



### **Contraceptive Counseling: *Training New Counselors***

Modification date:	June 27, 2013
content:	Contraceptive Counseling Skills Training—Outline
training time:	7 hours
trainee & facilitator materials:	Refer to <a href="#">Training Materials</a>

#### **Overview**

This outline provides a detailed overview of the training provided by the Contraceptive CHOICE Project to contraceptive counselors. The goal of contraceptive counseling is to provide accurate, unbiased information about all contraceptive methods to help a woman assess her needs and make an informed decision. Training time is an approximation that may vary based on facilitation style and number of trainees. Also, trainees will need time outside of the formal training sessions to study information and practice counseling techniques prior to testing. Please note in CHOICE, each woman was referred to as a “participant;” we have changed this to “patient” to fit a more universal audience. All patient materials are available in English and Spanish. This training can be modified by your organization to fit its needs. The [Contraceptive Counseling Training Video](#) can be used to help facilitate any or all components of the training, or may be given as a pre-training or post-training reference material.

#### **Background: Inception of the CHOICE Counseling Model**

We developed a standardized contraceptive counseling model after discovering that many of our initial participants were unfamiliar with the most common, reversible contraceptive methods that were being offered with project participation. Specifically, participants were not aware of the most effective methods of contraception, the IUDs and implant, and had limited knowledge regarding the advantages and disadvantages of contraceptive methods. We created a training program to ensure that all counselors were adequately trained to provide participants with medically accurate, unbiased information about all contraceptive methods. The CHOICE Project trained 54 contraceptive counselors—38 CHOICE staff and 16 volunteers. Almost all (96%) of the trained contraceptive counselors and at least an undergraduate degree and 2 had professional health care degrees (RN and NP). Among the 38 CHOICE staff members, 15 had no prior health care experience before joining the project. You may want to provide trainees with a brief overview of the CHOICE Project and its results prior to training, or assign a pre-training task of watching [Pathway to CHOICE](#) or reviewing [CHOICE Key Findings at a Glance](#).



**Overview of Training Process:**

**Welcome to Contraceptive Counseling Training**

- I. Welcome and Introductions
- II. Review Training Goals and Expectations
- III. Patient Philosophy
- IV. Communicating with the Patient



**Contraceptive Knowledge**

- V. Contraceptive Knowledge 101 Lecture



**GATHER Process of Contraceptive Counseling**

- V. GATHER Process
- VII. G: Greet the Patient Warmly & Politely
- VIII. A: Ask the Patient About Her Family Planning Needs
- IX. T: Tell the Patient About Her Options
- X. H: Help the Patient Make the Decision that is Best for Her
- XI. E: Explain How to Use the Approved Method
- XII. R: Return Visit and Follow-ups are Discussed



**Knowledge and Skills Testing**

- XIII. Contraceptive Counseling Overview
- XIV. Practice a Mock Session
- XV. Session Observation
- Quality Assurance Protocol

## I. Welcome and Introductions

- a. Introduce facilitators; trainees will introduce themselves during the icebreaker activity
- b. Introduce the concept of the parking lot
  1. *You may want to prepare newsprint for the Parking Lot in advance. When topics come up during the training session that the group does not have time to address at that moment or which would be better addressed at a later time, trainees can write ideas, comments on a post it note and stick it on the parking lot flip chart. You can review the topics in the parking lot at the end of the day and decide if they can be addressed during the training or at another time.*
- c. Establish group norms or ground rules
 

*You may want to prepare newsprint with these norms and ground rules. Explain that group norms are mutually agreed upon and they: 1) Set guidelines for how the group will work together; 2) Create a safe and respectful learning environment; and 3) Enable tasks to be accomplished efficiently.*
- d. Housekeeping
 

*Address items such as location of bathroom, refreshments, and breaks.*
- e. Icebreaker
 

*An icebreaker provides an opportunity for trainees to introduce themselves, get to know one another and get oriented with the content of the training. Choose an icebreaker that fits well with the size of your group.*

## II. Review Training Goals and Expectations

*Let trainees know that these are the goals of this training and what is expected of them as a contraceptive counselor. These goals and expectations were developed to ensure that each patient receives the most accurate and unbiased information about contraception. Each trainee should receive the **Contraceptive Counseling Goals and Expectations** document so there is no confusion about what is expected prior to completing the tests. You may also want to explain that trainees will need to dedicate time outside of formal training session(s) to study information and practice counseling techniques prior to testing.*

- a. Goals
  1. Understand the CHOICE patient philosophy
  2. Understand how to effectively communicate with the patient using essential counseling skills
  3. Know how to implement the GATHER process
  4. Learn effectiveness, mechanism of action, contraindications, advantages and disadvantages of the most common reversible contraceptive methods
  5. Understand the difference between typical and perfect use of contraceptive methods
  6. Know typical use failure rates of all reversible contraceptive methods
  7. Be able to accurately complete the Baseline Clinical Form
  8. Know how to present a patient's case to a clinician
  9. Learn the contraceptive counseling script
- b. Expectations
  1. Activities

- i. Participate in the Contraception 101 lecture
- ii. Learn the key elements of the contraceptive counseling process
- iii. Role play a contraceptive counseling session with 3 team members
- iv. Observe counseling sessions between a counselor and patient.

2. Testing

- i. Demonstrate your contraceptive knowledge with a clinician
- ii. Demonstrate your ability to implement the counseling script
- iii. Demonstrate your understanding of the GATHER process
- iv. After passing all three tests, provide contraceptive counseling to 3 patients under supervision

3. Quality assurance

- i. Maintain optimal counseling skills through ongoing education
- ii. Quarterly observation of a counseling session and feedback by training staff

III. **CHOICE Patient Philosophy**

*Understanding the CHOICE patient philosophy provides the foundation for why the CHOICE counseling model is effective. If trainees disagree with this patient philosophy, you may want to discuss concerns prior to proceeding with the training. You may want to use prepared newsprint for this segment of the training.*

- a. Explain CHOICE patient philosophy
  - 1. Patient choice is priority
  - 2. The best method for a patient is the one she will use consistently and correctly
  - 3. A patient is able to make an informed decision about her contraceptive method once she has complete and accurate information about all methods
- b. Show and discuss *Open the Dialogue* (video)
 

*Sample questions to help trainees process this video:*

  - 1. What are your thoughts about this video?
  - 2. What did you like about the video?
  - 3. What themes were repeated by the women?
  - 4. Was having information about all contraceptive methods important to these women? How could you tell?
  - 5. How do these women demonstrate that they have made an informed choice about their birth control?

IV. **Communicating with the Patient**

*Tell trainees that good communication skills are essential for a positive interaction with the patient during the counseling session. It is important to note that although CHOICE focused on characteristics and skills of a good counselor during this specific training, communication skills training was an ongoing part of the overall staff training. For more information and specific activities, see the *Effective Staffing and Management Module*.*

- a. Review roles of the contraceptive counselor
  - 1. Provide medically accurate and unbiased information about all reversible contraceptive methods
  - 2. Answer patients' questions honestly and accurately
  - 3. Knows her own contraceptive knowledge limitations and seeks help from the clinician when she is unsure of the answer to a patient's question

4. Create a warm and positive experience for each patient

5. Allows patient to make her own decision regarding contraceptive use

- b. Review skills of a contraceptive counselor (*refer to **Essential Counseling Techniques***)

*While reviewing **Essential Counseling Techniques**, you can foster trainee engagement by asking for additional examples for each skill that you discuss. You can also use the **Essential Counseling Skills Video** to demonstrate what each skill looks like in a counseling session. Make sure trainees understand each characteristic and skill prior to proceeding with the training materials.*

- c. Self Disclosure Protocol

*This is the self disclosure protocol followed by CHOICE contraceptive counselors.*

*Although some studies have shown that patients benefit from providers sharing their own experiences with methods, we did not want counselors to introduce their bias (positive or negative) into the patient's decisions making process. It may differ for your organization based on mission or guiding principles.*

1. We will not share information about our current or past contraceptive use with a participant or make statements about liking or disliking a method. For research purposes, it is important that every participant has a similar experience during the counseling session. Disclosing personal information could introduce a bias that may influence a participant's method selection. Self disclosure can also make a participant uncomfortable and feel as if we don't trust them to make an informed decision. We want participants to feel valued and respected during their experience with the CHOICE Project.

#### V. **Contraception 101 Lecture**

*In CHOICE, this lecture was provided by a medical doctor. If an advanced practitioner (i.e., nurse practitioner) is not available to provide this lecture in your organization, you can use the **Contraception 101 PowerPoint** and corresponding **audio**. Inform trainees that during this lecture, they will learn effectiveness, mechanism of action, contraindications, advantages and disadvantages of the most common reversible contraceptive methods. They will also learn the difference between typical and perfect use of all reversible contraceptive methods. Each trainee will be tested on this information prior to becoming a contraceptive counselor.*

#### VI. **The GATHER Process**

*Explain to trainees that the CHOICE counseling framework is modeled after the patient-centered **GATHER process for counseling**.<sup>1</sup> The counselor will follow the GATHER process format during a counseling session. Provide each trainee with a copy of the **GATHER process** document for reference. Review the 6 components verbally. GATHER is designed to be implemented one-on-one with a client as opposed to a group setting, where it could be difficult to assure confidentiality.*

- a. Components of the GATHER process

**G**REET patient in a friendly, respectful way; a good connection between patient and counselor helps build trust. Review the clinic's confidentiality protocol.

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<sup>1</sup> Rinehart W, Rudy S, Drennan M. GATHER guide to counseling. Popul Rep J 1998;48:1-1.



**ASK** patient about her life with simple open-ended questions, taking the lead from the patient. Complete the **Baseline Clinical Form**.

**TELL** patient about the most common reversible contraceptive methods using the **Contraceptive Counseling Script**. Present the methods from most effective to least effective. Use the **Menu of Options** as a visual tool. Encourage the patient to review the handout as you present the methods. Use models and pictures to describe each method. Demonstrate how to use a condom.

**HELP** the patient decide which contraceptive method works best for her needs. Let the patient know the decision belongs to her. Present the patient's medical history to the clinician.

**EXPLAIN** everything about the patient's approved contraceptive method. Use the **Method Fact Sheet**.

**RETURN** clinic visits or follow-up phone calls are a time to discuss the patient's use of her chosen method. Invite patient to call the clinic if she has questions or concerns about her method.

b. Implementing GATHER

*Explain to trainee that each counseling session will last 30 minutes or less*

1. The counselor completes **G, A, T, H** in less than 20 minutes
2. The counselor leaves the room to present the case to the clinician
3. The counselor returns to the room and completes **E, R**

VII. **G: Greet the Patient Politely and Warmly**

- a. Review your organization's confidentiality protocol

VIII. **A: Ask the Patient About Her Family Planning Needs**

*Explain to trainees that part of the counseling session includes gathering information from the patient about her reproductive health and medical history. Remind trainees that giving personal information about a medical history can be uncomfortable for a patient and that her ability to use **Essential Counseling Techniques** is important during this part of the session. Trainees will use the **Baseline Clinical Form** and **Baseline Clinical Form Instructions** for this training segment.*

a. Taking a medical history

1. Use the **Baseline Clinical Form** to obtain current and past health information from the patient.
2. Should be reviewed and signed by a clinician prior to dispensing, prescribing, or inserting a method.
3. Completed Baseline Clinical Forms will be kept in the patient's medical chart.

b. Review Baseline Clinical Form Instructions (*refer to **Baseline Clinical Form Instructions***)

1. Describe what to do if a patient can't remember dates
2. You may choose to show **Collecting a Medical History** video vignette as an example

c. Medical history role play

*During this exercise, choose a trainee or fellow facilitator to act as the patient and you (the facilitator) will act as the contraceptive counselor. Each trainee should have a copy*

of the Baseline Clinical Form in front of them to follow along. For this exercise, you may use a *Patient Scenario* so the trainee or fellow facilitator does not feel uncomfortable divulging personal information. In addition to focusing on accurately collecting medical history, this is also a good opportunity to demonstrate effective counseling skills for the trainees.

- d. Debrief the completed role play with the trainees
  1. What were some of the effective counseling techniques you noticed the counselor using?
  2. What could have been improved about the session?
  3. Do you have any questions about how to fill out the Baseline Clinical Form?
- e. Practice completing the Baseline Clinical Form with a partner
 

*For this practice exercise, divide the trainees into pairs; one partner will act as the counselor and the other will act as the patient. Give each pair two Patient Scenarios so the trainees do not feel uncomfortable divulging personal information. The trainee acting as the counselor will collect a medical history on her partner. The partner will present medical information from the patient scenario. After completing this Baseline Clinical Form, the partners will exchange roles so each trainee has the opportunity to be the counselor. During the role plays, walk around the room to observe the role plays and answer any questions. After the trainees have completed the practice exercise, answer any questions they might have. Trainees will need to keep the completed Baseline Clinical Form to use in the next section. Trainees can match their completed Baseline Clinical Form to the corresponding Baseline Clinical Form Sample to ensure it is correctly filled out.*

#### IX. **T: Tell the Patient about all Birth Control Methods**

Explain to trainees that the *Contraceptive Counseling Script* is a tool used to make contraceptive counseling as comprehensive and efficient as possible. It also ensures that all patients have similar experiences, and is aligned with the CHOICE patient philosophy. Now is a good time to review the patient philosophy if necessary.

- a. Introduce the *Contraceptive Counseling Script*

*Although the contraceptive counseling script includes much of the information patients need to be told about each method, it is the counselor's responsibility to be familiar with 1) how each method works (e.g., ovulation suppression, interfering with sperm transport, etc.), 2) additional side effects you may be asked to address, 3) major contraindications to each method, and 4) advantages and disadvantages of each method. The counselor should also be able to clearly explain or demonstrate to the patient how to correctly use a refillable method when chosen. You should also review the use of visual aids, such as method models or the *Menu of Options*.*

  1. Have trainees review the *Contraceptive Counseling Script*
  2. Show *What Method is Right for You?* (video)
 

*This video shows actual CHOICE contraceptive counselors delivering the script.*
- b. Using the *Contraceptive Counseling Script* role play
 

*Have trainees practice presenting the introductions and LARC methods using the script and visual aids with a partner.*



X. **H: Help the Patient Make the Decision that is Best for Her**

*Explain to trainees that after they go through the script with the patients, they will ask the patient three key questions to determine if she has made the best choice for her. After, the counselor will present the patient's medical history to the clinician-on-duty. It is important to present a clear and concise description of the patient's medical history, including her desired method. Please note that this overview reflects CHOICE protocol, but may vary according to your organization's protocols or practice patterns of your clinicians.*

- a. Review 3 Key Questions
  1. What method sounds like a good choice for you?
  2. What do you like about this method?
  3. How will you protect yourself against sexually transmitted infections?
- b. Presenting to a clinician
  1. Bring the patient's **Baseline Clinical Form** with you to present to the clinician.
  2. Have the **Baseline Clinical Form** available for the clinician to review while you present the information.
  3. If the patient's chosen method is approved, return to the counseling room and inform the patient of the approved contraceptive method. If the clinician does not approve the desired method or needs additional information, inform the patient of the clinician's decision and discuss other contraceptive method options or gather additional information as requested by the clinician.
  4. If the patient is not eligible for same day insertion, discuss **Method Bridging** options with the patient. Method bridging is using a reliable form of contraception until a pregnancy can be ruled out. Once the patient has agreed to a clinician approved bridge method, inform the clinician of her decision. Have the appropriate forms available for the clinician to sign.
  5. It is important to remember, the clinician gives final approval for a method.
- c. Review Presenting to a Clinician Instructions (*refer to **Presenting to a Clinician Instructions***) *It is important to emphasize the key information that should be presented. It may be helpful for trainees to highlight this information on their forms as a reminder while practicing the role play.*
- d. Presenting a Patient to a Clinician Role Play. *During this exercise, you will demonstrate to the trainees how to present a patient's case to a clinician. Use the Baseline Clinical Form information you collected from the previous role play (obtaining a medical history) and present to the trainees as you would present to a clinician. Ask trainees if they have any questions about presenting to the clinician. Or, you can use the **Presenting to the Clinician video vignette**.*
- e. Practice Presenting a Patient's Case to a Clinician with a Partner *Have trainees work with same partner from previous role play (obtaining a medical history). They will use information from the completed Baseline Clinical Form for this exercise. Each trainee will use **Presenting to a Clinician Instructions** to prepare to present their patient to a clinician. While the pairs practice presenting, you will walk around to groups and have them practice presenting to you. Depending on the number of trainees, you may want to have additional facilitators present for this activity.*
- f. Debrief the completed role play with the trainees
  1. Summarize major points observed during the exercise (i.e., language, professionalism, conciseness)
  2. Do you have any questions about presenting the patient's medical history?

XI. **E: Explain How to Use the Approved Method**

- a. Review how to use the approved method with the patient (*refer to **Method Fact Sheet Instructions***)
- b. Presenting an approved method to a patient role play. *You will demonstrate how to review the approved method with the patient. Tell trainees to follow along with a **Method Fact Sheet**. Ask trainees if they have any questions about presenting the approved method to the patient*
- c. Practice reviewing how to use the approved method with a partner. *The trainees will practice reviewing how to use the method with the same partner, using the **Method Fact Sheet** and **Method Fact Sheet Instructions** as a guide.*

XII. **R: Return Visits and Calls are Discussed**

*This will vary according to organizational protocols.*

XIII. **Practice a mock counseling session with a partner**

*Trainees will use this exercise as an opportunity to practice implementing the entire GATHER process. You will divide the group into pairs, with one partner practicing as the counselor and the other as the patient. Trainees should use the **Patient Scenario** and the **Baseline Clinical Form** to collect medical information. You (the facilitator) will role play the clinician so each trainee can practice presenting the patient's medical history. The partners will then switch roles. Let trainees know that they should use the counseling script with their partners as they will have not yet memorized the information. This is also a good opportunity to have trainees practice a condom demonstration; refer to **How to Use a Male Condom**. It may be helpful to use the **Observation Form** during this role play so each counselor can ensure they have followed the GATHER Process*

- a. Debrief the completed role play with trainees
  1. How did this experience feel? What was difficult? What came to you naturally?
  2. What questions do you have about delivering the contraceptive counseling script?

XIV. **CHOICE Contraceptive Counseling Overview**

*This concludes the formal training that trainees need to complete prior to testing out as a contraceptive counselor. Trainees will need sufficient time to observe counseling sessions, study counseling materials and practice counseling skills prior to testing. In CHOICE, trainees had approximately 10 days between the training session and testing. However, you may need to modify this based on your organizational structure (i.e., CHOICE trainees had several hours a week available to study and practice material.) A facilitator needs to be available for questions or to help the trainees practice prior to testing out. Refer to **Quality Assurance Protocol** for information pertaining to testing.*

XV. **Session Observation**

*Given the CHOICE Project's high volume of counselors and family planning patients, trainees had several opportunities throughout training to observe contraceptive counseling sessions. As this may not be feasible in all settings, you may want to incorporate additional role plays or use the **Contraceptive Counseling Training Video**. In CHOICE, each trainee observed a minimum of 3 counseling sessions between a counselor and a real client.*

- a. First, the counselor seeks permission from the client to be observed as a training opportunity for the new counselor
- b. If the client agrees to be observed, the counselor introduces the trainee to the client at the beginning of the session
- c. At the end of the session the trainee thanks the client for allowing her to observe the session
- d. The trainee should observe the counselor as she presents the medical information to the clinician.
- e. The role of the trainee is to observe without speaking or displaying any distracting non-verbal behaviors. Non-verbal behaviors include actions, gestures, behaviors and facial expression which express without speaking how she feels about the information presented by the client.

XVI. **Other Things to Consider**

*The following information may be useful to you (facilitator) to consider when planning your training session(s).*

- a. The following chapter assignments from *Contraceptive Technology*<sup>2</sup> can be used to supplement the Contraception 101 Lecture. CHOICE counselors read these as part of their training.
  - i. Chapter 6 (Emergency Contraception)
  - ii. Chapter 7 (Intrauterine Devices)
  - iii. Chapter 8 (Contraceptive Implants)
  - iv. Chapter 9 (Injectable Contraceptives)
  - v. Chapter 10 (Progestin-Only Pills)
  - vi. Chapter 11 (Combined Oral Contraceptives)
  - vii. Chapter 12 (Contraceptive Patch and Vaginal Ring)
  - viii. Chapter 13 (Male Condoms)
  - ix. Chapter 14 (Vaginal Barriers and Spermicides)
  - x. Chapter 15 (Coitus Interruptus)
  - xi. Chapter 16 (Fertility Awareness-Based Methods)
- b. CHOICE counseling training occurred in 2 sessions: the Contraception 101 lecture was planned according to the medical doctor's schedule, and the remainder of the training was completed on a separate day. You should create a training schedule based on your own timing and staff constraints.
- c. CHOICE counselors had a range of background knowledge, healthcare experience, and educational attainment. Below are samples of how several staff members practiced and learned the information prior to testing. It is important to remember that CHOICE staff also had extensive opportunities during training to observe counseling sessions.
  - i. *29 year old, medical assistant background, some college:* highlighted the key points of each method in the script, recited them repeatedly at home and at work, and then rewrote them without looking at the script to test for memorization. Practiced completing forms with coworkers.
  - ii. *30 year old, customer service background, some college:* made a separate document with bullet points of the key information to remember about each

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<sup>2</sup> Hatcher, RA, Trussell, J, Nelson, A, Cates, W, Stewart, FH, Kowal, D. (2007) *Contraceptive Technology*. 19<sup>th</sup> Edition. Ardent Media, Inc: New York

- method. Practiced putting the script in own words, making sure to include each bullet point. Practiced mostly alone at work.
- iii. *31 year old, customer service background, some college*: read the script over and over again, when she thought she had it down, would have her husband test her knowledge at home and highlight the parts where she messed up. Continued this process for several days until she had it perfected.
  - iv. *26 year old, graduate student with limited healthcare background*: wrote each section (by method) of the script out by hand 3 times. After the third time, would recite aloud to self, and proceed to the next method if it was memorized. After each method was memorized, practiced with roommate at home. Practiced completing all forms with coworkers.
- d. **Contraceptive Counseling Reference Materials** provide other materials that may be useful for trainees as they prepare to become contraceptive counselors.