

INTRHEALTH INTERNATIONAL

Enhancing Postabortion Care Counseling Skills— an Interactive Learning Toolkit

Disk 2

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Shot Code

Audio

Narrator-1-0

Introduction to the Interactive Simulation

Welcome to the interactive learning series, *Enhancing PAC Counseling Skills*. We hope that you find this interactive program provides a satisfying experience for improving your post abortion counseling skills.

To help you get started, we've created a tutorial that provides guidance about how to use the program. The tutorial will start momentarily. If you have already viewed the tutorial and would like to skip it, select the **skip tutorial** option now.

This tutorial provides basic guidance to help you use the program including information about how to use :

- The directional buttons to move the highlight up, down, left and right;
- The **Enter** button to make your selection;
- The **stop**, **pause**, and **play** buttons to control the program;
- The **menu** button to choose what you want to do.

Later in the tutorial, you will have a chance to practice moving the highlight and making a selection. For now, all you need to do is listen and the tutorial will continue to play. If you happen to miss something and want to go back you will be given the choice to view the tutorial again.

Locate the button or buttons on your player or computer that have directional arrows on them. The arrows indicate which direction the highlight will move. Pressing one of these buttons will cause the highlight to move in that direction--up, down, left or right--so that you can select the option you want from the choices displayed.

Locate the **Enter** button on your player or computer. Often the **Enter** button will have an arrow on it. After using the directional buttons to highlight the option you want, press the **Enter** button, and the program will take you to the option you selected. Take a moment to practice using the directional and **Enter** buttons. Use the directional buttons to move the highlight so that **option 3** is highlighted. Notice that the appearance of an option changes when it is highlighted. When **option 3** is highlighted, press the **Enter** button to select it. Selecting **option 3** will move you to the next section of the tutorial.

Locate the control buttons on your player. These buttons are similar to the control buttons that you might have used on an audio or videotape player.

Narrator General Introduction

Shot Code

Audio

Often the **Stop** button will have a square on it. When you press the **Stop** button, the player stops playing the disk.

The **Pause** button will often have two lines on it. When you press the **Pause** button, the player freezes the image on the screen. Similarly, the **Play** button will have a triangle on it. When you press the **Play** button, the player resumes playing the disk.

The **Rewind** and **Fast Forward** buttons usually have double triangles on them to indicate backward and forward motion. Use the **Rewind** and **Fast Forward** buttons to move quickly to places in the video clips that you want to review. The longer you hold these buttons down, the faster the program advances. When you reach the part of the program that you wish to review, press **Play** to resume the program.

This concludes the tutorial. You can either resume the program or repeat the tutorial. Highlight your choice and press **Enter**.

Narrator 2-0

Narrator: Introduction to the Learning Program

This interactive learning program is design to help refresh the counseling skills of post-abortion care providers. The program is made up of a series of scenes from a simulated counseling session. Each scene includes several options showing various ways a provider might behave in that situation. After watching all the options in the scene you will be given the opportunity to make a choice about which option you think is best or depicts the most desirable provider behavior for that situation. The options that you choose from have some elements that are good and some that are not so good. There is a pause in the program after each option so that you can note your observations. If you wish to take notes you are encourage to do so only during the pauses so you don't miss what's happening in the story.

After you select the option that you think is best a mentor will give you feedback about the option you chose. Some parts of the story are told by the mentor since not all of the counseling session is shown.

Narrator 3-0

Narrator: Learning Objectives

The simulated scenes in the story will give you an opportunity to consider how best to:

- Assist clients at risk of STI, including HIV, to learn about risk factors and assess their risk level.
- Refer clients for STI / HIV testing at the VCT center and address concerns clients have about testing.

Narrator General Introduction

- Develop effective ways the client can use to encourage her husband or partner to get counseled and tested.
- Encourage condom use; plan and practice together ways to negotiate condom use with the husband or partner.
- Assist clients to make informed family planning method decisions; address issues around the partner's role in that decision; and develop plans for talking with the husband or partner about family planning issues.

As you use the program think about how you can incorporate what you are learning into your day to day practice. Let's get started.

If you want to view the story from the beginning press **Enter**. If you want to start from a specific point highlight and select that option.

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>Narrator: Welcome to Catherine and Pauline’s story. Catherine, a 33-year-old woman, experienced a self induced, incomplete abortion at 12 weeks. Catherine arrived at Pauline’s clinic in need of urgent care. Pauline assessed Catherine’s situation and performed an MVA procedure. Pauline has 15 years of experience as a provider, and is currently running her own private clinic. Her clinic is known for its high quality services. Earlier, Pauline conducted a brief medical history and a physical examination and took Catherine’s observations, which were normal. She also started Catherine on a course of antibiotic treatment to help clear an infection that she noted during her examination. As we begin our story, we see Pauline responding to Catherine’s pleas for help and beginning to reassure Catherine. We see her as she sits down, touches Catherine’s shoulder, shows sympathy, and attends to her physical well-being. Let’s take a look:</p>	
	<p>Client: Help me, I am in pain.</p> <p>Provider: Just one minute please, I am on my way.</p> <p>Client: Okay...please hurry.</p> <p>Provider: (<i>Provider walks into the room</i>) Where is the pain? Can you describe how you are feeling?</p> <p>Client: I have some cramps and my cough makes the pain even worse.</p> <p>Provider: I think I can help. Are they like the normal cramps you get before your periods?</p> <p>Client: They are like the worst cramps I ever got with my period.</p>	<p>WS: Client is sitting on the bed; she is uncomfortable; coughs periodically client calls out to provider “Help me...”</p> <p>The provider finishes up with another client off camera, and enters her client’s bed space drying her hands off after washing them (off camera)</p> <p>MS: The Provider, empathetic, warm, and attentive to Catherine, sits down after entering the bed space. She talks in a caring voice, and continues to ensure privacy. Catherine responds appropriately, relaxing a bit.</p>

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>Provider: Cramps are normal after the procedure; however, if they get worse or continue after you leave, or if there is too much bleeding, say, more than your normal period. Any of these may be a sign of a problem and you should return to the clinic as soon as possible. Let me take your observations first to make sure that you don't have a fever which could be a sign of infection. I will go ahead and take your temperature, pulse and blood pressure. I can give you something more for the pain. Would you like a pain killer?</p> <p>Client: Yes, I think that would help me.</p> <p>Provider: Have you ever taken Panadol before?</p> <p>Client: Yes, I take it whenever I have a bad headache or cramps.</p> <p>Provider: Good, then I'll get it for you</p> <p>Client: oh, thank you.</p>	<p>As this dialogue ends, we will cut back to the narrator.</p>
	<hr/> <p>Narrator: After administering Panadol, taking Catherine's observations again, and attending to other physical needs, Pauline resumes her conversation with Catherine. She is inquiring about the client's needs and concerns to learn more about Catherine's situation so she can be sure to address issues that are important to Catherine. As you will see, Pauline is using good counseling techniques. She is establishing confidentiality, asking good open-ended questions, listening closely to the client, making good eye contact, and responding to what the client is saying. Let's see how she's doing:</p>	<p>[This will be a cutaway from the narrator who will be describing what has happened, and highlighting some of the behaviors of the provider – establishing confidentiality, asking good open-ended questions, listening closely to the client, and responding to what the client is saying.</p>
	<hr/> <p>Provider: If you are ready, we can talk about your needs and concerns.</p>	<p>WS: Client is sitting up in bed; provider is making good eye contact, listening closely, nodding appropriately.]</p>

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>Client:</i> That would be good — I think I would like to talk with someone.</p> <p><i>Provider:</i> First, let me assure you that whatever we discuss will be kept in confidence. Is there anything in particular you want to talk about?</p> <p><i>Client:</i> Yes...there are several things... but I do not know how to start – that is my problem.</p> <p><i>Provider:</i> Well, if you would like, I could begin by asking a few questions to help get things started.</p> <p><i>Client:</i> That would be good for me.</p> <p><i>Provider:</i> Okay, why don't you tell me about your family?</p> <p><i>Client:</i> My husband and I have three boys and three girls.</p> <p><i>Provider:</i> How old are they?</p> <p><i>Client:</i> The eldest is 12 years and my baby girl is 11 months.</p> <p><i>Provider:</i> That sounds like a nice family. Were they all normal deliveries – or did you require assistance from a doctor?</p> <p><i>Client:</i> I delivered them all naturally – the first labor was very long but the last one came so fast – she really surprised me.</p> <p><i>Provider:</i> But it was a good surprise – yes? Are the older ones all in school?</p> <p><i>Client:</i> Yes...and they are all doing very well. I used to be a primary school teacher so I keep after them about their studies.</p>	<p>As this dialogue ends, the sound will go down, and we will cut back to the narrator. This small scene will be inserted as another cut away as part of the narrator's introduction, scene setting, and establishing what has already happened.</p>

Narrator General Introduction

Shot Code	Audio	Video/SFX
AD-1-0	<p><i>Provider:</i> It is good they have you to watch over them. Are they all up-to-date on immunizations?</p> <p><i>Client:</i> Yes, I am very careful to make sure of that.</p> <p><i>Provider:</i> So, tell me more about your family.</p> <p><i>Client:</i> Alright, um, my husband works in the city and only comes home about once per month, usually on a weekend...</p>	
	<p><i>Narrator:</i> Although you don't see this in the program, at a point later in the conversation they discuss topics such as Catherine's use of family planning methods, her persistent cough and fatigue, and whether she and the children are properly nourished.</p>	
	<p>Narrator VO: We are now ready to see the first scene that has options. In this scene, we observe Pauline assisting Catherine to assess her risk of getting sexually transmitted infections. Pauline will encourage Catherine to go for an STI test as soon as she completes the antibiotic treatment to ensure that the infection Pauline observed has cleared. Pauline also encourages Catherine to convince her husband of the importance of STI testing and treatment. The scene starts with Pauline asking to learn more about Catherine's family. This scene has 3 options. Each takes between 3 and 5 minutes. Please watch each option closely. You will then be given time to decide what you think is the best example of provider counseling behavior in this situation.</p>	
AD-1-1	<p><i>Provider:</i> So tell me more about your family.</p> <p><i>Client:</i> Alright. My husband works in the city and he comes home about once a month, usually on a weekend.</p> <p><i>Provider:</i> Oh my, taking care of the children with your husband gone most of the time—it seems like</p>	<p>MS: The conversation begins with the same questions that scene 1 ends with...they should be in the same position that they were in when in scene 1 ended.</p>

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>you'd be very busy.</p> <p>Client: Yes I am, and lately I'm tired all the time as well.</p> <p>Provider: Yes, I can imagine. Tell me more about your husband.</p> <p>Client: The only place he could find work is in the city. He has been working there on and off for about 3 years now.</p> <p>Provider: So what does he do?</p> <p>Client: He works in business with his brother. He makes good money, but I don't like his brother so much.</p> <p>Provider: Hmm, why do you say that?</p> <p>Client: He's not such a good influence. He's not married and he encourages my husband to spend time with other women, which I don't like.</p> <p>Provider: Do you think your husband is having relations with other women?</p> <p>Client: Yes. I'm fairly certain that he does.</p> <p>Provider: Do you think he would use a condom with these women?</p> <p>Client: He might, but I doubt it. We only sometimes use condoms ourselves since he does not like them very much. I...I just don't know.</p> <p>Provider: It seems from what you have said that you are at risk of getting an STI. I mean, if your husband is seeing other women and not using condoms, that puts you at risk.</p>	<p>CU: Provider</p> <p>CU: Client (looks worried)</p>

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>Client:</i> (coughs) Well, I'm not sure, do you think so?</p> <p><i>Provider:</i> Indeed, I think you're at risk. Some of the risk factors are unprotected sex and multiple sexual partners and that sounds very much like how you have described your husband. Given your risk level, I think it would be important for you to be tested.</p> <p><i>Client:</i> But I don't understand—I'm not having any of the symptoms.</p> <p><i>Provider:</i> Well, many times people who have an STI will not have any symptoms. To find out for sure, you need to be tested.</p> <p><i>Client:</i> Oh! So I could have an STI right now and not know it?</p> <p><i>Provider:</i> Yes, that is correct. And it can get more serious if not treated. That is why you should be tested and your husband too.</p> <p><i>Client:</i> My Husband?! He won't like that.</p> <p><i>Provider:</i> I can imagine he would not. But he should be tested and counsel anyway. It is really best if you do this together. I'm concerned for your health and the overall health of your family. As a mother you are very important for your children.</p> <p><i>Client:</i> I know but, well, as I told you already, he's not here very much. I can't imagine how I would convince him to get tested.</p> <p><i>Provider:</i> I know it is difficult. Husbands should be more careful but they often aren't. Many women are in the same position as you are but you have to do what you can to maintain your health. You need to for your own sake.</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>Client:</i> Oh still, I don't know how I could get him to get tested. I mean he's not here much and I don't have confidence to persuade him to get tested. I will just try to be careful myself when he's at home.</p> <p><i>Provider:</i> That is good, but it is not quite enough. If you take care but your husband doesn't, he can infect you. Let me summarize, you should get tested yourself for an STI and you should persuade your husband to get tested. Joint counseling would also be helpful. The VCT will help with both the test and the counseling. And before you leave, I should talk with you about condom use as a way of protecting yourself against the risk of STIs.</p> <p><i>Client:</i> It seems I can see how I could get tested.</p>	
	<p><i>Narrator:</i> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p>	
AD-1-2	<p><i>Provider:</i> So, tell me more about your family.</p> <p><i>Client:</i> Alright. My husband works in the city and he comes home about once a month, usually on a weekend.</p> <p><i>Provider:</i> Oh my, taking care of the children with your husband gone most of the time—it seems like you'd be very busy.</p> <p><i>Client:</i> Yes I am, and lately I'm tired all the time as well.</p> <p><i>Provider:</i> Yes, I can imagine. Tell me more about your husband.</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>Client: The only place he could find work is in the city. He has been working there on and off for about 3 years now.</p> <p>Provider: So what does he do?</p> <p>Client: He works in business with his brother. He makes good money, but I don't like his brother so much.</p> <p>Provider: Hmm, why is that?</p> <p>Client: He's not such a good influence. He's not married and he encourages my husband to spend time with other women, which I don't like.</p> <p>Provider: Why don't you like it?</p> <p>Client: <i>(cough)</i> Lots of reasons. <i>(cough)</i> It is not right. My husband should know better and his brother should have more respect for me and for the children.</p> <p>Provider: Anything else?</p> <p>Client: No, isn't that enough?</p> <p>Provider: Well, maybe. But, you know, sometimes this kind of behavior is not good. I mean, in general, it is not good for other reasons. A husband can do something and that can affect his wife.</p> <p>Client: I'm not sure I understand.</p> <p>Provider: For example, a husband might go with other women and not use a condom and doing this the husband might get an STI. And then, without using a condom with his wife, the wife could also get the STI.</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>Client: Yes, I can understand how that can happen to some people.</p> <p>Provider: Exactly, it could. And in these cases it is a good idea to visit the VCT center and get tested.</p> <p>Client: Yes, I can see that.</p> <p>Provider: Good, good. So you will get tested then? I can refer you to the VCT center for the test and see how—</p> <p>Client: <i>(Interrupts)</i> Me? <i>(Offended tone)</i> Me? Get tested? But why? We weren't talking about me. I...I don't have symptoms, and I'm careful. And my husband is only around a few days a month.</p> <p>Provider: You don't think you are at risk of an STI?</p> <p>Client: No. Well, maybe a little, but not now.</p> <p>Provider: Still it couldn't hurt to be tested just to be sure. It is good for both the husband and the wife to get tested. It is a good practice at this point given the dangers of STI's. I'm encouraging many of my clients to do this.</p> <p>Client: I suppose I could. But I'm not sure it is all that necessary. Do you think it's necessary for me?</p> <p>Provider: It is good to be safe. Testing provides very useful information. And using condoms is very effective to protect against STI's.</p> <p>Client: I can see how testing would be good for some of the people I know. They don't have good habits. And I know some people who have HIV, so what you say is important. But, I don't think it applies to me.</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>Provider:</i> Well, I think it should be considered. I have a pamphlet on the VCT and why it is important. Perhaps you should look at it and then we could talk again.</p> <p><i>Client:</i> Okay.</p>	
	<p><i>Narrator:</i> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p>	
AD-1-3	<p><i>Provider:</i> So, tell me more about your family.</p> <p><i>Client:</i> Alright. My husband works in the city and he comes home about once a month, usually on a weekend.</p> <p><i>Provider:</i> Oh my! Taking care of the children with your husband gone most of the time—it seems like you'd be very busy.</p> <p><i>Client:</i> Yes I am, and lately I'm tired all of the time as well.</p> <p><i>Provider:</i> Yes, I can imagine. Tell me more about your husband.</p> <p><i>Client:</i> The only place he could find work is in the city. He has been working there on and off for about 3 years now.</p> <p><i>Provider:</i> So what does he do?</p> <p><i>Client:</i> He works in business with his brother. He makes good money, but I don't like his brother so much.</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>Provider:</i> Hmm, why do you say that?</p> <p><i>Client:</i> He's not such a good influence. He's not married and he encourages my husband to spend time with other women, which I don't like.</p> <p><i>Provider:</i> Do you think your husband is having relations with other women?</p> <p><i>Client:</i> Yes, I'm fairly certain that he does.</p> <p><i>Provider:</i> Do you think he would use a condom with these women?</p> <p><i>Client:</i> He might, but I doubt it. We only sometimes use condoms ourselves since he does not like them very much. I...I just don't know.</p> <p><i>Provider:</i> You don't know about...? You look worried, are you?</p> <p><i>Client:</i> Yes, I guess I am.</p> <p><i>Provider:</i> Please tell me more about why.</p> <p><i>Client:</i> Well, around the time I got pregnant with my last baby I went to the clinic because I was itching and my discharges smelled bad. The nurse told me that I had an STI, and they treated me for it and told me that we should condoms all the time. So, now I try to use condoms but I'm just not always able to.</p> <p><i>Provider:</i> It sounds like you've had some unpleasant experience. While I was performing the evacuation I noticed some possible signs of infection around your wound. This may be irritation from the habit you used, or it might be a sign of another STI.</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>Client:</i> (looks down) Oh no, I was afraid of that.</p> <p><i>Provider:</i> And that is why you were so worried that you might have an STI? Would it help if you actually knew for sure?</p> <p><i>Client:</i> I guess it would.</p> <p><i>Provider:</i> To be certain the best thing would be for you to get tested for an STI. Sometimes you can't tell without a test. I could refer you to the VCT center for the test.</p> <p><i>Client:</i> I don't know.</p> <p><i>Provider:</i> What is making you hesitate?</p> <p><i>Client:</i> I'm not sure how it could help. I don't really feel sick. It takes time to get tested.</p> <p><i>Provider:</i> But think about it. You are worried now—if you knew for sure you would be worried less, and we could treat directly for the STI if you had one.</p> <p><i>Client:</i> Alright, I will do it.</p> <p><i>Provider:</i> Good. In fact, what would really be best is if both you and your husband would get tested, but that is probably too much to do at one time. Still, I think you should consider it.</p> <p><i>Client:</i> That is a lot. I will get tested first. He's not here yet anyway.</p> <p><i>Provider:</i> Good. Actually, given what you've said about your husband, you're right to be worried. Before you leave we should talk about the use of condoms as a way of protecting you against an STI. But first let's discuss...</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
<p>Mentor Feedback Option 1</p>	<p><i>Narrator:</i> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p>	
	<p>You have now seen all the options for this scene. If you are ready to make a choice about which option is best press Enter. If you are uncertain and want to re-watch an option highlight Re-watch option and press Enter.</p>	
	<p><i>Narrator:</i> This is not the best option in this situation. While Pauline does maintain good eye contact, is clearly attentive to Catherine, and is sympathetic, she is also somewhat directive. In doing so, she ends up telling the client that she is at risk of an STI rather than helping the client come to that conclusion. When the client expresses doubts about her risk level, Pauline persists in repeating that Catherine is at risk, and suggests that she should get tested. Let's see how she does this:</p> <p><i>Provider:</i> <i>It seems from what you have said that you are at risk of getting an STI. I mean, if your husband is seeing other women and not using condoms, that puts you at risk.</i></p> <p><i>Client:</i> (coughs) <i>Well, I'm not sure, do you think so?</i></p> <p><i>Provider:</i> <i>Indeed, I think you're at risk. Some of the risk factors are unprotected sex and multiple sexual partners and that sounds very much like how you have described your husband. Given your risk level, I think it would be important for you to be tested.</i></p> <p>Clearly, Pauline is concerned about Catherine and wants her to understand she is at risk. As a provider, Pauline is almost certain she <i>is</i> at risk. Yet, simply telling Catherine can be ineffective. If a client like</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>Catherine does not believe that she is <i>really</i> at risk, she will be less likely to follow through and get tested or make other behavioral changes. However tempting it is to make a conclusion and tell the client, it is much more effective to ask questions and build on the responses to help the client realize she is at risk.</p> <p>Pauline also takes the same approach when it comes to talking about Catherine’s husband. She suggests that the husband should get tested. When Catherine expresses doubts, Pauline responds as follows:</p> <p><i>Provider: I can imagine that he wouldn’t, but he should be tested and counsel anyway. It is really best if you do this together. I’m concerned for your health and the overall health of your family. As a mother you are very important for your children.</i></p> <p>While Pauline’s reasoning may be correct, and she is clearly sympathetic, she is <i>telling</i> too much, and she is missing the discomfort the client is experiencing about telling her husband. Pauline continues and finishes this portion by summarizing and once again <i>telling</i> Catherine what she needs to do about her husband. While Pauline has good advice, it is too much at one time and too directive, and appears to leave Catherine feeling uncertain.</p> <p><i>Provider: If you take care but your husband doesn’t, he can infect you. Let me summarize, you should get tested yourself for an STI and you should persuade your husband to get tested. Joint counseling would also be helpful. The VCT will help with both the test and the counseling. And before you leave, I should talk with you about condom use as a way of protecting yourself against the risk of STIs.</i></p> <p><i>Client: It seems I can see how I could get tested.</i></p>	
<p>Mentor Feedback Option 2</p>	<p><i>Narrator: This is not the best option. While Pauline does maintain good eye contact, is clearly attentive to</i></p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>Catherine, and is sympathetic, she is also too <i>indirect</i> to be as effective as possible. She does ask good questions and provides some encouragement for Catherine to share her concerns, but then Pauline responds by making a vague and general statement:</p> <p>Provider: <i>But, you know, sometimes this kind of behavior is not good. I mean, in general, it is not good for other reasons. A husband can do something and that can affect his wife.</i></p> <p>Client: <i>I'm not sure I understand...</i></p> <p>As you can see, the client indicates she doesn't quite understand and Pauline responds by talking in generalities. Perhaps Pauline is somewhat uncomfortable with the subject and reluctant to ask questions and talk directly with the client about her husband's behavior and the risks it poses. While it may be comfortable to talk in generalities, clients often miss the point and we can see this happening here:</p> <p>Provider: <i>Good, good. So you will get tested then? I can refer you to the VCT center for the test and see how—</i></p> <p>Client: (Interrupts) <i>Me? (Offended tone) Me? Get tested? But why? We weren't talking about me. I...I don't have symptoms, and I'm careful. And my husband is only around a few days a month.</i></p> <p>Pauline thought she was communicating, but Catherine missed the point, or didn't think it applied to her. While general conclusions and evidence from other clients can be helpful, the provider must also be willing to talk directly with the client about sensitive subjects. We don't see Pauline doing that in this option.</p> <p>While Pauline is attentive and listens carefully, her general approach and indirectness are not very</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
<p>Mentor Feedback Option 3</p>	<p>convincing to Catherine. Even at the end we see Catherine expressing doubts that this applies to her:</p> <p><i>Client: I can see how testing would be good for some of the people I know. They don't have good habits. And I know some people who have HIV, so what you say is important. But, I don't think it applies to me.</i></p>	
	<p><i>Narrator:</i> This is the best option in this situation. Pauline continues to use excellent interpersonal skills to build her relationship with Catherine and to learn about her. In particular, she uses a series of open-ended questions that encourage Catherine to share information about her husband. At the same time, she is attentive and sympathetic, so the questioning seems natural and friendly. Let's look at that way she uses questions and responds to Catherine:</p> <p><i>Client: ...and lately I'm tired all of the time as well.</i></p> <p><i>Provider: Yes, I can imagine. Tell me more about your husband.</i></p> <p><i>Client: The only place he could find work is in the city. He has been working there on and off for about 3 years now.</i></p> <p><i>Provider: So what does he do?</i></p> <p><i>Client: He works in business with his brother. He makes good money, but I don't like his brother so much.</i></p> <p><i>Provider: Hmm, why do you say that?</i></p> <p>She also demonstrates how to deal directly and politely with sensitive subjects. Pauline asks simple and direct questions about Catherine's husband's behavior, and builds on Catherine's responses to inquire further into the subject. Pauline seems comfortable in dealing with the sensitive subject, and does not pass judgment. When Catherine does seem</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>reluctant to talk, Pauline is patient, does not persist inappropriately, and encourages Catherine through sympathetic remarks and questions. As a result, she learns important information about Catherine's husband's risky behavior. Let's see some examples of how she does this:</p> <p>Provider: <i>Do you think your husband is having relations with other women?</i></p> <p>Client: <i>Yes, I'm fairly certain that he does.</i></p> <p>Provider: <i>Do you think he would use a condom with these women?</i></p> <p>Client: <i>He might, but I doubt it. We only sometimes use condoms ourselves since he does not like them very much. I...I just don't know.</i></p> <p>Provider: <i>You don't know about...? You look worried, are you?</i></p> <p>Client: <i>Yes, I guess I am.</i></p> <p>Provider: <i>Please tell me more about why.</i></p> <p>Notice how closely Pauline is listening in this sequence. She picks up on Catherine's hesitation, shows patience, and says: "You look worried...are you?" It is Pauline's patience and gentle questioning that allow Catherine to disclose that she previously had an STI— information that is very important for Pauline to know if she is to provide the best care for Catherine.</p> <p>Finally, Pauline concludes this part of the conversation by using what she has learned so far to caution about the risk of STIs and to talk to Catherine about testing. Even though Pauline has administered an antibiotic, it is still good procedure to discuss testing with clients in case the antibiotic does not work for a particular STI.</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>Provider: To be certain the best thing would be for you to get tested for an STI. Sometimes you can't tell without a test. I could refer you to the VCT center for the test...</i></p> <p><i>...But think about it. You are worried now— if you knew for sure you would be worried less, and we could treat directly for the STI if you had one.</i></p>	
AD-2-0	<p><i>Narrator: In this scene you will see Catherine come to the realization that if she can get an STI from her husband she could also be infected with HIV. Pauline continues to be very supportive of Catherine and encourages her to go to the VCT center for additional assistance. This scene has 3 options.</i></p>	<p><i>Provider Behavior: very empathetic, warm and accepting of client, appropriate body language, very attentive to client; speaks in a subdued and caring voice; sits in chair near the client</i></p>
AD-2-2	<p><i>Client: One thing that concerns me—we have talked about an STI—if he can infect me with an STI he can also give me HIV, can't he?</i></p> <p><i>Provider Yes, that is possible. However, it is not possible to know for sure about these things without testing. I think you should get tested for HIV. I am not equipped to provide HIV testing here at this facility. However, I can refer you to a VCT center that is well-equipped to provide the test that you need. You should consider a visit to the center.</i></p> <p><i>Client: Really? I don't think I need to get tested for HIV. I'm sure I don't have it. I know I cough and I'm tired, but I have 6 children to care for and my husband is gone most of the time.</i></p> <p><i>Provider I recommend the HIV test. I think it would be very useful for you, but in the end it is up to you. You need to make that decision.</i></p> <p><i>Client: Okay, let's say I did get tested, I'm not sure about...well, what good does it do to find out? I don't</i></p>	

Narrator General Introduction

have enough money for treatment...there is nothing I can do about HIV. I can't get better. Wouldn't it just be better to go on without knowing?

Provider That's a difficult question. At the clinic we recommend the test, but it is up to you I can't say a lot more about it because it's not my specialty but I can advise a family planning method that will help you.

Client: You know, to be honest, I guess part of the reason I don't want to go...I'm afraid of what I might find out from the test.

Provider As a provider I can say for sure it is the right thing to do. Once you know the results of the test, we can decide how to treat you.

Client: If I decide to go for the HIV test, will this center keep my results private? I have heard that results are not private. People talk and find out. Women have suffered because people have found out.

Provider Yes, the center will not tell anyone. If you like, I can also give you 3 centers you can choose from. One is farther away but you know you won't run into anyone from here if you are really worried about confidentiality. A second one is free, and the third is closest and least travel.

Client: Good. I do not want my husband or his family to find out from someone that I have been tested.

Provider Your husband will not find out from the staff at the center. In fact, he should go to the center for testing. They'll also counseling for him or for both of you together.

Client: I'm not so sure that he's willing to come in for testing and counseling.

Provider If your husband does not also receive

Narrator General Introduction

	<p>treatment for STI's, then you risk getting re-infected. It is very important that he could go to the center for testing and counseling. I advise you to tell him it is necessary for good health. Regardless of what he decides, you should be tested so that you can know for sure.</p> <p>Client: What if I don't go? It seems like so much trouble. Maybe it will help, but I don't know if I will go. What can you do?</p> <p>Provider I can help you with family planning advice and methods, and with help to treat STI's and other infections, but I can't do more with HIV. The stuff at the VCT Center can provide you with all sorts of assistance. They will be very helpful.</p> <p>Clients: I will have to think about this.</p> <p>Provider I know you will decide it is the right thing to do.</p> <p>Client: Thank you.</p>	
AD-2-2	<p>Narrator: Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p>	
	<p>Client: (cough) One thing that concerns me—we have talked about an STI—if he can give me an STI, he can also infect me with HIV, can't he?</p> <p>Provider: Yes, that is possible. However, it is not possible to know for sure about these things without testing.</p> <p>Client: Really? I don't think I need to get tested for HIV. I'm sure I don't have it. I know I cough and I'm</p>	

Narrator General Introduction

tired, but I have 6 children to care for, and my husband is gone most of the time and it takes time, I mean do you really think I should get tested?

Provider: That is your decision to make, but from what you have said about your husband, even if you're careful it appears he isn't. So you should think of yourself and find out for sure about HIV.

Client: Well, maybe.

Provider: I encourage you to do it. I am not equipped to provide HIV testing here at the facility. However, I can refer you to a VCT center that is well equipped to provide the test that you need. You should consider a visit to the center.

Client: I'm really afraid of what I might find out from the test.

Provider: I am here to support you. And the staff at the center will be very supportive too. They provide counseling before and after they do any testing, so you'll be well informed about what is going on.

Client: Still, I'm not sure. What good does it do to find out? I don't have enough money for treatment. There is nothing I can do about HIV. I can't get better. Wouldn't it be better to just go on without knowing?

Provider: That is a difficult issue. However, more and more people are choosing to get tested. If the test turns out positive, the counseling helps them think of other issues around their family. There are things that can be done to help people live longer. Things around better nutrition and so on. Most important, if the test turns negative it is one worry that is gone. You have enough struggles without worrying needlessly.

Client: If I decided to go for the HIV test, will this center keep my test results private?

Narrator General Introduction

Provider: Yes of course! The center guarantees that all records are kept confidential. Some centers even offer anonymous testing if you don't want them to know your name for some reason.

Client: Good, that is reassuring. Um, I do not want my husband or his family to find out from someone that I have been tested.

Provider: If you're still worried, I can do one more thing. I can give you 3 centers you can choose from. One is farther away but you know you won't run into anyone from here if you're really worried about confidentiality. A second one is free, and the third is closest and least travel.

Client: Oh, that is very good.

Provider: So now you can be confident your husband will not find out from the staff at the center. But I encourage you, and so will they, to talk with him about your results and encourage him to come in for testing and possibly joint counseling sessions.

Client: So what difference does it make if I tell him my results? I'm not sure that he's willing to come in for testing and counseling.

Provider: I know this is difficult, still it is a problem. If your husband has an STI and does not receive treatment then you risk getting re-infected. Someone at the center can advise you about how to encourage your husband to come for testing, counseling, and treatment if needed. Regardless of his decision, you should be tested so that you could know for sure.

Client: Hmm the way you have explained it, I can see it is good for both of us to be counseled and tested.

Provider: It is. And the staff at the VCT center can provide you with all sorts of assistance. Besides the

Narrator General Introduction

	<p>HIV tests, they screen and treat other infections. They provide medical, social, emotional, and psychological support. They specialize in counseling couples and families and some of these issues can be difficult to discuss. Here is their pamphlet that describes there services.</p> <p><i>Client:</i> This is good to know. It makes me feel better about going there.</p> <p><i>Provider:</i> If you'd like I will write a referral letter for you. It'll help make things a little easier for you when you go.</p> <p><i>Client:</i> Thank you, I would like that very much.</p>	
	<p><i>Narrator:</i> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p>	
<p>AD-2-3</p>	<p><i>Client:</i> One thing that concerns me—we have talked about an STI—if he can infect me with an STI he can also give me HIV, can't he?</p> <p><i>Provider:</i> Yes, that is possible. However, it is not possible to know for sure about these things without testing. I think you should get tested for HIV. I am not equipped to provide HIV testing here at this facility; however, I can refer you to a VCT center that is well equipped to provide the test that you need. You should consider a visit to the center.</p> <p><i>Client:</i> Really? I don't think I need to get tested for HIV. I'm sure I don't have it. I know I cough and I'm tired but I have 6 children to care for and my husband is gone most of the time.</p> <p><i>Provider:</i> I'm sorry to say this but someone who faces the risk factors you do should get tested. Maybe it will just come from what you said, that you don't have</p>	

Narrator General Introduction

HIV.

Client: Okay. Let's say I did get tested. I'm not sure about...well, what good does it do to find out? I don't have enough money for treatment and there is nothing I can do about HIV—I can't get better. Wouldn't it be better to just go on without knowing?

Provider: You know this is difficult. I don't have all the answers. I know many of our clients are getting tested and the VCT has very effective counseling about this. You should really go to the center and raise this issue with them.

Client: You know, to be honest, I guess part of the reason I don't want to go...I'm afraid of what I might find out from the test.

Provider: You shouldn't be worried, you shouldn't be afraid. It is not so bad. It will probably turn out to show you don't have HIV. It is important to know. It is the right thing to do.

Client: If I decide to go for the HIV test, will this center keep my results private? I have heard that results are not private. People talk and find out. Women have suffered because people have found out.

Provider: The results are private. You shouldn't worry about that, there will be problem.

Client: Good. I do not want my husband or his family to find out from someone that I have been tested.

Provider: Your husband will not find out from the staff at the center. Still, you need to do everything possible to get him to go to the VCT center for testing and possibly joint counseling sessions.

Client: I'm not so sure that he's willing to come in for testing and counseling.

Narrator General Introduction

	<p>Provider: If your husband does not also receive treatment for STI's then you risk getting re-infected. Someone at the center can advise you about how to encourage your husband to come for counseling and treatment. Regardless of what he decides, you should be tested so that you can know for sure.</p> <p>Client: I will think about this.</p> <p>Provider: The staff at the VCT Center can provide you with all sorts of assistance. They will help you when guiding your husband. Here is a pamphlet that describes the services.</p> <p>Client: Okay, Thank you.</p>	
	<p>Narrator: Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p> <p>You have now seen all the options for this scene. If you are ready to make a choice about which option is best press Enter. If you are uncertain and want to re-watch an option highlight Re-watch option and press Enter.</p>	
Mentor Feedback Option 1	<p>Narrator: This is the least effective option in this situation. Still, there is some good provider behavior. Pauline is empathic throughout, and maintains good eye contact. She also clearly spells out that the test results are confidential, and offers to provide referrals to different VCT Centers if the client is still worried about privacy.</p> <p>However, in this option, Pauline does not seem very informed or persuasive about why Catherine should get tested. It is almost like she is recommending the HIV test as if it were part of a checklist or procedure she was using. Her responses to Catherine's questions made it seem like she herself was not terribly committed to the HIV test or the referral for VCT.</p>	

Narrator General Introduction

	<p>Let's take a look:</p> <p><i>Provider</i> I recommend the HIV test. I think it would be very useful for you, but in the end it is up to you. You need to make that decision...</p> <p><i>Provider</i> That's a difficult question. At the clinic we recommend the test, but it is up to you. I can't say a lot more about it because it's not my specialty but I can advise a family planning method that will help you.</p> <p>While it is very good to leave the decision to the client, the provider should be able to give reasons why the HIV test is useful. And the provider should be able to address fairly common issues that clients are likely to have about testing. It is not sufficient to say only that "we recommend the test", or "it is the right thing to do." Some level of conversation is necessary to support these conclusions, and this in turn will help the client to make an informed decision. Pauline also does not do a good job of describing the services that the VCT center will provide.</p> <p><i>Provider:</i> the staff at the VCT center can provide you with all sorts of assistance. They will be very helpful.</p> <p>While this is accurate, the provider needs to share more information about the center so that the client can have sufficient knowledge upon which to base a decision.</p> <p>Finally, even though she is sympathetic, the way Pauline concludes this option is not very effective:</p> <p><i>Provider:</i> I know you will decide it is the right thing to do.</p> <p>The "right thing" in this situation is not entirely clear, and the client seems unconvinced. It is not certain that Catherine will do anything as a result of this conversation.</p>	
Mentor Feedback Option 2	<p>Narrator: This was the best option for the provider in this situation. Pauline responds to the Catherine's concerns about HIV by asking questions to help</p>	

Narrator General Introduction

Catherine assess whether she should be tested. She makes it clear that it is Catherine's decision, and also encourages Catherine to get tested when she shows interest. Pauline informs Catherine that she cannot do the test at her clinic, but refers her to the VCT center for follow-up. When Catherine raises a number of concerns about the testing process, Pauline is very effective at addressing the concerns in a supportive manner. By providing supportive counseling, Pauline is able to assure Catherine that she will continue to receive high-quality care, both from her and from the staff at the VCT center. Let's see how she does this:

Client: I'm really afraid of what I might find out from the test.

Provider I'm here to support you and the staff at the center will be very supportive too. They provide counseling before and after they do any testing so you will be well informed about what is going on.

Pauline also provides a number of reasons why Catherine should get tested, all of them directly related to Catherine's concerns. She proceeds to do an especially thorough job around the issue of confidentiality, which is a very common and very important client worry about the testing process. She even offers to provide referrals to three different centers to help Catherine overcome her fear about the privacy of the results. The client seems reassured by this.

Pauline also builds naturally on the conversation about privacy and Catherine's husband to introduce the idea that the husband should also come for testing. While acknowledging that this is a difficult issue, Pauline provides clear reasons for her husband to get tested in response to Catherine's question:

Client: So what difference does it make if I tell him my results? I'm not so sure that he's willing to come in for testing and counseling.

Narrator General Introduction

Mentor Feedback Option 3

Provider: *I know this is difficult. Still, it is a problem. If your husband does not also receive treatment for STI's then you risk getting re-infected.*

During the conversation, Pauline does a very good job of describing the services the VCT center can provide – for both her and her husband. This helps Catherine decide to go to the center to get tested. As a way to reinforce Catherine’s decision to go, Pauline suggests that she would be willing to write a letter of referral for Catherine.

Narrator: This is not the best option in this situation. While Pauline is empathic throughout, and maintains good eye contact, she begins by suggesting directly that Catherine get tested for HIV. Let’s take a look:

Client: *If he can infect me with an STI he can also give me HIV, can't he?*

Provider: *Yes, that is possible. However, it is not possible to know for sure about these things without testing. I think you should get tested for HIV.*

This is a directive approach where the provider shares her opinion first, rather than asking questions and helping Catherine to reach this conclusion herself.

Pauline continues using a similar directive approach. For example, when Catherine expresses doubts about the importance of testing, Pauline simply responds by saying that she is at risk and should get tested.

Provider: *I'm sorry to say this but someone who faces the risk factors you do should get tested. Maybe it will just come from what you said, that you don't have HIV.*

Pauline has made her own conclusion based on the conversation up to this point, and simply states it. While this may be accurate, testing can be frightening for some people. The issue of testing needs to be introduced with great care and related directly to a client’s concerns about testing. In this situation, Pauline

Narrator General Introduction

	<p>should have asked more questions of Catherine, and provided testing information directly related to Catherine’s responses.</p> <p>At the same time, Pauline is not very persuasive at providing other reasons to get tested when Catherine raises additional issues. Let’s take a quick look:</p> <p><i>Provider: ...this is difficult. I don’t have all the answers. I know many of our clients are getting tested and the VCT has very effective counseling about this. You should really go to the center and raise this issue with them.</i></p> <p>While it is good to admit that it is a difficult issue, and to be clear about the benefits of the VCT, Pauline should have been ready to provide more reasons about why testing is beneficial.</p> <p>In addition, there are too many instances where Pauline advises her client not to worry about her fears and issues...</p> <p><i>Provider: You shouldn’t be worried, you shouldn’t be afraid. It is not so bad...You shouldn’t worry about that...there will be no problem.</i></p> <p>While Pauline is attempting to reassure Catherine, this kind of approach can be negative, and can give the message that the client’s concerns are trivial or, worse, should be denied.</p> <p>Finally, Pauline does a superficial job of describing the VCT center.</p>	
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Shot Code	Audio	Video/SFX
AD-3-0	<p>Narrator: In the introduction to this scene, you will see Pauline and Catherine as they begin to explore some of the concerns raised by Catherine around choosing a long-term method.</p> <p><i>Provider: I know we said earlier we would talk about</i></p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>condom use but first, I have a question. I understand from what you said that you don't want more children. Please tell me more about that.</i></p> <p>Client: <i>(clears throat) Yes, that is correct. I am pretty sure that I do not want any more children. Six seems like enough. I definitely do not want any more in the near future.</i></p> <p>Provider: <i>So you're interested in a long term method? What have you heard about long term methods?</i></p> <p>Client: <i>I have heard that I can have an operation to tie my tubes but I don't want that. I do want one that would prevent me from getting pregnant for a long time.</i></p> <p>Provider: <i>It seems you are interested in long term methods that are not permanent. There are two that fit your needs, the loop and the implant. And if neither of those are suitable for you we can also consider any of these other temporary methods that are all very effective but do last quite as long.</i></p> <p>Client: <i>Okay. Please tell me more about the loop and the implant.</i></p> <p>Provider: <i>Let me show you. (Grabs flip book) In your case, because of your past history and current risk of STI's, the loop is not a recommended method. This is because loop users who contract an STI are at increased risk of developing very serious infections of the reproductive organs.</i></p> <p>Client: <i>Well, maybe we should talk about the implant then. I know a woman from the market who got the implant a few months ago.</i></p> <p>Narrator: <i>Although you don't see this in the program, as this conversation continues Pauline and Catherine have a comprehensive discussion about implants so that</i></p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
AD-3-1	<p>Catherine can make an informed method choice. They also talk about the incision procedure for the implant and the importance of continued condom use for protection against STI's. There are 3 options for this scene.</p>	
	<p>Provider: From what we have discussed, it appears you can safely use the implant.</p> <p>Client: Good, uh, (<i>cough</i>) one more question though. Do you think my husband or others will notice the rods in my arm?</p> <p>Provider: It is possible to see the shape of rods under the skin. However, the insertion site is more or less on the underside of the arm so it is not so obvious (<i>hands her brochure</i>). This is what they look like.</p> <p>Client: This is fine, I think that I've decided on the implant. I just have some concerns about getting it without my husband knowing about it first.</p> <p>Provider: So, let me clarify. You are considering getting the implant while your husband is away?</p> <p>Client: Yes, (<i>cough</i>) I want to get it as soon as I can so I do not end up in this situation again.</p> <p>Provider: I understand what you're saying completely. It is really your decision to make. You have decided to go ahead with the implant. I would not worry about him so much at this point.</p> <p>Client: But I am worried. I mean, about how to tell him. I...I just don't know the best way to tell him.</p> <p>Provider: Maybe you shouldn't tell him at all. He's unlikely to find out. If you do tell him he will probably just get angry with you. He may try and reverse your decision. Really, it is probably best for you and for him</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>if he just doesn't know. You simply wouldn't have any more children; which would be good for you and for your other children.</p> <p><i>Client:</i> Well...I...</p> <p><i>Provider:</i> I have other clients who have done this and it has worked just fine. They tell me that it is practical, that their husbands haven't found out. They say they wish they could make the choice with their husband but this is a more realistic way.</p> <p><i>Client:</i> Well, I don't know, maybe you're correct. Still, until I decide for sure, I would like to talk about how to tell him if I decide to.</p> <p><i>Provider:</i> Okay, that is fine. We can do that. You mentioned that you and your husband talked earlier about sterilization but did not make any decisions. It is good that you have already discussed family planning and using family planning methods.</p> <p><i>Client:</i> Yes, we have discussed it. And we have used condoms on several occasions, but deciding on a method was one of those things that we talked about but did not get around to doing (<i>cough</i>). And then I got pregnant again.</p> <p><i>Provider:</i> Did your husband know that you were pregnant this time?</p> <p><i>Client:</i> No, he has been gone. I only told my friend. She gave me some herbs to use and then I started to bleed and feel really bad. Then I came to see you.</p> <p><i>Provider:</i> Since it seems best not to tell him about the implant, then I would suggest not telling him about the miscarriage either. It might lead to a discussion about family planning and it would be hard not telling him</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>about your decision.</p> <p>Client: Yes, I can see that. <i>(Deep sigh)</i> this is difficult, the only thing that I know is that I do not want anymore children now. I would like to start a method as soon as possible.</p> <p>Provider: Okay. I can help you get started with the implant right away. Then we could decide how you tell your husband about it if you do.</p> <p>Client: Good.</p>	
	<p>Narrator: Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p>	
<p>AD-3-2</p>	<p>Provider: From what we have discussed, it appears you can safely use the implant.</p> <p>Client: Good, uh, <i>(cough)</i> one more question though. Do you think my husband or others will notice the rods in my arm?</p> <p>Provider: It is possible to see the shape of rods under the skin. However, the insertion site is more or less on the underside of the arm so it is not so obvious. <i>(hands her brochure)</i> This is what they look like.</p> <p>Client: This is fine. I think that I've decided on the implant. I just have some concerns about getting it without my husband knowing about it first.</p> <p>Provider: I can understand you want to do this. But I'm not sure this is quite the right decision. I think we should talk about it some more.</p> <p>Client: Okay. But why do you say that?</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>Provider: If you don't talk with your husband first, many bad things can happen. He can find out about it by accident and get upset. Or when you do tell him, he can get angry that you didn't discuss it with him in advance and he can hold this against you for a long time. I don't want you to suffer in the long run because you made a decision when you're in a hurry.</p> <p>Client: Well...I...</p> <p>Provider: I have seen this happen with other clients. Are you sure you want to do this? I am just trying to help you to be sure.</p> <p>Client: Yes, yes I do, (<i>cough</i>) at least I think I do. I just do not want to get pregnant again. It's too much. I...I'm just worried about how to tell him.</p> <p>Provider: Fine. It is important to be sure about your decision, and to tell him first. Now would you like to discuss some ways to tell him about this? Although you do not need his consent, it would be best to get it.</p> <p>Client: Yes. I think it would be good to have some ideas in mind about how to discuss this with him. He's usually a pretty reasonable person. But like anyone else, he sometimes gets mad about things.</p> <p>Provider: You mentioned that you and your husband talked earlier about sterilization but did not make any decisions. It is good that you have already discussed planning your family and using family planning methods.</p> <p>Client: Yes, we have discussed it. And we have used condoms on several occasions, but deciding on a method was one of those things that we talked about but did not get around to doing (<i>cough</i>). And then I got</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>pregnant again.</p> <p>Provider: Did your husband know that you were pregnant this time?</p> <p>Client: No, he has been gone. I only told my friend and she gave me some herbs to use and then I started to bleed and feel really bad. Then I came to see you.</p> <p>Provider: As part of talking to him about the decision, it is best to tell him about the miscarriage. This will help you provide reasons why you want to get the implant. It is best for your health. So you don't have more miscarriages.</p> <p>Client: I don't know about talking to him first. I still have not decided for sure. The only thing that I know is that I do not want more children now. I would like to start a method as soon as possible.</p> <p>Provider: Okay, but I think you can tell him and that would be best in the long run.</p>	
	<p>Narrator: Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p>	
AD-3-3	<p>Provider: From what we have discussed, it appears you can safely use the implant.</p> <p>Client: Good, uh, (<i>cough</i>) one more question though. Do you think my husband or others will notice the rods in my arm?</p> <p>Provider: It is possible to see the shape of rods under the skin. However, the insertion site is more or less on the underside of the arm so it is not so obvious. (<i>hands her brochure</i>) This is what they look like.</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>Client:</i> This is fine; I think that I've decided on the implant. I just have some concerns about getting it without my husband knowing about it first.</p> <p><i>Provider:</i> How do you think he might react?</p> <p><i>Client:</i> I'm not really sure it depends on his mood.</p> <p><i>Provider:</i> Would you like to talk about some ways of informing him? Although you do not need his consent, it would be nice to have his support.</p> <p><i>Client:</i> (cough) Yes. I think it would be good to have some ideas in mind about how to discuss this with him.</p> <p><i>Provider:</i> So, let me clarify. You are considering getting the implant while your husband is away?</p> <p><i>Client:</i> Yes, I want to get it as soon as I can. So I do not end up in this situation again.</p> <p><i>Provider:</i> Okay that is fine. We have talked about many things you have considered them and made a good decision—one that only you can make. You can start your implant without your husband's permission and we can discuss how you might talk to him about your choice.</p> <p><i>Client:</i> Okay. He's usually a pretty reasonable person, but like anyone else he sometimes gets mad about things.</p> <p><i>Provider:</i> You mentioned that you and your husband talked earlier about sterilization but did not make any decisions. It is good that you have already discussed planning your family and using family planning methods.</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>Client:</i> Yes, we have discussed it. And we have used condoms on several occasions, but deciding on a method was one of those things that we talked about but did not get around to doing. And then I got pregnant again.</p> <p><i>Provider:</i> Did your husband know that you were pregnant this time?</p> <p><i>Client:</i> No, he has been gone. I only told my friend. She gave me some herbs to use and then I started to bleed and feel really bad. Then I came to see you.</p> <p><i>Provider:</i> So are you planning to tell him about the miscarriage?</p> <p><i>Client:</i> I still have not decided for sure. The only thing that I know is that I do not want more children now. I would like to start a method as soon as possible.</p> <p><i>Provider:</i> Okay, I can help you get started with the implant right away. And we can discuss how you tell your husband about it.</p> <p><i>Client:</i> Good.</p>	
	<p><i>Narrator:</i> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p> <p>You have now seen all the options for this scene. If you are ready to make a choice about which option is best press Enter. If you are uncertain and want to re-watch an option highlight Re-watch option and press Enter.</p>	
<p>Mentor Feedback Option 1</p>	<p><i>Narrator:</i> This is not the best option. As in the other options for this situation, Pauline is sympathetic to the</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>client, maintains good eye contact, listens well, and exhibits understanding about some of the issues clients face around family planning decisions. However, Pauline goes too far in influencing Catherine to take a particular course of action. In this case, she begins by saying that Catherine ought not to worry about talking with her husband first before deciding about the implant.</p> <p>Provider: <i>You have decided to go ahead with the implant. I would not worry about it so much at this point.</i></p> <p>Client: <i>But I am worried</i></p> <p>Narrator: Even though the client is worried, the provider then goes on to advise the client not to talk with her husband at all about the decision.</p> <p>Provider: <i>Maybe you shouldn't tell him at all. He's unlikely to find out. If you do tell him he will probably just get angry with you. He may try and reverse your decision. Really, it is probably best for you and for him if he just doesn't know. You simply wouldn't have any more children which would be good for you and for your other children.</i></p> <p>Narrator: Pauline uses reasonable arguments for not telling the husband – and even makes a reference to other clients who have done the same thing. The problem is that Pauline is using these reasons to advocate a particular approach for the client – an approach that the client wasn't necessarily even considering. Rather, if Pauline had shared the reasons in a consultative manner and helped Catherine to think through her options, she could then make her own decision.</p> <p>If Catherine does not make her own decision, it may mean she will be less committed to it, she may be less likely to follow through, and – if anything goes wrong – she is likely to blame Pauline. Perhaps most important,</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>Pauline does not truly know what – in Catherine’s situation – the best decision is.</p> <p>Note also that Pauline’s views about what is best for the client affect other pieces of advice she gives.</p> <p><i>Provider: Since it seems best not to tell him about the implant then I would suggest not telling him about the miscarriage either. It might lead to a discussion about family planning and it would be hard to avoid telling him about your decision.</i></p> <p>Narrator: In fact, Catherine had not agreed that this was “best,” but Pauline either missed this, or has chosen to ignore it. So she advises against telling him about the miscarriage. There is nothing necessarily wrong with this advice. Rather, it is the way it is given, as part of Pauline’s advocacy efforts as opposed to being part of a two-way consultative discussion.</p> <p>In the end, Pauline’s “help” has not helped Catherine...it is not clear what Catherine will do with this advice, or what she will tell or discuss with her husband. The only thing she is sure about is that she wants to start a method as soon as possible.</p>	
<p>Mentor Feedback Option 2</p>	<p>Narrator: This is not the best option in this situation. It is clear that Pauline is sympathetic to the client, maintains good eye contact, and is knowledgeable about some of the issues clients face around family planning decisions. However, she almost directs Catherine to take a particular course of action. In this case, she is strongly advising Catherine to talk with her husband first before deciding about the implant. Let’s take a look at where this begins to happen:</p> <p><i>Provider: If you don’t talk to you husband first, many bad things can happen. He can find out about it by accident and get upset. Or, when you do tell him, he can get angry with you that you didn’t discuss it with him in advance and he can hold this against you for a long time. I don’t want you to suffer in the long run because</i></p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>you made a decision when you're in a hurry</i></p> <p>While this particular approach may have merit and the reasons Pauline uses may be valid, it also means that the provider is imposing her decision on the client. This in turn means that Catherine will be less committed to the decision if she indeed accepts it, and if anything goes wrong she is likely to blame Pauline. Perhaps most important, Pauline does not truly know what – in Catherine's situation – the best decision is. Notice also that Pauline is so intent on convincing Catherine about the correct decision that she misses some of the signs that Catherine is giving to indicate she has some doubts. She interrupts Catherine at one point:</p> <p>Client: <i>Well, I... [provider interrupts]</i></p> <p>Provider: <i>I have seen this happen with other clients. Are you sure you want to do this? I am just trying to help you to be sure.</i></p> <p>Client: <i>Yes, yes I do (cough). At least, I think I do. I just do not want to get pregnant again. It's too much. I...I'm just worried about how to tell him.</i></p> <p>Provider: <i>Fine. It is important to be sure about your decision and to tell him first.</i></p> <p>As an experienced provider, Pauline will have her own opinions about the right course of action that a client should take. Effective providers are aware of their own opinions, and manage them so they do not influence clients inappropriately. In this option, Pauline has gone too far in letting her own sense of what is right dominate <i>how</i> she approaches the counseling situation. She continues with the same approach by essentially telling Catherine to tell her husband about the miscarriage also.</p> <p>Catherine listens to Pauline, but it is not clear what she will do. She probably is also experiencing some level of frustration and even when Pauline responds to her</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
Mentor Feedback Option 3	<p>doubts, Catherine seems uncertain.</p> <p><i>Client: I don't know about talking to him first. I still have not decided for sure. The only thing I know is that I do not want more children now. I would like to start a method as soon as possible.</i></p> <p><i>Provider: Okay, but I think you can tell him and that will be best in the long run.</i></p> <p>It would be more effective for Pauline to help Catherine work through the issues so that she makes her own decision with the help and support of the provider.</p>	
	<p>Narrator: This was the best option for the provider in this situation. The client, Catherine, is deciding to use the implant as her family planning method. However, she is struggling with how to talk with her husband about this decision. Pauline effectively uses a number of questions and good listening skills to help the client think through how she wants to proceed. Let's take a look at some of the questions:</p> <p><i>Provider: How do you think he might react?</i></p> <p><i>Provider: Would you like to talk about some ways of informing him?</i></p> <p><i>Provider: Did your husband know that you were pregnant this time?</i></p> <p>Pauline's good listening skills are best shown in the following sequence. Note how she asks a clarifying question first, gets Catherine's response, and then goes on to summarize and support the decision Catherine made.</p> <p><i>Provider: So, let me clarify. You are considering getting the implant while your husband is away?</i></p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>Client: Yes, I want to get it as soon as I can. So I do not end up in this situation again.</i></p> <p><i>Provider: Okay, that is fine. We have talked about many things you have considered them and made a good decision—one that only you can make. You can start your implant without your husband’s permission and we can discuss how you might talk to him about your choice.</i></p> <p>Pauline’s counseling approach highlights the client’s decision-making progress and helps to keep the session client-centered. This technique – asking questions, building on client responses, and summarizing at the right time – looks deceptively easy when it is done well.</p> <p>Pauline concludes this option saying what they can do next: get started with the implant and then discuss more specifically how and when to tell the husband.</p>	

Shot Code	Audio	Video/SFX
AD-4-0	<p><i>Narrator: This scene is a continuation from the previous scene. In it you will see Pauline helping Catherine to think about ways telling her husband about her family planning decision. There are only 2 options in this scene.</i></p>	
AD-4-1	<p><i>Provider: Okay, since we know you’re not pregnant now, I can help you get started with an implant right away and we can discuss how you tell your husband about it.</i></p> <p><i>Client: Good.</i></p> <p><i>Provider: Sometimes these conversations are not easy to do. That is why it helps to think about them in advance and have a plan for what you want to say. So we will plan now and then we practice. How does that sound to you?</i></p>	<p>MS: The conversation continues with the provider and client in the same position as they were as they finished the last scene. The scene begins with the last sentence from the previous scene.</p>

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>Client:</i> That sounds good.</p> <p><i>Provider:</i> One of the most important things to consider, and you have mentioned this before, is to catch him at a time when he is in a good mood, a time when he might be more willing to discuss sensitive issues. Can you think about when that might be?</p> <p><i>Client:</i> Well, yes.</p> <p><i>Provider:</i> Can you tell me about it?</p> <p><i>Client:</i> It is not easy but sometimes we sit and chat after the children are asleep. We talk about what has been going on since we last saw each other.</p> <p><i>Provider:</i> That sounds like a good time. The next thing we need to figure out is the best way for you to bring up the topic. Do you remember how the topic of family planning came up the last time you discussed it?</p> <p><i>Client:</i> Yes, I brought it up because my friend Pricilla who lives nearby and also has 6 children had just gotten a tubaligation the week before and I was thinking about it myself.</p> <p><i>Provider:</i> So, how did the conversation go?</p> <p><i>Client:</i> (<i>cough</i>) Good, I think. At least he did not get upset. I told him about Priscilla and asked him whether he thought that might be the right thing for us to do. And he said that he liked the size of our family now but he had concerns about making a decision that would be permanent.</p> <p><i>Provider:</i> This sounds good. What happened?</p> <p><i>Client:</i> That was almost a year ago, right after the baby was born. We did not decide (<i>cough</i>). We just continued doing what we were doing and using condoms once in a while when we had them.</p> <p><i>Provider:</i> Still, from what you have just said it seems</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>that your husband might be open to discussions about family planning.</p> <p>Client: I am not sure. I think so. I guess my real concern is that he would probably like it better if we discussed it first, but I just do not want to wait anymore and I'm never sure when he's coming home.</p> <p>Provider: That is perfectly understandable. So let's think of how best to tell him you got the implant. Assume you have found the right time to tell him—what would you say to begin?</p> <p>Client: I don't know (<i>cough</i>). What would you say? What should I say?</p> <p>Provider: I really cannot tell you. You know your husband better than anyone else. There isn't a right way. What would you like to say if you should just be direct? Another way to look at it: how would you tell a friend about what you did and why?</p> <p>Client: I would say that I just went to the clinic because of a miscarriage and that was hard. I discussed the issue with the in-charge at the clinic. And, since we already have 6 children, I thought it was a good idea to go on a family planning method. You remember we talked about this before? With 6 children, it is very difficult to care for everyone. All of our children will suffer if we have more children. My health may get worse. It is time for a family planning method.</p> <p>Provider: That sounds very good. You are being direct, speaking from the heart. You are talking about the impact on the other children. Your husband does care about the other children.</p> <p>Client: Oh yes, very much.</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>Provider: Then I might emphasize that when you're talking with him. Other clients have told me that that was very effective. What else you might say is that...</p> <p>Narrator: Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p>	
AD-4-2	<p>Provider: Okay, since we know you're not pregnant now, I can help you get started with an implant right away and we can discuss how you tell your husband about it.</p> <p>Client: Good.</p> <p>Provider: Sometimes these conversations are not easy to do. That is why it helps to think about them in advance and have a plan for what you want to say. So we will plan now and then we practice. How does that sound to you?</p> <p>Client: That sounds good.</p> <p>Provider: The first thing to do when you tell him is to catch him at a time when he is in a good mood. A time when he might be more willing to discuss sensitive issues. I'm sure you have some times in mind.</p> <p>Client: I think so. Yes, I have an idea.</p> <p>Provider: So you have a time that will work best? The next thing we need to figure out is the best way for you to bring up the topic. I have some suggestions based on my work with other clients. First, if you have talked about family planning before you could relate it to that conversation.</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>Client:</i> We have talked about it once or twice before.</p> <p><i>Provider:</i> So how did the conversation go?</p> <p><i>Client:</i> (Cough) He seemed okay, and he said that he liked the size of our family now. Then he had concerns about making a decision that would be permanent. But that was almost a year ago, right after the baby was born so we just continued doing what we were doing and using condoms once in a while when we had them.</p> <p><i>Provider:</i> So from what you have just said, it seems that your husband might be open to discussions about family planning. You could remind him of that discussion. Next you could tell him about the recent miscarriage, and how stressful that was on you.</p> <p><i>Client:</i> Okay.</p> <p><i>Provider:</i> After that you could share all the reasons you can think of for not having more children. Your own health would be better, the many you and your husband do have would go farther. Are there other things you can think of?</p> <p><i>Client:</i> Yes. I would say that even with 6 children, it is very difficult to care for everyone. All of our children will suffer if we have more children.</p> <p><i>Provider:</i> Yes, yes, yes that sounds very good. You are talking about the impact on the other children. Your husband does care about the children?</p> <p><i>Client:</i> Oh yes, very much.</p> <p><i>Provider:</i> Then I would emphasize that when you're talking with him. Other clients have told me that that was very effective. When you're having this kind of discussion you should be prepared for your husband to raise objections. You need to listen to him, to hear</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
<p>Option 1 Narrator Feedback</p>	<p>them, but you need to be persistent in making sure he understands your views too.</p> <p><i>Client:</i> How do I do that?</p> <p><i>Provider:</i> It is hard but you listen. Ask questions but continue with explaining your reasons. And say that it is important to understand each other on this issue. Then you can go ahead...</p>	
	<p><i>Narrator:</i> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p>	
	<p><i>Narrator:</i> This was the best option for the provider in this situation. Pauline begins by acknowledging that 'these conversations' – discussions about family planning with the husband – are not easy to do. This is important because it validates what the client is probably feeling. And, in letting the client know it is normal to see the discussions as difficult, it provides support and encouragement to try anyway. Pauline then says that thinking about the conversation and practicing are both good ways to prepare.</p> <p>Pauline then uses questions and good listening skills to help the client think through how she wants to proceed.</p> <p><i>Provider:</i> <i>One of the most important things to consider, and you have mentioned this before, is to catch him at a time when he is in a good mood, a time when he might be more willing to discuss sensitive issues. Can you think about when that might be?</i></p> <p><i>Client:</i> Well, yes.</p> <p><i>Provider:</i> <i>Can you tell me about it?</i></p>	

Shot Code	Audio	Video/SFX
	<p><i>Client: It is not easy but sometimes we sit and chat after the children are asleep. We talk about what has been going on since we last saw each other.</i></p> <p><i>Provider: That sounds like a good time. The next thing we need to figure out is the best way for you to bring up the topic. Do you remember how the topic of family planning came up the last time you discussed it?</i></p> <p><i>Client: Yes, I brought it up because my friend Pricilla who lives nearby and also has 6 children had just gotten a tubaligation the week before and I was thinking about it myself.</i></p> <p><i>Provider: So, how did the conversation go?</i></p> <p><i>Client: (cough) Good, I think. At least he did not get upset. I told him about Priscilla and asked him whether he thought that might be the right thing for us to do. And he said that he liked the size of our family now but he had concerns about making a decision that would be permanent.</i></p> <p><i>Provider: This sounds good -- what happened?</i></p> <p>Notice Pauline’s excellent use of open-ended questions, the way she built on what Catherine said to move the conversation forward, and the encouragement and body language she used when she said, ‘That is good, then what happened?’ Pauline’s structuring of the discussion helps Catherine to form a plan for having this conversation with her husband.</p> <p>At one point in the conversation, Catherine asks Pauline a difficult question. When Pauline gets the question, she avoids immediately answering it herself; instead, she carefully says why she is not answering the question, and suggests some ways Catherine might consider answering it. Let’s watch:</p> <p><i>Client: (cough) What would you say? What should I say?</i></p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>Provider: I really cannot tell you. You know your husband better than anyone else. There isn't a right way. What would you like to say if you should just be direct? Another way to look at it: how would you tell a friend about what you did and why?</i></p> <p><i>Client: I would say that I just went to the clinic because of a miscarriage and that was hard.</i></p> <p>Notice how Pauline's approach helped the client to think about and come up with ways she could use to tell her husband about the decision. This is effective because it helps Catherine think of answers that would work best <i>for her</i>. And, it enables her to feel more confident about her capacity to discuss this with her husband. While it may take a bit more time to work with the client to develop a plan, it is more effective because it will be the client's plan -- not the provider's.</p> <p>Pauline also provides encouragement and positive feedback when she says, "that sounds good...you are speaking from the heart."</p>	
<p>Option 2 Narrator Feedback</p>	<p><i>Narrator: While Pauline does indeed exhibit good provider behavior, this is not the best option in this situation. First let's take a look at the positives. Pauline begins by acknowledging that 'these conversations' – discussions about family planning with the husband – are not easy to do. This is important because it validates what the client is probably feeling. And, in letting the client know it is normal to see the discussions as difficult, it provides support and encouragement to try anyway. Pauline then says that thinking about the conversation and practicing are both good ways to prepare. Throughout this option, Pauline appears attentive and exhibits good non-verbal behaviors. However, she is not really engaging the client. Pauline is a bit too directive, gives too many of the solutions for the client, and does not provide sufficient guidance for Catherine to develop</i></p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>her own plan. Let's take a look at when this begins to happen:</p> <p><i>Provider: The first thing to do when you tell him is to catch him at a time when he is in a good mood, a time when he might be more willing to discuss sensitive issues. I'm sure you have some times in mind.</i></p> <p><i>Client: I think so. Yes, I have an idea.</i></p> <p><i>Provider: So, you have a time that would work best?</i></p> <p>Note that Pauline does not ask Catherine what time she thinks would be the best time to talk with her husband. As a result, Pauline does not really know if Catherine has chosen a time. Indeed, Catherine looks a bit hesitant, as if she were still thinking about it. But Pauline goes on to her next piece of advice before finishing with this one.</p> <p>Pauline eventually demonstrates that she is listening to Catherine when she acknowledges the prior conversation about family planning that Catherine had with her husband. However, Pauline then goes on to give more of her own advice, in a telling manner.</p> <p><i>Provider: So from what you have just said, it seems that your husband might be open to discussions about family planning. You could remind him of that discussion. Next you could tell him about the recent miscarriage, and how stressful that was on you.</i></p> <p><i>Client: Okay.</i></p> <p><i>Provider: After that you could share all the reasons you can think of for not having more children.</i></p> <p>It is very apparent that when Pauline is "telling" too much, she is not engaging Catherine in the conversation. In addition, some of the advice Pauline gives is too general to be effective.</p> <p><i>Provider: When you're having this kind of discussion</i></p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>you should be prepared for your husband to raise objections. You need to listen to him, to hear them, but you need to be persistent in making sure he understands your views too.</i></p> <p>Client: <i>how do I do that?</i></p>	

Shot Code	Audio	Video/SFX
AD-5-0	<p>Narrator: In this scene you will see Pauline helping Catherine to practice the plans that she developed for informing her husband about the method that she adopted. They will also practice negotiating condom use. Before watching the options, we will see an introduction to the scene.</p> <p>Provider: We have done some planning; however, it is one thing to plan how to talk to your husband and another thing to do it. So let's practice how best for you to tell him that you got the implant. Pretend that I am your husband and we are sitting comfortably talking some night after the children are in bed asleep.</p> <p>Client: <i>(cough)</i> Okay. Babajon, remember last year, when we talked about sterilization and decided we were not ready to make any permanent decisions?</p> <p>Provider: Yes I remember. We sort of did not make a decision, kind of left it open. Why do you ask?</p> <p>Client: We did leave it open, but I started thinking about it some more while you were gone. I thought that maybe it would be nice to use a family planning method that would last a long time and would be easy to use.</p> <p>Provider: hmmm</p> <p>Client: I was at the clinic talking with the nurse and we</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>started talking about the implant.</p> <p>Provider: umhm</p> <p>Client: It's a good method, it lasts up to five years and unlike a tubaligation, you can stop it if you change your mind. Anyhow, I got so excited about it that I decided to go ahead and get it.</p> <p>Provider: hmm?</p> <p>Client: I wanted to discuss it with you but I figure that you would agree that it was a good idea.</p> <p>Provider: What? Catherine how could you do that without talking to me first?</p> <p>Narrator: Now watch the options and choose the best one. There are 3 options for this scene.</p>	
<p>AD-5-1</p>	<p>Client: I wanted to discuss it with you but, I figured you would agree that it was a good idea.</p> <p>Provider: What?! Catherine how could you do that without talking to me first?</p> <p>Client: I wanted to be ready when you came home for a visit. I'm sorry. It seemed like the right thing to do. We have such a good family size now, and it is all I can do to take care of them when you are not here, and we don't have enough money for more children. It is so hard.</p> <p>Provider: How could you do this?! Make this decision without me! I just don't know. How does this implant thing work anyway?</p> <p>Client: (cough) It is right here in my arm. You can sort of feel it there (reaches out arm.) It keeps my eggs</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>from getting ripe so I cannot get pregnant unless we decide to take it out.</p> <p>Provider: So that means that we do not need to use those condoms anymore, right?</p> <p>Client: Actually, we should still use condoms every time to avoid spreading STI's, especially HIV. You know how many people are infected.</p> <p>Provider: What do you mean by saying that? Who is spreading this infection? You or me?</p> <p>Client: Oh sorry. No, Babajon! You never know about HIV or STI. We must take care of ourselves these days.</p> <p>Provider: I don't agree with this at all. This implant thing, maybe. But condoms are different. I am willing to do it once in a while, but not all the time. It is not necessary!</p> <p>Client: Oh, but it is necessary! It doesn't do much good to do it once in a while.</p> <p>Provider: Sure it does, now we have talked enough about this.</p> <p>Client: But...but...Can we stop? If this could happen I don't know what to say next.</p> <p>Provider: You are doing fine. Let's keep going. Remember what you planned.</p> <p>Client: Let me think. But we need to talk Babajon.</p> <p>Provider: No we don't. Not now, we can talk later.</p> <p>Client: This is so important, it is about our family. I'm sure you will understand about the implant after you</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>think about it.</p> <p>Provider: I don't know about that! But using condoms is something that I won't consider. Why should I? We are fine, we are healthy. Why should we worry?</p> <p>Client: We need to stop. This is hard. I don't know the best thing to say now.</p> <p>Provider: Don't worry, you are doing okay for now. If you need more help, you and your husband can come in for counseling. Remember how we talked about encouraging your husband to go to the VCT center for testing? They can also provide couple counseling if you are interested.</p> <p>Client: That seems like it would really help. I don't think I can do this myself.</p> <p>Provider: Now, let's continue with our practice.</p>	
	<p>Narrator: Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p>	
<p>AD-5-2</p>	<p>Client: I wanted to discuss it with you but, I figured that you would agree that it was a good idea.</p> <p>Provider: What?! Catherine how could you do that without talking to me first?!</p> <p>Client: I wanted to be ready when you came home for a visit. I'm sorry. It seemed like the right thing to do. We have such a good family size now, and it is all I can do to take care of them when you are not here, and we don't have enough money for more children. It is so hard.</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>Provider: How can you do this? Make this decision without me? I just don't know. How does this implant things work anyway?</p> <p>Client: (<i>strains face, unsure of what to say next</i>)</p> <p>Provider: Let's talk for a moment. I wanted to tell you that you are doing very well. I liked the way you refer to the previous conversation that was a good way to start. And the way you described the talk with the nurse was clear and natural. Even though I got upset as your husband, I almost had to listen because of the way you were talking to me. How did you feel?</p> <p>Client: Anxious. It's hard.</p> <p>Provider: I understand how you feel. I would feel anxious too. But you're doing well. Let's keep going.</p> <p>Provider: How does this implant thing work anyway?</p> <p>Client: (<i>cough</i>) It is right here in my arm. You can sort of feel it there (<i>reaches out arm</i>). It keeps my eggs from getting ripe so I cannot get pregnant unless we decide to take it out.</p> <p>Provider: So that means that we do not need to use those condoms anymore, right?</p> <p>Client: Actually, we should still use condoms every time to avoid spreading STI's, especially HIV. You know how many people are infected.</p> <p>Provider: What do you mean by saying that? Who is spreading this infection? You or me?</p> <p>Client: Oh sorry. No, Babajon! You never know about HIV or STI. We must take care of ourselves these days.</p> <p>Provider: I don't agree with this at all. This implant thing, maybe, but condoms are different. I am willing to do it once in a while, but not all the time. It is not necessary!</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p><i>Client:</i> Oh, but it is necessary. It doesn't do much good to do it once in a while.</p> <p><i>Provider:</i> Sure it does, now we have talked enough about this!</p> <p><i>Client:</i> But...but...can we stop? If this could happen I don't know what to say next.</p> <p><i>Provider:</i> It is difficult. You have said before that he cares about the children. What about reminding him about how important it is for both of you to stay healthy for their sake?</p> <p><i>Client:</i> Yes, I guess I could do that.</p> <p><i>Provider:</i> Okay, let's try it.</p> <p><i>Client:</i> Babajon, I know you're upset and neither of us want to talk about this. But think of our children. It is hard to raise the children and we are doing well. If either of us were to have health problems, they would be lost. Even if we think we are safe from HIV, using condoms will help us make sure of that.</p> <p><i>Provider:</i> Of course our children are important, but I don't see that condoms are necessary for our health. We are safe, I mean I am tired of talking about this. I will think about this.</p> <p>Let's stop again. Very good job. You may also suggest that you try using a condom for a short time and see if it is okay. That way it may not seem like a huge decision. You might get farther if you start with smaller steps.</p> <p><i>Client:</i> That sounds like a good idea.</p> <p><i>Provider:</i> We can practice some more. But I did want</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>to say that if your husband has questions, he can come in for counseling or the two of you can come for counseling at the same time. Remember we talked about encourage your husband to go to the VCT center for testing. They can also provide couple counseling if you are interested.</p> <p><i>Client:</i> Thanks.</p> <p><i>Provider:</i> Now, let's go back and practice.</p> <p><i>Client:</i> Okay, this is helpful.</p>	
	<p><i>Narrator:</i> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p>	
AD-5-3	<p><i>Client:</i> I wanted to discuss it with you but, I figured that you would agree that it was a good idea.</p> <p><i>Provider:</i> What?! Catherine how could you do that without talking to me first?</p> <p>Wait. Before we go farther, let me provide some suggestions. Here are some things you should do. First, remember to build on the other conversation you had about family planning where you talked about your family size, at that time, he stated that he liked your family size now. Second, be clear about the reason you decided to go ahead with the implant before talking with him. And third, listen and acknowledge what he says, but be persistent. Also, you should not be apologetic. You are trying to do the right thing for everyone. Now let us begin.</p> <p><i>Client:</i> (cough) I will try.</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>Provider: So how could you make such a decision?</p> <p>Client: I wanted to be ready when you came home for a visit. I'm sorry! It seemed like the right thing to do. When we talked before you said we had a good sized family now, it is all I can do to take care of them when you're not here, and we don't have enough money for more children. It is so hard.</p> <p>Provider: How could you do this?! Make this decision without me! I just don't know. How does this implant thing work anyway?!</p> <p>Client: It is right here in my arm. You can sort of feel it there (<i>reaches out arm</i>). It keeps my eggs from getting ripe so I cannot get pregnant unless we decide to take it out.</p> <p>Provider: So that means that we do not need to use those condoms anymore, right?</p> <p>Client: Well, I guess.</p> <p>Providers: Good. I'm still not sure this implant thing is a good idea but we could change it in the future.</p> <p>Client: But...but....can we stop? I don't know if that was right. I mean, about the condoms. Shouldn't I have said something?</p> <p>Provider: No, you just avoided the talk about condoms for the moment. This is a difficult conversation and you don't want to talk about too much at one time. You made progress with the implant. One thing at a time.</p> <p>Client: Still, it didn't feel right.</p> <p>Provider: Oh it is fine. Don't worry about that for now. We can talk about condoms in a minute. But I did want</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>to say that if your husband has questions he can come in for counseling, or the two of you can come for counseling at the same time. Remember how we talked about encouraging your husband to go to the VCT center for the testing? They can also provide couple counseling if you are interested.</p> <p><i>Client:</i> Okay.</p> <p><i>Provider:</i> When it comes to discussing the issue of condoms. There are 3 things to keep in mind. One, stress the important benefit of using condoms that it is the only method that protects against STI's and HIV. Two, remind about how important it is for both of you to stay healthy for the children's sake. And three, condoms are easy to get and free.</p> <p><i>Client:</i> These are good points. I hope I remember.</p> <p><i>Provider:</i> You should also suggest that you try using condoms for a short time and see if it is okay. That way, it may not seem like such a huge decision. You may get farther if you start with small steps.</p> <p><i>Client:</i> Okay. This is a good idea too.</p> <p><i>Provider:</i> Good. Now let's continue.</p>	
	<p><i>Narrator:</i> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p> <p>You have now seen all the options for this scene. If you are ready to make a choice about which option is best press Enter. If you are uncertain and want to re-watch an option highlight Re-watch option and press Enter.</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
Option 1 Mentor Feedback	<p><i>Narrator:</i> Although there are effective provider behaviors in this option, this was not the best option. Let's examine some of Pauline's positive behaviors. She does a good job of playing the role of the husband. She does not over dramatize and make things too difficult, or underplay the role and make it too easy. It is difficult to get the role just right, but she seems to have done it. She also provides some encouragement and suggestions related to the practice, and reminds Catherine about the VCT center as a resource for counseling.</p> <p>There are two things that Pauline does in this option that make it less effective. First, she does not stop the practice to offer feedback, encouragement and suggestions. While this is a judgment call about how long to practice before stopping, in this case she barely stops even when asked by the client.</p> <p><i>Client:</i> <i>But...but... Can we stop? If this could happen I don't know what to say next.</i></p> <p><i>Provider:</i> <i>You are doing fine. Let's keep going. Remember what you planned.</i></p> <p>Clearly, when practicing difficult conversations like this, clients will need to be encouraged and occasionally provided with suggestions about things they might try. When Pauline did not do this, Catherine appeared to struggle. The whole practice then becomes less effective.</p> <p>Second, Pauline never does offer constructive feedback. Rather, when the client appears to stop or asks for help, Pauline simply refers her to the VCT center for further support:</p> <p><i>Provider:</i> <i>Don't worry, you are doing okay for now. If you need more help, you and your husband can come in for counseling. Remember how we talked about encouraging your husband to go to the VCT center for testing? They can also provide couple counseling if you</i></p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
<p>Narrator Feedback Option 2</p>	<p><i>are interested.</i></p> <p>To be most effective when practicing, the provider needs to stop the practice a little more often, and provide encouragement and feedback, and then allow the client to try out the suggestions.</p> <p>The end result of this less effective approach is that Catherine seems a bit discouraged.</p> <p><i>Client: That seems like it would really help. I don't think I can do this myself.</i></p>	
	<p><i>Narrator:</i> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and what you didn't like about the provider's behavior.</p> <p>Select Proceed with Program if you are ready to move on.</p>	
	<p><i>Narrator:</i> This was the best option for the provider in this situation. Pauline does an excellent job of leading a practice session in which the client gets to practice the conversation she will eventually have with her husband. Pauline does three things that make this option particularly good.</p> <p>First, she does a good job of playing the role of the husband. She does not over dramatize and make things too difficult, or underplay the role and make it too easy. It is difficult to get the role just right, but she seems to have done it. Second, she stops the practice periodically to give positive feedback and encouragement and to provide suggestions. Let's take a look at an example:</p> <p><i>Provider: Let's talk for a moment. I wanted to tell you that you are doing very well. I liked the way you refer to the previous conversation--that was a good way to start. And the way you described the talk with the nurse was clear and natural. Even though I got upset as your husband, I almost had to listen because of the way you were talking to me. How did you feel?</i></p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>Notice that when Pauline returns to her provider role, she gives Catherine feedback about how her behavior could affect her husband. This helps a client who is practicing get a better sense of how effective she might actually be. Pauline also sympathizes with the client when the client says how hard it is.</p> <p><i>Client: Anxious. It's hard.</i></p> <p><i>Provider: I understand how you feel. I would feel anxious too. But you're doing well.</i></p> <p>This appears to give the client enough support to continue with the practice and the more that she practices and gains confidence the more likely she will be to successfully have the conversation with her husband.</p> <p>Third, when giving the client suggestions, she builds on what has happened in the practice and refers back to the plans they made. Let's take a look:</p> <p><i>Client: But...but...can we stop? If this could happen I don't know what to say next.</i></p> <p><i>Provider: It is difficult. You have said before that he cares about the children. What about reminding him about how important it is for both of you to stay healthy for their sake?</i></p> <p>During the practice Pauline very naturally builds in a reminder that the VCT center does counseling, both for individuals and for couples. It comes at a good time in the practice when Catherine would welcome additional resources.</p> <p>One of the reasons for providers to practice difficult conversations with clients is that it helps the client to build confidence. This appears to be happening in this situation:</p> <p><i>Provider: Now, let's go back and practice.</i></p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
<p>Option 3 Narrator Feedback</p>	<p><i>Client: Okay, this is helpful.</i></p>	
	<p>Even though this was not the best option, Pauline did exhibit some positive behaviors. She does a good job of ‘playing’ the role of the husband. She does not over dramatize and make things too difficult, or underplay the role and make it too easy. It is difficult to get the role just right, but she seems to have done it. She is also attentive to the client, is clearly taking the practice seriously, and stops the practice at appropriate times.</p> <p>There are three things that Pauline does in this option that make it the least effective. First, when she stops the practice, she gives too many suggestions at one time for the client to consider. Let’s watch:</p> <p><i>Provider: Wait. Before we go farther, let me provide some suggestions. Here are some things you should do. First, remember to build on the other conversation you had about family planning where you talked about your family size. At that time, he stated that he liked your family size now. Second, be clear about the reason you decided to go ahead with the implant before talking with him. And third, listen and acknowledge what he says, but be persistent. Also, you should not be apologetic. You are trying to do the right thing for everyone. Now let’s begin.</i></p> <p>All of the advice in this sequence is good, there is just too much of it. There is no way Catherine can absorb or use all of it. What happens in situations like this is the client will take some of the advice but miss the rest. For example, Pauline, as part of the advice, suggests that Catherine not apologize. Since it is buried in lots of advice, Catherine forgets.</p> <p><i>Client: I wanted to be ready... I am sorry, it seemed like the right thing to do.</i></p> <p>As a provider giving feedback and suggestions during practice, one needs to be careful and give a limited</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>amount of feedback and advice.</p> <p>Second, Pauline gives Catherine very little positive feedback or encouragement. When she stops the practice, she tends just to give feedback on what she can do differently. Here is an example:</p> <p><i>Provider: No...you just avoided the talk about condoms for the moment. This is a difficult conversation and you don't want to talk too much at one time.</i></p> <p>Positive feedback and encouragement are very important in this kind of practice; they empower the client to keep trying and build their confidence.</p> <p>Third, Pauline is not quite as sensitive as she should be when the client indicates she has doubts about how things are going</p> <p><i>Client: Still, it didn't feel right.</i></p> <p><i>Provider: Oh, it is fine. Don't worry about that for now.</i></p> <p>The provider should have picked up on this, and engaged the client in a conversation about why it did not feel right, so that together they could identify things that the client could say that would make it better.</p> <p>Finally, the provider concludes this section by providing good advice, but again provides too much advice at one time.</p>	
	<p>So as not to leave you wondering, let me tell you how Catherine and Pauline's story ends. After the practice session with Pauline, Catherine was certain of her decision about the implant and confident that she could convince her husband that it was the right thing for their family. Pauline was able to fulfill Catherine's desire to have the implant that very day. Pauline then scheduled Catherine for a follow-up visit and they reviewed together the reasons that might require an urgent return to the clinic for both the MVA and the</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>implant. To minimize the likelihood of any complications, they also reviewed the discharge instructions, especially the need for antibiotic compliance. Pauline also wrote a referral letter that Catherine could present at the VCT center. Pauline reassured Catherine that she is available to help if there is ever anything that she or her family needs.</p> <p>Now, let's take a moment to review the good counseling behaviors that Pauline displayed during the story. Pauline demonstrated ways to:</p> <ul style="list-style-type: none">• Help clients who are at risk of STIs including HIV to learn about risk factors and assess their risk level• Address concerns that clients have about counseling and testing at a VCT center• Encourage and assist a client to develop a plan for discussing sensitive issues with a husband or partner• Practice with a client to develop the skills and confidence necessary to negotiate in a difficult situations with a partner• Assist clients to make informed decisions about family planning and address issues around the partner's role in those decisions <p>In addition to these specific behaviors, throughout the session Pauline demonstrated good general techniques for:</p> <ul style="list-style-type: none">• maintaining a client-focused interaction• asking good questions at the appropriate time• summarizing and paraphrasing client responses• guiding a client through a decision-making process• communicating important information in a manner that a client can use• And using appropriate verbal and body language to build trust and rapport with the client. <p>I encourage you to take a moment right now to write down some of the techniques and ideas that you would</p>	

Narrator General Introduction

Shot Code	Audio	Video/SFX
	<p>like to incorporate into your own practice. Then, the next time you see a client who can benefit from what you have learned, try using the techniques that Pauline demonstrated for you. As you use these techniques you will likely find yourself adapting them to suit your own style and personality. Good luck.</p>	