

Part II:

Building Communication and Counseling Skills

Session 8: Introduction to the REDI Framework

Participants' Learning Objectives

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

- Explain the importance of addressing clients' social context when assisting them in making decisions about FP
- Describe how counseling supports clients' informed and voluntary decision making
- Explain the importance of using a counseling framework flexibly
- Describe REDI, a framework for FP counseling
- Identify similarities and differences between REDI and GATHER (if optional Activity E is used)

Time

1 hour, 5 minutes (1 hour, 10 minutes with the optional activity)

Materials

- Flipchart paper, markers, and tape
- Flipcharts prepared with text (see Advance Preparation)
- Participant Handbook—Handout 8: Introduction to the REDI Framework; and Participant Handbook Appendix B: Learning Guides for FP Counseling Skills

Session Outline

Training Activities	Methodology	Time
A. Introduction		5 mins.
B. Overview of REDI	Presentation	10 mins.
C. What Changes Does REDI Bring to What We Know and Do?	Small-group work	15 mins.
D. How REDI Supports Client-Centered Counseling	Large-group discussion	30 mins.
E. Comparing REDI and GATHER (optional)	Large-group discussion	5 mins.
F. Summary	Discussion	5 mins.

Advance Preparation

1. Decide whether you want to include the optional Activity E (Comparing REDI and GATHER) based on the participants' exposure and orientation to GATHER in the past. If they have been trained in GATHER and/or are using it, covering Activity E would be a

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good idea, especially if the participants seem to be using the GATHER framework slavishly, without assessing clients' needs or tailoring counseling according to the assessed needs. As part of the discussion, explain that regardless of which framework is used, meeting clients' needs is more important than the framework itself. So instead of simply following the framework, providers should always tailor counseling to the individual client's needs.

2. Prepare flipcharts for Steps B-1, C-1, C-2 through C-6, and E-1 (see below).

[Flipchart for Step B-1]

R – Rapport Building
E – Exploration
D – Decision Making
I – Implementing the Decision

[Flipchart for Step C-1]

QUESTIONS FOR EXERCISE
• Which steps are you already using in your counseling?
• For which steps do you think it would be helpful to have further training—for knowledge, skills, or making providers more comfortable?
• Which steps would you find difficult to implement in your practice setting, and why?

[Flipchart for Steps C-2 through C-6]

Group 1

Rapport Building (all clients)	Already doing	Need training	Anticipated challenges
1. Greet client with respect			
2. Make introductions			
3. Assure confidentiality and privacy			
4. Explain the need to discuss sensitive and personal issues			

Group 2

Exploration (new clients)	Already doing	Need training	Anticipated challenges
1. Explore in depth the client's reason for the visit			
2. Explore the client's future RH-related plans, current situation, and past experience			
3. Discuss the client's preferred FP method, if any, or relevant options; give information, as needed; and correct misconceptions			
4. Rule out pregnancy and explore factors related to monthly bleeding, any recent pregnancy, and medical conditions			

Group 3

Exploration (return clients)	Already doing	Need training	Anticipated challenges
1. Explore the client's satisfaction with the current method			
2. Confirm correct method use			
3. Ask the client about changes in his or her life (e.g., plans about having children, risk for HIV and other STIs, and HIV status)			
4. Explore in depth with the client the reasons for dissatisfaction and possible solutions (for dissatisfied clients only)			

Group 4

Decision Making	Already doing	Need training	Anticipated challenges
1. Identify the decisions that the client needs to make or confirm			
2. Explore relevant options for each decision			
3. Help the client weigh the benefits, disadvantages, and consequences of each option			
4. Help the client determine his or her individual risk for contracting HIV or another STI			
5. Encourage the client to make his or her own decision			

Group 5

Implementing the Decision	Already doing	Need training	Anticipated challenges
1. Assist the client in making a concrete and specific plan for carrying out the decision(s)			
2. Have the client develop skills to use his or her chosen method and condoms			
3. Identify the barriers that the client may face in implementing the plan			
4. Develop strategies to overcome the barriers			
5. Make a plan for follow-up and/or provide referrals			

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[Optional Flipchart for Step E-1]

Comparing REDI and GATHER	
R Rapport Building	G Greet
E Exploration	A Ask/assess
D Decision Making	T Tell
I Implementing the Decision	H Help
	E Explain
	R Return visit

Session 8 Activities

Activity A. Introduction (5 minutes)

At this point, the workshop is moving from setting the stage to building the skills of the participants.

1. Review the objectives of the session.
2. Explain that in all counseling, the focus should be on the client rather than on the framework. During the following exercises and discussions, the participants should keep in mind that frameworks can be helpful to providers by giving them a structure for talking with clients so they will not miss important steps. However, the framework is only good if it allows them to attend to the individual client's unique needs and concerns.

Activity B. Overview of REDI (10 minutes)



1. Tell the participants that they will now examine a new counseling framework. Post the flipchart with the names of the four phases of REDI (see Advance Preparation).
2. Refer the participants to Handout 8 in the Participant Handbook and ask them to find the table that describes REDI (“Phases and Steps of REDI”). Briefly review the phases and steps. Point out that the REDI framework:
 - Emphasizes the client's right and responsibility for making a decision and carrying it out
 - Provides guidelines for how to explore the client's sexual relationships and social context
 - Helps identify the barriers that a client may face in carrying out this decision and builds skills and develops strategies to help the client address them
3. Encourage questions and give brief answers, noting that the next exercise will give them a chance to examine and discuss the REDI framework in detail.

Activity C. What Changes Does REDI Bring to What We Know and Do? (15 minutes)



1. Post the flipchart with the following questions for small-group work (see Advance Preparation). Explain that the groups will work on different phases of REDI, and that two groups will work on the **exploration** phase—one on exploration with new clients and the other on exploration with return clients. All groups will answer the following questions for their assigned step:
 - * Which steps are you already using in your counseling?
 - * For which steps do you think it would be helpful to have further training—for knowledge, skills, or making providers more comfortable? (Further training might also be considered useful for steps that they are already using.)
 - * Which steps would you find difficult to implement in your practice setting, and why?
2. Post one of the prepared flipcharts (see Advance Preparation) and explain how each group will fill one flipchart as it reviews a phase of REDI.

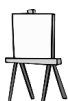


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3. Explain to the participants that for each step, they should review the relevant description in Appendix B of the Participant Handbook (Learning Guides for FP Counseling Skills), consider these questions, and check any boxes (cells) in the table that apply to their work setting. Participants might check more than one box—or all three boxes—for some steps. Explain that if there are different opinions within the group, they may put a question mark in the box.
4. Divide the participants into five groups.
5. Ask each group to choose one member to fill in the table for their group.
6. Assign one phase of REDI to each group and distribute the separate prepared flipchart sheets accordingly.
7. Give the groups 10 minutes to complete their tables. Check each group quickly to ensure that they understand the instructions. If some groups finish in less than 10 minutes, they can go on to review another phase of REDI and discuss their answers to those questions among themselves.



Activity D. How REDI Supports Client-Centered Counseling (30 minutes)



1. Starting with the **rapport building** group, ask each group's reporter to post the group's flipchart and explain the group's findings. If there are question marks, ask for a brief explanation. Also ask for a brief explanation of the challenges. (15 minutes total for all groups)
2. Ask the participants what they learned from this exercise. (5 minutes)

➔ Training Tip

- Stress that the REDI framework is a guide for the process of counseling and that its purpose is to ensure informed and voluntary decision making. It should be adapted as appropriate to meet clients' needs. Providers should not lose sight of the client by focusing on the framework.
- Remind the participants that they are already following many of the steps. However, all steps will be reviewed during this training to ensure that there is mutual understanding of what the steps entail and to provide an opportunity for discussion. Anticipated challenges to applying new knowledge and skills can be addressed in the action plans that will be developed later in the training. In addition, the trainers can share the participants' anticipated challenges with their supervisors or program managers (who may be participating in this workshop or a separate orientation), and this can become part of training follow-up (see Session 27).

3. Facilitate a discussion by asking the questions below. (Possible responses are listed under each question.) (10 minutes)

* How does this framework ensure that the counseling is client-centered?

Possible responses:

- *The framework starts with and is focused on the client’s individual circumstances. Each counseling session is then tailored to the specific needs of the individual client, taking into consideration their specific circumstances, needs, and desires— e.g., whether they are new or returning; whether they have a specific method in mind, concerns about the method they are using, or changes in their circumstances; and whether they are a member of a special population group.*
- *The REDI framework treats the client as a whole person with different and interrelated needs and circumstances. In addition to helping providers with counseling for FP, it helps providers explore and address clients’ needs and problems in other RH areas (such as sexuality and STIs) in an integrated way.*
- *REDI also takes into consideration whether the client will be able to implement his or her decision to use FP. It helps providers guide the client through a reality check, identify potential barriers, and strategize to overcome them. Therefore, the **implementing the decision** phase of REDI evolves differently based on each client’s unique set of needs and circumstances.*

* How much time do counselors in your facility generally spend counseling each client? Do you have ideas about how to make counseling more efficient and effective in your practice setting?

Possible responses:

- *Counselors can save time with new clients by learning first about the client’s situation and then limiting the information-giving portion of the session to addressing the client’s identified needs, rather than routinely providing detailed information on every FP method. Avoiding overloading the client with unnecessary information not only saves time but also better meets the client’s needs.*
- *For return clients, counselors can save time by determining whether the client has any concerns or problems and then focusing on those.*
- *It might initially take longer for counselors to follow the framework because they will need to adjust to the new way of interacting with clients.*
- *One study in Egypt showed that client-centered counseling added only one additional minute to the consultation.¹ The clients were three times more likely to be satisfied and to continue to use the method after seven months.*

* Why does the framework address clients’ social context and personal circumstances?

Possible responses:

- *Clients need to make realistic decisions that they can carry out successfully and safely. Examining the social context helps them to understand the potential outcomes of their decisions. Questions might include the following:*
 - *Who has the decision-making power in the relationship and who influences decisions (i.e., partners, friends, family members)?*
 - *What will happen if the partner or family finds out that a woman is using FP in secret (e.g., a partner may have an objection or even a violent reaction if a client insists on using FP in general or a particular method)?*

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- *What will happen if/when the client experiences side effects such as bleeding? (This is particularly significant in many religions and cultures.)*
- *What economic pressures might affect the client's decisions (e.g., whether he or she can afford a continual supply of condoms or other methods)?*

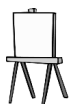
* How does this framework ensure a client's informed and voluntary decision making?

Possible responses:

- *The framework ensures informed and voluntary decision making by helping the provider tailor the information to the client's needs and circumstances; helping the client reach realistic decisions after having considered his or her life circumstances (e.g., social context and sexual relationships); reminding the client to weigh options and consider their implications; and helping the client anticipate potential barriers to the implementation of his or her decision and strategize how to overcome them.*
- *The framework guides providers in helping clients to better understand their personal risks for unintended pregnancy and contracting and transmitting HIV or other STIs and in sharing information about the relevant options for protecting themselves, thus enabling clients to make informed decisions.*
- *The framework also ensures that the provider checks to see whether there may be pressure from partners, family, community, and service providers that is influencing the client and makes sure that the decision the client makes is voluntary and free of coercion.*

Activity E. Comparing REDI and GATHER (optional) (5 minutes)

Note: This activity is only necessary if many of the participants are already familiar with the GATHER framework. If they are not familiar with GATHER, there is no need to introduce it. See guidance in Advance Preparation.



1. Post the flipchart entitled “Comparing REDI and GATHER” (see Advance Preparation).
2. Beginning with “Greet,” ask the participants to identify which steps of GATHER correspond to the phases of REDI. Draw lines between the corresponding steps and phases.

➤➤ Training Tip

Many steps in REDI and GATHER overlap. **Rapport building** generally corresponds to Greet, with elements of Ask/Assess. **Exploration** incorporates Ask/Assess and Tell. **Decision making** includes the Help step and also elements of Ask/Assess and Tell. **Implementing the decision** includes Help, Explain, and Return Visit. Because the counseling process is different for each client, the participants might also have other valid ideas about overlaps.

3. Facilitate a brief discussion by asking:

* What similarities can you identify between REDI and GATHER? What differences?

4. Explain: REDI was designed specifically to incorporate the client’s comprehensive needs and to incorporate a focus on the client’s responsibilities and actions. There is more emphasis in REDI on considering the life circumstances of the client, including the client’s relationships, sexual practices, social context, and individual risk for contracting HIV and other STIs. The client is responsible for developing a plan for implementing the decision. The client and counselor identify potential barriers to the implementation of the decision and then address them accordingly. REDI recognizes that many client decisions are never implemented because of barriers that have not been identified at the time of decision making. Keep in mind that the counseling process applies the same skills, attitudes, and knowledge, whether the framework is REDI, GATHER, or something else, but in this training the REDI framework is used.

Activity F. Summary (5 minutes)

1. Ask if the participants have any further comments or questions. Review the “REDI Algorithms” section of Handout 8 in the Participant Handbook to recap how REDI applies to different categories of FP clients (e.g., new and returning clients).
2. Note that the participants will spend the rest of the workshop developing and practicing skills for counseling, addressing the attitudinal challenges faced by providers who conduct FP counseling, and identifying and meeting the information needs of clients. As they advance through the sessions of the workshop, they will use the learning guides to improve their practice of FP counseling.

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Session 9: Sexuality

Participants' Learning Objectives

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

- Define the terms *sex* and *sexuality*
- Explain how sexual preferences and practices relate to the choice and use of FP methods
- Identify their personal biases and attitudes about various sexual behaviors
- Recognize that there are differences in perspectives on sexual behavior, including differences in what is considered normal or acceptable
- Explain why it is important to be nonjudgmental about sexual behaviors when counseling clients

Time

1 hour, 15 minutes

Materials

- Large cards or writing paper and scissors
- Cards prepared with text (see Advance Preparation)
- Markers—one for each participant, if possible
- Masking tape
- Participant Handbook—Handout 9: Sexuality

Session Outline

Training Activities	Methodology	Time
A. Defining Sexuality	Pairs exercise/discussion	40 mins.
B. Identifying Biases and Judgments Related to Sexual Behaviors	Large-group exercise/discussion	30 mins.
C. Summary	Discussion	5 mins.

Advance Preparation

1. Review the list of behaviors (see Trainer's Tool No. 2 at the end of this session), and select 25 to 30 to use in this session. Add any additional behaviors that occur locally.

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➔ Training Tip

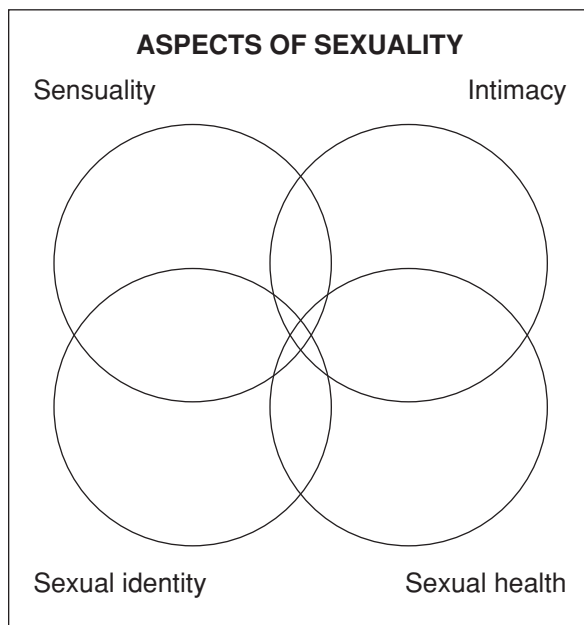
Try to ensure the selection of a mixture of behaviors—some that the participants will be familiar with and some that they will not. Add or omit behaviors based on the local situation. The exercise should include some behaviors that are outside of the mainstream or that are taboo, even if these behaviors are not generally acknowledged in the local setting.

2. Prepare flipcharts for Steps A-3 and A-10.

[Flipchart for Step A-3]

1. Define the term "sex."
2. Define the term "sexuality."
3. How does sexuality relate to FP counseling?

[Flipchart for Step A-10]



3. Prepare the behavior cards. Use heavy paper or card stock, if available, or half-sheets of letter-sized paper if cards are not available. Write one sexual behavior on each piece of paper. Print using a large marker and large letters, or print the pages using a computer in a large, bold typeface so the words can be read from a distance (see example).

Vaginal Sex

4. Prepare three additional sheets, one with the phrase “OK for me,” a second with the phrase “OK for others but not OK for me,” and a third with the phrase “Not OK” written in large print. Use different colors of paper for each of these three sheets, if possible. Post these sheets high on the wall, ensuring that there is sufficient space between them to place three to five vertical columns of cards beneath each.
5. Before the exercise, prepare small pieces of tape, enough to affix all of the behavior cards to the wall.

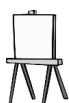
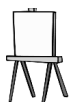
Session adapted from: EngenderHealth. 2002. Integration of HIV/STI prevention, sexuality, and dual protection in family planning counseling: A training manual. New York

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Session 9 Activities

Activity A. Defining Sexuality (40 minutes)

1. Introduce the session by reviewing the objectives. Tell the participants that the REDI framework emphasizes the integration of sexuality into FP counseling. It guides the provider in exploring the client's sexuality and helping the client consider his or her sexual life when choosing an FP method.
2. State that some participants might be thinking, "I know about FP counseling and reproductive health. So, why are we talking about sexuality?" Tell the participants that you will explore the answer to that question during the following exercise.
3. Tell the participants that they will work in pairs to define two terms and answer one question. Post the flipchart with questions that you have prepared (see Advance Preparation, flipchart for Step A-3).
4. Ask the participants to spend 10 minutes defining the terms and answering the question and to write their answers in their notebooks.
5. After 10 minutes have passed, ask the participants to volunteer their definitions of *sex*. Remind them not to repeat definitions already given but to mention different aspects that they would like to add to the definition.
6. Repeat Step 5 with the term *sexuality*.
7. Ask the participants about the similarities and differences between *sex* and *sexuality*.
8. Repeat Step 5 with the question, "How does sexuality relate to FP counseling?"
9. Give a short presentation on the definitions of *sex* and *sexuality*, *how sexuality relates to FP counseling*, and *aspects of sexuality*, based on the information in Handout 9 in the Participant Handbook. Compare these "official" definitions with those developed by the participants. Note any aspects of the definitions that were missed and clarify any remaining questions.
10. Post the flipchart with the intersecting circles (see Advance Preparation, flipchart for Step A-10), and explain *aspects of sexuality*. (20 minutes)
11. Facilitate a brief discussion by asking:
 - * Where is sexual intercourse included in the definition of sexuality? In those circles on the flipchart?
Possible responses: In the center; at the intersection; as small as a do.
12. Emphasize that people often reduce the meaning of sexuality to sexual intercourse, but that that is a very limited and inaccurate view. Sexual intercourse is only one of the ways of expressing sexuality.



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Activity B. Identifying Biases and Judgments Related to Sexual Behaviors (30 minutes)

1. Introduce this exercise by saying that the group will explore the range of sexual behaviors that people engage in and the attitudes and values that we have about those behaviors. Explain that this interactive exercise will allow everyone to examine their personal values, beliefs, and attitudes about different sexual behaviors in a completely confidential way. It will also help them understand how their beliefs and values might affect their attitudes and behaviors toward clients and the way in which they discuss sexual behaviors with them.
2. Tell the participants that you will give each person one or more cards with a sexual behavior written on it. Instruct them to think about how they personally feel about the particular behaviors written on their cards and to indicate this by writing one of these phrases on the back of the card:
 - *OK for me* (meaning that it is a behavior that I personally would engage in)
 - *OK for others but not for me* (meaning that it is a behavior that I personally would not engage in but that I have no problem with other people doing)
 - *Not OK* (meaning that it is a behavior that no one should engage in because it is morally, ethically, or legally wrong)
3. Remind the participants that this exercise is meant to be completely confidential, so they should not show the behavior on their card or their response to anyone. To ensure confidentiality, you might ask the participants to rearrange their seats or spread around the room so that no one can see their cards and responses.
4. Distribute the sexual behavior cards (face down) and one marker to each participant, attempting to give each person the same number of cards, until all of the cards have been distributed. Invite the participants to look at their cards and think about the behavior written on them.

➔ Training Tip

Instruct the participants that if someone gets a card with a behavior that he or she does not understand, he or she should signal you to ask for an individual explanation. If the behavior is explained in front of the group, the confidentiality of the exercise will be compromised.

5. Repeat what is meant by “OK for me,” “OK for others but not for me,” and “not OK,” and ask if everyone understands.
6. Instruct the participants *not* to write their names on the cards. Ask them to mark on the back of each card their response to the behavior, without showing their cards to anyone. When they are done, they will place the cards, with the behavior 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).
7. Remind the participants that this exercise is about values and judgments related to sexual behaviors in general; it is not about risk for contracting HIV or some other STI.

8. Mix up the cards and redistribute them to the participants, asking them to take as many cards as they put on the pile.
9. Have the participants take turns, one by one, reading aloud each card and then taping their cards on the wall under the appropriate category (“OK for me,” “OK for others but not for me,” or “not OK”), according to what is indicated on the back of the card. Remind them to put the card in the category that is marked, even if they personally do not agree with it. Encourage them to line (queue) up to read and post their cards and to move quickly one after the other.

➔ Training Tip

Have the participants take turns, if possible, allowing each to read his or her card aloud and then tape it onto the wall. Although this process takes time, reading aloud is also part of the learning process. The activity contributes to the participants’ comfort with pronouncing terms about sexual practices. However, if time is short, the exercise can be completed faster by asking all of the participants to approach the wall at once and to place their cards in the appropriate place on the wall, without reading them.

10. Once all of the cards have been posted, instruct the participants to gather around the wall and to take a few minutes to observe the placement of the cards.
11. Ask the participants: Why do you think I asked you to read aloud as you placed the cards on the wall? After a few responses, tell them that you have done this to increase their level of comfort with using these terms.
12. Facilitate a group discussion based on the questions below. Do not move the cards if there is disagreement. Simply acknowledge the difference of opinion and leave the cards as they are.
 - * Are you surprised by the placement of some of the cards? Which ones surprised you and why?
 - * How would you feel if someone placed a behavior that you engage in yourself in the “not OK” category?
 - * How would you feel if someone placed something you felt was wrong or immoral in one of the “OK” categories?
 - * How did you feel placing someone else’s response card on the wall? Would you have felt comfortable placing your own responses in front of the group?
 - * What does this exercise tell us about how clients might feel when providers ask them about their sexual practices?
13. Summarize by stating that we should not question or judge different sexual behaviors or practices as right or wrong. Rather, providers must recognize that these behaviors exist and that they need to be considered during clients’ decision making about FP.

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➔ Training Tips

- If some of the 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 behavior than others and can help their colleagues understand the range of behaviors.
- Do not ask the participants to identify who placed any one response in a particular category. If a participant would like to volunteer such information to explain his or her answer, they may do so, but asking might make the participants uncomfortable and would take away the anonymity of the exercise.

Activity C. Summary (10 minutes)

Summarize the session by reviewing any of the Essential Ideas on Handout 9 that were *not* covered during the discussions.

Trainer's Tool No. 2 (Session 9)

Different Types of Sexual Behavior

This list includes a wide range of sexual activities and behaviors. Trainers should feel free to add or omit behaviors, depending on the local situation. For the average-sized group (12 to 15 participants), select 25 to 30 behaviors to allow enough time for discussion. If there is more time (e.g., one hour), you can increase the number of behaviors.

- | | |
|--|---|
| Hugging | Paying someone for sex |
| Kissing | Having premarital sex |
| Giving oral sex | Having sex with a relative considered too close (incest) |
| Receiving oral sex | Having sex with someone of another race or ethnicity |
| Having group sex | Having sex whenever your partner wants it |
| Having anal sex | Having sex with someone who is married |
| Having sex with someone of the same sex | Having sex under the influence of drugs or alcohol |
| Using objects or toys during sex | Watching other people have sex |
| Getting paid for sex | Sharing sexual fantasies with others |
| Having sex in public places | Being celibate |
| Being faithful to one partner | Having sex in exchange for money to support your children |
| Masturbating | Having sex without pleasure |
| Having vaginal sex | Having sex with your spouse because it is your duty |
| Watching pornographic movies | Rape |
| Having sex with many partners | Placing objects in the rectum |
| Having sex with people you do not know | Placing objects in the vagina |
| Initiating sexual encounters | |
| Having sex with someone other than your spouse (adultery) | |
| Agreeing to have sex with someone who will not take no for an answer | |

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Session 10: Ensuring Optimal Communication

Participants' Learning Objectives

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

Section I: Respect for Clients

- Explain the importance of showing respect for clients
- Describe at least two ways of showing respect for clients

Section II: Praise and Encouragement

- Explain how praise and encouragement can help to build rapport between providers and clients

Section III: Nonverbal Communication

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

Section IV: Eliciting Information

- Describe two types of questions to use when attempting to elicit information from clients
- Explain the use and importance of open-ended (and feeling/opinion) questions in assessing clients' needs and knowledge
- Demonstrate how to convert closed-ended questions into open-ended questions

Section V: Listening and Paraphrasing

- Describe at least two purposes of listening as a key communication skill for counseling
- List at least three indicators of active listening
- Name at least two purposes of paraphrasing during counseling
- Demonstrate paraphrasing

Section VI: Challenging Moments in Counseling

- Describe the appropriate provider attitudes when faced with challenging moments in counseling

Time

2 hours, 50 minutes

Materials

For All Sections:

- Flipchart paper, markers, and tape

For Section II: Praise and Encouragement:

- Flipcharts prepared with text (see Advance Preparation)

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- Participant Handbook—Handout 10-A: Ensuring Optimal Communication; Handout 10-B: Praise and Encouragement; and Handout 10-C: Examples of Using Praise and Encouragement

For Section IV: Eliciting Information:

- Flipcharts prepared with text (see Advance Preparation)
- Participant Handbook—Handout 10-E: Asking Questions during Counseling

For Section V: Listening and Paraphrasing:

- Flipcharts prepared with text (see Advance Preparation)
- Trainer’s Tool No. 1 (Session 7): Belief Statements about Family Planning and Sexual and Reproductive Health
- Participant Handbook—Handout 10-F: Listening and Paraphrasing

For Section VI: Challenging Moments in Counseling:

- Flipcharts prepared with text (see Advance Preparation)
- Participant Handbook—Handout 10-G: Challenging Moments in Counseling

Session Outline

Training Activities	Methodology	Time
A. Introduction		5 mins.
Section I: Respect for Clients		
B. Respect for Clients	Discussion	5 mins.
C. Showing Respect for Clients	Exercise/large-group discussion	10 mins.
Section II: Praise and Encouragement		
D. Praise and Encouragement	Large-group discussion	15 mins.
E. Practice	Pairs exercise/discussion	15 mins.
Section III: Nonverbal Communication		
F. Nonverbal Communication	Brainstorm/discussion	15 mins.
G. Tone of Voice	Exercise/discussion	15 mins.
Section IV: Eliciting Information		
H. Purpose of Asking Questions Brainstorm	Brainstorm	10 mins.
I. Types of Questions	Presentation	10 mins.
J. Converting Questions.	Large-group work	15 mins.
Section V: Listening and Paraphrasing		
K. Listening and Paraphrasing	Introduction/discussion	15 mins.
L. Practice	Small-group work	20 mins.
Section VI: Challenging Moments in Counseling		
M. Challenging Moments in Counseling	Discussion	10 mins.
N. Summary	Discussion	10 mins.

Advance Preparation

Note: This session includes activities that address multiple aspects of creating a positive counseling environment. Because the participants in this training have experience with counseling FP clients, they are likely to have already mastered at least some of these skills. This session is designed to be adapted by facilitators based on the participants' needs.

As the facilitator, you should be able to identify the participants' common strengths and weaknesses, based on:

- Your exploration of the participants' needs before the workshop
- The results of the precourse knowledge assessment
- Your observations of the way that the participants communicate and talk about communication with and respect for clients

Select the sections of this session that will address the areas in which the participants are weakest. The guidance provided below can assist you in this process.

Complete version: If the strengths and weaknesses of the group are quite varied, you should cover all sections of this session. This gives you an opportunity to use the knowledgeable participants as resource persons during activities such as discussions and role plays.

Short version: If all of the participants are skilled and knowledgeable, you should still give them an opportunity to share what they know about communication skills and review together key aspects of each section. You can lead a large group discussion to achieve this, using questions from each activity to trigger discussion. Encourage them also to give examples of how they use these communication skills in their practice. All of the participants should be encouraged to review all of the handouts for this session before the session. This will help to refresh them and will help them identify questions they have about the topics. Alternatively, you can also use some of the activities from this session as part of warm-up sessions or icebreakers.

The activities address five content areas:

- Respect for clients
- Praise and encouragement
- Nonverbal communication
- Eliciting information (with a focus on open-ended questions)
- Listening and paraphrasing

Section I: Respect for Clients

1. Prepare slips of papers describing in brief keywords characteristics of the client profiles that you choose to use in the "showing respect" exercise (Activity C, Step 1). (You will use the client profiles that were developed by the five groups in Session 6. The description of the client profile might include characteristics such as gender, age, main problem, and so on, which will give a hint to the participant playing that client. For example, if the client is an adolescent, the participant might pretend to be shy.) Make enough copies of the client profile slip so that each participant has one.

Session 10

Section II: Praise and Encouragement

1. Prepare a flipchart defining praise and encouragement.

[Flipchart for Step D-2]

Praise is the expression of recognition, approval, and admiration.

Encouragement is the provision of support, courage, confidence, and hope.

The purposes of praise and encouragement are to:

- Show that you are listening to the client and valuing what he or she says
- Show your support
- Motivate the client to continue the discussion (telling and asking)

Section III: Nonverbal Communication

1. On separate pieces of paper, write the names of emotions and feelings such as *anger, boredom, sadness, happiness, impatience, disapproval, nervousness, shame, respect, understanding, and kindness.*
2. Prepare the flipchart for Step G-6.

[Flipchart for Step G-6]

THREE ASPECTS OF COMMUNICATION

The following three key components of communication have been shown to have varying degrees of impact on the person(s) with whom you are interacting:

Body Language **55%**

Tone of Voice **38%**

Actual Words **7%**

Section IV: Eliciting Information

1. Prepare a flipchart grid (at least two sheets) as follows:

[Flipchart for Step H-2]

Questions: Closed or Open? Information or Feeling/Opinion?		
(C or O)	(I or F)	QUESTIONS

Section V: Listening and Paraphrasing

1. Prepare copies of Handout 10-F from the Participant Handbook.
2. Prepare the “Active Listening” and “Paraphrasing” flipcharts (see below).
3. Select four statements from the “Belief Statements about Family Planning and Sexual and Reproductive Health” (see Trainer’s Tool No. 1, Session 7) that were not used during Session 7.

[Flipchart for Step K-2]

<p>ACTIVE LISTENING</p> <p>Active Listening is listening to another person in a way that communicates understanding, empathy, and interest.</p> <ul style="list-style-type: none"> • It is different from hearing. • It requires energy, attentiveness, skills, and commitment. • It makes the speaker feel important, acknowledged, and empowered.

[Flipchart for Step K-4]

<p>PARAPHRASING</p> <p><i>Paraphrasing</i> means restating the client’s message simply and in your own words.</p> <p>The purposes of paraphrasing are to:</p> <ul style="list-style-type: none"> • Make sure you correctly understand the client • Let the client know that you are <i>trying</i> to understand what he or she is saying • Summarize or clarify what the client is saying

Session 10

Section VI: Challenging Moments in Counseling

1. Prepare a flipchart listing challenging moments in counseling.

[Flipchart for Step M-1]

**CHALLENGING MOMENTS IN
COUNSELING**

- Client becomes silent
- Client cries
- Client refuses help
- Client feels unimportant
- Client is uncomfortable with the provider
- Client accuses the provider
- Provider believes that there is no solution to the problem the client has come for
- Provider makes mistake(s)
- Provider does not know the answer to the client's question
- Provider is short of time

Session 10 Activities

Activity A. Introduction (5 minutes)

1. Explain to the participants that you will be reviewing communication skills used in counseling and that these skills are all important in making the client comfortable and ensuring a quality counseling interaction. Communication skills are used in all phases of REDI to build trust and a positive environment between the client and the provider. However, they are especially important in **rapport building** and **exploration**.
2. If you have decided not to include all sections of this session, tell the participants that they will have a chance to ask questions about the other skills that will not be covered explicitly during the session. They will also have the opportunity to practice all of the skills outlined in the Participant Handbook during subsequent counseling practice sessions.

Section I: Respect for Clients

Activity B. Respect (5 minutes)

Ask the participants how they show respect to their clients in their own facility setting.

Possible responses:

- Smiling
- Standing up to greet the person
- Saying “hello” and/or “welcome”
- Shaking hands
- Inviting the person to sit down
- Introducing oneself
- Addressing the person by his or her name
- Maintaining eye contact

Note that what is considered respectful is highly dependent on the social and cultural setting. And not all of the materials below will be appropriate to all settings.

Activity C. Showing Respect for Clients (10 minutes)

1. Arrange the chairs in the room to make two concentric circles, with the inner circle being for the “providers” and the outer circle for the “clients.” Refer to the client profiles and have each “provider” practice greeting that “client” and showing respect. (2 minutes each) Then rotate the client circle so that each provider gets a new client. To make it easier to remember the client’s characteristics, you can describe the characteristics briefly in keywords on slips of paper and give these slips to clients before the exercise (see Advance Preparation).

Session 10

2. Discussion: How did the participants in the provider role feel when they were showing respect? How did the clients feel? What can be done to improve the communication?

Section II: Praise and Encouragement

Activity D. Praise and Encouragement (15 minutes)

1. Ask the participants the following questions:
 - * What does *praise* mean to you?
 - * What does *encouragement* mean to you?
 - * How could praise and encouragement be useful in building rapport with clients?
2. Post the flipchart with the definitions of praise and encouragement (see Advance Preparation) and briefly review the definitions listed on Handout 10-B in the Participant Handbook, comparing them to the participants' responses.
3. Before referring the participants to the handout, read one of the examples of clients' statements from the praise/encouragement chart in Handout 10-C. Ask the participants what kind of response from the provider would show praise or encouragement; then read the response given in the chart and compare it to what the participants offered.
4. Continue with the rest of the client statements and possible provider responses.



Activity E. Practice (15 minutes)

1. Pair each participant with the person sitting next to him or her. Distribute pieces of writing paper, one sheet to each pair.

(*Note:* Brainstorming in the group as a whole can be used instead to shorten the time needed and to allow more participants to respond. The advantage of the pairs exercise is to avoid repetition of the same training method.)
2. Ask each pair to think of one “client statement” that could be challenging for providers to respond to with respect, praise, or encouragement (i.e., because clients are angry, accusing, or frustrated). Participants should write their statement on a sheet of paper and then fold it. Collect the papers, mix them up, and then redistribute them randomly.
3. Give the participants a few moments to read their client statement and to discuss with their partner what kind of response would show respect, praise, or encouragement. If the participants got their own statement, ask them not to let anyone else know but simply act as if it came from someone else.
4. Ask one pair at a time to read their client statement and their response. Ask the group for other possible responses that would show respect, praise, or encouragement.
5. Continue until each pair has responded (or as time permits).

Section III: Nonverbal Communication

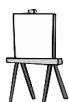
Activity F: Nonverbal Communication (15 minutes)

1. 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.

2. Ask the participants to think for a moment about how babies and young children communicate. How do they get their message across before they learn to talk? (*Possible responses could include smiling, crying, pointing, and frowning.*)
3. Explain that nonverbal signals can communicate interest, attention, warmth, and understanding to clients. Write the word “positive” on the left side of a piece of newsprint and “negative” on the right. Ask the participants to draw on their own experience for examples of positive and negative nonverbal communication. Write each response in the appropriate column on the newsprint. (*See Handout 10-D in the Participant Handbook for possible examples.*)
4. Summarize the discussion by explaining the Essential Ideas in Handout 10-D.

Activity G. Tone of Voice (15 minutes)

1. Explain that tone of voice is an important component of verbal communication for building rapport and tell them that the following exercise will show how tone of voice can communicate different emotions.
2. Ask for 11 volunteers to participate in the exercise. Distribute to the volunteers pieces of paper with the names of emotions and feelings written on them (see the Materials and Advance Preparation).
3. Tell the volunteers that you will say a sample sentence and then ask them to repeat the same sentence using the emotion written on their slip of paper. Sample sentences include “The nurse will see you in a few minutes,” “So, you have three sexual partners,” and “Please fill out this form.” Volunteers can invent other sentences.
4. Ask the rest of the group to guess which emotion is being displayed and discuss how the feeling is shown.
5. Summarize by discussing the following:
 - * Which tone of voice would you prefer were used when you go to someone for help?
 - * Which tones of voice are inappropriate in an FP setting?
6. To wrap up the activities, post and review the flipchart describing the impact of the three aspects of communication¹ (see Advance Preparation).



Section IV: Eliciting Information

Activity H. Purpose of Asking Questions (10 minutes)

1. Ask the participants:
 - * What is the purpose of asking questions during counseling?
(Because you will be referring in a moment to the handout, do not write their answers on the flipchart.) (*See the list below for possible responses.*)

¹ This information is taken from work conducted by Albert Mehrabian that was published in 1971 (Mehrabian, A. 1971. *Silent messages*. Wadsworth, CA: Belmont). Of course, the percentages shown in the flipchart relate to interpersonal communication, and they cannot be generalized to all types of communication (e.g., e-mail, communication in a different language, etc.). However, they do help to provide a more general understanding about the nonverbal aspects of communication. (See http://changingminds.org/explanations/behaviors/body_language/mehrabian.htm for more information.)

Session 10

To accurately assess needs, the provider must elicit information about the client's circumstances, health status, and FP needs and knowledge. This information is key to effective counseling for several reasons:

- To establish a good relationship by showing concern and interest
- To determine what educational/language level will be most easily understood by the client
- To prioritize key issues to target during the counseling session
- To learn what the client already knows and avoid repeating such information
- To identify areas of misinformation that need to be corrected



2. Post the “Questions” flipchart sheets in a place where you can write on them (see Advance Preparation).
3. Ask the participants to brainstorm typical questions that are asked of FP clients. Write each question in the “Question” column exactly as it is stated by the participant. Continue until there are at least 10 questions.

Activity I. Types of Questions (10 minutes)

1. Refer the participants to Handout 10-E in the Participant Handbook. Discuss the purposes of asking questions, comparing the information included in the section “Why Do We Ask Questions during FP Counseling?” with what they have just discussed.
2. Then discuss two types of questions—*open-ended* and *closed-ended*—and the purpose of each. Review the examples.

Activity J. Converting Questions (15 minutes)



1. Return to the “Questions” flipchart from the brainstorm. For the first question, ask the participants, “Is this closed-ended or open-ended?” 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. Continue for the rest of the list. (5 minutes)
2. Tally the number of closed-ended, open-ended, information-related, and feeling/opinion-related questions, and note the totals on the flipchart.
(*Note:* In most cases, this list will be predominantly closed-ended questions and questions revealing information but not feelings and opinions.)
3. Ask the participants:
 - * What do you observe from this brief exercise about the kinds of questions most often asked during client-provider communications?
 - * Why does this happen?
 - * What effect would this have on counseling? (10 minutes)(*Note:* Probe about the balance or imbalance between open-ended and closed-ended questions and between information-eliciting and feeling-eliciting questions.)

4. Demonstrate how to change a closed-ended question into an open-ended question, using one question from the list. Ask the participants to volunteer to do the same (if possible) for the rest of the questions. If most of the questions are appropriately closed (e.g., age, marital status, number of children, or date of last menstrual cycle, among others), ask for more examples of open-ended questions that would be useful in FP counseling. List these additional questions on a separate piece of flipchart paper. (5 minutes)

Section V: Listening and Paraphrasing

Activity K. Listening and Paraphrasing (15 minutes)

1. Explain to the participants that while it may seem obvious that listening to the client is an important task in counseling, most observations of client-provider interaction reveal that providers do most of the talking and do not listen well. Ask the participants:
 - * What are some reasons this might be true?
2. Ask the participants:
 - * What is *active listening*?
 - * Why is it important?
3. After a few responses, post the flipchart with the definition of active listening.
4. Ask the participants:
 - * What behaviors and body language (gestures and the movements of the body) would show that a provider is listening actively to what the client is saying?
(See *Essential Ideas in Handout 10-F in the Participant Handbook for possible answers.*)
5. Post the “Paraphrasing” flipchart (see Advance Preparation) and briefly review it.
6. Demonstrate paraphrasing with a participant or cotrainer, using one of the belief statements from Trainer’s Tool No. 1 (Session 7). See Handout 10-F in the Participant Handbook for examples. Briefly explain how *reflecting* and *clarification* differ from paraphrasing, and emphasize that all of these techniques are used together to enhance active listening.



Activity L. Practice (20 minutes)

1. Divide the participants into groups of three. Explain that they will practice listening and paraphrasing in their groups three times. Ask them to decide which person will be the speaker, which one will be the “paraphraser,” and which one will be the observer for the first practice. Tell them that the roles will be rotated for the second and third rounds.
2. Give the following instructions: “I will read a statement. The speaker will have one minute to explain why he or she agrees with, disagrees with, or is unsure how he or she feels about the statement. Then the paraphraser will try to restate what the speaker has said, using his or her own words. Finally, the observer will comment and make suggestions about the listening and paraphrasing skills they have observed. Then the group will rotate roles, and I will read another statement.” (about 5 minutes total for Steps 1 and 2)

Session 10

3. Read aloud one of the statements from among the “Belief Statements about Family Planning and Sexual and Reproductive Health” (see Trainer’s Tool No. 1, Session 7) and ask the speakers to give their opinion—agree, disagree, or unsure—within their group. Stop them after a minute, and ask the paraphraser to paraphrase. Stop them after a minute and ask the observers to give feedback. *(5 minutes total)*
4. Repeat this exercise twice (with different statements). Tell the participants to rotate roles before each round, so that each person has had a chance to practice listening and paraphrasing. *(10 minutes)*

Challenging Moments in Counseling

Activity M. Challenging Moments in Counseling (10 minutes)



1. Tell the participants that despite good communication, counseling includes challenging moments. Post the flipchart entitled “Challenging Moments in Counseling” (see Advance Preparation), and ask a volunteer to read.
2. Taking one challenge from the list at a time, ask the participants what they would do in that situation. Get answers from volunteers and add your own comments as necessary.
3. Repeat Step 2 with other challenges from the list. Make sure there is equal participation from all of the participants. Direct questions to individuals if needed.
4. Refer the participants to Handout 10-G in the Participant Handbook for the full list of challenges and provider attitudes discussed.

Activity N. Summary (10 minutes)

1. Ask the participants to summarize what they have learned from this session. Add your own comments as necessary. Ask the participants:
 - * What did you learn from these exercises?
 - * What was difficult? What was easy?
 - * How might these communication skills help you in your work?
(5 minutes)
2. Ask the participants if they have any questions about the topics covered in the handouts that were not addressed during this session.

Session 11: Addressing Misconceptions

Participants' Learning Objectives

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

- Describe how to address misconceptions about FP methods
- Demonstrate how to correct misconceptions

Time

1 hour

Materials

- Flipchart paper, markers, and tape
- Large cards or writing paper and scissors
- Participant Handbook—Handout 11: Addressing Misconceptions
- Method-specific cue cards (Appendix F)

Session Outline

Training Activities	Methodology	Time
A. Introduction		5 mins.
B. Misconceptions	Brainstorm/discussion	15 mins.
C. Introducing Family Planning Cue Cards	Presentation	10 mins.
D. Handling Misconceptions: Practice	Small-group work/ discussion	30 mins.

Advance Preparation

1. Identify misconceptions prevailing in the local community. (See the “Training Preparations” section in the Introduction for Trainers and Program Planners.)
2. Refer to Trainer’s Tool No. 3 (Session 11). Choose six common misconceptions to use during the misconceptions role play. Write them on cards.
3. Review the FP cue cards (Appendix F of this manual) for correct information.
4. Prepare a role play for Activity C. The role play should start with the “client” (already seated) telling the “provider” about a rumor or misconception that he or she has heard. (To keep the role play focused on the skill of handling misconceptions in the course of a counseling session, have the participants start the role play after the initial welcome and introductions.)

Session 11

5. Prepare a flipchart for Step D-1 (see below). *Note:* 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 role plays during sessions. For the last item on the flipchart, refer to the guidance presented in each session.

[Flipchart for Step D-1]

FEEDBACK GUIDELINES FOR ROLE PLAYS

- Ask the “client”: How did you feel during the role play? How well were your needs met (or not)?
- What did the “provider” do well? What improvements would you suggest?
- What communication skills did the provider use effectively?
- How well did the provider accomplish all the tasks listed for this phase/step?

Session 11

Activities

Activity A. Introduction (5 minutes)

1. Review the objectives of the session with the participants.
2. Explain that providers need to be able to respond to common rumors and misconceptions about FP methods. Misconceptions usually surface during the **exploration** phase of REDI. The provider should effectively address them and alleviate the concerns of the client.

Activity B. Misconceptions (15 minutes)

1. Brainstorm about local misconceptions and rumors prevailing in the community. Ask the participants to tell the group the most common misconceptions within their communities. Write all answers on a flipchart. See Trainer's Tool No. 3 (Session 11) for examples of misconceptions about various FP methods.
 - Ask what the sources are of rumors or misconceptions.
Possible responses include:
 - ▶ Unintended misinformation when a person passes on what he or she has heard
 - ▶ Traditional beliefs about the body and health
 - ▶ Exaggerations to make a story more entertaining
 - ▶ Unclear explanations from health care providers or no explanation at all
 - ▶ People trying to explain something that has no obvious explanation, such as an unexpected side effect
 - ▶ Errors or exaggerations in news reports or mass media
 - ▶ Someone trying to hurt the reputation of FP, other reproductive health care, or health care providers
 - ▶ Health care providers who do not feel prepared to provide certain methods—for example, the IUD
2. Direct questions to individuals, asking how they would handle the situation if a client revealed a misconception during counseling. Upon receiving answers from a couple of participants, present the recommendations (from Handout 11) for handling misconceptions with a client and within a community.

Activity C. Introducing Family Planning Cue Cards (10 minutes)

1. Tell the participants that the focus of this training is on counseling skills, not on FP methods. Nevertheless, counseling cannot be accurate without correct knowledge of FP methods. In order to ensure that the participants have the most up-to-date information on FP methods, this curriculum provides FP cue cards. These cue cards are used as reference material for the participants and can be used as job aids during counseling.

Session 11

2. Distribute all cue cards to the participants.
3. Start with the cue card on HTSP and with the Pregnancy Checklist and continue with the method-specific cue cards. Refer also to the Postpartum Family Planning and Postabortion Family Planning cue cards at the end. Using one of the cards as a sample, review the common sections on cards:
 - What is the method?
 - How effective is the method?
 - What are the side effects, health benefits, and health risks of the method?
 - Who can use the method?
 - Who cannot use the method?
 - When should a person start using the method?
 - How is the method used?
 - How should new and returning clients be counseled?
4. Tell the participants that they will need to refer to and use the cards as they prepare for role plays during this training and even when they are conducting role plays. Mention the next role play exercise about handling misconceptions, and remind the participants to familiarize themselves with the layout of the cards, so that they can easily find the information they are looking for.

Activity D. Handling Misconceptions: Practice (30 minutes)



1. Post the flipchart entitled “Feedback Guidelines for Role Plays” (see Advance Preparation), and explain how feedback should be structured and presented after role plays. Tell the participants that they will be using this guidance for all role plays conducted during the rest of the workshop. Answer any questions that the participants may have.
2. Do a brief demonstration with another trainer or participant of a role play about handling misconceptions..
3. Ask the participants to comment on how the provider in the role play handled the client’s misconception. What was done in accordance with the recommendations in Handout 11? What could the provider have done differently or better? Ask the participants to refer to the flipchart when structuring their feedback.
4. Tell the participants that they will be doing three rounds of similar role plays in groups of three, each time using a different misconception. Group members will assume the roles of provider, client, and observer, and they will switch roles for each new round. Remind the group and emphasize that the role plays will start with the client already seated (i.e., no welcoming or introductions) and raising a misconception or rumor—just like in the role play they have just observed.
5. Tell the participants that after each role play, the observers in each group will provide feedback to those who played the role of the provider. The feedback should cover whether the provider handled the misconception correctly, as per the recommendations in Handout 11, and whether the information given by the provider was correct. Did it accurately reflect the information on the relevant FP cue card?

6. Divide the participants into groups of three and ask them to choose the role of client, provider, or observer. Distribute three misconception cards to each group. (*5 minutes*)
7. Have one of the members of each group role play a counselor interacting with a client who has come to the health care facility with a misconception or rumor about the method they or their partner is using.
8. Every three minutes, have the group members switch roles, using a different misconception card each time. In each round they will use two minutes for the role play and one minute for feedback.
9. Wrap up by asking for volunteers to discuss the importance of providing accurate information to dispel misconceptions.

➔ Training Tip

Make sure there is even representation of all available FP methods and misconceptions prevailing in the local community. Observe the role plays with all members of the training team. During the plenary following the role plays, correct any wrong information that you may have noticed, referring to the relevant FP cue cards.

Trainer’s Tool No. 3 (Session 11)

****Do not distribute to the participants****

Common Misconceptions about Family Planning Methods

<p>Pills (both combined and progestin-only)</p> <ul style="list-style-type: none"> • 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. <p>Injectables</p> <ul style="list-style-type: none"> • Women without children cannot use depot medroxyprogesterone acetate (DMPA). • DMPA causes cancer. • DMPA causes abortion. • DMPA makes a woman sterile. <p>Implants</p> <ul style="list-style-type: none"> • Norplant causes cancer. • Implants can break and move around within a woman’s body. <p>Female Sterilization</p> <ul style="list-style-type: none"> • 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. <p>Vasectomy</p> <ul style="list-style-type: none"> • Vasectomy will make a man lose his sexual ability. • Vasectomy will make a man weak. 	<p>Condoms</p> <ul style="list-style-type: none"> • Condoms are mostly used by prostitutes. • Condoms will make a man weak and impotent. • Female condoms are too big. • Condoms often break during sex. <p>Intrauterine Devices (IUDs)</p> <ul style="list-style-type: none"> • 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. <p>Spermicides</p> <ul style="list-style-type: none"> • Spermicides will cause birth defects. • Spermicides cause cancer. <p>Diaphragm</p> <ul style="list-style-type: none"> • A diaphragm is uncomfortable for the woman. <p>Lactational Amenorrhea Method (LAM)</p> <ul style="list-style-type: none"> • LAM is not an effective FP method. • Any type of breastfeeding can protect a woman from pregnancy. <p>Standard-Days Method</p> <ul style="list-style-type: none"> • A woman cannot get pregnant when she is menstruating. • A woman with irregular cycles cannot get pregnant. <p>Emergency Contraception (EC)</p> <ul style="list-style-type: none"> • EC causes abortion. • EC is not safe for adolescents. • Using EC over and over is dangerous. • If I use EC, I am protected against pregnancy until my next period. • I can’t get EC until it is an emergency. • EC will harm a pregnancy.
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Session 12: Filling Clients' Knowledge Gaps

Participants' Learning Objectives

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

- Explain how to assess clients' information needs—what topics to cover and in how much depth
- List basic principles of information giving
- Describe a strategy for talking to clients about side effects
- Describe a strategy for telling clients about health risks and complications
- Demonstrate information giving for different FP methods
- List the side effects of four or five of the most commonly used FP methods (in the country)

Time

1 hour, 45 minutes

Materials

- Markers, flipchart paper, and tape
- Flipcharts prepared with text (see Advance Preparation)
- Participant Handbook—Handout 12-A: Filling Clients' Knowledge Gaps; Handout 12-B: How to Give Information; Handout 12-C: Using REDI to Give Key Information on Contraceptive Methods; and Handout 12-D: Talking about Side Effects, Health Risks, and Complications
- Method-specific cue cards (Appendix F)
- Flipchart from Session 11 (“Feedback Guidelines for Role Plays”)
- Cards or candies of four different colors or types to use to divide participants into four groups

Session Outline

Training Activities	Methodology	Time
A. Introduction		5 mins.
B. How to Give Information	Discussion/reading	20 mins.
C. Essential Information for Choosing an FP Method	Mini-lecture/discussion	10 mins.
D. Telling the Client about Side Effects, Health Risks, and Complications	Discussion/presentation	15 mins.
E. Practice Talking about Side Effects	Small-group work/role play	50 mins.
F. Summary		5 mins.

Session 12

Advance Preparation

1. Prepare flipcharts for Steps B-1 and C-2.

[Flipchart for Step B-1]

<p style="text-align: center;">HOW TO GIVE INFORMATION</p>

[Flipchart for Step C-2]

<p style="text-align: center;">KEY INFORMATION FOR CLIENTS CHOOSING AN FP METHOD:</p> <ol style="list-style-type: none">1. Effectiveness2. Side effects, health benefits, health risks, and complications3. How to use, how to obtain, what to expect during the procedure <i>(for IUD, injectables, implants, and sterilization)</i>4. When to return5. Prevention of HIV and other STIs
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[Flipchart for Step E-3—already prepared in Session 11]

<p style="text-align: center;">FEEDBACK GUIDELINES FOR ROLE PLAYS</p> <ul style="list-style-type: none">• Ask the “client”: How did you feel during the role play? How well were your needs met (or not)?• What did the “provider” do well? What improvements would you suggest?• What communication skills did the provider use effectively?• How well did the provider accomplish all the tasks listed for this phase/step?

2. Prepare a mini-lecture (maximum 5 minutes) for Step C-2, using the information from Handout 12-C in the Participant Handbook.
3. Identify the available FP methods in the country/region.

Session 12

Activities

Activity A. Introduction (5 minutes)

1. Tell the participants that the title of this session is “Filling Clients’ Knowledge Gaps.” Explain that one of the purposes of counseling is to share information that is tailored to the client’s needs and fills the client’s knowledge gaps. This is simply about assessing what the client already knows and giving information accordingly. This counseling task falls under the **exploration** phase of REDI.
2. Review the objectives of the session.

Activity B. How to Give Information (20 minutes)



1. Post the flipchart for Step B-1 (“How to Give Information”) (see Advance Preparation), and lead a brainstorming session about how information should be given to a client during counseling. To guide the discussion, ask:
 - * What do you think the key principles are when providing information to the client?
 - * How can we help clients understand and remember the information we give them?
2. Note the responses for both questions on the same flipchart.
3. Refer the participants to Handout 12-B in the Participant Handbook. Invite the participants to read the handout on their own and ask if they have any questions or anything to add.
4. Ask the participants:
 - * What do you think *tailoring* information means?
 - * What does *putting the risk* into perspective mean?

Ask for concrete examples of how they would tailor the information and how they would “put the risk into perspective.”

Activity C. Essential Information for Choosing an FP Method (10 minutes)

1. Tell the participants that you will now examine what the client needs to know about FP methods to be able to choose one. Remind them that the information covered in each counseling session will vary depending on the client. There should not be preset scripts. The provider needs to interact with the client, explore what the client wants and needs to know and any concerns he or she might have, assess the client’s situation, and respond appropriately.
Ask the participants:
 - * What information does the client need to have when choosing an FP method?
 Take a few answers without writing anything down.

Session 12



2. Post the flipchart you have prepared (see Advance Preparation, flipchart for Step C-2) and give a mini-lecture about the key information for clients choosing an FP method. (Refer to Handout 12-C in the Participant Handbook for information to include in the mini-lecture.)
3. Ask the participants:
 - * How will the information differ for new clients who have already chosen a method and those who have not?
 - * How will the information differ for returning clients who are already using a method?

Activity D. Informing the Client about Side Effects, Health Risks, and Complications (15 minutes)

1. Start a discussion about side effects by asking the following questions to the large group. For every question, ask the participants to reflect on their own experience. Remind them that the provider should begin with exploring what the client knows and any questions he or she might have.

Key questions to ask:

- * What is the difference between side effects and health risks/complications?
 - * How should a provider talk about side effects during counseling?
 - * How should a provider tell the client about possible health risks/complications?
2. Refer the participants to Handout 12-D in the Participant Handbook and walk them quickly through the handout.

Activity E. Practice Talking about Side Effects (50 minutes)

1. Divide the participants into four groups—new groups this time, not the groups they were in when they developed the client profiles. Assign each group one FP method and ask them to use the cue card for that method as their source of information. Ask them to discuss and decide on an appropriate way to talk about the side effects, health risks, and complications of that method with a new client.
2. Give them 10 minutes for preparation. Remind them that at the end two people from each group will be asked to role play giving information about a specific method and talking about side effects of that method with a new client for four to five minutes. Remind them that role plays will start at the point where the “client” has shown interest in a specific FP method. The “provider” will start by saying, “Let me give you some information on this method.”
3. Invite each group, one by one, to demonstrate their role play for the large group. After each group has demonstrated, spend four or five minutes soliciting feedback from the larger group. To structure the feedback, refer the participants to the flipchart posted in Session 11 (“Feedback Guidelines for Role Plays”). First ask the role players to comment on their own performance. Then ask the larger group to give feedback. Discuss and clarify the side effects of each method (see FP cue cards), as needed.



4. Ensure that the groups adhere to the principles and elements of giving information during the role plays.

Activity F. Summary (5 minutes)

Ask for two volunteers to summarize the two parts of the session: (1) principles of giving information and (2) talking about side effects, health risks, and complications (see Handouts 12-B and 12-D in the Participant Handbook).

Session 12

Session 13: Using Simple Language and Visual Aids during Counseling

Participants' Learning Objectives

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

- Identify the colloquial terms that clients use to describe reproductive anatomy and physiology as well as sexual practices
- Explain how visual aids should be used during counseling
- Demonstrate the use of nontechnical language to explain reproductive physiology and medical terms to clients

Time

1 hour, 5 minutes

Materials

- Flipcharts with text (see Advance Preparation)
- Participant Handbook—Handout 13-A: Using Simple Language and Visual Aids during Counseling; Handout 13-B: Using Visual Aids for Counseling; and Handout 13-C: Female and Male Reproductive System

(Note: The last two pages of Handout 13-C contain illustrations of the female and male reproductive systems. These illustrations are also intended as visual aids that the participants can use in the future.)

Session Outline

Training Activities	Methodology	Time
A. Introduction		5 mins.
B. Exploring Terms That Clients Use	Large-group exercise	15 mins.
C. Using Visual Aids	Demonstration	15 mins.
D. Explaining in Clients Terms	Role play	20 mins.
E. Summary	Discussion	10 mins.

Advance Preparation

1. Prepare three flipcharts for Step B-2 with some of the medical terms that are defined in Handout 13-C in the Participant Handbook, allowing plenty of space below each term for the participants to write the words used locally (see Training Tip, page 13-2).

Session 13

➔ Training Tip

The sample flipcharts are just suggestions. Based on the participants' needs identified in previous sessions of the workshop (such as lack of comfort using terms about sexuality and tendency to use too many medical terms), you might replace some of these with other terms from Handout 13-C.

[Flipchart for Step B-2]

<u>VAGINA</u>	<u>UTERUS</u>
<u>CERVIX</u>	<u>OVUM</u>

[Flipchart for Step B-1]

<u>PENIS</u>	<u>SEMEN</u>
<u>TESTICLES</u>	<u>SCROTUM</u>

[Flipchart for Step B-1]

<u>OVULATION</u>	<u>MENSTRUATION</u>
<u>SEXUAL INTERCOURSE</u>	<u>EJACULATION</u>

2. Post the flipcharts on a wall or on flipchart stands, with plenty of space between them.
3. Make sure that the space in front of the wall is cleared so that participants will have enough room to move around as they write the local terms for these words.
4. With another member of the training team, prepare a brief demonstration on how to use visual aids in counseling, using locally available materials. For guidance, see “Tips on Using IEC Materials” on Handout 13-B in the Participant Handbook.

5. Practice using the illustrations on Handout 13-C in the Participant Handbook and explaining reproductive anatomy and physiology. Refer to the text for simple descriptions of anatomy and physiology to incorporate into your demonstration.
6. 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 FP cue cards. Choose the three that are the most commonly available and practice using them before the demonstration.

Session 13

Session 13

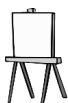
Activities

Activity A. Introduction (5 minutes)

1. Review the objectives of the session with the participants.
2. Explain that in this session, you will continue strengthening skills for the **exploration** phase of REDI. This session specifically addresses two skills: using language that clients can understand and using visual aids.

Activity B. Exploring Terms That Clients Use (15 minutes)

1. Tell the participants that the first activity will be an exercise to identify the terms that clients use to describe reproductive organs and their functions.
2. Show the three flipcharts that you posted on the walls (see Advance Preparation).
3. Ask the participants to spend five minutes writing colloquial terms or phrases that are **used by clients** to describe the listed terms. They should write terms they have heard, even if they do not personally use them and even if they find the words objectionable.



➔ Training Tip

Emphasize that you are asking for terms that their clients use. Otherwise, some participants might list crude or offending words that are not actually used by clients.

4. When the participants finish writing, ask them to come and stand close to the wall.
5. Review the terms used. Comment on where terms are clustered. Discuss the following:
 - What was it like for you to hear and say these words?
 - Which category of words are clients most likely to know or understand?
 - How could you respond if a client uses a term that you consider crude or inappropriate?
 - How do you think this exercise can help us in communicating with our clients?
6. Tell the participants that at the end of the session, they will practice explaining medical terms to clients, using colloquial terms that they can understand.

Activity C. Using Visual Aids (15 minutes)

1. Tell the participants that another way of enhancing clients' understanding is to use visual aids and that you will be demonstrating how to do this.
2. Using any locally available visual aids, give a demonstration of how to use one of the job aids in counseling (see Advance Preparation). (5 minutes)
3. Ask the participants to observe and comment at the end. (5 minutes)

Session 13

4. Review “Tips on Using IEC Materials” on Handout 13-B in the Participant Handbook.
5. Refer the participants to the illustrations of female and male reproductive systems on Handout 13-C in the Participant Handbook. Tell them that in the next activity and going forward, they will practice the use of visual aids at each role play they conduct. Add that they can also use those illustrations as visual aids in their workplaces.



Activity D. Explaining in Clients’ Terms (20 minutes)

1. Explain that the purpose of this exercise is to use role plays to practice using nontechnical language that can be easily understood by clients and using visual aids. Everyone will get a chance to practice.
2. Refer the participants to Handout 13-C in the Participant Handbook. Have them take turns reading each definition out loud for the group. After going through a few definitions, remind them that these are just guidelines; everyone will have their own way of saying things, but these explanations demonstrate that it is possible to explain medical terms using nontechnical language.
3. Explain that they will work in groups of three to practice explaining medical terms to clients in nontechnical language. Within each group, one person will play the provider and another will play the client. The third person will be the observer. There will be three rounds of practice, with different sets of medical terms to be explained in each round. The “provider” will have three minutes to explain the medical terms to the “client.” The medical terms will be shown to the participants on a flipchart at the beginning of each round. Remind the participants that the provider needs to ask what the client already knows and to use colloquial terms and visual aids, as appropriate, and that the client can ask questions at any time. After the role play has been completed, the participants playing the observer and the client will have one minute to give feedback to the participant playing the provider (within each small group), including what was done well and what could be improved. When the first round is finished, the members of the group will switch roles, so that somebody else becomes the provider and another person becomes the client. (By the end of this exercise, each participant will have played each role.)
4. Divide the participants into groups of three, with as much space as possible between the groups, and ask them to decide who will play the provider, the client, and the observer.
5. Write the words *ovulation*, *sexual intercourse*, and *ejaculation* on a flipchart in the front of the room. Ask the “providers” to start the role play.



➔ Training Tip

During the first role play, remember to move quickly from group to group, both 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 after checking with the other groups, and provide additional guidance.

6. After three minutes, ask the participants playing the providers to stop their explanations. Each group's client and observer should now begin one minute of feedback.
-  7. Write the words *menstruation*, *conception*, and *miscarriage (spontaneous abortion)* on the flipchart and ask the new providers to begin. Ask them to explain these three terms to the new clients.
8. After three minutes, stop the providers. After one minute for feedback, ask the participants to switch roles again.
-  9. Write the words *sexually transmitted infection*, *discharge*, and *contraception* on the flipchart and ask the new providers to begin. Stop them after three minutes and start the feedback.

Activity D. Summary (10 minutes)

Facilitate a discussion based on the following questions:

- * What did you learn from this exercise?
- * Which terms were the most difficult to explain? Why?
- * Did the providers always check to see what the clients already knew before beginning the explanation? What happened when they did not?
- * How did the visual aids help in explaining the terms?
- * How can you apply what you have learned from this activity in your work?

Session 13

Session 14: Exploring Clients' Sexual Relationships

Participants' Learning Objectives

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

- Explain to clients that sensitive and personal issues and sexual relationships and behaviors will be discussed in counseling
- Identify a strategy to introduce sexuality during counseling
- Demonstrate comfort when introducing the topic of sexuality with clients
- List at least three questions that providers can use to help clients explore their sexual lives, including the social context of their sexual relationships

Time

1 hour, 35 minutes

Materials

- Markers—one for each participant, if possible
- Flipcharts prepared with text (see Advance Preparation)
- Masking tape
- Participant Handbook—Handout 14: Exploring Clients' Sexual Relationships; Participant Handbook Appendix B: Learning Guides for FP Counseling Skills
- Trainer's Tool No. 4 (Session 14)

Session Outline

Training Activities	Methodology	Time
A. Introduction	Presentation	5 mins.
B. Introducing the Subject of Sexuality	Brainstorm/discussion	20 mins.
C. Practice	Role plays/discussion	25 mins.
D. Exploring Clients' Sexual Relationships	Discussion/presentation	10 mins.
E. Developing Questions and Statements	Small-group work	30 mins.
F. Summary	Discussion	5 mins.

Advance Preparation

1. Review the **exploration** phase of REDI, with a focus on steps for this session (see Trainer's Tool No. 4).

Session 14

2. Prepare the three flipcharts for Step E-1.

[Flipchart for Step E-1]

SEXUAL RELATIONSHIPS	COMMUNICATING WITH PARTNER	PARTNER'S OTHER RELATIONSHIPS
<p>Issues to explore:</p> <ul style="list-style-type: none">• What sexual relationship(s) are you in?• What is the nature of your relationship(s) (including violence or abuse)?• How do you feel about it? <p>Questions you could ask your clients:</p>	<p>Issues to explore:</p> <ul style="list-style-type: none">• How do you communicate with your partner about sexuality, FP, and HIV and other STIs? <p>Questions you could ask your clients:</p>	<p>Issues to explore:</p> <ul style="list-style-type: none">• What do you know about your partner's sexual behaviors outside your relationship? <p>Questions you could ask your clients:</p>

3. For Activity E, think of sample questions for each category that would be easier for providers to ask their clients, given the social and cultural norms of their community. (See Trainer's Tool No. 4 for some ideas. These will differ from one culture and community to the next.)

Adapted from: EngenderHealth. 2002. *Integration of HIV/STI prevention, sexuality, and dual protection in family planning counseling: A training manual.* New York.

Session 14

Activities

Activity A. Introduction (5 minutes)

1. Remind the participants that you have already discussed in Session 9 why clients' sexual life and practices need to be explored in FP counseling. Explain that during counseling, sexuality should be introduced tactfully and not abruptly. In the **rapport-building** phase of REDI, the counselor should prepare the client to discuss personal and sensitive issues during counseling. Then in the **exploration** phase, the counselor should explore the context of the client's sexual relationships. This session will build skills for introducing the subject of sexuality and exploring the client's sexual relationships during counseling.
2. Review the objectives of the session by referring the participants to Handout 14 in the Participant Handbook.

Activity B. Introducing the Subject of Sexuality (20 minutes)

1. To introduce the discussion of sexuality issues in a counseling session, the provider must overcome his or her own nervousness and the client's possible embarrassment. Having a structured approach for beginning the discussion will increase the provider's confidence and ensure that issues that are important to the client are addressed. The provider must remember, however, that it is his or her responsibility to initiate these discussions and put the client at ease.
2. Ask the participants:
 - * How can providers introduce the subjects of sexuality, sexual relationships, and sexual behaviors in a way that puts clients at ease?
3. Encourage three to four responses. (Because you will be referring quickly to Handout 14, do not write their answers on the flipchart.)
4. Refer the participants to Handout 14 in the Participant Handbook. Discuss the Essential Ideas and each of the key points listed in the "Sample Statements for Introducing Sexuality" table. Review sample statements for each point and then ask:
 - * How would you say this to clients in your own service setting?

Activity C. Practice (25 minutes)

1. Divide the participants into pairs. Explain that they will role play being a provider and introducing the subject of sexuality to a client, following the guidelines in the handout and keeping in mind how their own beliefs may affect the way they introduce the topic. The participant in the client role will choose one of the client profiles as his or her role. The pair will have only two minutes for each role play and then will switch roles, with the new "client" choosing a new profile.

Session 14

2. Before starting the first role play, check to see that each pair has identified who will be the provider, who will be the client, and which profile the client is playing. (It is okay for more than one group to role play the same client profile at the same time.) (5 minutes)
3. Ask the participants to start their role play. Stop them after two minutes. Allow for one minute between role plays to let the new “client” choose a different profile. Announce the time for the new role plays to start. Stop them after two minutes. (5 minutes)
4. Briefly request feedback from the participants by asking the following questions:
 - * How did it feel to play the role of the provider?
 - * How did it feel to play the role of the client? What did you observe about the provider’s body language and mannerisms as he or she explained the need to ask questions about your sexual life? (5 minutes)
5. From your observations during the practice role plays, select one pair to demonstrate how to introduce the subject of sexuality to a client. (2 minutes)
6. Ask the rest of the participants to give feedback on the role play by asking the following questions:
 - * What was going on between the provider and the client?
 - * What did the provider do that was effective in this situation?
 - * What might the provider consider doing differently next time?

Activity D. Exploring Clients’ Sexual Relationships (10 minutes)

1. Ask the participants whether and how they have been exploring the context of clients’ sexual relationships (see Essential Ideas on Handout 14 of the Participant Handbook). Solicit a couple of answers and proceed to the next step.
2. Now ask the participants to look at Appendix B in the Participant Handbook. Refer them to Steps 9 and 10 in the Learning Guide for FP Counseling Skills for New Clients.
3. Explain that the right-hand column (next to Steps 9 and 10) contains a list of issues that the provider should address. The issues need to be restated as questions in simpler language and in a way that would be acceptable to providers and clients in their own communities. The purpose of this session is to draft questions that the participants would feel comfortable asking a client and that would elicit the information needed to help the client accurately assess his or her risk for unintended pregnancy and HIV and other STIs.
4. Note that in a counseling session, the provider already would have identified the reason for the client’s visit and told the client that personal and sensitive issues would be discussed. Also, for the purpose of this session, the participants should assume that they have asked the client about his or her situation, concerns, and desired outcome from the visit. Now they are ready to ask some of the more sensitive questions about sexual behaviors and relationships.

Activity E. Developing Questions and Statements (30 minutes)

1. Post the flipcharts with the headings of the areas to explore (see Advance Preparation).
2. Read the issues for exploration that you wrote under each flipchart heading. Ask for suggestions for how to make these more acceptable to both the provider and the client in their own facility settings. Explain that the participants should draft questions and statements that they would feel comfortable using with a client and that would elicit the information needed for their assigned flipchart. If they feel they could ask the question(s) written on the flipchart, this is fine, but they should also add more questions, in case the client does not understand.
3. Explain that they will have 10 minutes to draft their suggestions on Participant Worksheet No. 1 and write them on the flipchart.
4. Divide the participants into three groups. Assign questions to the groups. Distribute the flipcharts and ask them to start.

➔ Training Tip

If the groups are too large (i.e., more than five participants per group), split them into six groups and assign two groups to each heading. They can record their questions on Participant Worksheet No. 1, and then a trainer can write them on the flipchart during the large-group discussion. It might prove interesting to compare the questions from the two groups.

5. Quickly visit each group to be sure that they understand the assignment and ask if they have any questions. (*10 minutes for Steps 1–5*)
6. Have the first group (sexual relationships) post their flipchart and read the questions they drafted. Ask for comments or additions from the others. Add, as appropriate, from Trainer's Tool No. 4 for this activity. Have each group present their questions in this way. (*15 minutes*)
7. Ask the participants:
 - * How do you think clients would feel about your asking these questions?
 - * What could you do to make the client more comfortable?
8. Remind the participants that they can use Participant Worksheet No. 1 in the Participant Handbook to record some of the questions that their teams drafted for this exercise.

Activity F. Summary (5 minutes)

Ask the participants:

1. What would you do differently now to help clients consider their sexual relationship(s) when making well-considered FP decisions?
2. Wrap up the session by reviewing any of the Essential Ideas from Handout 14 that were *not* covered during the feedback. Emphasize that it is the provider's responsibility to be comfortable enough to introduce the subject of sexuality and to help the client feel comfortable about responding to questions.

Trainer’s Tool No. 4 (Session 14)

Sample Questions to Use to Explore the Context of a Client’s Sexual Relationships	
Questions from the REDI framework	Questions you could ask your clients
<ul style="list-style-type: none"> • What sexual relationships are you in? • What is the nature of your relationship(s) (including violence or abuse)? <i>Probe all if more than one.</i> • How do you feel about it (them)? 	<p>Note: <i>Confirm marital status before asking one of the following sets of questions.</i></p> <p>If not married, ask:</p> <ul style="list-style-type: none"> • Now I will ask you a personal question: Are you with somebody now? • How long have you been with this man or woman? • Do you have more than one partner? <p>If married, ask:</p> <ul style="list-style-type: none"> • How long have you been married? • Is this your first marriage? <p>For all clients, ask:</p> <ul style="list-style-type: none"> • What decisions can you make in your current relationship(s)? • How many children do you have? • How many children do you want to have? • Who influences your decisions about how many children to have and when to have them? • Are all of your children from the same father/mother? • How does he or she (or they) treat you? • How do you feel about that?
<ul style="list-style-type: none"> • How do you communicate with your partner(s) about sexuality, FP, and HIV and other STIs? 	<ul style="list-style-type: none"> • How do you talk about FP with your partner(s)? • If you do not talk with him or her, why not? • Now I will ask a sensitive question: How do you talk about sex with your partner(s)? • If you do not talk with him or her, why not? • How do you talk about HIV and other STIs with your partner(s)? • If you do not talk with him or her, why not? • Does your partner support you in using FP? • What is his or her attitude about whose responsibility it is? • Is he or she willing to use an FP method/a condom? • Does he or she have preferences or concerns regarding specific methods? <p>Note: <i>These questions should be asked for all partners if the client has more than one partner.</i></p>
<ul style="list-style-type: none"> • What do you know about your partner’s or partners’ sexual behavior outside of your relationship? 	<ul style="list-style-type: none"> • How do couples deal with outside relationships in your community? • Now I will ask some very sensitive and personal questions: Do you know if your partner has any outside relationships? What do you know about your partner’s outside relationships (if any)? • How do you feel about that? • Does he or she have other wives? [depending on the culture] • What do you know about signs of STIs? [If nothing, then briefly explain.] • Have you ever noticed anything like these signs in your partner(s)? What about you?

Session 15: The Risk Continuum

Participants' Learning Objectives

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

- Identify the risk for pregnancy and transmission of HIV and other STIs associated with various sexual and nonsexual behaviors
- Explain how particular behaviors can be high-risk in one situation and low-risk in another
- Identify ways of lowering the risk associated with some behaviors
- Explain in simple terms which behaviors put people at risk for pregnancy, HIV, and other STIs

Time

50 minutes

Materials

- Four white cards or pieces of paper to be used for risk levels
- 39 cards or pieces of paper of three different colors (13 of each color) prepared with text (see Advance Preparation)
- Computer and printer (if behavior cards will be printed from electronic file)
- Scissors
- Pens and markers
- Masking tape
- Participant Handbook—Handout 15-A: The Risk Continuum; Handout 15-B: Behaviors by Type of Risk; and Handout 15-C: Risk Factors for HIV and Other STIs

Session Outline

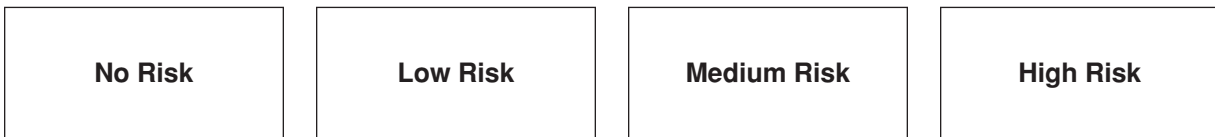
Training Activities	Methodology	Time
A. Introduction	Presentation	5 mins.
B. Risk Continuum	Large-group exercise	10 mins.
C. Factors Affecting Risk	Discussion	25 mins.
D. Summary	Discussion	10 mins.

Advance Preparation

1. Review Trainer's Tool No. 5 (Session 15) for background on the risk continuum and the factors that influence risk.

Session 15

2. Review the Training Tips for Activity B, and decide how you want to distribute the behavior cards.
3. Prepare four risk-level cards, using white cards or paper, with the following titles: “No Risk,” “Low Risk,” “Medium Risk,” and “High Risk.”
4. Prepare behavior cards using colored paper or cards; these cards should be about half the size of a standard sheet of writing paper. Each behavior will be written on three cards—one card labeled “Pregnancy Risk,” the second one labeled “HIV Risk,” and the third labeled “STI Risk.” Try to use one color of paper for all of the “Pregnancy Risk” cards (e.g., blue), a different color for all of the “HIV Risk” cards (e.g., yellow), and a third color for all of the “STI Risk” cards (e.g., pink). (See Trainer’s Tool No. 5 for the behaviors and for details on the preparation of the cards.) Cards can also be printed.
5. Post the risk-level cards high on a wall, with plenty of space between the cards and plenty of space below them so that the participants can post the behavior cards. Place the cards in the order shown below to create a continuum from no risk to high risk.



6. Make sure that the space in front of the wall is cleared so that the participants will have enough room to move around as they post the behavior cards.
7. Prepare enough small pieces of tape in advance so that the participants will be able to stick cards or pieces of paper to the wall quickly.

Adapted from: EngenderHealth. 2002. Integration of HIV/STI prevention, sexuality, and dual protection in family planning counseling: A training manual. New York.

Session 15

Activities

Activity A. Introduction (5 minutes)

1. Explain to the participants that, having already focused on the attitudes and communication skills needed for effective counseling, the group now will consider the information that clients and providers need to help clients assess their own FP needs. Helping clients perceive their risk for unintended pregnancy and HIV or other STI transmission is among the counselor's tasks in the **exploration** phase of REDI. This session provides background information about assessing clients' individual risk for HIV, other STIs, and unintended pregnancy.
2. Explain that helping clients to explore their FP needs is about helping them to perceive their own risk accurately—whether for unintended pregnancy or STIs—so they can make decisions that will reduce their risk. The concepts of risk and risk reduction pose a challenge to providers and clients alike. One reason is that many people are confused about the facts related to the transmission of HIV and other STIs and about conception. Another reason is that the same behavior may be risky in one situation and not risky in another or risky for pregnancy but not risky for STIs (and vice versa). This session is intended to clarify the various levels of risk related to different behaviors and different outcomes.
3. Conduct a quick brainstorm: Ask the participants to describe, in simple terms, the behaviors that put people at risk for pregnancy and HIV and other STIs. (Hold no discussion at this point.) Explain that you will return to these concepts at the end of the session.

Activity B. Risk Continuum (10 minutes)

1. Distribute all of the behavior cards to the participants, ensuring that, if possible, each participant has the same number of cards.
2. Explain that each card has a risk outcome label (pregnancy, HIV, or STI) *and* a behavior. The participants must determine what level of risk that behavior poses for pregnancy, HIV transmission, or STI transmission (whichever is written on the card). For example, if a card says “Pregnancy Risk” and “Masturbation,” they must determine the level of risk that masturbation poses for pregnancy, using the four risk-level categories (“No Risk,” “Low Risk,” “Medium Risk,” or “High Risk”). (*Note:* The “STI Risk” cards refer to risk for transmitting STIs *other than* HIV.)
3. Tell them that they will work in pairs to determine the level of risk for the behaviors listed on the cards they have received.
4. Point out the risk-level cards placed on the wall. Once the pairs have determined the risk level for a behavior and a condition, they should go to the wall and, using the tape provided, place each of their cards on the wall under the sign for that level of risk.

➔ **Training Tips**

Working individually or in pairs (teams)

This exercise can be conducted in pairs or small teams. If the participants are already knowledgeable on this subject, working individually is fine. However, if the participants do not know much about this area, it might be advantageous to put two or more participants together, because they will have to pool their knowledge and justify their placement of the cards. Greater learning happens when the participants discuss these issues among themselves before hearing the answers from the trainer. In addition, individual participants will not feel as awkward about having misconceptions about this subject if they can see that their colleagues are also confused.

Distribution of cards

The purpose of the exercise is to clarify the participants' thinking about different types of risky behavior and how to explain this clearly to clients. The two options for distributing the cards will achieve this purpose in slightly different ways.

Option A: The basic issues of risks for pregnancy, HIV, and STIs would be reinforced most effectively by giving each participant (or team) a set of three cards *with the same behavior* and asking them to decide the level of risk that that one behavior poses for pregnancy, HIV, or some other STI.

Option B: If the group is somewhat knowledgeable in these areas, it would be more challenging to mix up the cards and distribute them randomly. This might require additional time, however.

When participants get stuck

For some of the cards, there is no right answer. The placement of the behavior in a risk category depends on many factors, such as whether either partner is already infected (for HIV and STI risk), whether it is the fertile time of the woman's cycle (for pregnancy risk), or whether the spouse tells the truth about not having other relationships. So it is absolutely correct for the participants to say "it depends" when trying to figure out where to place their card. The trainer should encourage the participants to do their best with the information (or lack thereof) that is given on the card. If that becomes too frustrating, the trainer can suggest that the participants add the information they need to place it in a particular category. Encouraging this kind of thinking is precisely the goal of this exercise—to understand risk and the necessity of individualizing that information to each client's unique situation. The participants' conclusion when "it depends"—in cases in which they feel they need more information in order to assess the risk—should be that the provider should do an in-depth exploration of clients' circumstances through counseling.

Activity C. Factors Affecting Risk (25 minutes)

1. Once all cards are placed on the wall and the participants are still standing near the wall, read the cards in each category, beginning with “No Risk,” and ask:
 - * Do you have questions about the placement of any behaviors in this category?
 - * Where do you think the cards should go and why?
2. Allow the participants to answer each other’s questions whenever possible and to share their knowledge of the relative risks of various behaviors. Affirm accurate responses and correct any misconceptions that do not get resolved in discussion among the participants. Place the cards in their correct categories if they have been incorrectly placed.

➔ Training Tips

- The purpose of the discussion is to explore all of the different conditions that can change the risk level of a behavior. Emphasize that “it depends” is the right answer most of the time. (This applies to the table in Handout 15-B of the Participant Handbook as well.) The fact that it is very difficult to correctly assess risk with limited information about the client’s circumstances highlights once again the importance of an in-depth exploration of each client’s social context, sexual relationships, and circumstances during counseling. If there is disagreement about the placement of a card, encourage the participants to explain how they decided the risk level for that card.
- Sometimes the participants place behaviors that they find offensive in the “high risk” category, even if they present little risk for pregnancy or infection. If this happens in your group, recall how attitudes and judgments can influence a provider’s perception and assessment of a client’s behavior.

Refer to Handout 15-B: Behaviors by Type of Risk

- If the participants have very little knowledge in this area, another option for discussion would be to refer them to Handout 15-B in the Participant Handbook, which includes a table showing a risk continuum. The participants can then compare their own placement of behaviors with what is shown in the table and discuss the differences. However, if they do this, the discussion might lose focus because many of the participants will be reading the table rather than listening and thinking.
- If at all possible, help them think through these issues on their own and refer them to the continuum at the end of the session. Consider scheduling time later (during the warm-up or wrap-up) for questions related to the continuum.

3. After reviewing the categories, ask the following questions about the whole continuum (see Handouts 15-B and 15-C in the Participant Handbook for possible answers):
 - * Why do some behaviors belong in both the “no risk” and the “high risk” categories?
 - * How does the relationship between two individuals affect their level of risk? (Facilitate a discussion based on the information in the “Relationship Factors and Risk for HIV and Other STIs” section of Handout 15-C in the Participant Handbook.)

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- * How do biological factors affect an individual’s level of risk? (Facilitate a discussion based on the information in the “Biological Factors and Risk for HIV and Other STIs” section of Handout 15-C in the Participant Handbook.)
- * How can some behaviors be moved to a lower level of risk?

Activity D. Summary (10 minutes)

1. Ask the participants again:
 - * How would you explain to clients which behaviors put people at risk for pregnancy?
 - * How would you explain to clients which behaviors put people at risk for STI transmission?
 - * How would you explain to clients which behaviors put people at risk for HIV transmission?
2. Refer the participants to Handouts 15-A, 15-B, and 15-C in the Participant Handbook and review with them the Essential Ideas. Briefly review the contents. Point out the risk continuum table (Handout 15-B), if you have not done so already, and the “Family Planning Methods and the Risk for HIV and Other STIs” and “Preventing Mother-to-Child Transmission of HIV” sections of Handout 15-C for their future reference. Suggest that they review the handouts on their own, and offer to answer further questions related to the risk continuum at a later time in the training.

Trainer's Tool No. 5 (Session 15)

****Do not distribute to the participants****

Sexual and Reproductive Health Risk Continuum: Sample Behavior Cards

Behaviors

- Abstinence
- Masturbation
- Anal sex using a condom
- Sitting on a public toilet seat
- Unprotected vaginal sex with your spouse
- Rubbing genitals together without penetration, unclothed
- Unprotected vaginal sex with a monogamous, uninfected partner
- Vaginal sex with multiple partners, always using a condom
- Vaginal sex with one partner, using a condom
- Oral sex on a man
- Oral sex on a woman
- Deep (tongue) kissing
- Anal sex without using a condom

Make three cards for each behavior—one for each area of risk. If possible, make all of the risk cards the same color (e.g., all of the pregnancy risk cards blue, all of the HIV risk cards yellow, and all of the STI risk cards pink).

Example:

PREGNANCY RISK
**UNPROTECTED VAGINAL SEX
WITH A MONOGAMOUS,
UNINFECTED PARTNER**

HIV RISK
**UNPROTECTED VAGINAL SEX
WITH A MONOGAMOUS,
UNINFECTED PARTNER**

STI RISK
**UNPROTECTED VAGINAL SEX
WITH A MONOGAMOUS,
UNINFECTED PARTNER**

Session 15

Session 16: Risk Assessment: Improving Clients' Perception of Risk

Participants' Learning Objectives

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

- Define *risk assessment*
- Explain why and how risk assessment is used in counseling
- Identify at least three reasons why it is difficult for people to perceive their own risks
- Describe at least two ways in which they can help clients perceive and understand their own risks for unintended pregnancy and for transmission of HIV and other STIs
- Describe how *self risk assessment* is done

Time

50 minutes

Materials

- Flipchart paper, markers, and tape
- Flipcharts prepared with text (see Advance Preparation)
- Participant Handbook—Handout 16: Risk Assessment: Improving Clients' Perception of Risk

Session Outline

Training Activities	Methodology	Time
A. Introduction	Presentation	5 mins.
B. Risk Assessment	Presentation/discussion	20 mins.
C. Applying Risk Assessment and Self Risk Assessment	Discussion	25 mins.

Advance Preparation

1. Review Steps 11 and 12 of the **exploration** phase of REDI in Learning Guide for FP Counseling Skills for New Clients (Appendix B in the Participant Handbook) with a focus on the steps for this session.

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2. Prepare flipcharts for Steps A-3 and B-2 (see below).

[Flipchart for Step A-3]

Risk assessment is a counseling process to help clients understand the risk of getting pregnant or becoming infected that is associated with sexual practices in which they or their partners engage, and how the level of risk might increase or decrease depending on changes in circumstances and behaviors.

Why do we do it?

- To help clients assess their own risk so that they can use this information to reduce their risk by changing risky behaviors
- To gain an increased understanding of clients' behaviors and circumstances so that we can better tailor counseling

[Flipchart for Step B-2]

Reasons why 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

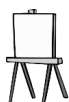
Adapted from: EngenderHealth. 2002. Integration of HIV/STI prevention, sexuality, and dual protection in family planning counseling: A training manual. New York.

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Activities

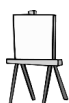
Activity A. Introduction (5 minutes)

1. Explain to the participants that, having discussed different categories of risk and the behaviors and social factors that influence risk (Session 15), it is time to focus on the provider's role in helping the client to assess his or her own risk. Risk assessment is one of the tasks under the exploration phase of REDI.
2. Ask the participants:
 - * What does risk assessment mean to you?
3. After getting a couple of responses, post the flipchart with the definition of risk assessment and briefly explain it (see Advance Preparation, flipchart for Step A-3).



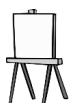
Activity B. Risk Assessment (20 minutes)

1. Explain that most people generally underestimate their own risks, including their risk for unintended pregnancy and transmission of HIV and other STIs. Ask the participants to give a few reasons why people find it difficult to perceive their risks for SRH problems. Solicit just a few responses without writing them down.
2. Post the flipchart with the six reasons why clients underestimate their risk (see Advance Preparation). Ask for volunteers to explain each reason.
3. Facilitate a brief discussion by asking the following questions (*see Handout 16 in Participant Handbook for possible responses*):
 - * Why is a client's perception of his or her own risk so important?
 - * Which of the reasons why clients underestimate their risk apply to our "portrayed" clients? Why?



Activity C. Applying Risk Assessment and Self Risk Assessment (25 minutes)

1. Ask the participants to refer to Step 11 of the Learning Guide for FP Counseling Skills for New Clients (Appendix B in the Participant Handbook). Invite the entire group to brainstorm how they would actually ask the following questions from Step 11:
 - Ask the client if he or she feels at risk for contracting HIV or another STI.
 - Ask the client if he or she thinks that his or her partners might be at risk for unintended pregnancy or STI transmission, and explore the reasons.
2. Discuss each suggestion briefly to see if people agree with the questions; then write them on a flipchart.
3. Take one of the client profiles as an example and note that we should assume that the client has answered "no" to the first two questions (i.e., the client has answered that he or she is not at risk for contracting an STI, nor is his or her partner) but that you know he or she is indeed at risk. Ask the participants:



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- * How would you explain the risk of HIV or STI transmission to this client?
 - * What questions could you ask to help the client relate these risks to his or her own situation?
4. Ask the participants the following question (see “Importance of Client’s Perception of Risk” on Handout 16 in the Participant Handbook for possible points to cover):
- * What are some ways in which providers can help clients perceive and understand their risks?

After getting answers from volunteers, refer to Handout 16 in the Participant Handbook and review the ways in which counselors can help clients perceive their risks.

5. Explain what self risk assessment is. (See “Self Risk Assessment” in Handout 16 of the Participant Handbook for possible points to cover and for an example of self risk assessment for an IUD client.)
6. To summarize, ask the participants the following question:
- * How can you apply risk assessment in the counseling you provide?
(See “How do we use REDI in risk assessment?” on Handout 16 in the Participant Handbook.)

Session 17: Helping Clients Make or Confirm Decisions

Participants' Learning Objectives

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

- Identify the types of decisions clients might need to make
- Explain the steps in the decision-making process
- Describe how providers can help clients eliminate FP methods that do not respond to their needs
- Practice use of a quick reference chart for the WHO Medical Eligibility Criteria
- Demonstrate how to help and support clients in making their own decisions

Time

1 hour, 45 minutes

Materials

- Flipchart paper, markers, and tape
- Flipcharts with text (see Advance Preparation)
- Participant Handbook—Handout 17-A: Helping Clients Make or Confirm Decisions; Handout 17-B: FHI's Quick Reference Chart for the Medical Eligibility Criteria of WHO

Session Outline

Training Activities	Methodology	Time
A. Introduction	Presentation/discussion	15 mins.
B. Helping Clients Eliminate Methods	Large-group discussion	10 mins.
C. The Decision-Making Process and the Impact of Power Imbalances	Demonstration role play and feedback/discussion	20 mins.
D. Medical Eligibility Criteria for FP Methods	Handout review and exercise	15 mins.
E. Helping Clients Make Decisions	Role play/large-group discussion	40 mins.
F. Summary	Large-group discussion	5 mins.

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Advance Preparation

1. Prepare the flipchart for Step A-5 (see below).

[Flipchart for Step A-5]

DECISION-MAKING PROCESS

1. Identify the decisions that need to be made or confirmed during the counseling session.
2. Explore relevant options for each decision.
3. Help the client weigh the benefits, disadvantages, and consequences of each appropriate option.
4. Encourage the client to make his or her own decision.

2. Prepare the demonstration role play with one of the training team members, using Trainer's Tool No. 6.
3. Decide which three of the client profiles (among the ones already developed) you want the participants to use for practice in groups. The demonstration role play will have a woman with no method in mind as the client. Make sure that the selected profiles reflect all three of the other categories of clients: new clients with a method in mind, returning clients with no concerns, and returning clients with concerns. If the existing client profiles do not match those categories, change the situation of the client profiles by giving each client profile group a situation card (see Introduction for Trainers and Program Planners)—for example, one client returns to the facility with complaints, another comes in as a new client, and so on.

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Activities

Activity A. Introduction (15 minutes)

1. Tell the participants that, starting with this session, they will begin building skills for the **decision-making** phase of REDI.
2. Remind the participants about your discussions at the beginning of the workshop on the decisions that different categories of clients face (see Session 4). Stress that different categories of clients must make different types of decisions. Tell them that in this session you will be taking a closer look at the decisions clients can make or confirm during counseling.
3. Ask the participants to give examples of decisions that clients have to make. (*See Handout 17-A in the Participant Handbook for possible answers.*) Solicit a few answers but do not write them down. For each answer mentioned, ask the participants if the decision is for new clients or return clients.
4. Review Handout 17-A in the Participants Handbook with the participants, highlighting how the decisions and counseling differ for new and return clients.
5. Post the flipchart listing the steps of the decision-making process (see Advance Preparation).



Activity B. Helping Clients Eliminate Methods (10 minutes)

1. Tell the participants that for new FP clients, exploring relevant options mostly means ruling out FP methods that are not relevant to the client's expressed needs or wishes. At this point, the provider has already given sufficient information on all relevant FP methods (see Session 12), and the client only needs guidance on eliminating methods that are not suitable for him or her. This guidance can be given in a structured way by reviewing what has been explored about the client's situation and preferences.
2. Ask the participants to tell how they are helping their clients eliminate FP methods that do not meet their needs and methods that are medically contraindicated. Solicit a couple of answers and list them on a flipchart.
3. Remind the participants about the questions they would ask the client in the **exploration** phase to decide which methods to cover and in what level of detail. Note only the parts in bold on the flipchart as you remind them of the questions.
 - Does the client want any more children? (**permanent vs. temporary** methods)
 - How long does the client want to be protected from pregnancy? (**long-acting vs. short-acting** methods)
 - Can the client use and does the client want to use hormonal methods? (hormonal vs. nonhormonal methods)
 - Does the client want a method for herself or himself or for his or her partner? (**male vs. female methods**)



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- Does the client want a method that will be **used each time he or she has sexual relations**, or does he or she want continuous protection?

Since these questions have already narrowed down the client's choices to a few methods, at this point the provider will list the methods and remind the client why each one would or would not be an option for the client, based on the client's answers to the questions above. For example:

Sterilization is not an option for you because you said you are still considering having one more child. Since you said you might want to get pregnant after this year, and you do not mind using a hormonal method, both pills and monthly injectables might work for you. As I said, copper IUDs work for up to 12 years, and implants work for three to seven years. And you thought it wouldn't be worth all the hassle of insertion of these methods, given the relatively short amount of time that you need protection. You said your husband would not be interested in using condoms, didn't you? In this case, you are left with the options of pills and monthly injectables.

4. Ask the participants if they have any questions and tell them to observe how the provider will help the client rule out FP methods during the role play in the next activity.

Activity C. The Decision-Making Process and the Impact of Power Imbalances (20 minutes)

1. Have members of the training team conduct the demonstration role play of the decision-making phase of counseling, based on the guidance provided in Trainer's Tool No. 6 (Session 17). (10 minutes)
2. Ask the participants for feedback on how well the role play demonstrated the steps in decision making and what improvements they would suggest. Refer them to the flipchart from Session 11, "Feedback Guidelines for Role Plays," and this session's flipchart that lists the steps in the decision-making process.
3. Ask: How did the provider help the client eliminate methods? (5 minutes for Steps 2 and 3)
4. Remind the participants that a client's decision making might be affected by a power imbalance between the provider and the client. The power imbalance might result from the difference in the status of the client and the provider. Ask:

- * What are some signs of a power imbalance between the provider and the client in this counseling session?

(Possible answers include not respecting the client, not establishing or maintaining eye contact, not listening to the client, not allowing the client to ask questions, taking an authoritative attitude, not allowing the client to decide, and dictating or prescribing the approach.)

- * What impact could a power imbalance have on this interaction?

(Possible answers include client not trusting the provider, client not revealing all the information about her or his life, client hesitating to ask questions, client not being able to make his or her own decision, and client leaving the facility with unanswered questions and needs.)



- * What could the provider do to overcome the barriers caused by this imbalance? *(Possible answers include exploring his or her own values, beliefs, and attitudes to prevent them from interfering with the client-provider interaction; accepting that each client is an expert on his or her own life; accepting that decisions made out of the client's own context are not easy to implement and are not long-lasting; and improving communication skills.) (5 minutes for all three questions)*

Activity D: Medical Eligibility Criteria for FP Methods (15 minutes)

1. Ask the participants what they should do if the client chooses a method that is not medically appropriate for him or her. Get as many views as you can from different participants.
2. Tell the participants that providers should be aware that they might be pressuring the client to make the decision that seems medically “correct.” The client’s decision should be his or her own, while taking the provider’s medical opinion into consideration. *(5 minutes for Steps 1 and 2)*
3. Tell the participants to use the WHO medical eligibility criteria as a reference for the most up-to-date medical opinion on which groups of clients are eligible for which methods. Refer them to Handout 17-B in the Participant Handbook and briefly review the summary chart on medical eligibility criteria for contraceptive use. Explain the categories and which colors represent which categories; give examples; and ask the participants to find the categories for a couple of situations or medical conditions. For example, ask them:
 - * What category is combined oral contraceptive use for a client with severe cirrhosis?
 - * What category is Cu-IUD use for a client with a history of pelvic inflammatory disease two months ago?
 - * What category is DMPA use for breastfeeding women less than six weeks postpartum?
 - * What category is copper IUD use for a client who has AIDS but is well and on antiretroviral therapy? *(10 minutes for all four questions)*
4. Wrap up the discussion by telling the participants that they will use this summary chart on medical eligibility criteria as a reference in the role plays and at their workplaces.

Activity E. Helping Clients Make Decisions (40 minutes)

1. Divide the participants into groups of three, with as much space as possible between the groups. Ask for a volunteer in each group to be the first one to play the provider and another to be the first client. The third person will be an observer. (The roles should be changed for each of the three role plays, so that by the end of this exercise, each participant will have played each role.)
2. Assign one of the client profiles you have identified so that each group is using the same “client” (see Advance Preparation).
3. Ask the groups to do a five-minute role play on the decision-making process. Remind all groups to start at the point where the **rapport-building** and **exploration** phases of the REDI counseling process have been completed. Encourage them to use the FP cue cards (Appendix A in the Participant Handbook) before and during the role play. Those con-

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ducting the role play and the observer should refer to the flipchart that identifies the steps involved in the decision-making process as a guide. The observer should write down notes about the client-provider interaction, answering the following questions:

- a. Did the provider help the client identify decisions that needed to be made?
- b. Did the provider explain the appropriate options for the client?
- c. Did the provider help the client weigh the consequences of each option?
- d. Did the provider help the client reach or confirm his or her decision?

The trainers should circulate among the groups to observe the role plays. *(10 minutes for Steps 1–3)*

4. Lead a brief large-group discussion after the role play to discuss the participants' experience in each role, what worked, and what was difficult from the perspectives of client, provider, and observer. *(5 minutes)*
5. Repeat the role play two more times with different client profiles and different participants playing the providers. At the end of the activity, each participant will have played the client, the provider, and the observer. *(15 minutes)*

Activity F. Summary (5 minutes)

1. Ask the volunteers to describe how decision making differs for each type of client.
2. Ask the participants what they would like to change in their practice now that they have completed this session.

Trainer's Tool No. 6 (Session 17)

Guidance for Decision-Making Role Play

The role play starts when the rapport-building and exploration phases of counseling have been completed. Therefore, there will not be any greeting or introductions, and the role play will start with the client and the provider already seated.

The dialogue below is not intended as a script and should not be read word for word. Rather, it is intended to provide guidance on the language that should be incorporated into the role play. The desired language is underlined.

Provider	Now, <u>let's review the decisions you need to make.</u> You said that you want to use a family planning method. Now that we have discussed all available methods, you need to make a decision about which method to use. Do you need any more information? (Identifying the decisions that need to be made)
Client	No, I am interested in the IUD. I think I will have it.
Provider	Since you don't want any more children, the IUD will work for you because it provides long-term protection. Female sterilization and vasectomy also provide long-term protection, but they need to be considered permanent. I also told you about the implant, but as you know it is not available in our province, and you said you do not want a hormonal method. (Exploring relevant options for the decision; eliminating other methods)
Client	I'll go for the IUD.
Provider	<u>Let me remind you of the side effects</u> you might experience in the first few months. You might have longer periods and more cramping during periods. How do you feel about this? Do you think you can tolerate it? (Helping the client weigh the benefits, disadvantages, and consequences of options)
Client	That's fine, if it is only for the first couple of months.
Provider	<u>What about your husband?</u> How would he feel about your using an IUD? (Helping the client weigh the benefits, disadvantages, and consequences of options)
Client	He never interferes with that. He doesn't want any more children, and he supports me in doing something to prevent that.
Provider	If an IUD is inserted, <u>you will need to come to the facility</u> after your first period following the insertion. Can you do that? (Helping the client weigh the benefits, disadvantages, and consequences of options)
Client	Oh, that's no problem. I come to town every Wednesday for the market.
Provider	Okay. <u>What about the cost?</u> (Helping the client weigh the benefits, disadvantages, and consequences of options)
Client	Well, it is fine since I'll pay only once.
Provider	And we don't charge anything for the follow-up visit after your first period. (Helping the client weigh the benefits, disadvantages, and consequences of options)
Client	Good to know.
Provider	<u>So, your decision is . . .</u> (Encouraging the client to make his or her own decision)
Client	. . . the IUD, yes.

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Session 18: Decision Making for Permanent Methods

Participants' Learning Objectives

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

- Explain how permanent methods differ from temporary methods and why they warrant special attention during counseling
- List the factors contributing to sound decision making and possible regret
- List the topics that should be covered when counseling for permanent methods
- List the seven information elements of informed consent for permanent methods

Time

1 hour, 5 minutes

Materials

- Flipchart paper, marker, and tape
- Flipcharts prepared with text (see Advance Preparation)
- Participant Handbook—Handout 18: Decision Making for Permanent Methods

Session Outline

Training Activities	Methodology	Time
A. Introduction	Large-group discussion	15 mins.
B. Preventing Future Regret	Brainstorm/large-group discussion	20 mins.
C. Informed Consent	Large-group discussion	25 mins.
D. Summary	Large-group discussion	5 mins.

Advance Preparation

1. Determine the legal situation regarding permanent methods in the country. Obtain copies of the informed consent forms used in the country.

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2. Prepare flipcharts for Step B-1 and Step C-5 (see below).

[Flipcharts for Step B-1]

<p style="text-align: center;">FACTORS CONTRIBUTING TO SOUND DECISION MAKING</p>

<p style="text-align: center;">FACTORS CONTRIBUTING TO POSSIBLE REGRET</p>

[Flipchart for Step C-5]

<p style="text-align: center;">THE SEVEN INFORMATION ELEMENTS OF INFORMED CONSENT FOR CONTRACEPTIVE STERILIZATION</p> <ol style="list-style-type: none">1. Temporary methods of contraception are available to me and my partner.2. The procedure to be performed on me is a surgical procedure, the details of which have been explained to me.3. This surgical procedure involves risks, in addition to benefits, which have been explained to me, and I understand the information that has been given to me. Among the risks is the possibility that the procedure might fail.4. If the procedure is successful, I will be unable to have any more children.5. The effect of the procedure should be considered permanent.6. The procedure does not protect me or my partner from infection with sexually transmitted infections, including HIV/AIDS.7. I can decide not to have the operation at any time before the procedure is performed, even on the operating table (without losing the right to medical, health, or other services or benefits).

Session 18

Activities

Activity A. Introduction (15 minutes)

1. Tell the participants that you will again be working on the **decision-making** phase of REDI in this session. This time the focus will be on decision making for permanent methods.
2. Review the session objectives with the participants.
3. Ask the participants the following questions (*see Handout 18 in the Participant Handbook for possible responses*):
 - * How do permanent methods differ from temporary methods?
 - * Why and how does counseling clients who are interested in permanent contraception differ from counseling them about temporary methods?
 - * Why is it important to inform clients about the possible risks associated with female sterilization and vasectomy, and how should this be done?
 - * Even though reversal might be possible, why should counselors tell clients that female sterilization and vasectomy are meant to be permanent? How would you talk to a client who expresses interest in the possibility of reversal? What would this interest indicate to you?
 - * Because female sterilization and vasectomy are considered permanent, they often involve unique legal considerations, which may have a bearing on counseling. What is the legal situation in your country and what are the associated implications for counseling?

Activity B. Preventing Future Regret (20 minutes)



1. Ask the participants to reflect on their experience with clients (or their relatives and friends) who are making a decision about female sterilization or vasectomy. Post the two prepared flipcharts with the headings “Factors Contributing to Sound Decision Making” and “Factors Contributing to Possible Regret” (see Advance Preparation).
2. Ask the participants the following questions (*see Handout 18 in the Participant Handbook for possible responses*):
 - * Which factors would you look for to ensure that a client is making a sound decision about undergoing sterilization?
 - * Which factors would suggest to you that the client may regret his or her decision in the future?
 - * When is the appropriate time for a postabortion or postpartum client to make a decision about sterilization?
3. Write the answers on the flipcharts under the matching heading.
4. Review Handout 18 in the Participant Handbook.

Session 18

5. Conclude the discussion by making the following points:
 - Regret can be triggered by a major change in circumstance, such as the loss of a child or partner or divorce and remarriage. It can also result from unrealistic expectations about the operation, uncertainty about having additional children, and the psychological and social importance of fertility and the implications of ending it.
 - Regret is sometimes strong enough to lead clients to seek reversal. Because reversal is usually not a feasible option, it is important to try to help clients avoid later regret.
 - Clients who are at risk for regretting their decision require careful attention during counseling. If a client appears to be at risk for regret, the counselor should explore his or her situation and discuss future situations and life changes that might lead the client to change his or her mind about having another child.
 - If a client does not seem to be making a well-considered choice or has unrealistic expectations, encourage him or her to take more time to make a decision. Also encourage use of a temporary, long-acting method in the meantime and provide appropriate information.

Activity C. Informed Consent (25 minutes)

1. Ask the participants what they think should be covered during counseling for permanent methods. (*See the Essential Ideas on Handout 18 in the Participant Handbook for possible responses.*)
2. After getting a few answers and adding missing key points, remind them that the cue cards on female sterilization and vasectomy contain detailed technical information on these methods.
3. Tell the participants that a unique aspect of permanent methods counseling is the need to document informed consent by having the client complete and sign an informed consent form.
4. Ask whether any of the participants have used an informed consent form and/or whether these are used in their country. If the form is used in their country, what does it contain?
5. Refer the participants to Handout 18 in the Participant Handbook and review the seven information elements of informed consent on the flipchart prepared in advance. Ask if the informed consent form used in their country contains all of the seven information elements.
6. Ask the participants the following questions (*see Handout 18 for possible responses*):
 - * Why is informed consent important?
 - * When should informed consent be documented?
 - * When is it not appropriate to obtain informed consent, and why?



Activity D. Summary (5 minutes)

Wrap up the session by asking the participants how counseling for permanent methods is done in their facilities.

Session 19: Helping Clients Implement Their Decisions

Participants' Learning Objectives

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

- Identify the components of an implementation plan
- Demonstrate how to help clients develop a plan to implement their decisions (such as FP decisions, decisions about risk reduction to prevent HIV and other STIs, and so on)
- Demonstrate how to explain the FP method chosen by the client and how to use it
- Demonstrate how to help clients identify challenges in using their choice of method and strategies for overcoming the challenges

Time

1 hour, 15 minutes

Materials

- Flipchart paper, markers, and tape
- Flipcharts prepared with text (see Advance Preparation)
- Participant Handbook—Handout 19: Helping Clients Implement Their Decisions
- Flipchart from Session 11, “Feedback Guidelines for Role Plays”

Session Outline

Training Activities	Methodology	Time
A. Introduction	Presentation	10 mins.
B. Making a Concrete Plan	Brainstorm/small-group work	40 mins.
C. Practice and Feedback	Role play/discussion	20 mins.
D. Summary	Discussion	5 mins.

Advance Preparation

1. Prepare flipcharts for Steps A-4 and B-2 (see sample flipcharts on page 19-2).

Session 19

[Flipchart for Step A-4]

PHASE 4: IMPLEMENTING THE DECISION

1. Assist the client in making a concrete and specific plan for carrying out his or her decision (including correct use of the method chosen).
2. Have the client develop the skills to use his or her chosen method and condoms.
3. Identify barriers that the client might face in implementing the plan.
4. Develop strategies to overcome the barriers identified.
5. Make a plan for follow-up and provide referrals, as needed.

[Flipchart for Step B-2]

What does the client need to know about obtaining and using the chosen method?

[Flipchart for Step B-2]

What possible barriers might the client encounter?

What skills might the client need?

2. In this session, the participants have the opportunity to refer to the FP cue cards and to refresh their knowledge of FP methods. Make sure that all of the FP methods available in the country are represented in the client profiles defined by the groups. To make sure that all methods are discussed, you might ask some groups to change methods. You can do this by giving the client profile group a situation card. The card might include a change in the client's situation, as in the example below.

SITUATION CARD

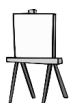
Ms. Client [replace with the name of the actual client in the profile for that group] ***comes back to the facility saying that she has had her IUD removed*** [replace with the method that you want the client to discontinue] ***and now she wants to try the three-monthly injectables*** [replace with the method you want the client profile to switch to].

Session 19

Activities

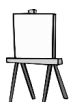
Activity A. Introduction (10 minutes)

1. Tell the participants that starting with this session, you will be focusing on the last phase of REDI, **implementing the decision**. This session will provide an overview of the **implementing the decision** phase and will focus on the first two implementation steps. The remaining steps of this phase will be covered in greater detail in Sessions 20–24.
2. Review the session objectives with the participants.
3. Tell the participants that clients might make one or more decisions during a counseling session, including deciding on an FP method, deciding to reduce the risk of contracting HIV and/or other STIs, deciding to communicate with the partner, and so on. After a client has made a decision, it is important to have a specific plan for how he or she will carry it out. The plan should help the client develop the skills needed for communicating with his or her partner(s) and implementing any behavior change necessary to use the chosen method.
4. Post the prepared flipchart on implementation (see Advance Preparation) and briefly review the five steps.
5. Note that in this session the participants will practice helping the client to develop a plan to carry out his or her decision(s) (Step 1). This includes reviewing information about how to use the method correctly and identifying barriers that might interfere with implementing the decision. (*Note:* Sessions 20–24 focus on specific skills for condom use, partner communication and negotiation, making a plan for follow-up, and helping return clients continue their decisions through follow-up visits.)



Activity B. Making a Concrete Plan (40 minutes)

1. Tell the participants that assisting the client in making a concrete plan is the first step of the **implementing the decision** phase of REDI. Start a discussion by asking the following questions (see “*Implementing the Decision—Steps in Detail*” on Handout 19 in the Participant Handbook for possible answers):
 - * Why is a concrete plan needed?
 - * What should the client’s plan include?
 - * How can the provider make sure that the client is making a concrete implementation plan? (5 minutes for all three questions)
2. Post the prepared flipcharts (see Advance Preparation) and brainstorm the major considerations in the first step (making a concrete plan) of the **implementing the decision** phase of REDI. Probe as needed by asking, “What does the client need to know?” “What possible barriers to implementing the decision might the client encounter?” “What strategies or skills might the client need to develop?” Write responses on the prepared flipcharts. (See “*Implementing the Decision—Steps in Detail*” on Handout 19 in the Participant Handbook for possible responses.)



Session 19

3. Remind the participants that although the provider and the client already discussed how the method is used in the exploration and decision-making phases, now it is time to explain in detail how the client should use the chosen method. This will require more detail than covered previously. Tell the participants that in this session they will practice giving detailed information about the client's chosen method.
4. Ask the participants:
 - * How would you help the client identify possible challenges and barriers to the implementation of his or her decision?
(See "Implementing the Decision—Steps in Detail" on Handout 19 in the Participant Handbook for possible responses. If necessary, remind the participants to consider decisions other than choosing an FP method, such as deciding to reduce one's risk for STIs.)
5. Ask the participants to turn to Handout 19 in the Participant Handbook. Review the "Implementing the Decision—Steps in Detail" and "Essential Information on Method Use to Impart to Clients" sections together.
6. Tell the participants that now they will work in their client profile groups to prepare for a role play. Refer them to Worksheet No. 2 in the Participant Handbook. Point to the guiding questions to be answered in Worksheet No. 2, which will help them prepare for the role play. Their tasks are to help their portrayed client make a concrete plan, to give their client the information he or she will need to be able to use the specific method he or she has chosen, and to help the client identify possible challenges and barriers to the implementation of his or her decision.
7. Give groups 20 minutes to complete the task. During this time, they should also practice brief role plays modeling how to cover this information with their client profile. Remind them that they can refer to "Implementing the Decision—Steps in Detail" on Handout 19 and the method-specific FP cue cards in Appendix A of the Participant Handbook. Tell them that you will select two groups to present their work to the large group in a five-minute role play in which one member will play the provider and another will play the client. The role plays will start after the client has decided on a specific method and will address how to use the method—that is, the provider will start the role play by saying, "So, you have decided to use [name of the method]. Now let's talk about how to use the method that you have selected and what you need to be able to use it correctly" (or "Now let's make a plan about how to use it"). The role play will continue from that point and will include reviewing what the client needs to know about using the method, exploring what barriers the client foresees, helping the client develop strategies for overcoming the barriers, and assisting the client with building the skills necessary to overcome the barriers.

Activity C. Practice and Feedback (20 minutes)



Select two groups to present their role plays for five minutes each. After each role play, solicit feedback based on the "Feedback Guidelines for Role Plays" already posted (flipchart from Session 11):

- Check with the "client" to see how satisfied he or she was with the counseling provided during the role play.

- Then ask the “provider” to comment on his or her own performance, referring to the flipchart with the five steps of the **implementing the decision** phase of REDI.
- Finally, ask the large group to comment on the role play based on the five steps (tasks) of the **implementing the decision** phase of REDI that were posted at the beginning of the session.
 - * Did the provider help the client develop a concrete plan?
 - * Did the provider give all of the information on how to obtain and use the method? Was anything missing?
 - * Did the provider help the client identify possible challenges and barriers?
 - * Did the provider help the client develop strategies and acquire skills to overcome these barriers?
 - * Did the provider develop a follow up plan with the client?

Activity D. Summary (5 minutes)

Discuss and summarize the session by asking:

- * How different is this from the counseling that you were doing before?
- * How can you apply this in your workplace?

Session 19

Session 20: Dual Protection and Condom Use

Participants' Learning Objectives

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

- Define *dual protection and dual-method use*
- List ways of achieving dual protection
- Explain how counseling on dual protection supports informed and voluntary decision making
- Identify challenges to dual protection
- 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)
- Demonstrate the use of a male condom on a penis model

Time

1 hour, 10 minutes (1 hour, 35 minutes if all activities related to the female condom are covered)

Materials

- Flipcharts prepared with text (see Advance Preparation)
- One set of “condom race cards” for each team
- Penis models and a pelvic model for the female condom (optional)
- Condoms (male and female)
- Participant Handbook—Handout 20: Dual Protection and Condoms

Session Outline

Training Activities	Methodology	Time
A. Introduction	Presentation	5 mins.
B. Dual Protection	Discussion	20 mins.
C. Condom Races	Small-group work	20–30 mins.
D. Condom Use Demonstration and Practice	Discussion Demonstration/practice	20–35 mins.
E. Summary	Discussion	5 mins.

Session 20

Advance Preparation

1. Prepare flipcharts for Steps B-1, B-2, and B-3 (see below).

[Flipchart for Step B-1]

Dual protection is:

A strategy to prevent both transmission of STIs and unintended pregnancy by using condoms alone, using condoms combined with other methods (dual-method use), or avoiding risky sex

[Flipchart for Step B-2]

Dual-method use is:

- Condom + another contraceptive method against pregnancy
- Condom + emergency contraception (EC)
- Selective condom use + another FP method (e.g., using the pill with a primary partner but the pill plus condoms with other partners)

[Flipchart for Step B-3]

Ways of achieving dual protection:

1. Condom alone
2. Dual-method use
3. Avoiding risky sexual behaviors
 - Mutual monogamy between uninfected partners + FP method
 - Abstinence
 - Avoiding penetrative sex
 - Delayed sexual debut

2. Familiarize yourself with the correct order of steps for using male and female condoms.
3. Check on the availability of female condoms in the country (this should have been done before the course) and make the following decisions:
 - a. Will the female condom be included in the condom races exercise? If so, this exercise requires female condoms and at least two pelvic models, and it will add 10 minutes to the exercise.
 - b. Will you demonstrate the use of the female condom? Demonstrating the female condom requires two female condoms (one spare) and one pelvic model.
 - c. Will the participants practice the use of the female condom on a pelvic model (and if so, when and how)? This requires enough female condoms (at least one for each participant) and pelvic models to allow a number of participants to practice concurrently in pairs or small groups. The duration of practice will depend on how many participants can practice concurrently on models.

4. Prepare one set of condom race cards for each team. You can print them from the electronic file included with the curriculum. (The teams should consist of six to 10 people each.) Each set of cards consists of 13 8.5 x 11 inch sheets of paper. Print or write one step from “Steps for Using a Male Condom” (Handout 20 in the Participant Handbook) in large letters on each sheet. To keep the sets of cards separate, you might want to write the steps on different-colored sheets of paper. If you have decided to do the exercise with the female condom, copy the steps from “Steps for Using a Female Condom” from Handout 20.
5. Make sure that there are enough penis models for every participant to practice condom use. If you do not have enough models, you can use cucumbers, bananas, or markers as substitutes.
6. Make sure you have enough condoms for all of the participants to practice.
7. Have small prizes, such as candies, for the group that wins the condom race.

Session 20

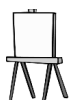
Session 20

Activities

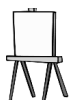
Activity A. Introduction (5 minutes)

1. Begin by explaining that clients who have identified themselves or their partners in the **exploration** phase of REDI as being at risk for HIV or other STI have probably made a decision to reduce their risk in the **decision-making** phase. For such clients, the **implementing the decision** phase should cover information and skills for how to reduce the risk of contracting an STI. Therefore, in this session, the participants will be taking a close look at the concept of *dual protection and skills for condom use*.
2. Review the objectives of the session with the participants.

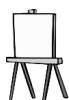
Activity B. Dual Protection (15 minutes)



1. Ask the participants what *dual protection* means. After taking a few answers, post the flipchart with the definition of dual protection (see Advance Preparation).



2. Ask the participants to explain what they understand from the term *dual-method use*. Post the prepared flipchart with the definition of dual-method use, and review the types of dual method use (see Advance Preparation).



3. Next, ask them the ways of achieving dual protection. After getting answers from a few volunteers, post the prepared flipchart with *ways of achieving dual protection* (see Advance Preparation).

4. Lead a discussion by asking the following questions (see *Handout 20 in the Participant Handbook for possible answers*):

- * How does counseling about dual protection support the concept of informed and voluntary decision making?
- * Why do you think some clients would find it challenging or unappealing to use dual methods (i.e., condoms along with another FP method)?
- * How would you respond to clients who tell you that their partners refuse to use condoms?

Probe for possible reasons not to use condoms and ask for possible responses to counter those excuses (see *Handout 20 in the Participant Handbook for possible reasons and responses*). After soliciting a few responses, refer the participants to the list of “Condom Excuses and Responses” in Handout 20 in the Participant Handbook.

Activity C. Condom Races (20 minutes; 30 minutes if the exercise is repeated using the female condom)

1. Divide the participants into two or three groups of six to 10 people each, depending on the number of participants.

Session 20

2. Explain that you will be distributing a set of 13 cards and that each card states one of the steps involved in using a condom. These cards have been mixed up, and the participants will be asked to place them in the correct order.
3. Inform the participants that their group's job is to:
 - Line the cards up on the floor so that the steps for using a condom are in the correct order
 - Complete the task faster than the other groups without making any mistakesThe first group to finish with no mistakes will be the winner.

➔ Training Tips

This exercise is usually a lot of fun for the participants and can be used to build energy in 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 the contest. 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 too much time defending the order.

4. Hand each group a set of cards and let the race begin.
5. Keep time for each group. Let all groups finish before judging finished lineups for accuracy.
6. Start by reviewing the lineup of the group that finished first. Call all groups to view the lineup and to correct any mistakes. If the first group does not have the right order, review other groups' lineups. Repeat the correct order of the steps out loud so that all of the participants can hear.
7. Announce the winning team. Distribute prizes to the members of the winning team.
8. Ask the participants to return to the large group.
9. Repeat Steps 1–7 for the female condom (optional).

Activity D. Condom Use Demonstration and Practice (20 minutes; 35 minutes if the activity will be repeated for female condom)

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 for FP, for protection from STIs, or for dual protection, building clients' skills during counseling is very important.
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 might not know how to do a demonstration.*
 - *They might not have penis models.*
 - *They might not know very well how condoms should be used.*
 - *They might be embarrassed.*
4. Now announce to the participants that you will be demonstrating 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 them to “Steps for Using a Male Condom” on Handout 20 in the Participant Handbook. Reading each step (with their numbers) one by one, complete the demonstration. Make sure that everyone sees the demonstration clearly. Encourage the participants to ask questions during the demonstration.
 5. At the end of the demonstration, ask the participants what “stored properly” means. Get a few answers and then give the correct answer. See Handout 20 in the Participant Handbook for the correct response.
 6. Call for a volunteer to repeat the condom demonstration.
 7. Ask the participants to work in pairs and do the condom demonstration for each other by explaining each step clearly. Distribute condoms, one to each participant, and penis models (or cucumbers or bananas, as needed), one to each pair. Tell the members of each pair to give feedback to each other as they practice.

➔ Training Tip

If you are not experienced with using a condom, it is a good idea to prepare for this exercise. You can take a condom and a penis model and go through the steps of placing the condom on the model. This will help you appreciate why the steps are listed in a specific order.

8. Repeat Steps 1–3 for the female condom (optional).
9. Finish the activity by asking the group this question:
 - * How did you feel when doing the condom demonstration? Was it easy? Was it difficult?

Activity E. Summary (5 minutes)

Summarize and close the session by asking:

- * How can you incorporate counseling about dual protection into your practice?
- * What barriers would need to be overcome?
- * How would you overcome them?

Session 20

Session 21: Strengthening Partner Communication and Negotiation

Participants' Learning Objectives

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

- Identify possible reasons why clients might not talk with their partners about FP and SRH concerns
- List the deeper personal and social factors behind clients' difficulties in discussing FP and SRH issues with their partners
- Help clients discuss FP and SRH issues more effectively with partners (even in relationships marked by violence or a power imbalance between partners)

Time

55 minutes

Materials

- Flipchart paper, markers, and tape
- Flipcharts prepared with text (see Advance Preparation)
- Partner scenarios (see Advance Preparation)
- Participant Handbook—Handout 21: Helping Clients Develop Skills in Partner Communication and Negotiation

Session Outline

Training Activities	Methodology	Time
A. Introduction	Presentation	2 mins.
B. Reasons for Not Talking to Partners about FP/SRH	Brainstorm/discussion	10 mins.
C. Helping Clients Strategize	Brainstorm	15 mins.
D. Demonstration Role Play	Role play	10 mins.
E. Practice and Feedback	Role play/discussion	15 mins.
F. Summary	Discussion	3 mins.

Adapted from: EngenderHealth. 2003. *Comprehensive counseling for reproductive health: An integrated curriculum*. New York: EngenderHealth.

Session 21

Advance Preparation

1. Prepare flipcharts for Steps B-2 and E-4 (already posted from Session 11).

[Flipchart for Step B-2]

BARRIERS TO TALKING WITH PARTNERS ABOUT FP AND SRH	
Clients' Reasons	Deeper Personal and Social Factors

[Flipchart for Step E-4]

GUIDELINES FOR FEEDBACK AFTER ROLE PLAYS
<ul style="list-style-type: none">• [Ask the person playing the client]: How did you feel during the role play? Were your needs met (or not) by the “provider”?• What did the provider do well? What improvements would you suggest?• What communication skills did the provider use?• How well did the provider accomplish all the tasks listed for this phase/step?

2. Learn about local resources for people in violent or abusive relationships. See the “Training Preparation” section in the Introduction for Trainers and Program Planners.
3. Decide which one of the client profiles to use for the demonstration role play (Activity D). Develop a role play based on that client profile. The role plays should start at the point where the client has already chosen a method and is identifying possible barriers to his or her use of the method. The counseling role play can also incorporate practicing with the client how to talk to the partner (i.e., a role play within a role play).
4. Develop “partner scenarios” for Step E-2 (see samples below). For this exercise, the participants will work in pairs, and each pair will need only one partner scenario. Because all pairs will be practicing simultaneously, they can all use the same partner scenario. Make sure that there are enough copies of the partner scenario for all pairs.

[Sample partner scenarios for Step E-2]

The partner is very suspicious of the client's intention to use condoms.

The violent partner is refusing to discuss anything related to FP.

The partner is objecting to the idea of FP for religious reasons.

Session 21

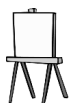
Activities

Activity A. Introduction (2 minutes)

1. Introduce this session by noting that even after attending a workshop like this, providers and trainers might still have trouble talking with their *own* partners about sexuality-related issues, FP, and RH concerns. Yet, talking with their partners is a key component of most clients' implementation plans. The last phase of REDI, **implementing the decision**, takes this important component into consideration. During this session, the participants will explore the difficulties that clients might have in talking openly with their partners about sexuality, FP, and RH. This session will also address the ways in which providers can help clients develop and improve their communication skills and strategies.
2. Review the session objectives with the participants.

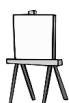
Activity B. Reasons for Not Talking to Partners about FP/SRH (10 minutes)

1. Ask the participants to brainstorm responses to the following question (participants should not have their Participant Handbooks open during this activity):
 - * What are some reasons why clients might not talk with their partners about FP and SRH?
2. Record the responses in the left-hand column of the prepared flipchart (see Advance Preparation). See the “Examples of Barriers to Talking with Partners about SRH Concerns” table in Handout 21 in the Participant Handbook for ideas for this activity.
3. Ask the participants to discuss the deeper personal issues (e.g., fears) and social factors behind each reason listed. After agreeing on each one, write the response in the right-hand column, next to the reason.
4. If fear of violence or abuse does not come up during the brainstorm, note that even in the best of circumstances, women might find it challenging to discuss sexuality-related issues with a partner. Ask how this is further complicated when there is a power imbalance or violence or abuse within the relationship (see “How Power Imbalances Affect FP Use” on Handout 21 in the Participant Handbook for discussion points). If you identified any local resources for people in abusive or violent relationships, give their names now.



Activity C. Helping Clients Strategize (15 minutes)

1. Ask the participants to brainstorm answers to the following questions:
 - * What are some suggestions that providers can make to their clients about how to discuss sexuality-related issues and FP with their partners?
 - * What are the options when a client says he or she absolutely cannot discuss FP with his or her partner? What would you say to him or her?
2. Record their suggestions on a separate flipchart, supplementing as necessary from Handout 21 in the Participant Handbook. Acknowledge that for clients who are in potentially violent situations, some of these suggestions might be about reducing the client's risk for harm (in other words, they are survival strategies).
3. Review Handout 21 with the participants.



Session 21

Activity D. Demonstration Role Play (10 minutes)

1. Using members of the training team and one of the client profiles (see Advance Preparation), conduct a role play to demonstrate how to help the client develop partner communication and negotiation skills, using one of the client profiles. Try to incorporate some of the suggestions listed on the flipchart. Also, in your demonstration role play, include conducting a role play *with the client*. This will be a role play within a role play, where one trainer will play the partner and the other the client, so that the “provider” helps the “client” practice in a situation where the client talks to the partner about the issue of FP (see “Strategies for Detecting and Addressing Barriers” on Handout 21 in the Participant Handbook). (5 minutes)
2. After the role play, ask for feedback or questions from the participants and observers. (5 minutes)

Activity E. Practice and Feedback (15 minutes)

1. Tell the participants that they will be doing similar five-minute role plays in pairs. The idea is to counsel a client and help the client develop strategies or tactics for talking to his or her partner. Remind the participants about the strategies they reviewed on Handout 21 in the Participant Handbook. Each pair will base their role play on the partner scenario they will receive. The role plays will start at the point where the client has already chosen a method and is identifying possible barriers to his or her use of it. The client should start by raising the partner scenario given on the card as a possible barrier. In their counseling role play, pairs can incorporate practicing with the client how to talk to the partner (i.e., a role play within a role play like the one in the demonstration by the trainers in Activity A). The pairs will practice alone, and then the large group will discuss their experience with the role plays.
2. Divide the participants into pairs. Spread out the pairs across the room as much as possible to allow space and to minimize distractions. Distribute cards with partner scenarios to each pair (see Advance Preparation for sample partner scenarios). Ask each pair to decide who will play the client.
3. Have the training team monitor as many of the pairs as possible, moving around as necessary. Stop the role plays after five minutes.
4. Post the “Feedback Guidelines for Role Plays” flipchart and facilitate a discussion on all four bullets.
 - * How did the “clients” feel? Were their needs met?
 - * How well did the “providers” do? Is there any room for improvement?
 - * What communication skills were used?
 - * Did the providers accomplish all of the tasks?



Activity F. Summary (3 minutes)

Ask the participants what difference this session will make in their counseling practice when they go back to their work sites

Session 22: Counseling Return Clients

Participants' Learning Objectives

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

- Describe how the counseling needs of returning clients differ from those of new clients
- List possible reasons for return visits
- Identify appropriate provider attitudes and approaches for addressing the concerns of return clients

Time

1 hour, 5 minutes

Materials

- Flipchart paper, markers, and tape
- Flipcharts prepared with text (see Advance Preparation)
- Situation cards developed for each client profile (see Advance Preparation)
- Participant Handbook—Handout 22: Counseling Return Clients; and Participant Handbook Appendix B: Learning Guides for FP Counseling Skills

Session Outline

Training Activities	Methodology	Time
A. Introduction	Presentation	5 mins.
B. Identifying Reasons for Return Visits	Brainstorm	5 mins.
C. Identifying Appropriate Counseling Approaches	Small-group work/ discussion	45 mins.
D. Summary	Discussion	10 mins.

Advance Preparation

1. Prepare flipcharts for Steps B-2 and C-2 (see page 22-2).

Session 22

[Flipchart for Step B-2]

REASONS FOR CLIENTS' RETURN VISITS

[Flipchart for Step C-2]

CLIENTS' REASON FOR RETURNING
Counselor Responses and Approaches

2. Prepare situation cards with a reason to return for each returning client profile. Since there are only five client profile groups, make sure that you select at least one reason from each category listed below, so that the groups will practice with a variety of clients' reasons for returning. See the sample situation below and the other reasons, listed on page 22-3.

Sample situation cards

Yesterday, [client's name] learned that she is pregnant.
--

[client's name] comes back to the facility and says that she has decided to have a child.

Other reasons to include on situation cards**SIDE EFFECTS, COMPLICATIONS, AND CLINICAL PROBLEMS**

- [client's name] comes back and complains of spotting four weeks after her first DMPA injection.
- [client's name] comes back and says that she missed a period while using oral contraceptives.
- [client's name] comes back and complains of vaginal discharge.
- [client's name] comes back and says that she learned that she developed high blood pressure while on oral contraceptives.
- [client's name] comes back and complains of excessive bleeding and feeling weak after using DMPA twice.
- [client's name] comes back and says that three weeks after insertion of an IUD, she found out that she is pregnant.

A CHANGE IN CLIENT'S CIRCUMSTANCES

- [client's name] comes back and says that he or she just learned that he or she is HIV-positive.
- [client's name] comes back and says that she is getting divorced.
- [client's name] comes back and says that she has decided to have a child.
- [client's name] finds out that her husband has another partner.

RESUPPLY AND ROUTINE FOLLOW-UP

- [client's name] comes back for a sperm count one week after a vasectomy.
- [client's name] comes back for a regular follow-up visit after her first period following IUD insertion.
- [client's name] comes back for condom resupply at the end of two months.
- [client's name] comes back for the second DMPA injection at the end of three months.
- [client's name] comes back just to express gratitude, to say how comfortable she is after having had female sterilization.

OTHER PROBLEMS

- [client's name] comes back and says that his or her partner objects to the use of [name of the FP method].
- [client's name] comes back and says that her neighbor told her that those who use the IUD cannot have children anymore.
- [client's name] comes back and says that she believes the pain in her stomach is the result of the oral contraceptives that she has been using.
- [client's name], an implant user, comes back and says that she heard on TV that implants cannot be removed easily.

Session 22

Session 22

Activities

Activity A. Introduction (5 minutes)

1. Tell the participants that, starting with this session, you will be focusing on return clients, who constitute a significant portion of the clients whom the participants see in their facilities. Remind them of the categories of clients that you identified in Session 4: new clients with a method in mind, new clients with no method in mind, clients returning for resupply, and clients returning with problems. For clients initiating use of an FP method, return visits can be considered as part of the **implementing the decision** phase of the REDI counseling process. Support for implementation of the client's decision should not stop at the end of the initial counseling session. Rather, support should be continuous to ensure that the client is satisfied with the FP method, that he or she is using it safely, and that any other emerging SRH needs are met in a timely manner. Clients might be faced with other decisions (such as discontinuing a method and switching to another one) that would require the counselor and the client to go through all of the phases of REDI again. This session provides an overview of possible scenarios requiring return visits, and Sessions 23 and 24 examine in detail issues related to managing side effects and discontinuing and switching methods. At every return visit, the counselor should assess and address the client's needs (see Essential Ideas on Handout 22 in the Participant Handbook).
2. Review the session objectives with the participants.
3. Review the Essential Ideas on Handout 22 in the Participant Handbook with the participants. Answer any questions they have.

Activity B. Identifying Reasons for Return Visits (5 minutes)



1. Tell the participants to brainstorm the reasons for return visits.
2. Post the prepared “Reasons for Clients’ Return Visits” flipchart and ask:
 - * What are the reasons that clients come for return visits?
3. Write all answers on the flipchart.
4. Looking at the brainstormed reasons, distinguish between major categories: *clients who come for resupply or routine follow-up (no problems)* and *clients who come with problems or complaints (side effects, questions, or concerns)*. Then move on to the next activity.

Activity C. Identifying Appropriate Counseling Approaches (45 minutes)

1. Tell the participants that they will work in small groups to discuss and identify appropriate provider responses to the different reasons for clients’ return for services. To do that, they will use the client profiles and work in the same client profile groups as before. Each group will be given a situation card that describes a change in the situation of their client. Based on the reason written on that situation card, they will discuss and identify

Session 22

the best response and approach for the counselor to use. The task is to identify the best counselor response/approach to the reason for the visit described on the situation card and to present it to the larger group.



2. Post the prepared flipchart (see Advance Preparation, flipchart for Step C-2) and tell the participants that they will be describing the counselor response/approach on the flipchart and also demonstrating it through a short role play.
3. Tell them that they have 15 minutes to complete the task. At the end of the small-group work, each group will have three minutes to present their work to the whole group.
4. Ask them to go into their client profile groups.
5. Distribute the situation cards (see Advance Preparation) and flipchart paper to the groups and give them 15 minutes to complete the task and be ready to present.
6. When the time is up, ask the groups to present their role plays, one by one. After each group presents, take questions and comments from the larger group. See Handout 22 in the Participant Handbook for possible counselor responses and approaches to different reasons for clients' return visits. Add responses and attitudes that have not been mentioned by the groups. *(30 minutes total for presentations and discussions)*
7. If any of the reasons listed on Handout 22 were not covered by the presenting groups, review them and the appropriate counselor responses and approaches.

Activity D. Summary (10 minutes)

1. Review with the participants the Learning Guides for FP Counseling Skills (Appendix B in the Participant Handbook). Tell them that they should refer to these learning guides during activities in the upcoming sessions about return clients. Ask if they have any questions.
2. Ask the participants how this session will change their approach to counseling once they are back in their workplaces.

Session 23: Managing Side Effects and Other Problems

Participants' Learning Objectives

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

- List the steps in managing side effects and other problems
- Describe the management of side effects and other problems for each FP method
- Demonstrate how to help clients cope with side effects and other problems

Time

1 hour, 35 minutes

Materials

- Flipchart paper, markers, and masking tape
- Participant Handbook—Handout 23: Managing Side Effects and Other Problems
- Flipcharts prepared with text (see Advance Preparation)
- Method-specific cue cards (Appendix F)
- Flipchart from Session 11, “Feedback Guidelines for Role Plays”

Session Outline

Training Activities	Methodology	Time
A. Introduction	Presentation	2 mins.
B. Managing Side Effects	Discussion/presentation	20 mins.
C. Practice	Small-group work/role play	1 hour, 10 mins.
D. Summary	Discussion	3 mins.

Advance Preparation

1. Prepare a flipchart or transparency on “Managing Side Effects and Other Problems” (see flipchart for Step B-2). If you are preparing a flipchart, include only the five main bullets, not the second-level bullets (see page 23-2).

Session 23

[Flipchart for Step B-2]

MANAGING SIDE EFFECTS AND OTHER PROBLEMS

- Always acknowledge the clients' complaints
- Take clients' complaints seriously
- Gain a full understanding of the complaint: Ask and listen!
- Inform and reassure
- Discuss and/or offer medical management as appropriate

[Template for transparency for Step B-2]

MANAGING SIDE EFFECTS AND OTHER PROBLEMS

- Always acknowledge clients' complaints
- Take clients' complaints seriously
- Gain a full understanding of the complaint: Ask and listen! (Is it a side effect, a sign of a health risk/complication, or another problem?)
- Inform and reassure (for side effects):
 - Explain to the client why and how side effects occur
 - Assure the client that the side effect or complaint is benign and not a sign of a serious health problem
 - Determine whether the side effect will go away without treatment or should be treated
 - Explain what the client can do to cope with the inconvenience caused by the side effect
 - Remind the client of the warning signs of health risks/complications
 - Remind the client that he or she is always welcome to come back with any concerns or questions
 - Remind the client that he or she is always welcome to change methods
- Discuss and/or offer medical management as appropriate (for side effects and health risks/complications)
 - Discuss medical treatment options
 - Treat side effects or complications as per guidelines, or refer the client if treatment is not available at your facility
 - If the client is not satisfied with these options, offer the client the option of switching to another method

2. Identify the most common side effects that clients face with each method; see results of brainstorm from Step A-3 in Session 4 (on the reasons for clients' visits) and the flipchart for Step B-2 in Session 22 ("Reasons for Clients' Return Visits"). Choose up to five of these side effects for use in Activity C. If specific side effects have not been listed during the discussions in Sessions 4 and 22, ask the group, including the training team, to identify the side effects most commonly experienced by clients or those that providers most commonly have to address within their practice.

Session 23

Activities

Activity A. Introduction (2 minutes)

Review the objectives of the session and explain that one of the purposes of focusing on counseling for return clients is to better address the needs of clients who might be experiencing side effects or other problems. The provider can assist the client with deciding whether to continue with the current method or to switch to a different one. Continuing support for return clients leads to improved continuation of family planning use. Managing side effects and other problems is an aspect of supporting the client in implementing his or her initial decision; therefore, it is part of the **implementing the decision** of REDI. However, if the return client is faced with other decisions, he or she might need the counselor’s support in going through all of the phases of REDI again.

Activity B. Managing Side Effects (20 minutes)

1. Start a discussion about side effects by asking the following question in the large group.
 - * How do you manage a client’s complaints about side effects; what do you say and do? Ask the participants to reflect upon their own experience.
2. Present the “Managing Side Effects and Other Problems” transparency or flipchart (see Advance Preparation) and refer the participants to Handout 23 in the Participant Handbook. Briefly review the Essential Ideas and the “Steps for Managing Side Effects and Other Problems” table.
3. Refer the participants to the table in Handout 23 that shows the side effects by method (“Management of Side Effects and Other Problems by Method”). To orient the participants to the content and template of the table, review the side effects/problems and corresponding management guidance for one or two of the methods listed.
4. Tell the participants that they can use this table as a job aid at work. Tell them to refer to other contraceptive technology resources² for detailed information about FP methods and the management of side effects and other problems related to each method.
5. Tell the participants that they will use this table to prepare for a role play in the next activity.



➔ Training Tip

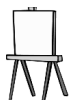
Depending on the background of the participants and the knowledge assessment you have done in advance, you might wish to cover the entire “Management of Side Effects and Other Problems by Method” table in a discussion or question-and-answer session. This would provide the opportunity to update the participants’ knowledge about management of side effects and other problems related to the use of FP methods, but it would add at least 30 minutes to the session duration.

² Such as: WHO and JHSPH/Center for Communication Programs. 2007. *Family planning: A global handbook for providers*. Baltimore, MD: The INFO Project.

Session 23

Activity C. Practice (1 hour, 10 minutes)

1. Divide the participants into groups by asking them to count off, based on the number of trainers, so that each trainer can follow one group during the small-group work. You can have a maximum of five groups while making sure that each group is assigned one of the most common side effects identified in Session 4 or as a result of your consultation with other trainers or participants (see Advance Preparation).
2. Ask the groups to discuss and develop a plan to talk to the client coming with the assigned side effect (e.g., a client using injectables returns complaining of bleeding). The plan should reflect the flow in the “Steps for Managing Side Effects and Other Problems” table, and the content should be informed by the management recommended in the table listing side effects by method.
3. Give the groups 10 minutes for preparation. Ask each group to select two people to present a three-minute role play about a client coming to the facility with the assigned side effect and a provider managing the situation through counseling. To keep the role plays short and focused, the conversation will start at the point where both the client and the provider are already seated and the client brings up his or her complaint about the side effect. Tell the participants that the rest of the group will use the transparency/table on steps for managing side effects and other problems as a checklist on what to look for during the observation of the role plays.
4. Post the “Feedback Guidelines for Role Plays” flipchart (from Session 11). Allow three minutes for a role play, and after each role play, use 7–10 minutes for discussion. Start the discussion by asking the role players to comment on their own performance, then ask the large group to give feedback. The length of discussions may vary, depending on the total number of groups, but the total time spent on role plays and discussion should not exceed 60 minutes.
5. Make sure that the medical management of the side effects is handled correctly in the role plays. Ask if they have any questions about the management of side effects and other problems. Use the detailed table in Handout 23 or other resources³ to correct any misinformation.



Activity D. Summary (3 minutes)

Ask for volunteers to summarize the steps involved in managing side effects.

³ Such as: WHO and JHSPH/Center for Communication Programs. 2007. *Family planning: A global handbook for providers*. Baltimore, MD: The INFO Project, and Geneva; and Hatcher, R.A., et al. 1997. *The essentials of contraceptive technology*. Baltimore, MD: Johns Hopkins Bloomberg School of Public Health, Population Information Program.

Session 24: Helping Clients Continue or Switch Methods

Participants' Learning Objectives

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

- Identify possible reasons for method discontinuation
- Develop strategies to support clients in method continuation
- Describe when and how to support clients in switching methods

Time

50 minutes

Materials

- Flipchart paper, markers, and tape
- Flipcharts prepared with text (see Advance Preparation)
- Situation cards developed for this session
- Flipchart from Session 11, “Feedback Guidelines for Role Plays”

Session Outline

Training Activities	Methodology	Time
A. Introduction	Presentation	2 mins.
B. Reasons for Discontinuation and Support Strategies	Brainstorm/discussion	20 mins.
C. Practice	Small-group work/role play	25 mins.
D. Summary	Discussion	3 mins.

Advance Preparation

1. Prepare sample flipcharts for Steps B-2 and B-4 (see page 24-2).

Session 24

[Flipchart for Step B-2]

REASONS FOR DECIDING TO DISCONTINUE

[Flipchart for Step B-4]

SUPPORTING CLIENTS WHO WANT TO DISCONTINUE

2. For each client profile, prepare a situation card describing a situation in which the client wants to discontinue an FP method (see sample situation cards in Advance Preparation section of Session 22). Ensure that different reasons for discontinuation are represented in the five situation cards by checking against the discontinuation reasons in Handout 24 of the Participant Handbook.

Examples of reasons for discontinuation, for use on situation cards:

- [client's name] comes back saying that she doesn't want to have the DMPA injection any more, because of the excessive irregular bleeding she has had in the last six months.
- [client's name] comes and asks to have her IUD removed because her husband feels the IUD during intercourse.
- [client's name] comes back asking for reversal of the vasectomy, saying that he and his new wife want to have a child.
- [client's name] comes and asks to have her implant removed because she wants to get pregnant now.
- [client's name] comes and says that she has been diagnosed with high blood pressure and that her doctor has told her to stop taking the pill.
- [client's name] comes and asks to have her IUD removed because of the headaches she has been having since it was inserted.
- [client's name] comes and asks for another method because she has heard that the DMPA injections she has been getting can cause infertility.

3. For the role play in Activity C, the groups will switch client profiles so that each group works with a new profile. Decide how you will switch the client profiles across groups.

Session 24

Activities

Activity A. Introduction (2 minutes)

1. Tell the participants that this session is about two key issues that service providers are faced with when providing FP services: *method discontinuation* and *method switching*. The provider's support for the client's efforts to continue or switch to another method fall under the **implementing the decision** phase of REDI.
2. Review the objectives of the session with the participants.

Activity B. Reasons for Discontinuation and Support Strategies (20 minutes)



1. Ask the participants what they think the terms *discontinuation* and *switching* imply. Note that they refer to “discontinuing a method” and “switching from one method to another.”
2. Post the “Reasons for Discontinuation” flipchart (see Advance Preparation), and tell the participants to brainstorm the reasons for method discontinuation. Probe as needed to make sure that all reasons listed on Handout 24 of the Participant Handbook are covered.

3. Ask the participants the following questions:

- * How do you feel about clients discontinuing a method? (If needed, ask “Is this right or wrong? Why?”)
- * How do you feel about clients switching from one method to another? (If needed, ask “Is this right or wrong? Why?”)
- * When would clients' decisions to discontinue or switch to another method be inappropriate or unjustified?

After soliciting answers, cover the key messages in the first three bullets of this session's Essential Ideas in the Participant Handbook.



4. Post the “Supporting Clients Who Want to Discontinue” Flipchart, and ask the participants to brainstorm the answers to the following question:

- * How can a provider support a client who wants to discontinue the method he or she has been using?

Note all answers on the “Supporting Clients Who Want to Discontinue” flipchart (see Advance Preparation).

5. Ask the participants to open the Participant Handbook to Handout 24. Review the chart with the title “Supporting Clients Who Want to Discontinue.”

Activity C. Practice (25 minutes)

1. Tell the participants that they will now practice counseling clients who wish to discontinue their FP method. This time they will be switching client profiles, so every group will be working with a new client profile.

Session 24

2. They will work in their groups and prepare a five-minute role play based on the situation card that you will be giving to each group. The role play will be a return visit by a client who wants to discontinue the FP method that he or she had been using. To save time, the role play will start in the middle of a counseling session in which the client states that he or she wants to discontinue (e.g., asking to have her IUD or implant removed).
3. Remind the participants that, as they are preparing their role plays, they can refer to the FP cue cards (Appendix A in the Participant Handbook) for technical details on when and how safely clients using a specific method can switch to a new method..
4. Tell them to spend five minutes with the role play, followed by five minutes of feedback, as they did in the previous sessions. In each group, one person will play the provider, one person will play the client, and the remaining group member(s) will be observer(s). Following the role play, the observer will give feedback to the provider. If they have time left before all groups finish, they can shift roles and repeat the role play.
5. Tell them to start.
6. When all groups have finished, ask for a volunteer group to give their role play for the whole group.
7. After the role play, gather feedback from the large group using the “Guidelines for Feedback after Role Plays” flipchart from Session 11.



Activity D. Summary (3 minutes)

To wrap up, ask the participants to describe the correct and supportive attitude of a provider when faced with a client wishing to discontinue using an FP method.