



Video Transcript: Basic Counseling Skills Video Series #4 AD

Speaker 1 (00:00): Ask Open-ended, focused questions.

Description Narrator (00:03): Joely Pritzker and Patty Cason present various counseling examples.

Patty Cason (00:07): The following video focuses on the second A in an ASA cycle, which is Asking open-ended, focused questions.

Description Narrator (00:14): A provider and client speak in an exam room.

Provider 1 (00:17): Yes, I agree, and given our discussion earlier about your health, it's better for you not to take birth control with estrogen in it. With the progestin-only pill, you'd need to take it at the same time every day. How do you think you'd manage that?

Client 1 (00:33): I take my thyroid pill at the same time every morning, so that would be easy.

Provider 1 (00:37): Perfect. What other questions do you have for me about the progestin-only pill?

Description Narrator (00:41): The client and provider individually speak to the camera.

Client 1 (00:45): When she asked me about taking a pill at the same time every day, I imagined myself in that situation, and it helped me consider whether taking a progestin-only pill might work for me.

Provider 1 (00:56): I really try to avoid assuming that a client won't be able to adhere to a particular regimen. I mean, they are the expert on their own life. After explaining a dosing schedule or treatment plan, I ask open-ended, focused questions so the clients can decide whether it will work for them or not.

Joely Pritzker (01:14): Throughout the visit, invite the client to ask questions. This helps them steer the content of the conversation. Use the phrase... "What questions do you have about...?" And then fill in the blank with something focused on the information you've just shared.

Description Narrator (01:29): The provider asks her client questions in various examples.

Provider 1 (01:33): What questions do you have about the ways your period might change if you use the ring? What questions do you have about sexually transmitted infections? What questions do you have for me about placing the IUD? What questions do you have about the treatment options?

Description Narrator (01:47): A new provider and client speak in the exam room.

Provider 2 (01:50): Do you think you might like to have children at some point?

Client 2 (01:52): Yeah, definitely.

Provider 2 (01:54): When do you think that might be?

Client 2 (01:55): Well, ideally, after our wedding in September.

Provider 2 (01:58): That's exciting! And given that, how important is it to you to prevent pregnancy until after the wedding?

Client 2 (02:05): I mean, it's important, but if it happens, it happens. We're both looking forward to starting a family.

Provider 2 (02:11): So it wouldn't be the end of the world?

Client 2 (02:13): Mm [negative].

Provider 2 (02:15): And since you've said you'd rather wait to get pregnant until after the wedding, would you like to talk about ways to prevent pregnancy?

Client 2 (02:22): Sounds great!

Provider 2 (02:24): And during our visit today, we can also talk about ways to be prepared for a healthy pregnancy. Since it's okay with you if it happens sooner.

Description Narrator (02:31): The client speaks to the camera.

Client 2 (02:33): Sometimes my providers just aren't telling me health information without even asking me if I want to have that conversation first. I like that she asked me first.

Patty Cason (02:46): Connect an offer of services—like referrals, patient education, a treatment option—to something the patient has said. This prioritizes patient autonomy because they can either accept or decline the offer. And also, importantly, it helps avoid coercion by emphasizing that the offer is based on something that they've said, not based on provider bias.

Provider 1 (03:12): I know I often talk really fast, and I want to be sure I didn't go over any information too quickly. Can you tell me what you're going to do if you start to feel dizzy or nauseated during your IUD placement?

Client 3 (03:23): I'm going to squeeze the muscles in my arms, hands, legs, and feet.

Description Narrator (03:27): The client, with their arms up to the sides of her chest, tenses their muscles. They speak to the camera.

Client 3 (03:34): She does talk fast. So when I answered her question about how to prevent fainting, it really did help me remember what I would need to do if I started feeling weird while I'm getting the IUD.

Joely Pritzker (03:44): Teach Back helps clients integrate new information. It will also identify any knowledge gaps that they have. Some key phrases you can use to introduce Teach Back without being patronizing are:

Description Narrator (03:56): The provider demonstrates Teach Back in various examples.

Provider 1 (04:00): I want to be sure I was as clear as I could be. Can you tell me what someone would do if... We've gone over quite a lot of information, and I want to be sure I didn't forget to tell you something important. Can you tell me what you would do if... I don't always explain things as well as I think I have. Can you tell me what you're going to do if...

Speaker 1 (04:21): This has been a Production of the Reproductive Health National Training Center, RHNTC, and Envision Sexual and Reproductive Health.