

## Session 4: Interpersonal Communication

### Objectives

- To describe the differences between one-way and two-way communication
- To explain the benefits of two-way communication for counseling the postabortion client
- To describe the impact of ineffective vs. effective listening in one-to-one communication
- To describe two basic categories of questions and the ways they are used in communications with postabortion clients
- To explain the importance of asking open-ended and feeling questions for effective assessment of the client's needs and knowledge
- To demonstrate the use of simple language and visual aids to explain the reproductive system, fertilization, miscarriage, abortion, and the postabortion medical procedure

### Training Methods

- Warm-up
- Large-group exercise/discussion
- Role play
- Brainstorm
- Presentation
- Small-group work

### Materials:

- Flipchart paper, easel, markers, and tape
- Erasable transparency markers or pencils (one per participant); use pencils if lamination and transparency markers are not available
- Overhead projector (optional)
- Two pieces of paper and one pencil for each participant
- One small piece of paper for each participant with an "emotion" word written on it
- Transparency 4-A: Sample Diagram (page 165)
- Handout 4-A: One-Way vs. Two-Way Communication (page 67)
- Handout 4-B: Effective Listening (page 68)
- Handout 4-C: Closed-Ended vs. Open-Ended Questions (page 69)
- Handout 4-D: The Female and Male Reproductive Systems (page 70)
- Handout 4-E: Anatomy, Physiology, and Pregnancy (page 73)
- IUD simulator/hand-held model and Karman Cannula #6 for MVA explanation (optional; see Training Tip, page 64)

## Advance Preparation

1. Prepare a flipchart listing the objectives of this session.
2. Prepare a transparency of Transparency 4-A, and make one paper copy for use by a volunteer. If an overhead projector is not available, make one paper copy for each participant.
3. Review Handouts 4-A, 4-B, 4-C, and 4-E and make one copy for each participant.
4. Prepare small pieces of paper (enough to give one to each participant) with one “emotion word” written on each piece (e.g., sad, cynical, anxious, relieved, confused, angry).
5. Prepare several flipcharts like the example shown below:

Closed-Ended/Information Questions vs. Open-Ended/Feeling Questions		
Questions	Structure (C or O)	Content (I or F)

6. Prepare two flipcharts with the diagrams from Handout 4-D (one of the female reproductive system and one of the male reproductive system).
7. Review Handout 4-D and make one laminated two-sided copy for each participant. If lamination is not available, copy this handout on paper along with the others.



**Session Time (total): 3 hours, 45 minutes**

## SESSION 4 TRAINING STEPS

### Part A *Two-Way Communication*



**Time: 30 minutes**

#### **Activity: Warm-up (30 minutes)**

1. Briefly brainstorm: What is *one-way communication*? What is *two-way communication*?
2. Ask for a volunteer to assist in this exercise.
3. Distribute paper and pencils to participants. Explain that the volunteer is going to describe a drawing to them and their task is simply to follow instructions in sketching what the volunteer describes. They cannot ask any questions or say anything.
4. Provide the volunteer with a copy of Transparency 4-A: Sample Diagram.
5. Ask the volunteer to describe what he or she sees on the sample diagram so the others can sketch it on one of their pieces of paper. The volunteer should not make eye contact with any of the participants and can use only verbal communication (no gestures or hand signals). Only one-way communication is allowed (no questions from the group).
6. After the volunteer has finished describing the diagram and before the next step of the exercise, ask the volunteer how she or he feels about the exercise. Ask him or her to check the other participants' drawings to see how close they came to the sample diagram. (Do *not* show the sample diagram to the participants.)
7. Ask the other participants how they felt about the exercise. Write their comments on a flipchart labeled "One-Way Communication."
8. Repeat this activity with a different volunteer and the same sample diagram. This time, however, allow the volunteer to make eye contact with the group and to have full and free two-way communication (i.e., participants can ask questions). Repeat the discussion questions as before.
9. When the exercise is over, project the correct figure on the overhead projector (or distribute copies).
10. Summarize by asking the following questions:
  - In the first attempt, how many of you got confused and just stopped listening? Why?
  - Why was the one-way communication so difficult to follow?
  - Why is two-way communication more effective than one-way communication?
  - Even two-way verbal communication cannot ensure complete understanding. How can we make our communication efforts more effective?
  - How does this exercise apply to our communications with postabortion clients?
11. Distribute and summarize Handout 4-A: One-Way vs. Two-Way Communication.

## Part B Verbal and Nonverbal Communication



Time: 30 minutes

### Activity: Large-group discussion and exercise (30 minutes)

1. Ask the participants to brainstorm a definition of *verbal communication*.
2. Explain that when they interact with clients, it is important for them to choose their words carefully, to be sensitive to clients' feelings, and to provide nonjudgmental care.
3. Ask the participants to give examples of words or statements that can be hurtful to clients and create a communication barrier.



#### TRAINING TIP ○○○

Examples of hurtful statements include:

- "You should not be having sex if you are not prepared to raise a child."
- [To a crying client] "I bet you were not crying when you got yourself into this situation."
- "You deserve to suffer for what you have done."

4. Ask the participants to brainstorm a definition of *nonverbal communication*. Ask them to list examples of how they can communicate with clients nonverbally.



#### TRAINING TIP ○○○

Examples of how to communicate nonverbally include:

- Nodding
- Holding the client's hand
- Maintaining eye contact\*
- Giving looks of reassurance

Factors affecting nonverbal communication include:

- Eye contact\*
- Body language
- Tone of voice
- Facial expression

\*Depending on cultural norms regarding eye contact.

5. Explain that nonverbal communication can sometimes send a stronger message to clients than verbal communication, making it harder to mask our own feelings and judgments.
6. Give an example of a simple phrase, such as "Good morning," with which one can convey two completely different emotions by varying aspects of nonverbal communication (e.g., by tone of voice or facial expression).

7. Give each participant a small piece of paper labeled with an emotion word.
8. Going around the room, ask each participant to repeat aloud the example phrase above (“Good morning”) and demonstrate the emotion on the piece of paper by using nonverbal communication.
9. Summarize by emphasizing the importance of recognizing the verbal and nonverbal signals that we send to clients. Remind the participants of the impact that these signals may have on their interactions with clients (and, therefore, on the quality of care that their clients receive).

## Part C *Effective Listening*



**Time: 35 minutes**

### **Activity 1: Large-group exercise/discussion (20 minutes)**

1. Ask the participants to count off by twos (1-2-1-2, etc.).
2. Ask all of the “1s” to leave the room. The second trainer will go with them and do the following:
  - Provide the “1s” with a topic to discuss that should generate a lot of interest. (This can be a job-related matter, a news item of local interest, or a personal topic.)
  - Tell the “1s” that they will be asked to talk about this topic with their partner for approximately four minutes when they return to the room. Ask them to think about what they would like to say on this topic to their partner.
3. While the “1s” are out of the room, give the following instructions to the “2s”:
  - This exercise is about listening.
  - When the “1s” come back in the room, they will start talking to their respective “2s” (you).
  - At first, you must act like you are not listening.
  - I will clap my hands after two minutes to signal that you can start listening.
4. Quickly brainstorm some ways in which the participants can show that they are not listening (e.g., by not making eye contact [depending on cultural norms], by playing with a pen, or by looking at their watches).
5. Ask the “1s” to return to the room and join their “2” partners.
6. Ask the “1s” to start talking to their partners about the assigned topic.
7. After two minutes, clap your hands and allow the discussion to continue for another two minutes.
8. Facilitate discussion about this exercise by asking:
  - How the “1s” felt when their partners were ignoring them
  - What the signs were that the “2s” were not listening
  - How it felt for the “2s” to act like they were not listening, and how it felt for the “2s” when they began listening
  - How this exercise relates to their work
9. Distribute Handout 4-B: Effective Listening.

**Activity 2: Demonstration role play (15 minutes)**

1. Model a few of the skills listed in Handout 4-B, including empathy and reflection, in a short role play. Describe the skills displayed in the role play, and briefly summarize Handout 4-B.

**TRAINING TIP** ○○○

Explanation of terms in Handout 4-B:

- **Empathy** is achieved by putting oneself in the client's position and understanding her point of view as if it were your own.
- **Interpreting the feelings and emotions behind what is being said and reflecting** involve using paraphrasing and responding to feelings and emotions. By doing this, we can confirm and convey our understanding of how the client really feels.

## Part D Asking Open-Ended Questions



**Time: 45 minutes**

**Activity 1: Brainstorm (10 minutes)**

1. Ask the participants to brainstorm questions that providers might ask one of the case-study clients from Session 3.
2. Write each question, in full and exactly as it is asked, in the "Questions" column on the flipchart entitled "Closed-Ended/Information Questions vs. Open-Ended/Feeling Questions..." (Note: A sample completed flipchart is provided on the next page [top].)
3. Stop when you have at least 15 to 20 questions.

**Activity 2: Presentation (10 minutes)**

1. Explain that questions can be considered in terms of two categories: their structure (closed-ended vs. open-ended) and their content (information vs. feeling).
2. Distribute and review Handout 4-C: Closed-Ended vs. Open-Ended Questions.
3. Discuss the role of each type of question in counseling. Give one or two additional examples of questions for each category.

**Activity 3: Large-group exercise/discussion (25 minutes)**

1. Return to the flipchart. For each question, ask the participants, "Is this a 'closed-ended' or an 'open-ended' question?" and then, "Is this an 'information' or a 'feeling' question?"
2. Write "C" (for "closed-ended") or "O" (for "open-ended") in the first column; write "I" (for "information") or "F" (for "feeling") in the second column, as shown on the next page (bottom).

**Sample completed flipchart for Activity 1—DO NOT COPY CONTENT**

**Closed-Ended/Information Questions vs. Open-Ended/Feeling Questions**

Questions	Structure (C or O)	Content (I or F)
1. How many children do you have?		
2. How did you feel when you found out that you were pregnant?		
3. What do you understand about miscarriage? About abortion?		
4. Were you using a family planning method when you got pregnant this time?		
5. How were you using it?		
6. How would you feel about using a family planning method so you do not get pregnant again until you are ready?		
7. What other family planning methods do you know about?		

**Sample completed flipchart for Activity 3—DO NOT COPY CONTENT**

**Closed-Ended/Information Questions vs. Open-Ended/Feeling Questions**

Questions	Structure (C or O)	Content (I or F)
1. How many children do you have?	C	I
2. How did you feel when you found out that you were pregnant?	O	F
3. What do you understand about miscarriage? About abortion?	O	I
4. Were you using a family planning method when you got pregnant this time?	C	I
5. How were you using it?	O	I
6. How would you feel about using a family planning method so you do not get pregnant again until you are ready?	O	F
7. What other family planning methods do you know about?	C	I

3. Add up the total numbers of closed-ended, open-ended, information, and feeling questions.
4. Ask the participants how they would describe the questions most commonly used with clients, based on this exercise, and ask the participants to explain why they most commonly use certain questions.
5. Demonstrate how closed-ended questions can be made open-ended and how information questions can be changed to feeling questions, using two or three questions from the list.
6. Ask the participants to practice turning closed-ended questions into open-ended questions and information questions into feeling questions. For each closed-ended or information question on the brainstorm list, ask one participant to suggest how to ask it using an open-ended or feeling question. Go around the room until each participant has given a suggestion for changing at least one question.
7. Remind the participants that some closed-ended questions cannot and should not be converted into open-ended questions (see below).



### TRAINING TIP ○○○

It is important to recall that some closed-ended and information questions are necessary in counseling, to assess the client's needs. The purpose of this activity is not to eliminate closed-ended and information questions, but rather to increase the use of open-ended and feeling-oriented questions, to allow the participants to better assess the client's informational and emotional needs and concerns.

8. Ask the participants how they can use this skill in their interactions with clients.

## Part E *Using Simple Language and Visual Aids*



**Time: 1 hour, 30 minutes**

### **Activity 1: Discussion (20 minutes)**

1. Distribute Handout 4-D: The Female and Male Reproductive Systems and one transparency marker or pencil to each participant.
2. Using the prepared flipchart, review female and male reproductive anatomy, identifying each body part shown. As you discuss, ask the participants what terms are used locally to refer to each body part (see Appendix E, page 183).
3. List the locally used terms for female and male reproductive anatomy on the flipchart. Ask the participants to use the transparency marker or the pencil to label each body part on the handout, using whatever local term is appropriate for their clients. (If you distributed paper rather than laminated copies of the handout, the participants should use pencils to label them, so the terms can be erased.)
4. Ask the participants how they can use the local terms when communicating with clients.

**TRAINING TIP** ○○○

Medical professionals are generally trained to use technical language when they refer to body parts and functions. Therefore, when asked to give information to clients, they often reply that clients are not able to understand such technical terms or concepts. The problem here, and the challenge for trainers and providers alike, is to find *simple words and images* to explain medical procedures, anatomy, and physiology in ways that clients can understand.

Even the least-educated client has some way of describing menstruation, sex, fertilization, contraception, pregnancy, miscarriage, abortion, and birth. Thus, it is the trainer's and the service provider's responsibility to learn how clients already describe such concepts and to build on their current level of knowledge, so they can give clients the information necessary for answering their questions and addressing their concerns.

**Activity 2: Presentation (20 minutes)**

1. Explain the importance and challenge of giving simple explanations to clients.
2. Distribute and review Handout 4-E: Anatomy, Physiology, and Pregnancy. As you discuss each item, ask if there are other ways in which it is described locally.
3. Ask the participants how they currently describe the medical procedure(s) used to treat women needing postabortion care.
4. Write their responses on a new flipchart, and ask the participants to draw a sample diagram of the medical procedures on a piece of paper. (This diagram can be used as a visual aid in Activity 3.)

**Activity 3: Small-group skills practice (35 minutes)**

1. Explain that the purpose of this activity is to practice the skills of giving simple explanations and using visual aids.
2. Divide the participants into groups of three. Within each group, ask for one volunteer to be the "provider" and another to be the "client." The third person will be an observer. (The roles will shift for each role play, so that by the end of the exercise, each participant will have played the role of "provider.")
3. Give the following instructions: For each role play, the "provider" will have five minutes to explain some basic concepts and terms to the "client." *Remember to build on the client's current level of knowledge and to use the handouts as visual aids.* The "client" can ask questions at any time. After the role play is completed, the observer and the "client" will have five minutes to give feedback to the "provider" (within each small group), including what was done well and what could be improved.
4. Give the task for the first role play: Using handouts, visual aids, and simple language, explain *menstruation, sex, fertilization, and contraception* to the "client."
5. Announce when the first five minutes have elapsed, and instruct the participants to end the role play and begin giving feedback. Announce when the second five minutes have elapsed, ending the feedback. (10 minutes total)

6. Ask the participants to shift roles (with each person taking on a new role, including the observer), and give the second task: Using handouts, visual aids, and simple language, explain *pregnancy*, *miscarriage*, and *abortion* to the client.
7. Again, announce when five and 10 minutes have elapsed. (10 minutes total)
8. Repeat the process for the third task: Using handouts, visual aids (including the sample diagram sketched in Activity 2), and simple language, explain the uterine evacuation procedure (either MVA or dilation and curettage [D&C], depending on which technique is used at the service site) to the client. (10 minutes total)



### TRAINING TIP ○○○

Although the use of the IUD simulator/hand-held model and cannula can be helpful for describing the MVA procedure, they are not essential to the explanation. If these materials cannot be obtained, the participants can still use other methods to explain PAC treatment, such as drawing a rough picture freehand.

During the role plays, remember to move from group to group to observe and to make sure that the instructions have been understood correctly. If one group is not following the instructions, correct them gently but immediately. If more than one group is confused, stop the role plays, explain the instructions again to all of the participants, and start over. If one participant in particular is having problems with the task, come back to that group for the feedback session and add your comments to the discussion.

If necessary, remind the participants to show visual aids to the client, rather than use them only for their own reference.

#### **Activity 4: Discussion (10 minutes)**

Ask the participants what they have learned from this session, both as “providers” and as “clients” in the role play, and how it can be applied in their work with postabortion clients.

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# **Session 4**

## **Handouts**



## Handout 4-A

### One-Way vs. Two-Way Communication

The effects of one-way communication:

- Only one person is actively talking, giving no chance to the other person to ask questions or express feelings and opinions.
- In health care, the provider is not able to determine if the client has accurately understood the information given, which often leads to misunderstanding.
- It may take less time, but it is *not efficient* in terms of establishing understanding.

The effects of two-way communication:

- Both persons are active in sharing information and opinions and in clarifying information with questions.
- This creates more discussion and interaction between the client and the provider, which enhances understanding by both parties, and allows the provider to know if the communication has met the client's needs.
- While it may take more time, it is *more efficient* in terms of ensuring that each person has been accurately understood.

## **Handout 4-B**

### **Effective Listening**

Listening skills can be improved by:

- Maintaining eye contact with the speaker (within cultural norms)
- Showing a genuine interest in the topic
- Being attentive to the speaker (i.e., not doing other tasks at the same time and not interrupting)
- Not talking to other people while listening
- Asking questions
- Showing empathy
- Reflecting (i.e., repeating, or using your own words to confirm understanding)
- Interpreting the feelings and emotions behind what is being said
- Integrating what has been said into further discussion

## Handout 4-C

### Closed-Ended vs. Open-Ended Questions

**Closed-ended questions** usually can be answered with a very short response, often just one word. A closed-ended question calls for a brief, exact reply, such as “yes,” “no,” or a number.

Examples include:

- How old are you?
- How many children do you have?
- Is your house far from this clinic?
- When did the bleeding start?
- Did you try to do anything before you came here?

These questions may be suitable to determine the client’s condition and medical history at the beginning of medical treatment or counseling.

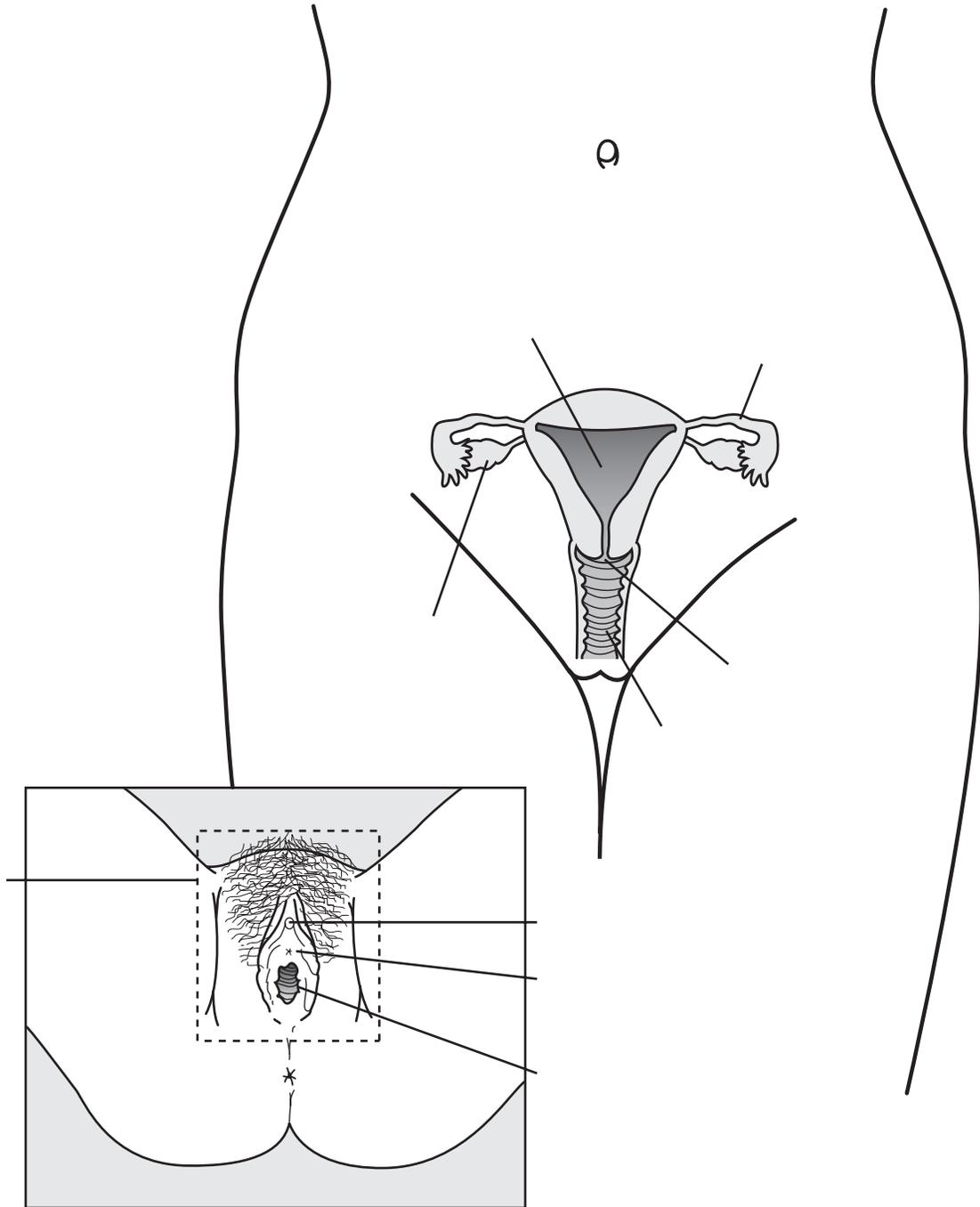
**Open-ended questions** are useful for exploring the opinions and feelings of the client, and usually require longer responses. These questions are more effective in determining the client’s needs (in terms of information or emotional support) and what she already knows.

Examples include:

- How did you feel when you first found out you were pregnant?
- What did you do after the bleeding started?
- How do you feel now?
- What do you think is going to happen while you are here? What concerns do you have about that?
- What questions or concerns does your husband or partner have about your condition?
- What do you plan to do to protect yourself from getting pregnant again?
- What made you decide to use the same method as your sister?

## Handout 4-D The Female and Male Reproductive Systems

### The Female Reproductive System



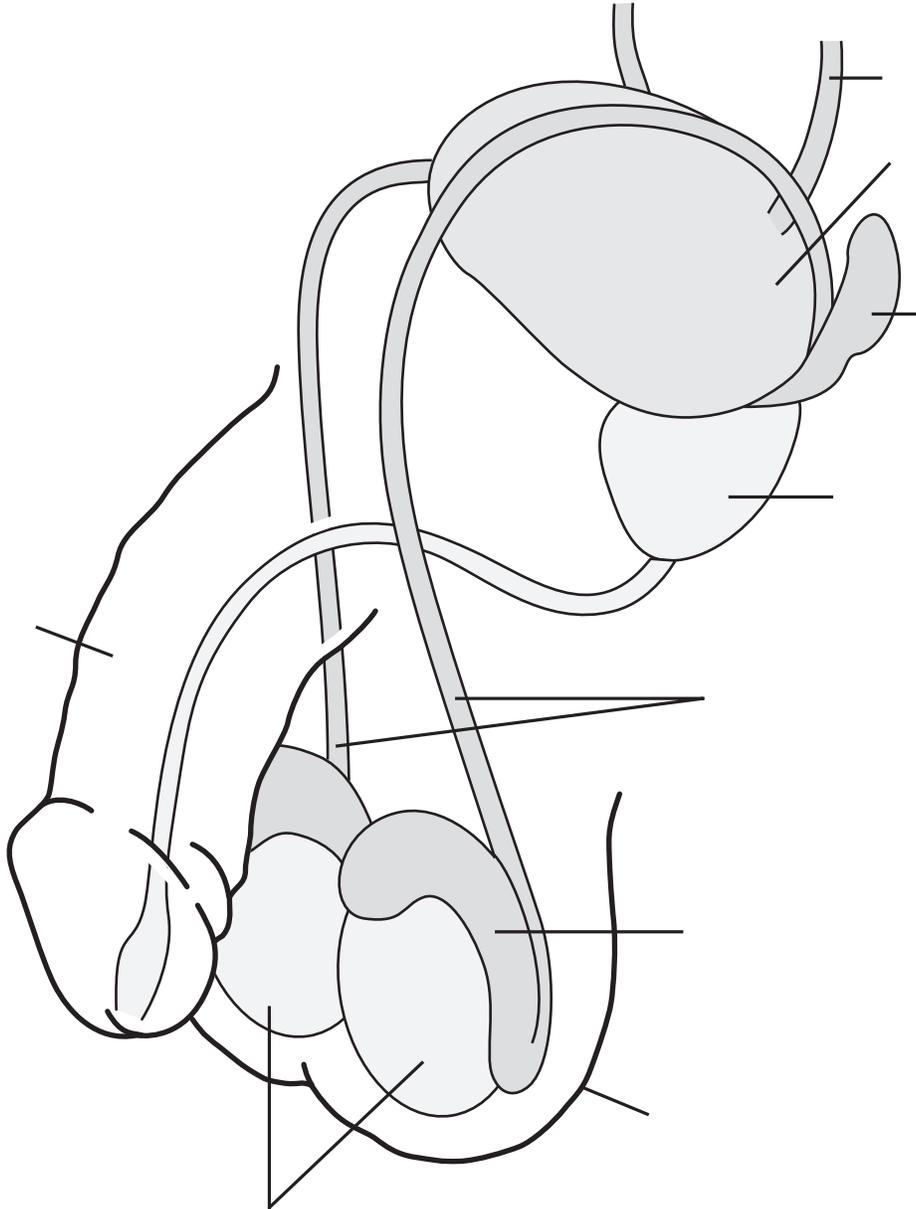
Adapted from: AVSC International. 1995. *Family planning counseling: A curriculum prototype*. New York.

(continued)

**Handout 4-D (continued)**

**The Female and Male Reproductive Systems**

**The Male Reproductive System**



Adapted from: AVSC International. 1995. *Family planning counseling: A curriculum prototype*. New York.



## Handout 4-E

# Anatomy, Physiology, and Pregnancy

### Female Anatomy

- The **cervix** is the narrow neck of the womb that connects the uterus with the vagina. When a man climaxes (has an orgasm), sperm travel through the cervix to reach the womb. Menstrual blood and babies leave the womb through the cervix. The cervix has to widen to let a baby through, which is what happens when a pregnant woman goes into labor.
- The **clitoris** is a small bud of tissue covered with a soft fold of skin and located above the urinary opening. It is very sensitive to touch. During sexual arousal, the clitoris swells and becomes erect. It plays an important role in a woman's sexual pleasure and climax (orgasm).
- The **fallopian tubes** connect each ovary with the womb. When the egg leaves the ovary, it travels through one of the tubes to the womb. The tubes also provide a favorable place for fertilization.
- The **ovaries** produce eggs and female hormones. Female hormones give women their female characteristics (like breasts and the way their voices sound) and their sex drive.
- The **uterus** is where the fertilized egg implants and over the course of nine months grows into a baby.
- The **vagina** is the passage that connects the uterus with the outside of the body. Intercourse takes place in the vagina, and menstrual blood and babies pass through the vagina.

### Male Anatomy

- The **epididymis** is where sperm cells are stored.
- The **penis** is the organ that carries the semen with the sperm into the vagina.
- The **prostate gland** produces the majority of the fluid that constitutes semen.
- The **scrotum** is the sack of skin that holds the two testicles.
- **Semen** is the liquid that comes out of the penis when a man climaxes. It contains sperm and other fluid. Sperm make up only a tiny amount of the semen. After a man has a vasectomy, the semen no longer contains sperm.
- The **seminal vesicles** are two pouches located on either side of the prostate gland that contribute more than half of the fluid to semen, which transports sperm. (The seminal fluid also provides nourishment for sperm.)
- The **testicles** produce sperm and male hormones. Male hormones give men their masculine characteristics (such as facial hair and muscles) and their sex drive.
- The **vas deferens** are the tubes through which the sperm travel to merge into semen.

### Physiology

- The woman's ovaries produce an egg once a month.
- The egg moves through the (fallopian) tube.
- The man's testicles produce sperm ("seeds"), which travel through two tubes (the vas deferens), mix with semen, and come out of the penis.

*(continued)*

## **Handout 4-E (continued)**

### **Anatomy, Physiology, and Pregnancy**

#### **Menstruation**

Every month that a woman of reproductive age is not pregnant, the uterus sheds its lining. This is the bleeding during menstruation.

#### **Fertilization**

Fertilization is when the man's "seed" enters the egg.

#### **Pregnancy**

Pregnancy occurs when the fertilized egg travels down the fallopian tube and attaches itself to the womb.

#### **Miscarriage**

A miscarriage is the spontaneous loss of a pregnancy before the developing baby is old enough to survive outside the womb.

#### **Abortion**

An abortion is when a pregnancy is ended prematurely. (Abortions may be spontaneous or induced.)

*Adapted from:* AVSC International. 1995. *Family planning counseling: A curriculum prototype*. New York.