

# Client-Centered Contraceptive Counseling Process Job Aid



Effective contraceptive counseling is an important part of client-centered, equitable, culturally affirming, quality care. This job aid is designed to support all staff engaged in the contraceptive counseling process to clarify client goals, preferences, and needs. Use this job aid alongside the [Efficient Questions for Client-Centered Contraceptive Counseling Palm Card](#) and the [ASA Cycle from Envision SRH](#) to improve client-centered contraceptive counseling practices.

## In preparation for the visit and during the visit

### Establish and maintain rapport with the client

- Create a safe, affirming environment for all clients.
- Support client autonomy with care that is trauma-informed.<sup>1</sup>
- Warmly greet the client by name and introduce yourself.
- Be genuine. Build trust by showing respect, empathy, and cultural humility.
- Understand your state's mandatory reporting laws, and inform clients of exceptions to maintaining confidentiality.
- Ask about, acknowledge, and prioritize the client's reason(s) for the visit. Offer services based on client priorities.
- Ask yes/no questions about facts. Ask non-directive, focused, open-ended questions about preferences, thoughts, feelings, and past experiences.
- Use welcoming, gender-affirming, inclusive language.<sup>2</sup>
- Listen actively to the client with your tone of voice, facial expressions, and body language.
- Affirm the client's experiences and goals. Rephrase what you hear and observe.
- While using electronic medical records (EMR), position yourself to maintain eye contact with the client.
- Do not ask the patient to undress unless and until it is necessary.

<sup>1</sup><https://rhntc.org/resources/providing-trauma-informed-care-family-planning-clinics-webinar>

<sup>2</sup><https://rhntc.org/resources/support-lgbtq-clients-affirming-language-job-aid>

## During the contraceptive counseling discussion

### Assess the client's needs and personalize discussions accordingly

- Discuss the client's reproductive intentions
- Review and update the client's medical, sexual, and social histories
- Gather relevant information about sexual orientation and gender identity from all clients
- Explore client preferences regarding method characteristics: effectiveness, changes to their period, side effects and benefits, need for confidential use, how to use, impact on their sexuality, etc.
- Assess and address STI/HIV risk
- Incorporate client knowledge and experience with pregnancy prevention into the conversation
- Respectfully explore client beliefs and feelings, including social, cultural, and individual factors that may be relevant to their decisions and use of birth control

### Use a shared decision-making approach

- Ask open-ended questions about client preferences, concerns, and barriers to care
- Support the decision-making process with a respectful, non-judgmental, non-coercive approach that centers the client's values and resists bias
- Help the client get the features that are important to them in their birth control
- Clarify partner/family/trusted adult involvement and the role of others who may be important to the client's decision making and birth control use
- Assess for reproductive coercion and intimate partner violence (IPV) and discuss next steps/referrals/reporting
- Reflect back important thoughts or feelings you hear or sense from the client

### Provide clear, unbiased, accurate information in plain language

- Provide information that is tailored to client preferences and needs (i.e., about correct use, effectiveness, benefits, side effects, potential risks)
- Use images, models, materials, and sample messages that are clear and culturally responsive
- Use whole numbers (e.g., 1 out of a hundred rather than 1%) to explain method effectiveness and potential complications, or to compare method effectiveness
- Address misinformation by acknowledging the client and then respectfully providing the accurate information
- Provide clients with information about emergency contraception (EC) and non-traditional contraceptive service delivery options

## Closing out the visit

### Continue to maintain rapport with the client

- Ask the client to “teach back” what they learned to confirm you gave them all the information they need
- Address any potential barriers to successful method use
- Review what to do in the case of missed pills, patches, or rings; or if the client experiences symptoms that could be a complication from their method(s)
- Encourage the client to return for follow-up as needed, including when they are dissatisfied with the method, or need a back-up method or EC
- Summarize important points and provide a friendly close

<sup>1</sup>Ibid

<sup>2</sup> <https://rhntc.org/resources/preventing-and-responding-ipv-repro-health-settings-webinar>

<sup>3</sup> [https://rhntc.org/sites/default/files/resources/rhntc\\_ec\\_facts\\_family\\_planning\\_staff\\_7-12-2022\\_0.pdf](https://rhntc.org/sites/default/files/resources/rhntc_ec_facts_family_planning_staff_7-12-2022_0.pdf)

*This job aid has been adapted from the five quality counseling principles outlined in Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (OPA).*

*The RHNTC is supported by the Office of Population Affairs and the Office on Women's Health in the Office of the Assistant Secretary for Health. The information presented on the site does not necessarily represent the official views of DHHS. © 2023 Reproductive Health National Training Center*