



REDI: A Client-Centered Counseling Framework

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# EngenderHealth's New Curriculum Launches the Next Phase of Client-Centered Counseling



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REDI offers a **comprehensive approach to counseling for contraception that** builds on EngenderHealth's historic position of leadership on rights, choice, and voluntarism in sexual and reproductive health (SRH). The REDI framework, which leverages knowledge gained through more than 30 years of counseling training experience, has been honed over 15 years in more than a dozen countries. The most recent update to the REDI framework, including the new REDI curriculum, offers an approach to counseling training that **places the client at the center and empowers health professionals** to help each new client choose the method of contraception that is best suited to the client's personal situation, social circumstances, and SRH needs. For return clients, REDI emphasizes correct usage and method satisfaction.

Personalization and customization are pinnacles of modern life; yet, when it comes to SRH choices—among the most important and personal of decisions anyone can make—counseling often takes a one-size-fits-all approach. Historically, providers have tended to assume that the best way to serve a client is to provide comprehensive information about all contraceptive methods available, and let the client choose. This frequently resulted in one-way, provider-centered communication that overwhelmed the client with too much information and left little time, or openness on the client's part, for the kind of two-way communication that leads to the best choices for each client.

Providers have often been reluctant to ask about personal factors affecting the client's decision making, such as the nature of sexual relationships or communication with partner(s) about pregnancy prevention or risks associated with sexually transmitted infections (STIs), including HIV. Rarely in counseling do clients have the opportunity to consider the challenges that they may encounter in implementing their decisions, which means clients often make decisions that may be unrealistic or even dangerous for them to implement, leading to early discontinuation.

REDI offers a new, four/five-day curriculum for training health professionals that leverages years of experience to address all of these challenges in order to enable providers to help clients make **full, free, and informed decisions** that:

- Consider the **client's individual circumstances** and **social and gender contexts**
- Emphasize the **client's rights to and responsibilities** for making and implementing decisions
- Identify the challenges a client may face in **implementing SRH decisions** and developing strategies and skills to address those challenges

## REDI STANDS FOR:

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- **R**apport Building
- **E**xploring
- **D**ecision Making
- **I**mplementing the Decision

This framework takes the best learning from counseling around the world and applies that knowledge to create a new **client-centered approach**. Initial trials have demonstrated that providers who are trained in the REDI framework have high levels of recall of the content, skills, and approach.





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## HOW IS REDI DIFFERENT?

Here's how REDI shifts the approach to ensure counseling leads to more effective results:

Common Problem	REDI Approach
→ Provider-centered, one-way communication	→ Client-centered, two-way communication in which the provider focuses on determining the client's unique needs
→ Similar treatment of new and returning clients; no differentiation between returning clients who are satisfied versus dissatisfied	→ Two distinct pathways provide detailed guidance for new and returning clients  → Providers employ different approaches for returning clients who are satisfied with their method versus those who are dissatisfied
→ Lack of exploration of client's personal or social situations, such as the nature of sexual relationships or communication with partner(s) about pregnancy prevention or STI/HIV risk	→ Addresses sexual relationships and practices, along with the gender and social factors and STI or HIV risk that influence decision making  → Providers leverage detailed guidance to help clients consider the above-mentioned factors
→ Little to no discussion regarding challenges or barriers clients may encounter implementing their decision about contraception and SRH, which often leads to early discontinuation	→ Providers learn to help each client develop a concrete and detailed implementation plan, ensuring the client will be able to use the method effectively given their sexual relationships and social and gender context  → Providers help clients identify challenges and then develop strategies for overcoming those challenges

# OVERVIEW: REDI FRAMEWORK

The framework consists of four phases:

## Phase 1: Rapport Building

1. Greet client with respect
2. Make introductions and identify category of the client (i.e., new, satisfied return, or dissatisfied return)
3. Assure confidentiality and privacy
4. Explain the need to discuss sensitive and personal issues
5. Use communication skills effectively (throughout the phases)

## Phase 2: Exploring

1. Identify the reason for the visit in detail

### For new clients:

2. Individual factors: Explore the client's SRH history and pregnancy prevention goals
3. Other key factors: Explore the client's sexual relationships, social and gender contexts for decision making, and risk of STIs/HIV
4. Explain pregnancy prevention and other SRH options: Focus on the method(s) of interest to the client, addressing individual and other key factors and risk of STIs/HIV

### For return clients:

2. Explore the client's satisfaction with the current method
3. Confirm correct method use
4. Ask the client about changes in their life (e.g., plans to have children, STI risk and status)

### For dissatisfied clients:

2. Explore the reasons for the client's dissatisfaction or problems, including the issue, causes, and possible solutions, such as switching methods

## Phase 3: Decision Making

1. Summarize from the Exploring phase:
  - a. Identify the decisions the client needs to make or confirm (for satisfied return clients, see if they need other services; if not, go to Phase 4, Step 4)
  - b. Identify relevant options for each decision (e.g., pregnancy prevention, STI/HIV risk reduction)
  - c. Confirm medical eligibility for contraceptive methods the client is considering
2. Help the client consider the benefits, disadvantages, and consequences of each option (provide information to address any remaining knowledge gaps)
3. Confirm that any decision the client makes is informed, well-considered, and voluntary

## Phase 4: Implementing the Decision

1. Assist the client in developing a concrete and specific plan for implementing the decision(s) (obtaining and using the contraceptive method chosen, risk reduction for STIs, dual protection, etc.)
2. Identify barriers that the client may face in implementing the plan
3. Develop strategies to overcome the barriers
4. Make a follow-up plan and/or provide referrals, as needed

## ACCESSING AND IMPLEMENTING REDI

The REDI curriculum uses the blended learning approach, where the knowledge content is studied by the trainees before coming to the training. This allows for more time during the training to discussions and practice to work on their attitudes and skills. The curriculum offers manuals for trainers and trainees, as well as slide decks to be used throughout the four-day course, making it easy to implement. The curriculum can be downloaded at [www.engenderhealth.org/counseling](http://www.engenderhealth.org/counseling). Please contact EngenderHealth at [info@engenderhealth.org](mailto:info@engenderhealth.org) for support in the introduction of REDI counseling training in your program.