REDI: A Client-Centered Counseling Framework

Trainer’s Manual
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Trainer’s Manual
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Preface

EngenderHealth\(^1\) works globally to improve access to and quality of sexual and reproductive health (SRH) services and has become a leading expert in the areas of rights-based programming and informed choice. Counseling training is one of the most important interventions included in programming aimed to support in-country partners’ capacity development and to enhance the rights of the client. EngenderHealth has been a leader in counseling training since the 1980s.

Prior to 2008, many health workers in EngenderHealth’s country and global programs expressed a need for a new approach to family planning counseling. Several countries had reached a plateau in contraceptive prevalence rates and were seeing high discontinuation rates. Responsively, EngenderHealth—in partnership with the United States Agency for International Development through the Access, Quality, and Use in Reproductive Health project—developed *Counseling for Effective Use of Family Planning* (2008). This curriculum included the REDI counseling framework, which EngenderHealth introduced in 2003 in *Comprehensive Counseling for Reproductive Health: An Integrated Curriculum*. This framework reoriented counseling by:

- Offering a tailored approach to meeting clients’ individual needs
- Addressing the needs of returning clients as well as new clients
- Providing support for implementing decisions made in counseling
- Strengthening management of side effects
- Strengthening integration with other SRH areas, including HIV and other sexually transmitted infections (STIs), postabortion care, and sexuality

EngenderHealth employed the *Counseling for Effective Use of Family Planning* curriculum in Azerbaijan, Bangladesh, Burkina Faso, Ghana, Jordan, Nepal, and Togo. The public sectors in China, Ethiopia, and Uganda similarly adopted the curriculum. After seven years, there was consensus that the approach and content were good but that introducing innovative training approaches and technologies could allow for more time for additional skills practice, especially with clients. After three years of needs analysis, revision, and field-testing, EngenderHealth developed this curriculum—*REDI: A Client-Centered Counseling Framework*.

The intended audiences for this curriculum are service providers, their supervisors, and the managers of the programs in which they work. EngenderHealth designed the curriculum’s participatory approach to learning to allow trainers to adapt the training activities to address local realities and explore the SRH priorities of their communities in a culturally appropriate manner.

\(^1\) EngenderHealth was formerly known as The Association for Voluntary Sterilization (AVS) and The Association for Voluntary Surgical Contraception (AVSC).
Acknowledgments

REDI: A Client-Centered Counseling Framework represents the work of many technical teams and country programs at EngenderHealth. It is the culmination of a process that began in 2002, with the development, field testing, and publication of four counseling curricula over a 10-year period:

- **Comprehensive Counseling for Reproductive Health: An Integrated Curriculum** (2003). The original concept for this curriculum was developed by Levent Cagatay, Jan Kumar, John Pile, and Jill Tabbutt-Henry (lead writer).


- **Counseling the Obstetric Fistula Client: A Training Curriculum** (2012). Susheela M. Engelbrecht (consultant) wrote the original draft of the curriculum. Isaac Achwal, Betty Farrell, and Joseph Ruminjo contributed to the completion of curriculum.

- **Counseling the Traumatic Fistula Client: A Supplement to the Obstetric Fistula Counseling Curriculum** (2012). Draft curriculum developed for Fistula Care by Elizabeth Rowley, with contributions from Karen Beattie, Betty Farrell, and Joseph Ruminjo.

REDI: A Client-Centered Counseling Framework is primarily based on Counseling for Effective Use of Family Planning. EngenderHealth began revising the 2008 curriculum in 2015, starting with an environmental scan of family planning counseling frameworks in use around the world and a survey of staff trainers who had used the 2008 curriculum in Bangladesh, Burkina Faso, Ethiopia, India, Togo, and Uganda. Jill Tabbutt-Henry led these efforts, under the direction of Levent Cagatay.
The REDI curriculum underwent two revisions in 2016. Assefa Alem, Eloi Ayamenou Koami Amegan, Elizabeth Arlotti-Parish, Anupama Arya, Zerihun Bogale, Eliane Dogore, Sanjida Hasan, Fatema Shabnam, Sunita Singal, Sita Shankar, Fabio Verani, and Jane Wickstrom reviewed the first draft. Elizabeth Arlotti-Parish, Levent Cagatay, and Fabio Verani reviewed the second draft. EngenderHealth conducted field tests in January and February 2017 in Ethiopia and Tanzania; Zerihun Bogale and Solomon Worku (Ethiopia) and Joseph Kanama, John Bosco Basomengera, and Lawrenicia Ngosso (Tanzania) co-facilitated these tests, in coordination with Nirmala Selvam and Jill Tabbutt-Henry. EngenderHealth revised the curriculum using feedback and observations from the field tests.

Levent Cagatay, Nirmala Selvam, and Jill Tabbutt-Henry co-facilitated a training-of-trainers of EngenderHealth staff trainers from seven countries in April 2017. Following the training-of-trainers and subsequent country cascade workshops in Bangladesh, Ethiopia, India, and Uganda (which occurred between November 2017 and January 2018), EngenderHealth completed additional revisions using feedback collected. Levent Cagatay and Jill Tabbutt-Henry completed the final curriculum revisions.

EngenderHealth developed an evaluation plan, under the direction of Mahabub Anwar, to evaluate the rollout of the new curriculum (2017-2018). The evaluation strategies include determining the outcome of the counseling training on participants through posttraining observation and interviews and determining the impact of the training through client interviews and service delivery analysis.

Amy Agarwal edited the curriculum materials. Robert Vizzini provided formatting and design assistance.
REDI: A Client-Centered Counseling Framework

Trainer’s Manual

Part 1. Training Tools

This introduction provides information to trainers and program planners about the importance of this curriculum and how it differs from the 2008 version of EngenderHealth’s counseling curriculum (see Preface). It also contains practical guidance on how to use the different components of the curriculum, how to prepare for the workshop, what to pay attention to during the workshop, and how to evaluate the impact of the workshop at different levels.
Why a Revised Counseling Curriculum?

The counseling provided in family planning programs is key to contraceptive uptake and continuation and is essential for ensuring free and informed choice. The previous version of EngenderHealth’s counseling curriculum, *Counseling for Effective Use of Family Planning* (2008), sought to strengthen counseling training by addressing gaps that had been identified in various studies. Specifically, the curriculum sought to recognize counseling as a skill and allocate sufficient classroom time for practicing skills and receiving feedback; address the needs of return clients, in addition to those of new clients; and integrate the client perspective into training activities to prompt client-centered thinking and counseling.

After seven years of implementation in 10 countries, EngenderHealth surveyed trainers about the impact of the new curriculum and found that the approach and content were good, but there were several areas for improvement:

A. Using innovative training approaches and tools, including digital technology and self-paced individual learning (a blended learning approach)

B. Strengthening the counseling framework

C. Addressing new and evolving concepts in the area of rights, gender, choice, and voluntarism (for example, “full, free, and informed choice” rather than “informed and voluntary decision making”) and shifting from references to “family planning” to more inclusive “contraceptive services”

D. Reducing the use of flipcharts

E. Reducing the amount of classroom training time required

F. Increasing participants opportunities to practice counseling techniques, especially with clients

What Is Different in This Curriculum?

Less Overall Time Required

The previous curriculum comprised five to six days of training. This version reduces that by one day, at least. The Participant Handbook presents the five-day agenda (with two clinical practice sessions) in Handout 1-B. There are also two alternative four-day agendas in Training Tool #2. (See “Timeframe and Structure,” below, for guidelines to help determine which agenda is appropriate for your needs.)

More Practice Time

The previous curriculum included one half-day of supervised clinical practice with clients. In this version, the five-day agenda and one of the four-day agendas contain two half-days of clinical practice. There are also two opportunities for each participant to practice a complete counseling session through role-play exercises (as opposed to one in the previous version), in addition to opportunities for participants to role play the Rapport Building and Exploring phases of REDI.
Blended Learning Approach with Pretraining Materials

In spite of adding practice time and reducing the number of days of the training, all of the topics from the previous version are included in the new version. EngenderHealth accomplished this by using a blended learning approach. This approach includes the provision of reading materials (Pretraining Handouts) to each participant at least three weeks prior to the training. The readings cover most of the knowledge content included in the training. The training itself includes time to review, discuss, and apply key learning through group discussions, case studies, small-group activities, and role-play exercises.

Use of Slides as a Teaching Guide

EngenderHealth redesigned all training sessions to use PowerPoint slides. This accomplishes two goals:

1. Replacing most of the numerous flipchart pages that trainers previously had to prepare in advance.
   - Note, this curriculum still requires some flipchart preparation and use, particularly for recording participants’ suggestions or ideas (e.g., during brainstorming exercises) and for posting information on the wall to refer to throughout a session or over the course of the workshop.

2. Providing a step-by-step guide for conducting each activity, which has many benefits.
   - For small-group activities, displaying the instructions allows participants to hear and see their assignments before beginning and then to refer back to the slide, as necessary, as they complete the task.
   - This technology allows trainers to employ a proven teaching approach of checking participants’ knowledge before presenting information.
   - The slides provide reminders to trainers for changing training methodologies and referring to handouts.
   - The slides help to standardize the teaching approach.

Updated Terminology

Since publishing the previous version, sexual and reproductive health (SRH) programs have shifted from using “informed and voluntary decision making” toward using “full, free, and informed choice” instead. This curriculum therefore uses the full, free, and informed choice. (Pretraining Handouts, Session 2 explains this shift to participants.)

Similarly, health programs around the world have used the term “family planning,” or FP, for decades. Therefore, the term is familiar to and understood by most workers in this sector. However, people outside our field may not be familiar with the term and it could be confusing to potential clients. For example, does family planning help people who do not have a family yet? Does it help people who specifically do not want to have a family and need help avoiding pregnancy? Or, is it only for people who are ready to have and need help planning a family? This is particularly important to consider for programs seeking to reach unmarried women and men, including especially adolescents, and letting them know that they are welcome and will be able to find the services they need at your service setting.
In order to emphasize the impact that words can have on clients’ understanding—and particularly on their willingness to seek services at your facility—this curriculum strategically uses other terms for family planning, as detailed below.

- **Pregnancy prevention or preventing pregnancy** refers to the purpose for clients’ visits and to the decision-making process, which is the focus of counseling. This helps to remind providers and clients alike that there are many ways to prevent pregnancy, including modern methods of contraception as well as traditional methods that have been used for generations (though, often, not very effectively). In other words, pregnancy prevention is not new!

- **Contraception or contraceptive** refers specifically to modern methods of pregnancy prevention.

- **SRH, or sexual and reproductive health**, refers to the entire range of services that promotes healthy sexual relationships and childbearing, including pregnancy prevention.

- The generic term **counseling** will replace FP counseling; and, similarly **client, provider, and clinic** will replace FP client, FP provider, and FP clinic.

- The curriculum will continue to use **family planning and FP** to refer to staffing and/or administrative issues. For example, “counseling has benefits for both the client and the FP program.”

### The REDI Counseling Framework

REDI stands for *Rapport Building, Exploring, Decision Making, and Implementing the Decision*. The previous curriculum (*Counseling for Effective Use of Family Planning*) used this framework and it has been found to be effective by providers and acceptable by clients. Some of the important features of this framework include the following:

- **REDI supports a rights-based approach to service delivery** by focusing on the client’s sexual and reproductive rights and the role the provider plays in supporting and protecting those rights. The curriculum emphasizes clients’ needs and rights and recognizes and addresses how decision-making processes are influenced by factors inside and outside the facility setting.

- **REDI is holistic and integrated**, recognizing the client as a whole person with a range of interrelated SRH needs—including correct and appropriate information, decision-making assistance, and emotional support. The selection of a contraceptive method must reflect a client’s circumstances and other SRH issues, including reproductive intentions, pregnancy/obstetric history, risk for HIV and other sexually transmitted infections (STIs), HIV status, and sexual relationship(s) and practices.

- With the REDI framework, the counseling structure integrates considerations for the **impact of gender** on the client’s decision-making capability and process. This curriculum addresses gender by:
  - Increasing the provider’s awareness about the possible impacts of gender
  - Teaching providers how to apply a gender-sensitive approach in counseling
  - Teaching providers how to help clients consider the impact of gender on their decision-making capabilities (e.g., considering power imbalances within relationships and between the provider and the client)
• REDI addresses the different needs of different categories of clients. New clients are often the focus of counseling training, but it is important to distinguish between two categories of new clients as well as two categories of returning clients. The curriculum addresses the following categories of clients:
  ° New clients with a method in mind. For these clients, it is best to focus the counseling initially on the particular method for which the client expresses interest.
  ° New clients without a method in mind. These clients need information on all methods, with a focus on methods that are appropriate, given the client’s and their partner’s needs and preferences.
  ° Satisfied return clients. Providers should ensure clients who return for a revisit or resupply are using their method correctly and see if there is any change in their needs. Otherwise, providers should not spend time providing these clients with unnecessary information.
  ° Dissatisfied return clients. Clients who return with questions, concerns, or problems (such as side effects) require careful counseling to identify the reasons for dissatisfaction or problems. Providers should offer different options to address the client’s particular situation.
  ° Clients can also be categorized based on their wish to space, limit, or delay births or based on recent pregnancy (postabortion, postpartum, interval). These categories help providers tailor counseling to the needs of the individual client.

• REDI also addresses the challenges clients face in implementing their decisions. The previous assumption was that the provider could tell the client how to use the method and when to return, and the client would simply do it; however, things are not always this simple. The Implementing the Decision phase of REDI maintains that instructional information but also helps clients consider the barriers they might encounter and develop strategies in implementing their decisions and skills to overcome those barriers.

• REDI is client-centered, building on the abovementioned approaches and placing the client at the center of the counseling training and counseling service. Assessing each client’s needs and tailoring counseling to address those needs is the main goal of the counseling interaction. Using client profiles helps the trainees (providers) empathize with clients and understand the counseling service from their clients’ perspectives.

Intended Audience and Trainer Requirements

Intended Audience
Everyone working at a healthcare facility that provides pregnancy prevention services has a role to play in making the program successful, regardless of whether they provide clinical, counseling, or support services. Therefore, this manual includes instructions for training several levels of staff. Additionally, this training can occur at a facility where the participants work (onsite training) or at a different location (offsite training).

One of the challenges of counseling training is responding to the training needs of the breadth of providers and service settings. Some providers work in FP units/clinics or in the community, while others (e.g., providers who work in postabortion care) work in other clinical settings. Some
providers offer a comprehensive range of contraceptive methods and counseling, but others are responsible only for providing pregnancy prevention counseling and referrals, or counseling related to a limited number of contraceptive methods. The unifying theme in training these different providers is the focus on the client and on meeting the client’s unique needs.

The training curriculum is intended for a group of 15 to 20 participants. It is appropriate for the following cadres of healthcare workers who are responsible for counseling:

- Physicians
- Nurses
- Counselors
- Supervisors
- Health educators
- Outreach workers
- Public-sector providers
- Private-sector providers

Throughout this text, the term healthcare worker refers to all facility staff, including frontline staff. Service providers (usually called providers) include physicians, medical officers, nurses, counselors, health educators, and medical or surgical assistants.

Some parts of this curriculum may also be appropriate for administrative or supervisory staff who do not work with clients but who supervise or make decisions affecting those who do. Such staff should be encouraged to attend training whenever possible.

**This is not a contraceptive technology update!**

The purpose of this training is to enable participants to apply the REDI Framework for Client-Centered Counseling, with a focus on pregnancy prevention and other areas of SRH. Information about contraceptive methods is not provided in this training. The trainee selection process should ensure that trainees have completed a contraceptive technology training before attending this training.

**Trainer Requirements**

A team of three to four trainers is necessary to deliver the intensive workshop described in the curriculum. The training team might consist of either two to three co-trainers or a lead trainer with assistants. While one trainer facilitates a session, the others will record information on flipcharts, monitor time, help focus the discussion on the session objectives, moderate small-group work, and act in role-play demonstrations. Once the trainers gain experience with the curriculum, they can conduct training in teams of two.
Counseling experience is imperative for the trainers. Trainers with *client-centered counseling* experience are difficult to find because the client-centered approach is still relatively new. Because the training is about pregnancy prevention counseling in an integrated approach, it is helpful to have trainers whose backgrounds represent a range of SRH services (e.g., maternal care, HIV and other STIs, sexuality) in addition to pregnancy prevention. If possible, the training team should include male and female trainers to represent the perspectives of both sexes. A mixed-sex training team might be also more successful in building trust with the participants, especially when presenting sensitive material. However, the sex of potential trainers should not be the main criterion for selection. Trainers should be selected for their knowledge, expertise, and training skills.

This Trainer's Manual should be used by skilled, experienced trainers. Although the manual contains information to guide training workshops and to assist the trainers in making decisions to enhance the learning experience, the trainers must understand adult learning concepts, employ a variety of training methods and techniques, and know how to adapt materials to meet the participants’ needs. Before leading this training directly, potential trainers should observe or participate in a training conducted with this curriculum. This will give them experience with the curriculum and an understanding of the complexity of the training methods and tools that they might otherwise find the confusing or challenging to implement.

The trainers for this course should be aware of the standards and guidelines regarding certification, training follow-up plans, and ongoing supervision arrangements of the facility and/or institution sponsoring the training. Trainers should consider these issues while reviewing this manual.

**Timeframe and Structure**

The curriculum is structured as a four- or five-day workshop to (1) review basic principles and approaches previously introduced in the Pretraining Materials and (2) practice skills and provide a framework for counseling with a client-centered approach. Handout 1-B in the Participant Handbook (Part 2) presents the five-day agenda. Training Tool #2 (in Trainer's Manual, Part 2) provides two alternative agendas for four-day courses. The four-day versions require a longer schedule for each day of the workshop. When deciding which agenda to follow, consider the following:

- The five-day workshop allows for more flexibility for participant interaction and practice in the workshop setting and includes two clinical practice sessions. This is the optimal training environment and learning experience.

- One of the four-day agenda options includes only one clinical practice session. Otherwise, the content is the same as the five-day version. This option is appropriate only for providers who have substantive counseling experience but are new to the REDI framework.

- In the other four-day agenda, the content and clinical practice time with clients is the same as the five-day training, but there is less role-play practice time. This is an option for situations in which longer training days are possible and preferable to an extra training day.

Additionally, the workshop can be delivered in fewer daily hours but extended over a protracted period in order to limit the impact on service provision. For example, the training can occur in the afternoons only over an 8- or 10-day period.
Regardless of the workshop schedule (e.g., 4, 5, 8, or 10 days), trainers must follow the sequencing provided, because the later sessions build upon knowledge, attitudes, and skills developed in the earlier sessions.

The Training Package and How to Use It


This section includes nine tools that the trainer will use in planning, conducting, and evaluating the training. Some are checklists; some are forms that will need to be copied to distribute to participants (e.g., the pretest/posttest and the workshop evaluation form); some are test answer sheets that trainers will use during the training activities; and one is a lesson plan for daily warm-up and wrap-up activities. There are references to each tool in the appropriate place for its use—either in this Introduction or in the Advance Preparation section for the training sessions.

Trainer’s Manual, Part 3. Training Sessions 1 to 18

The trainer’s guide for each session comprises multiple components:

- Session title
- Learning Objectives
- Essential Ideas
- Time
- Session Outline
- Materials
- Advance Preparation
- Activities (sequenced and linked to PowerPoint slides)
- Trainer Tips (in some sessions)—embedded within the sections above
- Activity Tools (in some sessions)

- The Learning Objectives and Essential Ideas at the beginning of each session serve only as a reference for trainers. Learning Objectives will be covered in each presentation with a slide at the beginning; Essential Ideas typically are covered in the last slide, as a summary. The Participant Handbook also includes this information as a handout at the beginning of each session.
- Time refers to the entire session. The Session Outline is a list of the session activities with theme, training methodology, slide numbers, and duration of each activity.
- The Materials section of the guide describes all the educational and training materials that trainers will need to deliver the session. Some materials will need to be adapted, developed, or gathered in advance.
- Advance Preparation provides guidance on tasks that trainers will need to complete prior to delivering each session. This includes suggestions for writing flipchart titles as well as
background materials to review. Trainers may need to adapt some materials—e.g., client profiles—to respond to the local context and participants’ needs. The Training Preparation section below includes a summary guide for preparing for each of the sessions, with notable points highlighted in the “Issues to Be Resolved” table.

- The Activities section provides instructions for conducting each session, with detailed steps linked to individual PowerPoint slides. Trainers should use the slides as a guide for sequencing and conducting activities. The exercises included in each section are designed to achieve the stated learning objectives for the session. Although trainers will need to adapt some portions of the sessions to the particular audience, local culture, and other circumstances (as noted throughout the curriculum), trainers should follow the instructions provided as closely as possible.

- Most sessions include Trainer Tips, which include special considerations and reminders, alternative approaches to specific activities, and potential challenges or issues to acknowledge and address.

- Where applicable, Activity Tools are located at the end of the session guide. These are the instructional materials tools for trainers to use either during activities or as background information for that session. They should not be distributed to participants—all handouts for participants are in the Participant Handbook.

Participant Handbook

The Participant Handbook serves as a written record of the workshop for the participants. It has two main components:

- Part 1: Pretraining Materials, which includes:
  - Pretraining Handouts
  - REDI Learning Guides
  - Take-Home Test

- Part 2: Training Handouts

The Pretraining Handouts provide the background knowledge that is necessary for good counseling. Participants are expected to read these and complete the Take-Home Test in advance of the training. The Take-Home Test is meant to guide participants through the Pretraining Handouts by requiring that they search for the answers to questions—rather than serving as a knowledge test in the traditional sense. Participants are expected to complete it and either (1) send it to the trainer electronically prior to attending the training or (2) submit a hard copy when they arrive at the training.

The REDI Learning Guides describe the detailed steps for each phase of REDI—for new clients, for satisfied returning clients, and for dissatisfied returning clients. Participants are introduced to these guides through the Pretraining Handouts. They will also refer to the Learning Guides frequently during the training, including during the counseling practicum with clients.
Training Handouts will be used during the training itself. They include Learning Objectives and Essential Ideas, which summarize the central ideas for each session. They also include worksheets for activities and Further Reading handouts that will not necessarily be discussed during the session but may be useful for later reading.

Part 1 of the Participant Handbook should be distributed at least three weeks before the training, either electronically or in hard copy (see Training Preparation, below). If distributed electronically, participants will need to receive hard copies when they arrive at the workshop. Part 2 should be distributed at the beginning of the training. The Trainer’s Manual includes instructions for each session as to when trainers should refer participants to a specific training handout. (This is also indicated on the slides.)

Training Preparation
Trainers need time to prepare to conduct this training. The Training Preparation Checklists (Training Tool #1) provides a detailed preparation timeline, beginning six to eight weeks prior to the start of the training. This section provides additional details to support the timeline, as well as specific questions and tasks relating to each session to address before the workshop begins (see below, under “Issues to Be Resolved”).

1. Prepare curriculum materials for the training team. Each member of the training team will need a complete set of all training materials to study in advance of the workshop. The Trainer’s Manual and the Participant Handbook should be produced as two separate documents to allow trainers to refer to both at the same time. This is important both during the preparation phase and while conducting the training. See the textbox below (Ring Binder or Spiral-Bound Book?) for considerations about the printing format of the training materials.

Trainers should also receive the slides electronically in PowerPoint files (not pdf), to practice advancing them as they follow the activity steps in the Training Sessions. The slides provide cues for discussion questions, group work, and handout references.

Ring Binder or Spiral-Bound Book?
The Trainer’s Manual and Participant Handbook are separate items. Facilitators will need to decide well in advance of the training whether to produce the materials as spiral-bound books or in ring-binders, or use a combination approach, i.e., spiral-bound for one and ring-binder for the other. Both formats have advantages and disadvantages.

Ring Binders
• Advantages:
  ◦ Pages can be removed and reorganized to make them easier to reference when teaching
  ◦ Checklists can be removed to make it easier to follow during role-play exercises and counseling observation sessions
  ◦ Updated materials can be easily inserted and outdated materials can be easily removed
Ring Binder or Spiral-Bound Book? (continued)

- Disadvantages:
  - When pages are removed from the binder (for any reason), they may be lost or returned to the wrong place, making it difficult to find them later
  - Assembling the ring binders requires manual effort, which is time-consuming and challenging, considering the numerous components of this curriculum that must follow a specific sequence
  - Ring-binders with this volume of documentation are typically bulkier and heavier than spiral-bound books

Spiral-Bound Books

- Advantages:
  - The whole document can be printed and bound from a single electronic file, which will ensure all the parts are in the correct order
  - Pages will not be lost or misplaced
  - Spiral-bound books are lighter and thinner than ring-binders
- Disadvantages:
  - Trainers (and participants) will have to bring the whole package of materials to every session that requires use of any portion thereof
  - The content cannot be updated or revised without reprinting the entire document

Prepare the Curriculum: Table of Contents

Trainer’s Manual

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Participant Handbook

- Part 1:
  - Pretraining Handouts
  - REDI Learning Guides
  - Take-Home Test
- Part 2: Training Handouts for Sessions 1-18

PowerPoint Files

- Sessions 1 to 18 on flash drive and/or downloaded to a computer that will be used in the training
- Sessions 1 to 18 also on PDF files
2. Read the entire Trainer’s Manual, Participant Handbook, and PowerPoint files, to ensure a basic understanding of the purpose, content, and approach of the training.

3. Obtain support for the training and provide planning guidance for program administrators. Program administrators at the service sites that request this training are likely to be aware of the goals, objectives, and intended audience for—as well as importance of—the training. However, after reading the curriculum, trainers should meet with these administrators to:

- Clarify the purpose of the training
- Ensure selection of appropriate participants
- Ensure selection of appropriate training assistants
- Confirm the time committed for the workshop—determine which agenda to use (e.g., the five-day agenda)
- Confirm the venue for the workshop
- Identify potential sites for the counseling practicum
- Schedule planning meetings for the training team
- Determine how to distribute the Pretraining Materials (see item 6, below) and set a target date for distribution
- Confirm budget and plans to produce the Participant Handbook for trainees
- Establish plans for follow-up and ongoing support for participants after the workshop
- Finalize plans for evaluation

4. Reread the curriculum. Think about each session in terms of the needs of clients and providers in the local service sites. Carefully review each handout in the Participant Handbook. This will serve as the permanent record of the workshop; it will be left with participants and possibly seen by others who did not attend the training. Revise these materials as necessary to reflect and be sensitive to the local context, issues, and attitudes.

5. Practice presenting the slides while reviewing the activity steps. For your practice, use the PowerPoint in the slide show mode. The slides provide the cues for each activity within each session. Most of the slides are animated—meaning, the content of the slide is revealed in steps. Many slides include questions for trainers to ask, pause while participants respond, and then show the answers after participants respond. It is important to become familiar with how the animation in the slides guides the activity steps and when to advance to the next segment of the slide or to the next slide.

- Trainers will eventually become familiar enough with the slides that they do not need to refer to the Trainer’s Manual simultaneously—but this will take practice.
- If possible, observe or attend a training workshop conducted using this curriculum or plan to co-train with a trainer who has previously delivered this curriculum.
6. Distribute pretraining materials. *Three weeks prior to the training*, distribute the Participant Handbook, Part 1 (Pretraining Handouts, the REDI Learning Guides, and the Take-Home Test) to each participant with instructions for reading the Pretraining Handouts and completing the Take-Home Test prior to attending the training. There are two options for distribution:

- **Electronic distribution:** If the Participant Handbook, Part 1 is distributed electronically, instruct participants to complete and send the Take-Home Test electronically to the lead trainer before the training begins. Inform participants that they will receive a hard copy of the complete Participant Handbook, Part 1 at the beginning of the training.

- **Hard-copy distribution:** If not sent electronically, each participant should receive a hard-copy version of the Participant Handbook, Part 1 to prepare for the training. Instruct participants to bring all those materials with them to the training. They should give the completed Take-Home Test to the trainer on the first day of training.

7. Prepare complete Participant Handbook for trainees. (See *Ring Binder or Spiral-Bound Book?* textbox, above.)

- **Part 1:** Make copies for each participant. As noted above, this should be sent to participants prior to the training—either electronically or in hard copy. If sent electronically, prepare hard copies for all participants to distribute at the start of the training.

- In addition to sharing the materials in advance, copy and laminate the **REDI Learning Guides** for participants to use during counseling practice exercises during the training and to save for later use as a job aid.

- **Part 2:** Review the Training Handouts and determine if it is necessary to revise any for your local situation. After revising (if necessary), make copies for the participants.

- In addition to the Participant Handbook, provide a bag to hold the training materials, a notebook, and a pen to each participant.

**Issues to Be Resolved (before the workshop starts)**

For more details, refer to the Trainer’s Manual, Part 2, Advance Preparation sections for each session.

<table>
<thead>
<tr>
<th>All sessions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• See if participants have access to resources for information on contraceptive methods, such as those listed below, or some other current sources, like national family planning guidelines:</td>
<td></td>
</tr>
<tr>
<td>◦ <em>Family Planning: A Global Handbook for Providers</em></td>
<td></td>
</tr>
<tr>
<td>◦ <em>World Health Organization (WHO) Medical Eligibility Criteria for Contraceptive Use</em></td>
<td></td>
</tr>
<tr>
<td>◦ <em>WHO Standard Practice Recommendations for Contraceptive Use</em></td>
<td></td>
</tr>
<tr>
<td>• If they do not, see if you can provide copies of these documents to participants’ facilities.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Session 1</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>• Identify any guest speakers to provide opening remarks and thoroughly brief them. Explain the purpose of the training and establish expectations for the length and subject desired for their opening remarks.</td>
<td></td>
</tr>
<tr>
<td>• Decide when to serve refreshments.</td>
<td></td>
</tr>
<tr>
<td>• Review Handout 1-B (Agenda) to see if it needs to be revised.</td>
<td></td>
</tr>
</tbody>
</table>
| Session 2 | • Identify national policies related to reproductive rights.  
• Identify local program and service-delivery guidelines related to full, free, and informed choice. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 3</td>
<td>• With members of the training team, review the client profiles that are provided. Revise (or create new) profiles as needed to reflect the social factors for clients in the population served by participants.</td>
</tr>
<tr>
<td>Session 6</td>
<td>• Explore the types of visual aids that are available in the country and collect samples to use in this session and throughout the rest of the workshop. These may include illustrations of anatomy, anatomical models, counseling flipcharts, client brochures, wall charts, posters, or FP cue cards.</td>
</tr>
<tr>
<td>Session 7</td>
<td>• See if participants are familiar with other common counseling frameworks—particularly the GATHER framework or Balanced Counseling Strategy—and decide whether to include the optional Activity F based on that information.</td>
</tr>
</tbody>
</table>
| Session 9 | • Identify common misconceptions about contraceptive methods in the local community.  
• Identify which contraceptive methods are commonly available and used in the areas where participants practice. |
| Session 11 | • Check on the availability of female condoms and decide whether to include female condoms in this session’s activities.  
• Decide when to include the Condom Race and Condom Demonstration—either as part of this session, as part of a Daily Warm-Up or Wrap-Up, or as an energizer (e.g., after lunch).  
• Determine if there are enough penis models for every participant to practice condom use. If not, gather cucumbers or bananas to use as substitutes.  
• Ensure you have enough condoms to use in demonstrations and in role-play exercises. |
| Session 13 | • With members of the training team, review the client profiles that are provided. Revise (or create new) profiles as needed to reflect the clients in the population served by participants. |
| Session 14 | • Determine how many service sites you will need for counseling practice and prepare each site to support the counseling practicum. Arrange transportation and snacks. (See Training Tool #1 and Advance Preparation.)  
• With members of the training team, review the case studies in Handout 14-A. Revise or create new case studies as needed to reflect the clients in the population served by participants. |
| Session 15 | • Determine the legality of permanent contraceptive methods in the country. Obtain sample informed consent forms used locally.  
• Learn about local resources for clients experiencing intimate partner violence (IPV) or other abusive relationships. |
### Session 18

- Identify and invite guests from the organizing institution and/or the participants’ institution(s). If possible, request they attend Session 17 to allow them to listen and contribute to the action plans and related presentations, in addition to attending the closing ceremony.
- Discuss follow-up plans for this training with the institution organizing the workshop and with participants’ institution(s). Determine what follow-up will be conducted, by whom, and when. Refer to the Activity Tool: Trainer’s Guide for Planning Follow-up (Session 18).
- Once follow-up plans are finalized, arrange for a representative of the institution(s) to inform trainees about follow-up plans.
- Discuss with the institution organizing the workshop and with participants’ institution(s) whether to give certificates to participants. Determine who will print the certificates, sign them, and present them during this session.

### Training Implementation

#### Pre/Posttests, Daily Warm-Ups, and Daily Wrap-Ups

- Administer the pretest at the beginning of Day 1 (see Training Tool #4). After the end of the first day, score the pretest (using Training Tool #5), and announce the results (only the highest, lowest, and average scores) during the daily warm-up on Day 2. See Advance Preparation in Session 1 for more details.
- At the end of the first day, conduct a wrap-up activity. Ask participants to take notes using Handout 1-C and remind them to review the Pretraining Handouts for the sessions you will cover on Day 2. See Training Tool #6 for a complete lesson plan for daily wrap-up sessions.
- On days 2 and 3, start the day with a warm-up. This will include correcting the Take-Home Test sections for the sessions on that day’s agenda. See Training Tool #6 for a complete lesson plan for the daily warm-up sessions. (Note, there is no warm-up on the last two days before the counseling practicum with clients.)
- In the five-day version, participants should complete the posttest (Training Tool #4) during the wrap-up on the fourth day. Prepare copies by Day 4 for this purpose.
- On the last day, during Session 18, randomly distribute completed posttests to participants to correct the test as you give the correct answers (Training Tool #5). This allows participants to learn the correct answer and gets the tests corrected simultaneously! Collect the tests again after discussion.

#### Projector and Computer

These are required for this training! Confirm that the equipment is available prior to the training and practice using that equipment with a remote control to advance the slides.
Training Evaluation

The training can be evaluated at four different levels, and this curriculum provides tools for evaluating each level. The training team should finalize the evaluation plans before the training through discussions with the participants’ institutions. This is critical for facilitating baseline assessments before the training, for example, through counseling observations.

Level 1—Reaction
Did the participants like the training?
Evaluate participants’ reactions at the end of each day, during the daily wrap-up session. Training Tool #6 provides guidance for this purpose. There is also a workshop evaluation form for participants to complete before the end of the last day of the workshop (see Training Tool #7 and Session 16).

Level 2—Learning
Did the participants learn?
Measure participant learning using the pre- and posttests (Training Tools #4 and #5). Comparing test scores helps quantify improvement in participants’ knowledge levels. Trainers should also continually observe and assess the knowledge, attitudes, and skill levels of participants throughout the discussions during the workshop. Additionally, evaluate communication and counseling skills demonstrated in role-play exercises throughout the training and by using the Counseling Skills Observation Checklist (Handout 13-D) for a final skills evaluation during the counseling practicum with clients.

Level 3—Application/Outcome
Did the participants apply what they learned in this workshop?
Evaluating the application/outcome of the training will require follow-up visits. Trainers (or other designated evaluators) can interview participants and observe them counseling clients. Trainers/evaluators can also interview supervisors to understand how the participants have implemented the new skills in practice. The Trainee/Provider Interview Form (Training Tool #8) can be used to interview trainees and the Counseling Skills Observation Checklist (Handout 13-D) can be used while observing the counseling services provided by the trainees at their workplaces.

Level 4—Impact
What was the impact of this training on the quality and use of FP services?
Evaluating the impact of training is difficult, as many factors besides the training can affect the quality and use of services. However, this curriculum does provide a tool—the Client Interview Form (Training Tool #9)—for measuring the satisfaction of counseled clients. In addition, providers/facilities can track service statistics to demonstrate an increase in the use of FP services or changes in the use of particular contraceptive methods.
End Notes


REDI:
A Client-Centered Counseling Framework

Trainer’s Manual

Part 2. Training Tools
Training Tool #1: Counseling Training Preparation Checklists

Counseling Training Preparation Checklist
Counseling Training Materials Checklist
Counseling Practicum Site Selection and Preparation Checklist
## Counseling Training Preparation Checklist

**Goal:** To deliver a successful training  
**Objectives:** To plan logistics, gather materials, and complete other preparations that are necessary for smooth implementation of the training

<table>
<thead>
<tr>
<th>Activity</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6-8 Weeks Before Training Begins</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dates and Venue</strong></td>
<td></td>
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</tr>
<tr>
<td>1. Agree with host institution on purpose, expected outcomes, and salient details of training, including:</td>
<td></td>
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<tr>
<td>° Selection of suitable participants</td>
<td></td>
<td></td>
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<tr>
<td>° Site selection and client recruitment for counseling practicum</td>
<td></td>
<td></td>
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<tr>
<td>° Plans to enable participants to provide counseling after training</td>
<td></td>
<td></td>
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<tr>
<td>° Follow-up plans for 3 months posttraining</td>
<td></td>
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<tr>
<td>2. Determine dates for training</td>
<td></td>
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<tr>
<td>3. Inform key stakeholders (project partners, Ministry of Health, etc.) of potential training dates and venue</td>
<td></td>
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<tr>
<td>4. Identify venue based on location (e.g., proximity to sites for counseling practicum), environment conducive for learning, comfortable for the large-group sessions and space for small-group activities, and storage options for training supplies/equipment</td>
<td></td>
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<tr>
<td>5. Determine if lodging is needed and reserve rooms</td>
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<tr>
<td>6. Identify options for meals, snacks, and beverages, review menu options, decide how to manage meals</td>
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<tr>
<td>7. Determine the availability and accessibility of medical services (in case of emergency)</td>
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<td>8. Determine the availability of a generator for backup and estimate fuel needs for generator</td>
<td></td>
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<tr>
<td>9. Identify feasible, cost-effective means of transport for conveying participants from training site to counseling practicum site(s)</td>
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<tr>
<td>Activity</td>
<td>Status</td>
<td>Comments</td>
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<td>------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Counseling Practicum Site Selection</strong></td>
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<tr>
<td>10. Determine number of practicum sites needed (see</td>
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<tr>
<td>Session 14 Advance Preparation, Trainer's Manual, Part 3)</td>
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<tr>
<td>11. Assess practicum sites for capacity to support training (see</td>
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<tr>
<td>Checklist for Counseling Practicum Site Selection and Preparation,</td>
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<tr>
<td>below)</td>
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<tr>
<td>12. Meet with site supervisor(s) to determine arrangements for</td>
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</tr>
<tr>
<td>managing the practicum client-load</td>
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<tr>
<td><strong>Budget</strong></td>
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<tr>
<td>13. Create and confirm accuracy of training budget</td>
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</tr>
<tr>
<td>including: trainer/co-trainer fees, transport and per diem for</td>
<td></td>
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<tr>
<td>participants (if required), food (meals/snacks), administrative</td>
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<tr>
<td>costs (e.g., photocopying), venue rental and costs associated</td>
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<tr>
<td>with the practicum site use, and posttraining follow-up</td>
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<td></td>
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<tr>
<td>expenses</td>
<td></td>
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<tr>
<td>14. Obtain budget approval and ensure availability of funds</td>
<td></td>
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<tr>
<td><strong>Trainers/Training Consultants</strong></td>
<td></td>
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<tr>
<td>15. Identify and secure trainers/co-trainers and/or</td>
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<tr>
<td>consultant trainers**</td>
<td></td>
<td></td>
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<tr>
<td><strong>Participants</strong></td>
<td></td>
<td></td>
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<tr>
<td>16. Determine/refine selection criteria</td>
<td></td>
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<tr>
<td>17. Work with counterparts to select participants, ensuring health</td>
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<tr>
<td>authorities agree with selection and will support their</td>
<td></td>
<td></td>
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<tr>
<td>participation</td>
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<tr>
<td>18. Obtain memo(s) from relevant health authorities for releasing</td>
<td></td>
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<tr>
<td>participants from duty to attend, if needed</td>
<td></td>
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<tr>
<td>19. Write and send invitations to participants; note training</td>
<td></td>
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<tr>
<td>agenda and goals, arrival and departure dates and times, and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other logistics</td>
<td></td>
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<tr>
<td>20. Determine participants' English capabilities and, if necessary,</td>
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<tr>
<td>engage co-trainer(s) fluent in local language(s)</td>
<td></td>
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<tr>
<td><strong>Materials</strong></td>
<td></td>
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</tr>
<tr>
<td>21. Determine need for translating training materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Status</td>
<td>Comments</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>4-5 Weeks Before Training Begins</strong></td>
<td></td>
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<tr>
<td>22. Determine schedule for participation of trainers/consultants</td>
<td></td>
<td></td>
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<tr>
<td>23. Arrange/coordinate the participation of the training team</td>
<td></td>
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<tr>
<td>24. Provide copies of the training materials to all training team members</td>
<td></td>
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<tr>
<td>25. Depending on experience of training team members, conduct brief in-person orientation to training materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Confirm availability of venue and reserve, if not done during 6 to 8-week period</td>
<td></td>
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<tr>
<td>27. Prepare learning handouts, including supporting documents (e.g., policies, service delivery guidelines, reporting forms, brochures, job aids, and performance checklists)</td>
<td></td>
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<tr>
<td>28. Schedule transport for conveying participants and trainers from training venue to practicum site(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3 Weeks Before Training Begins</strong></td>
<td></td>
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</tr>
<tr>
<td>29. Disseminate Participant Handbook, Part 1: Pretraining Materials to participants (electronically or in hard copy)</td>
<td></td>
<td>Participants need at least 2 weeks to review the content and complete the test.</td>
</tr>
<tr>
<td>30. Confirm service delivery promotional activities are scheduled to generate client volume to support training</td>
<td></td>
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<tr>
<td>31. Prepare/refine pre/posttest and evaluation forms</td>
<td></td>
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<tr>
<td>32. Gather together reference materials</td>
<td></td>
<td></td>
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<tr>
<td><strong>2 Weeks Before Training Begins</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Equipment, Materials, and Supplies</strong></td>
<td></td>
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<tr>
<td>33. Reserve or secure computer, projector, remote control, and screen</td>
<td></td>
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</tr>
<tr>
<td>34. Ensure equipment is working correctly</td>
<td></td>
<td></td>
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<tr>
<td>35. Determine who will transfer equipment and materials to training site and arrange schedule</td>
<td></td>
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<tr>
<td>36. Review slides</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Purchase supplies for participants and trainers (see Counseling Training Materials Checklist)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activity</td>
<td>Status</td>
<td>Comments</td>
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<tr>
<td>-------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>38. Purchase or print blank certificates of participation</td>
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<tr>
<td>39. Confirm the participants who will attend and finalize the list</td>
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</tbody>
</table>

**1 Week Before Training Begins**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. Consolidate supplies for transport to training site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Schedule transfer of training supplies and equipment to training site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. Assign sessions to trainers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43. Prepare <em>all</em> flipcharts required for the training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. Determine who will manage the computer and projector; if no on-site tech support will be available, ensure availability by phone during training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45. Send reminder notification to participants of training dates and venue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46. Reconfirm accommodations and meal arrangements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. Prepare practicum site(s), e.g., orient supervisors and staff to the training and their role supporting training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>48. Adjust practicum setting to: (1) allow for more people in the counseling room (trainees and observers) while protecting client’s privacy and confidentiality and (2) identify a waiting area for trainees who are not practicing that will not disrupt service flow</td>
<td></td>
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</tr>
</tbody>
</table>

**1-3 Days Before Training Begins**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>49. Determine who has key for training room and how to gain access when needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. Set up training room or arrange for room to be set up</td>
<td></td>
<td></td>
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<tr>
<td>51. Collect certificates and arrange for signatures</td>
<td></td>
<td></td>
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<tr>
<td>52. Make sure the computer that will be used to project presentations has all the slide files</td>
<td></td>
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<tr>
<td>53. Arrange for and implement reimbursement procedures</td>
<td></td>
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</tr>
</tbody>
</table>

* When planning the counseling practicum at a particular site for the first time, additional time may be needed for assessing and building staff capacity as well as for working with supervisor(s) to plan for training, including arranging accommodations for trainees in the workspace. This may take up to three months. Establish a plan for generating awareness about the improved services to increase client volume during the practicum period and beyond.

** If you are using external training consultants or guest speakers, inform them of their role, explain how they fit into the overall training, inform them of the session objectives and duration/schedule, and explore with them what learning activities they plan to use.
## Counseling Training Materials Checklist

<table>
<thead>
<tr>
<th>Supplies and Equipment</th>
<th>Quantity</th>
<th>Calculated Quantity</th>
<th>√ when secured</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For distributing to participants</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bag for training materials</td>
<td>1 for each participant and trainer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name tags</td>
<td>1 for each participant and trainer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notepads/notebooks</td>
<td>1 for each participant and trainer</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pens</td>
<td>1 for each participant and trainer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ring Binders (if needed—see Introduction for Trainers for details on producing materials)</td>
<td>1 for each Participant Handbook and 1 for each Trainer's Manual</td>
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</tr>
<tr>
<td><strong>For use in the training room</strong></td>
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<td></td>
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</tr>
<tr>
<td>Colored cards</td>
<td>Different colors and sizes, 200 total</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Condoms and penis models</td>
<td>At least 1 condom for each participant and enough models for practice in small groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extension cords (for computers, printer and projector)</td>
<td>2 or more</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flipchart easels/stands</td>
<td>2 (at least)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flipchart pads</td>
<td>4 or more</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flipchart pens/markers</td>
<td>3 boxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masking tape</td>
<td>3 rolls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials for counseling role plays: IEC materials; contraceptive method samples; anatomical charts and models</td>
<td>Enough for participants to practice counseling in triads, with each group having a full set</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Supplies and Equipment

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Calculated Quantity</th>
<th>√ when secured</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Materials for counseling role plays: IEC materials; contraceptive method samples; anatomical charts and models</td>
<td>Enough for participants to practice counseling in triads, with each group having a full set</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name tents</td>
<td>1 for each participant and trainer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Photocopy paper</td>
<td>1 ream</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Printer</td>
<td>1</td>
<td></td>
<td></td>
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<tr>
<td>Projection screen</td>
<td>1</td>
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<tr>
<td>Projector with remote control and a computer that connects to it</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Scissors</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Stapler</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Staples</td>
<td>1 Package</td>
<td></td>
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</tr>
<tr>
<td>Tape</td>
<td>1 roll</td>
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</tbody>
</table>

### Printed Materials

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Calculated Quantity</th>
<th>√ when secured</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance List</td>
<td>1 for each day</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copies of relevant reference materials</td>
<td>1 for each participant and trainer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling Skills Observation Checklists (Handout 13-D)</td>
<td>3 for each participant (2 for the trainer to fill out, and 1 extra copy for the participant to use during the practicum)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course certificates</td>
<td>1 for each participant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre/Posttest</td>
<td>2 for each participant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Workshop evaluation form</td>
<td>1 for each participant</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Counseling Practicum Site Selection and Preparation Checklist

The goal is to have enough trainers, clients, and space for every participant to practice counseling with at least one client per day. If the following conditions are not feasible in one clinic facility, arrange to use more than one facility and split the trainers and the participants between facilities. See Session 14, Advance Preparation, for more details about determining the number of sites needed.

Name of the Clinic ___________________________ Date of visit: __________________

Selection Criteria. Trainer/Training Coordinator should visit the clinical training site one month before the training event to confirm adherence to the site selection criteria. A counseling practicum site at a minimum should meet the criteria noted in the table below.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Status</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minimum Clinic Requirements</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Does the facility offer sexual and reproductive health and/or family planning counseling on a regular basis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is the client/case load at the site sufficient to allow each participant to practice counseling with at least one client each day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does the clinic have adequate staffing to ensure the counseling practicum will not disrupt routine activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does the clinic have adequate counseling rooms or areas to allow for privacy and confidentiality during practice time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Does the clinic have more than one counseling room, so that clients who do not want to talk with a trainee can see regular staff at the same time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Does the facility have relevant job aids (posters, samples, videos, etc.) for client information and counseling?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Does the clinic document informed consent of clients as required by local law (e.g., for sterilization services)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Would training disrupt regular services? Could the facility adjust staff, space, and workloads to accommodate the training?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Is there a room that trainees who are waiting to practice counseling can use without interfering with services?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Is the transportation time from the workshop site to the facility site 30 minutes or less?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Training Tool #2:
Four-Day Training Agendas

Agenda A. Four Days with Two Counseling Practicum Sessions

Agenda B. Four Days with One Counseling Practicum Session
Agenda A. Four Days with Two Counseling Practicum Sessions

This four-day agenda maintains the same content and counseling practicum time with clients as the five-day agenda (see Handout 1-B Workshop Agenda on pages 3–5 in the Participant Handbook Part 2), but it requires longer days and reduces the role-play exercise time. This agenda can be used when it is not logistically acceptable to conduct training for five days. The training team will have to choose one of the following options to reduce the role-play practice time (see details for Options A-1, A-2 and A-3, on Day Two):

- **Option A-1:** Keep the trainer’s Decision Making and Implementing role-play demonstration in Session 11, reduce the role-play practice in Session 9 (Rapport Building and Exploring) from three to two role-play exercises, and do only one round of role-play exercises in Session 13.

- **Option A-2:** Keep all three practice role-play exercises in Session 9 but eliminate the trainer’s demonstration in Session 11 and do only one round of the role-play exercises in Session 13.

  *For options A-1 and A-2, the second round of practice role plays for Session 13 can be added at the end of Day 3, as shown in the agenda.*

- **Option A-3:** Keep the two rounds of role-play exercises in Session 13 but skip both the practice in Session 9 and the trainer’s role-play demonstration in Session 11.
## Agenda A. Four Days with Two Counseling Practicum Sessions

### Day 1

<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1: Welcome and Introductions</td>
<td>8:30 a.m.</td>
</tr>
<tr>
<td></td>
<td>1 h. 30 min.</td>
</tr>
<tr>
<td>Session 2: What Is Client-Centered Counseling?</td>
<td>1 h. 5 min.</td>
</tr>
<tr>
<td>Break</td>
<td>15 min.</td>
</tr>
<tr>
<td>Session 3: Decision Making from the Client’s Perspective</td>
<td>1 h. 15 min.</td>
</tr>
<tr>
<td>Lunch</td>
<td>45 min.</td>
</tr>
<tr>
<td>Session 4: Provider Beliefs and Attitudes</td>
<td>40 min.</td>
</tr>
<tr>
<td>Session 5: Communication Skills for Counseling</td>
<td>1 h. 15 min.</td>
</tr>
<tr>
<td>Break</td>
<td>15 min.</td>
</tr>
<tr>
<td>Session 6: Using Simple Language and Visual Aids</td>
<td>1 h. 20 min.</td>
</tr>
<tr>
<td>Session 7: R = Rapport Building</td>
<td>45 min.</td>
</tr>
<tr>
<td>Condom Race and Practice Demonstration (see Session 11)</td>
<td>30 min.</td>
</tr>
<tr>
<td>Wrap-Up</td>
<td>15 min.</td>
</tr>
<tr>
<td></td>
<td>6:20 p.m.</td>
</tr>
</tbody>
</table>
**Agenda A. Four Days with Two Counseling Practicum Sessions**

### Day 2

<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Warm-Up</strong></td>
<td>15 min. (8:30-8:45)</td>
</tr>
<tr>
<td><strong>Session 8: E = Exploring—Steps 1-3</strong>&lt;br&gt;(Activities A-D)</td>
<td>1 h. 10 min.</td>
</tr>
<tr>
<td><strong>Break</strong></td>
<td>15 min.</td>
</tr>
<tr>
<td><strong>Session 8: E = Exploring—Steps 1-3</strong>&lt;br&gt;(Activities E-G)</td>
<td>1 h. 30 min.</td>
</tr>
<tr>
<td><strong>Session 9: E = Exploring—Step 4</strong>&lt;br&gt;(Activities A-D)</td>
<td>1 h. 20 min.</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td>45 min. (1:00-1:45)</td>
</tr>
<tr>
<td><strong>Session 9: E = Exploring—Step 4</strong>&lt;br&gt;(Activity E)</td>
<td>45 min. (only two role plays, with discussion)</td>
</tr>
<tr>
<td><strong>Session 10: D = Decision Making</strong></td>
<td>60 min.</td>
</tr>
<tr>
<td><strong>Break</strong></td>
<td>15 min.</td>
</tr>
<tr>
<td><strong>Session 11: I = Implementing the Decision</strong></td>
<td>60 min.</td>
</tr>
<tr>
<td><strong>Session 13: Counseling Practice Role Plays</strong></td>
<td>1 h. 55 min. (only 1 round)</td>
</tr>
<tr>
<td><strong>Wrap-Up</strong></td>
<td>15 min. 6:55 p.m.</td>
</tr>
</tbody>
</table>
## Agenda A. Four Days with Two Counseling Practicum Sessions

### Day 3

<table>
<thead>
<tr>
<th>Session 14: Counseling Practicum with Clients (first round)</th>
<th>8:30 a.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Activity A. Orientation to Counseling Practicum with Clients</td>
<td>15 min.</td>
</tr>
<tr>
<td>• Activity B. Counseling Practicum with Clients (including 1 hour to travel)</td>
<td>3 h. 45 min.</td>
</tr>
</tbody>
</table>

**Lunch**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Activity C. Reflections on Counseling Practicum with Clients</td>
<td>15 min.</td>
</tr>
<tr>
<td>• Activity D. Trainers’ Observations</td>
<td>15 min.</td>
</tr>
</tbody>
</table>

**Session 12: Counseling Return Clients**

<table>
<thead>
<tr>
<th>Break</th>
<th>15 min.</th>
</tr>
</thead>
</table>

**Session 15: Counseling Specific Categories of Clients**

<table>
<thead>
<tr>
<th>Break</th>
<th>15 min.</th>
</tr>
</thead>
</table>

**Session 13: Counseling Practice (second round of practice, if not included in Day 2)**

<table>
<thead>
<tr>
<th>Break</th>
<th>15 min.</th>
</tr>
</thead>
</table>

**Wrap-Up**

<table>
<thead>
<tr>
<th>Break/Closing Reception</th>
<th>3:40 p.m.</th>
</tr>
</thead>
</table>

### Day 4

<table>
<thead>
<tr>
<th>Session 16: Counseling Practicum with Clients (second round)</th>
<th>8:30 a.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Activity B. Counseling Practicum with Clients (including 1 hour for travel)</td>
<td>3 h. 45 min.</td>
</tr>
</tbody>
</table>

**Lunch**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Activity C. Reflections on Counseling Practicum with Clients</td>
<td>15 min.</td>
</tr>
<tr>
<td>• Activity D. Trainers’ Observations</td>
<td>15 min.</td>
</tr>
</tbody>
</table>

**Posttest**

<table>
<thead>
<tr>
<th>Break</th>
<th>30 min.</th>
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</thead>
</table>

**Session 17: Action Plans**

<table>
<thead>
<tr>
<th>Break/Closing Reception</th>
<th>3:40 p.m.</th>
</tr>
</thead>
</table>

**Session 18: Posttest (correcting), Workshop Evaluation, and Closing**

<table>
<thead>
<tr>
<th>Break/Closing Reception</th>
<th>15 min.</th>
</tr>
</thead>
</table>
# Agenda B. Four Days with One Counseling Practicum Session

## Day 1

<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1: Welcome and Introduction</td>
<td>8:30 a.m. 1 h. 30 min.</td>
</tr>
<tr>
<td>Session 2: What Is Client-Centered Counseling?</td>
<td>1 h. 5 min.</td>
</tr>
<tr>
<td>Break</td>
<td>15 min.</td>
</tr>
<tr>
<td>Session 3: Decision Making from the Client's Perspective</td>
<td>1 h. 15 min.</td>
</tr>
<tr>
<td>Lunch</td>
<td>45 min.</td>
</tr>
<tr>
<td>Session 4: Provider Beliefs and Attitudes</td>
<td>40 min.</td>
</tr>
<tr>
<td>Session 5: Communication Skills for Counseling</td>
<td>1 h. 15 min.</td>
</tr>
<tr>
<td>Break</td>
<td>15 min.</td>
</tr>
<tr>
<td>Session 6: Using Simple Language and Visual Aids</td>
<td>1 h. 20 min.</td>
</tr>
<tr>
<td><em>Condom Race and Practice Demonstration (see Session 11)</em></td>
<td>30 min.</td>
</tr>
<tr>
<td>Wrap-Up</td>
<td>15 min. 5:35 p.m.</td>
</tr>
</tbody>
</table>

## Day 2

<table>
<thead>
<tr>
<th>Warm-Up</th>
<th>8:30 a.m. 15 min.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 7: R = Rapport Building</td>
<td>45 min.</td>
</tr>
<tr>
<td>Session 8: E = Exploring, Steps 1-3 (Activities A-D)</td>
<td>1 h. 10 min.</td>
</tr>
<tr>
<td>Break</td>
<td>15 min.</td>
</tr>
<tr>
<td>Session 8: E = Exploring, Steps 1-3 (Activities E-G)</td>
<td>1 h. 30 min.</td>
</tr>
<tr>
<td>Lunch</td>
<td>45 min.</td>
</tr>
<tr>
<td>Session 9: E = Exploring, Step 4</td>
<td>2 h. 20 min.</td>
</tr>
<tr>
<td>Break</td>
<td>15 min.</td>
</tr>
<tr>
<td>Session 10: D = Decision Making</td>
<td>1 h.</td>
</tr>
<tr>
<td>Condom Race and Practice Demonstration</td>
<td>30 min.</td>
</tr>
<tr>
<td>Wrap-Up</td>
<td>15 min. 5:30 p.m.</td>
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</tbody>
</table>
# Agenda B. Four Days with One Counseling Practicum Session

## Day 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 a.m.</td>
<td>Warm-Up</td>
</tr>
<tr>
<td></td>
<td><strong>Session 11:</strong> I = Implementing the Decision (with Condom Race and Practice Demonstration) 1 h.</td>
</tr>
<tr>
<td></td>
<td><strong>Session 12:</strong> Counseling Return Clients 1 h. 20 min.</td>
</tr>
<tr>
<td></td>
<td><strong>Break</strong> 15 min.</td>
</tr>
<tr>
<td></td>
<td><strong>Session 15:</strong> Counseling Specific Categories of Clients 1 h. 45 min.</td>
</tr>
<tr>
<td></td>
<td><strong>Lunch</strong> 45 min.</td>
</tr>
<tr>
<td></td>
<td><strong>Session 13:</strong> Counseling Role Plays (Activities A to D-1) 1 h. 40 min.</td>
</tr>
<tr>
<td></td>
<td><strong>Break</strong> 15 min.</td>
</tr>
<tr>
<td></td>
<td><strong>Session 13:</strong> Counseling Practice Role Plays (Activities C-2 to E) 1 h. 15 min.</td>
</tr>
<tr>
<td></td>
<td><strong>Wrap-Up</strong> 15 min.</td>
</tr>
</tbody>
</table>

## Day 4

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 a.m.</td>
<td><strong>Session 14:</strong> Counseling Practicum with Clients 8:30 a.m.</td>
</tr>
<tr>
<td></td>
<td>• Activity A. Orientation to Counseling Practicum with Clients 15 min.</td>
</tr>
<tr>
<td></td>
<td>• Activity B. Counseling Practicum with Clients (including 1 hour for travel) 3 h. 45 min.</td>
</tr>
<tr>
<td></td>
<td><strong>Lunch</strong> 45 min.</td>
</tr>
<tr>
<td></td>
<td>• Activity C. Reflections on Counseling Practicum with Clients 15 min.</td>
</tr>
<tr>
<td></td>
<td>• Activity D. Trainers’ Observations 15 min.</td>
</tr>
<tr>
<td></td>
<td><strong>Posttest</strong> 30 min.</td>
</tr>
<tr>
<td></td>
<td><strong>Session 17:</strong> Action Plans 45 min.</td>
</tr>
<tr>
<td></td>
<td><strong>Session 18:</strong> Posttest (correcting), Workshop Evaluation, and Closing 40 min. 3:40 p.m.</td>
</tr>
<tr>
<td></td>
<td><strong>Break/Closing Reception</strong></td>
</tr>
</tbody>
</table>
Training Tool #3: Take-Home Test Answer Sheet
Session 2. Rights in Sexual and Reproductive Health (SRH)

Questions 1-3. Write the letter for the correct definition on the line in front of each term.

1. __C___ Full, free, and informed choice
   A. Affirming that health and rights are inseparable, and that individuals have the right and capacity to make decisions about their lives

2. __A___ The rights-based approach to SRH service delivery
   B. A medical, legal, and rights-based construct for when clients agree to receive medical treatment or take part in a study, after making an informed choice

3. __B___ Informed consent
   C. Access to the widest possible range of contraceptive methods and the ability to decide, without barriers or coercion, and based on complete, accurate, and unbiased information about all pregnancy prevention options

4. __C___ Which of the following is not considered to be one of the rights in SRH?
   A. The right to decide on the number, spacing, and timing of children
   B. The right to attain the highest standards of SRH
   C. The right to SRH services free of charge
   D. The right to make SRH decisions without discrimination, coercion, or violence

5. __A___ Which of the following is not required for a client to be able to make a full, free, and informed choice?
   A. Service provider’s recommendation
   B. Availability of appropriate information
   C. Voluntary decision-making process
   D. Availability of adequate service options

6. __B___ Which of the following is not considered to be one of the clients’ rights?
   A. Privacy and confidentiality
   B. Choice of the provider’s gender
   C. Safety of services
   D. Continuity of care

7. Principles of client-provider interaction apply to interactions between clients and any healthcare staff.
   True ______️ _______ False _____________

8. The purpose of counseling is to explain contraceptive methods to clients.
   True _______________ False ______️ _______
Session 3. Decision Making from the Client’s Perspective

Questions 9-11. Write the letter for the correct definition on the line in front of each term.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>9.</td>
<td><strong>B</strong>_ Spacers</td>
</tr>
<tr>
<td></td>
<td>A. Clients who do not have any children and do not wish to have any in the near future</td>
</tr>
<tr>
<td>10.</td>
<td><strong>C</strong>_ Limiters</td>
</tr>
<tr>
<td></td>
<td>B. Clients who have at least one child and want to delay their next pregnancy</td>
</tr>
<tr>
<td>11.</td>
<td><strong>A</strong>_ Delayers</td>
</tr>
<tr>
<td></td>
<td>C. Clients who have all the children that they want</td>
</tr>
</tbody>
</table>

12. __B__ Why is it important to identify what category (or categories) a client fits into?
   A. Because providers want their clients to be accepted in their own families and communities
   B. Because knowing the client's category can help the provider identify the individual client's needs more quickly and effectively
   C. Because clients in some categories should not use contraception

13. Feeling and showing empathy is an important part of building rapport with the client. Being aware of the client's category/categories and their needs can help the provider to develop and show empathy more quickly.
   True __✔_ False _____________

Questions 14-18. Match the factor that can influence client decision making with the appropriate examples.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>14.</td>
<td><strong>E</strong>_ Individual factors</td>
</tr>
<tr>
<td></td>
<td>A. Opinions of peers, coworkers, and community leaders; media, entertainment, and advertising</td>
</tr>
<tr>
<td>15.</td>
<td><strong>A</strong>_ Community influences</td>
</tr>
<tr>
<td></td>
<td>B. HIV status, having recently given birth, having recently experienced a miscarriage or abortion</td>
</tr>
<tr>
<td>16.</td>
<td><strong>D</strong>_ Service factors</td>
</tr>
<tr>
<td></td>
<td>C. Common side effects, who controls the use of the contraceptive method, cost</td>
</tr>
<tr>
<td>17.</td>
<td><strong>C</strong>_ Method characteristics</td>
</tr>
<tr>
<td></td>
<td>D. Availability and affordability of a range of methods; provider attitudes, knowledge, and skills</td>
</tr>
<tr>
<td>18.</td>
<td><strong>B</strong>_ Other SRH conditions</td>
</tr>
<tr>
<td></td>
<td>E. The client's age, health status, and socioeconomic status; communication with and trust in the partner; expectations of the client's family (including parents, in-laws, etc.) about number and sex of children</td>
</tr>
</tbody>
</table>
**Session 4. Provider Beliefs and Attitudes**

**Questions 19-21.** Match the definitions with the terms.

<table>
<thead>
<tr>
<th>19. _<em><strong>A</strong></em> Attitudes</th>
<th>A. The ways that we think about people and ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. _<em><strong>C</strong></em> Beliefs</td>
<td>B. The ways that we act in situations and toward other people</td>
</tr>
<tr>
<td>21. _<em><strong>B</strong></em> Behavior</td>
<td>C. Concepts or ideas that we accept as truth and which help us explain how things work in the world</td>
</tr>
</tbody>
</table>

22. Everyone—including both clients and providers—has the right to have their own beliefs about SRH.
   True ______️ _______ False ____________

23. It is important for providers to be aware of their beliefs about pregnancy prevention and SRH in order to teach them to clients.
   True ____________ False ______️ _______
Session 5. Communication Skills for Counseling

Questions 24-26. Match the definitions with the terms.

<table>
<thead>
<tr>
<th></th>
<th>Training Tool #3</th>
<th>Take-Home Test Answer Sheet</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. <em>C</em> Reflecting</td>
<td>A. Recognizing the emotions behind what the client is saying and checking your interpretation</td>
<td></td>
</tr>
<tr>
<td>25. <em>A</em> Reflecting</td>
<td>B. Restating the client’s message simply and in your own words</td>
<td></td>
</tr>
<tr>
<td>26. <em>B</em> Paraphrasing</td>
<td>C. What we communicate through our movements, such as hand gestures and facial expressions</td>
<td></td>
</tr>
</tbody>
</table>

27. Body language has the same meaning in all cultures.
   True ____________  False _____ √ _______

28. _E_ Which of these is not a reason why we ask questions during counseling?
   A. To establish and maintain a good relationship by showing concern and interest
   B. To assess the client’s pregnancy prevention needs and knowledge
   C. To determine the language level that will be best understood by the client
   D. To actively engage the client and encourage them to talk about their needs, concerns, and preferences
   E. None of the above—these are all good reasons for asking questions

29. Open questions are good for quickly gathering factual information from the client.
   True ____________  False _____ √ _______

30. _A_ Which of these is not a tip for active listening?
   A. Think about similar situations in your own life as you listen to the client
   B. Pay attention to the client—do not do other tasks or allow interruptions (if possible)
   C. Listen to what your client says and how they say it
   D. Allow for pauses of silence so that your client has time to think

31. __B__ Which of these is not a reason why providers use information, education, and communication materials during counseling?

A. To get the client’s attention  
B. To allow providers to skip some steps of counseling when they are short on time  
C. To demonstrate what is involved in medical procedures, for example for insertion of an intrauterine device (IUD)  
D. To explain anatomical features that one cannot see

Session 7. R = Rapport Building

32. Name each phase of REDI:

R = Rapport Building________________________
E = Exploring_____________________________
D = Decision Making________________________
I = Implementing____________________________

33. The benefit of following a counseling framework, like REDI, is that it provides a structure for talking with clients, so providers do not miss important steps.

True _______ False _____________

34. In order to be effective, the provider needs to follow the REDI steps in the order in which they are listed.

True _______ False _______

35. __C__ Which of these is not a sub-task under Rapport Building?

A. Assure confidentiality and privacy  
B. Explain the need to discuss sensitive and personal issues  
C. Explore the client’s SRH history and pregnancy prevention goals  
D. Greet the client with respect
Session 8. E = Exploring (Steps 1-3)

36. __B__ Which of the following statements is incorrect?
   A. Sexuality is influenced by culture, religion, and social norms
   B. Sexuality is the same thing as sexual intercourse
   C. Sexuality involves giving and receiving sexual pleasure, as well as enabling human reproduction
   D. Sexuality involves the mind and the body

Aspects of Sexuality

Questions 37-40. Write the letter for the correct definition on the line in front of each term.

<table>
<thead>
<tr>
<th>Question</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>37. <strong>D</strong>_ Sensuality</td>
<td>A. The individual’s sense of who they are, as a sexual being; it includes biological sex, gender identity, gender roles, and sexual orientation</td>
</tr>
<tr>
<td>38. <strong>B</strong>_ Intimacy</td>
<td>B. The part of sexuality that deals with the emotional aspect of relationships</td>
</tr>
<tr>
<td>39. <strong>A</strong>_ Sexual identity</td>
<td>C. The integration of the emotional, intellectual, physical, and social aspects of being sexual in ways that enrich and enhance our lives</td>
</tr>
<tr>
<td>40. <strong>C</strong>_ Sexual health</td>
<td>D. How our bodies derive pleasure, including through hearing, sight, smell, taste, and touch</td>
</tr>
</tbody>
</table>

41. __A__ People who perceive themselves to be at risk will be more motivated to make changes to protect themselves from unintended pregnancy or from the transmission of sexually transmitted infections (STIs) and HIV. However, many people perceive themselves to be less at risk than they actually are.

Which of these is not a reason why people underestimate their risk of unintended pregnancy or STI/HIV?

A. Complete faith in the healthcare system to make everything okay
B. Stereotyped beliefs about who is at risk
C. Being convinced that “it will not happen to me”
D. Believing that whether they become pregnant or infected (or not) is beyond their control
Questions 42-45. Write the letter for the correct definition on the line in front of each term.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>42. C Gender</td>
<td>A. An individual’s sense of being male or female and how they feel about that</td>
</tr>
<tr>
<td>43. D Gender roles</td>
<td>B. Addressing the effect of gender on the client’s decision making</td>
</tr>
<tr>
<td>44. A Gender identity</td>
<td>C. How an individual or society defines being female or male</td>
</tr>
<tr>
<td>45. B Gender sensitivity</td>
<td>D. Socially and culturally defined attitudes, behaviors, expectations, and responsibilities attributed to males and females</td>
</tr>
</tbody>
</table>

46. Someone with an STI, particularly an ulcerative STI, is more likely to become infected with HIV if exposed.
   True ☑ False ____________
47. __C__ Which of the following is **incorrect** about giving information to clients?
   A. First, the counselor should explore what the client already knows
   B. Information should be tailored to the client’s needs
   C. The counselor should start with the method used most frequently in the country
   D. The counselor should check whether the client understands the information given during the counseling session

48. __D__ Which of the following is **incorrect** about giving information to clients?
   A. Misconceptions can lead to discontinuation of contraceptive methods
   B. Try to find out where the client heard the misconception or rumor
   C. If clients understand why misconceptions are untrue, they are more likely to believe the correct information
   D. Sometimes it helps to make jokes about the client’s misconceptions

49. Tailoring information means focusing on what the client needs to know. Personalizing information means explaining that information in terms of the client’s specific situation.
   True ____  False __________

50. __C__ Which of the following is **incorrect** about making information understandable?
   A. Keep it short and simple
   B. Use language the client understands
   C. Try not to confuse the client by repeating key information
   D. Check the client’s understanding by asking them to repeat key information back to you

51. __C__ Which of the following is **not** key information for clients choosing a contraceptive method?
   A. What kind of method it is (how it works)
   B. Side effects, health risks, and complications
   C. History of use of the method in the country
   D. Whether the method prevents HIV and other STIs

52. __D__ Which of the following is **not** part of explaining side effects to clients?
   A. Why and how the side effects occur
   B. Many side effects go away without treatment; others can be treated
   C. What the client would do if side effects occur
   D. Side effects should never be a reason to stop using the method
## Contraceptive Methods and Risk of STI/HIV

Which of the methods listed in the second column offer the:

| 53. __D__ Best protection against STI/HIV? | A. Spermicides |
| 54. __C__ Some protection against STI/HIV? | B. Combined orals/injectables |
| 55. __A__ Protection against some STIs but not HIV? | C. Abstinence from penile/vaginal and penile/anal intercourse |
| 56. __B__ No protection against STI/HIV? | D. Male condoms |

57. __A__ Which of the following is **not** a strategy for dual protection?
   - A. Emergency contraception
   - B. Avoiding risky sexual behaviors
   - C. The use of condoms alone
   - D. Dual-method use

## Session 10. **D = Decision Making**

58. __D__ Which of the following is **not** a step in helping the client make or confirm a decision about pregnancy prevention?
   - A. Confirm the client’s medical eligibility for whatever methods they are considering
   - B. Help the client weigh the benefits, disadvantages, and consequences of each method
   - C. Confirm that any decision is informed, well-considered, and voluntary
   - D. Schedule a return visit for the chosen method

59. Because providers are trained counselors, they do not have to worry about pressuring on the client to choose a particular method.
   - True ______________ False ______ √ _______
Session 11. **I = Implementing the Decision**

60. Considering the financial cost of using a method is part of a concrete plan for implementing the client’s decision.
   True _____ ✓ _____ False ____________

61. In the Implementing the Decision phase, it is not necessary to review information about how to use the method and how to deal with side effects, since that has been covered in the Exploring and Decision Making phases of REDI.
   True ____________ False _____ ✓ _____

62. __D__ Which of the following is not an appropriate suggestion to help clients discuss pregnancy prevention and other SRH issues with partners?
   A. Identify areas of family life or relationships that they do discuss; see if there is a way that these issues can serve an entry point for the discussion
   B. Start the conversation by saying that this is something that they heard about at the healthcare facility and that they wonder if their partner knows anything about it
   C. Say that the provider says there are some decisions that they need to make together (exploring the possibility of a joint visit by the client and the partner)
   D. None of the above—these are all possible suggestions, depending on the client’s relationship with their partner

---

Session 12. **Counseling Return Clients**

63. There are different approaches to counseling return clients, depending on whether they are satisfied or dissatisfied with their method.
   True _____ ✓ _____ False ____________

64. Rapport building and use of communication skills are still important for return clients, whether they are satisfied clients or not.
   True _____ ✓ _____ False ____________

65. __A__ Which of the following is not an appropriate response to a satisfied return client?
   A. Review other methods that would fit the client’s needs, in case they become dissatisfied later
   B. Ask if the client is experiencing any problems
   C. Inquire about correct use of the method
   D. Provide resupply without delay, if there are no problems
Session 15. Counseling Specific Categories of Clients

66. **B** Which of these is a factor contributing to sound decision making for sterilization?
   A. Young age  
   B. Desired family size achieved  
   C. Pressure from partner, relatives, or service providers  
   D. Decision made during labor or immediately after an abortion

67. The ideal time to counsel clients for postpartum contraception is just before delivery, to make sure they do not miss the opportunity to leave with a method.
   True _____________ False _____

68. The reason why providing pregnancy prevention counseling and contraceptive methods is a key element of postabortion care is because fertility returns very quickly after a miscarriage or abortion.
   True ____ ✔ ______ False ____________

69. Use of any contraceptive method can be initiated immediately postabortion.
   True ____ ✔ ______ False ____________

**Working with Couples**

70. **C** Which of these statements is not true about counseling couples?
   A. You should always try to meet individually with one or both partners before a couples meeting  
   B. If the provider meets individually with one or both partners, they need to maintain confidentiality for any information shared  
   C. The service provider’s biases for or against men generally have no impact on couples counseling  
   D. If one partner does all the talking, the provider should encourage the other partner to express their opinions

**Counseling for Clients Living with HIV**

71. Contraception for a woman living with HIV is so important because it is unlikely that she can have a healthy baby.
   True _____________ False _____ ✔ ______

72. People with STIs, living with HIV and AIDS, or who are on antiretroviral therapy can start and continue to use most contraceptive methods safely.
   True ____ ✔ ______ False ____________
Addressing Intimate Partner Violence (IPV) within Counseling

73. __C__ Which of these is not a way that a male partner might try to control a woman’s use of contraception?
   A. Hiding or destroying her birth control pills
   B. Pressuring her to become pregnant
   C. Encouraging her to express her opinions about contraceptive methods
   D. Limiting her movements outside the home

74. __A__ Which of these is not part of the provider’s role when IPV comes up in counseling?
   A. Encourage the client to discuss the IPV in detail, before continuing with pregnancy prevention counseling
   B. Be nonjudgmental toward the client
   C. Consider IPV when discussing contraceptive methods
   D. Do not insist that the client take home written information about referral organizations
Training Tool #4: Pretest and Posttest
Pretest and Posttest

Your Number: ___________________________ Date: __________________________

1. Which one of the following statements about counseling is correct?
   A. New clients with a method in mind should be given comprehensive information about all methods
   B. New clients with no method in mind should be given information on all methods that would meet their needs
   C. Satisfied return clients do not require counseling
   D. Dissatisfied return clients should be discouraged from discontinuing their method

2. Why is it important to be aware of gender norms during counseling?
   A. Because gender norms can affect pregnancy prevention decision making by the client
   B. Because the partner must be involved in a woman’s decisions about pregnancy prevention
   C. Because pregnancy prevention should be the woman’s responsibility
   D. Because the provider should always challenge gender norms

3. Which one of these is correct about sexuality and counseling?
   A. The provider should not discuss sexuality with clients unless the client raises the issue
   B. The provider should inform the client that certain sexual practices are right and that some are wrong
   C. Sexuality is mostly about sexual intercourse
   D. The provider should explore clients’ sexual practices and relationships

4. Which of these behaviors puts a person at highest risk of HIV infection?
   A. Sex with an infected partner, always using a condom
   B. Any behavior that exposes one person to the body fluids of an infected person
   C. Any skin-to-skin contact with an HIV-positive person
   D. Unprotected sex with a monogamous partner

5. On the line after each activity, write the letter from REDI for the phase when this activity would happen (R for Rapport Building; E for Exploring; D for Decision Making; and I for Implementing the Decision).
   A. Help the client think about how their family might react to their decisions ______
   B. Offer ideas for improving communication and negotiation with the client’s partner ______
   C. Ask about the client’s relationships and behaviors that might put them at risk for an unintended pregnancy or a sexually transmitted infection (STI) ______
   D. Assure the client of confidentiality ______
6. Sometimes a power imbalance between a provider and a client can influence the client’s decision making. Which one of these is a sign of a power imbalance?
   A. When the provider listens to the client
   B. When the provider allows the client to ask questions
   C. When the provider asks open questions about the client’s preferences and feelings
   D. When the provider does all the talking

7. Sexual practices or behaviors can influence a client’s choice and use of contraceptive methods. Which of these is an example of that?
   A. The couple prefers to have sex spontaneously, without interruption
   B. The couple does not want to have any more children
   C. The client is not married (or is an adolescent)
   D. None of the above

8. Which of these counseling tasks should a provider complete before the client makes a decision?
   A. Assist the client in making a concrete and specific plan for implementing the decision
   B. Help the client perceive their risk for contracting STIs/HIV
   C. Identify and practice skills that the client will need
   D. Develop strategies to overcome the barriers identified with the client

9. Which of these is something the provider might suggest to help clients discuss sexual and reproductive health (SRH) issues with a partner?
   A. The client could explain to the partner that there are health decisions they (the client) would like them to make together
   B. The client could mention that there is something they heard about in the health facility and wonders what the partner has heard about it
   C. The client could identify areas of family life or relationship that they do discuss and see if that can serve as a starting point for discussing SRH
   D. All of the above

Match the item on the left with the correct answer on the right. Then write the letter of the answer on the line after the number.

| 10._____ A principle of good client-provider interaction | A. Community norms, such as expectations for when people have children and how many children they have |
| 11._____ A factor influencing a client’s SRH decision making | B. Confirming the client is using the method correctly |
| 12._____ An example of giving encouragement to a client | C. Giving information on only the topics that directly address the client’s needs, concerns, and situation |
| 13._____ Part of the services for a satisfied returning client | C. Focusing on what is good about what the client has done and urging them to continue |
True or False?

14. Providers should not discuss side effects because it can scare clients away from using contraceptive methods.
   True _____________ False _____________

15. Clients who receive the method they want are more likely to continue using it.
   True _____________ False _____________

16. Body language and tone of voice are as important as the words that are used in counseling.
   True _____________ False _____________

17. Providers should use only open-ended questions in order to get information from the client as quickly as possible.
   True _____________ False _____________

18. The steps of REDI must be followed in the correct order for counseling to be successful.
   True _____________ False _____________

19. The provider should discuss the financial costs of using a method with the client during the Decision Making stage of REDI.
   True _____________ False _____________

20. The provider should give full information on side effects to a new client, regardless of whether the client asks.
   True _____________ False _____________

21. Clients who want to discontinue their method should be given the option of switching to another contraceptive method.
   True _____________ False _____________

22. Clients who return frequently to switch methods should be required to stay with one method.
   True _____________ False _____________
23. Which one of the following is not correct for completing this sentence? “Providers should be aware of their own beliefs and attitudes regarding SRH, because…”
   A. …the client has a right to their own beliefs
   B. …providers need to be respectful and nonjudgmental with clients, regardless of any differences in beliefs
   C. …clients like providers more if they have the same values and beliefs as the client
   D. …the provider’s attitude toward the client can influence the client’s decision making

24. Which one of these is incorrect when discussing sexuality with clients?
   A. The provider should begin counseling by discussing sexuality issues
   B. The provider should warn the client that personal and sensitive questions might be asked during counseling
   C. The client should be assured of confidentiality
   D. The clients’ sexual relationships should be explored as far as the client is comfortable discussing them

25. Which of these is not a good way to address a client’s misconceptions about contraceptive methods?
   A. Make a joke about the misconception, to put the client at ease
   B. Try to find out where the client heard the rumor or misconception
   C. Explain why it is not true
   D. Take the client’s concerns and/or misconceptions seriously
Training Tool #5
Pretest and Posttest Answers
Pretest and Posttest Answers

Correct answers are indicated in bold.

1. Which one of the following statements about counseling is correct?
   A. New clients with a method in mind should be given comprehensive information about all methods
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   D. Unprotected sex with a monogamous partner

5. On the line after each activity, write the letter from REDI for the phase when this activity would happen (R for Rapport Building; E for Exploring; D for Decision Making; and I for Implementing the Decision).
   A. Help the client think about how their family might react to their decisions __D__
   B. Offer ideas for improving communication and negotiation with the client’s partner __I__
   C. Ask about the client’s relationships and behaviors that might put them at risk for an unintended pregnancy or a sexually transmitted infection (STI) __E__
   D. Assure the client of confidentiality __R__
6. Sometimes a power imbalance between a provider and a client can influence the client's decision making. Which one of these is a sign of a power imbalance?
   A. When the provider listens to the client
   B. When the provider allows the client to ask questions
   C. When the provider asks open questions about the client's preferences and feelings
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   C. The client could identify areas of family life or relationship that they do discuss and see if that can serve as a starting point for discussing SRH
   D. **All of the above**

Match the item on the left with the correct answer on the right. Then write the letter of the answer on the line after the number.

<table>
<thead>
<tr>
<th>10. <em><strong>C</strong></em> A principle of good client-provider interaction</th>
<th>A. Community norms, such as expectations for when people have children and how many children they have</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. <em><strong>A</strong></em> A factor influencing a client's SRH decision making</td>
<td>B. Confirming the client is using the method correctly</td>
</tr>
<tr>
<td>12. <em><strong>D</strong></em> An example of giving encouragement to a client</td>
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<tr>
<td>13. <em><strong>B</strong></em> Part of the services for a satisfied returning client</td>
<td>C. Focusing on what is good about what the client has done and urging them to continue</td>
</tr>
</tbody>
</table>
True or False?

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21. Clients who want to discontinue their method should be given the option of switching to another contraceptive method.

22. Clients who return frequently to switch methods should be required to stay with one method.
Note: For the remaining questions, you will need to choose the answer that is incorrect.

23. Which one of the following is not correct for completing this sentence? “Providers should be aware of their own beliefs and attitudes regarding SRH, because…”
   A. …the client has a right to their own beliefs
   B. …providers need to be respectful and nonjudgmental with clients, regardless of any differences in beliefs
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   C. Explain why it is not true
   D. Take the client’s concerns and/or misconceptions seriously
Training Tool #6: Daily Warm-Up and Daily Wrap-Up
Daily Warm-Up

Facilitator’s Objectives

• To help the participants refocus on their participation in the workshop
• To preview the day’s sessions by correcting the Take-Home Test questions for those sessions

Time

15 minutes

Session Outline

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Welcome and Logistics</td>
<td>Presentation</td>
<td>2 min.</td>
</tr>
<tr>
<td>B. Icebreaker</td>
<td>Large-group exercise</td>
<td>5 min.</td>
</tr>
<tr>
<td>C. Correcting the Take-Home Test</td>
<td>Large-group exercise</td>
<td>8 min.</td>
</tr>
<tr>
<td>Optional: Condom Race and/or Condom Demonstration</td>
<td>Large-group exercise(s)</td>
<td>15 min. each; 30 min. combined</td>
</tr>
</tbody>
</table>

Materials

• Take-Home Test (from every participant)
• Optional: Slide 11 from Session 1; or instructions for correcting the test on flipchart paper
• Optional: Materials for the Condom Race and/or Condom Demonstration activities from Session 11

Advance Preparation

1. For Activity B, prepare to conduct various icebreakers or other warm-up activities in a five-minute timeframe. Short games, songs, or physical activities can help participants reenergize and refocus on the workshop and interacting with fellow participants. You can also ask the participants to lead the group in songs or short group activities.

2. You began correcting the Take-Home Test in Session 1, for the sessions to be covered on Day 1. You will continue correcting the Take-Home Test in the Daily Warm-up for Days 2 and 3 exactly the same way you did in Session 1. You can use Slide 11 from Session 1, prepare a flipchart page with the instructions, or simply repeat the instructions. This activity serves two purposes for participants—to provide the correct answers for the Take-Home Test and to preview the content of the day’s sessions. For the training team, it serves an additional purpose—to identify areas of confusion that need to be addressed in the day’s sessions. This is why a member of the training team should tabulate the number of correct answers for each question.
3. Instructions and materials for the Condom Race and Condom Demonstration are included in the Trainer’s Manual, Part 3, Session 11 (I = Implementing the Decision). Each activity requires approximately 15 minutes; they can be conducted together or separately. These are optional activities for Session 11 that can alternatively be conducted as (1) a warm-up activity at the beginning of Days 2 or 3, (2) a warm-up activity after lunch on any day except Day 1, or (3) as a wrap-up activity. If the Condom Race and Condom Demonstration are conducted separately, the Condom Race should occur before the Condom Demonstration.

**Daily Warm-Up Activities**

**Activity A. Welcome and Logistics (2 minutes)**

1. Welcome the participants back to the workshop.

2. Make announcements and address any necessary housekeeping or logistical issues.

3. *After Day 1:* Refer to “Needs More Discussion” points from the previous day (see Daily Wrap-Up). Explain how these will be addressed throughout the day.

**Activity B. Icebreaker (5 minutes)**

Conduct a short icebreaker.

**Activity C. Correcting the Take-Home Tests for the Day’s Sessions (8 minutes)**

1. Distribute the Take-Home Tests randomly to participants. Remind participants that it does not matter whose test they are correcting.

2. Remind participants that this activity will serve *two purposes*—for them to learn the correct answers and to help refresh their memory on the topics to you will cover today.

3. Explain that you will read each question aloud and ask a participant to give the answer on their paper. After you get the correct answer, they will put a check mark in front of questions answered correctly. Explain that they will put an X in front of questions answered incorrectly and circle the letter of the correct answer.

4. Read the first question and call on a participant to provide the answer that is on their paper. Acknowledge if it is correct. If it is wrong, ask the group for the correct answer.

5. *After each question,* ask participants to raise their hands if their paper has the *correct* answer. Another member of the training team will note the number of raised hands for each question.

*Trainer Tip:* Since the Take-Home Test focuses on the knowledge objectives for this training, this is an important opportunity for the training team to identify any areas of misunderstanding or confusion that should be specifically addressed in the training.
6. Call on another participant for the next question and continue in a similar manner for the remaining questions for that day’s sessions only.

7. When you are finished, collect and save the tests for the next day’s Warm Up session.

**Trainer Tip:** When you are finished correcting the Take-Home Tests (after Session 15), they can be returned to participants to keep with their training materials.
Daily Wrap-Up

Facilitator’s Objectives

- To recap the information and ideas covered during the day
- For each participant to identify at least one thing that they can do to apply what they learned today to their work
- To provide feedback to the facilitator about how well the workshop is going, to identify issues that remain unclear, and to discern ways to improve the workshop

Time

15 minutes

Session Outline

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Feedback on the Day</td>
<td>Large-group discussion</td>
<td>8 min.</td>
</tr>
<tr>
<td>B. Action Plan Worksheet</td>
<td>Individual work</td>
<td>7 min.</td>
</tr>
</tbody>
</table>

Materials

- Flipchart paper, markers, and tape
- Handout 1-C (Action Plan Worksheet)

Advance Preparation

- Before the first wrap-up session, create a flipchart entitled “Needs More Discussion.”

Daily Warm-Up Activities

Activity A. Feedback on the Day (8 minutes)

1. Briefly review the topics covered in the day’s sessions.

2. Ask the participants the following question (and encourage everyone to say something) but do not write their responses on a flipchart:
   - What was the most important thing you learned from today’s sessions?
3. Post the flipchart entitled “Needs More Discussion” and ask if there are any areas that remain unclear or that need more discussion. Note these areas on the flipchart. *(See Trainer Tips for Days 2 and 3.)*

**Trainer Tips for Days 2 and 3:**

- After the first day, the Needs More Discussion flipchart will be revisited each day. Before asking if any areas remain unclear from the day, briefly review the list from the preceding day(s). Ask which (if any) areas have been covered adequately that day and then cross those items out. Any issue that has not yet been addressed will remain on the list.
- Try to address the unclear issues at some point during the workshop. These wrap-up sessions are not intended to be used for that purpose, unless you find that there is enough time at the end of the day to do so.

4. Ask the participants the following question but do not write their responses on a flipchart:

- What suggestions do you have for making things go well tomorrow?

Thank the participants for their comments and note that you will try to follow their recommendations as much as possible.

**Activity B. Action Plan Worksheet (7 minutes)**

5. Ask participants to turn to **Handout 1-C** in their Participant’s Handbook. Explain that you will take time at the end of each day for them to think about how they can apply what they have learned that day to their work and to write at least one idea on this worksheet. Ask them to be specific and realistic. At the end of the workshop, in Session 17, they will use this worksheet to create an action plan for when they return to their workplace. Give them at least five minutes to work individually.

6. Call time and thank participants for their efforts on the worksheet—and the whole day! Remind them to take some time in the evening or morning to review the Pretraining Handouts for the next day’s sessions.

**Trainer Tips**

- This daily recap is meant to help the participants focus on realistic changes they can make immediately (i.e., as soon as they return to work) to enhance their communications and counseling with clients.
- Too often, trainings end with action plans that are never applied because participants identify potential changes that are too numerous or too big, or that require the approval of others before they can happen. By asking the participants in this training to identify one thing in each day’s learning that they realistically think they can do when they return to their worksite, we hope to provide a foundation for real and lasting change and for application of the ideas and approaches presented in this training.
- It is important to be realistic about what is expected from providers. We often talk about providers and what is expected of them as if they were superhuman and should be able to provide quality counseling to all clients at all times, even under the most adverse conditions. This daily exercise encourages providers to establish more realistic expectations, which should help avoid having them become discouraged about implementing the approaches they learn in training.
Training Tool #7: Participant Workshop Evaluation Form
Participant Workshop Evaluation Form

Please answer all sections of this evaluation form, using the reverse side for comments, if needed. Your responses will assist the training organizers in determining what modifications, if any, should be made to this program.

I. Overall Evaluation

Select the choice that best reflects your overall evaluation of this training:

_____ Very good  _____ Good  _____ Fair  _____ Poor  _____ Very poor

II. Achievement of Objectives

The general objectives of the training are to ensure that you have the knowledge, attitudes, and skills necessary to complete the key tasks of counseling using REDI: A Client-Centered Counseling Framework. For each objective in the table below, please circle the number that reflects the degree to which you feel that objective was achieved (or the task described in the objective was mastered):

5 = totally achieved
4 = mostly achieved
3 = somewhat achieved
2 = hardly achieved
1 = not at all achieved

For any objectives that you rate as 1, 2, or 3, please indicate in the Comments/Suggestions column why you feel that it was somewhat, hardly, or not at all achieved, and offer any suggestions you might have to improve it.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Score</th>
<th>Comments/Suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explain the importance of quality client-centered counseling for ensuring full, free, and informed choice in decision making for pregnancy prevention</td>
<td>5</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>2. Communicate effectively with clients</td>
<td>5</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>3. Assess each client's individual pregnancy prevention needs, preferences, knowledge, and concerns, and work with the client to address them effectively and efficiently</td>
<td>5</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>4. Identify the key decisions clients need to make; assist and support them through the decision-making process by considering various options and their consequences</td>
<td>5</td>
<td>4 3 2 1</td>
</tr>
<tr>
<td>5. Assist clients to strategize how to implement their pregnancy prevention decisions</td>
<td>5</td>
<td>4 3 2 1</td>
</tr>
</tbody>
</table>
III. Other Aspects of the Workshop

For each of the following questions, check the response that best represents your opinion. Please add any other comments you have.

1. How relevant to your work was the overall workshop?

   - Extremely
   - Mostly
   - Moderately
   - Minimally
   - Not at all

   a. What aspects of the workshop were most relevant to your work? Why?

   b. What aspects of the workshop were least relevant to your work? Why?

2. The most effective training methods were: (please check below)

   - Presentations (with slides)
   - Small-group work
   - Large-group discussions
   - Client profiles
   - Demonstration role plays
   - Counseling practice with actual clients
   - Practice role plays
   - Other: ________________(Please specify)

3. The least effective training methods were: (please check below)

   - Presentations (with slides)
   - Small-group work
   - Large-group discussions
   - Client profiles
   - Demonstration role plays
   - Counseling practice with actual clients
   - Practice role plays
   - Other: ________________(Please specify)

4. How well did the Pretraining Handouts contribute to your learning?

   - Extremely Well
   - Mostly
   - Moderately
   - Minimally
   - Not at all

   Comments:

5. How well did the Training Handouts contribute to your learning?

   - Extremely Well
   - Mostly
   - Moderately
   - Minimally
   - Not at all

   Comments:
For the next two questions, please refer to your agenda for the names of the sessions (topics) in this workshop.

6. Which session was the most useful, and why?

7. Which session was the least useful, and why?

8. What was the most important new information or skill you learned?

9. What knowledge or skill needs were not met?

10. What did you think about the length of the workshop?

11. Please check any of the following that you feel could have improved the workshop.

   ____ a. Use of more realistic examples and applications
   ____ b. More time to become familiar with theory and concepts
   ____ c. More time to practice skills and techniques
   ____ d. More effective group interaction
   ____ e. More effective training methods: ________________ (please specify)
   ____ f. Concentration on a more limited and specific topic
   ____ g. Consideration of a broader and more comprehensive topic:
         ________________ (please specify)
   ____ h. Other: ________________ (please specify)

Comments:
Pretraining Materials


13. Did you feel that you had enough time to review all of the materials?

If not, how much time would you need?

14. The Take-Home Test was meant to guide and motivate you to review all the handouts. How helpful was it for you in doing that? Please explain.

If not helpful, what would make it better?

Counseling Practicum with Clients

15. What was the best part of the counseling practicum with clients for you?

16. What was the most challenging part?

17. What changes would you suggest to improve how the counseling practicum is structured?
Training Tool #8: Trainee/Provider Interview Form
Overview

Outcome Evaluation Using Trainee/Provider Interviews

The best test of the success of counseling training is whether the trainees use the new counseling approaches at their service sites and, if so, how well they do it. There are three ways to evaluate the outcome of this training: (1) through observation of client-provider interactions (Handout 13-D), (2) through interviews with providers (Training Tool #8), and (3) through interviews with clients (Training Tool #9). Together, these three perspectives can inform a comprehensive picture of the training’s impact on providers and clients. As noted in the Training Evaluation section of the Introduction for Trainers, trainers should determine the evaluation plan with program planners and/or site administrators before conducting the course.

This Trainee/Provider Interview Form serves as a template for exploring the individual provider’s perspective on how well they have been able to apply what they learned in the training and on what challenges they encountered. This complements the information provided in the Counseling Skills Observation Guide and helps identify the reason a provider may not be implementing counseling approaches.

Different Uses of Trainee/Provider Interviewing

Trainee/provider interviews can be conducted by trainers as part of training follow-up, by supervisors as part of clinical monitoring and coaching, or by external assessors to evaluate the training. This section explains the different considerations for the different purposes of interviewing.

Ideally, each trainee should be observed in more than one counseling session. Because counseling competency is assessed through counseling observations and interviews with trainees and clients, such assessments are somewhat subjective. To facilitate consistency in the observation process, the same individual(s) should conduct each observation/interview.

Trainee follow-up support. When the interviews and observations aim to provide continuing support to trainees, it is important to have one of the trainers conduct them. The trainer should record the name of the trainee, develop recommendations and action items with the trainee, and share the results with supervisors.

Clinical monitoring and coaching for providers. When the interviews are integrated into clinical monitoring and coaching activities, external supervisors who are capable of coaching the providers should conduct them. The external supervisor should record the name of the provider and the outcome of the clinical monitoring and coaching visit and then share the findings with the immediate supervisor or site manager, orally at the end of the visit as well as in a written report thereafter.

Training evaluation. When evaluating the impact of the training, it is important to have someone who was not part of the training team conduct the interviews and observations. Additionally, the evaluator should not document the names the trainees/providers observed and/or interviewed.
Instead, the evaluator should compile a summary of feedback collected after completing a number of observations/interviews (at least two at each site), preferably at more than one site. This is important for maintaining the confidentiality of respondents. The evaluator should then share summary findings with supervisors, site or program managers, and the training team. The evaluator should explain this process to providers before beginning any interviews or observations.

**Timing of Trainee/Provider Interviews**

Because these interviews require trainees/providers to reflect on their experience following the training, they should only be conducted at the time of the posttraining observations, at least three months after the training.
Tool #8: Trainee/Provider Interview Form

Instructions for the Interviewer:

• Meet with the trainee and explain the purpose of the visit.
• Complete one form per trainee.
• If the trainee participated in a phone interview prior to the follow-up visit, review with the trainee any issues discussed over the phone.
• Review with the trainee the action plan that they developed at the workshop (Handout 17-B).

This form has two parts: The first part focuses on the trainee's experience after training; complete this section during the meeting with the trainee. The second part focuses on an assessment of the trainee's counseling skills performance and recommendations; complete this section after observing at least one counseling session by the trainee using the Counseling Skills Observation Checklist (Handout 13-D).

Part 1: General Information and Trainee’s Experience

<table>
<thead>
<tr>
<th>Training event date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Date of interview:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Interviewer's name:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Trainee's name (only for follow-up visits):</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Facility name (only for follow-up visits):</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

1. Were you working in this facility when you received counseling training?
   Circle -Yes- -No-
   If yes, are you still working in the family planning (FP) clinic or a unit where you are able to provide FP counseling?
   Circle -Yes- -No-
   If no, explain and go to Question 3. ________________________________________________________________
2. How many clients (approximately) have you counseled in the last month?
   Number: __________

3. If you are not providing counseling, what has prevented you from doing so? Check all that apply, and specify services, as appropriate:
   ____ Lack of confidence in counseling skills
   ____ Facility does not provide counseling
   ____ Lack of demand or clients seeking FP services
   ____ Lack of private space for counseling in the facility
   ____ Other (specify) ____________________________________________________________

4. If you are providing counseling, have you experienced any difficulties in doing so?
   Circle  -Yes-  -No-
   If yes, check accordingly:
   ____ No or low demand for counseling
   ____ High demand or high number of clients for counseling
   ____ Lack of support for counseling
   ____ Lack of support from supervisor to initiate or improve counseling services
   ____ Lack of job aids for providing counseling (posters, flipcharts, contraceptive samples)
   ____ Lack of client brochures in the facility
   ____ Lack of time for counseling
   ____ Other (specify) ____________________________________________________________

5. Have you been able to implement the items from your action plan from the workshop?
   Circle  -Yes-  -No-
   If no, explain which items and challenges faced:
   ________________________________________________________________________________
   ________________________________________________________________________________
Continue with assessment of performance by observation of counseling

Part 2: Assessment of Counseling Skills

After observing the counseling session, use the Counseling Skills Observation Checklist (Handout 13-D) to rate the trainee’s performance in the form below by checking in the appropriate box on the left and adding the score on the right:

| Competent: Performs according to standards | Score (%) ______ |
| Not competent: Is unable to perform according to standards | Score (%) ______ |
| Not observed: Counseling was not performed/observed | |

If you assess the trainee’s performance to be “not competent,” list in the comments section below the tasks that need improvement and indicate the actions required to correct the deficiencies in the recommended action section.

Comments (tasks that need improvement):

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Recommended action: (Be explicit and specific)

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
Training Tool #9: Client Interview Form
Overview

Impact Evaluation Using Client Interviews

As noted in the Introduction for Trainers, the impact of the training is considered in terms of the quality and use of services by clients. The Client Interview Form included here should be used to gather feedback from clients about their perception of the quality of the counseling services they received. In addition, an increase in the use of family planning (FP) services or changes in the use of particular contraceptive methods can be tracked using service statistics.

When Should Client Interviews Be Conducted?

Client interviews can be conducted before and after the training to demonstrate how clients’ perceptions evolve. Because other factors may influence the quality of care and clients’ perceptions, changes in quality (from the client’s perspective) cannot be directly attributed to the training. However, these interviews might yield valuable insights into the client’s experience and perceptions that can be addressed in future trainings or training follow-up efforts.

Who Can Conduct Client Interviews?

Anyone providing clinical monitoring and coaching support—for example supervisors, external evaluators, or trainers—can conduct client interviews.

How Can This Information Be Used?

The results of this impact evaluation can be used in many ways:

- **To provide baseline data.** Program planners and trainers can use client interviews conducted before the training to identify specific needs to be addressed in the training and to establish a baseline for client satisfaction with services prior to the training.

- **To assess the training’s effectiveness.** Program planners and administrators can use this information to determine whether the training had the desired effect on service delivery, specifically that it improved providers’ abilities to meet clients’ needs and deliver effective FP counseling services. Further, the evaluations can provide insights related to any barriers to effective counseling and determine if these barriers are related to the training or to other aspects of service delivery.

- **To assess the effectiveness of the REDI methodology.** Providers can use the evaluation data to determine how clients respond to this approach to counseling and how they can improve their skills.

- **To inform trainers of their effectiveness.** Trainers can use this data to determine whether their training approaches were effective in imparting appropriate knowledge, attitudes, and skills for effective FP counseling and how they can strengthen their approach for future trainings.
Specific Instructions

• The client’s name should not be recorded on the interview form, to maintain confidentiality. This also can encourage the client to provide honest feedback that they might believe is critical of the provider or the service site.

• The site name should be recorded, however, because this feedback will be valuable to providers and supervisors at each site.

• The evaluator should determine a minimum number of clients to interview that will ensure that the identities of the clients are not obvious. The evaluator should compile a summary of the feedback after completing the previously specified number of interviews. Copies of this summary should be given to providers and supervisors at the site and to the training team.
Client Interview Form

Introduce yourself to the client and explain the following (note, you can adapt this language to the local context as needed, but ensure to include the points highlighted in italics):

- We are interviewing clients about their experiences with family planning services at this facility. When we ask clients how they feel about the services they received and how staff treated them, it helps the staff to improve the quality of their services for future clients. So, it is important for you to be honest about your opinions. To help you feel comfortable sharing what you think, your feedback will be anonymous—that is, your name will not be written on this paper or shared with anyone.
- Your participation is completely voluntary, and you will still be able to come here for services if you choose not to provide feedback. Also, you can choose to not answer any of the questions and to end the interview at any time. If you choose to participate, the interview will take approximately 15 to 20 minutes.
- Do you agree to participate?

If the client agrees, proceed with the interview using the following questions. Record the client’s answers in the spaces provided. Write “NA” if the question is not applicable to the client you are interviewing.

<table>
<thead>
<tr>
<th>Date of interview</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewer name</td>
<td></td>
</tr>
<tr>
<td>Facility name</td>
<td></td>
</tr>
<tr>
<td>Provider name (optional)</td>
<td></td>
</tr>
</tbody>
</table>
**Note to Interviewer:** Adapt the questions listed here to your facility and the client you are interviewing. Record any additional information the client volunteers.

1. Why did you come to the clinic today?

2. Did you get what you came for? If not, why not?

3. Have you received information about family planning or preventing pregnancy?
   - [ ] yes
   - [ ] no
   - If yes: What methods did you hear about?
     - ____________________________________________
     - ____________________________________________
   - If no: Would you have liked to receive family planning information?
     - ____________________________________________

4. If you came for pregnancy prevention, did you receive the method you wanted?
   - [ ] yes
   - [ ] no
   - If yes: What instructions did you receive about how to use your method?
     - ____________________________________________
     - ____________________________________________
   - Were you informed of any side effects that you might expect while using this method?
     - ____________________________________________
   - If yes, can you tell what these might be?
     - ____________________________________________
     - ____________________________________________
   - Do you have any more questions about your method?
     - ____________________________________________
   - If no: Why not?
     - ____________________________________________

5. If you are leaving with a pregnancy prevention method, who made the decision about which method you would use?

   - ____________________________________________
   - Did anyone here at the clinic explain the importance of you making your own decision?
   - [ ] yes
   - [ ] no
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Did the staff you met here greet you with kindness and respect?</td>
<td></td>
</tr>
<tr>
<td>7. What do you like best about this clinic?</td>
<td></td>
</tr>
<tr>
<td>8. What do you like least about this clinic?</td>
<td></td>
</tr>
<tr>
<td>9. What suggestions do you have to help us improve services at this clinic?</td>
<td></td>
</tr>
<tr>
<td>10. Is there anything else you would like to tell us?</td>
<td></td>
</tr>
</tbody>
</table>

Interviewer comments:
REDI: A Client-Centered Counseling Framework

Trainer’s Manual

Part 3: Training Sessions
Sessions 1 to 18
Session 1: Welcome and Introductions
Facilitator’s Objectives

- To welcome participants and guests and to introduce the participants, guests, and facilitators (trainers)
- To describe the goal, objectives, and agenda for this training
- To address questions about logistics
- To administer the pretest
- To review and correct the pretraining Take-Home Test (for Day 1 sessions only)

Essential Ideas—Session 1

- The overall goal of this training is to improve participants’ knowledge, attitudes, and skills in assessing and addressing clients’ pregnancy prevention needs and preferences by providing individualized, client-centered counseling.
- Client-centered counseling considers the clients’ circumstances and broader sexual and reproductive health (SRH) needs and preferences, and their impact on the choice and use of contraceptive methods. Through client-centered counseling, providers are better able to:
  - Support clients in exercising their SRH rights and in making full, free, and informed choices
  - Assess and respond to clients’ informational, decision-making, and emotional needs
  - Help clients make practical and actionable decisions and plans
  - Support clients in using their chosen method successfully and in coping with common side effects
- The overall objectives of this course are to enable you to:
  1. Explain the importance of quality client-centered counseling for ensuring full, free, and informed choice in decision making about pregnancy prevention
  2. Communicate effectively with clients
  3. Assess each clients’ individual pregnancy prevention needs, preferences, knowledge, and concerns, and work with clients to address all of these effectively and efficiently
  4. Identify the key decisions clients need to make; assist and support clients through the decision-making process by discussing various options and their consequences
  5. Assist clients in creating strategic plans to implement their decisions

Time
1 hour 30 minutes
Session Outline

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Welcome: Workshop Objectives, Agenda, and Logistics</td>
<td>Guest speaker, presentation (Slides 1-8)</td>
<td>20 min.</td>
</tr>
<tr>
<td>B. Participant Introductions</td>
<td>Icebreaker (Slide 9)</td>
<td>20 min.</td>
</tr>
<tr>
<td>C. Pretest</td>
<td>Individual work (Slide 10)</td>
<td>25 min.</td>
</tr>
<tr>
<td>D. Correcting the Pretraining Take-Home Test (for Day 1 Sessions)</td>
<td>Large-group exercise (Slide 11)</td>
<td>25 min.</td>
</tr>
</tbody>
</table>

Materials

- Equipment to show slides
- Flipchart materials (markers, paper, stands, tape)
- Participant Handbook, Part 2: Training Handouts
  - 1-A Session 1 Essential Ideas
  - 1-B Workshop Agenda
  - 1-C Action Plan Worksheet
- Training Tool #3: Take-Home Test Answer Sheet
- Training Tool #4: Pretest and Posttest

Advance Preparation

1. Identify and thoroughly brief guest speakers about the purpose of the training as well as the desired subject and time assigned for their remarks (about 5 minutes).
2. Identify a representative from the local host organization (if applicable) to serve as the moderator for Activity A (Welcome).
3. Sometimes guest speakers are not able to arrive by the starting time for the workshop. An alternative schedule would be to conduct the pretest (Activity C) and/or the participant introductions (Activity B) before the official welcome (Activity A). This would allow maximum time for the guest speaker(s) to arrive.
4. Set up and test the equipment to show slides before the session starts.

Activity A

5. Revise Handout 1-B (if needed) to include the start and end times for each day. It is not necessary to show the start and end times for each session in the handout for participants. Not showing the specific times gives more flexibility to the trainers, in case there is a need to extend a session and then adjust time in a later session. However, you may want to create a trainer’s version that includes the start and end times for each session, to help trainers stay on track.
Activity B
6. Review the slides. Prepare presentation notes as needed.

Activity C
7. Prepare copies of the pretest for all participants (Training Tool #4). Write numbers on the pretests. (These numbers will be used by the participants to identify their pretests and posttests after scoring and by the trainers to compare the pretest with the posttest scores.) To ensure confidentiality, shuffle the tests so that they are not distributed sequentially.

Activity D
8. Print one copy of any Take-Home Tests received by email, removing the trainees’ names. For tests submitted in hard copy, cut or block out the trainees’ names before distributing for correction.
9. Individual scores on the Take-Home Test are not important. Rather, the training team should note the number of incorrect answers on the Take-Home Test and which questions were answered incorrectly, in order to address them during the training.
10. Note specifically: correct only the Take-Home Test questions for the sessions to be covered in Day 1. The others will be covered in the daily warm-up activities for Days 2 and 3.

Correcting and Documenting the Pretest
- After the participants have completed the pretests, collect the papers to correct later. After correcting the tests, calculate the average score for the group, as well as the highest and lowest scores. Try to do this before the start of Day 2, so you can share the data with participants as an indication of how much they do and do not know overall. This information will also help training team identify and address misconceptions or areas of misunderstanding.
- Document each participant’s pretest score by the participant’s number so that it can be later compared to the posttest score to show the improvement each participant has made. If, for some reason, you need to document the scores for the individual participants by name, use a blank cover sheet for the pretest and ask participants to write their names only on the cover sheet and to remember the number that is written on the first page of the test itself. Then you can make a list of the names and numbers. The posttests will use the numbers only.
**Session 1 Activities**

**Activity A. Welcome: Workshop Goal and Objectives, Agenda, and Logistics**
(Slides 1-8; 20 minutes; 15 steps)

1. Officially open the workshop by introducing the guest speaker, if one has been invited. Have the guest speaker give brief opening remarks. The lead trainer should present the remaining slides.

<table>
<thead>
<tr>
<th>Slide 1. Session 1: Welcome and Introductions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trainer Tip:</strong> Show this slide while participants are arriving.</td>
</tr>
<tr>
<td>2. When the guest speaker arrives (if one has been invited), a representative of the host organization (or the lead trainer) should officially open the workshop by introducing the guest speaker. Have the guest speaker give brief opening remarks.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 2. Training Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Introduce the lead trainer and show the remaining slides.</td>
</tr>
<tr>
<td>4. Explain that the goal of this training is to prepare participants to provide client-centered counseling effectively and to meet clients' needs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 3. Client-Centered Counseling: Essential Ideas</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Review these essential ideas about client-centered counseling, which participants have already learned about in the Pretraining Materials.</td>
</tr>
</tbody>
</table>

*Client-Centered Counseling: Essential Ideas*

- Client-centered counseling considers the client’s circumstances and sexual and reproductive (SRH) needs and preferences, and their impact on the choice and use of contraceptive methods.
- Client-centered counseling enables providers to better:
  - Support clients in exercising their SRH rights and making full, free, and informed choices
  - Assess and meet clients’ informational, decision-making, and emotional needs
  - Help clients make practical and actionable decisions and plans
  - Support clients in using their chosen method successfully and coping with side effects
**Slides 4 and 5. Overall Course Objectives**

6. After reviewing the Course Objectives, note that the Training Goal, Essential Ideas, and Course Objectives are on Handout 1-A in their Participant Handbook—which you will distribute next.

**Overall Course Objectives**

By the end of this training, you will be able to:

1. Explain the importance of quality client-centered counseling for ensuring full, free, and informed choice in decision making for pregnancy prevention
2. Communicate effectively with clients
3. Assess each clients' contraceptive needs, preferences, knowledge, and concerns—and work with clients to address them effectively and efficiently

**Overall Course Objectives (continued)**

4. Identify the key decisions clients need to make; assist and support clients through the decision-making process by discussing various options and their consequences
5. Assist clients in creating strategic plans to implement their decisions

**Slide 6. Participant Handbook: Parts 1 and 2**

*Trainer Tip: If Part 1 of the Participant Handbook was sent electronically, distribute the hard copy of Part 1 to participants now.*

7. Note that the Participant Handbook is in two parts—Part 1 was sent before the training and included the Pretraining Handouts, the Learning Guides, and the Take-Home Test. Explain that, starting at the end of Day 1, it is important for them to prepare for the next day's sessions by reviewing the pretraining handouts for those sessions.

**Participant Handbook: Parts 1 and 2**

1. Pretraining Materials
   - Pretraining Handouts
   - REDI Learning Guides
   - Take-Home Test

2. Training Handouts—Sessions 1 to 18
   - Learning Objectives and Essential Ideas
   - Further Reading
8. Tell participants that they will also refer to the **Learning Guides** frequently throughout the training and during counseling practice and observation. Point out where those are, so they are easy to locate.

9. Distribute **Part 2. Training Handouts—Sessions 1 to 18**. Participants will use these materials throughout the training. Note that the handouts continue the numbering from the **Pretraining Handouts** in Part 1.

10. Note that the first handout in each session in **Part 2** shows the Learning Objectives and Essential Ideas. Also, each session will begin with a slide on the Learning Objectives and end with a summary slide on the Essential Ideas. Explain that these are slightly different from the Learning Objectives and Essential Ideas in the **Pretraining Handouts** because the training will focus on applying what they learned and developing skills.

11. Some sessions also have **Further Reading** handouts, which the training will not address directly, but may be useful for participants to review later.

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**Slide 7. Agenda and Logistics**

12. Refer to **Handout 1-B**. Explain the workshop timeframe.

13. Tell participants that at the end of the course, they will develop action plans. To better inform their action plans, they will be given time at the end of each day to write down the new ideas they want to pursue as a result of their learning from that day. Ask participants to look at **Handout 1-C**, which they will use to note their ideas.

14. Address logistical issues, which may include questions about the lodging, per diem, transportation, and reimbursable expenses. Tell the participants where coffee/tea breaks will occur and where meals will be served. Note the location of the bathrooms.
Slide 8. Workshop Norms
15. Brainstorm workshop norms and write them on a flipchart. Post this list near the “Things I Would Like to Learn” flipchart.

Activity B. Introductions (Slide 9; 20 minutes; 5 steps)

Trainer Tip: This activity may be moved to come before Activity A (Welcome), depending on the guest speaker’s schedule. (see Advance Preparation)

1. (If not done already) The moderator should introduce the members of the training team (or the training team members introduce themselves).

Slide 9. Participant Introductions: Pairs Exercise

2. Put participants in pairs. Show the slide. Ask each participant to interview their partner by asking these questions and to be prepared to share this information with the rest of the group.

3. Call “time” after 5 minutes (at most).

4. Select one pair to begin the introductions. Ask one partner to introduce the other partner to the rest of the participants, by answering the questions about their partner. Write the “one thing we hope to learn” answers on a flipchart.

5. Move quickly around the group.
Activity C. Pretest (Slide 10; 25 minutes for pretesting; 5 steps)

Slide 10. Knowledge Pretest

1. Show the first bullet. Explain to the participants that to get a sense of the effectiveness of the workshop, you would like them to complete a knowledge assessment at the beginning of the workshop and at the end. Explain that this is not an individual test (i.e., the assessment will be scored, but the participants will not be rewarded or penalized based on their scores). The trainers will use the results to better tailor the content of the workshop and to judge how well they and the workshop were able to meet their objectives. Assure them that all answers and scores will be confidential and anonymous.

2. Show the second bullet. Explain that to ensure confidentiality, names should not be written on the test papers and that numbers will be used instead.

3. Show the third bullet and distribute the numbered pretests (see Advance Preparation, Activity C, and Training Tool #4). Ask participants to record the number on their test in their Participant Handbook. They will need to write this number on their posttest at the end of the training.

4. Show the fourth bullet. Note that many of the questions ask them to identify the wrong answer, so they should pay close attention to how the question is worded. Ask if the participants have any questions.

5. Start the test. Give participants 20 minutes to complete the pretest and provide time reminders after 10 and 15 minutes.
### Activity D. Correcting the Pretraining Take-Home Test (Slide 11; 25 minutes; 8 steps)

#### Slide 11. Correcting the Pretraining Take-Home Test

1. Distribute the Take-Home Tests randomly to participants (see Advance Preparation). Note that it does not matter whose test they are correcting.

2. Explain that this activity will serve two purposes: (1) for them to learn the correct answers and (2) to help refresh their memory on the topics to be covered each day. Explain that they will begin each day by correcting the Take-Home Test questions for the sessions to be covered that day.

3. Explain that you will read each question aloud and ask a participant to give the answer on their paper. Then you will provide the correct answer.

4. Participants should put a checkmark in front of questions answered correctly. For incorrect answers, participants should put an X in front of question and circle the letter of the correct answer.

5. Read the first question and call on a participant to give the answer that is on the paper they are reviewing. Acknowledge if it is correct; if it is wrong, ask the group for the correct answer. (Use Training Tool #3.)

6. Ask participants to raise their hands if the paper they are reviewing has the correct answer. Another member of the training team should note the number of raised hands for each question.

   **Trainer Tip:** Since the Take-Home Test covers most of the knowledge objectives for this training, this is an important opportunity for the training team to identify where there are areas of misunderstanding or confusion that should be specifically addressed in the training.

7. Call on another participant for the next question and repeat the above steps; continue in this manner until you have reviewed all of the questions for the day’s sessions.

8. Correct the Take-Home Test questions for only the sessions that you will cover in Day 1. When you are finished, collect the tests and save them for the Warm-Up session at the beginning of Day 2.
Session 2: What Is Client-Centered Counseling?
Participants’ Learning Objectives
By the end of the session, the participants will be able to:

• Explain the relationship between client-provider interaction, counseling, and client-centered counseling
• Explain why client-centered counseling is important for pregnancy prevention services
• Explain why it is important to recognize the client as an expert
• Identify specific tasks that need to be completed in client-centered counseling
• Identify one benefit of client-centered counseling for the client and one benefit for the family planning program
• Identify two consequences of poor counseling
• Identify two reasons why providers may not provide good counseling
• Identify two standards of behavior for client-centered counseling

Essential Ideas—Session 2
Building on the Essential Ideas from the Pretraining Handouts, Session 2

• Counseling is a form of client-provider interaction, focused on helping the client make decisions or address problems. Ideally, all counseling should be client-centered, but sometimes it is more focused on the provider's tasks, knowledge, and time constraints. Being client-centered means being focused on the client’s needs, preferences, and concerns.

• During counseling, it is important to recognize the client as the other expert in the room. This not only shows respect, but it is also the most efficient and effective way to learn about the client’s needs, concerns, preferences, and knowledge about pregnancy prevention and other areas of sexual and reproductive health (SRH).

• The tasks of client-centered counseling include:
  ◦ Help clients assess their own needs.
  ◦ Provide personalized information to address identified needs.
  ◦ Help clients make informed and voluntary decisions by weighing options.
  ◦ Help clients plan how to implement their decisions.
  ◦ Answer questions and address concerns.

• There are benefits of client-centered counseling for both the client and the family planning program. One benefit for both is increased method continuation.

• Consequences of poor (or no) counseling include method discontinuation, unwanted pregnancy, health risks, dissatisfaction with services, and clients unable to exercise their SRH rights or achieve their reproductive intentions.
Essential Ideas—Session 2 (continued)

- Reasons why providers do not provide good counseling include inadequate training or supervisory support, lack of communication skills, and discomfort discussing SRH issues with clients.
- Quality counseling is the main safeguard for the client’s right to full, free, and informed choice. In addition, counseling can support clients’ other rights.
- Standards of behavior for client-centered counseling include completing all of the tasks of counseling while treating clients with respect, ensuring confidentiality, and encouraging the client’s participation.

Time
1 hour 5 minutes

Session Outline

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Review of SRH Rights</td>
<td>Pairs exercise, large-group reporting (Slides 1-5)</td>
<td>20 min.</td>
</tr>
<tr>
<td>B. What Is Client-Centered Counseling?</td>
<td>Discussion, slide presentation, small-group work, reporting (Slides 6-21)</td>
<td>25 min.</td>
</tr>
<tr>
<td>C. Challenges for Providers in Counseling; Summary</td>
<td>Small-group work, reporting (Slides 22-27)</td>
<td>20 min.</td>
</tr>
</tbody>
</table>

Materials

- Equipment to show slides
- Flipchart materials (markers, paper, stands, tape)
- Participant Handbook, Part 2: Training Handouts
  - 2-E Session 2 Learning Objectives and Essential Ideas
  - 2-F Review of Sexual and Reproductive Health and Rights Worksheet
  - 2-G The Importance of Client-Centered Counseling
  - 2-H Standards of Behavior for Providers Trained in Client-Centered Counseling
- Participant Handbook, Part 2: Further Reading Handouts
  - 2-I Sexual Rights
  - 2-J Principles of Rights and Empowerment
  - 2-K Essential Skills and Needs of All SRH Staff to Improve Client-Provider Interaction and Counseling
- Activity Tool: Answers for Handout 2-F
Advance Preparation

1. Review the Pretraining Handouts for this session. As a reminder, here are the Pretraining Learning Objectives.

**Pretraining Learning Objectives**

- Explain the importance of a rights-based approach to SRH service provision
- Name three rights related to SRH that are recognized by international conventions
- Define *full, free, and informed choice*
- Define *informed consent*
- Name three client rights
- Define *client-provider interaction, counseling, and client-centered counseling*

2. Review the slides for this session. Prepare presentation notes as needed.

**Activity C**

3. List the Standards of Behavior from Handout 2-H on a piece of flipchart paper. After discussing the handout, post the flipchart page where it can be seen throughout the training.
Session 2 Activities

Activity A. Review of SRH Rights (Slides 1-5; 20 minutes; 6 steps)

Slide 1. Session 2: What Is Client-Centered Counseling?
1. Show the session title slide until you are ready to begin the session.

Slides 2 and 3. Learning Objectives
2. Review the learning objectives for the session (Handout 2-E).

Learning Objectives
- The relationship between client-provider interaction, counseling, and client-centered counseling
- The importance of client-centered counseling for contraceptive services
- Recognition of the client as an expert
- Tasks for client-centered counseling

Learning Objectives (continued)
- Benefits of client-centered counseling for the client and the family planning (FP) program
- Consequences of poor counseling
- Why providers might not provide good counseling
- Standards of behavior for client-centered counseling
Slide 4. Review of SRHR

3. Before showing the bullets, explain that the Pretraining Handouts provide extensive background on Sexual and Reproductive Health and Rights (SRHR) and the rights of clients. These rights are foundational to the goal of counseling and we will refer to them throughout the training—especially full, free, and informed choice and clients' rights.

4. Explain that we will review this material in pairs, followed by large-group reporting. Show the bullets on the slide and conduct the review exercise.

5. Ask participants to look at Handout 2-F. In pairs, ask them to match the term with the correct definition. Allow 5 minutes for the pairs work. Then, take 5-10 minutes for pairs to report back. See Activity Tool: Answers for Handout 2-F (at the end of this session) for the correct answers. (Trainer Tip: Handouts 2-A to 2-C provide the background for this activity.)

Slide 5. Why the Term “Family Planning” or “FP” Will Have Limited Use in This Training

6. Review the explanation for why the terms “family planning” and “FP” are not used very much in this training. Note that this was explained in the Introduction to the Pretraining Handouts, but that you want to give participants a chance to ask questions now, in case anything is unclear.
Activity B. What Is Client-Centered Counseling? (Slides 6-21; 25 minutes; 26 steps)

Slide 6. Counseling is a form of client-provider interaction.
1. Note that participants learned in the Pretraining Handouts that counseling is a form of client-provider interaction. So, before we look at counseling, we need to start with reviewing the principles of client-provider interaction.

Slide 7. Client-Provider Interaction
2. Read the definition on the slide. Add that any interactions between clients and facility staff can influence clients’ perception of the quality of services. Family planning programs in many countries have discovered that good client-provider interactions are essential for successful use of services, contraceptive continuation, and correct use of methods.

Trainer Tip: More detail on these definitions is included in Handout 2-D (from the Pretraining Handouts).

Slide 8. Principles of Good Client-Provider Interaction
3. Show the title only of this slide. Ask participants what they remember from the Pretraining Handouts about principles of client-provider interaction.
4. After three or four responses, show the bullets.

> Treat each client with respect.
> Tailor the interaction to the individual client’s needs, circumstances, and concerns.
> Interact and encourage the client’s active participation.
> Avoid information overload.
> Provide the client’s preferred contraceptive method or address the client’s primary concern for other SRH issues.
> Use visual aids and provide memory aids.
Slide 9. Counseling
5. Show the title only of this slide. Ask participants what they remember about the definition of counseling.
6. After a few responses, show the bullets on the slide.

<table>
<thead>
<tr>
<th>Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling is a client-provider interaction that should:</td>
</tr>
<tr>
<td>&gt; Facilitate or confirm a decision by the client</td>
</tr>
<tr>
<td>&gt; Help the client address problems or concerns</td>
</tr>
</tbody>
</table>

Slide 10. Client-Centered Counseling
7. Show the title only of this slide. Ask participants what they remember about the definition of client-centered counseling.
8. After a few responses, show the rest of the slide.

<table>
<thead>
<tr>
<th>Client-Centered Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client-centered counseling means treating each client as an individual and basing your input on the client’s unique needs, preferences, and concerns.</td>
</tr>
</tbody>
</table>

Slide 11. [concentric circles—no title]
9. Tell participants that this summary slide will help to explain the overlap of principles and tasks of client-provider interaction, counseling, and client-centered counseling.

- **Show the center circle: The Client.** Pregnancy prevention and other SRH services do not exist without clients. Therefore, our discussion will begin—and will end—with the client.

- **Show the outer circle: Client-Provider Interaction.** Ideally, the client is at the center of all interactions between clients and providers. Simply put: all providers should treat all clients with respect.

- **Show the middle circle: Counseling.** Counseling is a special form of client-provider interaction that focuses on helping clients make or confirm decisions, or address problems.
• Show the inner circle: Client-Centered Counseling. Ideally, all counseling should be client-centered. However, sometimes providers make assumptions about clients and fail to assess the client’s unique needs and preferences before providing information and services. This can result in methods being provided that do not meet the client’s needs or address the client’s concerns. That is why we emphasize client-centered counseling in this training.

Slide 12. Why Is Client-Centered Counseling Important?
10. Show the title only of this slide. Ask participants why they think client-centered counseling is important.
11. After two or three responses, show the bullets.

Slide 13. Two Experts in the Room: The Client...
12. After showing the title and picture, ask participants, “What thoughts, feelings, and opinions might the client have that makes them an expert?” After a few responses, show the bullets.

Trainer Tip: With Slides 13 and 14, emphasize that we start with the client to stay with the client-centered theme.

We do not usually think of our clients as experts, so it is important to make that point immediately—that no one knows the client’s needs, preferences, and circumstances better than the client!

Slide 14. …and the Provider
13. After reviewing the slide, emphasize that the provider’s expertise is only as good as their ability to use that expertise to meet the client’s needs.
14. Explain that this training focuses on the skills that the provider needs to have, but not necessarily on the knowledge listed on the slide, because participants are supposed to have that knowledge already.
Slide 15. Tasks of Client-Centered Counseling

15. Show the title only of this slide. Ask participants, “What are the tasks of the provider in client-centered counseling?”

16. After a few responses, show the bullets. Note that they will learn more about these tasks as they examine the REDI framework in detail, later in the training.

Slides 16 and 17. Benefits of Client-Centered Counseling for the Client (16) and for the Program (17)

17. Explain that client-centered counseling has benefits for both the client and the family planning program.

18. Review both slides.

19. Note that one of the purposes of this training is to help participants understand how client-centered counseling can lead to these benefits.
Slide 18. Counseling and Method Continuation
20. Show the title only of this slide. Explain that method continuation means that a client continues to use the same method. Before showing the bullets, ask: “How could counseling help improve rates of method continuation?”
21. After a few responses, show the bullets.

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Slide 19. Clients who receive the method they want are more likely to continue use.
22. Explain that this slide is about research on method continuation. For each method shown, the orange bar represents people for whom that was their chosen method—and what percentage were still using that method one year later. The green bar represents people who accepted a method that was not their first choice—and what percentage were still using the method one year later.


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Slide 20. Telling Clients About Side Effects
23. Review the bullets. Then ask, “Why do you think counseling about side effects would increase continuation?”

Slide 21. Consequences of Poor Counseling

24. Explain that another way of thinking about the benefits of good counseling is to consider the consequences of poor counseling (or a lack of counseling).

25. Explain that the “effect” refers to the impact on the client. The “outcome” refers to the consequences of that effect.

26. Then read each row (no discussion).

Activity C. Challenges for Providers in Counseling; Summary (Slides 22-27; 20 minutes; 13 steps)

Slide 22. In spite of these benefits of counseling...

1. Read the slide.

Slide 23. Under What They Call “Counseling,” Many Providers:

2. Read the bullets on the slide.

Trainer Tip: When you read each bullet, look for nodding heads or other signs that this seems familiar. If you do not see those signs, ask—“does this ever happen?”

3. After reading all the bullets, explain that this is not meant to blame providers, but to highlight real problems that exist when providers try counseling, especially for the first time.

4. Small-group work: Form six small groups. Assign each group one of the bullets. Ask them to answer the two questions under “Small group work.” Allow five minutes for small group discussions.

5. Reporting: Starting with the group that discussed #1, ask each group to share their answers to the questions.
Slide 24. Possible Reasons for Poor Counseling
6. After hearing from the groups, review these bullets as possible reasons why providers may not provide adequate counseling. Tell participants we hope that many of these issues can be addressed through this training!

Possible Reasons for Poor Counseling
Providers may lack:
- Good communication skills
- A client-centered approach
- Comfort in discussing SRH issues
- Adequate training and supervisory support for counseling

Slide 25. Counseling Supports SRH and Client Rights
7. After reviewing the slide, note that the way the client's rights are supported will become clear as they learn more about client-centered counseling and REDI through this training.

Counseling Supports SRH and Client Rights
Quality counseling is the main safeguard for the client's right to full, free, and informed choice.
It also supports each client's rights to:
- Information
- Informed choice
- Access services
- Safety of services
- Continuity of care
- Dignity, comfort, and expression of opinion
- Privacy and confidentiality

Slide 26. Standards of Behavior for Client-Centered Counseling
8. Review Handout 2-H.
9. Explain that this summarizes what they have learned about client-centered counseling by giving concrete standards for the behavior of the provider. This combines the qualities of the relationship between client and provider and the tasks of client-centered counseling.
10. Post the flipchart paper with these standards where participants can see it for the rest of the training (see Advance Preparation).
11. Note to participants that there are Further Reading Handouts on sexual rights, principles of rights and empowerment, and essential skills and needs of all staff to improve client-provider interactions, which they can refer to later.
Slide 27. Remember...

12. Show the slide, then explain, “Client-centered counseling means recognizing the client as an expert!”

13. Remind participants that this curriculum focuses on the *attitudes* and *skills* needed to be effective in meeting the standards of behavior for providing client-centered counseling. The most important *attitude* is showing respect for clients as experts in their own needs and preferences. To support *skills-building*, participants will have an opportunity to practice techniques through role playing activities and a supervised practicum with actual clients on the last two days.
### Activity Tool: Answers for Handout 2-F. Review of Sexual and Reproductive Health and Rights (SRHR) Worksheet

<table>
<thead>
<tr>
<th>SRHR Terms</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. G_ Full choice</td>
<td>A. Person-to-person communication (verbal and nonverbal) between clients and anyone working at a service site</td>
</tr>
<tr>
<td>2. E_ Free choice</td>
<td>B. A medical, legal, and rights-based construct whereby clients agree to receive medical treatment (such as surgery for a contraceptive method) ideally as a result of the client’s informed choice</td>
</tr>
<tr>
<td>3. D_ Informed choice</td>
<td>C. Privacy and confidentiality; safety of services; and dignity, comfort, and expression of opinion</td>
</tr>
<tr>
<td>4. F_ Reproductive rights</td>
<td>D. The ability to make a decision based on complete, accurate, and unbiased information about all contraceptive options, including benefits, side effects and risks, as well as additional counseling about the method chosen</td>
</tr>
<tr>
<td>5. C_ Some of the client’s rights</td>
<td>E. The ability to choose whether or not to use contraception and what method to use—without barriers or coercion</td>
</tr>
<tr>
<td>6. A_ Client-provider interaction</td>
<td>F. All couples and individuals can decide freely and responsibly the number, spacing, and timing of their children, with access to necessary information, and freedom from discrimination, coercion, and violence</td>
</tr>
</tbody>
</table>
Session 3: Decision Making from the Client’s Perspective
Participants’ Learning Objectives

By the end of the session, the participants will be able to:

• Explain why empathy is important in client-centered counseling
• Explain why it is important to understand the categories of clients for client-centered counseling
• Explore the factors that influence decision making about pregnancy prevention through their own life experiences
• Describe the gender-sensitive approach to sexual and reproductive health (SRH) service delivery
• Identify potential needs and concerns of clients by applying their understanding of client categories, factors influencing decision making, and the impact of gender

Essential Ideas—Session 3

Building on Essential Ideas from the Pretraining Handouts, Session 3

• Feeling and showing empathy is the basis for understanding the client’s needs. It is important for building rapport with the client and addressing the client’s emotional support needs during the decision-making process.
• Every individual has unique needs and preferences concerning pregnancy prevention. However, specific categories of clients often have similar needs and concerns, which may be quite different from other categories of clients. Knowing these categories can help providers identify the individual’s needs more quickly.
• Regardless of which category clients fit into, client-centered counseling considers each individual’s unique situation, including their medical history, condition, and personal and social factors affecting their life.
• Gender is an aspect of each individual’s experience that has an impact on the social factors affecting decision making. However, the impact of gender varies widely by individual and culture. Other factors (such as economic power) may also influence the decision making within a relationship or family.
• Once we are aware of the impact of gender on pregnancy prevention decision making for an individual, we can be sensitive to it and offer counseling that addresses gender inequities. We do this by providing adequate information, facilitating access to services, and ensuring voluntary choice, regardless of the client’s gender.
• Focusing on the client’s perspective is the core of client-centered counseling. The use of client profiles will help the participants practice focusing on the issues and specific needs, conditions, and concerns affecting various types of clients.
Session 3 | Decision Making from the Client’s Perspective

**Time**
1 hour 15 minutes

**Session Outline**

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Introduction</td>
<td>Presentation (Slide 1-2)</td>
<td>5 min.</td>
</tr>
<tr>
<td>B. Review of Client Categories</td>
<td>Discussion (Slides 3-5)</td>
<td>5 min.</td>
</tr>
<tr>
<td>C. Factors that Influence Client Decision Making</td>
<td>Exercise (survey) and discussion (Slides 6-9)</td>
<td>20 min.</td>
</tr>
<tr>
<td>D. Overview of Gender and Power Imbalances on Decision Making</td>
<td>Presentation (Slides 10-11)</td>
<td>10 min.</td>
</tr>
<tr>
<td>E. Application to Client Profiles</td>
<td>Small-group work (Slide 12)</td>
<td>20 min.</td>
</tr>
<tr>
<td>F. Sharing the Client’s Perspective</td>
<td>Small-group reporting (Slides 13-14)</td>
<td>15 min.</td>
</tr>
</tbody>
</table>

**Materials**

- Equipment to show slides
- Flipchart materials (markers, paper, stands, tape); specifically including stands or space to post four to five flip charts (Activity E)
- Prepared flipcharts (see Advance Preparation)
- Participant Handbook, Part 2: Training Handouts
  - 3-G Session 3 Learning Objectives and Essential Ideas
  - 3-H The Possible Impact of Gender on Clients’ Decision Making about Pregnancy Prevention
  - 3-I The Needs of Different Categories of Clients and the Provider’s Role
- Index cards (Activity C)
Advance Preparation

1. Review the Pretraining Handouts for this session. As a reminder, here are the Pretraining Learning Objectives.

**Pretraining Learning Objectives**

- Explain why it is important to be aware of categories of clients for client-centered counseling
- Define empathy and describe its role in client-centered counseling
- List at least four categories of clients
- Name five factors that influence clients’ decisions about pregnancy prevention
- List at least four method characteristics that can influence a client’s contraceptive choice
- Define the terms sex, gender, and gender roles
- Explain how gender roles can have an impact on contraception and SRH outcomes

2. Review the slides. Prepare presentation notes as needed.

**Activity C**

3. Prepare a flipchart per the figure below to list answers to the survey in Activity C.

**Flipchart for Activity C**

**Circumstances or People Influencing Your Contraceptive Decision**

#2. Yes, have used a contraceptive method:

#3. No, never used:

#4: Used and stopped: Why?
Activities E and F

4. Decide whether you will have four or five groups for the small-group work in Activities E and F. Groups of three participants are the ideal size for this type of discussion, but—given the limited time for reporting out—you should not have more than five groups. Here are some guidelines for assigning group-work:

- If you have 15 or more participants, divide them into five groups and assign one profile to each group.
- If you have 14 or fewer participants, divide participants into four groups and use only four client profiles.

5. Choose four or five profiles (one profile per small group). Review the client profiles (below). Decide if/how you want to adapt the profiles to fit the populations served at the participants’ facilities. For example, you can change the names and add details about social background (ethnic, cultural, religious), socioeconomic status, and educational level to make the profiles represent clients the trainees are likely to encounter.

- You can also look at the client profiles in Session 13, to see if some of those are more representative of your client population. You can switch profiles between Sessions 3 and 13, but you will end up using all of them by the end of Session 13.
- You can also create your own profiles, if these profiles do not represent your client population, or you wish to focus on specific issues not covered in these profiles.
- Note that these profiles represent a mixture of the categories of clients. However, they are all new clients. (This is because we will address the approach to counseling returning clients separately in Session 12.)

6. Prepare a flipchart page for each of the client profiles you chose (see sample flipchart below). You should have four or five flipcharts with a different client profile on each one. Note that the flipchart should not include “Client Characteristics” from the table. In Activity E, each small group will receive a flipchart profile to work with. They will write their answers to questions on a separate flipchart sheet.

- In Activity F, participants will read the profile flipchart to the other participants, and then report their answers from their answer flipchart.
- Save the profile flipcharts to use in Sessions 9, 11, and 13.

Sample flipchart for Activity E

| Rahim is 34. Father of four children. Travels a lot as a salesman. Wants wife (Haseena) to use a contraceptive to limit family size, but she is afraid. He has had two episodes of genital sores in the past year. Haseena experienced severe cramps during her last period. |
Using Client Profiles as a Training Tool

a. The client profiles serve as the foundation for focusing on the client's perspective. The use of client profiles will help participants focus on the issues and specific needs, conditions, and concerns affecting clients from various communities and cultural settings. The profiles should represent the variety of clients—in terms of backgrounds, needs, and concerns—that providers may expect to encounter.

b. Use these profiles during this session and over the course of training, as follows:

- Session 3 (this session): Use four or five profiles for participants to consider the needs of clients and factors affecting decision making.
- Sessions 9 and 11: Use one profile from this set to demonstrate the steps of REDI (the same profile for both Sessions 9 and 11).
- Session 9: Use three different profiles from this set for counseling practice with Rapport Building and Exploring.
- Session 13: Use the one remaining profile from this set for a complete counseling role-play demonstration. (If you only used four profiles in Session 3, select another profile to use for Session 13.)

### Client Profiles for Sessions 3, 9, 11, and 13

<table>
<thead>
<tr>
<th>Client Characteristic</th>
<th>Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Male; limiting; sexually transmitted infection (STI) risk</td>
<td>Rahim is 34 years old. Father of four children. He travels a lot as a salesman. He wants his wife, Haseena, to use a contraceptive to limit their family size but she is afraid. He has had two episodes of genital sores in the past year. Haseena experienced severe cramps during her last period.</td>
</tr>
<tr>
<td>2. Preference for boys; no method in mind</td>
<td>Khatija is 30 years old and has three daughters. She is pregnant now with her fourth child and has come for her antenatal care check-up. She is hoping that she will deliver a boy this time. Her husband is a small shop owner and his family wants him to have a son. They find it difficult to manage the family with in-laws, three daughters, and two unmarried young sisters-in-law.</td>
</tr>
<tr>
<td>3. High number of children (5 or 6)</td>
<td>Waheeda is 36 years old and has five children. She has come to the clinic for her third antenatal care visit during her sixth pregnancy. She has never used contraception.</td>
</tr>
<tr>
<td>4. Female; postpartum and breastfeeding; limiting</td>
<td>Miriam is 35 years old. She delivered her second child a week ago by caesarean section and has returned to the facility to have her stitches removed. She plans to continue breastfeeding and does not want any more children but is not sure about a permanent method.</td>
</tr>
<tr>
<td>5. Female adolescent; method in mind</td>
<td>Heena is 17 years old. She has a boyfriend who is also 17. She is worried about pregnancy and wants to prevent it. She does not know anything about STIs and has not even thought about her possible risk of contracting one. She asks for the pill; it is the only method she knows about.</td>
</tr>
</tbody>
</table>
Session 3 Activities

Activity A. Introduction (Slides 1-2; 5 minutes; 2 steps)

Slide 1. Session 3: Decision Making from the Client’s Perspective
1. State that this session will allow us to focus on the client’s decision-making process. Most of the time, when we talk about client decision making in counseling, we are talking about the provider’s role—for example, “How do I ask questions?” or “What information should I provide?”

   This session is different because we want to focus completely on the client’s perspective and their decision-making process around preventing pregnancy.

Slide 2. Learning Objectives
2. This session builds on what they learned in the Pretraining Handouts and what is included in Handout 3-G. In addition to learning more about factors influencing decision making and the impact of gender, this session will provide an opportunity for participants to apply these important concepts to client profiles—with the goal of understanding decision making from the client’s perspective.

Activity B. Review of Client Categories (Slides 3 to 5; 5 minutes; 7 steps)

Slide 3. What Is Empathy?
1. Show the title only of this slide. After a few responses to the question, show the definition.

2. Then ask, “Why is empathy important in counseling?”

3. After a few responses, explain, “Feeling and showing empathy is the basis for understanding the client’s needs. This is important for building rapport with the client. It is also important for guiding how providers address client’s emotional support needs during the decision-making process.”

   Empathy is the ability to share someone else’s feelings or experiences by imagining what it would be like to be in that person’s situation.

   Why is empathy important in counseling?
Slide 4. Why Do We Consider Categories of Clients?
4. Show the title only of this slide. Ask the question in the title.
5. After a few responses, show the text. Relate this information to participants' responses. For the first two bullets, note that the provider is always trying to identify the unique needs and preferences of the individual client. Awareness of similar needs and concerns of categories of clients is only a tool to help do that more effectively and efficiently.

**Trainer Tip:** Slides 3 and 4 are a review of information covered in Handout 3-A. Trainers should review this section to prepare for this session, but it is not necessary to ask participants to look at it.

Slide 5. Which Categories Can You Name?
6. Show the title only of this slide. Brainstorm: “Which categories can you name?”
7. After participants have named most categories, show the bullets. For each category after “new versus returning,” ask participants to help list the sub-groups:
   - Fertility plans: delayers, limiters, spacers, want to conceive
   - Timing of last pregnancy: postpartum, postabortion, interval
   - Population groups: men, unmarried adolescents
   - Clients with other SRH needs: high individual risk of STIs, clients living with HIV, clients requesting emergency contraception

**Trainer Tip:** Handout 3-B covers this information; you should review it as part of your preparation.
Session 3 | Decision Making from the Client’s Perspective

Activity C. Factors that Influence Client Decision Making (Slides 6-9; 20 minutes; 11 steps)

Slide 6. Questions for Individual Survey

1. Explain that, before we review who and what can influence clients’ decision-making processes for preventing pregnancy, we want to consider our own decision-making process. This will be done anonymously, so people will not have to share their personal experiences in the group.

2. Read all four questions.

3. Show the index cards and give these instructions: Ask participants not to write their names on the cards. Explain that everyone will receive one card. First, they should answer Question 1. Based on their answer, they will next answer either Question 2 or 3. Then they will answer Question 4, if it applies to them. Ask them to make sure they write the numbers of the questions next to each answer. Tell the participants that they can draw on their own experience or on that of someone they know (friend or relative) when answering the questions. Ask them to not use details that would be easily identified with them, to protect their confidentiality. Then, distribute one index card to each participant. Briefly repeat the instructions.

4. After everyone has finished writing, collect the cards, shuffle them, and then redistribute them to the group. Hopefully each participant will have a card that someone else wrote. Note that if they do get their own card back, they should not say anything, because everyone will assume that the card is not theirs.

Slide 7. Summary: Individual Survey

5. Post the flipchart page that you prepared (see Advance Preparation). Read Question 1 and ask for a show of hands for “yes” and then for “no.” Note that the people with cards that say “yes” will answer Question 2. Those with “no” will answer Question 3.

6. Read Question 2. Ask anyone with an answer to Question 2 to read only that answer aloud. Write the answer on the flipchart page, without changing the wording.

7. Then do the same for Questions 3 and 4.
Slide 8. Factors that Influence a Client’s Choice

8. Show the title only of this slide. Explain that you will return to the survey in a moment. Remind participants that they learned about factors that influence a client’s choice in the Pretraining Handouts. Ask them to name the factors they remember.

9. Then show the list, briefly defining each factor and filling any gaps.

Trainer Tip: Handout 3-C covers this information; you should review it as part of your preparation.

Slide 9. Survey Discussion

10. Show the title and the “Label the responses by factor…” portion of the slide. Refer back to the flipchart page from the group survey. Starting with the answers to Question 2, ask participants to identify the factor that best fits each answer. (Some answers may involve more than one factor.) Once you all agree, mark that answer with I, C, M, S, or O. Continue for all the responses on the flipchart page.

11. After you have finished labeling the participants’ answers, show the remainder of the slide and lead a discussion around the three questions. For the final question, note that we do not need to have similar experiences in order to feel empathy with clients. However, recognizing that participants have had their own experiences with decision making about pregnancy prevention may help them to empathize with what clients are going through.
Activity D. Overview of the Impact of Gender and Other Power Imbalances on Client Decision Making (Slides 10-11; 10 minutes; 7 steps)

Slide 10. The Impact of Gender on Decision Making about Pregnancy Prevention

1. Ask participants to explain the difference between sex and gender.

2. Then ask in which of the influencing factors they would find gender.

3. After hearing some answers, explain that it is a trick question—because gender applies to all the factors! Ask participants to look at Handout 3-H. This gives examples of the possible impact of gender on all the factors that influence decision making for preventing pregnancy. Read aloud a few of the examples (one from each category, if time permits). Participants can read the rest later.

*Trainer Tip: Handouts 3-E and 3-F cover this topic; you should review those materials as part of your preparation.*

Slide 11. The Gender-Sensitive Approach

4. Review the slide.

5. Emphasize that it is their role, as providers, to ensure that clients are not denied information or services due to gender norms or other power imbalances.

6. Explain that, once we are aware of the impact of gender on pregnancy prevention decision making overall, we can be sensitive and offer counseling that addresses the unique effects of gender on each client's decision making.

7. Explain that we will discuss gender issues throughout this training, because they affect every step of counseling. In addition, we will discuss the particular counseling needs of women who are experiencing intimate partner violence (IPV) in Session 15.
Activity E. The Client’s Perspective: Small-Group Work (Slide 12; 20 minutes; 6 steps)

Slide 12. The Client’s Perspective: Small-Group Work

1. Show the title only of this slide and introduce the activity. Explain that, in order to better understand clients’ pregnancy prevention decision-making process, participants will work with client profiles, beginning now and throughout the training. Each profile is a brief description of a hypothetical client’s situation. These profiles will all be new clients. (Returning clients will be discussed later.)

2. Divide participants into four or five small groups. (See Advance Preparation for guidelines.) Once they are in their groups, assign each group one client profile. They will have approximately 10 minutes to think about how their client might be thinking and feeling and to answer the questions on the slide.

3. Now, show the slide and read the questions. Explain that they should answer these questions in their group from the client’s perspective. Remind participants to use empathy! One member of each group will write their answers on a flipchart paper to share with the rest of the participants. Ask the groups to decide who will write on the flipchart paper and who will report their answers. (It can be the same person or two different people).

4. Post and read the flipchart pages with the client profiles (see Advance Preparation).

5. Assign one profile to each group. If necessary, bring the flipchart page with the profile close to the assigned group, for easier reference. Give each group a sheet of flipchart paper and a marker to the group’s reporter. Check if there are any questions.

6. Tell them to start. Move among the groups to answer questions and to make sure they do not spend too much time on any one point. Give a time check when there are five minutes left in their discussion time. Call “time” after 20 minutes (total).
Activity F. Sharing the Client’s Perspective (Slides 13-14; 15 minutes; 5 steps)

Slide 13. Small-Group Reporting
1. For each client profile, the “reporter” for the group should briefly read the profile and then share the group’s answers to the questions. After that, the other participants will have time to comment or discuss. Comments and discussion need to be very brief. Each group will have only two minutes for reporting and discussion.

2. After all the groups have reported, ask the question on the slide.

3. After a few responses, ask participants to look at Handout 3-I. Briefly explain the handout content. Ask them to find the client category that matches their client profile and compare what they said to the information in the handout. Note that these are only guidelines—every client is different, and we use client-centered counseling to identify their unique needs and concerns. This information is meant to help prepare providers to address those needs and concerns.

Slide 14. Essential Ideas: Decision Making from a Client’s Perspective
4. Review the Essential Ideas for this session, following the bullets on the slide (Handout 3-G).

5. Wrap up by reminding participants that this activity was all about the client’s perspective. Since there are two people (at least) involved in counseling, they also need to be aware of the provider’s perspective. That is the focus of the next session.
Session 4: Providers’ Beliefs and Attitudes
Participants’ Learning Objectives
By the end of the session, the participants will be able to:

• Explain the importance of being aware of their own beliefs and attitudes toward issues related to sexual and reproductive health (SRH) so that they can be respectful and nonjudgmental with all clients

• Apply their understanding of that importance to an examination of their beliefs and attitudes

Essential Ideas—Session 4
Building on Essential Ideas from the Pretraining Handouts, Session 4

• Beliefs are concepts and ideas that we accept as truths. Our beliefs usually reflect our values, which are shaped by family, culture, and personal experiences.

• Attitudes are the ways we think and feel about people and ideas, which are often expressed in our behavior.

• Our beliefs shape our attitudes and thus the way we act toward people and ideas (our behaviors). Our beliefs and attitudes are often so ingrained that we are unaware of them until we confront a situation that challenges them.

• How we communicate our beliefs and attitudes (verbally and nonverbally) is an important part of how we interact with clients. Attitudes of clients and providers influence every interaction between clients and healthcare staff.

• Everyone has a right to their own beliefs. However, as service providers, we have a professional obligation to respect our clients’ rights (attitude). We show this by providing the highest standard of healthcare to each client—even if they have beliefs that are different from our own—and doing so in a respectful and nonjudgmental manner (behavior). Being aware of our beliefs and how they may affect others—positively and negatively—will help us to be respectful and nonjudgmental with all clients.

Time
40 minutes

Session Outline

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Introduction</td>
<td>Discussion (Slides 1-4)</td>
<td>5 min.</td>
</tr>
<tr>
<td>B. Exploring Beliefs and Attitudes</td>
<td>Large-group exercise (Slide 5)</td>
<td>25 min.</td>
</tr>
<tr>
<td>C. Summary</td>
<td>Discussion (Slides 6-7)</td>
<td>10 min.</td>
</tr>
</tbody>
</table>

Materials

- Equipment to show slides
- Participant Handbook, Part 2: Training Handout 4-B Session 4 Learning Objectives and Essential Ideas
- Activity Tool: Session 4, Activity B
- Three signs reading “Agree,” “Disagree,” and “Not Sure” (See Advanced Preparation)

Advance Preparation

1. Review the Pretraining Handouts for this session. As a reminder, here are the Pretraining Learning Objectives.

   **Pretraining Learning Objectives**
   - Explain how providers’ beliefs and attitudes can affect their interactions with clients, positively and negatively
   - Explain the importance of being aware of your own beliefs and attitudes so that you can be respectful and nonjudgmental with all clients

2. Review the slides for this session. Prepare presentation notes as needed.

3. Review the list of belief statements included in Activity Tool: Session 4, Activity B. Select five statements to use in this exercise, preferably one from each category (see Trainer Tips). You may develop your own statements that address specific local issues in addition to using the statements provided in this curriculum.
**Trainer Tips**

- In many cultures around the world, SRH in general and pregnancy prevention in particular are two of the most controversial and sensitive topics. However, specific issues and concerns differ from place to place. Therefore, it is important to read these statements carefully ahead of time and select only those that are most relevant to the beliefs and attitudes of service providers in the local context.

- It is important to also include statements that are likely to create controversy and disagreement amongst participants. The idea is to demonstrate that not all participants are in agreement, despite similarities in backgrounds, professions, and so on. Add other statements, if necessary.

- These statements are not listed in any particular order. Decide which you want to read first, second, and so on.

4. Post the “Agree,” “Disagree,” and “Not Sure” signs in three different locations, with space for people to gather beneath or near each sign.

5. Arrange the chairs and tables so that people can move easily between the signs.
Session 4 Activities

Activity A. Introduction (Slides 1-4; 5 minutes; 4 steps)

Slide 1. Session 4: Providers’ Beliefs and Attitudes
1. Explain that this session is about our individual beliefs and the effects they may have on our attitudes toward and interactions with clients.

Slide 2. Learning Objectives
2. Briefly review the Learning Objectives. Note that these are similar to the learning objectives covered in the Pretraining Handouts; however, in this session participants will explore beliefs and attitudes through a large-group activity. See Handout 4-B.

Slide 3. Review Questions
3. Encourage two or three responses to each question.
   Trainer Tip: The answers will be covered in the next slide.

   > Understanding the importance of being aware of your own beliefs and attitudes so that you can be respectful and nonjudgmental with all clients
   > Examining your beliefs and attitudes and those of fellow trainees

   > What are beliefs?
   • How do we form our beliefs?

   > What are attitudes?
   • How do our beliefs influence our attitudes?

   > What are behaviors?
   • How do our attitudes influence our behaviors?
Activity B. Exploring Beliefs and Attitudes (Slide 5; 25 minutes; 5 steps)

Slide 5. Large-Group Exercise: Beliefs and Attitudes

1. Show the slide. Explain that you will lead a group exercise intended to help the participants examine their own beliefs about contraceptive methods, different types of clients, and various SRH issues. Emphasize that there are no right or wrong answers for this exercise. Participants should respond based on their own beliefs because the purpose of the exercise is to help explore differences in attitudes and beliefs.

2. Place the cards (Agree, Disagree, or Not Sure) around the room. (Alternately, point to distinct areas for Agree and Disagree, with Not Sure in the middle).

3. Read one of the belief statements that you chose from Activity Tool: Session 4, Activity B or that you developed (see Advance Preparation), and ask the participants to decide if they agree, disagree, or are unsure how they feel about the statement. After they decide, ask them to go stand beneath or near the sign that best reflects their opinion.

4. Then, ask one or two volunteers from each opinion group to describe their thinking about the statement. If everyone has the same opinion, go to the sign that no one went to and ask, “What do you think someone would say if they had this opinion?”

5. Repeat this process with more of the statements for as long as time permits.

Trainer Tips: The belief statements are not to be distributed as a handout, because the participants (or others) might misunderstand the intent of this exercise and think that these statements reflect the beliefs of EngenderHealth and the trainers, which they may or may not—but that is not the purpose of this activity. To cover the full range of issues in the time available, responses will have to be limited to just one or two opinions per opinion group (agree, disagree, unsure) per statement. The point is to hear the different opinions—not to have a discussion.
During this exercise, emphasize that there are no right or wrong answers. People should respond based on their own beliefs. The purpose of the exercise is to help explore differences in the participants’ beliefs and attitudes. Therefore, it is important that you (the trainer) remain neutral throughout the exercise and maintain a balance between the different viewpoints expressed throughout the discussion. Make sure that no one opinion dominates the discussion and that disagreement is accepted and even encouraged.

For this exercise to be effective, each participant must decide whether they agree, disagree, or is unsure about each statement. This will help the participants become more aware of their own beliefs. In addition, discussing their beliefs in front of others will help raise awareness of how their beliefs can affect their interactions with clients (and others).

To cover the full range of issues in the time available, responses will have to be limited to just one or two opinions per opinion group (agree, disagree, unsure) per statement. The point is to hear the different opinions—not to have a discussion.

Activity C. Summary (Slides 6-7; 10 minutes; 6 steps)

1. Ask the participants to return to their seats.
2. Explain: “Many of you are from similar backgrounds, yet you had different responses to some of the statements. Think about what differences might exist when clients come from different educational, social, cultural, or religious backgrounds than their providers.”

Slide 6. Discussion
3. Now show the slide. Show one question at a time and lead a discussion.

Slide 7. Essential Ideas: Providers’ Beliefs and Attitudes
4. Recap by showing this slide (Handout 4-B).
5. Emphasize, “As service providers, we must treat all clients with respect and without judging them. Our communication, verbal and nonverbal, needs to be gentle and respectful at all times.”
6. In closing, refer to the Standards of Behavior flipchart from Session 2.
Activity Tool: Session 4, Activity B (page 1 of 2)
Belief Statements about Pregnancy Prevention and Sexual and Reproductive Health (SRH)

**Do Not Distribute to the Participants**

Select one or two statements from each category. It should be relevant to the local context and also likely to create disagreement.

**Pregnancy Prevention**
1. Contraceptive methods should be available to unmarried adolescents.
2. Illiterate women cannot use oral contraceptives effectively.
3. A woman who has not had any children should not use an intrauterine device (IUD).
4. If a woman wishes to have a tubal ligation, she should have one, even if her spouse disagrees. [If you use this statement, you should also use the next one, about vasectomy.]
5. If a man wishes to have a vasectomy, he should have one, even if his spouse disagrees. [If you use this statement, you should also use the previous one, about tubal ligation.]
6. A 21-year-old woman with only one child should be refused a tubal ligation.

**STIs, HIV, Condoms**
7. Couples can have an enjoyable sex life while using condoms every time they have sex.
8. Educating teenagers about condoms will only encourage them to have sex.
9. If my teenage son asked me for condoms, I would give them to him.
10. If my teenage daughter asked me for condoms, I would give them to her.
11. Women with HIV should be sterilized so they cannot have children and pass on the infection.

**Sexuality**
12. Sex without intercourse is not real sex.
13. If people go too long without sex, it is bad for them.
14. Any sexual behavior between two consenting adults is acceptable.
15. Oral sex is wrong.
16. Anal sex is normal behavior.

Activity Tool: Session 4, Activity B (page 2 of 2)
Belief Statements about Pregnancy Prevention and SRH

Gender
17. In a couple, it is the woman who should be responsible for using contraception.
18. It is okay for the man to have more than one sexual partner, but not okay for the woman.
19. A woman who carries a condom in her purse is looking for sex.
20. There are times when a woman provokes her husband to beat her.
21. Women who wear revealing clothing are asking to be harassed.

Judgments about Clients
22. Most uneducated women are incapable of making their own decisions about pregnancy prevention.
23. Fourteen is too young for a girl to have sex.
24. The parent of an unmarried teenage client who wants to use contraception has a right to be notified by the clinic.
25. Unmarried people should not have sex.
26. Sex workers are immoral and should not be allowed in the clinic at the same time as other clients.

Session 5: Communication Skills for Counseling
Participants’ Learning Objectives

By the end of the session, the participants will be able to:

Nonverbal Communication

- Apply what they learned about nonverbal behaviors to identify positive and negative nonverbal cues in their own culture
- Practice communicating emotions through tone of voice and body language

Asking Questions

- Apply what they learned about closed and open questions to categorize questions that providers typically ask clients during counseling
- Practice changing closed questions into open questions

Active Listening

- List at least three nonverbal indicators of active listening
- Identify examples of paraphrasing and reflecting in demonstrations by the training team
- Explain which communication purpose(s) were addressed in each example

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Essential Ideas—Session 5: Nonverbal Communication

Building on Essential Ideas from the Pretraining Handouts, Session 5

- Nonverbal communication is what we say through body language and tone of voice.
- Body language can have different meanings in different cultures and in different subgroups (e.g., sex, age, ethnicity) within a culture.
- In counseling and other client-provider interactions, nonverbal communication—what the client observes and senses about the counselor or staff person—may have the greatest impact on what they hear and perceive. Nonverbal signals or cues can communicate to clients our interest, attention, warmth, and understanding—or the lack of all these things.
Essential Ideas—Session 5: Asking Questions

- Asking questions enables providers to accurately assess a client’s pregnancy prevention and other sexual and reproductive health (SRH) needs and knowledge early in the counseling session and to involve the client actively throughout the session. Questions should be used for eliciting information about the client’s life and for exploring the client’s feelings and opinions. Asking about the client’s feelings and opinions helps the provider assess and address the client’s needs for emotional support as well as other needs.

- Two categories of questions can be used to elicit different kinds of answers: Closed questions usually elicit one-word or very short responses, such as “yes” or “no.” Open questions encourage longer, more detailed responses that might include the client’s opinions or feelings.

- Both types of questions have an important role to play in counseling. However, providers have historically relied too heavily on closed questions and have missed a lot of information that clients wanted to share but were never asked. Although we do not want to eliminate closed questions, we do want to increase the use of open questions—which can more effectively elicit feelings or opinions—in order to better assess the client’s informational and emotional needs and concerns. In addition, encouraging clients to ask questions can often lead to additional information that will help the provider tailor the counseling session.

Essential Ideas—Session 5: Active Listening

- Active listening is a primary tool for showing respect and establishing rapport with clients. If a provider does not listen well, clients might assume that their situation is not important to the provider or that they are not important to the provider as individuals. Developing the trust needed for good counseling will be more difficult if the provider is not listening effectively.

- Active listening is also a key communication skill for counseling. It is important for efficiently determining clients’ needs and concerns and identifying what the clients already know about their situation and options.

- Paraphrasing is a verbal skill used to enhance active listening. Paraphrasing means restating the client’s message simply and in your own words. You can use paraphrasing to reflect the client’s feelings (i.e., reflecting) or to clarify and better understand what the client has said. Paraphrasing and reflecting lets the client know that the provider is listening and encourages the client to continue talking.

- Clients should be encouraged to ask questions during counseling. The questions a client asks can provide additional information about their needs, knowledge, and concerns.

Time

1 hour 15 minutes
Session Outline

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Overview of Communication</td>
<td>Presentation, discussion (Slides 1-3)</td>
<td>5 min.</td>
</tr>
<tr>
<td>B. Nonverbal Communication</td>
<td>Brainstorm, discussion (Slides 4-6)</td>
<td>5 min.</td>
</tr>
<tr>
<td>C. Tone of Voice</td>
<td>Exercise, discussion (Slides 7-9)</td>
<td>15 min.</td>
</tr>
<tr>
<td>D. Purpose of Asking Questions and Two Types of Questions</td>
<td>Brainstorm, presentation (Slides 10-14)</td>
<td>10 min.</td>
</tr>
<tr>
<td>E. Converting Questions</td>
<td>Large-group work (Slides 15-17)</td>
<td>15 min.</td>
</tr>
<tr>
<td>F. Active Listening</td>
<td>Presentation, brainstorming, discussion, demonstration (Slides 18-25)</td>
<td>20 min.</td>
</tr>
<tr>
<td>G. Summary</td>
<td>Discussion (Slide 26)</td>
<td>5 min.</td>
</tr>
</tbody>
</table>

Materials

- Equipment to show slides
- Flipchart materials (markers, paper, stands, tape)
- Prepared flipcharts (see Advance Preparation)
- Participant Handbook, Part 2: Training Handout 5-F Session 5 Learning Objectives and Essential Ideas
Advance Preparation

1. Review the Pretraining Handouts for this session. As a reminder, here are the Pretraining Learning Objectives.

   **Pretraining Learning Objectives**

   **Nonverbal Communication**
   - Describe nonverbal behaviors (such as body language) and explain how they can affect the client-provider interaction during counseling
   - Describe the effect of tone of voice on communication

   **Asking Questions**
   - Describe two types of questions to use to elicit information from clients
   - Explain the use and importance of open questions in assessing clients’ needs and knowledge
   - Describe how to convert closed questions into open questions

   **Listening and Paraphrasing**
   - Define active listening and explain its role in counseling
   - List at least three tips for active listening
   - Define paraphrasing and reflecting
   - Name at least two purposes of paraphrasing during counseling

2. Review the slides for this session. Prepare presentation notes as needed.

**Nonverbal Communication**

3. Activity B: Prepare a flipchart page for listing positive and negative nonverbal signals or cues, per below.

   **Flipchart for Activity A**

<table>
<thead>
<tr>
<th>Nonverbal Signals Or Cues</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Negative</td>
</tr>
</tbody>
</table>
4. Activity C: Prepare a flipchart page listing emotions, per below.

**Flipchart for Activity C**

<table>
<thead>
<tr>
<th>Emotions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Anger</td>
</tr>
<tr>
<td>• Boredom</td>
</tr>
<tr>
<td>• Disapproval</td>
</tr>
<tr>
<td>• Happiness</td>
</tr>
<tr>
<td>• Impatience</td>
</tr>
<tr>
<td>• Respect</td>
</tr>
<tr>
<td>• Sadness</td>
</tr>
<tr>
<td>• Understanding</td>
</tr>
</tbody>
</table>

5. Tear a piece of paper into three strips. On each strip, write the emotions that you want the volunteers to act out. We recommend using anger, impatience, and respect.

6. Identify two other emotions that you will demonstrate as trainers. We recommend using disapproval and understanding. Practice the demonstration in your training team before conducting the session.

**Asking Questions**

7. Activity C: Prepare a flipchart grid (at least two sheets) as follows:

**Flipchart for Activity D**

<table>
<thead>
<tr>
<th>Questions: Closed or Open? Information or Feeling/Opinion?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(C or O)</td>
</tr>
</tbody>
</table>

**Active Listening**

8. Activity F: Write some examples of paraphrasing and reflecting and practice demonstrating them with a co-trainer. (Slide 24)
### Session 5 Activities

**Activity A: Overview of Communication** (Slides 1-3; 5 minutes; 4 steps)

**Slide 1. Session 5: Communication Skills for Counseling**

1. Explain to participants that you will be reviewing communication skills used in counseling. Tell participants that all of these skills are important in making the client comfortable and ensuring a quality counseling interaction. Remind participants that they have information in their *Pretraining Handouts* on all the skills you will cover, so some of this will be a review. But, in this session they will have a chance to discuss and practice skills they learned about in the *Pretraining Handouts*.

**Slide 2. What do you think of when I say the word “communication”?**

2. Ask the question on the slide.

3. After a few responses, explain that when we hear the word *communication*, we usually think of words or what is said. Yet much of our communication with others is done *without* words.

**Slide 3. Overview of Communication Skills**

4. To make it easier to focus on each area of communication skills, we have divided this session into three sections—nonverbal communication skills, asking questions, and active listening (including paraphrasing and reflecting). Each section will have its own learning objectives and essential ideas summary.

*Trainer Tip:* In the slides, you will cover the Learning Objectives and Essential Ideas separately. However, they are presented together in Handout 5-F.
## Activity B. Nonverbal Communication (Slides 4-6; 5 minutes; 6 steps)

### Slide 4. Nonverbal Communication
1. Review the Learning Objectives for the activities on Nonverbal Communication.

   **Trainer Tip:** These objectives cover Activities B and C.

<table>
<thead>
<tr>
<th>Learning Objectives:</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; Apply what you learned about nonverbal behaviors to identify positive and negative nonverbal cues in your own culture</td>
</tr>
<tr>
<td>&gt; Practice communicating emotions through tone of voice and body language</td>
</tr>
</tbody>
</table>

### Slide 5. What Is Nonverbal Communication?
2. First, show the title and top bullet of slide, and ask, “Do babies and toddlers communicate? How?” (Possible responses include smiling, crying, pointing, and frowning.)
3. Then show the rest of the slide and read the bullets that review what nonverbal communication is.

   **Trainer Tip:** This information is covered in Handout 5-A.

<table>
<thead>
<tr>
<th>What Is Nonverbal Communication?</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; Do babies and toddlers communicate with their parents? How?</td>
</tr>
<tr>
<td>&gt; Nonverbal communication is also called body language. It includes the way we move our body, our expressions, and our gestures (hand movements).</td>
</tr>
<tr>
<td>&gt; In counseling, nonverbal signals can communicate interest, warmth, and understanding to clients.</td>
</tr>
</tbody>
</table>

### Slide 6. Positive and Negative Signals and Cues
4. Read the opening text on the slide.
5. Then, hang up the flipchart paper with “Positive and Negative Nonverbal Signals and Cues” at the top (see Advance Preparation).
6. Ask participants to draw on their own experience for examples of positive and negative nonverbal communication. Write each response in the appropriate column on the flipchart.

   **Trainer Tip:** See Handout 5-A for possible examples.

<table>
<thead>
<tr>
<th>Positive and Negative Signals and Cues</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; What are some positive nonverbal signals and cues in the culture(s) of your clients?</td>
</tr>
<tr>
<td>&gt; What are some negative signals and cues?</td>
</tr>
</tbody>
</table>
Activity C. Tone of Voice (Slides 7-9; 15 minutes; 9 steps)

Slide 7. Exercise: Tone of Voice and Body Language
1. Read the first sentence.
2. Then, post the flipchart page with the list of emotions (see Advance Preparation).
3. Explain that you will say a sample sentence, as if you were talking to a client. You will try to express one of the emotions listed on the flipchart with your tone of voice and body language. Participants should try to guess what emotion it is and what cues they identified for that emotion.
4. Do two demonstrations with the sentence, “So you have three sexual partners…” Ask about the cues after each demonstration.
   
   Trainer Tip: We suggest using disapproval and understanding for these demonstrations.
5. Ask for three volunteers to participate in the exercise. Randomly distribute one emotion card to each of the volunteers (see Materials and Advance Preparation).
   
   Trainer Tip: We suggest using anger, impatience, and respect.
6. Ask the first volunteer to imagine talking to a client and say, “Please wait over there,” while conveying the emotion on their paper. Ask participants to guess which emotion it is from the list on the flipchart and why they think that.
7. Repeat with the other two volunteers.

Slide 8. Discussion
8. Refer participants to the flipchart of emotions and lead a summary discussion by asking these two questions, one at a time.
   
   Refer again to the flipchart of emotions.
   - Which tones of voice (i.e., which emotions) would you want to hear when you go to someone for help?
   - Which tones of voice are not appropriate in a clinic setting?
Activity D. Types of Questions (Slides 10-14; 10 minutes; 8 steps)

Slide 10. Asking Questions
1. Review the Learning Objectives for Asking Questions (Activities D and E).

Slide 11. Why Do We Ask Questions in Counseling?
2. Show the title only for this slide and ask the question to the group.
3. After getting some responses to the question, show the rest of the slide.

Trainer Tip: This is a review of information covered in Handout 5-B.
<table>
<thead>
<tr>
<th>Slide 12. Large-Group Exercise: Part 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Explain that you will explore skills related to asking questions in a three-part exercise. Post the prepared flipchart sheets (at least two—see Advance Preparation).</td>
</tr>
<tr>
<td>5. Ask the participants to brainstorm typical questions that are asked of clients. Write each question on the flipchart exactly as it is stated by the participant. Continue until there are at least 10 questions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 13. Two Types of Questions: (1) Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Explain that knowing the difference between the two basic types of questions is really important because they serve different functions in counseling.</td>
</tr>
<tr>
<td>7. Ask the two questions on Slide 13 and then review the two bullets.</td>
</tr>
<tr>
<td><strong>Trainer Tip:</strong> This is covered in Handout 5-C, and you can provide examples similar to what is shown there.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Slide 14. Two Types of Questions: (2) Open</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Ask the two questions and then review the two bullets.</td>
</tr>
<tr>
<td><strong>Trainer Tip:</strong> This is covered in Handout 5-C; you can use that to give examples.</td>
</tr>
</tbody>
</table>
Activity E. Converting Questions (Slides 15-17; 15 minutes; 11 steps)

Slide 15. Large-Group Exercise: Part 2
1. Return to the “Questions” flipchart. For each question, ask the participants, “Is this closed or open?” Write a “C” or “O” in the first column. Then, for the same question, ask, “Is the content about information or about the feelings/opinions of the client?” Write an “I” or “F” in the second column.
2. Continue until you have read all of the questions on the flipchart.
3. Count the number of closed, open, information-related, and feeling/opinion-related questions, and note the totals on the flipchart.

Trainer Tip: In most cases, this list will be mostly closed questions and questions revealing information but not feelings and opinions. The last two discussion questions probe about the balance or imbalance between open and closed questions and between information and feeling questions.
4. Continue the discussion by asking the last two discussion questions.

Slide 16. Large-Group Exercise: Part 3
5. Demonstrate how to change a closed question into an open question, using one question from the list.
6. Ask the participants to volunteer to do the same for other closed questions. If most of the questions are appropriately closed (e.g., age, marital status, number of children, or date of last menstrual cycle), ask for more examples of open questions that would be useful in counseling. List any additional questions on the flipchart paper.
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Slide 17. Essential Ideas: Asking Questions
7. Show only the title and question on the slide. Ask participants the question.

8. After a few responses, give the following answer: “Both closed and open questions are needed in counseling.” Note that some key information is best gathered through closed questions.

9. Then, show and read the first bullet and explain that historically, providers have relied too heavily on closed questions—and have missed a lot of information that clients wanted to share but were never asked.

10. Read the second bullet and explain that we do not want to eliminate closed questions; we want to increase the use of open questions, which can more effectively elicit feelings or opinions, and better assess the client’s informational and emotional needs and concerns.

11. Read the third bullet and explain that encouraging clients to ask questions often leads to additional information that will help the provider to address their needs better.

Activity F. Active Listening (Slides 18-25; 20 minutes; 13 steps)

Slide 18. Active Listening
1. Explain that the next activity will help participants learn more about skills for active listening.

2. Review the Learning Objectives for Active Listening (Activity F).
Slide 19. It may seem obvious…
3. Read the slide and ask the question at the bottom.
4. Here are some possible answers:
   • Providers feel too pressured by time.
   • Clients are very shy about personal matters.
   • Providers rely on closed questions.
   • Providers think it is more important to explain what they know to the client.
   • Providers do not know it is important to let the client speak.

Slide 20. What Is Active Listening?
5. Show the title only of the slide and ask, “What is active listening?”
6. After a few responses, show and read through the rest of the slide.

_Trainer Tip: This is covered in Handout 5-D._

Slide 21. What behaviors…?
7. Read the first question.
8. After a few responses, go on to the next question.

_Trainer Tip: You do not need to list responses on a flipchart because it will take more time and the responses should be similar to the tips for positive and negative nonverbal cues, which you discussed for Slide 6._

It may seem obvious that listening to clients speak is an important part of counseling, but…

…observations of client-provider interaction show that providers do most of the talking.

Why might this be true?

Active Listening is listening to another person in a way that communicates understanding, empathy, interest, and respect.

It is called active listening because it goes beyond listening to include verbal skills—such as paraphrasing, reflecting, and asking questions—to confirm or clarify what the speaker means.

Active listening helps providers more quickly and accurately determine a client’s needs, concerns, and knowledge. It also makes clients feel important, acknowledged, and empowered.

What behaviors and body language would show that a provider is actively listening to what the client is saying?

What behaviors and body language would show that the provider is not listening?
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Slide 22. Nonverbal Tips for Active Listening
9. As you show each bullet, relate it to what participants listed in the discussion for the previous slide. Note the overlap with positive and negative nonverbal cues (on the flipchart from Slide 6)—which are also important for active listening.

-Trainer Tip: This is covered in Handout 5-D.

Nonverbal Tips for Active Listening

- Pay attention to your client by:
  - Making and maintaining eye contact (if culturally appropriate)
  - Nodding, smiling, and leaning toward the client
  - Not doing other tasks at the same time
  - Not interrupting or allowing others to interrupt while your client is speaking
- Pay attention to your client’s words and body language
- Allow for silent pauses

Slide 23. Paraphrasing and Reflecting
10. Remind participants that active listening includes three verbal communication skills—paraphrasing, reflecting, and asking questions. Since providers often begin counseling with asking questions, that was covered already. But the skill of asking questions continues to be an important component of active listening.

-Trainer Tip: This is covered in Handout 5-E.

Paraphrasing and Reflecting

- Paraphrasing means restating the client’s message simply and in your own words. The purposes of paraphrasing are:
  - To summarize or clarify what the client is saying
  - To encourage the client to continue talking

- Reflecting means stating the feelings that you are understanding from the client’s words or body language

11. Review the slide for paraphrasing and reflecting.

-Trainer Tip: This is covered in Handout 5-E.

Slide 24. Trainer Demonstration
12. Demonstrate paraphrasing and reflecting with a co-trainer, using at least two examples.

-Trainer Tip: See Handout 5-E for examples of paraphrasing and reflecting. Also, try creating your own examples.

13. After each demonstration, ask participants the two questions on the slide.

-Trainer Tip: For the second question, it may be helpful to refer back to the previous slide.
Slide 25. Essential Ideas: Listening and Paraphrasing
14. Review the bullets

Essential Ideas: Listening and Paraphrasing

- Active listening is a primary tool for showing respect and establishing rapport with clients.
- Active listening helps providers identify clients’ needs and concerns more effectively.
- Paraphrasing—restating what the client said in your own words—can help to clarify what the client has said and show that the provider is listening.
- Reflecting emotions can help providers clarify the client’s meaning and encourage more sharing.

Activity G. Summary (Slide 26; 5 minutes; 2 steps)

Slide 26. Summary: Communication Skills for Counseling

1. Ask the questions as a way to summarize the session.
2. Explain that good communication skills are important in all phases of counseling to build and maintain trust and to ensure that providers and clients clearly understand each other. However, they are especially important in the Rapport Building and Exploring phases.

Summary: Communication Skills for Counseling

- What is the most important thing you learned from this session?
- How do you think communication skills would be helpful in counseling?
- Which communication skill would you most like to improve on?
Session 6: Using Simple Language and Visual Aids
Participants’ Learning Objectives
By the end of the session, the participants will be able to:

- Identify local terms that clients use to describe reproductive anatomy and physiology, as well as sexual practices
- Use simple language and visual aids to explain basic sexual and reproductive health (SRH) terms

## Essential Ideas—Session 6

Building on Essential Ideas from the Pretraining Handouts, Session 6

- For effective communication to occur, providers must explain SRH issues in ways that clients understand.
  - *Asking what the client already knows is essential.* This lets the provider know what type of terminology—i.e., slang, common words, or medical terms—the client will understand.
  - Choosing the correct words to use when discussing pregnancy prevention and other SRH issues can be a challenge for providers. Sometimes the words that providers would normally use are too clinical or might be considered offensive. Providers must become familiar with the words that clients will understand and are comfortable using.
  - Providers should not feel obliged to use words they themselves consider offensive. However, they should be able to identify the words a client uses for particular body parts or sexual activity and explain to the client that when a particular medical term is used, it refers to that.
  - If a provider is comfortable enough to use local colloquialisms, using them may help clients to overcome their embarrassment about discussing these subjects. Helping providers feel more comfortable using colloquial terms and hearing them from clients is an important aspect of this training.
- Having visual aids around the facility can be helpful; however, that is not enough to provide the necessary education. Use visual aids to help explain contraceptive methods or procedures.
- To be effective, providers must explain visual aids to clients. Find out first what they mean to the client. Build on that information to explain key concepts. After explaining the visual aids, providers should ask questions to check for understanding.

### Time

1 hour 20 minutes
Session Outline

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Introduction and Exploring Terms That Clients Use</td>
<td>Large-group exercise (Slides 1-4)</td>
<td>30 min.</td>
</tr>
<tr>
<td>B. Using Visual Aids</td>
<td>Slide demonstration (Slides 5-8)</td>
<td>30 min.</td>
</tr>
<tr>
<td>C. Explaining in Clients’ Terms</td>
<td>Small-group work and discussion (Slides 9-10)</td>
<td>15 min.</td>
</tr>
<tr>
<td>D. Summary</td>
<td>Presentation (Slide 11)</td>
<td>5 min.</td>
</tr>
</tbody>
</table>

Materials

- Equipment to show slides
- Flipchart materials (markers, paper, stands, tape)
- Prepared flipcharts (see Advance Preparation)
- Participant Handbook, Part 2: Training Handouts
  - 6-B Session 6 Learning Objectives and Essential Ideas
  - 6-C Female Reproductive Anatomy Drawing
  - 6-D Male Reproductive Anatomy Drawing
- Participant Handbook, Part 2: Further Reading Handouts
  - 6-E Using Simple Language and Visual Aids during Counseling
  - 6-F Female and Male Reproductive Systems

Advance Preparation

1. Review the Pretraining Handouts for this session. As a reminder, here are the Pretraining Learning Objectives.

   **Pretraining Learning Objectives**
   
   - Explain why and how information and education (IEC) materials should be used during counseling

2. Review the slides for this session. Prepare presentation notes as needed.
3. Prepare three flipcharts for Activity A for participants to list local terms for parts of the male reproductive system, parts of the female reproductive system, and sexual intercourse (see below). Tape a copy of Handout 6-C and Handout 6-D to the corresponding reproductive system flipcharts.

4. Post the flipcharts on a wall or on flipchart stands, with plenty of space between them. Place two markers close to each flipchart.

5. Make sure that the space in front of the wall or flipchart is clear so that participants will have enough room to move around as they write the local terms for these words.

6. Prepare a flipchart to use with the discussion for Slide 5, on reasons for using IEC materials (from Handout 6-A).

### Reasons for Using IEC Materials

- Focus the client’s attention
- Start a discussion, help clients ask questions
- Show anatomy that is inside the body (with drawings) and explain physiology (e.g., menstruation and conception)
- Show contraceptive methods clients may not be familiar with (samples)
- Demonstrate (with models) features of methods that are inside the body
- Show what is involved in medical procedures (drawings and models)

7. Practice using the illustrations on Slides 7 and 8 to explain reproductive anatomy and physiology. Refer to Handout 6-F for simple descriptions of anatomy and physiology to incorporate into your demonstration.
8. Assemble a variety of visual aids that might be used in counseling—examples include illustrations of anatomy, anatomical models, counseling flipcharts, client brochures, wall charts, posters, and cue cards for contraceptive methods. *(Trainer Tip: You will need to use these for counseling demonstration and role-play activities, so choose the ones that are the most commonly available and familiarize yourself with them.)*
Session 6 Activities

Activity A. Exploring Terms that Clients Use (Slides 1-4; 30 minutes; 9 steps)

Slide 1. Session 6: Using Simple Language and Visual Aids
1. Explain that in this session, participants will continue strengthening their communication skills for counseling. This session specifically addresses two skills: (1) using language that clients can understand and (2) using visual aids.

Slide 2. Learning Objectives
2. Review the Learning Objectives (Handout 6-B).

Learning Objectives
- Identify local terms that clients use to describe reproductive anatomy and physiology, as well as sexual practices
- Use simple language and visual aids to explain basic sexual and reproductive health (SRH) terms

Slide 3. Exercise: Exploring Terms that Clients Use
3. Explain that for effective communication, providers must explain SRH issues in ways that clients understand. However, using simple language can be challenging for providers, who are trained to use medical terminology. This first activity will be an exercise to identify the terms that clients use to describe reproductive organs and their functions.
4. Point to the three flipcharts that you posted around the room (see Advance Preparation). Explain that participants will spend a few minutes in small groups brainstorming and writing terms or phrases that are commonly used by their clients to describe parts of the male and female reproductive system and sexual intercourse (depending on their assigned flipchart). Instruct participants to write terms they have heard from clients, even if they are terms that the participants do not personally use and even find objectionable.

5. Split participants into three groups. Assign each group to one flipchart but note that they will work with all three flipcharts by the end of this activity. Quickly check to see that each group understands the instructions and repeat instructions, if necessary.

**Trainer Tips:** Emphasize that you are asking for terms that their clients actually use. Otherwise, some participants might list crude or offending words that clients do not actually use. Also, talking about sexual body parts and processes makes many people nervous. Many people show nervousness by laughing. This is normal and good for relieving some of the tension. However, training and counseling must be conducted in a respectful manner. Just as making sexual jokes is not appropriate in the counseling setting, likewise it should not be allowed in the training setting. As the trainer, you will need to establish the right balance between accepting nervous laughter and keeping the focus on learning.

6. **After three minutes,** call “time” and ask the groups to move to the next flipchart. They will read the list written by the previous group and add any additional terms. Call “time” again **after two more minutes** and ask the groups to move one more time. Call “time” **after one more minute** for the third flipchart.

---

**Slide 4. Exploring Terms that Clients Use:**

**Discussion**

7. Ask participants to gather around one of the flipcharts. Read the terms aloud (asking for explanations, if needed). Do the same with the other two flipcharts.

**Trainer Tips:** It is important for you to model being able to say the words the participants wrote. This is also a de-sensitizing strategy, which could be quite humorous—especially if the trainer is from another culture and the words have to be explained to them! It can help participants to understand that these are just words. Their power is only in the meaning we give to them.

If participants write the terms in a local language that the trainer cannot read, ask a participant to volunteer to read and translate them.

8. Lead a discussion by asking the questions on the slide.
9. Summarize by stating that:
   • Providers must become familiar with the words that clients will understand and are comfortable using. However, providers are not obliged to use words they consider offensive.
   • Instead, providers should be able to identify the words a client uses for particular body parts or activities and explain to the client that, when a particular medical term is used, it refers to that.
   • If a provider is comfortable enough to use local colloquialisms, that may help clients to overcome their embarrassment about discussing these subjects. Helping providers feel more comfortable using colloquial terms and hearing them from clients is an important aspect of this training.

**Activity B. Using IEC Materials** (Slides 5-8; 30 minutes; 10 steps)

**Slide 5. Using Information, Education, and Communication (IEC) Materials**
1. Lead a brief discussion about the three questions.
2. After the second question, show the prepared flipchart (see Advance Preparation) and briefly review reasons for using IEC materials.

*Trainer Tip: This flipchart is based on Handout 6-A.*

**Slide 6. Tips for Using Anatomy Drawings or Models**
3. Review these tips for using anatomy drawings or models.
4. *Before you go to the next slide*, explain that you are now going to demonstrate using a visual aid for the female reproductive system. Tell participants that this is an example of the first tip for using anatomy drawings (or models).
Slide 7. Using Visual Aids in Counseling: Female Reproductive Anatomy

5. Explain that they should not use a wall-size slide for counseling. Show a copy of Handout 6-C or desk flip-charts (if available), to demonstrate what they would use for counseling. However, for teaching purposes, use the slide and pretend that you are counseling and explaining female reproductive anatomy to a client.

6. Explain that you will demonstrate how to use the diagram, following the tips from the previous slide (Slide 6), to address the concerns of a client who is worried that the intrauterine device (IUD) will travel to her stomach or heart or brain.

**Trainer Tips:** Use a pointer for this exercise (a long wand/stick/ruler) to go over the image on the screen as you explain. Explain that you would be pointing and tracing with your finger on paper if you were counseling. Begin the demonstration by saying, “Let me explain some of the anatomy of the female reproductive system so that you can understand where the IUD would sit inside your body.”

Let your pointer glide along the outer body lines saying, “This is your body” (to the female client).

Then let the pointer rest on the uterus and explain that this is where baby grows. Say, “This part is called the uterus.” Now run the pointer on the outline of the uterus.

Let your pointer rest on one of the ovaries and say, “This organ produces the eggs are fertilized by the man’s sperm—it is called the ovary and there are two of them. Every month the ovaries take turns releasing one egg that travels through this tube (run the pointer over one of the tubes) to the uterus. Fertilization happens in the tube and the fertilized egg is then embedded in the lining of the uterus” (run the pointer over the inner walls of the uterus).

Now pick up the sample IUD you have in the demo kit and say, “This is called an intrauterine device, or IUD. It is inserted through the vagina (use your pointer to show the route on the image) and will be placed here (point to the fundus of the uterus). The IUD makes a chemical change in the uterus and tubes that stops the sperm and egg from meeting, so the woman does not become pregnant. Because the IUD has arms, it cannot easily come out of its position and will remain in its place. But the woman will still have normal periods.” Then run the pointer over the outer line of the edge of the uterus and say, “See how the IUD cannot travel out of this place to anywhere else in the body?”

7. Explain that you are going to show the male version of this visual aid next. Then show the slide.

8. Describe the body parts labeled and how they work, using simple language. See Handout 6-E for simple explanations.

9. If time allows, demonstrate how to use this visual aid to address a client’s concerns about male sterilization, including how it prevents pregnancy, why the man does not become impotent, and why they have to use a condom for 60 ejaculations after the procedure.

Trainer Tip: If there is not enough time for the demonstration, explain they can take the same approach to using the visual aid for male anatomy that they did with the female.

10. Ask participants to look at Handouts 6-C and 6-D. Tell them that in the next activity and going forward, they will practice using these visual aids to role play different scenarios.

Activity C. Explaining in Simple Language with Visual Aids (15 minutes; Slides 9-10)


1. Explain that the purpose of this exercise is to briefly practice explaining an SRH term using simple language that clients can easily understand and using visual aids. Everyone will get a chance to practice.

2. Give the following instructions:
   - Explain that participants will work in groups of three. There will be three rounds of practice. In each round, one person will play the provider, another will play the client, and the third person will observe. They will switch roles for each new round so that by the end of three rounds, each participant will have played each role.
   - Participants should explain a different term in each round. The “provider” will have two minutes to explain the SRH term to the “client.” Explain that this is not a counseling role play—they are simply practicing how to explain one term.
   - Remind the participants that the “provider” needs to ask what the “client” already knows about this particular term. They should use local terms, if necessary, and the visual aids in Handouts 6-C and 6-D, as appropriate, to explain the term.
3. Quickly divide the participants into groups of three, with as much space as possible between the groups, and ask them to decide who will play each part in the first round. Show the bullet for Menstruation. Ask the “providers” to start the role play.

**Trainer Tip:** During the first role play, move quickly from group to group, to observe and to ensure the participants understood the instructions. If one group is not following the instructions, correct them gently but immediately. If more than one group is confused, pause the session and explain the instructions again to all of the participants; then start over.

4. Call “time” after two minutes. Note that there will be feedback in the large group after all participants have practiced. Ask the groups to switch roles so that everyone plays a different role. Show the bullet for Conception. Ask the new “providers” to begin. Then repeat for sexually transmitted infections (STIs).

**Slide 10. Discussion**

5. Lead a brief discussion by asking the questions on the slide (5 minutes).

**Trainer Tip:** For the first question, make sure you explain that, if the provider does not find out first what the client already knows, this can lead to three common errors:

- Providing information at a level beyond the client’s comprehension
- Wasting time explaining what the client already knows (perhaps insulting or frustrating the client in the process)
- Not correcting misinformation

(See Handout 6-E.)

**Activity D. Summary (5 minutes; Slide 11)**

1. Thank participants for their efforts. Ask if they have any questions and address them.
2. Review the slide.
3. Refer participants to Handouts 6-E and 6-F.
Session 7: Introduction to REDI; R = Rapport Building
Participants’ Learning Objectives
By the end of the session, the participants will be able to:

- Describe in detail the steps of REDI, Phase 1: Rapport Building
- Explain the importance of showing respect for clients
- Describe at least two ways to show respect for clients
- Explain how praise and encouragement can help to build rapport between provider and client
- Explain how the Rapport Building phase of REDI supports sexual and reproductive health (SRH) and clients’ rights

Essential Ideas—Session 7
Building on Essential Ideas from the Pretraining Handouts, Session 7

Overview of REDI

- REDI stands for Rapport Building, Exploring, Decision Making, and Implementing the Decision.
- As a framework for counseling, REDI provides structure and guidance for talking with clients.
- Frameworks are useful but focusing on the client is the most important part of counseling—not following a script.

R = Rapport Building

- To build rapport means to establish a harmonious relationship, with good communication and an understanding of each other’s ideas and feelings.
- Respect means valuing each person as an individual. This may manifest differently in different cultures.
- Giving genuine praise and encouragement to clients will show them that you respect their efforts to deal with their health problems, no matter how misguided or uninformed you think those efforts may be.
- The Rapport Building phase of REDI is essential to supporting three of the seven client’s rights: (1) privacy and confidentiality; (2) dignity, comfort, and expression of opinion; and (3) access to services, without social barriers or discrimination.
- By establishing a trusting relationship with the client, the provider sets the stage for open and honest sharing about the client’s needs and preferences in the following phases, which is the foundation for helping the client to make full, free, and informed choices about their SRH.

Time
45 minutes (plus additional time for Optional Activity F)
Session 7 | Introduction to REDI; R = Rapport Building

Session Outline

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<td>F. (Optional) Comparing REDI with Other Counseling Frameworks</td>
<td>Large-group discussion (Slides 20-21)</td>
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Materials

- Equipment to show slides
- Participant Handbook, Part 2: Training Handouts
  - 7-C Session 7 Learning Objectives and Essential Ideas
  - 7-D Showing Respect
  - 7-E Praise and Encouragement
  - 7-F SRH Rights and Clients’ Rights
- Participant Handbook, Part 2: Further Reading Handout 7-G Comparison of Counselling Framework

Advance Preparation

1. Review the Pretraining Handouts for this session. As a reminder, here are the Pretraining Learning Objectives.

   **Pretraining Learning Objectives**
   - Describe REDI, a framework for counselling
   - Explain the importance of using a counselling framework flexibly
   - List the steps of the Rapport Building phase of REDI

2. Review the slides for this session. Prepare presentation notes as needed.

3. Find out if participants have been trained in the other counseling frameworks (i.e., Training Resource Package for Family Planning [TRP]; GATHER [Greet, Ask, Tell, Help, Explain, Return]; and Balanced Counseling Strategy [BCS/BCS+]). If yes, see Handout 7-G for comparison charts. Adjust the time in this session to include Activity F, which includes two optional slides.
Session 7 Activities

Activity A. Overview of REDI (Slides 1-8; 10 minutes; 18 steps)

Slide 1. Session 7: Introduction to REDI; R = Rapport Building
1. Explain that you are moving into a new focus in the workshop. Now that participants have discussed the basic principles of counseling, reviewed key communication skills, and considered the values that underpin their attitudes and behavior toward clients, we will begin a detailed examination of the REDI counseling framework.

Slide 2. Learning Objectives
2. Review the objectives for this session on the first phase of REDI (Handout 7-C).

Slide 3. REDI: A Counseling Framework
3. Show the title, but not the bullets. Note that their Pretraining Handouts included basic information about the phases of REDI and that this is an opportunity to discuss and answer any questions about the overall framework, before moving into each phase in detail.
4. Remind participants that REDI is one of many counseling frameworks. Frameworks can give providers a structure for talking with clients so they do not miss important steps. However, too often providers focus more on following the steps than on listening to clients and responding to what they say. The most important thing in counseling is to understand clients’ needs and help them to address those needs as efficiently as possible.
5. Ask participants, “What is the ‘R’ phase of REDI?” After someone says “Rapport Building,” show the bullet.

6. Continue like that to name all four phases.

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**Slide 4. Overview of REDI**

7. Review the bullets.

8. Point out that an important purpose of the REDI framework is to ensure full, free, and informed choice and support clients’ rights. Note that they will learn about how REDI supports clients’ rights when we discuss each phase in detail.

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**Slide 5. Rapport Building**

9. Ask participants, “What steps do you remember for Rapport Building?” (They do not have to be in the correct order.)

10. After hearing several responses, show the steps.

**Trainer Tip:** This section is meant to be a very brief recap of the steps in the four phases. If participants are struggling to remember the steps, show the slide and move on.

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**Slide 6. Exploring**

11. Ask participants, “What steps do you remember for Exploring?” (They do not have to be in the correct order.)

12. After hearing several responses, show the steps.
Slide 7. Decision Making

13. Ask participants, “What steps do you remember for Decision Making?” (They do not have to be in the correct order.)

14. After hearing several responses, show the steps.

---

Decision Making

What steps do you remember for decision making?

1. Summarize from explore:
   a. Identify the decisions the client needs to make or confirm
   b. Identify relevant options for each decision
   c. Confirm medical eligibility for contraceptive methods being considered

2. Help the client consider benefits, disadvantages, and consequences of each option

3. Confirm that any decision the client makes is informed, well-considered, and voluntary

---

Slide 8. Implementing the Decision

15. Ask participants, “What steps do you remember for Implementing the Decision?” (They do not have to be in the correct order.)

16. After hearing several responses, show the steps.

---

Implementing the Decision

What steps do you remember for implementing the decision?

1. Assist the client to make a concrete and specific plan to implement the decision

2. Identify barriers 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

---

17. After you review Slide 8, summarize by reminding participants that REDI is a guide for the process of counseling and it should be adapted as appropriate to meet clients’ needs. Note that we will have detailed sessions on how to do that for each phase.

Note that participants are probably following many of the steps already. However, we will review all steps during this training to ensure that they understand what each phase entails and to provide an opportunity for discussion.

18. Point out where participants can find the REDI Learning Guides in their handbooks.
Activity B. Focus on “R” (Slides 9-10; 10 minutes; 5 steps)

1. Show the title and first line only of the slide. Explain that for the remainder of this session, we will focus on Rapport Building. Ask participants, “What does “rapport” mean to you?”
2. After a few responses, show and read the definition provided.
3. Then show and ask the question on the slide.
   **Trainer Tip:** Possible responses include: not knowing each other; age, ethnic, or socioeconomic differences; biases the provider might have about the client’s behavior; preconceptions about sexuality; biases regarding relationships and gender; etc.

Slide 10. Steps of R = Rapport Building
4. Ask participants to look at Learning Guide 2. Briefly read through the bullets for each of the five steps of Rapport Building.
5. Ask the question on the slide and facilitate a brief discussion. Emphasize the “how” aspect of the question. Refer back to the definition in Slide 9, if needed.

Activity C. Respect for Clients (Slide 11; 5 minutes; 3 steps)

Slide 11. Respect
1. Note that the first step to building rapport involves showing respect. Ask the questions on the slide.
2. After a few responses to each question, briefly review Handout 7-D.
3. Note that what is considered respectful varies depending on the social and cultural setting.
Activity D. Praise and Encouragement (Slides 12-15; 10 minutes; 9 steps)

Slide 12. Praise and Encouragement
1. Ask the questions on the slide.
2. After a few responses to both questions, continue to the next slide for the definitions.

Slide 13. Praise is...
3. Read the definitions. Compare these definitions to the participants’ responses to the previous slide.

Slide 14. The Purposes of Praise and Encouragement in Rapport Building
4. Show only the title and question on the slide. Ask the question.
5. After a few responses, show the bullets, noting similarities with their responses to the question.
Session 7 | Introduction to REDI; R = Rapport Building

Slide 15. Showing Praise and Encouragement
6. Explain that you want to discuss some examples of praise and encouragement. Read the client scenario and then ask the first question.

**Trainer Tip:** This is the first scenario in the examples on Handout 7-E.

7. After getting a few responses, read aloud the Provider’s Response to this client from Handout 7-E.

8. Ask the second question, “How does that response show praise or encouragement?”

9. After a few responses, ask participants to look at Handout 7-E. Read the rest of the client statements and possible provider responses.

**Trainer Tip:** If there is enough time, you can use more than one example for large-group discussion, before referring participants to the handout.

Activity E. Rights and Summary (Slides 16-19; 10 minutes; 6 steps)

Slide 16. Supporting Clients’ Rights
1. Show only the title and first line of the slide. Review Handout 7-F. Remind participants that this is a summary of the information they already reviewed in the Pretraining Handouts.

2. Explain that you will focus on clients’ rights first. Show the following line with the question and ask, “How does ‘Rapport Building’ support clients’ rights?”

3. After a few responses, show and read the bullets.
Slide 17. Supporting SRH Rights
4. Present the information on this slide to explain the connection between Rapport Building and SRH rights.

Supporting SRH Rights

When the provider establishes a trusting relationship with the client through Rapport Building, it sets the stage for open and honest sharing about the client’s needs and preferences in the remaining phases of counseling. Open and honest sharing is the foundation for helping clients make full, free, and informed choices about their SRH rights.

Slide 18. Essential Ideas: Overview of REDI
5. Summarize the first part of the session by reviewing the Essential Ideas (Handout 7-C).

Essential Ideas:
Overview of REDI

- REDI stands for “Rapport Building, Exploring, Decision Making, and Implementing the Decision.”
- REDI provides structure and guidance for talking with clients.
- Frameworks are useful, but focusing on the client is the most important part of counseling—not following a script.

Slide 19. Essential Ideas: R = Rapport Building
6. Continue summarizing the second part of the session by reviewing the Essential Ideas.

Essential Ideas:
R = Rapport Building

- Rapport means good communication and understanding between the client and the provider.
- Respect means valuing each person as an individual. This may be shown differently in different cultures.
- Giving praise and encouragement to clients shows that you respect their efforts to deal with their health problems.
- Building rapport with the client sets the stage for open and honest sharing about the client’s needs and preferences.
(Optional) Activity F. Comparing Counseling Frameworks (Slides 20-21; 10 minutes; 8 steps)

**Trainer Tip:** This activity is only necessary if many of the participants are familiar with other frameworks.

1. Remind participants that there are other counseling frameworks. These include GATHER, BCS (or BCS+), and TRP. Participants may have heard of these or they may learn about them in the future. The purpose of discussing them in this training is so that participants can see some of the similarities and differences between these frameworks and REDI, in order to be prepared to respond to the client’s needs, no matter what framework they are working in.

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**Slide 20. GATHER**

2. Show the title only of the slide. Ask participants to raise their hands if they have heard of this approach.

3. Before showing each line/letter, ask participants to name the step represented by that letter.

4. Note that many steps overlap with those in REDI. Ask participants, “Which of the REDI phases match up with each of the GATHER phases?”

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5. Show all the stages.

6. Ask participants, “Which of the REDI phases match each of the BCS phases?”

7. Remind participants that, regardless of which framework is used, the most important part of counseling is to understand what the client needs and to help the client meet those needs as efficiently as possible.

8. Refer participants to Handout 7-G.
Session 8: 
E = Exploring—Steps 1-3
Participants’ Learning Objectives

By the end of the session, the participants will be able to:

Exploring—Step 1. Reason for the Visit (In Detail)
  • Describe how to explore (in detail) the reason for the client’s visit

Exploring—Step 2. Individual Factors: Explore the Client’s Sexual and Reproductive Health (SRH) History and Pregnancy Prevention Goals
  • Name the four sub-steps for exploring individual factors influencing the client’s decision-making for pregnancy prevention

Exploring—Step 3. Other Key Factors: 3-A (Sexual Relationships) and 3-B (Social and Gender Context)
  • List two reasons why questions about sexual relationships may need to be discussed in counseling
  • Explain why it is important for providers to be aware of their own attitudes about sexual practices, in order to be nonjudgmental when counseling clients
  • Explain why it is important to address clients’ social and gender contexts when assisting them to make decisions about pregnancy prevention

Exploring—Step 3. Other Key Factors: 3-C (Risk Assessment)
  • Apply their knowledge of risk assessment for pregnancy, HIV, and other sexually transmitted infections (STIs) to client case scenarios
  • Explain how particular sexual practices can be high-risk in one situation and low-risk in another
  • Explain, in simple terms, which practices (sexual and otherwise) put people at risk for pregnancy, HIV, and other STIs

Exploring—Step 3. Other Key Factors: How to Ask Sensitive Questions
  • Describe a strategy to introduce questions about sexual relationships during counseling
  • List three questions that providers can ask to learn about clients’ sexual relationships, in terms of decision making about pregnancy and STI prevention
  • List three questions that providers can ask to help clients consider the social and gender contexts of their decision making about pregnancy prevention
  • Describe a strategy to help clients consider their own risk of STI/HIV
Essential Ideas—Session 8
Building on Essential Ideas from the Pretraining Handouts, Session 8

Steps 1 (Reason for the Visit) and 2 (Individual Factors)

- The first step of Exploring is to explore, in detail, the client’s reason for the visit. This is a crucial step for client-centered counseling because it helps the provider to focus on the client’s specific needs and concerns and to avoid wasting time addressing issues that the client does not need to discuss.

- The second step is to consider the individual factors of the client’s reproductive history, pregnancy prevention goals, and current SRH condition. This provides background information that will be crucial in helping the client make decisions about pregnancy and STI/HIV prevention that will meet the client’s needs. This step has four sub-steps:
  2-A. Explore the client’s reproductive history (including recent pregnancy) and pregnancy prevention goals
  2-B. Rule out pregnancy now
  2-C. Explore factors related to monthly bleeding
  2-D. Explore the client’s signs and history of STIs, including HIV

- Although REDI is a flexible framework, we recommend gathering this information from the client before starting the next step of exploring sexual relationships, STI/HIV risk, and social and gender contexts. This information will help to guide that exploration into more sensitive and emotional areas of counseling.

Steps 3-A (Sexual Relationships) and 3-B (Social and Gender Contexts)

- In counseling, the aspect of sexuality that we focus on is sexual health. We help clients consider the impact of their sexual relationships on their choice of contraceptive methods and means of preventing STI/HIV.

- Considering the social context of decisions is an important part of helping clients to make well-considered, voluntary decisions. The social context encompasses the people (partners, family members, and friends) and the factors that influence a client’s decisions—including the client’s power to make their own decisions about sexual intercourse and reproduction.

- Other factors that affect decision-making capabilities include the client’s socioeconomic situation, particularly regarding the cost of contraception and cultural and religious expectations and pressures.

- The client’s gender also has an impact on sexual relationships and the social context for decision making. Being gender-sensitive as a provider means addressing the impact of the client’s gender on decision making. The provider should be aware of:
  - Gender roles
  - Gender preferences regarding children
  - Gender power imbalances in the client’s relationship that may affect decision-making
  - Gender power imbalances between provider and client
**Steps 3-A (Sexual Relationships) and 3-B (Social and Gender Contexts) continued**

- People use contraception because they are sexually active or plan to be, and they do not want to get pregnant. Clients’ choice of, use of, and satisfaction with contraceptive methods are often related to the real or perceived effect of contraceptives on their sexual practices. Sexual practices also affect the client’s risk of STIs. Thus, although providers rarely ask clients directly about specific sexual practices, it is necessary for providers to be able to discuss sexual practices in counselling, when needed.

- The provider should not question or judge sexual practices that they do not find personally acceptable. Rather, the provider should recognize that such practices exist and help clients consider those practices when they are making decisions about pregnancy and STI prevention.

**Step 3-C (Risk of STI/HIV)**

- Sexual relationships and practices affect one's individual risk for contracting HIV and other STIs. We include a risk assessment in counseling to help clients consider their risk for of contracting an STI/HIV when choosing a contraceptive method and to help them avoid risky behaviors.

- Sexual practices that are low-risk for STI/HIV in one relationship may be high-risk in another, depending on factors such as the partner's sexual history, the client's (and the client's partner's) sexual relationships with other people, and the client's and partners’ infection status.

- Because the concept of risk is confusing, it is especially important to use simple and clear explanations during counseling to help clients better understand the distinct risks associated with pregnancy and STI/HIV. Here are some examples:
  - **Risk for pregnancy**: any behavior that allows the man’s semen to enter the woman’s vagina
  - **Risk for STI**: any behavior (not just sexual) that allows contact with the infected area of another person
  - **Risk for HIV**: any behavior (such as sexual contact or blood contact) that exposes one person to the body fluids (blood, semen, vaginal fluid) of an infected person

**Step 3. How to Ask Sensitive Questions**

- Sexual relationships should never be the first thing that a provider discusses with a client.

- When initiating a discussion about sexual relationships, the provider should:
  - Explain the reasons for asking questions about sexual relationships
  - Explain that this topic is discussed with all clients
  - Explain that what is shared is confidential and assure privacy
  - Explain that the client does not have to answer questions if they do not wish to

- Remember to adapt sample questions to each client’s situation and needs.

**Time:** 2 hours 45 minutes
### Session Outline

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<td>5 min.</td>
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<td>B. Steps 1 and 2</td>
<td>Discussion (Slides 3-10)</td>
<td>20 min.</td>
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<td>C. Overview of Step 3</td>
<td>Presentation (Slides 11-16)</td>
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<td>D. Building Awareness of Provider Attitudes Related to Sexual Practices</td>
<td>Large-group exercise, discussion (Slides 17-22)</td>
<td>30 min.</td>
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<td>E. Risk Assessment</td>
<td>Small-group exercise, discussion (Slides 23-31)</td>
<td>30 min.</td>
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<td>F. Introducing the Subject of Sexual Relationships</td>
<td>Presentation, discussion (Slides 32-34)</td>
<td>15 min.</td>
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<td>G. Asking Questions to Explore Clients' Sexual Relationships, Decision Making, and Risk of STI/HIV</td>
<td>Small-group work, role play, discussion (Slides 35-37)</td>
<td>50 min.</td>
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### Materials

- Equipment to show slides
- Flipchart materials (markers, paper, stands, tape)
- Participant Handbook, Part 2: Training Handouts
  - 8-K Session 8 Learning Objectives and Essential Ideas
  - 8-L Pregnancy Checklist
  - 8-M How Do We Use Risk Assessment in REDI?
  - 8-N Risk Assessment Case Scenarios
  - 8-O Sexual Practices and Risk Levels
  - 8-P Simple Explanations of Risk
  - 8-Q Introducing the Subject of Sexual Relationships in Counseling
  - 8-R Sample Questions to Explore Clients' Sexual Relationships, Decision Making, and Risk of STI/HIV
- Activity Tool: Session 8, Activity D Different Types of Sexual Practices
- Large cards or papers and tape to attach cards/papers to the wall
Advance Preparation

1. Review the Pretraining Handouts for this session. As a reminder, here are the Pretraining Learning Objectives.

**Pretraining Learning Objectives**

- Name the four steps in the Exploring phase of REDI
- Define the terms “sex” and “sexuality”
- Describe the four aspects of sexuality
- Explain why providers need to be prepared to ask questions about sexual relationships and practices in counseling
- Explain how sexual practices relate to the choice and use of contraceptive methods
- List aspects of the client’s gender context that should be addressed in counseling
- Define “risk assessment”
- Explain why and how risk assessments are used in counseling
- Identify at least three reasons why it is difficult for people to perceive their own risks regarding pregnancy and STI/HIV

2. Review the slides for this session. Prepare presentation notes as needed.

**Activity D**

3. Review the list of 15 sexual practices (see Activity Tool: Session 8, Activity D, at the end of this session). If you have more than 15 participants, add more sexual practices, so that each participant receives one.

*Trainer Tip: In our recommended list, we tried to ensure a mixture of sexual practices—including some that participants will be familiar with and some that they will not. The exercise should include some practices that are outside of the mainstream or that are taboo, even if these practices are not generally acknowledged locally. Add or omit practices based on the local context.*

4. Prepare the sexual practice cards. Use heavy paper or card stock, if available, or half-sheets of letter-sized or A4 paper if cards are not available. Write one sexual practice on each piece of paper. Print using a large marker and large letters, so the words can be read from a distance—per this example:

```
Giving Oral Sex
```
5. Prepare three additional large-print cards, one with the phrase “OK for Me,” a second with “OK for Others,” and a third with “Not OK.” Use a different color of paper or printing for each of the three cards, if possible. Post these cards on a wall with plenty of space between them and below them, where participants can post the sexual practice cards. If you do not have wall space to post the cards, you can use three flipchart easels.

![OK for Me](image1.png) ![OK for Others](image2.png) ![Not OK](image3.png)

6. Before the beginning the exercise, prepare small pieces of tape that participants can use to affix all the sexual practice cards to the wall, under the appropriate category.

**Activity G**

7. You will use one of the case scenarios from Handout 8-N to role play asking questions in front of the large group. Decide ahead of time which one you will use. You will need two trainers for this activity—one to play the role of the client and one to keep time and facilitate the beginning and end of each phase of questions.

8. You will randomly assign groups to each phase of questions in Handout 8-R. For the random selection, prepare five strips of paper with each of the group titles, as follows:

- Introduction
- Step 3-A. Sexual Relationships
- Step 3-A. Communication with Partner
- Step 3-B. Social Context for Decision Making
- Step 3-C. Risk of STI/HIV

Fold the strips of paper and put them in a bag or bowl, for participants to draw from to randomly assign the groups topics.
## Activity A. Introduction to Exploring Phase of REDI (Slides 1-2; 5 minutes; 4 steps)

### Slide 1. Session 8. E = Exploring (Steps 1-3)
1. Note that the Exploring phase is so complex that we are breaking it into two separate sessions. In Session 8, we will cover Steps 1-3; in Session 9, we will cover Step 4.

### Slide 2. Steps of E = Exploring—for New Clients
2. Tell participants that, because the approach to counseling return clients is different from the approach to counseling new clients, we will look at return clients separately in Session 12. All the sessions until then will focus on the REDI phases for new clients.
3. Read the steps on the slide.
4. Note that the Exploring phase has approximately the same number of steps as the other phases of REDI, but it has approximately twice as many sub-steps. The reason why there are so many sub-steps is because everything that is discussed with the client in the Decision Making and Implementing the Decision phases is based on what the client shares during the Exploring phase. Explain that some of what the client will share in this phase is background information on their SRH history and current condition. The client will also share extremely personal and emotional information—about relationships, sexual practices, communication with their partners, and the client’s power or lack of power to make decisions. The client’s willingness to share this information honestly and openly depends largely on the provider’s ability to continue building rapport and trust and to ask questions in a way that is acceptable to the client.
Activity B. Exploring—Steps 1 and 2 (Slides 3-10; 20 minutes; 17 steps)

Slide 3. Learning Objectives: Exploring—Steps 1 and 2

1. Read the Learning Objectives for Steps 1 and 2. Explain that this session contains different parts, with their own Learning Objectives and Essential Ideas. This first part will cover Steps 1 and 2. This is the part that is probably most familiar to providers—gathering and documenting information about the client’s SRH history and current situation. However, it is important not to rush through this part of the counseling, because the client may reveal key medical issues during this discussion.

**Trainer Tip:** All of the Learning Objectives and Essential Ideas are covered in Handout 8-K. The slides will guide you to cover each section separately.

Slide 4. Exploring—Step 1: Reason for the Visit

1. Ask participants to turn to Learning Guide 2. Read the sub-steps for Exploring—Step 1.
2. Explain that this is a crucial step for client-centered counselling. It helps the provider focus on the specific needs and concerns of the client and avoid wasting time addressing issues that are irrelevant to the client at present.
3. Remind participants about the first category of client types—new versus returning clients.
4. Remind participants that for new clients, there is an important difference between the approach we use with clients who have a method in mind and with those who do not.
5. Finally, many clients come to a clinic with needs or concerns besides getting a contraceptive method. This is also important to identify at the beginning of the Exploring phase.
Slide 5. Exploring—Step 2-A.
6. Explain that before exploring personal issues, like sexual relationships and decision-making influences, the provider needs to collect basic information about the client’s reproductive history, pregnancy prevention goals, and history of STI/HIV.

6. Ask participants to refer to Learning Guide 2 again. Read Step 2-A, and then ask participants to volunteer to take turns reading each bullet under “Guidance” for Step 2-A.

8. Lead a discussion based on the questions on the slide. Here are the answers:
   - Why ask about pregnancy prevention goals? This will help you know if the client fits the delaying, spacing, or limiting category.
   - Which bullet? The fourth (whether client wants more children, etc.).

9. Read the slide and then ask the question.
   Answers:
   - Clients expect the provider to be taking notes early on, so it is not disruptive.
   - If you document information early, this frees you to focus on body language and eye contact when you ask more personal, more sensitive questions in Steps 3 and 4, when writing could be distracting for both you and the client.

Slide 7. Step 2-A. Why Ask About Recent Pregnancy?
10. Show the title of the slide. Ask the question to the group.
11. After a few responses, show and read the two answers.

   Why ask about the client’s most recent pregnancy?
   - You need to ask about recent pregnancy to learn if the client is postpartum, postabortion, interval, or has never been pregnant. Different methods are better for different categories.
   - Also, contraceptive options for clients who are breastfeeding are slightly different, compared to a client who is not breastfeeding.
Slide 8. Step 2-B. Rule Out Pregnancy Now


13. Then, ask participants, “Why is it important to make sure a client is not already pregnant before she starts using a method?”

14. After a few responses, refer to Handout 8-L. Briefly review the handout.

**Trainer Tip:** Answers to this question (Why is it important to confirm that a client is not already pregnant?) include:

- It may delay recognition that the client is pregnant (e.g., if she starts using the pill) and delay decision making about what to do.
- Some methods may be harmful if the woman finds out that she is pregnant and wants to continue the pregnancy (e.g., inserting an intrauterine device).
- If she is already pregnant, it may lead to misconceptions about the method not working.

Slide 9. Steps 2-C and 2-D

15. Refer again to Learning Guide 2. Read the sub-step and bullets for 2-C. Then ask, “Why is monthly bleeding important to explore?”

**Answers:** Factors related to monthly bleeding are important when discussing side effects. Some methods affect monthly bleeding patterns and it is important to know how that would affect the client.

16. Read the sub-step and bullets for 2-D. Then ask, “What do you ask about?”

- Some providers may not be clear about signs of STIs, so the Learning Guide includes a list in the first bullet. This tells them specifically what they should ask about.
- Ask participants to give examples of how they ask about these signs and history. Note that it is okay for these to be closed questions, because the provider is gathering facts.

Explain that we will discuss medical conditions that might have contraindications for particular contraceptive methods in the Decision Making phase, focusing on the method(s) the client is considering.
Slide 10. Essential Ideas: Exploring—Steps 1 and 2
17. Review the steps listed on the slide (Handout 8-K).

Activity C. Exploring—Step 3 (Slides 11-16; 15 minutes; 20 steps)

Slide 11. Exploring—Step 3. Other Key Factors
1. Quickly review the sub-steps of Step 3, as shown on the slide. (You will go into more detail later.)

Slide 12. Learning Objectives: Exploring—Steps 3-A and 3-B
2. Quickly review the Learning Objectives (Handout 8-K).
3. Tell participants that you will first briefly review some of the information covered in the Pretraining Handouts and then do some activities to apply those concepts.
Why do we need to be able to explore sexual relationships in counseling?

4. Show the slide, but do not ask the question yet. First, explain that the REDI framework emphasizes the integration of discussions about sexual relationships into counseling. In the Pretraining Handouts, participants learned about the four aspects of sexuality—sensuality, intimacy, sexual identity, and sexual health. Note that, even though sexual relationships involve all aspects of sexuality, in counseling we consider sexual relationships in terms of the fourth aspect—sexual health.

5. To see what participants currently think about this, ask, “Why do we need to explore sexual relationships in counseling?” Encourage a variety of responses—but no discussion.

6. Read through the bullets, highlighting the similarities (or differences) to the responses to the question in Slide 12.

7. Explain that you will expand on several of these points later in the session.

8. Review the slide.

9. Explain that the social and gender contexts were covered, in the Pretraining Handouts and in Session 3, as major factors affecting decision making by clients. These bullets show areas to focus on during counseling. Participants will learn more about questions to ask and will practice asking them later in this session.

Trainer Tip: In addition to the Pretraining Handouts, Handout 8-K includes a summary of these points under “Essential Ideas.”
Slide 16. Sub-steps for Steps 3-A and 3-B

10. Tell participants, “Exploring is the part of the REDI counseling framework where the provider begins to identify and address social and gender factors, plus sexual relationships.” (This is continued in “Decision Making.”)

11. Ask participants to turn to their Learning Guide and take turns reading aloud the detailed sub-steps for Exploring—Steps 3-A and 3-B.

Activity D. Building Awareness of Provider Attitudes Related to Sexual Practices
(Slides 17-22; 30 minutes; 20 steps)

Slide 17. “Okay, we can understand...”

1. Read the slide. Do not lead a discussion! Explain that you use this slide because this is how many providers feel when they get to this part of the training.

2. Explain that providers do not actually ask clients about their sexual practices very often—but they need to be able to discuss sexual practices when explaining how to use some contraceptive methods and how to avoid contracting an STI/HIV.

Slide 18. Exercise: Building Awareness of Provider Attitudes Related to Sexual Practices

3. Explain that providers often shy away from discussions of sexual practices. This may be because of their own discomfort or because they fear such discussions might be culturally inappropriate or offensive to clients. Emphasize that the purpose of this activity is to ensure that participants: (1) are aware of the variety of sexual practices that clients might engage in, (2) acknowledge their own attitudes and feelings about those practices, and (3) understand how their attitudes and feelings might influence their counseling.
4. Introduce this exercise by saying that the group will consider various sexual practices and the attitudes that we have, as individuals, about those practices. Explain that this interactive exercise will allow participants to examine their personal beliefs and attitudes about different sexual practices in a completely confidential way.

**Slide 19. How Do You Feel about this Sexual Practice?**

5. Show only the title of the slide. Tell participants that you will give each person a card with a sexual practice written on it. Explain that they will think about how they personally feel about the particular practice written on their card. Note that this is not about the chances of contracting STIs/HIV from a sexual practice—it is about the practice itself. Also, they will share how they feel anonymously, in writing.

6. Show each bullet as you explain it. Explain that they will write one of these phrases on the back of their card:
   - OK for me (meaning that it is a practice that they personally would engage in)
   - OK for others (meaning that it is a not practice that they personally would engage in but that they have no problem with other people doing it)
   - Not OK (meaning that it is a practice that they do not think anyone should engage in)

**Trainer Tip:** Keep this slide on the screen throughout the activity. Remind participants to write just the short phrase (in bold, above) on the back of their cards.

7. Remind the participants that this exercise is meant to be completely confidential, so they should not show their card or their response to anyone. To ensure confidentiality, you might ask the participants to rearrange their seats or spread out around the room so that no one can see their cards and responses.

8. Distribute the sexual practice cards to each participant, with the writing facing down (blank side showing). (See Advance Preparation, for guidance on selecting the cards to use and how many.) Invite participants to look at their card and think about the practice written on it. Remind them to not write their names on these cards!

**Trainer Tip:** Instruct the participants that if they receive a card with a practice that they do not understand, they should signal you to ask for an individual explanation. If the practice is explained in front of the group, the confidentiality of the exercise will be compromised.

9. Repeat what is meant by “OK for me,” “OK for others,” and “not OK,” and ask if everyone understands. Remind the participants that this exercise is about their personal attitudes, which reflect their values and beliefs, about these sexual practices. It is not about the risk for contracting HIV or some other STI. Instruct the participants to write one of those attitudes on the back of their card(s), without showing their cards to anyone.
10. When the participants have recorded their response on the cards, instruct them to place their cards with the practice face down, in a pile in the center of the room (or a trainer can collect them, without looking at what is written on them).

11. Mix up the cards and redistribute them to the participants. Explain that it does not matter if they get their own card back—and everyone should assume that everyone else is receiving someone else’s card.

12. Ask participants to stand in a group in front of the section of the wall where you have posted the large category cards (“OK for me,” “OK for others,” or “not OK”). Have the participants take turns, one by one, reading aloud the sexual practice and the response on the card they are holding and then taping the card on the wall under the appropriate response category. Remind them to put the card in the category that is marked on the back, even if they personally do not agree with what has been written on the card (“Ok for me,” etc.). (10 minutes, Steps 5-12)

**Trainer Tip:** Although this process takes time, reading the sexual practice aloud is part of the learning process. The activity contributes to the participants’ comfort with saying terms about sexual practices aloud.

13. Once all the cards have been posted, instruct the participants to observe and think about the placement of the cards, without discussing.

**Slide 20. Discussion**

14. Show and ask the first question. After a few responses, tell them that you did this to increase their level of comfort with using these terms.

15. Facilitate a group discussion based on the second and third questions. Ask participants to respond without identifying specific practices. Do not move the cards if there is disagreement. Simply acknowledge the difference of opinion and leave the cards as they are—for now. (You will move some later.)

**Trainer Tips:**

- Do not ask the participants to identify who wrote any particular response. If a participant would like to volunteer such information to explain their answer, they may do so, but asking might make the participants uncomfortable and would take away the anonymity of the exercise.

- If some participants indicate that a particular sexual practice does not exist in their culture (e.g., anal sex), ask other participants whether they agree. Some participants are more aware of variations in sexual practice than others and can help their colleagues understand the range of practices. It is better for them to hear this from their colleagues than from you.
**Slide 21. Shift to Provider Perspective**

16. Show *only the title and first bullet*. Ask participants to shift their thinking now to *their role as providers*. Ask the first question.

17. After a few responses, show the second bullet. Explain that, as a provider, they need to be able to set aside their beliefs about that practice, and accept what is “OK” for the client.

18. To demonstrate what this means, show the third bullet and then look at the cards in the “Not OK” column.

- If a sexual practice does not involve coercion, violence, or legal age issues, move the card to the “OK for others” column.

**Trainer Tip:**
- *When you start this exercise*, there should not be any sexual practice cards that involve coercion or violence or are actually illegal in the host country. Therefore, there should not be any cards left in the “Not OK” column after this step.

**Slide 22. Essential Ideas: Sexual Practices**

19. Read Slide 22.

20. Remind participants that the intention of this activity was not to ask them to change their own personal beliefs about sexual practices, but rather to help them be more comfortable discussing a variety of practices with clients in order to help the client make healthy decisions about pregnancy and STI prevention. Remind participants that this is an example of applying what they learned in Session 4: Provider Beliefs and Attitudes.
Activity E. Risk Assessment (Slides 23-31; 30 minutes; 25 steps)

Slide 23. Learning Objectives: Exploring—Step 3-C. Risk of STI/HIV
1. Read the Learning Objectives.
2. Note that the Pretraining Handouts covered this topic extensively. Therefore, this activity will review key points and then participants will have a chance to apply what they learned to assess client risk in case scenarios.

Slide 24. What does the term “risk assessment” mean to you?
3. Ask the question. After a couple participants respond, show Slide 25.

Slide 25. Risk assessment...
4. Note similarities or differences with participants answers from Slide 24 and the definition on this slide.
**Session 8 | E = Exploring—Steps 1-3**

**Slide 26. Why Do We Use Risk Assessment in Counseling?**

5. Show only the title of the slide and ask, “Why do we do a risk assessment in counseling?”

6. After a few responses, show the bullets.

7. Review Handout 8-M to explain the role that risk assessment plays in the E, D, and I phases of REDI.

**Why Do We Use Risk Assessment in Counseling?**

- To better understand clients’ behaviors and circumstances and to better tailor counseling
- To help clients assess their own risk for STIs/HIV and need for protection and to use that information to choose the best contraceptive method
- To help clients change risky practices

Refer to Handout 8-M.

**Slide 27. Why Do People Underestimate their Risk?**

8. Show only the title of the slide. Explain that most people underestimate their own risks, including their risk for pregnancy and STIs/HIV.

9. Ask the question in the title of the slide.

10. After several responses, show the answers on the slide.

**Trainer Tip:** This is a review of information from the Pretraining Handouts.

**Why Do People Underestimate their Risk?**

- Stereotyped beliefs about who is at risk
- The illusion of invulnerability
- Fatalism
- Bigger or more urgent problems
- Misconceptions about risk
- Traditional gender roles and societal expectations

**Slide 28. Why is a client’s perception of their own risk so important?**

11. Show only the question on the slide. Ask the question.

12. After a couple of responses, show the answer.

13. Remind participants that one of the reasons why people underestimate their risk is due to misconceptions about risk. Explain that the next activity will help participants address some of those misconceptions with clients.

**Why is a client’s perception of their own risk so important?**

Answer: Most people will not change their behaviors to lower their risk of STI/HIV unless they think they are at risk.
**Slide 29. Exercise: Risk Assessment Case Scenarios**

14. Ask participants to look at **Handout 8-N**. Explain that this is where they will practice applying the concept of risk assessment to case scenarios.

15. Explain that they will work in **groups of three**. Review the instructions on the slide. Each group will read through a couple of assigned scenarios together and answer the three questions on the slide. Their answers should be either: **no risk**, **low risk**, **medium risk**, or **high risk**.

16. Ask them to refer to **Handout 8-O** to confirm their answers. Briefly explain how to use the table.

17. Form the groups (three participants per group, so approximately five groups). Assign **two scenarios** to each group. It is ideal if you have more than one group working on each scenario. Groups can work on more than one scenario, if they have time.

18. Give groups five minutes to work. Then ask one group to report their answers for the first case scenario. Ask if any group had different answers. As needed, discuss to address any confusion.

19. Ask a different group to report on the next scenario. Continue like this through the remaining scenarios. Limit discussion to one to two minutes per case scenario.

20. Summarize by noting that there may have been a variety of answers about risk levels in each case scenario. That is because the risk level depends on many different factors—whether a woman has sex when she is fertile, whether monogamous partners remain faithful, whether other partners have STIs or are living with HIV. This is why it is important to explore relationships and the level of communication between partners, to help clients assess their own risk of pregnancy, STI, or HIV.

**Slide 30. How Would You Explain Risk Behaviors to a Client?**

21. Show only the title of the slide. Explain that the most important outcome of this activity is for them to be able to explain simply to clients about pregnancy and STI/HIV risk.

22. Ask each question, take a few responses, and then show the answer.

23. After completing the three risks, note that participants have this information in **Handout 8-P**.
Activity F. Introducing the Subject of Sexual Relationships (Slides 32-34; 15 minutes; 6 steps)

1. Read the Learning Objectives. Then explain that the preceding activities focused on why we need to explore clients’ sexual relationships in counseling and what to ask. Now we will discuss how to do this exploration with clients.

2. Explain that during counseling, providers should introduce the topic of sexual relationships tactfully and not abruptly. In the Rapport Building phase, the provider prepared the client to discuss personal and sensitive issues. Hopefully by this point in the counseling, the provider and client will be ready to ask and answer the necessary personal and sensitive questions. To introduce the discussion of sexual relationships in a counseling session, providers must overcome their own nervousness and concerns about embarrassing clients. Providers must remember that it is their responsibility to initiate these discussions and make clients feel comfortable. Having a structured approach for beginning the discussion will increase providers’ confidence levels and ensure that important issues are addressed.
Slide 33. How can a provider introduce the subject of sexual relationships in a way that puts a client at ease?

3. Ask the question. Encourage three to four responses.

Slide 34. When and How to Ask about Sexual Relationships (and Put the Client at Ease)

4. Review the slide.

5. Then ask participants to look at Handout 8-Q. Explain that the handout provides information about when and how to introduce the subject. Explain that the handout also provides sample statements for introducing the subject of sexual relationships in counseling. Providers should adapt these statements, to make them appropriate for each client.

6. As an example, read aloud the first sample statement.

*Trainer Tip:* You do not have time to read all the sample statements. That is why we suggest choosing just one to demonstrate, but you may choose a different one to use as an example, or use more than one, if you have time.
Activity G. Asking Questions to Explore Clients’ Sexual Relationships and Social and Gender Contexts for Decision Making (Slides 35-37; 50 minutes; 9 steps)

Slide 35. Practice Asking Sensitive Questions: Small-Group Work and Role Play

1. Show only the slide title and the handout reference. Ask participants to refer to Handout 8-R. Read the bullets in the first column and note that these correspond with the sub-steps under Exploring—Step 3, with some overlap between relationships, communication, and social and gender contexts for decision making.

2. Do not read the questions in the second column! Explain that the questions in the second column are sample questions that providers will need to reword, depending on the terminology used by the client and the rapport they have established with the client.

3. Give instructions for the small-group work, as written on the slide. Explain that participants are going to practice asking the sample questions in a series of client-provider role plays. Participants will work in the same groups that they did for the “Risk Assessment” activity. Each group will work on one section of questions (e.g., Introduction, Sexual Relationships, Communication with Partner)—see point 5 below. One member of each group will role-play “the provider” and the trainer will role-play one of the clients from Handout 8-N. They will spend five minutes in their groups, discussing how to ask their assigned questions of that particular client. Then they will perform the role play in the large group.

4. Pick one of the case scenarios from Handout 8-N. Ask them to imagine that they are in a counseling room with privacy and have completed all the steps of counseling up to Exploring—Step 3 with this client. This means that the provider already identified the reason for the client’s visit and asked the client about their situation, concerns, and desired outcome from the visit. Now the provider is ready to ask the more sensitive questions about sexual relationships, decision making, and STI/HIV risk.

5. Randomly assign the questions to each group by putting five pieces of paper in an envelope or bowl and choosing one paper for each group (see Advance Preparation). Remind them which case scenario from Handout 8-N that you will use for “the client.” Ask if there are any questions. Give each group five minutes to prepare to ask their questions. (10 minutes total for instructions and group work)

Trainer Tip: Quickly visit each group to make sure they understand the instructions. Then set up two chairs at the front of the room, one for “the client” and one for “the provider.” You will need two trainers for this activity—one to play the role of “the client” and the other to facilitate and track the time. Note that the discussion will come at the end.
6. Begin the role play. Ask “the client” (one of the trainers) to sit in one of the chairs at the front of the room. Ask the participant from the “Introduction” group to sit in “the provider’s” chair and begin asking their questions. After the four questions for the “Introduction” group have been covered (or after three minutes, whichever comes first), the facilitating trainer should stop the role play, thank the participant, and ask for “the provider” from the next group (Step 3-A) to come up and begin asking their questions.

7. Continue like this through each group of questions. Allow three to five minutes per “provider” (20-25 minutes for the role-play demonstration).

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Slide 36. Discussion

8. Thank all the role players! Then facilitate a discussion about the role-play exercise using the questions on the slide. (10 minutes)


9. Review the summary bullets on the slide (Handout 8-K) (5 minutes).
Activity Tool: Session 8, Activity D
Different Types of Sexual Practices

This list includes a range of sexual activities and practices. For the average-sized group (12 to 15 participants), we have selected 15 practices (this list), to allow enough time for discussion. If you have more than 15 participants, you should have one practice card for each participant and can add from the second list. *Trainers should feel free to add or omit practices, depending on the local situation.*

### Sexual practice cards (15 recommended):

- Having sex with someone other than your spouse
- Giving oral sex
- Receiving oral sex
- Having anal sex
- Swallowing semen
- Having sex with someone of the same sex
- Having premarital sex
- Masturbating
- Having sex with a person who is much younger
- Having sex in exchange for money
- Having sex with people you do not know
- Having sex without pleasure
- Having sex with your spouse because it is your duty
- Tying up your partner or being tied up by your partner
- Manually stimulating your partner

### Additional practice cards:

- Hugging
- Kissing
- Being celibate
- Watching other people have sex
- Having oral-anal sex
- Having sex in public places
- Using a vibrator for sexual pleasure
- Being faithful to one partner
- Having group sex
- Using objects or toys during sex
- Having vaginal sex
- Sharing sexual fantasies with others
Session 9:
E = Exploring—Step 4
Participants’ Learning Objectives

By the end of the session, the participants will be able to:

• Describe in detail the subtasks of REDI, Phase 2: Exploring—Step 4
• Explain how to assess clients’ information needs (what topics to cover and in how much detail)
• Identify common misconceptions about contraceptive methods
• Demonstrate how to address some of those misconceptions
• Explain basic principles of information-giving and key areas of information to cover
• Describe principles of talking to clients about side effects, health risks, and complications
• List three ways of achieving dual protection
• Explain how the Exploring phase of REDI supports sexual and reproductive health (SRH) and clients’ rights
• Practice Rapport Building and Exploring through role-play exercises with client profiles

Essential Ideas—Session 9

Building on Essential Ideas from the Pretraining Handouts, Session 9

• The fourth step in Exploring is to “explain pregnancy prevention and other SRH options—focusing on the method(s) of interest to the client.” The sub-steps are:
  ◦ Review healthy timing and spacing of pregnancies (HTSP) (if needed)
  ◦ For contraceptive methods:
    ◦ Find out what the client already knows
    ◦ Correct misconceptions (if any)
    ◦ Provide more information (as needed)
  ◦ Show method samples, provide brochures, ask what questions the client has
• Clients need to know that they have options in their choice of a contraceptive method and what those options are. However, not all clients need comprehensive information about all methods. That is why the client-centered approach to counseling involves tailoring the amount and scope of information to the client’s interests and needs. The provider should also personalize the information, which means providing the customized information in terms of what it means for the client. Steps 1-3 in Exploring will enable the provider to tailor and personalize information-giving in Step 4.
• There are limits to the amount of information people can understand and retain—this is a major reason why counseling should not cover all details related to every method available. The information imparted to clients should be brief, nontechnical, and supported by visual aids and method samples.
• The key to assessing clients’ information needs is to ask what they already know. This allows the provider to identify gaps in knowledge and misconceptions and to save time by not repeating information that the client already understands.
• Responding to common rumors and misconceptions is necessary to address knowledge gaps. Providers should be respectful and accurate in addressing misconceptions. Respect is an important aspect, as it will help to maintain the trust built between the provider and the client.

• Providing information that is tailored and personalized to the client’s needs is a key feature of client-centered counseling. It is more effective for meeting clients’ needs and saving time versus repeating the same information to every client, whether it is appropriate and needed.

• Providing information about possible side effects is important. It enables the client to make an informed choice and to be prepared to cope with side effects, if they occur. There is a more detailed discussion regarding side effects in the Decision Making phase.

• Considering possible health risks and complications is also important for informed choice; however, these topics are usually introduced in the Decision Making phase. Once a client selects a method, providers will need to give information about warning signs of complications and how to respond to such signs in the Implementing the Decision phase.

• Three ways to achieve dual protection are to:
  ○ Use a condom alone
  ○ Use a condom with another contraceptive method (dual method use)
  ○ Avoid risky behaviors

• The Exploring phase of REDI supports the client’s SRH rights by helping the clients understand their personal risks for unintended pregnancy and for contracting STI/HIV. The provider then offers accurate and understandable information about the full range of options available to the client for pregnancy prevention and reducing risk of STI/HIV (including information on side effects). This addresses the “full” and “informed” aspects of full, free, and informed choice.

**Time**

2 hour 20 minutes

**Session Outline**

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<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
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<td>A. Introduction to Exploring—Step 4</td>
<td>Presentation (Slides 1-4)</td>
<td>10 min</td>
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<td>B. Addressing Clients’ Misconceptions</td>
<td>Presentation, brainstorm, small-group work, reporting (Slides 5-6)</td>
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<td>C. Giving Information</td>
<td>Slides, discussion (Slides 7-13)</td>
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<td>D. Trainer Demonstration of the R and E Phases</td>
<td>Demonstration role play (Slides 14-15)</td>
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<td>E. Practice Role Plays for Rapport Building and Exploring</td>
<td>Role play, discussion (Slides 16-17)</td>
<td>60 min.</td>
</tr>
</tbody>
</table>
Materials

- Equipment to show slides
- Flipchart materials (markers, paper, stands, tape)
- Prepared flipchart (see Advanced Preparation; also, four Client Profile flipcharts from Session 3—one for trainer’s demonstration and three for participant practice)
- Participant Handbook, Part 2: Training Handouts
  - 9-J Session 9 Learning Objectives and Essential Ideas
  - 9-K Principles of Giving Information
- Participant Handbook, Part 2: Further Reading Handouts
  - 9-L Dealing with Rumors in the Community
  - 9-M Using REDI to Give Key Information on Contraceptive Methods
  - 9-N What Happens When HTSP Messages Are Not Considered
- Activity Tool: Session 9, Activity B Common Misconceptions about Contraceptive Methods
- Desktop flipcharts used at participants’ facilities or sets of cue cards on contraceptive methods (for use in the demonstration and practice role plays)

Advance Preparation

1. Review the Pretraining Handouts for this session. As a reminder, here are the Pretraining Learning Objectives.

   **Pretraining Learning Objectives**

   - Define “misconceptions” and explain why it is important to address them in counseling
   - List basic principles of information-giving
   - Explain how to tailor and personalize information for clients
   - List at least three ways to make information understandable
   - Provide basic information about HTSP
   - List categories of key information that clients need to select a contraceptive method
   - Explain the differences between side effects, health risks, and complications
   - Describe principles for talking to clients about side effects, health risks, and complications
   - List contraceptive methods that provide the best protection, some protection, and no protection from STIs/HIV
   - Define dual protection and dual method use

2. Review the slides for this session. Prepare presentation notes as needed.
Activity B

3. Review Activity Tool: Session 9, Activity B to prepare for brainstorming. Identify misconceptions that are common in the local community to include.

Activity D

4. Prepare the role-play demonstration for the R and E phases of REDI. This activity requires at least two trainers, and ideally three. One trainer will play the role of the provider; the second will play the client. However, if a second trainer is not available, a participant could play the role of the client, but you will need to prepare the participant in advance (e.g., by reviewing the profile and discussing the format of the activity).

5. Choose one of the profiles from Session 3 to use for the role-play demonstration in this session and also for Session 11. Post the flipchart page for that Client Profile (from Session 3) before the activity and remind participants about this client's situation.

6. Prepare a flipchart for role-play feedback (per below). This flipchart will stay posted on the wall until the end of the workshop. The participants will refer to this flipchart to structure their feedback for all the role-play exercises during this training.

Feedback Guidelines For Role-Play Activity

- Ask the client, “How did you feel during the role play? How well were your needs met (or not)?”
- Ask the provider, “What did you do well? What would you do differently next time?”
- Ask observers, “What did the provider do well? How could the provider improve their counseling and communication skills?”
- How well did the provider accomplish all the tasks listed for this REDI phase?

Activity E

7. Choose three more profiles from Session 3 for participants’ role-play practice. Prepare the flipchart pages for those profiles to post for this activity.
# Session 9 Activities

## Activity A. Introduction to Exploring—Step 4 (Slides 1-4; 10 minutes; 7 steps)

### Slide 1. Session 9. E = Exploring—Step 4

1. For Step 4, the goal is to assess what the client already knows and then give information—“explain”—accordingly. Rather than giving the same information to every client, the provider uses what they learned in the previous steps under Exploring to make this step client-centered—responding to the client's unique needs, concerns, pregnancy prevention goals, sexual relationships, social and gender contexts, and STI/HIV risk.

### Slides 2 and 3. Learning Objectives

2. Review the Learning Objectives for this session ([Handout 9-J](#)).

3. Note that much of this content was covered in the Pretraining Handouts. In this session they will review the key points, see how it all flows together in the counseling process, and have a chance to apply what they have learned in practice role plays.

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**Learning Objectives**

- Describe the sub-tasks of Step 4
- Explain how to assess clients’ informational needs
- Identify common misconceptions about contraceptive methods
- Address some of those misconceptions
- Describe principles of information giving and key areas of information to cover

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**Learning Objectives (continued)**

- Discuss side effects, health risks, and complications
- List three ways to achieve dual protection
- Explain how the Exploring phase supports sexual and reproductive health (SRH) and clients’ rights
- Practice Rapport Building and Exploring through role-play exercises
Slide 4. Exploring—Step 4 (New Clients)
5. Ask participants to follow along in Learning Guide 2 as you read the bullets.
6. Refer to the first bullet. Remind participants that the Pretraining Handouts included information on HTSP. Explain that a discussion of HTSP is necessary if the client's plans for the next pregnancy are not consistent with the HTSP guidelines. This is most likely for postpartum and postabortion clients but may be necessary for other clients as well. Session 15 will address postpartum and postabortion clients in more detail.
7. Second bullet: Explain that the key to assessing what the client already knows is to ask the client—*which methods have you heard of? What do you know about them? How do they work?* In the next slide, you will go into more detail about why these questions are important.

Activity B. Addressing Clients’ Misconceptions (Slides 5-6; 20 minutes; 7 steps)
Slide 5. Addressing Clients’ Misconceptions
1. Ask the first question on the slide. Answer: One reason is that this will tell the provider where to start in terms of addressing gaps related to the client’s awareness of the range of contraceptive methods and will tell the provider what words the client uses.
2. Another important reason to ask is what the client already knows is that the provider will often hear misconceptions or inaccurate information about contraceptive methods. Ask the second question on Slide 5 and clarify the meaning of misconception.

*Trainer Tip: This is a review of the information provided in Handout 9-A.*
3. Note that clients do not make up misconceptions—they hear them somewhere or from someone. To respond respectfully and accurately, it helps to know where they heard the rumor. Ask the third question on the slide. Possible sources include:

- Unintended misinformation, when someone passes on what they heard
- Traditional beliefs about the body and health
- Exaggerations to make a story more entertaining
- Unclear information from healthcare providers or no information at all
- People trying to explain something that has no obvious explanation, such as an unexpected side effect
- Errors or exaggerations in the news or mass media
- Prejudice against contraception
- Uninformed or poorly trained providers who are not prepared to provide certain methods—for example, the intrauterine device (IUD)

4. Ask the fourth question on the slide. After receiving answers from a couple of participants, note that they should be respectful, tactful, and accurate in their response. Responding to common rumors and misconceptions is necessary to address knowledge gaps. Further, responding respectfully is important to maintaining the trust built between the provider and the client. Also, note that there is more on this topic that participants can read later in Handout 9-L.

### Slide 6. Exercise: Addressing Misconceptions

5. Ask participants to brainstorm about misconceptions and rumors about contraceptive methods that are common in their community or among their clients. List them on a flipchart.

*Trainer Tip:* You can stop after you have six or seven misconceptions or rumors, or enough to assign one to each small group (see Step 6). If participants need help getting started, you can prompt them with some examples from Activity Tool: Session 9, Activity B.

6. Explain that participants will now complete a brief exercise on responding to clients’ misconceptions. Ask participants to form groups of three. Assign one misconception from the flipchart list to each group. Ask them to imagine that a client has said this to them. Give the groups five minutes to discuss how they would respond to the client, which they will share with the large group.

7. After five minutes of group work, call “time.” Ask a group to volunteer to start, first by reading their misconception and then explaining how they would respond. Continue with the remaining groups.
Activity C. Giving Information (Slides 7-13; 25 minutes; 17 steps)

Slide 7. Review: Principles of Giving Information
1. Explain that they will now consider how and what to explain during Step 4. Remind participants that the Pretraining Handouts included the four principles of information-giving, and each question on this slide refers to one of the principles. Ask the questions and get a few answers for each.
2. Then review Handout 9-K. Note how this compares to what participants suggested. Address any confusion.

Slide 8. Review: Key Information on Contraceptive Methods
3. Show the title only of the slide. Explain that you will now review what clients need to know about contraceptive methods in order to choose one. Remind participants that the information covered in each counseling session will vary depending on the client—they should not use preset scripts. The provider needs to interact with the client, explore what the client wants and needs to know, identify any concerns the client may have, assess the client’s situation, and respond appropriately.
4. Show and ask the first question on the slide. After a few responses, show and read through the categories listed under “Key Information” and note how they compare with the participants’ responses. Note that is almost exactly how the information is presented on most cue cards on contraceptive methods.
5. Refer to the cue cards (or other information sheets) that are used in local service facilities and show participants where this information is listed.
6. Show and ask the second question on the slide. After a few responses, explain that:
   - When a client has a method in mind, always start by explaining key information about that method.
   - It is the provider’s duty to make sure the client understands that there are other methods. At the very least, ask the client to name other methods they know about. List any methods the client omits.
   - If the client is interested in other methods, or if the first method does not seem appropriate, explain what other methods that would be suitable for the client.
Slide 9. What Are Side Effects, Health Risks, and Complications?

**Trainer Tip:** This is a review of Handout 9-G. You can refer to that handout for appropriate answers to these questions and to address gaps.

7. Show and ask the first question on the slide. After a few responses, show the bulleted answers and discuss (if needed).

8. Show and ask the second question. After a few responses, give the answer found in Handout 9-G.

9. Repeat for the third question.

10. Note that Handout 9-M provides more detailed information on the topic of explaining contraceptive methods. Participants can refer to that later.

Slide 10. What Is Dual Protection?

11. Show only the question (title). Note that dual protection is an important part of counseling and the Pretraining Handouts included information on dual protection. As a review, ask the question.

12. After a few responses, show the definition. Explain that “dual protection” is often confused with “dual method use.” Clarify that “dual method use” means using two contraceptive methods—usually with the goal of achieving dual protection—but that some dual protection strategies do not involve any contraceptive methods.

Slide 11. Ways to Achieve Dual Protection

13. Show and ask the question only. After a few responses, show the answers.

14. Note that people often forget that the condom alone can offer dual protection. This can be an important point for some clients.
Slide 12. How Does the Exploring Phase Support SRH and Clients’ Rights?

15. Show the title only. Tell participants, “The Exploring phase in REDI plays a key role in providing client-centered counseling and supporting clients’ SRH rights.” Ask participants to brainstorm ideas about the title question.

16. After a brief discussion, show the bullets.

Slide 13. Essential Ideas: Exploring—Step 4

17. **Trainer Tip:** Much of this session has been a review of information provided in the Pretraining Handouts. Most of the points in the Essential Ideas you will have covered. Rather than reviewing all the Essential Ideas again, address any of the key points that were not discussed or that you feel need reinforcing, as you go through the bulleted list.

Activity D. Trainer Demonstration of E = Exploring (Slides 14 & 15; 25 minutes; 4 steps)

**Slide 14. Demonstration Role Play: Rapport Building and Exploring**

1. Explain that the training team will do a role-play demonstration for the R and E phases of REDI.

2. Post the flipchart for your client profile (see Advance Preparation).

3. Ask participants to refer to Learning Guide 2 and follow along as you demonstrate the first two phases of REDI counseling. Ask them to make notes or jot questions on the handout to discuss after the role-play demonstration (10 minutes).

**Trainer Tip:** One of the trainers plays the provider, and another trainer plays the client. (A participant plays the client only if no other trainer is available.)
Slide 15. Feedback Guidelines for Role Plays
4. After the demonstration, thank “the client.” Show the slide and the flipchart with “Feedback Guidelines for Role Plays.” Ask participants to respond to the four questions. Then ask if they have other questions or comments.

Feedback Guidelines for Role Plays
- Ask “the client,” How did you feel during the role play? How well were your needs met (or not)?
- Ask “the provider,” What did you do well? What would you do differently next time?
- Ask “observers,” What did the provider do well? How could the provider improve their counseling and communication skills?
- How well did the provider accomplish all the tasks listed for Rapport Building and Exploring?

Activity E. Counseling Practice in Triads (Slides 16 & 17; 60 minutes; 12 steps)
Slide 16. Counseling Practice in Triads: Instructions
Instructions (5 minutes)
1. Explain to participants that they will now have a chance to practice the first two phases of REDI, in counseling role-play exercises. Ask participants to refer back to Learning Guide 2.
2. Explain that there will be three role plays, each with a new client profile. For each role play, one person will be the provider, one will be the client, and the third person will be the observer. For each role play, they will change roles, so that, by the end, every participant has played the client once, the provider once, and the observer once.
3. Note that they will have seven minutes to role play each scenario. After seven minutes, you will call “time,” and then they will have three minutes to discuss within their group, following the Role-Play Guidelines on the flipchart. After three minutes, you will call “time” again, they will switch roles, and then you will assign the second client profile to be used for the new role play. This process will be repeated for the third role play.
4. Form groups with three participants each. Have the groups spread out as much as possible to reduce the distraction of hearing the other groups.
5. Post the flipchart page with the first client profile for practice counseling (see Advance Preparation). Read the profile aloud. Ask if there are any questions. Then ask them to start their role plays. (Five minutes to form groups and give instructions)
Small-Group Work (35 minutes)
6. One trainer will need to monitor time closely during this activity, calling “time” after seven minutes (role play) and after three minutes (debriefing in groups). Then quickly post and read the next profile.

**Trainer Tip:** Move between the groups, observing. Only interrupt if it seems that there is confusion about the instructions. With 7 minutes for each role play and 3 minutes to discuss, each role play sequence should take 10 minutes. For three role plays, the total time will be 40 minutes (including instructions and five minutes to transition to the second and third role plays).

Slide 17. Counseling Practice: Discussion
Large-Group Discussion (20 minutes)
7. Show only the title of the slide. Bring the participants back to the large group. Explain that you want to give participants a chance to reflect on the different roles that they played and what they are learning about counseling so far through this experience.

8. Show the bullets. Ask participants to think about when they assumed the *client* role. Ask them to answer the three questions from the *client* perspective.

- **How did you feel at the end of the role play?**
- **Overall, what worked well with these phases (Rapport Building and Exploring)?**
- **Overall, what do you think could be improved—either about the counseling process or your skills?**

9. Then, ask participants to think about when they assumed the *provider* role and answer the same three questions.

10. Finally, ask participants to think about when they assumed the *observer* role and answer the same three questions.

11. Give your own feedback on what you observed during the role plays, and comments you heard during the plenary discussion. In particular, respond to participants’ comments about what was challenging.

12. Wrap up by noting that they will have another chance to practice these two phases at the end of the day, after learning about the Decision Making and Implementing the Decision phases.
Activity Tool: Session 9, Activity B
Common Misconceptions about Contraceptive Methods

**Oral Contraceptives (Pills)**
- Pills cause cancer.
- A woman should take a break from pills after some time.
- Pills will cause deformed babies.
- Pills can make a woman sterile.
- A woman should not take pills if she has not had a baby.
- Pills can make a woman weak.
- If a woman takes pills for a long time, she will still be protected from pregnancy after she stops taking the pills.
- Pills will cure acne.

**Injectables**
- Women without children cannot use depot medroxyprogesterone acetate (DMPA).
- Injectables cause cancer.
- Injectables cause abortion.
- Injectables make a woman sterile.

**Implants**
- Implants cause cancer.
- Implants can break and move around within a woman’s body.

**Female Sterilization**
- Sterilization will change a woman’s monthly periods.
- Sterilization will make menstrual bleeding stop.
- Sterilization will make a woman lose her sexual ability.
- Sterilization will make a woman weak.
- Sterilization will make a woman fat.
- Sterilization involves tying the tubes and can be undone whenever she wants.

**Vasectomy**
- Vasectomy will make a man lose his sexual ability.
- Vasectomy will make a man weak.

**IUDs**
- An IUD can travel from the woman’s uterus to other parts of her body, such as her heart or her brain.
- An IUD will prevent a woman from having babies after it is removed.
- A woman who has never had a baby cannot use an IUD.
- A woman should have a rest period after using an IUD for several years.
- An IUD will cause discomfort to the woman’s partner during sex.

**Spermicides**
- Spermicides will cause birth defects.
- Spermicides cause cancer.

**Diaphragm**
- A diaphragm is uncomfortable for the woman.

**Lactational Amenorrhea Method (LAM)**
- LAM is not an effective contraceptive method.
- Any type of breastfeeding can protect a woman from pregnancy.

**Standard-Days Method**
- A woman cannot get pregnant when she is menstruating.
- A woman with irregular cycles cannot get pregnant.

**Emergency Contraception (EC)**
- EC causes abortion.
- EC is not safe for adolescents.
- Using EC repeatedly is dangerous.
- If I use EC, I am protected against pregnancy until my next period.
- I cannot get EC until it is an emergency.
- EC will harm a pregnancy.

**Condoms**
- Condoms are mostly used by prostitutes.
- Condoms will make a man weak and impotent.
- Female condoms are too big.
- Condoms often break during sex.
Session 10: D = Decision Making
Participants’ Learning Objectives

By the end of this session, the participants will be able to:

- Describe in detail the steps of REDI, Phase 3: Decision Making
- Describe how to focus on key decisions, list relevant options, and confirm medical eligibility (Step 1)
- Describe how to help clients choose contraceptive methods that respond to their needs and preferences by considering benefits, disadvantages, and consequences of each option (Step 2)
- Describe how to support clients in making their own decisions, without exerting pressure (Step 3)
- Explain how this phase supports sexual and reproductive health (SRH) and clients’ rights

Essential Ideas—Session 10

Building on Essential Ideas from the Pretraining Handouts, Session 10

- During the Decision Making phase of counseling, the provider:
  1. Summarizes (with the client) the Exploring phase in terms of Decision Making:
     1-A. Review decisions the client needs to make or confirm
     1-B. Identify relevant options for each decision
     1-C. Confirm medical eligibility for method(s) client is considering
  2. Help the client consider the benefits, disadvantages, and consequences of each option
  3. Confirm that any decision is informed, well-considered, and voluntary
- In Step 1-A of Decision Making, explicitly stating the decisions that a client needs to make or confirm helps the client to focus and reinforces the fact that the client is expected to make their own decision. In Step 1-B, the provider lists the options available that meet that client’s needs. In Step 1-C, the provider consults medical standards—such as World Health Organization (WHO) medical eligibility criteria—to identify possible health consequences of methods being considered.
- In Step 2 of Decision Making, the provider helps the client select the best method for their needs. The provider presents the relevant options in a personalized way, by relating the benefits and disadvantages to the unique situation of the client. This step also serves as a reality check for the client regarding the possible consequences of their choice, considering the client’s sexual, social, and gender contexts.
- Step 3 is key to supporting the rights of clients to make their own decisions, without pressure or coercion. During this phase, it is important for the provider to assist the client in making their own decision. In addition, the provider should ascertain whether other people (including providers) are pressuring the client in any way or are denying the client access to services. Sometimes there is a power imbalance between the provider and the client (e.g., due to differences in education and/or social status) that can result in the provider pressuring the client without realizing it.
Helping a client make decisions without exerting pressure has been a major challenge for providers. Providers often either tell the client what method to use or give information but do not assist the client in making a decision. The counseling approach taught in this curriculum aims to resolve these two extremes through a client-centered process.

The Decision Making phase of counseling supports the rights of each client to make a full (not denying access to services), free (without pressure from others), and informed (considering all benefits, disadvantages, and consequences) choice. It also supports the client’s right to dignity, comfort, and expression of opinion.

**Time**

1 hour

**Session Outline**

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Introduction</td>
<td>Presentation (Slide 1-2)</td>
<td>5 min.</td>
</tr>
<tr>
<td>B. Review of Learning Guide on Decision Making and the WHO Medical Eligibility Criteria for Contraceptive Use</td>
<td>Discussion, handout review (Slides 3-6)</td>
<td>15 min.</td>
</tr>
<tr>
<td>C. Helping Clients Choose Methods that Respond to Their Needs</td>
<td>Presentation, discussion (Slide 7)</td>
<td>10 min.</td>
</tr>
<tr>
<td>D. The Decision Making Process</td>
<td>Small-group exercise, discussion (Slide 8)</td>
<td>15 min.</td>
</tr>
<tr>
<td>E. The Client’s Rights and the Impact of Power Imbalances</td>
<td>Discussion (Slides 9-11)</td>
<td>10 min.</td>
</tr>
<tr>
<td>F. Summary</td>
<td>Large-group discussion (Slide 12)</td>
<td>5 min.</td>
</tr>
</tbody>
</table>

**Materials**

- Equipment to show slides
- Flipchart materials (markers, paper, stands, tape)
- Participant Handbook, Part 2: Training Handouts
  - 10-C Session 10 Learning Objectives and Essential Ideas
  - 10-D Decision Making Steps in Detail
  - 10-E 2015 Quick Reference Chart for the WHO Medical Eligibility Criteria of Contraceptive Use
  - 10-F Decision Making Sample Scenario
- Activity Tool: Session 10, Activity D Answer Sheet for Sample Scenario (Handout 10-F)
Advance Preparation

1. Review the Pretraining Handouts for this session. As a reminder, here are the Pretraining Learning Objectives.

Pretraining Learning Objectives

- List the steps in the Decision Making process
- Identify signs of a power imbalance between the provider and the client, possible results for the client, and ways the provider can overcome a power imbalance

2. Review the slides for this session. Prepare presentation notes as needed.

Activity B

3. For Activity B, you can also use the WHO Medical Eligibility Criteria wheel if you can obtain and distribute it to participants. (http://who.int/reproductivehealth/publications/family_planning/mec-wheel-5th/en/)
Session 10 Activities

Activity A. Introduction (Slides 1-2; 5 minutes; 2 steps)

Slide 1. Session 10. D = Decision Making
1. Tell the participants that this session is about building skills for the Decision Making phase of REDI. Explain that in this session you will look at how the provider can help the client make or confirm their own decisions during counseling.

Slide 2. Learning Objectives
2. view the objectives (Handout 10-C).

Activity B. Review of the Learning Guide on Decision Making and WHO Medical Eligibility Criteria for Contraceptive Use (Slides 3-6; 15 minutes; 10 steps)

Slide 3. Steps of D = Decision Making
1. Ask participants to find D = Decision Making in Learning Guide 2 and to follow along as you read the steps and sub-steps on Slide 3.
2. Note that they can review Handout 10-D later for more details.
Slide 4. Step 1: Summarize from Explore
3. To focus on Step 1, ask participants to think about the client profile used for the role-play demonstration in Session 9.
4. Ask the two questions on the slide. Note responses on a flipchart page.
5. Point out that these questions cover Steps 1-A and 1-B.

Slide 5. Medical Eligibility Criteria
6. For Step 1.C, explain that the WHO has established criteria for which groups of clients are eligible for which methods. Ask participants to refer to Handout 10-E.
7. Briefly review how to use the chart by noting the categories and which colors represent which categories.

Trainer Tip: Specific criteria in different countries may be different from the WHO Medical Eligibility Criteria. Check to see if that is the case in your country and inform participants accordingly. Participants should have been oriented to medical eligibility criteria (and possibly this same chart) in their basic contraceptive methods training or contraceptive technology update training. You may also want to use the Medical Eligibility Criteria wheel from WHO, as noted in Advance Preparation.

Slide 6. Medical Eligibility Criteria and Decision Making
8. Ask the question on the slide. After a few responses to the question, note that, while they need to advise the client about their medical eligibility, providers should not pressure the client to make the decision that they think is medically correct. The client should own their decision, while considering the provider's medical opinion.
9. Wrap up the discussion by telling the participants that they can use this summary chart on medical eligibility criteria as a reference in the role-play exercises and at their workplaces.
Activity C. Helping Clients Choose Methods that Respond to Their Needs  
(Slide 7; 10 minutes; 3 steps)

1. Tell the participants that, for new clients without a method already in mind, considering relevant options often begins with eliminating methods that do not meet the client’s expressed needs or wishes. At this point, the client has received basic information on all relevant contraceptive methods (during the Exploring phase). Now the provider will guide the client in reviewing each method in terms of the benefits, disadvantages, and consequences of the method—and comparing those to the client’s situation and preferences.

Slide 7. Step 2: Benefits, Disadvantages, and Consequences

2. Review all the bullets except the question. Remind participants that the Exploring phase of REDI includes all but one of these areas—recurring costs. Now the provider can draw on information learned from the client during the Exploring phase about their sexual relationships and practices, the social and gender contexts of the client’s decision making, and their risk of sexually transmitted infections (STIs) or HIV.

3. Ask the question and briefly discuss what they know about the profiled client in each of these areas, to help eliminate methods that would not be suitable.

Activity D. The Decision Making Process  
(Slide 8; 15 minutes; 7 steps)

Slide 8. Small-Group Exercise: Handout 10-F

1. Explain that this exercise will give participants a chance to apply the Decision Making phase of REDI to an interaction between a client and a provider. Ask them to turn to Handout 10-F.

2. Review the instructions on the handout, to identify the steps and then identify the content for Step 2.

Trainer Tip: You may want to do the “Provider (1)” as an example—see Activity Tool: Session 10, Activity D.

3. Put participants in pairs or triads. Ask them to take five minutes to read the dialogue between the client and provider, and to write down the step number (Task A) and topic (Task B), if applicable, for each segment of the conversation.
4. Call “time” after five minutes. Lead a discussion by asking one group to say what they wrote in the box for “Provider (1).” If they give the wrong answer, ask if another group had a different answer.

**Trainer Tip:** For correct answers, refer to the Activity Tool: Session 10, Activity D. If a group gives a wrong answer, come back to them for another statement, to give them a chance to get it right.

5. Go to a different group for each “Provider” statement, until you have discussed all the statements. When you get to a “Step 2” statement, ask the same group which content it covers.

6. Ask, “Which Decision Making step is missing in this counseling?” (Answer: 1-C Medical Eligibility Criteria) Then ask, “What could the provider say about that?”

7. Also, explain that in this example, Step 3 was very simple, but it is not always that easy.

**Activity E. The Client’s Rights and the Impact of Power Imbalances**

(Slides 9-11; 10 minutes; 8 steps)

**Slide 9. Step 3: Power Imbalances between Client and Provider**

1. Explain that the Decision Making phase of REDI is key to supporting the rights of individuals to make their own decisions, without pressure or coercion from anyone. However, a client’s decision making might be affected by a power imbalance between the provider and the client.

2. Ask the questions on the slide and facilitate brief discussion. Note that this is a review of their Pretraining Handouts.

**Trainer Tip:** See Handout 10-B for answers.

**Slide 10. Finding the Right Balance**

3. Show only the title of the slide. Explain that helping a client to make a decision without exerting pressure is often a challenge for providers. Finding the right balance between sharing your expertise and letting the client decide is not easy.

4. Show and ask the question on the slide.

5. After a few responses, share the answers on the slide.
Slide 11. Supporting Clients’ Rights
6. Show and ask the question on the slide.
7. After a few responses, show the bullets.
8. Point out that the Decision Making phase of counseling emphasizes the free aspect of full, free, and informed choice. This is why it is important to be aware of possible imbalances of power between provider and client.

Activity F. Summary (Slide 12; 5 minutes; 1 step)
Slide 12. Essential Ideas: D = Decision Making
1. Wrap up by briefly reviewing Essential Ideas, noting anything that was missed or needs recapping from this session (Handout 10-C).
### Activity Tool: Session 10, Activity D

#### Answer Sheet for Sample Scenario (Handout 10-F)

This trainer’s version of Handout 10-F has **yellow highlights** to show the important points to emphasize when giving instructions and when discussing the correct answers. You may want to do “Provider (1)” with the large group as an example.

**Task A.** Read each provider statement, decide which step of Decision Making the provider is covering, and write the step number—**1-A, 1-B, 1-C, 2, or 3**—in each box labeled “Provider” (see **Learning Guide 1** or **2**).

**Task B.** For the provider’s questions or statements that you have identified as “Step 2,” draw a line around the words or sentences where the provider is addressing one of these topics:

- **Side effects**
- Possible **impact** of the contraceptive method on sexual relations, religious practices, and/or family life
- Recurring **costs** for the method, plus time and travel for repeat clinic visits
- Protection against **STIs/HIV**

Then, write the words italicized above (e.g., *impact*) to show what topic the provider is addressing.

<table>
<thead>
<tr>
<th>Provider (1)</th>
<th>1-A</th>
</tr>
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<tbody>
<tr>
<td>Now, let us review the decisions you need to make. You said that you want to use a contraceptive method. Now that we have discussed all available methods, you need to decide which method to use. Do you need any more information?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, I am interested in the intrauterine device (IUD). I think I will have it.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider (2)</th>
<th>1-B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Since you do not want any more children, the IUD will work for you because it provides long-term protection. The implant also provides long-term protection, but you said you do not want a hormonal method. I also told you about female sterilization and vasectomy, but they involve surgery and are considered permanent.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Client</th>
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</thead>
<tbody>
<tr>
<td>Yes, I like the IUD.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider (3)</th>
<th>2. <strong>Side effects</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Okay. Let me remind you of the side effects that you might experience in the first few months. You might have longer periods and more cramping during periods. <strong>How do you feel about this? Do you think you can tolerate it?</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>That is fine, if it is only for the first couple of months.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider (4)</th>
<th>2. <strong>Impact</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>What about <strong>your</strong> husband? How would he feel about your using an IUD?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>He never interferes with that. He does not want any more children, and he supports me in doing something to prevent that.</td>
</tr>
<tr>
<td><strong>Provider (5)</strong></td>
</tr>
<tr>
<td>-----------------</td>
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<tr>
<td><strong>Client</strong></td>
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<tr>
<td><strong>Provider (6)</strong></td>
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<tr>
<td><strong>Client</strong></td>
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<tr>
<td><strong>Provider (7)</strong></td>
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<tr>
<td><strong>Client</strong></td>
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<tr>
<td><strong>Provider (8)</strong></td>
</tr>
<tr>
<td><strong>Client</strong></td>
</tr>
<tr>
<td><strong>Provider (9)</strong></td>
</tr>
<tr>
<td><strong>Client</strong></td>
</tr>
</tbody>
</table>
Session 11:  
I = Implementing the Decision
Participants’ Learning Objectives
By the end of this session, the participants will be able to:

• Describe in detail the steps of REDI, Phase 4: Implementing the Decision
• Apply what they learned (in the Pretraining Handouts) about how to do these steps with a profiled client
• Identify reasons why clients might not want to talk with their partners about pregnancy prevention and other sexual and reproductive health (SRH) issues
• Practice responding to some of these reasons
• Explain how this phase supports SRH and clients’ rights

Optional: Condom Race—Steps for Using Condoms

• List the steps for using a male condom in the correct order
• List the steps for using a female condom in the correct order (if the female condom is used in the activity)
• Identify challenges to dual protection

Optional: Condom Demonstration

• Demonstrate how to use a male condom

Essential Ideas—Session 11
Building on Essential Ideas from the Pretraining Handouts, Session 11

• In the Implementing the Decision phase, the provider helps the client develop a plan for implementing their decision(s) and ensures the plan is realistic for the client’s life. Focusing (finally!) on the contraceptive method the client has chosen, the provider will:
  ◦ Review information about how to use the method
  ◦ Help the client identify possible barriers to using the method
  ◦ Assist the client to strategize how to overcome those barriers
  ◦ Be clear about required follow-up visits or referrals

• One barrier clients may face is communicating with partners about their pregnancy prevention or other SRH decisions. There are many reasons why clients may feel that they cannot discuss pregnancy prevention or SRH issues with their partners. Identifying the reasons why they feel this way is an important first step in helping clients determine whether they can find ways to start these important conversations.

• Partner communication is important, but remember—clients know best about their relationships and should not be forced to have such conversations with their partners. Providers should know where they can refer clients for more help if there are indications of intimate partner violence (IPV) or abuse.
The Implementing the Decision phase of REDI supports two of the client’s rights—safety of services and continuity of care. Safety is addressed (for new clients) by providing clear instructions about how to use the chosen method, about side effects, and about warning signs of health risks or complications. Continuity of care is addressed by ensuring that the client has access to resupply (if needed), is aware of necessary follow-up requirements, and is referred for services not available at the facility.

Clients need to be aware of potential barriers to implementing their decision and have a strategy to overcome those barriers, in order to attain the highest standard of SRH.

**Condom Race and Demonstration—Steps for Using Condoms**

- By this point, the provider should have informed the client about the risk of HIV and other sexually transmitted infections (STIs) and helped them assess their individual risk (during the Exploring phase). All clients who have been identified as being at risk and who have decided to reduce their risk should now receive counseling about condom use.

- *Do not assume clients know how to use condoms!* Helping clients build skills in using condoms deserves special attention. Whether condoms are used for pregnancy prevention, for protection from STIs, or for dual protection, it is important to build these skills during counseling.

- Challenges that clients face in dual-method use include cost, difficulty convincing a partner to use condoms when the woman is already using a contraceptive method, and disrupting the spontaneity of sex. The dual benefit of using condoms is important information that might help clients more easily negotiate condom use with their partners.

**Time**

1 hour (plus 30 minutes for Condom Race and Demonstration, optional)

**Session Outline**

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
</tr>
</thead>
</table>
| A. Overview of Implementing the Decision Phase           | Presentation, discussion (Slides 1-7)| 15 min.
| B. Addressing Partner Communication                      | Discussion (Slides 8-9)              | 20 min.
| C. Supporting Clients’ Rights                           | Discussion (Slides 10-11)            | 5 min. |
| D. Optional: Condom Race                                | Large-group exercise and discussion  | 15 min.
| E. Optional: Condom Demonstration                        | Pairs, small-group activity          | 15 min.
| F. Demonstration of Decision Making and                 | Role play, discussion (Slides 12-13) | 20 min.
| Implementing the Decision Phases of REDI                |                                      |        |
The condom race is an energizer activity with important learning objectives. You can use it in Session 11, since the objectives relate to the Implementing the Decision phase of REDI. Or you can use it on Day 2 or Day 3 as a warm-up activity at the beginning of the day or as an energizer after lunch or at the end of the day—whenever it makes the most sense for the training design.

The condom demonstration logically follows condom race, but you can also do it separately as a warm-up or energizer activity. In either case, the condom demonstration should come after the condom race in the overall training course.

Materials

- Equipment to show slides
- Flipchart materials (markers, paper, stands, tape)
- Prepared flipchart (see Advanced Preparation; also “Feedback Guidelines for Role Plays” flipchart from Session 9)
- Participant Handbook, Part 2: Training Handouts
  - 11-F Session 11 Learning Objectives and Essential Ideas
  - 11-G Suggestions to Help Clients Talk with Partners about Pregnancy Prevention and Other SRH Issues
  - 11-H Examples of Barriers to Talking with Partners about SRH Concerns
  - 11-I Steps for Using Male and Female Condoms
  - 11-J Challenges to Dual Method Use
- Participant Handbook, Part 2: Further Reading Handout 11-K Condom Excuses and Possible Responses
- Individual sets of condom race cards (one for each team)
- Male condom samples (enough for each participant to practice demonstrating use) and penis models (enough for participant to practice demonstrating condom use in small groups)

Advance Preparation

1. Review the Pretraining Handouts for this session. As a reminder, here are the Pretraining Learning Objectives.
2. Review the slides for this session. Prepare presentation notes as needed.

Activity D

3. The purpose of the Condom Race is to practice putting the steps for using a male condom in the correct order, according to Handout 11-I. The first team to accomplish this correctly wins, but there are no actual prizes—just glory and bragging rights!

4. Decide how many teams you will have for the Condom Race. Since it is a race and the competition is part of the fun, there will have to be at least two teams. Since there are nine cards for the condom race (see below), the maximum number of participants on each team should be nine.

   - If you have nine participants on a team, each participant will get one card. Then they can line themselves up in the correct order.
   - If you have less than 18 participants total, you can create groups of four to six participants. They can lay the cards on the floor in an open area or post them on the wall. If you have the participants post cards on the wall, the groups need to be far enough apart that they cannot easily see each other’s cards while they are working on the activity.

5. Prepare one set of nine condom race cards for each team (see below). Each card will have a different step for using a male condom. The cards can be written or printed on regular paper (two steps per sheet of paper) and then cut up. To keep the sets of cards separate, you could write each set on sheets of different-colored paper.
### Condom Race Cards—Steps for Using a Male Condom

<table>
<thead>
<tr>
<th>Order of steps (Do not write these numbers on the cards!)</th>
<th>Cards</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td>Use a new condom for each act of sex.</td>
</tr>
<tr>
<td>1-A</td>
<td>Check the condom package. Do not use if torn or damaged. Avoid using a condom past the expiration date.</td>
</tr>
<tr>
<td>1-B</td>
<td>Tear open the package carefully. Do not use teeth, fingernails, or anything that can damage the condom.</td>
</tr>
<tr>
<td><strong>Step 2</strong></td>
<td>Before any physical contact, place the condom on the tip of the erect penis, with the rolled side out.</td>
</tr>
<tr>
<td><strong>Step 3</strong></td>
<td>Unroll the condom all the way to the base of the erect penis. It should unroll easily—do not force it.</td>
</tr>
<tr>
<td>3-A</td>
<td>If the condom does not unroll easily, it may be backwards, damaged, or too old. Discard it and use a new condom.</td>
</tr>
<tr>
<td><strong>Step 4</strong></td>
<td>Immediately after ejaculation, hold the rim of the condom in place and withdraw the penis while it is still erect.</td>
</tr>
<tr>
<td>4-A</td>
<td>Slide the condom off, without spilling semen.</td>
</tr>
<tr>
<td><strong>Step 5</strong></td>
<td>Dispose of the used condom safely. Wrap the condom in its package and put in the rubbish bin or latrine, not in a flush toilet!</td>
</tr>
</tbody>
</table>

**Activity E**

6. Obtain enough penis models so that participants can practice in pairs or triads. The groups can be larger (if you do not have enough models for pairs or triads), but then this activity will take longer. You should have enough condom samples for each participant to practice demonstrating, plus one condom for one of the trainers to demonstrate first.

**Activity F**

7. The training team will prepare to do the role-play demonstration as in prior sessions—this time, for phases D and I of REDI. For consistency (and to avoid confusion for the participants), the same trainer as before should play the provider role and the same trainer (or participant) should again play the client.

8. As before, use the same Client Profile (from Session 3), picking up where you left off in the Exploring phase (Session 9).
9. Use the same flipchart from Session 9 for feedback guidelines.

| Feedback Guidelines  
<table>
<thead>
<tr>
<th>For Role-Play Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Ask the client, “How did you feel during the role play? How well were your needs met (or not)?”</td>
</tr>
<tr>
<td>• Ask the provider, “What did you do well? What would you do differently next time?”</td>
</tr>
<tr>
<td>• Ask observers, “What did the provider do well? How could the provider improve their counseling and communication skills?”</td>
</tr>
<tr>
<td>• How well did the provider accomplish all the tasks listed for this REDI phase?</td>
</tr>
</tbody>
</table>
Activity A. Overview of Implementing the Decision (Slides 1-7; 15 minutes; 18 steps)

Slide 1. Session 11. I = Implementing the Decision
1. Tell participants that, in this session, you will focus on the last phase of REDI: assisting the client to implement their decision(s).

Slide 2. Learning Objectives
2. Read the Learning Objectives (Handout 11-F).
3. Remind participants that clients might make more than one decision during a counseling session, including deciding on a contraceptive method, deciding to reduce the risk of contracting HIV and other STIs, deciding to communicate with the partner, etc.

Slide 3. Steps of I = Implementing the Decision
4. After a client has made a decision, it is important to have a specific plan for implementing that decision. The plan should help the client develop the skills needed for communicating with their partner(s) and implementing any behavior change necessary to use the chosen method.
5. Use this slide to quickly review the steps of Implementing the Decision. Do not go into details yet. Remind participants that the discussion in this session will continue to focus on the needs of new clients. Also, note that this is a review of what participants learned in their Pretraining Handouts. You will be covering the main points and they can refer back to the Pretraining Handouts later, if they want to remind themselves about the details.
Session 11 | I = Implementing the Decision

Slide 4. Step 1. Assisting the Client to Make a Plan

6. Ask participants to look at Learning Guide 2. Review Step 1 under the Implementing the Decision section.

7. Lead a discussion by asking the questions on the slide.

Trainer Tip: Handout 11-B provides answers to the first two questions

8. For the third question, use the client in Handout 10-F as an example, and brainstorm the major considerations in making a concrete plan with this client.

Slide 5. Reviewing Key Information—Again!

9. Ask the first question on the slide.

10. After a few responses, remind participants that, although the provider and the client already discussed how the method is used in the Exploring and Decision Making phases, now it is time to explain how the client should use the chosen method in more detail than was covered before.

11. Ask the second question. Remind participants that the Pretraining Handouts covered the key information to review. The answers do not have to be in this order, but they should remember most of them:

   - When to start
   - Where to obtain
   - How to use
   - Tips for remembering to use
   - Common side effects
   - Warning signs
   - How to prevent HIV/STIs
   - How to communicate with partner about the method
   - When and where to obtain resupply

12. Ask the third question.

13. After a few responses, tell participants that instead of explaining this information again to the client, you can ask the client to repeat back what they understand about how to use the method. This is an excellent way to check on the client’s understanding.
15. Ask participants to apply that step to the client in Handout 10-F.
16. Then do the same for Step 3.

*Trainer Tip:* This is based on Handout 11-D.

Slide 7. Step 4. Making a Plan for Follow-Up or Referral
18. Ask participants to apply that step to the client in Handout 10-F.

Activity B. Addressing Partner Communication (Slides 8-9; 20 minutes; 7 steps)

Slide 8. Partner Communication
1. Explain that one barrier might be the partner’s cooperation. The client may need or want to develop skills in communicating about pregnancy prevention and SRH with the partner.
2. Lead a brief discussion on the first question.

*Trainer Tip:* For the first question, a list of possible reasons is provided in Handout 11-H (which you will use in the next slide’s exercise). Refer to Handout 11-H to help probe for a variety of ideas in this brainstorm.

3. After hearing a few responses to the second and third questions, ask participants to look at Handout 11-G. Briefly review and note any similarities to what they suggested in their responses.
Slide 9. Responding to Clients’ Reasons for Not Talking to Their Partners

4. Ask participants to look at Handout 11-H. Note that this has some answers to the first question you asked in the previous slide. It also points out some of the possible deeper personal and social factors that contribute to the barriers to talking with partners.

5. Explain to participants that the point of this discussion is not to explore social factors, but to increase their awareness of the reasons why a client might not want to talk with their partner. Providers should respect the client’s reasons and have empathy, but not probe further.

6. Form pairs and assign one or more of the reasons on Handout 11-H to each pair. Read the instructions on the slide. Explain that there are no right or wrong answers; rather this is a chance to briefly explore what the provider can do with respect and empathy, while recognizing the boundaries of their role as providers.

7. After about five minutes of discussion, ask each pair to share their client’s reason and their suggestion.

Activity C. Summary (Slides 10-11; 5 minutes; 3 steps)

Slide 10. How Does the Implementing Phase Support SRH and Clients’ Rights?

1. Show the slide title only and ask the question, “How does the Implementing the Decision phase of REDI support the client’s SRH rights?”

2. After a few responses, show the bullets.
Activity D. Condom Race (Optional) (No slides; 15 minutes; 11 steps)

**Trainer Tip:** Conduct this activity as an energizer in this session or at the beginning or end of Days 2 or 3, or after lunch. See Advance Preparation for planning the teams and preparing sets of cards.

1. Explain that, by this point, the provider should have informed the client about the risk of HIV and other STIs and helped them assess their individual risk (during the Exploring phase). All clients identified as being at risk and who have decided to reduce their risk should now receive counseling about condom use.

2. Explain that providers should not assume clients know how to use condoms. Helping clients build skills in using condoms deserves special attention. Whether condoms are used for pregnancy prevention, for protection from STIs, or for dual protection, building these skills during counseling is very important.

3. Divide the participants into two or three teams of four to nine people each, depending on the number of participants (See Advanced Preparation).

4. Explain that you will distribute a set of nine cards and that each card states one of the steps involved in using a male condom. Inform the participants that their team’s job is to:
   - Line the cards up on the floor (or each person standing in a line, if you have nine people) so that the steps for using a male condom are in the correct order.
   - Complete the task faster than the other groups without making any mistakes.
   - The first group to finish with no mistakes will be the winner! There are no prizes—just glory!

5. Hand each team a set of cards and let the race begin.

6. Keep time for each team. Let all teams finish before judging finished lineups for accuracy.

7. Start by reviewing the lineup of the team that finished first. Call all teams to view the lineup and to correct any mistakes. If the first team does not have the right order, review other teams’ lineups. Repeat the correct order of the steps aloud so that all participants can hear.

8. Ask the participants to return to the large group. Review the steps for the male condom on **Handout 11-I**, emphasizing the five basic steps. Then review the steps for the female condom (if these are available in your area).
Trainer Tips: This exercise is usually a lot of fun for the participants and can be used to energize the group. It also provides an excellent opportunity to get the participants to talk about using condoms, which will allow you to correct any incorrect ideas that they might have. As in any game, some participants might become very competitive about winning. Some might want to argue about the order of the cards. If that happens, you can use the opportunity to review the steps, explaining each one in slightly more detail. Do not spend time defending the order.

10. Ask participants to look at Handout 11-J. Note that challenges faced by clients in dual-method use include cost, difficulty convincing a partner to use condoms when the woman is already using a contraceptive method, and disrupting the spontaneity of sex. The dual protection when using condoms is important information that might help clients more easily negotiate condom use with their partners.

11. Refer participants to Handout 11-K. Note that this may be helpful to them in counseling. Read one or two examples.

Activity E. Condom Demonstration (Optional) (No slides; 15 minutes; 6 steps)

Trainer Tip: This activity can follow the Condom Race or it can be done separately as an energizer at the beginning or end of Days 2 or 3, or after lunch. In either case, the condom demonstration should come after you have conducted the Condom Race in the overall course.

1. Tell the participants that providers tend to assume that clients can and will understand how to use a condom just by being told how. Many studies show that service providers do not demonstrate condom use to their clients. Helping clients build skills in using condoms deserves special attention. Whether condoms are being used to prevent pregnancy, to protect against STIs, or for dual protection, building clients’ skills during counseling is critical.

2. Ask the participants if they have ever demonstrated condom use to their clients or service providers.

3. Ask them why most service providers do not do condom demonstrations with their clients. Responses might include the following:
   - They do not think it is necessary.
   - They do not know how to do a demonstration.
   - They do not have penis models.
   - They do not know very well how condoms should be used.
   - They are embarrassed.

4. Trainer Demonstration: Announce to the participants that you will demonstrate how to put a condom on a model of a penis. Tell them that this activity will give them an opportunity to practice using a condom and explaining the steps to clients. Refer participants to Handout 11-I. Ask participants to take turns reading each step as you complete the demonstration. Make sure that everyone sees the demonstration clearly. Encourage the participants to ask questions during the demonstration.

5. Participant Practice: Form pairs or triads. Ask the participants to do the condom demonstration for each other, explaining each step clearly while doing the step. Distribute condoms (one to each participant) and penis models (one to each pair or triad). Tell participants to give each other feedback as they practice.

6. Ask for feedback from participants. “What was difficult about this? How could you do this in your clinic if you do not have penis models available? What are the benefits for the client of seeing the provider demonstrate condom use?”
Activity F. Trainer Demonstration of Decision Making and Implementing the Decision
(Slides 12-13; 20 minutes; 2 steps)

Slide 12. Role-Play Demonstration: Decision Making and Implementing the Decision
1. Tell participants, “You will be role playing the Decision Making and Implementing the Decision phases, using the same client profile from the role-play demonstration.

   Trainer Tip: Reminder, one of trainers plays the provider and another trainer plays the client. Trainers should be in the same roles as in the previous role-play demonstrations. If possible, have the Implementing the Decision phase include teaching the client how to use a condom.

Slide 13. Feedback Guidelines for Role Plays
2. After the role-play demonstration, facilitate feedback using the questions on this slide, or the “Feedback Guidelines for Role Plays” already posted (flipchart from Session 9).

   Feedback Guidelines for Role Plays
   > Ask “the client,” How did you feel during the role play? How well were your needs met (or not)?
   > Ask “the provider,” What did you do well? What would you do differently next time?
   > Ask observers, What did the provider do well? How could the provider improve their counseling and communication skills?
   > How well did the provider accomplish all the tasks listed for Decision Making and Implementing the Decision?
Session 12:
Counseling Return Clients
Participants’ Learning Objectives

By the end of this session, the participants will be able to:

- Recap possible reasons for return visits
- Explain how to use different REDI steps for satisfied and dissatisfied return clients
- Identify the three main reasons for method discontinuation
- Describe how to support clients who want to discontinue their method
- List steps for managing side effects and other problems
- Explain how this approach supports clients’ sexual and reproductive health (SRH) rights

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### Essential Ideas—Session 12

*Building on Essential Ideas from the Pretraining Handouts, Session 12*

#### Return Clients

- Return clients constitute a significant portion of the clients who come to facilities for services. Providers should tailor the phases of the REDI framework to respond to the needs of the return client. Clients with problems or concerns should receive careful attention and counseling relevant to the reason for the visit. Return clients with no problems should receive their requested services and/or supplies without unnecessary delays.

#### Switching Methods or Discontinuing Contraception

- Clients generally cite one or more of the following three reasons for wanting to switch or discontinue contraceptive methods:
  - Side effects or other health or social problems
  - Concerns caused by lack of accurate information
  - Wanting to conceive or no longer needing protection
- Providers should address side effects and other problems with counseling. Switching methods may be the best option, if the problems are unmanageable otherwise.
- Providers can also address misconceptions or lack of information through counseling. However, the client may still prefer to switch methods. It is better to let a client switch methods than insist they continue with a method they do not like, which could lead to discontinuation.
- Discontinuing contraception is obviously necessary if the client is ready to conceive. In these cases, prenatal counseling is advisable.
- For both discontinuation and switching, the provider supports clients’ rights by ensuring that the client is making an informed, voluntary, and well-considered decision. The provider does this by determining the client’s reasons and offering relevant information and options to the client (rather than discouraging a change) and by maintaining a trustful relationship through counseling.
Managing Side Effects and Other Problems

- Fears or concerns about potential and actual side effects are the main reasons for clients’ discontinuation of their chosen method. Addressing and managing such concerns can help many clients to continue using their method.
- Providers should take clients’ complaints seriously, explore them in detail, and offer information and support to help clients cope with the situation.
- In addition to providing counseling, most providers are also responsible for managing side effects and health risks or complications by either treating the problem or referring the client for treatment elsewhere.
- If the provider cannot resolve the clients’ concerns and complaints through counseling and treatment, the client should have the option of switching to another method.

SRH and Client’s Rights

- Counseling return clients is an important part of supporting clients’ rights to:
  - Access to services (for resupplies and for clients who want to switch methods)
  - Informed choice (the right to switch methods or to discontinue contraception)
  - Safety of services (careful follow up on side effects and warning signs of health risks and/or complications)
  - Continuity of care (ensuring that the client is able to obtain resupplies when needed)

Time

1 hour 20 minutes

Session Outline

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Reasons for Return Visits and Appropriate Responses</td>
<td>Brainstorm, discussion, presentation (Slides 1-6)</td>
<td>20 min.</td>
</tr>
<tr>
<td>B. Switching and Discontinuation</td>
<td>Pairs work, reporting (Slides 7-10)</td>
<td>20 min.</td>
</tr>
<tr>
<td>C. Managing Side Effects and Other Problems</td>
<td>Presentation (Slide 11)</td>
<td>10 min.</td>
</tr>
<tr>
<td>D. Trainer Demonstration and Summary</td>
<td>Role-play demonstration (Slides 12-13)</td>
<td>20 min.</td>
</tr>
<tr>
<td>E. Supporting Rights; Summary</td>
<td>Discussion (Slides 14-15)</td>
<td>10 min.</td>
</tr>
</tbody>
</table>
Materials

- Equipment to show slides
- Flipchart materials (markers, paper, stands, tape)
- Prepared flipcharts (see Advance Preparation)
- Participant Handbook, Part 1: Learning Guides
  - 3 REDI Guide for Counseling Satisfied Return Clients
  - 4 REDI Guide for Counseling Dissatisfied Return Clients
- Participant Handbook, Part 2: Training Handouts
  - 12-D Session 12 Learning Objectives and Essential Ideas
  - 12-E Comparing REDI for Satisfied Return Clients and REDI for Dissatisfied Return Clients
  - 12-F How Would You Respond? Worksheet
  - 12-G Supporting Clients Who Want to Switch Methods or Discontinue Contraception
  - 12-H Exploring Reasons for Dissatisfaction and Considering Options
  - 12-I Steps for Managing Side Effects and Other Problems

Advance Preparation

1. Review the Pretraining Handouts for this session. As a reminder, here are the Pretraining Learning Objectives.

   **Pretraining Learning Objectives**
   - Describe basic principles of counseling return clients
   - Explain basic differences between counseling satisfied and dissatisfied return clients
   - List possible reasons for return visits
   - Describe appropriate provider attitudes and approaches for addressing the concerns of return clients

2. Review the slides for this session. Prepare presentation notes as needed.
Activity A
3. Prepare the flipchart page for brainstorming, per below.

**Flipchart for Activity A**

<table>
<thead>
<tr>
<th>Reasons for Return Visits</th>
</tr>
</thead>
</table>

4. The large-group discussion in this activity (Slide 6) links with Pretraining Handout 12-C. Review 12-C to become familiar with the reasons listed. In the activity, you will choose three reasons from the brainstormed list for discussion—those reasons should also appear in 12-C.

Activity D
5. For Activity D, use the profile below for a dissatisfied return client. Change the name and any details necessary to suit your local situation. Write the profile on a flipchart page to share with participants.

<table>
<thead>
<tr>
<th>Dissatisfied Return Client</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client Characteristic</strong></td>
</tr>
<tr>
<td>Female, dissatisfied pill client, potential sexually transmitted infection</td>
</tr>
</tbody>
</table>
**Session 12 Activities**

**Activity A. Reasons for Return Visits and Appropriate Responses**
(Slides 1-5; 20 minutes; 10 steps)

1. **Slide 1. Session 12. Counseling Return Clients**
   - Remind participants that all of the REDI sessions so far have focused on counseling new clients. Now we will focus on using REDI to address the needs of return clients.

2. **Slide 2. Learning Objectives**
   - Review the Learning Objectives for this session. (Handout 12-D).

3. **Slide 3. Counseling Return Clients**
   - Review the points on the slide. Note that this is a review of information included in the Pretraining Handouts.

## Learning Objectives
- Recap possible reasons for return visits
- Explain how to use different REDI steps for satisfied and dissatisfied return clients
- Identify the three main reasons for method discontinuation
- Describe how to support clients who want to discontinue
- List the steps in managing side effects and other problems
- Explain how this approach supports clients’ sexual and reproductive health (SRH) rights

## Counseling Return Clients
- Many of the clients who come to clinic facilities for contraception are return clients.
- Return visits are an important part of the implementing the Decision phase of REDI.
- Asking open-ended questions to assess the client’s needs can help providers quickly identify and address concerns or problems, and quickly service clients without problems.
Session 12 | Counseling Return Clients

Slide 4. Brainstorm

4. Post the prepared flipchart (see Advance Preparation) and ask participants to brainstorm reasons why clients return to the clinic. Record responses in order.

Slide 5 REDI for Return Clients

5. Review the two main categories of return clients.

6. Tell participants that the provider’s approach depends upon which category a return client fits into. Show and read the bullets about the two approaches.

7. Briefly review Handout 12-E. Emphasize that Rapport Building is always important and the same for all clients.

8. Point out the detailed versions of REDI for return clients in Learning Guides 3 and 4. Participants may find these useful for a more in-depth understanding of the differences between counseling satisfied versus dissatisfied return clients. Do not review these now—participants can refer to them later.
Activity B. Switching and Discontinuation (Slides 7-10; 20 minutes; 11 steps)

Slide 7. Reasons for Switching Methods or Discontinuation

1. Tell participants that the rest of the session will focus on counseling dissatisfied return clients.

2. Ask participants to list common reasons that clients give for wanting to switch methods or discontinue contraception. (Do not write on flipchart.) Stop after you have at least four but no more than six reasons.

Discussion: Appropriate Provider Responses

9. Returning to the list on the flipchart, select three of the reasons brainstormed by participants.

Trainer Tip: Choose three reasons that also appear in Handout 12-C—see Advance Preparation.

10. For each reason, ask participants, “What would be the appropriate provider response to this return client?”

Trainer Tip: Be sure to cover the points in Handout 12-C for each reason discussed.

11. If you have time, briefly review several more of the key reasons and appropriate provider responses from Handout 12-C. Do not refer to 12-C specifically, rather note that this information is included in the Pretraining Handouts. Tell participants that these are general guidelines and that every client is different and therefore providers must tailor their responses to each individual client’s situation.
Slide 8. Main Reasons Why Clients Want to Switch Methods or Discontinue Contraception

3. Review the slide. Explain that each client’s situation and reasons are unique. However, recognizing these three main reasons for a client wanting to switch or discontinue can help guide your response.

Main Reasons Why Clients Want to Switch Methods or Discontinue Contraception

- There are three main reasons why clients want to switch methods or discontinue contraception.
- 1. Because of side effects or other health or social problems related to the current method.
- 2. Because of concerns caused by lack of accurate information.
- 3. Because the client wants to conceive or no longer needs protection.

Slide 9. Pairs Exercise

4. Ask participants to look at Handout 12-F. Explain that these are short scenarios that should match up with some of the reasons they named.

5. Read the instructions from the slide (and handout). Quickly form participant pairs. Assign one reason (or more) to each pair (5 minutes for pairs work).

Training Tip: If you are running behind on time, you can assign only three or four of the scenarios and have more than one pair discuss each scenario.

6. After five minutes, start with the first example and ask the pair(s) that worked on that client scenario to share their category and their response. Ask if anyone would respond differently.

Trainer Tip: Do not try to resolve any differences in this exercise—that will be covered in the next slide. Also, note that some clients could fit into more than one category.

7. Continue with the remaining examples.
Slide 10. Supporting Clients Who Want to Switch or Discontinue
8. Review Handout 12-G.
9. Explain the different provider responses, depending on the client's reason for switching or discontinuing. Compare these recommendations to their responses on the previous worksheet. Address any differences.
10. Point out that for every reason, the client has at least three options to consider—to continue with the current method, to switch, or to discontinue. The provider should follow the steps of the Decision Making phase to help the client weigh the advantages and disadvantages of each option, in order to decide what to do. Note that switching methods is an option for most situations.

11. Refer to Handout 12-H. This provides examples of the options that are available to the client for each reason.

Trainer Tip: If time is short, tell participants that this a resource for counseling that they can refer to later.

Activity C. Managing Side Effects and Other Problems (Slide 11; 10 minutes; 3 steps)

Slide 11. Managing Side Effects and Other Problems
1. Tell participants that they will focus now on the provider's response to the first reason for switching or discontinuing: side effects and other health or social problems.
2. Ask participants to look at Handout 12-I and follow along as you briefly discuss each bullet on the slide.
3. Explain that you assume that participants are familiar with detailed guidelines for managing side effects and other problems for each contraceptive method from prior trainings. This discussion intends to show how to convey that information within the counseling process.
### Activity D. Trainer Demonstration and Summary (Slides 12-13; 20 minutes; 4 steps)

#### Slide 12. Role-Play Demonstration: Counseling Return Clients
1. Ask participants to turn to Learning Guide 4. Explain that the training team will do a role-play demonstration following this Learning Guide. Post and read the flipchart page with the return client scenario (see Advance Preparation).
2. Conduct the role-play demonstration (10 minutes).

**Trainer Tip:** It is possible that the training team will not have time to complete a full counseling session, especially if the client is going to choose a new method. If so, the demonstration can end after the Decision Making phase. Explain to participants that the Implementing the Decision phase (for the new decision) would be conducted the same as with a new client.

#### Slide 13. Feedback on Role-Play Demonstration
3. After the role-play demonstration, use the questions on the slide to solicit feedback from participants and the trainer playing the client.
4. Ask participants to note how the Exploring steps are different for returning clients (compared to new clients), and how the provider assisted the client in the Decision Making phase. Note that Learning Guide 1 shows the main differences in these phases for new versus returning clients.

<table>
<thead>
<tr>
<th>Feedback on Role-Play Demonstration</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; What did the provider do during the Exploring phase for the returning that was different from counseling a new client?</td>
</tr>
<tr>
<td>&gt; How did the provider assist the client in the Decision Making phase?</td>
</tr>
<tr>
<td>&gt; How satisfied is the client with this counseling?</td>
</tr>
</tbody>
</table>
Activity E. Supporting Rights; Summary (Slides 14-15; 10 minutes; 3 steps)

Slide 14. Supporting SRH and Clients’ Rights
1. Show the title only of the slide. Tell participants, “Counseling return clients is an important part of supporting clients’ rights.” Show and ask the question.
2. After a few responses, show the bullets and add examples from below, if needed.
   • Access to services (for resupplies and for clients who want to switch methods)
   • Informed choice (supporting clients’ rights to switch methods or to discontinue contraception)
   • Safety of services (careful follow up on side effects and warning signs of health risks and/or complications)
   • Continuity of care (ensuring that clients are able to access resupplies when needed)

Slide 15. Essential Ideas: Counseling Return Clients
3. Summarize the session by briefly reviewing each bullet (Handout 12-D).
Session 13: Counseling Practice
Participants’ Learning Objectives

By the end of this session, the participants will be able to:

• Practice counseling clients in role plays, applying all of the counseling skills covered in this workshop and using the REDI framework for different profiles of clients
• Explain the logistics for the counseling practicum with actual clients over the next two days

Essential Ideas—Session 13

• This session provides all participants with the opportunity to practice counseling and to receive feedback on their performance. This is a proven approach for adults seeking to acquire counseling skills. As adult learners, participants learn from each other through individual feedback in pairs and general feedback in plenary.

• Supervised practice with actual clients is better than role playing for developing counseling skills. For the next two days, participants will spend the mornings at a service facility, where (working in pairs) each participant will counsel an actual client. A trainer will observe each pair and provide written and verbal feedback to each participant while at the service site. Once participants are back at the workshop setting, they will have a chance to reflect on their experiences and observations and share lessons learned.

• By dividing the practice sessions in this manner, each participant will have a chance to improve by applying feedback and learning from the first practice day to the second. Thus, it is essential that all participants have a chance to practice counseling with a client each day.

Time

2 hours 55 minutes

Session Outline

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Features of REDI</td>
<td>Discussion (Slides 1-2)</td>
<td>15 min.</td>
</tr>
<tr>
<td>B. Training Team Demonstration</td>
<td>Role-play demonstration, discussion (Slides 3-5)</td>
<td>25 min.</td>
</tr>
<tr>
<td>C-1: Counseling Practice—First Round</td>
<td>Role-play exercise with feedback (Slide 6)</td>
<td>50 min.</td>
</tr>
<tr>
<td>D-1: Role-Play Reflections—First Round</td>
<td>Large-group discussion (Slide 7)</td>
<td>10 min.</td>
</tr>
<tr>
<td>C-2: Counseling Practice—Second Round</td>
<td>Role-play exercise with feedback (Slide 6)</td>
<td>50 min.</td>
</tr>
<tr>
<td>D-2: Role-Play Reflections—Second Round</td>
<td>Large-group discussion (Slide 7)</td>
<td>10 min.</td>
</tr>
<tr>
<td>E. Preparation for Counseling Practicum with Clients</td>
<td>Presentation (Slides 8-9)</td>
<td>15 min.</td>
</tr>
</tbody>
</table>
Materials

- Equipment to show slides
- Flipchart materials (markers, paper, stands, tape)
- Prepared flipchart (“Role-Play Feedback” flipchart from Session 9)
- Participant Handbook, Part 1: Learning Guides
  - 1 Phases and Steps of REDI
  - 2 REDI Guide for Counseling New Clients
  - 3 REDI Guide for Counseling Satisfied Return Clients
  - 4 REDI Guide for Counseling Dissatisfied Return Clients
- Participant Handbook, Part 2: Training Handouts
  - 13-A Session 13 Learning Objectives and Essential Ideas
  - 13-B Important Features of REDI
  - 13-C Orientation to Counseling Practicum with Clients
  - 13-D Counseling Skills Observation Checklist
- Counseling job aids for practice role plays
- Printed copies of the Client Profiles (see Advanced Preparation, Activity C)
- Optional: scissors (see Advanced Preparation, Activity C)

Advance Preparation

1. Review the slides for this session. Prepare presentation notes as needed.

Activity B

2. This session includes one role-play demonstration of a complete counseling session by the training team, using the fifth client profile from Session 3 (see textbox). Make sure the flipchart with the client profile (from Session 3) is still available. If not, make a new one.

**Trainer Tip:** Recall the five profiles provided in Session 3 for small-group work on the client perspective and then used again in later sessions:

- Trainers used one of the client profiles for role-play demonstration in Sessions 9 (Rapport Building and Exploring) and 11 (Decision Making and Implementing the Decision).
- Participants used three more of the profiles for role-play practice in Session 9.
- Trainers should use the remaining profile for role-play demonstration in this session

3. Repost the flipchart for role-play feedback (Session 9). (The same information is on Slide 5.)
4. Rehearse the role-play demonstration with the aim of being able to complete it in approximately 10 minutes.
Activity C

5. This session includes counseling practice role plays in triads. Six new client profiles are provided (see below). You will use three of the profiles in the first round, and three more in the second round. Change the names or specific details as necessary to reflect your local situation.

   a. For the first round, create a flipchart page for each of the profiles you are using—but do not write the client characteristics on the flipchart.

   b. For the second round, the only participants who will see the profile are the ones playing the client role. Print each of the three profiles on separate sheets of paper and make one set of copies for each triad so each participant has one client profile. Alternatively, print all three profiles on one sheet of paper per triad and cut the sheet into three pieces.

6. Decide if you will rearrange groups for the role-play practice. If the participants have worked in the same groups in most of the sessions until now, you may want to create new groupings to make the exercise more interesting and challenging for participants. If you do not create new triads for the first round of practice, you definitely should for the second round.

7. Assemble counseling job aids for participants to use during the role-play exercises. Make sure you have enough for each triad to use. Distribute these to the groups before they start the first round of role plays.
### Client profiles for Session 13

<table>
<thead>
<tr>
<th>Client Characteristic</th>
<th>Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Female; spacing</td>
<td>Workenesh is 29 years old and has two children ages six and one. She used pills for spacing after first child was born and is currently using the withdrawal method but is looking for a spacing method.</td>
</tr>
<tr>
<td>7. Female; extramarital relationship; STI risk; injectable user</td>
<td>Maya is 24 and has one five-year-old child. She has used the injectable contraceptive since she stopped breastfeeding three years ago. She has experienced sores in the genital area on three occasions. Her husband travels most of the time. She has had sexual relations with a male relative over the past year. She has come to the clinic to get her shot of the injectable contraceptive.</td>
</tr>
<tr>
<td>8. Male; limiting; vasectomy</td>
<td>Mohamed is 38. He has four children and his wife has had three miscarriages in between her children’s births. She has been suffering from lower back pain since her last child’s birth, which was delivered through cesarean section. They want to limit size of the family. Mohamed thinks he should have vasectomy because his wife feels weak most of the time.</td>
</tr>
<tr>
<td>9. Female; mother of one; limiting</td>
<td>Mamta is 25 years old. She has a one-year-old son and does not want to have another child. Her husband is very caring of her and her baby. He believes that they should not have another child so they can take better care of their son. She does not have a method in mind. Her last menstrual period was one week ago.</td>
</tr>
<tr>
<td>10. Unmarried mother of one; post-abortion</td>
<td>Agnes is 25 years old. She was eight weeks pregnant and she came to the district hospital with heavy vaginal bleeding. After being treated by manual vacuum aspiration, she was referred for pregnancy prevention counseling prior to discharge. She is an unmarried working mother with a five-year-old child. She does not want to have another child soon. From her answers, it seems she may have induced the abortion.</td>
</tr>
<tr>
<td>11. Female; spacing; post-partum; partial breastfeeding</td>
<td>Veena is 24 and her husband is 30. They have one child aged 18 months, born at home with a traditional birth attendant. Veena is still breastfeeding the baby frequently, along with feeding complementary foods. Her periods have not returned. They have been practicing withdrawal but she now wants an intrauterine device.</td>
</tr>
</tbody>
</table>
Session 13 Activities

Activity A. Features of REDI (Slides 1-3; 15 minutes; 3 steps)

Slide 1. Session 13. Counseling Practice
1. Explain that in this session, the participants will work on synthesizing the skills they have learned in a practice counseling session, following all the phases and steps of REDI. First, the training team will demonstrate the full counseling session in a role play. Then participants will role play in triads, with each participant having a chance to role play the provider counseling a client.

Slide 2. Learning Objectives
2. Review the Learning Objectives (Handout 13-A).

Slide 3. REDI Review Question
3. As a review of REDI, ask participants these four questions and obtain one or two answers for each question. Correct any misconceptions that arise, then refer participants to Handout 13-B for more detailed answers.

Trainer Tip: You can do this exercise in small groups, assigning one question to each group. Allow no more than five minutes for small-group discussion.
Activity B. Training Team Demonstration (Slides 4-6; 25 minutes; 5 steps)

Slide 4. Counseling Observation Tools

1. Explain that the training team will demonstrate all the steps of REDI with one client profile. In addition to seeing all the phases demonstrated together, this is an opportunity for participants to practice using observation tools.

2. Refer participants to Learning Guide 1. Note that it may be easier to refer to this shorter version of the REDI steps when observing counseling.

3. As discussed previously, Learning Guides 2, 3, and 4 provide detailed information about the key steps that need to be accomplished in counseling and are more useful as a reference than as an observation tool. However, participants can also use these guides to assess their own performance after the counseling practice. The learning guides will help providers identify gaps in their own performance and remind them what to do to improve their skills.

Slide 5. Role-Play Demonstration

4. Post and read the flipchart page with the client profile (see Advance Preparation). Introduce the role players, noting who will play the role of provider and who will play the role of the client. Conduct the role-play demonstration.

   Trainer Tip: As noted in Advance Preparation, the training team should rehearse to check the timing and get it as close to 10 minutes as possible.

Slide 6. Feedback Guidelines for Role-Play Demonstration

5. After the role-play demonstration is completed, allow participants to provide feedback following the guidelines on the slide. Note that these guidelines are the same as the ones they used before, except that they are looking at all four phases of REDI (5-10 minutes).
Activity C-1. Counseling Practice in Triads—First Round (Slide 7; 50 minutes; 4 steps)

Slide 7. Counseling Practice in Triads

1. Form groups of three participants each (see Advance Preparation). Spread the groups as far apart as possible in order to reduce distractions from hearing the other groups during the exercise. Distribute counselling job aids to each group.

2. Review the slide. Note that this is the same procedure as before (Session 9), except that they will have 10 minutes for each role-play session, and 5 minutes for debriefing within their triad, following the guidelines on the flipchart (or Slide 5).

3. First, ask the groups to determine their roles for the first role-play session. Then post the flipchart page with the client profile for this session. Quickly read the profile and then ask participants to start. (Five minutes for steps 1-3)

4. Call “time” after 10 minutes and ask them to discuss their feedback within their group. Call “time” again after five minutes of feedback.

5. Repeat Steps 3 and 4 for the remaining two role-play sessions.

Trainer Tip: One trainer will need to monitor and call “time” during this activity. The other trainers can move between the groups. Trainers should focus on observing and only interrupt if it seems that there is confusion about the instructions. With 10 minutes for each role play and 5 minutes to discuss, each role play sequence takes 15 minutes. For three role-play sessions, the total time will be 45 minutes (after instructions).

Activity D-1. Role-Play Reflections—First Round (Slide 8; 10 minutes; 4 steps)

Slide 8. Role-Play Reflections and Summary

1. Ask the participants to return to the large group. Explain that you want participants to reflect on the different roles they played and what they learned about counseling through this experience. (See below for examples of questions you can ask to guide the discussion.)

2. Ask participants to think about the following for when they assumed the client role:
• How did you feel during and at the end of the counseling?
• Did you feel the provider understood your situation?
• Did you feel that the provider supported your rights to full, free, and informed choice?
• Did the provider meet your needs? How?
• If not, what else did you need?

3. Ask participants to think about the following for when they assumed the provider role:
• What did you find easy to do as the provider?
• What did you find difficult?
• What would you do differently if you had another chance to counsel this client?

4. Ask participants to think about the following for when they assumed the observer role:
• What did you observe, in general, as areas for improvement?
• How useful was Learning Guide 1 in observing counseling? Did you ever find yourself referring to the more detailed versions (Learning Guides 2, 3, or 4)?
• How useful would either checklist be for improving your own counseling skills?

Activity C-2. Counseling Practice in Triads—Second Round (Slide 7; 50 minutes; 1 step)

Slide 7. Counseling Practice in Triads
1. Form new groups of three participants each. Repeat the three rounds of counseling role plays with three new client profiles distributed only to the participant playing the client.

Trainer Tip: Instead of posting flipchart pages for each profile, you will distribute slips of paper with the client profile only to the participant who is playing the client role (see Advance Preparation).
Activity D-2. Role-Play Reflections—Second Round (Slide 8; 10 minutes; 4 steps)

Slide 8. Role-Play Reflections and Summary

1. Ask the participants to rejoin the large group. Explain that you want participants to reflect on the different roles that they played and what they learned about counseling through this experience. (See below for examples of questions you could ask to guide the discussion.)

2. Ask participants to think about the following for when they assumed the client role:
   - How did you feel during and at the end of the counseling?
   - Did you feel the provider understood your situation?
   - Did you feel that the provider supported your rights to full, free, and informed choice?
   - Did the provider meet your needs? How?
   - If not, what else did you need?

3. Ask participants to think about the following for when they assumed the provider role:
   - What did you find easy to do as the provider?
   - What did you find difficult?
   - What would you do differently if you had another chance to counsel this client?
   - How was the experience and your approach different this time, when you did not know the client’s profile?

4. Ask participants to think about the following for when they assumed the observer role:
   - What did you observe, in general, as areas for improvement?
   - How useful was Learning Guide 1 in observing counseling? Did you ever find yourself referring to the more detailed versions (Learning Guides 2, 3, or 4)?
   - How useful would either checklist be for improving your own counseling skills?
Activity E. Preparation for Counseling Practice with Clients (Slides 9-10; 10 minutes; 5 steps)

**Slide 9. Preparation for Counseling Practice with Clients**
1. Review Handout 13-C with participants. Be sure participants know when to be at the workshop site and what to wear. Provide clear instructions related to travel logistics, the schedule, and lunch.
2. Tell participants to meet in the training room for additional instructions before they go to the clinic sites.
3. Answer any questions.

**Slide 10. Trainer’s Observation Checklist**
4. Ask participants to turn to Handout 13-D. Note that they should familiarize themselves with this form, because this is what the trainers will use when they observe counseling practice with clients.
5. Explain that trainers will share their observations with each trainee, based on this checklist, during the on-site feedback session.
Session 14: Counseling Practicum with Clients (First Round)
Participants’ Learning Objectives

During this session, participants will:

- Practice the client-centered counseling approach with at least one actual client
- Receive feedback immediately after the practicum from a trainer and a fellow trainee
- Share observations and lessons learned from the practicum

<table>
<thead>
<tr>
<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Orientation to Practicum with Clients</td>
<td>Presentation (Slides 1-3)</td>
<td>15 min.</td>
</tr>
<tr>
<td>Travel to Practice Facility</td>
<td></td>
<td>30 min. (est.)</td>
</tr>
<tr>
<td>B. Counseling Practicum with Clients</td>
<td>Supervised counseling practicum with clients, counseling case studies (pairs work)</td>
<td>2 hrs. 45 min.</td>
</tr>
<tr>
<td>Return Travel to Workshop Site</td>
<td></td>
<td>30 min. (est.)</td>
</tr>
<tr>
<td>Lunch</td>
<td></td>
<td>45 min.</td>
</tr>
<tr>
<td>C. Reflections on Counseling Practicum</td>
<td>Discussion (Slide 4)</td>
<td>15 min.</td>
</tr>
<tr>
<td>D. Trainers’ Observations</td>
<td>Discussion</td>
<td>15 min.</td>
</tr>
</tbody>
</table>

Essential Ideas (for the trainer)—Sessions 14 and 16

- Participants will spend two mornings at a service facility where each participant will practice counseling with at least one actual client each day.
- Participants will do the counseling practicum in pairs, with one trainer assigned per pair. While one participant is counseling a client, the trainer and the other participant will observe. Clients need to give permission to have a trainee complete the counseling with the two observers. This is an important aspect of clients’ rights, in terms of privacy and confidentiality, dignity, comfort, and expression of opinion.
- Immediately after the counseling session, the trainer will facilitate a feedback session between the two participants (see Advance Preparation). The trainer will also document key observations using Handout 13-D and share a summary of feedback verbally with the participant.
- On the first day of practicum, when participants are not practicing counseling or observing, they will work together on counseling case studies about specific categories of clients (which will be discussed in Session 15).
- Each day, once the group returns to the workshop setting, participants will have the opportunity to reflect on their experience, share observations with other participants, and discuss lessons learned.

Time

5 hours 15 minutes
Session 14 | Counseling Practicum with Clients (First Round)

Materials

- Equipment to show slides
- Participant Handbook, Part 1: Learning Guides
  - 1 Phases and Steps of REDI
  - 2 REDI Guide for Counseling New Clients
  - 3 REDI Guide for Counseling Satisfied Return Clients
  - 4 REDI Guide for Counseling Dissatisfied Return Clients
- Participant Handbook, Part 2: Training Handout 14-A Counseling Case Studies
- Printed copies of Participant Handbook, Part 2: Training Handout 13-D Counseling Skills Observation Checklist (one for each participant)
- Training Tool #1: Training Preparation Checklists

Advance Preparation

Six to eight weeks before the training workshop begins:

1. Review Training Tool #1 for timing of key decisions and tasks regarding the counseling practicum.

2. Determine how many clinic sites you need for counseling practice. This is based on several factors: the number of participants in your training, the number of trainers available to supervise participants, the number of clients generally seen at each site, the number of providers available to participate in each counseling session, and the number of counseling rooms available. Refer to “The Ideal Situation” (on the following page) for an explanation of each factor.

3. After identifying the practicum sites, visit each clinic site to address any logistical issues (see “The Ideal Situation,” and Training Tool #1). This includes confirming that the space will allow for three extra people in each counseling room (provider, trainer, and participant-observer) and will have a separate space (away from waiting clients) where participants who are waiting to practice counseling can complete other work. Also, confirm the anticipated number of clients.

4. Consider using ring-binders for the Participant’s Handbook, so participants can remove Handout 14-A and Learning Guides 1, 2, 3, and 4 and bring them to the clinic site. However, if the Participant’s Handbook is printed as a book (and pages cannot be removed), make an extra copy of Handout 14-A and all four Learning Guide files for each participant to work on and/or refer to at the clinic site.

Four to five weeks before the training workshop begins:

5. In order to ensure that all participants arrive together, coordinate with the workshop hosts to organize transportation to and from the clinic site(s).

6. Start with an estimate of 30 minutes for transport to the clinic site. However, as the timing will vary depending on its location, confirm and revise the schedule accordingly.

7. Lunch is limited to 45 minutes on these two days. That may need to be shorter, depending on the amount of time needed for the counseling practice and transportation to and from the clinic site. Adjust the schedule for lunch accordingly.
One week before the training workshop begins:

8. Arrange for snacks and coffee/tea break at each site.

The Ideal Situation: Site Selection for Counseling Practicum

See Training Tool #1. Counseling Practicum Site Selection and Preparation Checklist for minimum clinic requirements.

The goal is to have enough trainers, clients, and space for participants to practice counseling with at least one client per day. If the following conditions are not feasible in one clinic facility, arrange to use more than one facility, and divide the trainers and the participants between facilities.

- The transportation time from the workshop site to the clinic site should be 30 minutes or less.
- The clinic should routinely see enough clients for each participant to be able to practice counseling with at least one client during the morning session. (For example, if using one clinic site for a training with 18 participants, the clinic would have at least 18 clients every morning. A larger number of clients is better, in case some clients do not agree to see a trainee.)
- The clinic should have enough regular staff so that one provider can participate in each practice counseling session (to complete requisite documentation and provide non-counseling services, such as intrauterine device insertion or removal). There should also be at least one additional provider available for clients who do not want to see a trainee.
- The clinic should have enough counseling rooms for all the trainers at that site to observe counseling practice simultaneously. There should be at least one additional room for clients who do not want to see a trainee. (For example, for three trainers, a clinic would need four counseling rooms—three for the practice counseling and one for clients who do not want to see a trainee.)
- There is a separate space where the participants who are not with clients can complete small-group work.

To recap, there should be enough trainers, clients, providers, and space for participants to practice counseling with at least one client per day.

The day before the practicum:

9. Review the slides for this session. Prepare presentation notes as needed.

10. Divide participants into groups for each clinic site. (Either identify the pairs in advance, or allow the trainer working with each group to do so on-site.) Factors to consider when forming groups:

- If there are language differences between clients and participants, make sure that each clinic group includes at least one participant who speaks the local language. If possible, pair up participants who do not speak the language with those who do.
- Pair participants who are more experienced or skilled at counseling with those who are less experienced.
- Consider allowing participants who work together to pair up or attend the same facility. Being in the same counseling practice group and possibly the same pair would give them the opportunity to start discussing how they will apply what they are learning to their clinic. Contrarily, it may be better to mix participants so they can learn more about how other clinics organize their counseling services.
11. Make at least two extra copies of **Handout 13-D** for each participant. The trainer will use one copy for each client counseled. Ideally, each participant should be observed twice while counseling clients. If it seems likely that participants will be able to practice with more than two clients, make additional copies.

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**Guidelines for Conducting Counseling Practicum with Clients**

- The goal is for each participant to conduct a counseling session with at least one client each day of the last two days of training—for a minimum of two practice counseling sessions.

- A trainer must be in the room whenever a participant is practicing with a client. Each trainer should be able to observe and give feedback on six practice-counseling sessions in a morning. Therefore, the minimum number of trainers needed for the practicum is the number of participants divided by six. With more trainers and a sufficient number of clients (and possibly more than one clinic site), it may be possible for each participant to practice with more than one client per day.

- Inform potential clients that they will be counseled by a trainee, with two observers in the room as well as the local provider. Clients may consent to this arrangement or opt to see a regular clinic provider.

- During counseling practice, the local provider will be responsible for completing all documentation regarding the client. The local provider is also responsible for providing all procedures, such as implant insertion or removal. Consider completing the immediate feedback session in a separate space, if the provider needs the counseling room to continue working with the client.

- Plan for at least 20 minutes for each counseling interaction—10 minutes for counseling and 10 minutes for the immediate feedback. However, the trainer should not interrupt if the counseling takes more than 10 minutes.

- Participants will work in pairs for this exercise. While one participant is counseling the client, the trainer and the other participant will observe. For the immediate feedback (10 minutes):
  - All three (participant-counselor, participant-observer, and trainer) should make notes on their observation tools.
  - Then, the practicing participant shares a brief self-assessment.
  - Next, the observing participant gives feedback.
  - Finally, the trainer gives verbal feedback—with the option of giving the completed version of **Handout 13-D** to the practicing participant.

- Participants who are waiting before or after their practice time should be in a separate area of the facility working in small-groups to complete the counseling case studies. After participants complete their counseling practicum with a client, they can complete the appropriate Learning Guide, as a self-assessment exercise. (A short amount of time may be provided for self-assessment during the Reflection activity.)
Session 14 Activities

Activity A. Orientation to Practicum with Clients (Slides 1-3; 15 minutes; 5 steps)

Slide 1. Session 14: Counseling Practicum with Clients (First Round)
1. Gather participants for a brief orientation, prior to leaving for the clinic site(s).

Slide 2. Learning Objectives
2. Review the Learning Objectives.

Learning Objectives
- Practice the client-centered counseling approach with at least one actual client
- Receive feedback immediately after the practice from a trainer and a fellow trainee
- Share observations and lessons learned from counseling practice with actual clients

Slide 3. Logistical and Administrative Issues
3. Review the slide. Note that this is a review of Handout 13-B, which was discussed at the end of Session 13. Answer any questions.
4. Refer to Handout 14-A. Explain that participants should discuss these case studies in their counseling-practice pairs and answer the questions while they are waiting in the clinic, before or after counseling clients. Instruct participants to note their answers on their handouts for discussion in the afternoon (Session 15).
5. Assign groups to clinic(s) for practice. To save time and avoid confusion at the facility, assign pairs within each group for the counseling practice before leaving or while in transit.
Session 14 | Counseling Practicum with Clients (First Round)

**Activity B. Counseling Practicum with Clients** (2 hours and 45 minutes)

1. Upon arrival, bring participants to the area where they will wait when they are not counseling clients. Orient participants to the location of restrooms and arrangements for snacks and coffee/tea.

2. Each trainer will select one pair of participants to begin counseling practice and go to the counseling room. The clinic provider will obtain the client’s consent to see a trainee before the client enters the room. If the client consents, the provider should introduce the client to the practicing participant, the trainer, and the observing participant. Then the practicing participant can begin counseling.

3. After counseling is completed and the client leaves, the trainer should facilitate the feedback, as described in Handout 13-B, for approximately 10 minutes.

4. The second participant will then practice counseling a new client. After the feedback session is completed, the trainer and both participants should return to the waiting space. The trainer should then select a new pair of participants for counseling practice.

5. After completing the practice, participants should make notes about their experience on the appropriate Learning Guide handout, as a form of self-reflection.

6. Continue until every participant has practiced counseling with one client. If there is enough time and enough clients, some participants can practice counseling with more than one client.

7. Before and after participating in the counseling sessions, participants should work in their pairs on Handout 14-A.

**Return to Workshop Site** (estimated 30 minutes)

**Lunch** (45 minutes)
Activity C. Reflections on Counseling Practicum with Clients (Slide 4; 15 minutes; 3 steps)

Slide 4. Questions for Self-Reflection
1. Show the title of the slide only. Welcome participants back to the classroom portion of the training. Note that the afternoon session will include reflections from the morning and then the next session on counseling specific categories of clients.

*Trainer Tip:* If participants did not make notes about their experience in the Learning Guides while at the facility, allow two minutes (at most) for them to do so now, before starting reflections.

2. Explain that you would like participants to share as much as they are comfortable sharing, based on their self-assessments. Emphasize that this is not a time to discuss each client’s case, rather they should discuss their use of the counseling skills. (Specific client issues may be addressed during Session 15.)

3. Show and read the first question and ask for volunteers to respond. Continue with the remaining questions. Allow for approximately three minutes per question.

Activity D. Trainers’ Observations (15 minutes; 2 steps)

1. The trainers should now share any overall observations and comments (do not discuss specific trainees or clients). Follow the questions on Slide 4, and/or address different issues, if needed.

2. Note that participants will have another opportunity to practice counseling a client the next day.
Session 15: Counseling-Specific Categories of Clients
Participants’ Learning Objectives

By the end of this session, the participants will be able to:

• Explain the importance of being aware of their attitudes (either positive or negative) toward specific categories of clients

• Apply this awareness to case studies

• Identify key issues to address when counseling clients for permanent methods, postpartum clients, postabortion clients, clients with HIV or other sexually transmitted infections (STIs), unmarried adolescent clients, male clients, couples, and clients who are experiencing intimate partner violence (IPV)

• Explain how using a client-centered approach to counseling and following the REDI steps will allow them to effectively address the needs of a client in any category

Time

1 hour and 45 minutes (plus 30 minutes for posttest)
Materials

- Equipment to show slides
- Flipchart materials (markers, paper, stands, tape); including enough stands or space to post seven flipcharts
- Prepared flipcharts (see Advance Preparation)
- Participant Handbook, Part 2: Training Handouts
  - 15-L Session 15 Learning Objectives and Essential Ideas
  - 15-M Key Points for Counseling Specific Categories of Clients
- Participant Handbook, Part 2: Further Reading Handouts
  - 15-N Preventing Regret After Decision Making for Permanent Methods
  - 15-O Key Considerations for Couples Counseling
  - 15-P Contraceptive Methods for Clients with STIs, HIV, or AIDS
  - 15-Q Counseling Clients Living with HIV about Becoming Pregnant
  - 15-R Challenging Moments in Counseling
- Tool #4: Pretest and Posttest

Advance Preparation

1. Review the Pretraining Handouts for this session. As a reminder, here are the Pretraining Learning Objectives.
2. Review the slides for this session. Prepare presentation notes as needed.

**Activity B**
3. Prepare one flipchart for each specific category of clients (total of seven flipcharts), as follows:
   1: Provider Attitudes about Clients for Permanent Methods
   2: Provider Attitudes about Postabortion Clients
   3: Provider Attitudes about Unmarried Adolescent Girl Clients
   4: Provider Attitudes about Unmarried Adolescent Boy Clients
   5: Provider Attitudes about Male Clients
   6: Provider Attitudes about Clients Living with HIV
   7: Provider Attitudes about Clients Experiencing IPV

**Flipchart for Activity B**

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Provider Attitudes about
Clients for Permanent Methods
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4. Before starting this session, post the flipcharts around the room in seven stations, using a combination of flipchart stands and wall space, as necessary. Put one or two markers at each station for participants to use for writing on the flipcharts.

Activity D
5. The discussion of each category of clients will begin with a slide of the case study from Handout 14-A, which participants may or may not have had time to discuss while they were waiting to practice counseling with clients. It does not matter if they did or did not have time to work on the case studies earlier—we will discuss the summary question for each case study in the large group.

Activity F
6. Participants should complete their posttests at the end of the next-to-last day of training (e.g., Day 4 in a five-day training). This will save time on the last day. We assume this will be at the end of Session 15.
7. Make one copy of the posttest (Tool #4) for each participant.
8. Bring your master list of the names and numbers, in case a participant forgets their number.
Session 15 Activities

Activity A. Introduction (Slides 1-4; 5 minutes; 6 steps)

Slide 1. Session 15: Counseling Specific Categories of Clients
1. Remind participants that they discussed categories of clients in Session 3. This session expands on some of those categories, to consider the provider’s attitudes towards specific categories of clients and ways to address the specific needs of clients in these categories.

Slide 2. Learning Objectives
2. Review the Learning Objectives for this session (Handout 15-L).

Slide 3. Specific Categories of Clients
3. Note that in many service settings, pregnancy prevention focuses on married women. However, it is important to be aware of the needs of other types of clients—including unmarried women, adolescents (married or unmarried), and single men. Also, clients have different needs depending on whether they are postpartum, postabortion, living with HIV, or interested in permanent methods.
4. Sometimes counseling reveals a relationship marked by a power imbalance and/or IPV. This requires a special approach to counseling to protect the health and possibly life of the client.

5. Remind participants that the Pretraining Handouts for Session 3 presented the unique needs of these categories of clients—in terms of information, emotional support, and the provider’s role—and that Pretraining Handouts for Session 15 provided information and approaches for counseling each category of client. In this session, participants will practice applying what they learned in case studies.

Slide 4. Considering Provider Attitudes
6. Explain that, by applying the principles of client-centered counseling and following the steps of REDI, the provider should adequately address every client’s unique needs and concerns. However, providers may have attitudes about particular types of clients that may make it more difficult to work with some clients than with others. The next activity aims to unpack those attitudes.

Activity B. Providers’ Attitudes About Specific Categories of Clients
(Slide 5; 25 minutes; 4 steps)

Slide 5. Small-Group Exercise: Providers’ Attitudes about Specific Categories of Clients
1. Explain that one purpose of this session is to explore attitudes, which participants may see in others or in themselves, about specific categories of clients. They will work in small groups to brainstorm these attitudes.

2. Point out the seven flipchart stations around the room. Then read the instructions on the slide.

Trainer Tips: Tell participants, “You will work in small groups. Each group will be assigned to one station, where you will find markers. Your task will be to think about all the different attitudes about that particular group of clients that you have heard from other providers or experienced yourselves and list those attitudes on the flipchart. Remember—this is a brainstorming exercise and there are no ‘right’ or ‘wrong’ attitudes—just list everything you can think of. After five minutes at your first station, we will ask you all to stop writing and move to station to your right. There you will have just three minutes to quickly read the list that the first group created and add any more attitudes you can think of. You will continue to move to new flipchart stations—when we direct you to do so—until you have visited each one. There will be less time for the last few stations because many of the attitudes will have been listed, and you will spend most of your time reading what others have written.”
Activity C. Impact of Attitudes on Counseling (Slide 6; 20 minutes; 4 steps)

Slide 6. The Impact of Provider Attitudes on Counseling and Clients’ Rights

1. Ask participants to gather in front of the “Permanent Contraception” flipchart.
2. Quickly read what participants have written (or ask a participant to read). Then, lead a brief discussion using the questions on the slide.
3. Move to the next flipchart and repeat the process. Continue with all the flipcharts.

**Trainer Tip:** You will need to spend four or five minutes at the first and second flipchart, but you will need less time as you move on and participants grasp the concept and the impact of providers’ attitudes.

4. Wrap up this part of the session by noting that participants have discussed how positive attitudes can help clients overcome barriers to accessing SRH services. However, this activity also demonstrates how negative attitudes can hinder the providers’ ability to support clients’ individual SRH rights. Becoming aware of the negative attitudes is the first step toward being able to set them aside and fully supporting each client’s rights through counseling.

Activity D. Case Studies and Key Points about Counseling (Slides 7-22; 50 minutes; 24 steps)

Slide 7. Case Study: Counseling for Permanent Methods

1. Show the title only of the slide and explain that for the rest of this session, we will review the unique counseling considerations for each category of clients. We will begin by discussing the case study for each category from Handout 14-A. Emphasize that it does not matter if they did not have time to work on the case studies earlier—there will be a summary question for each case study that we will discuss in the large group.

**Case Study: Counseling for Permanent Methods**

Sheela is 31 years old. She has a daughter aged five and a son aged three. She and her husband have decided that she should have female sterilization. They have a good relationship and no problems.

What are the unique considerations for the provider— including information, emotional support, and provider attitude—for counseling these clients?
2. Remind participants that the Pretraining Handouts for Session 15 included in-depth information on each category of clients, so participants should be familiar with the key points already. Explain that this review will reinforce those key points and help participants consider them with the new perspective of providers’ attitudes to each of these groups.

3. Show the slide. Read the case study and ask the summary question. Spend no more than five minutes on the discussion.

Slide 8. Key Points for Counseling for Permanent Methods

4. Review the bullet points. Address any unanswered questions that came up in the discussion of the case study.

Slide 9. Case Study: Counseling for Postpartum Clients

5. Read the case study on Slide 9, ask the question, and facilitate a discussion (5 minutes).

Slide 10. Key Points for Counseling for Postpartum Clients

Slide 11. Case Study: Counseling for Postabortion Clients
7. Read the case study, ask the question, and facilitate a discussion (5 minutes).

Case Study: Counseling for Postabortion Clients

Lucina is 32 years old and seven weeks pregnant. She has four children—the youngest is 11 months old. She is sure that she does not want this pregnancy to continue. Her husband is with her and agrees with her decision.

She has come to the health center requesting an abortion, which she will be able to get at the facility. She was referred to you for counseling about pregnancy prevention first.

What are the unique considerations for the provider—including information, emotional support, and provider attitude—for counseling these clients?

Slide 12. Key Points for Counseling Postabortion Clients
8. Review Slide 12.

Key Points for Counseling Postabortion Clients

> Providing counseling and contraceptive methods are key elements of postabortion care.

> Clients can start any contraceptive method immediately postabortion.

> If not using contraception, a woman can get pregnant again 11 days after an abortion.

> For a desired pregnancy, experts recommend waiting at least six months after a miscarriage or abortion.

> Counseling a client immediately before the procedure is only appropriate if the client is receptive and not under stress. Counseling after the procedure but before she leaves the facility is better.

Slide 13. Case Study: Counseling Unmarried Adolescent Clients
9. Read the case study, ask the question, and facilitate a discussion (5 minutes).

Case Study: Counseling Unmarried Adolescent Clients

Elena is 19 years old and not married. She has been sexually active for two years with the same partner. They wanted to get married but did not have enough money for a traditional ceremony. Now they have decided to get married without the ceremony. They have used condoms and withdrawal. Since they have decided to marry, they are having sex more often. Elena desperately wants something more effective to prevent pregnancy before they get married!

What are the unique considerations for the provider—including information, emotional support, and provider attitude—for counseling this client?
Session 15 | Counseling-Specific Categories of Clients

Slide 14. Key Points for Counseling Unmarried Adolescent Clients

Key Points for Counseling Unmarried Adolescent Clients

- Provider responsibilities:
  - Be a reliable, factual source of information.
  - Create an atmosphere of privacy, respect, and trust.
  - Offer choices, accept the client’s right to choose, and do not judge their choice(s).

Consider: Is it clear from the name of your service site that unmarried adolescents are welcome there? What words could you use to make it clearer?

Slide 15. Case Study: Counseling Male Clients
11. Read the case study, ask the question, and facilitate a discussion (5 minutes).

Case Study: Counseling Male Clients

Solomon is 24 years old. He works in the city in a hotel a few hours away from his home in the suburbs. He has a girlfriend with whom he spends his afternoon free time. They usually practice oral sex and the withdrawal method to avoid pregnancy. He has not used condoms because his girlfriend and he are scared it may tear and cause a pregnancy. But the last time they had sex, he did not withdraw in time, and now he’s worried she may be pregnant. He has come to the clinic on his own.

What are the unique considerations for the provider—including information, emotional support, and provider attitude—for counseling this client?

Slide 16. Key Points for Counseling Male Clients
12. Review Slide 16.

Key Points for Counseling Male Clients

- Just like clients, providers grow up receiving messages about gender and the different rights and responsibilities of men and women in society. These messages can affect their attitudes about working with men and couples.
- Be aware of your attitudes about working with men to reduce or avoid the impact of biases.
- Treat a male client just like any other client!
Slide 17. Key Points for Counseling Couples

13. Read the first paragraph on the slide but *do not show the bullets* yet. Facilitate a brief discussion about the question.

14. Then review the five bullets with tips for couples counseling.

---

Key Points for Couples Counseling

- Later, Solomon brings his girlfriend with him to the clinic. What are the unique considerations for counseling them as a couple?
- Talk separately with Solomon (the primary client) and confirm that he is okay with them being counseled together; maintain confidentiality (if needed).
- Acknowledge the importance of couples working together for their sexual and reproductive health.
- Involve both partners by asking for information and opinions from each individual.
- Pay attention to power dynamics within the couple.
- Ensure voluntary decision making.

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Slide 18. Case Study: Clients Living with HIV

15. Note that this case study was not included in Handout 14-A. Read the case study, ask the question, and facilitate a discussion (5 minutes).

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Case Study: Clients Living with HIV

Meera is 30. She was married in her late teens and contracted HIV from her husband. Her husband died a few years ago, but she has not experienced any signs of AIDS so far. Now she has met a man who wants to marry her. He knows about her HIV status but thinks they can have sex, and even have children, without her transmitting the virus to him or a child. Meera has come to talk about pregnancy prevention and how to avoid transmitting HIV to her partner or a child.

*What are the unique considerations for the provider—including information, emotional support, and provider attitude—for counseling this client?*

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Slide 19. Key Points for Clients Living with HIV

16. Review this slide, relating it to the case study.

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Key Points for Clients Living with HIV

- People living with HIV:
  - Can have a healthy sex life
  - Can use most contraceptives safely (see last bullet)
  - Can prevent further transmission of HIV
  - Can have a healthy baby
- Clients who are living with AIDS and who are not well should not use an intrauterine device (IUD) or be sterilized. This is the only restriction on contraceptive methods.
Session 15 | Counseling-Specific Categories of Clients

Slide 20. Case Study: Counseling Clients Who Are Experiencing IPV

17. Read the case study, ask the question, and facilitate a discussion (5 minutes).

Case Study: Counseling Clients Who Are Experiencing IPV

Sita is 27 years old and has two children aged five and three. She is using an IUD but suffers from frequent abdominal pain so she wants to have the IUD removed and try the five-year implant that her neighbor has used. Her husband is very aggressive and often hits her when he is angry or drunk. He does not want her to use any contraception and does not know about the IUD.

What are the unique considerations for the provider—including information, emotional support, and provider attitude—for counseling this client?

Slide 21. How IPV Affects Decision Making and Use of Contraceptives

18. Show and ask the first question. Answer: “IPV is a pattern of abusive behavior—physical, psychological, and/or sexual—by one person toward their intimate partner.”

19. Show and ask the second question. Note that there are at least five ways that IPV can affect decision making regarding and use of contraceptives. Ask what participants remember from the Pretraining Handouts.

20. After a few responses, show the bullets on the slide.

How IPV Affects Decision Making and Use of Contraceptives

- What is IPV (Intimate Partner Violence)?
- How does IPV affect decision making and use of contraceptives?
  - The partner may hide or destroy birth control pills.
  - The partner may not cooperate with partner-dependent methods (e.g., condoms or withdrawal).
  - The partner may pressure or force a pregnancy or abortion.

21. Show and ask the question. After several responses, show the bullets.

Key Points for Counseling for Clients Experiencing IPV

22. Explain that it is crucial for providers to recognize the limit to services they can provide for clients experiencing IPV. But, what they can do is critical to the client.

23. Direct participants to Handout 15-M. Note that this handout summarizes the information presented on these slides.

Key Points for Counseling for Clients Experiencing IPV

- What is the role of the provider when counseling a client who is experiencing IPV?
  - Do not judge the client (or the partner).
  - Support the client’s efforts to prevent pregnancy and prevent contraction/ transmission of STI/HIV.
  - Consider the impact of IPV on method choice and use.
  - Refer clients for IPV counseling and assistance.
  - Protect the client’s confidentiality!

24. Note that, in addition to all the information on counseling specific categories of clients provided in their Pretraining Handouts, there are Further Reading Handouts on: preventing regret after deciding on a permanent method; key considerations for couples counseling; contraceptive methods for clients with STIs, HIV, or AIDS; counseling clients living with HIV about becoming pregnant; and appropriate provider responses for challenging moments counseling.
Activity F. Posttest (30 minutes)

1. Explain that instead of the daily wrap-up, participants will spend the last 30 minutes completing the posttest. We are doing the posttest on the next-to-last day because we have covered all new training content at the end of Session 15. The last day will include a second round of the counseling practice and action planning.

2. Distribute one posttest to each participant. Ask them to write their numbers (not names) on their tests.

3. Explain that you would like participants who complete their tests to remain in their seats until all others have finished, or until 30 minutes has passed.

4. After 30 minutes, call “time” and collect the tests.

5. After the posttest, complete the daily wrap-up.

Activity E. Summary (Slide 23; 5 minutes; 3 steps)

Slide 23. Essential Ideas: Counseling Specific Categories of Clients

1. Show and ask the question on the slide. After a few responses, show each bullet.

2. Wrap up by noting that:
   - Applying the principles of client-centered counseling and following the steps of REDI allows providers to address each client’s unique needs and concerns.
   - However, providers may have biases (positive or negative) about particular categories of clients, which may interfere with the provider’s ability to support each client’s right to full, free, and informed choice for (or against) contraception.
   - Becoming aware of these biases is the first step toward being able to set them aside and fully supporting each client’s SRH rights through counseling.

   Essential Ideas: Counseling Specific Categories of Clients

   How does REDI and the client-centered counseling approach help you to effectively meet the needs of clients from different groups?
   - Identifying and exploring each client’s unique situation and needs—regardless of the category of client
   - Tailoring information provision and decision-making support to meet those needs
   - Becoming aware of biases toward categories of clients—then mitigating these biases
Session 16: Counseling Practicum with Clients (Second Round)
Participants’ Learning Objectives

During this session, participants will:

- Practice the client-centered counseling approach with at least one actual client
- Receive feedback immediately after the practicum from a trainer and a fellow trainee
- Share observations and lessons learned from the practicum

Essential Ideas (for the trainer)—Sessions 14 and 16

- Participants will spend two mornings at a service facility where each participant will practice counseling with at least one actual client each day.
- Participants will complete the counseling practicum in pairs, with one trainer assigned per pair. While one participant is counseling a client, the trainer and the other participant will observe. Clients need to give permission to have a trainee complete the counseling with the two observers. This is an important aspect of clients’ rights, in terms of privacy and confidentiality, dignity, comfort, and expression of opinion.
- Immediately after the counseling session, the trainer will facilitate a feedback session between the two participants (see Advance Preparation). The trainer will also document key observations using Handout 13-D and share a summary of feedback verbally with the participant.
- Each day, once the group returns to the workshop setting, participants will have the opportunity to reflect on their experience, share observations with other participants, and discuss lessons learned.

Time

4 hours 50 minutes

Session Outline

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<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
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<td>Travel to Practicum Site</td>
<td></td>
<td>30 min. (est.)</td>
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<tr>
<td>A. Counseling Practicum with Clients</td>
<td>Supervised counseling practicum with clients, individual work on workshop evaluation</td>
<td>2 hrs. 45 min.</td>
</tr>
<tr>
<td>Return Travel to Workshop Site</td>
<td></td>
<td>30 min. (est.)</td>
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<tr>
<td>Lunch</td>
<td></td>
<td>45 min.</td>
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<tr>
<td>B. Reflections on Counseling Practicum</td>
<td>Discussion (Slide 1)</td>
<td>10 min.</td>
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<tr>
<td>C. Trainers’ Observations</td>
<td>Discussion</td>
<td>10 min.</td>
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</tbody>
</table>
Materials

• Equipment to show slides
• Participant Handbook, Part 1: Learning Guides
  ◦ 1 Phases and Steps of REDI
  ◦ 2 REDI Guide for Counseling New Clients
  ◦ 3 REDI Guide for Counseling Satisfied Return Clients
  ◦ 4 REDI Guide for Counseling Dissatisfied Return Clients
• Printed copies of Participant Handbook, Part 2: Training Handout 13-D Counseling Skills Observation Checklist (one for each participant)
• Printed copies of Training Tool #7: Participant Workshop Evaluation Form (one for each participant)

Advance Preparation

1. See Advance Preparation for Session 14. Review the slide for this session and prepare presentation notes as needed.
2. Make copies of Handout 13-D to complete a second round of observations (at least one per participant). Have extra copies available, just in case they are needed.
3. Make one copy of Training Tool #7 for each participant. Each trainer should bring enough for each participant in their group to distribute upon arrival at the clinic site, with instructions to complete the form during their waiting time.
Session 16 Activities

Activity A. Counseling Practicum with Clients (2 hours and 45 minutes)

Travel to Practice Facility (estimated 30 minutes)
1. Follow the same process as the previous day.
2. Instead of working on case studies, each participant should use their waiting time to complete Training Tool #7.

Return to Workshop Site (estimated 30 minutes)
Lunch (45 minutes)

Activity B. Reflections on Counseling Practicum (Slide 1; 10 minutes; 3 steps)

Slide 1. Session 16: Counseling Practicum with Clients (Second Round)
1. Explain that you would like participants to share, as much as they are comfortable sharing, based on their self-assessments.

Trainer Tip: As in Session 14, emphasize that participants should focus on their use of counseling skills—rather than sharing the client’s story.

2. Read the question in the first bullet and ask for volunteers to respond. Continue with the remaining questions.

3. Thank participants for their sharing.

Trainer Tip: If time allows, ask, “Do you have questions about a specific client’s situation?”

Activity C. Trainers’ Observations (10 minutes)

Slide 1. Session 16: Counseling Practicum with Clients (Second Round)
1. Trainers should now share their overall observations and comments (do not discuss specific trainees or clients). Follow the questions on the slide, and/or address different issues, if needed.

2. Wrap up by saying that the participants will improve their counseling skills and become more efficient with further practice and feedback. When they return to their facilities, they can use the REDI Learning Guides to self-assess their performance and identify the gaps to work on.
Session 17:
Action Plans
Participants’ Learning Objectives

By the end of this session, the participants will be able to:

- Identify specific changes to make in their own counseling and in counseling services in their facilities, based on what they learned in this training
- Develop action plans for implementing those changes

Essential Ideas—Session 17

- Lasting change does not happen overnight or even over the course of a single workshop. When developing individual action plans, participants should focus on a few key actions and strategies to apply to their work. These should be small, concrete changes that give providers the opportunity to practice what they learned and to see how it works.
- Big changes will likely take more time, be more difficult to implement, and require a champion to promote them within the work setting. Participants may need to speak with managers, supervisors, and staff in the workplace about the importance of the new ideas and approaches discussed in this training.
- These action plans will be reexamined during follow-up visits after the training (see Session 18). Participants should share their plans with their supervisors when they return to their workplaces, to ensure that supervisors understand, agree with, and support the plans. The action plans will also remind participants of their commitments and help them track progress toward the goal of improved quality of services.

Time

45 minutes

Session Outline

<table>
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<tr>
<th>Training Activities</th>
<th>Methodology</th>
<th>Time</th>
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<tr>
<td>A. Action Items, Barriers, and Strategies</td>
<td>Brainstorm, discussion (Slides 1-4)</td>
<td>20 min.</td>
</tr>
<tr>
<td>B. Individual Action Plans</td>
<td>Individual or group work (Slide 5)</td>
<td>15 min.</td>
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<tr>
<td>C. Wrap-Up</td>
<td>Individual sharing (Slide 6)</td>
<td>10 min.</td>
</tr>
</tbody>
</table>
Materials

- Equipment to show slides
- Flipchart materials (markers, paper, stands, tape)
- Prepared flipcharts (see Advance Preparation)
- Participant Handbook, Part 2: Training Handouts
  - 17-A Session 17 Learning Objectives and Essential Ideas
  - 17-B Action Plan
- Copies of Handout 17-B (if it cannot be removed from the Participant Handbook)

Advance Preparation

1. Review the slides for this session. Prepare presentation notes as needed.
2. For Activity A, prepare a flipchart page, as follows:

   **Flipchart for Activity A**

   **Changes to Improve:**

   1. **Your own counseling**

   2. **Counseling at your facility**

3. For Activity B, participants will need to write on their Action Plan (Handout 17-B) and give it to you to be copied. If they are not able to remove the handout from the Participant Handbook, make one copy per participant to use for this activity.

4. After the session, photocopy each participant’s Action Plan to refer to during follow-up visits. Ideally, you would have them photocopied before the end of the day. Otherwise, you will need a plan for returning them to the participants after the end of the workshop. **Option:** It may be possible to provide action plan templates to participants electronically and with instructions for emailing them to trainers when they are complete.
Session 17 Activities

Activity A. Action Items, Barriers, and Strategies (Slides 1-4; 20 minutes; 9 steps)

Slide 1. Session 17: Action Plans; and Slide 2. Learning Objectives
1. Show Slide 1. Then show Slide 2 and review the Learning Objectives (Handout 17-A).
2. Explain the following points to the participants:
   - Implementing what you have learned in this training is important for you and your clients. Even small improvements in the quality of the counseling service you provide could be significant for your clients—for example, it might mean more satisfied clients, more clients continuing to use their method longer, or more clients who trust you and your facility.
   - To help you take concrete steps for improving the quality of counseling services, you will develop an action plan. In this plan, you will identify changes that you want to make in your counseling practice, the barriers to those changes, and possible strategies to overcome those barriers—as well as changes that you can make to support the counseling environment and services in your facility.

Slide 3. Action Plan: Making Changes
3. Show the first paragraph and explain that you will begin by brainstorming in the large group all of the possible changes that participants might make in order to improve their own counseling. Note they can refer back to Handout 1-C for ideas.
4. Write responses on the flipchart (see Advance Preparation).
5. Then ask about changes to improve the counseling environment and counseling services at their facility. Again, write responses on the flipchart.
6. Thank participants for their ideas.
7. Now show and ask the question about barriers to implementation. Refer to the flipchart list of changes to identify barriers. (Do not write participant responses on the flipchart.)
Session 17 | Action Plans

Slide 4. Possible Barriers and Strategies to Overcome these Barriers

8. As you show each bullet, note which barriers participants named. If the barrier was not mentioned, ask if it might be a problem in their facility.

9. After reviewing the full list, return to the first barrier and ask the group to suggest strategies that they might use to overcome this barrier in their facility.

Trainer’s Tip: Refer to Handout 17-C to facilitate the discussion.

Activity B. Individual Action Plans (Slide 5; 15 minutes; 2 steps)

Slide 5. Action Plan: Individual or Group Work

1. Ask participants to look at Handout 17-B. Ask them to reflect on Handout 17-C and the flipchart list of actions (from Activity A). Instruct participants to pick three changes that they think would help them to improve their own counseling and three to improve the counseling in their facility.

2. Ask them to take 10 minutes to complete the chart in Handout 17-B for those changes with the following instructions:

   - Column 1: List three specific changes or actions that you can implement immediately, to improve your own counseling.
   - Column 2: List any barriers that you might encounter in trying to implement each proposed change or action in the corresponding cell.
   - Column 3: List strategies for overcoming each barrier identified; write at least one strategy for each barrier.
   - Column 4: This does not have to be specific but try to estimate when you could implement the change or activity—e.g., “now,” “next month,” “after obtaining supervisor support,” or similar.
   - Similarly, complete the same four columns for three things you would like to do to support and improve the counseling services and/or the environment for counseling at your facility.
Activity C. Sharing and Wrap-Up (Slide 5; 10 minutes; 4 steps)

1. Explain that you would like each participant to share one of the changes or activities they identified, along with one barrier and one strategy to overcome said barrier.

2. Ask for a volunteer to start. Then, choose the person next to that volunteer to share next. Continue around the room until each participant has shared one of their action plan items.

3. Ask participants to write their names on their Action Plans. Then collect them and have them photocopied—if possible, before the end of the closing session. If not, you will need to mail them back to participants. Alternatively, it may be possible to provide electronic files to participants and to ask them to email them back to trainers or to take a picture of them to send by phone, when they are done.


4. Show and present the three bullets.

Essential Ideas: Action Plans

> Lasting change does not happen overnight. Focus on a few key actions and strategies that you can do now.

> Bigger changes will take more time and may require additional support.

> We will reexamine action plans during follow-up visits after the training (Session 18).
Session 18: Posttest, Workshop Evaluation, and Closing
Facilitator’s Objectives

- To provide correct answers for the posttest
- To gather the participants’ thoughts and impressions about the training and their suggestions for improving future workshops
- To describe the follow-up plans of the institution organizing the workshop, of the participants’ own institutions, and of the trainers
- To formally close the workshop

Time

40 minutes

Session Outline

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<td>E. Closing Ceremony</td>
<td>Presentation, distribution of certificates</td>
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Materials

- Equipment to show slides
- Training Tool #4: Pretest (completed and corrected, from Day 1)
- Training Tool #4: Posttest (completed and collected at the end of Session 15)
- Training Tool #5: Pretest and Posttest Answers
- Training Tool #7: Participant Workshop Evaluation Form (one for each participant, if not distributed in Session 16)
- Activity Tool: Session 18, Activity C Trainer's Guide for Planning Follow-up
- Certificates of Participation (one for each participant)
Advance Preparation

1. Identify and invite guests from the organizing institution and/or participants’ institution(s) to the closing ceremony. Ask them to attend Session 17, if they are able. This will allow them to listen (and possibly contribute) to the action plan presentations.

2. Review the slides for this session. Prepare presentation notes as needed.

3. We recommend that participants complete the posttest at the end of Session 15. Correcting them in Session 18, in the large group (Activity B), allows for reinforcement of the key content of this training. Therefore, the trainer needs to bring the completed (uncorrected) posttests to Session 18, to randomly distribute to participants for correction.

   **Trainer Tip:** If the posttests were not completed before Session 18, then they will have to be completed during Session 18, which will require an additional 30 minutes for this session.

4. We recommend that participants complete the **Training Tool #7. Participant Workshop Evaluation Form** during the waiting time at the clinic (Session 16). If this was not done, then participants will need to do it during Session 18, which will require an additional 15 minutes.

5. If follow-up plans are in place, arrange for a representative of the institution(s) to inform the group about the follow-up plans.

6. If follow-up plans were not made before the start of the workshop (see the Training Preparation section in the **Trainer’s Manual, Part 1. Introduction for Trainers**), discuss follow-up plans with the institution organizing the workshop and with participants’ institution(s) to determine what follow-up will be conducted, by whom, and when. See **Activity Tool: Session 18, Activity C.** You may need to share this information with participants later, which should be noted to participants during the closing.

7. Prepare a Certificate of Participation for each participant (as appropriate for each setting).

8. **Optional:** Identify a participant to give closing remarks on behalf of the participants. (Complete this task earlier in the day or the day before to allow the participant to prepare.)

9. If guests will give comments during the closing, the trainer should spend a few moments talking with the guest(s) before the closing ceremony to provide a brief summary of what happened in the workshop and to convey or request key messages for the guest to highlight.
Session 18 Activities

Activity A. Agenda (Slides 1-2; 5 minutes; 1 step)

Slide 1. Session 18. Posttest, Workshop Evaluation, and Closing; and Slide 2. Agenda for Session 18

1. Show Slide 1 and then briefly review Slide 2.

Activity B. Correcting the Posttest (15 minutes)

1. Explain that the completed posttests will be corrected in the large group. Randomly distribute the posttests to participants (participants should ideally receive a test that is not their own). Refer to Training Tool #5; read each question and call on a participant to give the answer on their paper. Acknowledge if it is correct; if it is wrong, ask the group for the correct answer.

2. Ask participants to put a checkmark in front of questions answered correctly. Ask them to put an X in front of questions answered incorrectly and to circle the letter of the correct answer. Once you have reviewed all of the questions, ask participants to write the number of correct answers at the top of the first page of the test.

3. Collect the posttests and place them on a table. Tell participants they can find their test papers and briefly review, if they want. Then collect the posttests again. (If participants want to know their pretest scores, ask them to see you after the closing ceremony.)
## Activity C. Participant’s Workshop Evaluation (5 minutes)

1. Collect the workshop evaluations *(Training Tool #7)* from participants who completed them during their waiting time in the clinic in the morning.

2. Allow five minutes for the participants who did not complete the form previously to do so now and turn them in.

## Activity D. Review of Follow-Up Plans (5 minutes)

*Trainer Tip:* The trainer should have discussed the follow-up plan with the institution organizing the workshop and the participants’ institution(s) in advance of the workshop, or before this session at the latest. Ideally, a representative from one of these institutions should explain the plans for follow-up activities. If such a person is not available or the trainer will be conducting the follow-up activities, the trainer can explain the plans for follow-up.

1. Invite and introduce the representative from the organizing institution or from the participants’ organization to describe the follow-up plans. Potential follow-up activities include telephone check-in calls and site visits to see how the participants are implementing their action plans, to guide and support further skills development, and to assist with problem solving. There may also be follow-on or in-service workshops to focus on specific content areas for counseling. See *Activity Tool: Session 18, Activity C* (at the end of this session).

2. Allow participants to ask questions about follow-up plans for the representative(s) to answer.

3. Tell participants that various mechanisms such as self-assessments, peer critiques, and client comment forms can help providers obtain feedback on and improve their counseling skills. Remind participants that they can refer to the two tools provided in their handbooks for self-assessment and peer feedback: *(1) REDI Learning Guides* and *(2) Handout 13-D.*

4. Ask if the participants have any questions.

## Activity E. Closing Ceremony (10 minutes)

1. Conduct a closing ceremony that is appropriate for the context. This might include closing remarks from the representative(s) of the organizing institution or the participants’ institution or potentially one of the participants as well as distribution of certificates (see Advance Preparation).

2. Thank the participants and announce the completion of the course.
Follow up is critical to ensuring a successful transfer of learning to the work environment. Follow-up support should include activities to reinforce learning and facilitate continual quality improvement. Follow-up support may be provided by the trainers and supervisors from the institution that organized the training, or by the participants’ supervisors, if they are trained in the REDI methodology. Follow-up efforts should involve direct observation of the provider conducting the particular skill; feedback on the application of acquired skills, knowledge, and attitudes; guidance on further skills development; assistance with problem solving; and monitoring and supporting progress of action plan implementation—including assisting in soliciting any necessary support from supervisors and colleagues.

**Why Is Follow-Up Support Essential?**

- It takes more than attending a training to become an expert at conducting counseling. Skill development requires practice. Facilitative feedback from supervisors and trainers can promote continual learning and performance improvements after participants have returned to their facilities and begun applying newly acquired skills.
- A common weakness of trainings like this is insufficient follow-up support. Individuals seeking to make changes by themselves within a larger work setting frequently encounter significant challenges and then stop trying, even if they were enthusiastic after the training. To combat this challenge, the trainers and the organizing institution are committed to providing follow-on assistance—including technical and emotional support—to help the trainees succeed in making changes to the way they work.

**How Is Follow-Up Support Managed?**

The responsibility for planning and implementing follow-up support rests primarily with the institution in which the newly trained participants work. Employer institutions and those organizing trainings should plan and budget for follow-up support when planning for the training itself. Supervisors, trainers, and peers can all provide follow-up support. Clients can also provide valuable feedback through exit interviews that can inform further follow-up support. Below is a list of possible follow-up activities:

- Follow-up meetings or in-service workshops with participants
- Follow-up technical assistance visits by the trainers
- Telephone calls to and among participants to complete progress checks and provide problem-solving assistance
- Newsletters, email groups, and websites to share achievements, problems, and remedies
- On-the-job sharing of experiences among peers
- Self-assessment and peer feedback using the Learning Guides
- Client interviews and focus group discussions to assess service quality improvements