



Video Transcript: Basic Counseling Skills Video Series #3 AD

Speaker 1 (00:01): Share Information.

Description Narrator (00:02): Joely Pritzker and Patty Cason present various counseling examples.

Patty Cason (00:07): The following video focuses on the S in an ASA Cycle, which is Sharing Information in a way that Prioritizes Health Literacy.

Joely Pritzker (00:14): This includes use of plain language, visual aids, tactile aids, natural frequencies, and common denominators.

Description Narrator (00:21): A provider and client speak in an exam room.

Client 1 (00:24): I don't know how much more I can take of this. I don't even want to go to the gym because of the odor, let alone have sex. Why do I keep getting this?

Provider 1 (00:34): Wow, that sounds incredibly hard. Many people, like about seven out of ten who get BV once, will get it again, and we're not really sure why. Today, we can talk about stronger or longer treatment options. Is there anything else you've been doing to deal with the symptoms?

Description Narrator (00:54): The client and provider individually speak to the camera.

Client 1 (00:58): I've had many providers share information that was not relevant to me. I'm human, and human brains can't process an unlimited amount of information at once. If I'm really listening closely to all the things they're telling me that don't apply, I won't have as much attention left for the things that really matter to me.

Provider 1 (01:18): It's important to me that my clients have all the information they need to be fully informed. And I used to have a list of things I thought everybody should know about BV and STIs. Now I find it's much better to prioritize information that is directly relevant to my client. I'm not wasting their time or mine.

Patty Cason (01:38): When you share information with clients, prioritize health literacy. In addition to using plain language, frame statistics in terms that make it easy for the client to understand relative risk. Instead of saying "90% of people," say "nine out of ten people," or "two out of 100" instead of 2%.

Description Narrator (01:56): A new provider and client speak in the exam room. The provider passes a mock IUD to the client.

Provider 2 (02:02): So this isn't a real IUD, but it looks and feels just like a real one.

Client 2 (02:08): It's bendier that I thought it would be, but won't my partner feel it during sex?

Provider 2 (02:15): So, that's one of the most common questions I get. The IUD itself actually goes inside the uterus here where your baby grew.

Description Narrator (02:22): The provider turns to a poster of The Female Reproductive System. She holds the IUD in the center of the uterus.

Provider 2 (02:29): Only the strings are in the vagina. What other questions do you have about the IUD?

Description Narrator (02:34): The client and provider individually speak to the camera.

Client 2 (02:37): I'm glad she gave me the IUD to hold and show me a picture of where it goes. I wasn't super sure about why my partner wouldn't be able to feel it, but when she showed me the picture, it was clearer.

Provider 2 (02:50): I find that nothing works better when providing client education about a device that's going to go in their body then providing them the opportunity to see and touch the device.

Joely Pritzker (03:02): When discussing contraception, use language that is non-medical and can be understood by clients with varying levels of education. This is called plain language. Here are some examples.

Description Narrator (03:14): As Joely lists examples, the provider demonstrates the approach with a client.

Joely Pritzker (03:18): When talking about the bleeding profile of a contraceptive method...

Provider 2 (03:23): This method might change the way your period comes.

Joely Pritzker (03:26): When talking about using a method confidentially...

Provider 2 (03:30): Some methods are easier to hide than others.

Joely Pritzker (03:32): When talking about return to fertility or return to fecundity...

Provider 2 (03:37): Once you stop using this method, your ability to get pregnant goes back to whatever is normal for you right away.

Joely Pritzker (03:43): When talking about non-contraceptive benefits...

Provider 2 (03:47): There are things contraception can do for you in addition to preventing pregnancy.

Description Narrator (03:51): A new provider and client speak in the exam room.

Provider 3 (03:54): So what other questions do you have about the implant?

Client 3 (03:58): Will it work as well as the shot?

Provider 3 (04:01): Yeah. You've said that one of the things that is most important to you about birth control is how well it works to prevent pregnancy. And the implant is one of the methods that works the best. If a hundred people use it in a year at most, one—and probably nobody—would get pregnant. In comparison to people using the shot, two to four out of 100 might get pregnant.

Patty Cason (04:34): When sharing statistical information like risk of infection, side effects, effectiveness, use common denominators. For example, one out of five people may have an unfavorable side effect with one treatment option as compared with two out of five with another option or one out of 100 compared to ten out of 100. Visual aids can be helpful to demonstrate this concept.

Speaker 1 (04:59): This has been a production of the Reproductive Health National Training Center, RHNTC, and Envision Sexual and Reproductive Health.