examples of client-centered qualities and skills for you to help prompt participants.

Rather than describing these in detail to the participants, help them explore and identify examples that specifically fit their experience.

• Good listener
• Respects my privacy by not telling others
• Doesn’t tell me what to do
• Asks me good questions about what I want
• Somewhat knowledgeable but not “know it all”
• Respects my feelings
Activity 1.2 My Professional Role vs. My Personal Role

Purpose
The purpose of this activity is to help staff explore strategies that can help them keep personal values separate from their professional role as they work with clients on topics related to contraceptive services.

Who should participate?
Appropriate for all clinic staff who provide family planning services to clients
Especially important for staff who provide contraceptive counseling and education

Time
20–30 minutes

Preparation
Review the following:
- Module 1 Preview & Preparation
- Activity 1.2 Handouts

Materials
Handouts:
Make one copy for each participant:
- Exploring Our Personal Values Worksheet
- Being Client-Centered — A Self-Assessment

Supplies:
- Large paper, with “Our personal values…” list written, to stick/tape to the wall
- Large paper or whiteboard you can use to capture Group Agreements
- Optional: Large paper, with activity goal written, to stick/tape to the wall
- Markers

Resources
Have at least one printed copy available for reference:
- Providing Quality Family Planning Services (QFP): Recommendations of CDC and OPA, Appendix C

Goal:
A commitment to prevent bias by being aware of our own individual beliefs and always focusing on a client’s needs & goals

Group Agreements

Our personal values...
1. Are important to each of us
2. May change over time
3. May not be shared by clients
4. Could contribute to bias or undue influence on clients
5. Should be identified through reflection and self-awareness
6. Should be separated from our professional role
Detailed Instructions

1. **Introduce the activity:**

   This activity will help us explore and identify our personal beliefs and values about providing contraceptive services. We will talk about our professional role in delivering client-centered services and the strategies we use to separate our beliefs from our clinic role when working with clients. Our goal is to be aware of our own beliefs and ensure that we always focus on a client’s needs and goals and prevent bias.

2. **Review the Key Concepts for Participants.**

   Optional: Post on large paper or white board.

   Here is the number one thing I hope you’ll remember from this activity:

   • Staff who provide contraceptive counseling have a professional commitment to work to prevent bias through self-awareness and by focusing on a client’s needs and goals.

   And here’s the key concept that we introduced in the previous activity:

   • Client-centered counseling respects each client’s unique life experiences, reflects sound ethical health care practice, and helps ensure positive health outcomes for each client.

3. **Create and post Group Agreements for this activity:**

   Brainstorm your Group Agreements by asking participants what would help them to feel safe and get the most out of this activity. You can also use the examples posted below. Take notes and post the Group Agreements where participants can see them throughout the activity.

   **Trainer Note:** Some participants may be quiet during this activity. You can offer participants the option to pass, but encourage participants to take risks and share their thoughts. If they choose to pass, encourage them to listen to others and privately engage in a self-reflective process.

   **SAMPLE — Group Agreements**

   The goal is to ensure a safe environment for candid group participation.

   ✓ You have the right to pass — but challenge yourself to take risks
   ✓ Confidentiality (no stories, names or personal facts leave the room)
   ✓ Be respectful of diverse opinions
   ✓ Don’t talk over each other
   ✓ Keep an open mind
   ✓ Ask questions
   ✓ Be inclusive of each other
   ✓ Start on time and end on time
   ✓ Take care of your needs
   ✓ Have fun (as a team/group)!

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**At-a-Glance**

**Introduction**

**GOAL:**
A commitment to prevent bias by being aware of our own individual beliefs and always focusing on a client’s needs & goals

**Key Concept**

Staff have a professional commitment to work to prevent bias through self-awareness and by focusing on the client’s needs and goals

**Group Agreements**

**Group Agreements**
4. **Give instructions before handing out “Exploring Our Personal Values”**

   *This activity uses sentence stems to let you quickly answer with the first idea that comes to mind. For instance — if I said: The best dessert in the world is… What's the first thing that comes into your mind?*

   - Now I’ll hand out the worksheet — **keep it face down until I say start!**
   - When I say start, quickly read each of the 13 sentence stems and write the first thing that comes to mind. **Be brief** — only a few words. And try to be honest — this is anonymous (don’t include your name!).
   - When you’ve finished, **fold your paper in half** so I know you are done.

5. **Hand out the Exploring Our Personal Values worksheet face down.**

   When all worksheets are distributed, give the start signal and instruct participants to turn the sheet face up and begin.

   Tell participants to work quickly. When most are over halfway done with the worksheet, give a 1-minute warning.

6. **Prepare to debrief the worksheet.**

   Gather the worksheets, make sure they have no personal identification marks, mix them up and give to one trusted person.

   **Trainer Tip:** You will likely not have time to read all the responses — choose 3 or 4 of the numbered sentence stems on the worksheet to **focus on** (choose on your own, or with the help of the group). Ask the trusted person to read each response for the chosen sentence stems.
7. **Lead Part 1 of a debrief**, discussing reactions to the worksheet.

   **Remind participants:**
   
   The goal for the activity is to encourage us to identify our own values and potential biases (we all have them) and explore strategies to keep them separate from our clinic role.

   Talk about **reactions and challenges**:
   
   - What are your general reactions to these topics?
   - What sentence stems were hard for you? Did any surprise you?
   - What did you learn about your personal values and potential biases?

   **Trainer Tip:** Emphasize items where there were a range of responses, to show how personal values and beliefs differ from person to person.

8. **Read through the “Our personal values…” list and lead a brief discussion.**

   - Why are numbers 5 (identifying values) and 6 (separating values from our professional role) so important?
   - Any other comments or reactions?

   **Remember:** Our role is to help clients explore their own values, beliefs, and options.

9. **Lead Part 2 of the debrief**, discussing ways to separate values from work.

   - What effective strategies have you used in the past to separate personal values from your professional role?
   - What can we do as a team to help each other?
   - What has been helpful to hear today — anything you might try?
   - What other comments or suggestions do you have?

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**Debrief: Part 1**

- General reactions?
- Challenges? Surprises?
- What did you learn about your values and potential biases?

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**Our Personal Values**

<table>
<thead>
<tr>
<th>Our personal values…</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are important to each of us</td>
</tr>
<tr>
<td>2. May change over time</td>
</tr>
<tr>
<td>3. May not be shared by clients</td>
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</tr>
<tr>
<td>5. Should be identified through reflection and self-awareness</td>
</tr>
<tr>
<td>6. Should be separated from our professional role</td>
</tr>
</tbody>
</table>

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**Debrief: Part 2**

What strategies can you use to separate personal values from your professional role?
10. Discuss the importance of self-assessment/self-awareness in providing contraceptive counseling.

The activity we just did helped us increase self-awareness. **Self-awareness is the most powerful way to overcome bias and limit its influence in our interactions with clients.** Why do you think that is?

Pause to hear a few responses from participants.

- Those of us who provide contraceptive counseling, like everyone else, hold stereotypes based on a client’s race, gender, sexual orientation, and other cultural identities.
- **These stereotypes and biases are often unconscious, and they can affect our communication with clients** — the questions we ask, the options we offer, the decisions we make.
- Self-awareness is a process of intentionally working to become more aware of our conscious and unconscious stereotypes and how they influence our interactions with clients. **Self-awareness helps us to provide quality and equitable care to all clients.**

11. Hand out the Being Client-Centered — A Self-Assessment handout.

Tell participants the self-assessment will help them reflect on the qualities and skills discussed in this activity and Activity 1.1.

Tell participants to take 3–4 minutes to read through the list and consider their personal strengths and areas they want to improve.

After 3–4 minutes ask participants to share any thoughts or comments about the self-assessment. You may ask questions such as:

- How do I recognize my own beliefs and values about sexuality, birth control, and other related sexual or family planning practices?
- How do I maintain my commitment to client-centered care, even if a client’s decision seems in conflict with my assessment of what might be more effective or is “best” for that client?
- How do I reflect on my beliefs and values to be client-centered and culturally aware of diversity in our clients and communities?
12. **Wrap up the activity**, sharing summarizing comments such as:

*When we talk to clients about contraception we are addressing issues that are private, and reflect various personal and cultural beliefs, values and practices that are important to each individual.*

*As professionals it’s our responsibility to engage in ongoing self-reflection related to how our own values about contraception, sexual practices, relationships and other related issues may lead us to unduly influence a client’s decisions — through our words, actions or even unconscious behaviors.*

*You (as a family planning professional) do not need to give up or change your values and beliefs. But you do need to identify any potential bias and build your personal strategies that will help prevent influence on your clients’ decision making process. The ability to separate our personal opinions from the client’s decision making is the foundation to providing quality client-centered care.*

*Thank you for your open and respectful participation in this activity.*
Exploring our Personal Values Worksheet

This worksheet is confidential — you will not need to share it with anyone.

Please complete these sentence stems as quickly as possible. Write the FIRST thing that comes into your mind. Be brief — only a few words. Do NOT think too long about your answers.

1) The best method of birth control is….

2) A woman who uses emergency contraception repeatedly …

3) A man who doesn’t use a condom and says he doesn’t want to be a dad …

4) A woman who has six children …

5) A woman who smokes and says she just can’t afford birth control…

6) The ideal method of birth control for teenagers …

7) The most risky method of birth control is …

8) A woman who does not know if she wants to be pregnant …

9) A woman who says — I just want a method that is natural …

10) A woman who does not want to be pregnant and wants her IUD removed …

11) People who use condoms every time they have sex …

12) Using Natural Family Planning for contraception …

13) When a woman is undecided about a birth control method, I would…

When you are done fold your worksheet in half to show that you are finished.
Being Client-Centered: A Self-Assessment

With each statement below think about 1 or 2 ways you demonstrate (verbally and/or nonverbally) this quality when working with your clients.

I understand and respect my client's rights.

I develop relationships with my clients using respect and kindness.

I understand the effect of nonverbal communication.

I encourage my client to ask questions.

I understand there are individual values, preferences and circumstances that affect a person's decision to use a particular contraceptive method.

I work to understand my own biases and prevent them from influencing the care I provide.

I actively listen and respond to my client's concerns.

I present information in a clear, easy to understand, balanced and unbiased, client-focused manner.

I recognize when I am not able to help my client and I have referrals available when I need them.

I place my clients' values and preferences foremost when providing contraceptive care and supporting them in choosing a method.
Activity 1.3 Principles for Providing Quality Counseling

Purpose
The purpose of this activity is to explore a contraceptive counseling process framework that includes a client-centered approach based on the Principles for Providing Quality Counseling. Staff will define the five principles and identify concrete examples of how to provide counseling that reflects these principles.

Who should participate?
Appropriate for all clinic staff who provide family planning services to clients
Especially important for staff who provide contraceptive counseling and education

Time
20-30 minutes

Preparation
Review the following:
- Module 1 Preview & Preparation
- Activity 1.3 Trainer Reference Notes
- Activity 1.3 PowerPoint Presentation
- Activity 1.3 Handouts

Materials

Handouts
Make one copy for each participant:
- Principles for Providing Quality Counseling
- Contraceptive Counseling Process Guide

Presentation
Load onto laptop and/or print slides as a handout for participants:
- Principles for Providing Quality Counseling

Supplies
- Large paper to stick/tape to the wall (at least 5 sheets)
- Markers
- (if available for presentation) Laptop, projector and screen

Resources
Have at least one printed copy available for reference:
- Providing Quality Family Planning Services (QFP): Recommendations of CDC and OPA, Appendix C
- Any agency policies or procedures that will support the client-centered, culturally inclusive services provided in your clinic setting
Detailed Instructions

1. **Introduce the activity:**

   *This activity will help us learn about and discuss the five key elements of the Quality Counseling Principles, based on the QFP. It provides us with a standardized client-centered framework that acknowledges each client’s unique life experiences, goals and preferences.*

2. **Review the Key Concepts for Participants.**

   **Optional:** Post on large paper or white board.

   *The following Key Concept is the important takeaway for this activity.*

   - **The five key elements of Quality Counseling Principles, based on the QFP, provide a standardized client-centered counseling framework.**

   And here are the key concepts that we covered in the previous two activities:

   - **Client-centered counseling, respects each client’s unique life experiences, reflects sound ethical health care practice, and helps ensure positive health outcomes for each client.**
   - **Staff who provide contraceptive counseling have a professional commitment to work to prevent bias through self-awareness and by focusing on a client’s needs and goals.**

3. **Give each participant a copy of the Handouts:**

   - **Principles for Providing Quality Counseling**
   - **Contraceptive Counseling Process Guide**

At a Glance

**Introduction**

**Key Concept**

The five key elements of Quality Counseling Principles (based on the QFP) provide a standardized client-centered counseling framework

**Handouts**

Principles for Providing Quality Counseling

Contraceptive Counseling Process Guide
4. **Conduct the PowerPoint Presentation** (or use the slides handout), engaging participants in discussion of the content on each slide.

As we talk about the QFP Principles for Providing Quality Counseling — remember:

- Applying these principles is important for **individual staff** in their professional roles and interpersonal interactions with clients.
- These principles also have an **organizational perspective** — including administrative requirements such as established agency policies, procedures, staff orientation and training expectations are essential.

We’ll focus on you (as an individual). We’ll talk a bit about the organization later.

Let’s take just a quick look at all five principles!

**Can I have five volunteers** to help me read the Principles out loud?

Now we’ll go through each principle in more detail. Our first principal includes:

- **Creating a welcoming environment**
- **Building a relationship** of trust, respect and safety at every stage of the encounter, and
- **Ensuring confidentiality, expertise and easy access**

Think about yourself in your interactions with clients:

1) How do you (as a professional) do this?
2) What else would you include on this list?
3) What might be areas of improvement to apply this principle even more effectively in your work with clients?

Invite participants to share a few responses.

*Keep thinking about these questions as we go through the next four principles.*
This principle includes:

- **Gathering a client’s personal information** using standardized tools.
  - This will include a medical, social, and sexual history.
  - It may also include exploring psychosocial factors.
- **Even when using standardized tools, you want to tailor the discussion to the client’s circumstances and needs**
  - You might ask, “What’s the most important thing I can do for you today?”
- **You want to learn about the client’s experience, values, beliefs, priorities, and goals which will be a reflection of their cultural experience.**
  - We define culture broadly — it includes race & ethnicity, but also age, gender and gender identity, sexual orientation, economic class… and the many life experiences that are reflected in a person’s decisions.
  - **What other factors (influences) are part of a person’s culture?**
  - Each of us as individuals has our own cultural experience. **Our job when we are providing counseling and education is to learn about our client’s experience** — it is most certainly not just like your experience.
  - It’s important to never make assumptions.
  - You may want to say: "Clients who come here have many different experiences. Is there anything you would like to share with me about what’s important to you that would help me give you what you need today?"

This next principle includes:

- **Using interactive counseling skills to facilitate client-centered decision making**
- Identifying and **addressing possible misinformation (myths) and barriers** (access, etc.), and
- **Creating an individualized plan based on the client’s needs and goals**

Take a moment to think about how you do this; we’ll come back to this, so you may want to take notes for yourself.
For the next principle, it’s important to:

- **Use interactive education strategies** to ensure informed decision making,
- **Use clear, understandable words, images, and materials,**
- **Tailor information to the client’s needs and what they already know,** and
- **Use a medically accurate, balanced and nonjudgmental approach.**

Finally, for the last principle:

- **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,** and
- **Confirm a plan for follow up** based on the client’s needs and possible challenges, such as if the client is dissatisfied with the method.

Here are all 5 Principles once again…

Adjust the following statement as needed depending on your agency’s plans to provide training and feedback on these principles.

**Our goal is to provide staff orientation and ongoing training and practice (with observation, coaching and feedback) to help staff continue to improve their skills.**
One way to use a client-centered contraceptive counseling approach is shown in the Contraceptive Counseling Process Guide that you have as a handout. This process integrates all five principles into an easy to remember encounter process. It organizes the encounter into 3 stages — **Beginning, Middle and Closing**.

In the **Beginning** stage, you “set the stage” for establishing and maintaining rapport throughout the entire client encounter.

**Toolkit for Training Staff Modules 1 and 2** focus on the “Beginning”

The **Middle** includes three principles. It focuses on the “personalized and interactive process” of learning about each client’s needs and goals, and providing clear, easy to understand and tailored information to assist each client in selecting a contraceptive method. These three principles don’t go in a specific order; they work together to support informed, client-centered decision making.

**Toolkit for Training Staff Modules 3 and 4** focus on the “Middle”

The **Closing** applies the final principle to help you confirm the client’s understanding (using the teach back method) and make a plan (including follow-up) that will ensure the client’s success in their reproductive choices.

**Toolkit for Training Staff Module 5** focuses on these final steps. Discuss which staff are involved at each stage of this process in your agency.

Any other questions or comments on the five principles and the contraceptive counseling process before we move to the next part of this activity?

**References & Resources and Contact Information** are included at the end of each presentation.
5. **Ask participants to form five groups**, one assigned to each principle
   Give each group a large piece of **paper, tape and markers**.
   Ask each group to write a different principle on the top of their large paper, and tape it to the wall.

   **Fewer than 10 participants?**
   You can do the following brainstorm all together as one group.

6. **Instruct the small groups to brainstorm around their principle:**
   - You’ll have about 3 minutes at each principle. Start with the one your group wrote, brainstorming all the ways you demonstrate that **Quality Counseling Principle** in your work.
   - You may also list areas where you’d like to improve how you demonstrate the principle.

7. **Instruct the groups to rotate to the next principle**
   After 3 minutes, call “switch” and have each group rotate to the next principle to add their ideas to this Principle list.
   Give them just 2 minutes for this Principle. Continue until all groups have visited all principles, with 2 minutes or less at each.
8. Allow time for participants to walk around the entire room after the rotations, so all participants can see the responses on all the papers.

9. Lead a full group debrief, asking participants to reflect and discuss:

   - How do you demonstrate these principles? How consistent are you?
   - What are your challenges? What areas might you want to improve?
   - What training or coaching would be helpful?
   - What other resources, materials, or job aids would be helpful?
   - What are “next steps” for continued improvement in your skills?

Encourage participants to write down their individual next steps.

   Trainer Tip: Take notes of any next steps for the agency and share with leadership.

10. Wrap up the activity, sharing concluding/summarizing comments such as:

   Using the principles of high quality, client-centered, culturally aware contraceptive services helps us provide the best care possible to clients to help them achieve personal goals.

   The 5 Quality Counseling Principles and the Contraceptive Counseling Process Guide, outlined in your two handouts, will provide a standardized client-centered framework to help us ensure that our contraceptive services are consistently of the highest quality.
**Trainer Reference Notes:**

Below are examples of possible strengths and areas for improvement for each of the 5 Quality Counseling Principles. Review these before the training, as examples, but don't necessarily describe these to the participants. Instead, explore and identify — with your own staff — examples that specifically fit your clinic.

### Establish and maintain rapport with the client

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Challenges / Needs improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I try to always talk with clients in a private place</td>
<td>During busy times, privacy is hard</td>
</tr>
<tr>
<td>I'm trained on asking open-ended questions</td>
<td>I don't always have time for training, or have time to practice with colleagues</td>
</tr>
<tr>
<td>I talk about confidentiality and build trust</td>
<td>Teens worry we'll tell their parents if they come in</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Challenges / Needs improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I provide easy to understand printed materials for clients and in both English and Spanish.</td>
<td>It’s hard when we have clients who don’t speak English or Spanish and we don’t have easy access to interpreters.</td>
</tr>
<tr>
<td>I review our materials to make sure I am accurate when I work with clients.</td>
<td>Printed materials are not always the best way to know for sure that the client understands.</td>
</tr>
<tr>
<td>I try to make sure education sessions and materials are culturally appropriate &amp; reflect our clients’ experience.</td>
<td>I don’t always take time to check to see if our print materials work for my client.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Challenges / Needs improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I ask questions to determine what else the client is concerned about, beyond their stated reason for the visit.</td>
<td>During busy times I don’t always have time to spend with a client who has multiple problems.</td>
</tr>
<tr>
<td>I’m trained to provide client-centered services.</td>
<td>I don’t practice, or ever observe anyone else.</td>
</tr>
</tbody>
</table>
### Work with the client interactively to establish a plan

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Challenges / Needs improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I’m good at making a plan with each client that is their plan.</td>
<td>I’m not sure how to use our standardized client education tools in a more personalized way.</td>
</tr>
<tr>
<td>I share resources and referrals for clients who want to make changes related to their health regarding smoking, substance abuse, diet, etc.</td>
<td>Clients may not want to change or access community resources.</td>
</tr>
</tbody>
</table>

### Confirm client understanding

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Challenges / Needs improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>I ask the client to explain to me what they understand.</td>
<td>Sometimes asking this question takes time I may not have at the moment.</td>
</tr>
<tr>
<td>I ask the client how their plan will work for them.</td>
<td>I may need to be better about making a follow up appointment to check on the client’s plan.</td>
</tr>
<tr>
<td>I tell clients they can always call me later if they have questions or forget something.</td>
<td>Sometimes there is a lot of information in one clinic visit for a client to remember it all.</td>
</tr>
</tbody>
</table>
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. Explain privacy and confidentiality to help 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 allow the client to achieve personal goals.

**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
## Contraceptive Counseling Process Guide

### Process

#### Beginning (and throughout)

**Establish and maintain rapport with the client**
- Warmly greet the client by name and introduce yourself
- Be genuine, showing respect and empathy
- Ask about the client’s reason(s) for today’s visit, plan and prioritize visit
- Explain private and confidential services
- Ask open-ended questions
- Respectfully affirm what you see and hear (showing interest, support and cultural awareness)
- Show that you care by listening (verbally and non-verbally)
- Reflect on what you observe and hear, to gain a deeper understanding
- Summarize key points throughout with a focus on the client’s goals
- If using EMR, position the monitor to keep eye contact

#### Middle

**Assess the client’s needs and personalize discussions accordingly**
- Review and update the medical, sexual and social history
- Explore client preferences regarding method characteristics: frequency of use, effectiveness, how to use, menstrual changes, side effects, and benefits
- Ask about client knowledge and experience with birth control methods
- Address pregnancy and parenting intention/ambivalence along with STD/HIV protection
- Respectfully explore client beliefs and feelings, including ethnic, cultural, and/or individual factors that may be relevant to their birth control method decisions and method use

**Work with the client interactively to establish a birth control method plan**
- Ask open-ended questions about concerns or possible barriers relevant to method choice
- Explore the client’s method preferences, and if appropriate, offer additional information about the most effective methods
- Help the client to optimize method choice by assisting the client in aligning their preferences with their method selection
- Reflect back important thoughts or feelings you hear from the client and/or feelings you sense from the discussion
- Clarify partner involvement and the role of others who may be important to the client’s decision making and method use
- Affirm and support the decision making process with a respectful, nonjudgmental approach in helping the client make a plan

**Provide information that can be understood and retained by the client**
- Provide balanced, unbiased, tailored information about method characteristics in an interactive conversation
- Provide accurate information (correct use, effectiveness, benefits, side effects, potential risks, STD/HIV protection)
- Use clear, understandable words, images, materials, models and/or sample methods
- Use numbers and comparisons that are easy to understand
- Assess and address myths and misinformation in a respectful and affirming way
- Include information about STD protection and emergency contraception

#### Closing

**Confirm client understanding**
- Ask the client to tell and show what was learned (teach-back) and provide additional information, as needed
- Address any possible barriers to a successful plan and method use
- Confirm the client’s plan for correct method use and follow-up, including what to do if dissatisfied with the method, back-up method, and emergency contraception, as needed
- Provide contact information and future opportunities for follow up, other methods or services
- Summarize with key points and provide a friendly close