



Contraceptive Counseling: *Training New Counselors*

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content:	Examples of Essential Counseling Techniques

Overview

This document provides examples of the counseling techniques that are essential during a contraceptive counseling session. It is important to discuss these skills and strategies during contraceptive counseling training, and to remind counselors to review them on an ongoing basis to maintain optimal interactions with patients. This document can be used in conjunction with [Overview of Essential Counseling Techniques](#).

Effective Questioning

Closed-ended Questions: Use to collect factual, non-sensitive information

Counselor: Do you smoke cigarettes?

Patient: Yes

Counselor: How long have you been smoking cigarettes?

Patient: For about 2 years

Counselor: How many cigarettes a day/week do you smoke?

Patient: Usually about 4 per day.

Open-ended Questions: Use to elicit feels and detailed information

Counselor: What do you like about this contraceptive method?

Patient: I like that it's so effective and lasts for 3 years and that once it's in my arm I don't have to worry anymore about birth control. I also like that there's no way for my dad to be able to find out I'm using it.

Counselor: Great! And how will you protect yourself against sexually transmitted infections?

Patient: My boyfriend and I haven't had sex yet, but we are going to go in and get tested for STIs together before we do. I'm also going to talk to him about using condoms.

Probing Questions: Use to elicit more in-depth information

Counselor: Have you ever been told you had high blood pressure?

Patient: Yeah, one time but I don't think it is anything serious

Counselor: Can you tell me more about that?

Patient: I went to the doctor once and they said it was high and had me check it a few times over the next few weeks. It was normal on all of those days. I think it was because I was running late for my appointment and bit stressed. It was the only time it's ever been high.

Active Listening

Counselor: What method of birth control do you think you might be interested in?

Patient: Well, I'm not sure. I have used the pill before but was so bad and taking something every day...

Counselor: [*nods head and maintains eye contact*]

Patient: But I did like knowing when I'd get a period every month...

Counselor: [*nods head and maintains eye contact*]



Patient: and I liked how light and short it made my period so maybe the patch or the ring.

Counselor: Okay, great. We'll definitely go over all the methods in more detail and make sure we get your questions answered.

Paraphrase, Summarize & Clarify

Counselor: So now after hearing all of your options, what method sounds like a good choice for you?

Patient: I don't know—I like all of the long-acting methods but am not sure how I feel about having irregular bleeding or no period at all.

Counselor: It sounds like you are interested in a method that is highly effective that allows you to have a normal, monthly period.

Patient: Exactly. I think the copper IUD is probably the best fit for me.

Reflect & Validate Feelings

Patient: Is it safe not to have a monthly period?

Counselor: It is completely safe not to have a monthly period if you are using a hormonal method of birth control.

Patient: I would be so worried I was pregnant all the time!

Counselor: It is completely normal to feel that way—it sounds like having a period is important to you and you want a method of birth control that allows you to have one each month.

Patient: Yes, I think I do.

Give Clear Information

Counselor: Okay, so the clinician approved you to use the pills. Are you familiar with how to take the pills?

Patient: No, I've never used them before.

Counselor: I want to make sure you leave today understanding exactly how to use them. We recommend the quick start method, which means you will take the first pill today. You will need to use backup contraception, such as condoms, or not have sex for 7 days. You may have some breakthrough bleeding but this is normal. Even if you start bleeding, continue to take the pills as directed. Since today is Monday, we will change the day of the week sticker on the top so Monday is at the start of the pill pack. Follow the arrows on the pill pack and take one pill every single day—it's best to take it around the same time. Once you reach this last row of pills, these are your inactive pills and that's the week your period should start. If your period not does start, you may want to consider doing a urine pregnancy test at home, or call your healthcare provider. After you complete this pack of pills, start a new pack the next day. You may want to set a daily alarm on your phone, or there are free apps you can download to help you remember. If you miss a pill, take it as soon as you remember and continue to take the pack as directed. If you are more than 24 hours late taking a pill, take two pills the following day, and use a backup method of contraception for the next seven days. If you had sex without a condom on the day you forgot to take a pill, you may want to consider taking emergency contraception. Do you have any questions about how to use the pill?

Patient: No I don't think so...



Counselor: Great—tell me your plan for how you’re going to take them

Patient: I’ll take my first pill this evening at bedtime and take a pill every day around bedtime. I’ll use condoms for the next week. If I miss a pill, I’ll take the missed one as soon as I remember and use condoms for a week. I’ll get my period on the last week of pills, and start a new pack right after.

Counselor: You’re set—call us if you have any questions.

Arrive at Agreement

Counselor: Okay, I’m going to go present your information to the clinician. So if the clinician thinks it is appropriate, you’ll get an implant inserted today, but if not she’s not comfortable inserting it today, you want to go home with the vaginal ring and come back in a month for a repeat pregnancy test and the insertion.

Patient: sounds perfect!