

Liberia Ministry of Health

Interpersonal Communication and
Counseling

Facilitator's Guide

This curriculum is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government.



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Foreword




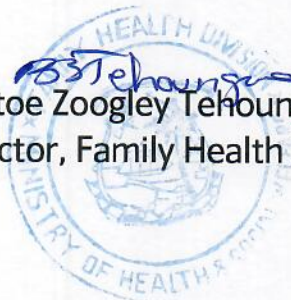
To be effective and trusted, health providers must show empathy and the ability to effectively communicate with their clients. Technical competence plays a large role in delivering high-quality care; however, additional factors identified as affecting the quality of care delivered by health providers include their communication skills, values, beliefs, attitudes, knowledge, perceptions of their role, social and workplace norms, structural context, and level of supervision.

The development of the interpersonal communication and counseling (IPCC) training manual is a major step towards promoting effective positive change in health providers' attitude, bias and interpersonal communication and counseling at health facilities and community levels.

This training manual is designed for health providers who are in contact with clients at health facilities in Liberia. It is an interactive training manual that teaches counseling, communication, and motivation skills using hands-on practice such as problem solving, post-training coaching and mentorship, self-reflection, peer review, and visual reminders. These approaches aim to build skills that will promote health provider empathy for clients, improve client-provider interaction, client experience, quality of care and ultimately improve health outcomes.

This IPCC training manual will serve as an effective tool to guide health providers to deliver improved client-centered health services at all levels, thereby ensuring the health and general wellbeing of all Liberians.


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Acknowledgements



The interpersonal communication and counseling (IPCC) curriculum was developed by a multidisciplinary team from the Ministry of Health (MOH) along with its national and international development partners.

This IPCC curriculum focuses on building skills related to communication, empathy, and compassion in order to support service providers in delivering more effective and responsive care. Building a service provider's communication and counseling skill will lead to better understanding of a client's perspective, improved relationships between providers and clients, and ultimately, a greater sense of trust and confidence in the health system.

I would like to thank the dedicated staff members of the Ministry of Health and its development partners for their commitment during the development of this IPCC curriculum. I would like to give special thanks to Family Health Program, Health Promotion, Community Health, and members of the County Health Teams, who were key in its development and validation, and specifically the Grand Bassa County Health Team for hosting the development of this curriculum. I would also like to give special thanks to international and national development partners, such as Last Mile Health, Fixed Amount Reimbursable Agreement (FARA), UNICEF, Formidable Initiative for Women and Girls (FIWG) for their technical support throughout this process.

I would also like to give special thanks to the entire Breakthrough ACTION Team especially, Breakthrough ACTION Liberia project for its technical and financial support in the development of this curriculum.

Finally, I would like to encourage all partners and stakeholders to remain committed to providing high quality care, of which effective interpersonal communication and counseling is a critical piece. As this training is scaled down to service providers across Liberia, I look forward to seeing its contribution toward our unrelenting progress in improving maternal, newborn, and child health in Liberia.



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List of Icons



Facilitator's Notes:

Notes that can be used as supplementary information to what is brought up by participants.



Brainstorm:

A session where participants quickly produce ideas on a topic.



Presentation:

A session that presents information on a new topic.



Group Discussion:

A session where the group engages in a longer conversation.



Role Play:

A session where participants act out a particular situation and practice a skill.



Exercise:

A session that allows participants to explore an idea or skill.



Self-Reflection:

A session where participants reflect on their own experience.

Introduction

This training manual is designed for training facility-based health providers in interpersonal communication and counseling (IPCC) skills. It is an interactive training module that will give providers skills and hands-on practice in IPCC. This training material uses experiential learning to teach counseling, communication, and motivation skills to health care providers.

The focus of this training manual is on promoting provider empathy for clients, improving client-provider interaction as well as client experience, and ultimately improving health outcomes.

Who will use this training manual?

The IPCC training manual is designed for use by trainers to build IPCC skills of health care providers who are in contact with clients at the health facility level.

Why focus on IPCC?

Interpersonal communication and counseling is the process by which people exchange information, feelings, and meaning through verbal and non-verbal communication. Good communication skills are the heart of effective health care. Providers can have the best technical skills, but if their communication skills are poor, their work will not be effective. Often, the clients will leave feeling they did not receive quality care and may not return. To be effective and trusted, providers must be able to communicate with their clients empathetically and effectively.

- Focusing on provider IPCC is critical to:
 - Increase the quality of providers' counseling skills.
 - Assist clients in making informed decisions for themselves and their families.
 - Attract new clients and generate increased demand for services. Health facilities benefit from the positive feedback that satisfied clients give to their friends and families.
 - Retain clients who need to return for follow-up or other services.
 - Build trust between clients and providers, which can help improve the quality of services.

Goal of IPCC Training

The immediate goal of this training is to enhance the IPCC skills of facility-based providers in Liberia. The ultimate goal is to increase the percentage of health care providers who provide quality client-centered care.

Objectives of IPCC Training

- By the end of the training, participants will be able to:
 - Understand the IPCC skills needed during encounters with clients.
 - Recognize barriers and facilitators to high quality IPCC.
 - Identify and apply IPCC techniques they can use to enhance quality of care during interactions with clients.
 - Understand clients' broad perceptions of providers and services.
 - Practice quality interpersonal communication, counseling, and empathic listening to enable clients to make informed health and behavior decisions.
 - Provide empathic care to clients.
 - Understand the importance of considering gender-related factors when providing quality care.
 - Ultimately, provide higher quality services to clients.

Note to the Facilitator: This manual is designed for effective training of health service providers to improve their skills in effective IPCC. In an effort to make this an effective learning experience, facilitators should note the following:

Participant-centered learning: This training manual is designed using adult learning principles and techniques, which are focused on actively involving the participants in the learning process by utilizing a variety of interactive training approaches such as role playing, brainstorming, group discussion, observation, and demonstrations.

Participants will get a chance to practice some of the skills they are learning instead of just reading or hearing the facilitator talk about them. The role of the facilitator is to help the learner transform information gathered into useful knowledge.

Goal of the training manual: This training manual contains guidelines, instructions, and notes to enable facilitators to effectively conduct training of health service providers. The main goal of the manual is to help facilitators present information effectively, respond to participant questions, and lead discussions and other activities that reinforce learning.

Making it your own: This training manual contains as much information as possible. But it is up to the facilitators to make it their own. Facilitators are encouraged to add their own experiences, stories, and content that may enhance and improve the learning experience for the participants. Facilitators should review each session before use to adapt it to the specific needs of the audience.

Preparation: Required session-specific materials are listed per session. However, facilitators may need additional materials that are required for training in general. Facilitators should ensure they have all materials needed before starting any training. Facilitators can use the printed materials found in the appendix of this manual, alongside the participant manual, to accomplish the same purpose.

Session One: Introduction to the Client-Centered Approach

3 hr
35 min



Overall Goal

Gain an appreciation for the importance of a client-centered approach and how it contributes to improving clients' perception of health providers as well as an appreciation of the services they provide.

MATERIALS NEEDED

Flipchart, paper, pens, and markers

Participant manuals

Objectives

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

1. Define a client-centered approach
2. Identify at least six reasons for adopting a client-centered approach
3. Discuss the effect of not having a client-centered approach
4. Describe the elements of the client-centered approach
5. Identify at least six rights of clients
6. Discuss ways of implementing clients' rights at the facility and community levels

Session Overview

TOPIC	DURATION	METHOD	MATERIALS
What is a client-centered approach?	35 minutes	Brainstorming Discussion	1. Facilitator's guide 2. Participant manuals 3. Pens 4. Flipchart 5. Markers
Basic elements of a client-centered approach	1 hour	Brainstorming Presentation Discussion Role play	1. Facilitator's guide 2. Participant manuals 3. Pens 4. Flipchart 5. Markers
Client versus provider-focused	40 minutes	Discussion Presentation Exercise	1. Facilitator's guide 2. Participant manuals 3. Pens 4. Client-centered approach cards
Rights of clients	1 hour 10 minutes	Group discussion Exercise	1. Facilitator's guide 2. Participant manuals 3. Liberia Patients' Rights Charter

Wrap up	10 minutes	Group discussion	1. Participant manuals 2. Pens
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What is a client-centered approach?

This session will introduce participants to the importance of a client-centered approach. It will also help them recognize and understand the difference between a client-centered and a provider-centered approach.

Tell participants that you want them to do a mental exercise to get them thinking about what client-centered means. Ensure each participant has their manual and a pen.

- Ask participants, “How would you like to be treated when you go to market, video club, cook shop, or other places?”
 - Let them write down their thoughts in their participant manual.
- Ask participants, “What happens when the providers do not meet your expectations?”
 - Let them write down their thoughts in the participant manual, then ask them to share them with the group.
- Acknowledge all responses.
- Ask two or three participants to share their experience on how they were treated when they went for service somewhere, e.g., market, cook shop.
- Ask why they think they received this treatment.
- List their responses on a flipchart and highlight and discuss some of the positive ones.
- Ask them what their reactions were when the interactions were positive or negative.
- Ask them how they would prefer to be treated when they go somewhere to access service.
- Acknowledge their responses and say, “Respect is reciprocal—treat people the way you want people to treat you.”



Brainstorming

- Ask participants to explain what is meant by client-centered approach.
- Record responses on the flipchart.
- Use (refer to) the facilitator’s notes below to define client-centered care and compare with participants’ responses.
- Discuss points that were missed or underline key points in the facilitator’s definition.



Facilitator’s Notes

A client-centered approach is a way of thinking and doing things that sees the clients who are using health and social services as equal partners in planning, developing, and monitoring care to make sure it meets their needs.

This means putting the clients and their families at the center of decisions and seeing them as experts, working alongside professionals to get the best outcome. Clients are the experts on their own bodies, needs, and interests. Clients may also have a deep knowledge of factors that are affecting their well-being. Providers can only deliver quality health care when they work closely with clients and family and are able to obtain as much quality information as possible from them.

A client-centered approach is not just about giving clients whatever they want or providing information. It is about listening to the client and considering the client's condition, desires, values, and sociocultural circumstances; seeing the client as an individual; and working together to develop their health care needs.

Basic Elements of Client-Centered Approach



Brainstorming

- Ask participants what they think makes clients satisfied with the services they receive.
 - Ask them to write down as many answers as they can in their participant manual.
- Ask participants to share some of their responses.
 - Record responses on flipchart.
 - Supplement the participants' responses with information found in the facilitator's notes below.



Facilitator's Notes

- Providers that are open and friendly, maintain privacy, confidentiality, trustworthy, have strong listening skills, show empathy.
- Providers that do not use a client-centered approach may be taken to be unfriendly, harsh, rude, and impatient. Clients feel they receive poor quality services and so they spread the word around and do not return.
- It is important to note that health facility infrastructure and quality also plays a big role in client satisfaction. Health facilities are taking steps to improve the quality of services such as renovating or upgrading health facilities, adhering to clinical protocols, ensuring regular drug and commodities supply, and taking infection control measures. Despite these efforts, clients are often still unsatisfied with the care they receive. Note, though stock-outs and facility status are often beyond the control of the provider, they can improve client satisfaction by showing empathy and being apologetic (e.g., if there is a stock-out).



Presentation

- Present the Elements of a Client-Centered Approach. These elements can also be found in the participant manual. Think about different ways to present this material. As it is included in the participant manual, you could have participants read the eight elements of the client-centered approach. Alternately, you could read each and have participants explain in further detail what each mean.

Elements of a Client-Centered Approach

1. **Information given to clients:** All clients should be provided information pertinent to their health and treatment.
2. **Technical competence of provider:** Providers should be competent in the health area in which they are practicing.
3. **Interpersonal relations:** Providers should work to build rapport and interpersonal relations with the client.
4. **Mechanism to encourage continuity and follow up:** There should be an established mechanism by which continuity of care and follow up is ensured.
5. **Access to services:** There should be equitable access to services for all Liberians.
6. **Efficiency and timeliness:** Health services should be provided in an efficient and timely manner, while also respecting the amount of time that is needed to provide high quality care and counseling.
7. **Effectiveness:** Providers strive to be effective in their provision of high-quality services.
8. **Positive health facility environment:** A health facility should be well maintained and have a positive and inviting atmosphere.



Exercise: Client-Centered Approach (using Appendix A in facilitator’s guide and Appendix A in participants manual)

- Divide participants into groups of 3-4 and have them take out the client-centered approach cards from their participants manual (Appendix A). The client-centered cards can also be found in Appendix A of your facilitator’s guide. Note, if you are not able to remove the cards, copy each of the cards on to removable paper pad to be able to arrange them in a circle.
- Then ask the participants to arrange the cards so that the card representing the most influential/impactful element lies in the center.
- Ask them to provide the rationale for their decisions.
- Ask the other participants whether they agree or disagree and why.
- Ask participants to consider how these elements may be affected by age, gender, marital status, education, economic status, religion, language, etc.
- Point out that the clients will not be satisfied with services if client and provider interactions are not good.
- Discuss how and why clients and providers often view quality differently.
- Providers often view quality in terms of technical and organizational aspects (provider-focused) while the clients view quality in terms of interpersonal relations/ client-provider interactions (client-focused). For example, a service provider may do a sufficient job in delivering a healthy baby; however, if s/he makes the mother feel belittled or small, the woman will not feel like she received quality care – and may be less likely to return to the facility for the birth of her next child.



Case Scenario (Using Appendix B in the facilitator's guide)

Ask two participants to act out the following role play. One should act as a client and the other should act as a provider in a health facility. This case scenario can also be found in the facilitator's guide as Appendix B.

An 18-year-old married woman from a village who has delivered nine months ago now suddenly realizes that she is pregnant again. She becomes very confused and goes to a health facility for help. At the health facility, a health care provider tells her she is late and that the clinic is already full. He tells her she doesn't seem to have any emergency condition, so she should go back home and come back early another day.



Group Discussion

- Ask participants for their thoughts on the role play:
 - How would you feel if you were the client?
 - What would be your response (or reaction) to the health care provider?
 - What did the health care provider do wrong?
 - How would this scenario differ if the client were more mature? Or if she were unmarried? Or, if the provider were a woman? Or, if the young client were a young father?
 - How might this situation differ if the woman's husband were present?
 - What role can factors such as age or gender play in providing client-centered care?
- Ask providers what they think are the benefits of a client-centered approach.
- Record answers on a flipchart and acknowledge responses.
- Supplement the participants' responses with benefits listed in the facilitator's notes below; briefly discuss each point.
- Ask participants what the effect of non-client-centered approach might be. Record answers on a flipchart.
- Read out the results of poor client-centered approach (also listed in the facilitator's notes) and reconcile both lists.
- Clarify missed points.



Facilitator's Notes

A client-centered approach to service delivery means having the client as the main focus of service delivery with the aim to meet and, where possible, surpass the expectations of the client. It is an approach that meets client's rights to access, information, choice, confidentiality, and safety.

Although we would like to think that every health system, health worker, and other service provider has the client in focus, this is not normally so for various reasons.

As health providers, we seek to provide services that meet the expectations and needs of the clients and community. An important factor that affects the quality of the client-provider relationship is the

client's perception of services received. Experience has shown that clients feel comfortable and are even willing to pay for the service when they feel it is good quality and meets their expectations.

As a part of the client-centered approach, it's important to note that despite the time, the resources, we as providers always have an opportunity to show empathy, listening, and understanding.

Adhering to clinical protocols and having no out-of-stock syndrome are often considered by providers of health services as indicative of offering quality services. Despite these factors, clients are still unhappy with the services offered and do not utilize them fully. Therefore, it is very important to place the clients' perspective at the forefront, thus ensuring that clients' expectations are met satisfactorily.

Benefits of the Client-Centered Approach

1. Increases the number of clients who use health services, thus decreasing morbidity and mortality
2. Improves the reputation of staff at facility and community levels, thereby building trust and confidence
3. Satisfies the needs and expectations of clients
4. Reduces the number of clients who discontinue services
5. Provides consistent and uniform information
6. Meets desired and needed results, like improved client compliance, that were not being achieved through former approaches
7. Ensures responsiveness to community needs
8. Increases and sustains the operation of activities at health facilities
9. Ultimately, satisfied clients give encouragement and recognition that motivates the provider

Results of not Having a Client-Centered Approach

1. Increased use of resources such as human, equipment, time, and supplies
2. Decreased job satisfaction for providers
3. Decreased motivation for providers
4. Decreased safety for clients and providers
5. Decreased satisfaction of clients
6. Increased drop-out rates and loss of clients resulting in increased defaulter rates
7. Fewer new clients
8. Poor image of the health facility and providers
9. Poor client compliance with prescribed treatments
10. Lack of enabling environment for healthcare workers (inadequate equipment, tools and infrastructure)

Factors That Facilitate a Client-Centered Approach

1. Good IPCC skills
2. Availability of social and behavior change materials, including job aids
3. Technical competence of the provider to manage the client
4. Technical competence in the use of social and behavior change materials
5. Provision of privacy and confidentiality for the client
6. Availability of sufficient time for client-provider interaction
7. Making the client a part of decision-making in their care or treatment

8. Consideration of social factors such as gender, age, religion, cultural and social norms, among others

Barriers to a Client-Centered Approach

1. Rude, unfriendly, or inconsiderate attitude or behavior from the provider and other facility staff
2. Lack of social and behavior change materials to aid in the communication process
3. Lack of technical competency on the use of job aids
4. Lack of communication and counseling skills
5. Lack of listening skills
6. Lack of privacy and confidentiality for the client
7. Inadequate staffing
8. Work overload for the provider
9. Recurrent but false claims of stock-out of health commodities
10. Lack of appropriate tools (e.g., personal protective equipment)
11. Provider bias toward certain services

Client- Versus Provider-Focused

While providers are more concerned with ensuring technical accuracy, the clients are more concerned with issues such as being treated with respect. Though this training is more concerned with the clients’ perspective, it is important to note that both sides are needed to achieve quality services.

For the provider, adhering to clinical protocols and standards for service delivery, organization, policies, and management are paramount. This could lead to efficient and effective work environments and positive treatment outcomes for clients and providers. For the client, quality service could include client expectations, how the client felt he/she was treated, and feelings of satisfaction with the treatment. This could lead to positive client behaviors (e.g., treatment compliance, reduced dropout rate), client satisfaction, and positive images of health services and providers.

Discuss the **provider-centered** vs. **client-centered** attitudes. Review each point and provide clarifications where required.

PROVIDER-CENTERED ATTITUDES	CLIENT-CENTERED ATTITUDES
It is considered a privilege for clients to come to the clinic and have trained providers take care of them.	Providers appreciate the opportunity to provide services to their clients.
Providers know what is best for a client.	Providers spend time ensuring a good understanding of the client’s issues and circumstances and helping the client choose the most appropriate options to meet their needs. Decision-making is a collaborative process between the provider and the client.

Providers are concerned primarily with efficiency and technical competence.	Providers understand that though technical competence and efficiency are important, service must be delivered in a clinic that is hospitable, polite, respectful, and friendly to clients.
Attending to each individual client's need is too time-consuming because it increases the time it takes to provide services.	Taking time to listen and meet clients' needs saves time, reduces unnecessary return visits, and encourages the client to continue to come to the clinic for services next time.

Rights of the Clients



Presentation

- Present the Liberia Patient's Charter and discuss each point – note, the Patients' Rights Charter can also be found in the participants manual. Explore different ways to present the Patients' Rights Charter noting that all participants have the charter in their participant manual.
- Emphasize that clients have rights in a health care situation. The Liberia Patients' Rights Charter is based on the premise that for clients to make informed choices, they must feel empowered. The Patient's Charter supports the fact that interpersonal communication is two-way.
- In traditional medical situations, clients felt they were told what to do and did not have the right to question what they were told. Clients who exercise the rights listed below are more likely to change their behavior and sustain that change.

Liberia Patients' Rights Charter*	
<p>A Healthy and Safe Environment</p> <p>Everyone is entitled to a healthy and safe environment that will ensure their physical and mental health, including adequate and safe water supply, proper sanitation and waste disposal as well as protection from all forms of environmental threats.</p> <p>Access to Healthcare</p> <ol style="list-style-type: none"> 1. Every patient shall receive timely emergency care at any healthcare facility that is functional despite his/her ability to pay. 2. The patient has the right to quality essential healthcare (based on the provisions of the EPHS) irrespective of his/her geographical location, in keeping with the principle of equity. 3. The patient is entitled to know of alternative treatment(s) and other equally competent/qualified healthcare providers within the healthcare system if 	<p>Informed Consent</p> <p>The patient is entitled to full information on his/her care, condition and management and the possible risks involved in order for a full consent except in emergency situations when the patient is unable to make a decision and the need for treatment is urgent (truth-telling). Nevertheless, in situations of emergency where applicable, the immediate relative or next of kin would have the same right as the patient.</p> <p>Participation in Research</p> <ol style="list-style-type: none"> 1. The patient has the right to consent or decline to participate in a proposed research study that may be linked to any treatment involving him/her after a full explanation has been provided. The patient may withdraw at any stage of the research project that may be linked to his/her treatment. 2. A patient who declines to participate in or withdraws from a research project is entitled to the most

those may contribute to improved health outcomes for the patient.

4. The patient is entitled to all relevant information regarding policies and regulation of the health facilities that he/she attends (both public and private).
5. The patient must be made to understand health services being provided him or her in a language that he or she comprehends fully.

Confidentiality and Privacy

1. The patient has the right to privacy during consultation, examination and treatment. In cases where it is necessary to use the patient or his/her case notes for teaching and conferences, the consent of the patient must be obtained free of coercion.
2. The patient is entitled to confidentiality of information obtained about him or her and such information shall not be disclosed to a third party without his/her consent or the person entitled to act on his/her behalf except where such information is required by law or is in the public interest with approval by the NREB (national research and ethics board) of Liberia or other ethics boards within the country.

Refusal of Treatment

Everyone has the right to complete and accurate information about the nature of one's illness(es), diagnostic procedure(s), proposed treatment and the cost in order for one to make a decision that affects anyone of these elements.

Choice of Health Services

The patient has the right to know the identity of all his/her caregivers and other persons who may handle him/her including students, trainees, visiting national/international professionals and ancillary workers.

effective care available whether or not they were linked.

Knowledge of Cost of Healthcare Services or Medical Aid scheme

1. Hospital charges, mode of payments and all forms of anticipated expenditure shall be explained to the patient prior to treatment and procedures.
2. Exemption facilities, if any, shall be made known to the patient.

Be Referred for Second Opinion

The patient has the right to request referral for second medical opinion from a source of comparable competence if he/she so desires.

Continuity of Care

No individual shall be abandoned by a healthcare professional or facility which initially assumed responsibility for that person's healthcare.

Complain About Health Services

1. Every patient/client is obligated to provide feedback or complain about the healthcare services and have such feedback or complaint investigated with a full response made available for learning and improvement.
2. Procedures for complaints, disputes and conflict resolution shall be explained to patients or their accredited representatives.

**Draft version. Expected to be validated and disseminated shortly.*

The rights of clients are very closely related to the ethical principles that are in place for all medical providers. Service providers that work in medicine must adhere to the following ethical principles:

- **Autonomy** (self-determination): Provider should provide the truth, including risks and benefits, of any treatments or procedure. Clients should have the full decision-making power in their healthcare.

- **Beneficence** (goodwill): Provide care that is in the best interest of the patient. Decision-making should be a collaborative process between the client and provider and provider should consider the individual circumstances of the client.
- **Non-maleficence** (do no harm): Do no harm. Providers should not kill, not cause pain or suffering, not incapacitate, not cause offense, and not deprive others of the goods of life.
- **Justice** (fairness): Services and treatments should be provided equally to all clients, regardless of race, ethnic group, tribe, income, etc.



Exercise: The Forgotten Team Member

The aim of this exercise is to put the participants in the shoes of the clients and empathize with the health care experience of clients, family members, or caregivers.

- Ask participants to think about one BAD experience they have had (or heard about) at a health care facility, as a client, or a relative or friend of a client.
- Ask a few participants to share their story.
- After the stories, discuss the following as a group:
 - What can we learn from this experience?
 - What do the lessons learned mean for you as a health care provider?
 - As a provider, how might you act if you find yourself in a similar situation? As a client, how might you act if you find yourself in this situation?
 - What can you do to prevent other people from having similar experiences?
- Now ask participants to visualize a client who is able to successfully exercise the rights described earlier. Display the Patients' Rights Charter as a reminder, as well as remind participants to recall their medical ethics. Ask participants to think about the answers to these questions:
 - How is the client behaving? What questions is the client asking? What information is the client providing?
 - What are you (the provider) telling the client? What kinds of questions are you asking?
 - What does your body language look like? How do you feel toward the client?
 - How does the client feel?
- After the visualization, discuss the following as a group: What did you learn from this visualization?
 - What made it possible for the client to exercise their rights?
 - How might you apply lessons learned to your future practice?
 - What can be done to make sure more clients have similarly good experiences?

Wrap Up

Emphasize that a client-centered approach ensures better care for clients and also has long-term benefits for providers.

Ask participants to call out the rights that clients have.

Ask participants to write down in their participants manuals why they think a client-centered approach is important and what efforts they will make to take a more client-centered approach in their practice.

Session Two: Understanding Interpersonal Communication

5 hr
15 min



Overall Goal

To enhance interpersonal communication (IPC) skills as an integral part of providing quality services to clients

Objectives

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

1. Define the concept of IPC
2. Describe the key elements of effective IPC
3. Analyze barriers to high-quality IPC and factors that promote effective client-provider interactions for improved health outcomes

MATERIALS NEEDED

Flipchart, paper, and markers

Participant manuals and pens

Session Overview

TOPIC	DURATION	METHOD	MATERIALS
What is interpersonal communication (IPC)?	5 minutes	Brainstorming Discussion	1. Flipchart 2. Marker
Why is IPC important?	1 hour 25 minutes	Exercise Discussion Role play Self-reflection	1. Paper 2. Facilitator's guide 3. Flipchart 4. Markers 5. Participant manuals 6. Pens
Key elements of effective IPC	1 hour 45 minutes	Presentation Brainstorming Discussion Self-reflection Exercise	1. Facilitator's guide 2. Flipchart 3. Markers 4. Participant manuals 5. Pens
Verbal and nonverbal communication techniques	1 hour 15 minutes	Presentation Exercise Discussion Role play	1. Facilitator's guide
Barriers to high quality IPC	40 minutes	Presentation Exercise	1. Facilitator's manuals 2. Flipchart 3. Markers

Wrap up	5 minutes	Discussion	<ol style="list-style-type: none"> Participant manuals Pens
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What Is IPC?



Brainstorming

- Ask participants what they understand by IPC.
- Record answers on a flipchart.
- Discuss the meaning of IPC as shown in the facilitator’s notes below to fill in any gaps.



Facilitator’s Notes

Interpersonal communication is face-to-face verbal or non-verbal exchange of information and feelings between two or more people. Each time a service provider has contact with a client, communication is taking place.

Why is IPC Important?



Exercise: One and Two-Way Communication (Using Appendix C in Facilitator’s Guide)

- Divide participants into pairs, sitting back-to-back. One person will be the speaker, and the other the listener.
- Using Appendix C from your facilitator’s guide, have each sender quickly sketch the diagram based on the copy in your facilitator’s guide.
- Once the sender has finished sketching the diagram and has a correct visualization of the drawing, have the sender describe it to their partner (the receiver) who must draw it as accurately as possible in the notepad.
- The receiver may not ask questions or look at the diagram.
- The sender may not answer any questions or give any reactions.
- After a fixed time (approx. five minutes) allow receivers to see diagrams and have pairs discuss how the messages could have been improved to enhance the drawings.
- As a larger group, discuss how the senders and receivers felt as they tried to accomplish something without two-way communication. Compare strategies for improving messages and communication.
- If time permits do the exercise again, this time allowing two-way communication.



Group Discussion

- Ask participants how they could apply what they just learned about communication to their practice as providers.
- How could they communicate more clearly?

- How might they encourage two-way communication between themselves and clients?



Exercise: Interpersonal Communication

Divide participants into groups of three. Ask each individual to read the situations described and list the possible feelings that may have been behind the nonverbal expression. Group members should then compare their answers with others in the group.

1. The radio is playing in the background while two house mates are studying. One of them gives a big hissed teeth, gathers her books, and goes to her room. What might she be feeling?
2. The tutorial group is having a lively discussion when one member, without expression, suddenly changes the subject. What might he be feeling?
3. Some friends are chatting. As the chat continues, one friend starts tapping her feet, drumming her fingers, and shifting in her seat. What might she be feeling?
4. A girl saw a classmate and she drops the condoms on the shelf. She decides to leave the store and make the purchase later. What may have caused this decision?



Group Discussion

- Ask participants why they need to communicate effectively when interacting with clients.
- Record answers on a flipchart.
- Ask participants what they think are the short term, medium term, and long term benefits for client, providers, and health systems.
- Record answer on a flipchart and use facilitator’s notes below to address gaps in their answers.
- End the discussion by explaining that good communication skills are as important as good clinical skills in providing high-quality health care.
- Clients are more likely to seek timely care, cooperate with necessary procedures, follow through on treatment recommendations, and return for follow-up visits when they have trust and confidence in their providers.
- Developing a relationship of trust and confidence requires the ability to communicate well. Effective communication skills are therefore powerful and essential tools for all health care providers.



Facilitator’s Notes

BENEFITS FOR CLIENTS	BENEFITS FOR PROVIDERS	HEALTH SYSTEM BENEFITS
SHORT TERM <ul style="list-style-type: none"> • An accurate diagnosis is reached because the client discloses enough information about his/her illness. 	Improved quality of services leads to increased utilization of health care services, better adherence, and therefore better health outcomes	Increased efficiency

<ul style="list-style-type: none"> • A medically appropriate treatment that is also accepted by the client is selected. • More efficient and effective diagnosis and treatment reduces the cost of services 		
<p>MEDIUM TERM</p> <ul style="list-style-type: none"> • The client adheres to his/her treatment because he/she understands and is committed to it. 	More efficient and effective diagnosis and treatment and saves time for providers	Greater cost-effectiveness
<p>LONG TERM</p> <ul style="list-style-type: none"> • The client utilizes follow-up services. • The client is better able to maintain their health and the health of their family. 	Effective communication reduces workload and saves time because it reduces instances of inaccurate diagnosis, inappropriate treatment, and poor adherence	Healthier population



Self-Reflection

Ask participants to write for two minutes in their participant manuals about what kind of provider they feel they are and why (give reasons for his/her response).



Role Play

- Ask for four volunteers to do a quick role play. Two will be the client and two will be the provider.
- Designate one provider to be “caring” and another to be “uncaring.” Read the scenario out loud and then let the first provider-client pair act out the service interaction with an uncaring provider.
- Then ask the second provider-client pair to act out the service interaction with a caring provider.

Mary is 17 years old. She is in her final year of secondary school. She is pregnant but does not want to drop out of school. She went to an herbalist who gave her some herbs to abort the pregnancy, but the herbs made her sick and she has now come to you for help

Facilitate a discussion with the following questions:

- How would you feel if you were the client that met the uncaring or judgmental provider?
- How would you feel if you were the client that met the caring provider?
- What kind of provider do you feel you are?

End the session by pointing out to the participants:

If you have communicated effectively with your client, you should be able to answer “yes” to the following:

- ✓ Your client was comfortable enough to disclose enough information about the illness or condition to lead to an accurate diagnosis.
- ✓ You consulted with the client to select a medically appropriate treatment that is also acceptable to the client.
- ✓ Your client understands his or her condition and the prescribed treatment regimen or solution.
- ✓ You and your client have a positive rapport.
- ✓ You and your client both feel committed to fulfilling your responsibilities during treatment and follow-up care.

Key Elements of Effective IPC



Presentation

In this section you will be presenting information about the key elements of effective IPC.

- Begin the presentation by asking participants to brainstorm in small groups what they think are the elements of effective IPC – ask them to do so without using the notes from their participant manual.
- Ask for volunteers to share their responses.
- Write the participants’ responses on a flipchart.
- Supplement those responses with additional elements listed below to ensure all elements are covered.
- Describe each of the elements in detail and allow participants to ask questions.



Facilitator’s Notes

Elements of effective IPC

There are three main types of communication elements that occur within a provider-client relationship. They are:

- **Caring:** The goal is to establish and maintain a positive rapport with the client.
- **Problem solving:** The goal is for the client and provider to share all necessary information for accurate diagnoses and appropriate treatment.
- **Counseling:** The goal is for clients to understand their condition and adhere to their treatment or therapeutic regimen.

While they occur throughout an interaction, these types of communication often happen sequentially, with caring communication to establish a positive tone, then problem solving to diagnose, and finally counseling to provide relevant health education. To communicate effectively

through these different interactions, it can help to keep in mind some key elements of effective IPC. These include:

Creating a Caring Atmosphere

When clients believe that their provider cares about them and is committed to their welfare, they are more likely to communicate effectively and engage in their own health. Using both verbal and nonverbal communication helps the provider convey interest and concern to clients. Appearing busy or distracted makes clients feel insecure, anxious, or fearful of their relationship with the provider.

On the other hand, being attentive, making eye contact, listening, questioning thoughtfully, and demonstrating comprehension and empathy make clients feel important and worthy.

Building Rapport with Clients

Health care occurs through a rapport between provider and client. Even though the provider is the medical expert, both provider and client are responsible for the outcome of their interaction. The client is the expert in their own personal experience. Mutual respect, trust, and joint decision-making increase the likelihood of a positive outcome.

Treatment regimens are more effective when providers and clients make decisions together and clients have an active role in their care and treatment through asking questions and making commitments and relevant changes in their health behaviors.

Bridging of Social Class Distance

Social gaps between clients and providers can arise from differences that exist between them such as differences in education, economic status, gender, age, and many other factors. These differences can hinder IPC substantially and have the potential to impact interactions between clients and providers. Establishing an open dialogue, a feeling of partnership, and an atmosphere of honesty and caring all help to bridge social distances.

Fostering Two-Way Dialogue

Good interpersonal interaction between client and provider is, by definition, a two-way street where both speak and are listened to without interruption; both ask questions, express opinions and exchange information; and both are able to fully understand what the other is trying to say.

Providing Opportunities for Clients to Speak about Their Illness or Needs

Providing ample opportunity for a client to describe their illness or health needs leads to strong IPC. Maintaining confidentiality ensures patients are more willing to speak about their needs with providers. Storytelling has its own healing value in that it provides clients with a release and

opportunity for insight and perspective. It may also afford the health provider the insights needed to understand, interpret, and explore the significance of the symptoms and clues the client provides.

Self-Reflection



Provide participants an opportunity to reflect on their own IPC skills and performance. Ask participants questions from the list below. Let them reflect on each IPC skill and rate themselves by adding a checkmark for each row in their participant manuals. (You may tailor which questions you ask based on the group composition.)

Ask participants how they would rate themselves on the following skills:

IPC SKILL	I AM VERY POOR	I AM POOR	I AM SOMETIM ES GOOD	I AM USUALLY GOOD	I AM ALWAYS GOOD
RATE YOURSELF					
Listening—taking in what people say					
Listening—showing interest in the client					
Communicating feelings verbally e.g., verbalizing when you are happy or angry					
Communicating feelings nonverbally					
Dealing with clients' anger/hostility					
Responding to praise					
Responding to expressions of anxiety					
Responding to negative feedback					
Coping with apathy/ disinterest					
Coping with silences in conversations					
Appreciating other people's feelings					
Giving information					
Advising on emotional issues or difficulties					
Seeking clarification					
Asking open-ended questions					
Waiting for replies					
Changing the direction of the conversation					
Expressing support					
Self-disclosure as appropriate					
Making a conversation more serious					
Making a conversation less serious					
Summarizing what a client has said					
Holding a client's interest and attention					
Finishing conversations in a positive way					
Working with others in a team					
Resolving conflicts					
Total checkmarks:					



Group Discussion

Using what you know about the group (e.g., professional cadres, county of residence or practice, type of facility), discuss at least three questions from each of the headings below with the participants:

Hospitality

- Does your culture value hospitality? Most likely yes!
- Yet when you enter a clinic, are you greeted with a warm smile and welcoming words?
- When you leave the clinic, does the service provider thank you?
- What is your first and last impression of the experience?
- Would you send your family members to that clinic?

Hospitality, so valued by people, is part of high-quality IPC and is often missing in our IPC situations.

Consistency

- Are the entire facility staff trained in courteous, helpful behavior—from receptionist to the records to the cashier?
- Does everyone maintain the same high standard?
- Is the same high standard maintained whether it is Monday, Tuesday, Friday, or weekend? Or 8:30am and 4:30 pm?
- Are all clinics of equally high quality or are some better than others?

In effective IPC, we should strive to provide consistent, high-quality service both within a single unit and among all units.

Satisfied Clients

- Are we producing satisfied clients?
- How can we tell?
- Do clients readily return for follow-up visits?
- Do we have high drop-out rates?

Producing satisfied clients is the goal of high-quality IPC. We want satisfied clients to tell everyone the good news!

End the session by talking through the following:

Checklist for the Elements of Effective IPC

CARING	PROBLEM SOLVING	COUNSELING
<p>Have you...</p> <ul style="list-style-type: none"> • Greeted the client in an open and appropriate way? • Used nonverbal communication to show that you are listening? • Invited the client to tell you how he/she feel both physically and emotionally? • Shown the client that he/she is respected and valued? • Demonstrated concern and empathy? • Echoed the client's emotions? • Expressed support and rapport? • Given realistic encouragement and reassurance? • Acknowledged any service problems, apologized, and offered a solution? 	<p>Have you...</p> <ul style="list-style-type: none"> • Listened actively? • Encouraged dialogue using open-ended questions? • Avoided interrupting the client? • Avoided distractions? • Asked the client what he/ she thinks has caused the illness? • Probed the client for more information using phrases like "please go on"? • Waited until you have all the relevant information to make a diagnosis? 	<p>Have you...</p> <ul style="list-style-type: none"> • Explored the client's understanding of his/her illness? • Corrected misunderstandings or misinformation? • Used vocabulary and explanations that the client can understand? • Used visual aids if available? • Recommended concrete behavioral changes? • Collaborated with the client to select an appropriate and feasible treatment? • Motivated the client to comply with the treatment? • Summarized the diagnosis, treatment, and recommended steps in simple terms? • Asked the client to repeat or describe the treatment terms? • Urged the client to ask additional questions? • Confirmed follow-up actions with client?

Verbal and Nonverbal Communication Techniques



Exercise: Power of Body Language

Facilitator's instructions and set-up:

- Explain to the group that you are going to give them a series of instructions that you would like them to copy as fast as they can.
- State the following actions as you do them:
 - Put your hand to your nose
 - Clap your hands
 - Stand up
 - Touch your shoulder
 - Sit down

- Stamp your foot
- Cross your arms
- Put your hand to your mouth—but while saying this put your hand to your nose
- Observe the number of group members who copy what you did rather than what you said.

Facilitate a discussion on how body language can not only reinforce verbal communication but can also be stronger than verbal communication. It is important that we are aware of our body language to ensure we are projecting the right message.



Facilitator's Notes

Body language speaks louder than any words you can ever utter. Whether you're telling people that you love them, you're angry with them, or are not interested in them, your body movements reveal your thoughts, moods, and attitudes. Both consciously and subconsciously, your body tells observers what's really going on with you.



Presentation

- Use the facilitator's notes below to introduce verbal and nonverbal communication, and to present quality communication techniques. Note, these can also be found in the participants manual. Note, you may also ask participants to introduce each of the effective IPC techniques below (from their participant manual). Participants can come to the front, explain one of the concepts, and even give an example.
- Ask participants for instances where they might use the techniques outlined.

Facilitator's Notes



Verbal Communication

Verbal communication consists of spoken and written words that people use to convey ideas. In a health care encounter, the choice of words clients and providers use greatly influences how well they understand each other. The medical jargon physicians use to describe symptoms and treatments often confuses clients. At the same time, clients often communicate in their dialects, accents, and slang, often making comprehension difficult for providers from other areas. Clients also describe health problems in peculiar ways, often reflecting their unique perspective on the illness's origin or severity.

Nonverbal Communication

Words express only part of a message being conveyed, while tone, attitude, and gestures convey the rest. Avoiding distractions (e.g., answering the telephone, looking at your cell phone or at a computer screen, jotting notes on other cases), and instead appearing fully attentive, communicates positive messages to clients. Often, simple gestures by the provider, such as a warm greeting, can help put the client at ease and enhance IPC.

Effective IPC Techniques

The following techniques help providers improve client-provider interactions.

- **Effective questioning** helps obtain useful information from the client. Questioning is a way to determine what service the client wants or how he/she is feeling, what the client already

may know, or what problem he/she may have. It is also a way to determine whether the client has understood you.

- **Open-ended questions** encourage the client to freely offer information, concerns, and feelings. For example, “How do you feel today?”
- **Closed-ended questions** help obtain specific information, especially if there is a limited time, such as in an emergency or in taking a medical history. They can be answered in just a few words. For example, “Do you have any allergies?”
- **Probing questions** encourage the respondent to give further information, and to clarify an earlier point. They require tact in wording and tone so as to not be judgmental. Example: “Could you tell me more about that?” This can also be important when discussing possible solutions. For example, rather than just telling the client to do such-and-such, you can explore with them what would be feasible to ensure adherence.
- **Active listening** helps you get the information you need to assist the client with problems and help them to make decisions. Active listening means providing verbal and nonverbal feedback to show that you are listening and paying attention to what is being said. This requires observing nonverbal communication of the client and not allowing yourself to get distracted or fidget. It may include using actions such as maintaining eye contact, nodding, smiling, mirroring the client’s facial expressions, or saying, “Yes,” or, “Mmm-hmmm.”
- **Reflection/echoing** occurs when a provider observes a client’s emotions and reflects them back to him/her. This helps the provider check whether the emotions he/she has observed are correct. Reflective listening also helps to show that the provider has empathy and respect for the client’s feelings. For Example, “It looks like you are feeling distressed,” or, “You appear to feel happy with the choice you have made.”
- **Summarizing and paraphrasing** means repeating back to the client what you heard him/ her say in a short form. It helps to ensure that you have understood correctly and provide an opportunity for clarification. For example, “I hear you saying that you are worried about your daughter’s health because she is eating poorly.”
- **Praise and encouragement** build a client’s sense of confidence and reinforce positive behaviors. This occurs when providers use words and gestures that motivate and ensure client approval. For Example, “You are doing a great thing by getting tested.”
- **Giving information clearly and simply** with visual aids helps equip clients with accurate, relevant health information that is based on what the client already knows.



Role Play: Don’t Listen

- Divide participants into pairs. One person will be the speaker and one will be the listener.
- Part 1:
 - Have the speaker talk about “something I enjoy doing on the weekends and in my free time”. Have the listener not listen. They can look at their phone, do paperwork, yawn – but make sure they don’t listen.
 - Have each person take a turn as listener and speaker. Each person should talk for 1–2 minutes.
 - After both partners have had a chance to be speaker and listener, ask them these questions:
 - “What was it like as the speaker? How did it make you feel?”

- How might this be similar to how clients feel when we're distracted at a health facility?"
- Part 2:
 - Repeat the exercise. However, this time, encourage the listener to use some of the IPC skills they have learned (e.g., open-ended questions, eye contact, active listening and reflections).
 - Allow both partners to have a turn as speaker and listener allowing 1–2 minutes per round.
 - After both partners have had a chance to be speaker and listener, ask them these questions:
 - "How did that feel different?"
 - How can you relate this to your work in the health facility?"



Exercise: Rehearse for Reality (using Appendix D in facilitator's guide and Appendix B in participant manual)

- Divide participants into pairs and explain that they will be acting out scenarios. Scenarios can be found in the participant manual as Appendix B. Ask each pair to choose who will play the provider and who will play the client first.
- After the first role play, partners will switch so that each person has a chance to play both roles.
- Tell the participants who are playing the provider role that they should be acting not as a generic provider, but as themselves. However, they will be playing an enhanced version of themselves. It might help them to imagine themselves as a superhero provider. In this enhanced version of themselves, they have excellent IPC skills and implement the techniques you just discussed.
- Tell the participants who are playing the client role that they should periodically call a time-out during the role play to give the provider an opportunity to reflect on their ability to apply the IPC skills and techniques. The participant playing the client role can also use this time to provide feedback on how well the provider is applying the IPC skills and techniques.
- Tell the participants to try and make the interactions during the role play as realistic as possible. The provider should act as he/she normally would, but with enhanced abilities; and the client should act as typical clients act.
- Pass out the scenarios below so that each pair has two scenarios: one for the first round, and one for the second round. Participants can also use their own scenarios if they have more realistic examples they would like to role play.
- Give participants 10 minutes to role play each scenario (total of 20 minutes). Display or provide a handout of the IPC techniques for the participants to reference during the role play.

Scenario 1

Client: You are a 35-year-old female client who has just been informed that she has active tuberculosis (TB) that you suspect you contracted from one of your sick cows (bovine TB). Currently, you work with your family on your farm. You are reluctant to go to the hospital as you think that your husband will not be able to take care of both your children and the farm. You also don't agree to direct observation of treatment as you do not want to miss work.

Doctor: You have just received the diagnosis for this client, who has active TB disease. She seems very scared and cries. She needs to go to the hospital for up to two months. The client refuses to go to the hospital and wants to get treatment at home and continue working.

A nurse comes to the room saying that you have a phone call in the neighboring room. Ask participants to write down in their participants' manuals why they think a client-centered approach is important and what efforts they will make to take a more client-centered approach in their practice.

Scenario 3

Client: You are a 20-year-old female client who has just gotten married. You have heard about family planning methods and are interested in trying one so that you can complete university studies. You don't know very much about the methods and feel shy talking to a doctor about family planning. You also do not know whether your husband will be supportive of family planning.

Provider: This client is interested in learning more about family planning methods. She seems very young and nervous.

Scenario 2

Client: You are a 40-year-old male client who has come in suspecting you have malaria. The doctor says she wants to test to see if you have malaria, but you don't want to waste your time with a test. You are frustrated that the doctor won't just provide you with treatment.

Provider: You have just received training on rapid diagnostic testing, and you know you should test clients before prescribing medications. The client is resistant and does not want to receive a test to diagnose malaria.

Scenario 4

Client: You are a 14-year-old girl. You are pregnant and in labor. You have never attended antenatal care. Your mother's friend convinced your mother to take you to the health facility for delivery. You are shouting because you are in so much pain. The nurse insists on conducting a vaginal examination.

Provider: You have been on duty all day. You have taken many deliveries today and had no time to eat anything. It is already the end of your shift and the provider for the next shift is nowhere to be seen.



Group Discussion

Lead the participants in a discussion to reflect on the IPC that took place in the role plays. Ask the following questions:

- What IPC skills did the providers demonstrate effectively? Which skills did the providers struggle with?
- What types of questions did the providers ask?
- How could the providers change the questions they asked to better elicit information or help the client to feel at ease?
- What active listening skills did the providers demonstrate?
- What was the providers' body language like during the interaction?
- How can you apply these skills when you go back to your facility?

Barriers to High-Quality IPC

Brainstorm

Have participants brainstorm around possible barriers to high quality IPC, including regarding physical barriers, personal barriers, inappropriate behaviors by the provider, and barriers from the client without using their participant manual. Record participants thoughts on a flipchart. Use the notes below to supplement what the participants brainstorm. Note, these notes can also be found in the participant manual.

Facilitator's Notes

Sometimes there are barriers or distortions to the message or information being exchanged in IPC situations.

1. Physical Barriers

These barriers refer to environmental factors that prevent or reduce opportunities for the communication process to occur. They include:

- Distracting noise
- Poor lighting
- Dirty and untidy room
- Extreme temperatures
- Uncomfortable seating arrangement
- Distractions in the room such as equipment and visual aids
- Objects and chemicals that are dangerous to the client

If the room where you serve clients at your health unit has any of these barriers you should do something to improve it. Easy and inexpensive ways to improve the environment include:

- Clean up any untidy rooms, including removing unused boxes, materials, etc.
- Move out-of-place or distracting items to a new space. This will help clients focus on the consultation.
- Open the windows and let the breeze in.

2. Personal Barriers

Personal barriers may arise due to differences in social or cultural background, or language differences.

Differences in social and cultural background and psychological barriers

When a client is from a different nationality, gender, race, or ethnic group, it may be difficult for you to know their beliefs, taboos, and cultural practices. The client may not be able to take action because perhaps the information you give him/her does not tally with his/her beliefs and taboos.

Language barriers can make communication difficult. Use very simple language and avoid medical jargon. You should endeavor to know a clients' cultural, social, and educational background before you start a communication process.

3. Inappropriate Behavior by the Provider

Negative nonverbal communication includes:

- Gesturing
- Frowning
- Showing signs of boredom or humor
- Showing signs of disgust
- Shaking the head
- Distracted behavior such as checking the time, taking other calls, looking away, or sketching
- Preconceived notions and impressions about the clients

4. Barriers Caused by the Client

These include:

- Client's lack of interest or trust in the process
- Client's impression of the provider
- Client's emotions
- Client's beliefs and perception, myths, and misconceptions



Exercise: Avoiding Communication Barriers

Avoiding communication barriers is a necessity in high-quality health care delivery. Not only is it critical to identify if these barriers exist, but also how to remove them or reduce their effects.

This exercise enables participants to explore new solutions in overcoming communication and listening barriers.

- Split the group into small teams.
- Ask each team to come up with a practical solution to removing listening obstacles such as:
 - Distracting noise
 - Uncomfortable seating arrangement
 - A client with a different religious background
 - Younger client with an overbearing parent
 - A couple, but only the husband is speaking
 - A client with limited resources/experiencing poverty
 - A client from an ethnic minority
 - Language barrier
 - Dealing with a frustrated client

Each team has 10 minutes to come up with at least one solution for each scenario.

- At the end of the exercise, one representative from each team writes down their ideas on the flipchart and explains how their team came up with the solutions.
- Get the group to discuss the solutions offered by other groups and add solutions if necessary.
- Ask the participants what they thought of this exercise.
 - Is it easy to overcome such barriers or does it need training, patience, and persistence?
 - What are some good qualities that would help you as a person to deal with communication barriers?

Wrap Up

Conclude the session by asking participants to share what they remember about the elements of effective IPC. Answers could include the following: creating a caring atmosphere, building partnerships with clients, bridging social distance, fostering two-way dialogue, or providing opportunities for clients to speak about themselves.

Ask participants to look back at their self-assessment on IPC skills. Ask them to choose one or two things they want to work on and write them down in their participant manuals.

Emphasize the importance of nonverbal communication when communicating with clients and that providers need to be aware of what their body language is saying to clients.

Finally, ask participants to call out some of the techniques for effective IPC that they are excited to start using. Ask participants to identify one that they want to put into practice immediately and record it in their participants' manuals. Additionally, have them write about why they are choosing that technique. Some techniques may include effective questioning, open-ended questions, probing questions, active listening, reflection/echoing, summarizing and paraphrasing, praise and encouragement, and giving information clearly.

Tell participants that in the next session you will be learning about one important component of IPC: counseling.

Session Three: Counseling

4 hr
20 min 

Overall Goal

To help participants learn the foundations of effective counseling

Objectives

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

1. Understand the meaning of counseling
2. Describe the difference between IPC and counseling
3. Explain the importance of counseling
4. Explain the qualities of a good Counselor
5. Describe factors that promote effective counseling

MATERIALS NEEDED

Flipchart, paper, and markers

Blind folds (or other materials/hands)

Participant manuals and pens

Supportive and unsupportive counseling videos

Session Overview

TOPIC	DURATION	METHOD	MATERIALS
What is counseling? How does counseling differ from IPC?	10 minutes	Brainstorming Discussion	1. Facilitator's guide 2. Participant manuals 3. Pens 4. Flipchart 5. Markers
Importance of counseling	10 minutes	Discussion	1. Facilitator's guide 2. Participant manuals 3. Pens 4. Flipchart 5. Markers
Qualities of a good counselor	1 hour 10 minutes	Exercises Brainstorm Discussion Self-reflection	1. Facilitator's guide 2. Participant manuals 3. Pens 4. Flipchart 5. Markers 6. Blindfolds
The counseling process	1 hour 30 minutes	Discussion Exercises Presentation	1. Facilitator's guide 2. Participant manuals 3. Pens 4. Flipchart 5. Markers 6. Supportive and unsupportive counseling video

Using visual aids and other social and behavior change (SBC) materials	40 minutes	Presentation	<ol style="list-style-type: none"> 1. Facilitator’s guide 2. Participant manuals 3. Pens
Factors that promote effective counseling	30 minutes	Discussion Presentation Role play	<ol style="list-style-type: none"> 1. Facilitator’s guide 2. Participant manuals 3. Pens 4. Flipchart 5. Markers
Wrap up	10 minutes		<ol style="list-style-type: none"> 1. Participant manuals 2. Pens

What is counseling? How does counseling differ from IPC?

Counseling is the area where we most think of using IPC skills. However, every one-on-one and small group interaction involves interpersonal communication. IPC is a two-way communication, whether you are discussing birth spacing or malaria prevention or your decision with your client or family.



Brainstorming

- Ask participants to explain the meaning of counseling in their own words – write in your participant’s manual.
- Acknowledge correct responses.
- Use facilitator’s notes below to address gaps.



Facilitator’s Notes

The World Health Organization defines counseling as “a well-focused process, limited in time and specific, which uses the interaction to help people deal with their problems and respond in a proper way to specific difficulties in order to develop new coping strategies.”

In the health care setting, counseling is a valid intervention made of a quality interaction between the Counselor and the patient, characterized by the capacity of the Counselor to empathize with the interior world of the patient.

Counseling is a face-to-face communication where a provider enables a client to make an **informed decision** and act on it. It is different from advising, in which case the provider takes more responsibility for the decision. In counseling, the client makes a **voluntary, informed choice** or decision, after **complete information** is given, including the benefits and disadvantages.

Counseling and IPC are related. IPC is used when counseling takes place but not all IPC is counseling. Skills and attitudes needed for IPC are also applicable to counseling and barriers to IPC also affect counseling.

Effective counseling must be a two-way communication, not simply telling, instructing, or informing.

Importance of Counseling



Group Discussion

- Ask participants to describe why they feel counseling is important – allow participants to share their experiences.
- Why is rapport building in counseling important?
- Use notes below to discuss importance of counseling.



Facilitator's Notes

Counseling occurs only when there is a mutual understanding between the health worker and the client brought about by information sharing and exchange of ideas.

- It is a psychological therapy. It enables clients to release their stress and anxieties about their health situation. It can also describe a less therapeutic interaction, when is a client is discussing their personal health and experience.
- Clients are empowered and able to understand and solve their own problems relating to the treatment and prevention of illnesses.
- It enables clients to use available resources and experience to develop positive ways of coping with situations/problems.
- It acts as a preventive measure since it encourages adoption of healthy behaviors.
- It ensures that clients are adequately informed about their medication.
- Rapport between the provider and client helps build trust and confidentiality and will ultimately lead to more effective counseling, as the client will feel able to be truthful.

Qualities of a Good Counselor



Exercise: Trust Building

- Ask the participants to stand and find a partner. They should all be in pairs.
- Hand out blindfolds, one for each pair. If blindfolds are not available, use other materials, such as a cloth or your hands.
- One person in each pair should put on the blindfold. Make sure they cannot see anything.
- Now ask the “seeing” partner to guide the blindfolded person around the room.
- Give the group about 5–10 minutes and then switch roles.



Discussion Questions

- What was it like to be blindfolded?
- What did your guide do to make you more comfortable? Did it work?
- What was it like to be the guide?
- How did you make the blindfolded person feel more comfortable?
- Which role was more comfortable for you: being the leader or the follower?
- Why did we do this exercise? Make sure the responses include the following:
 - Develop empathy for our clients.
 - Identify and experience ways to create a trusting environment.

- It is important to understand the client’s perceptions, including cultural beliefs and practices, and knowledge to be able to better support them in the counseling process.
- How does this exercise relate to counseling?
- How is a client’s role similar to the role of the blindfolded person? How is it different?
 - Identify the client as the blindfolded person and highlight that clients are in a more vulnerable situation than providers when coming to a health facility.
- How is the Counselor’s role similar to the role of the guide? How is it different?



Brainstorming

- Ask participants to brainstorm the qualities of a good Counselor.
- Acknowledge correct responses and note the responses on a flipchart.
- Use facilitator’s notes below to explain or clarify.



Facilitator’s Notes

To be a good Counselor you must possess the following qualities:

- **Patience:** Go to the next step of explanation only when the client has clearly understood the content of the information you are giving. Have ample time for the client.
- **Clear and concise communication:** Provide clear, short messages to clients. Include the most important points to start and then provide more detail as needed. Avoid using jargon or technical medical terms; however, if you use jargon or complex ideas, take care to properly explain.
- **Good listener:** You need to be a good listener. Never interrupt what the client has to say. Give your input only when the client has finished talking. Use open-ended questions to gain more understanding of a client’s situation. Use non-verbal cues, like nodding and eye contact, to show that you are listening.
- **Observant:** You need to be very observant and able to interpret non-verbal communication. If the client looks angry, find out the cause of his/her anger first.
- **Warmth:** Provide warmth in a counseling environment. Smile and show concern and acceptance to the client.
- **Knowledgeable:** You should only provide counseling on what you are knowledgeable on. If something goes beyond your technical competence, you should confer a colleague (with the client’s consent) to be able to provide accurate information and effective counseling. Clients trust providers that are honest and open, even if they do not know everything. For example, you should have good knowledge of rational drug use and drug compliance. Some people do not take medication for one reason or the other, while others demand drugs. For example, adherents to some religions do not take oral medication when they are fasting while some sects do not take blood transfusion. This interferes with drug compliance. Giving clients drugs on demand can cause drug shortage at the health facility or lead to drug abuse (overdose/ underdose).
- **Empathy with the client:** Try to understand the feelings the client is having in the counseling process. In other words, put yourself in the client’s position.
- **Maintaining a therapeutic relationship with a client:** Give the client the opportunity to make his/ her own decision from your conversation.

- **Confidentiality:** Ensure that you maintain confidentiality on what the client tells you. The client would feel greatly offended if you disclosed any information about him or her to other people and will be unlikely to trust you again. Counseling must be done individually and privately.
- **Personal integrity:** Maintain a high degree of personal integrity, credibility, and mutual trust as a Counselor.

Exercise: Self-Reflection



- Describe the scenarios below to the participants.
- Ask the participants to reflect on each of the scenarios and discuss the following questions:
 - What did the health worker say or do that was positive?
 - What did the health worker say or do that could be improved?
 - How would you respond if you were the health worker in question?

Scenario 1

A 15-year-old client comes to the facility.

Adolescent: "I came here to discuss family planning with you."

Health worker: "You should not even be thinking about contraceptives. You are too young!"

Adolescent: "But I want to be able to finish school!"

Health worker: "Then you should behave more responsibly."

Scenario 2

A 38-year-old married man who is HIV+ comes for his drugs.

Health worker: "Did you listen to me and use a condom?"

Client: "Um...yes."

Health worker: "Did you take your medicine properly?"

Client: "I think so."

Health worker: "What do you mean by that? Didn't you understand what I told you about taking your medicine?"

Client: "I don't know, I think so."

Health worker: "Did you do the right thing and talk to your wife about your HIV-status?"

Client: "Well, yes, I tried to talk to her..."

Health worker: "That is not good enough. You are putting her life in danger."

Scenario 3

Health worker: "Hey, you seem sad today. What's going on?"

Adolescent: "It's school, I don't want to go anymore."

Health worker: "Umhummm." (nods understandingly)

Adolescent: "Well, it's not really school, it's the other pupils at school...I don't have any friends."

Health worker: "So, you don't like going to school because you feel like you don't fit in?"

Adolescent: "Yeah, the other children make fun of me. They call me mean names."

Health worker: "Umhummm."

Adolescent: "Yesterday one of the bigger boys even pushed me to the ground and tried to take my pocket money."

Health worker: "That's terrible. It seems to me that the other boys are harassing you. What one thing would you like to change to make this situation better?"

The Counseling Process

When counseling clients, we progress through a series of interconnected and overlapping stages to help clients make informed decisions. Both you and the clients actively participate. You exchange information and discuss the clients' feelings and attitudes about the health issue, behaviors, and drugs. Through this interaction, the client makes a decision, acts, and evaluates his/her actions.

Using the G-A-T-H-E-R Method



Group Discussion

Ask participants what they know about the G-A-T-H-E-R method.

Ask for a volunteer to describe the method in relation to any health area or topic.

Use the presentation notes below to discuss and fill gaps in knowledge.



Presentation

G-A-T-H-E-R is a useful tool that helps providers interact with their clients appropriately and effectively. Each letter of the word stands for an important step in the client-provider interaction.

GREET your clients politely and with a smile.

- Welcome them using local language to make them feel comfortable.
- Introduce yourself and ask how you can help.

ASK your clients about reasons for coming.

- Help them explain how they feel and what they need.
- Ask them about their experience with past ailments, medications, treatments, and about their lifestyles.
- Ask if they have had any medical tests done lately and see if they are willing to share the results with you.
- Listen well, show empathy, and avoid judgments and opinions.

TELL your clients about their choices and proper use of medications.

- Tell them that you will not tell others what they say (confidentiality).
- Tell them about the benefits of further testing, if required.
- Show samples of materials, models, and products if possible.

HELP your clients to understand the instructions and choose treatment options that suit them.

- Help them to understand their available options.
- Find out what they have used before and if they want to switch to another treatment or medication.
- Recommend different choices but avoid making the client's decision for them.

EXPLAIN fully how to carry out the behavior or treatment.

- Give clients printed material to take home, with preference given for visual materials, if literacy is an issue.
- Provide all necessary information for adopting a behavior or carrying out treatment.
- Explain what treatment is, how it works, how to use associated products, the potential side effects and how to manage them.
- Tell clients to come back whenever they wish or if side effects bother them.
- Ask clients to repeat instructions and make sure they understand.
- Explain when to come back for routine follow-up and/or a refill.
- Provide additional information on how clients can care for themselves, e.g., hygiene, nutrition, rest, or exercise.

RETURN for follow-up and **REFER** your clients to other suitable health facilities.

- Encourage clients to come back for follow-up visits.
- Think about what other services your clients may need, e.g., antenatal care, and tell them where to find them.
- During follow-up visits, ask if clients are satisfied and treat all concerns seriously.

Exercise: Explain

- Tell participants that you will read them a short passage and they are to identify what the main message is. Note, the passage can also be found in the participant manual.
- Read a paragraph from a brochure for a client (below):

You are HIV+. Your doctor wants to implement the EMTCT protocol to prevent vertical transmission to your baby. Without following the EMTCT protocol, your baby has a 50% chance of contracting HIV throughout pregnancy. Your doctor will need a blood specimen that is tested at a laboratory to test your viral load and CD4 count. Based on these results, the doctor will determine your ongoing ARV treatment to ensure that your ART keeps the virus suppressed.

Your baby will also receive nevirapine syrup as a prophylaxis for its first six weeks to prevent seroconversion. Your baby will be given DBS at 6 weeks and RT 12 months and 24 months to ensure that they are virus free. If your baby seroconverts at any period, s/he will be treated based on the test and treat protocol.

- Ask participants what they think are the main messages of the paragraph. Ask them if it was easy to identify and remember them. Why?
- Ask participants to change the text in their participant's manual so that the main messages are clearer and more attractive and the information is provided to the reader in simpler easy-to-understand language.
- An example of a clearer brochure can be seen below:

As you are HIV-positive and pregnant, there is a chance that without treatment, you could transmit HIV to your baby. Luckily, treatment has made transmission of HIV to your baby very unlikely. Through a process called “eliminating mother to child transmission”, or EMTCT, your doctor will monitor your health, including several of your HIV-related blood samples, to make sure that your HIV medicines are still suppressing your HIV infection.

After your baby is born, your doctor will also give you baby a similar medicine that you are on to help reduce its chances of getting HIV even more. Finally, to make sure that you baby is HIV-negative, your doctor will test your baby’s blood at 6 weeks with a lab test and 12 weeks with a rapid, facility-based test. If on the very low chance you baby is infected with HIV, s/he will be treated immediately and live a long and healthy life.

- Emphasize that the main messages for the client in that paragraph the doctor wants to protect the baby from acquiring HIV and the steps in doing so.
- Note how the clearer version uses fewer or no acronyms or introduces and explains them if they do.
- Also note that the clearer version uses less clinical language and more humanizing, thoughtful language.
- Ask participants how they can more clearly explain things to their clients.



Facilitator’s Notes

- Language, both in brochures and SBC materials and in the counseling process, is very important. When speaking to a client, you must speak at the same level as the client and explain complex ideas and processes in simple terms.
- Take notice of how you deliver information. Information delivered in a warm and comforting way will always lead to a more effective counseling session than information delivered in an indifferent or judgmental tone.



Exercise: Analyzing Client-Provider Interactions

- Tell participants that you are going to show them some videos of counseling. Tell them that you will pause at certain points during the video to allow them to analyze the counseling.
- First play the unsupportive Counselor video (<https://www.youtube.com/watch?v=5LwQHkBJlwQ>).
 - **Pause the video at 0:56 and ask:**
 - “How do you think this client feels?”
 - What kind of support and information do you think she might need?
 - What IPC techniques do you think would be useful here?”
 - **Pause the video at 1:13 and ask:**
 - “What are the barriers to quality counseling you can see here?”
 - How does the provider feel?
 - Do you sometimes feel this way?”
 - **Pause at 4:48 and ask:**
 - “In what ways was the provider unsupportive of the client?”
 - What biases did the provider manifest?
 - How could she have used the GATHER methodology to improve the interaction?

- How might this Counselor’s behavior affect the community’s perception of FP services?”
 - At the end of the video ask participants to reflect on how the provider and client felt after the interaction.
- Now play the supportive Counselor video. (<https://www.youtube.com/watch?v=gS3EKZZcijs>) Ask participants to look for examples of the GATHER elements.
 - **Pause the video at 1:25 and ask:**
 - “Does this provider face the same challenges as the provider in the other video?”
 - What is different about her response?”
 - **Pause the video at 4:43 and ask**
 - Participants to identify where they saw elements of GATHER being applied. Also ask:
 - “What elements of a good Counselor did the provider demonstrate?”
 - What other components of IPC does this Counselor demonstrate?”
 - **At the end of the video ask**
 - Participants how the client and provider felt after their interaction.
 - **After watching both videos**
 - How can we work toward being a better Counselor (i.e., closer to Counselor #2)?
 - Participants to offer any other reflections or comments.

Using Visual Aids and Other SBC Materials for Counseling



Presentation

Present information about the use of visual aids and SBC materials using the facilitator’s notes below. Note, this information is also included in the participant manual. Explore different ways to present this material. As it is included in the participant manual, participants could potentially present each item in small groups. Similarly, participant volunteers could read boxes bullet-by-bullet.

Using a variety of visual aids and materials enhances the effectiveness of IPCC. Referring to a visual display or pamphlet is especially helpful when conveying information to clients on diseases, preventive and treatment programs, or medical devices. Also, giving reading materials to clients helps them remember important information after they leave the health facility.

BENEFITS OF USING VISUAL AIDS

- Makes complex information or tasks easier for the provider to explain and for the client to comprehend
- Helps clients to remember
- Generates discussion
- Makes small things big enough to be seen
- Captures client's interest and attention
- Helps to point out similarities and differences
- Can make discussion of sensitive terms and issues easier
- Can save time in counseling session if clients have an opportunity to access information earlier
- Reinforces key points and health messages
- Prompts and reminds providers of important information points
- Take home materials help to disseminate accurate information when materials are shared with others
- Reduces information overload by allowing clients to learn at their own pace and leisure

WHEN TO USE VISUAL AIDS

- Group education sessions (e.g., health facility and community)
- Counseling sessions
- Service areas (e.g., waiting room, exam rooms)
- Community events
- Home visits

TYPES OF VISUAL AIDS AT HEALTH FACILITIES

- Posters
- Flipbooks
- Pamphlets
- Models and samples (e.g., body parts, commodities, devices)
- Cue cards

GENERAL TIPS FOR USING VISUAL AIDS

- Make sure visual aids are available and visible by clients in the facility.
- Explain pictures, and point to them as you talk.
- Look mostly at the client, not at the flip chart or poster.
- Change the wall charts and posters in the waiting room from time to time. Then clients can learn something new each time they come.
- Invite clients to touch and hold samples or models.
- If possible, give clients pamphlets or instruction sheets to take home.
- These print materials can remind clients what to do. Be sure to go over the materials with the client. You can mention information, and the client will remember it when he/she looks at the print material later.
- Suggest that the client show take-home materials to other people.

Factors that Positively Influence Effective Counseling



Group Discussion

- Ask participants to mention and discuss factors that positively influence effective counseling.
- Acknowledge correct responses and note the responses on a flipchart.
- Use facilitator's notes to discuss and clarify.



Facilitator's Notes

Factors that positively influence effective counseling include:

- Conducive environment; privacy and confidentiality
- Showing concern to the client
- Being flexible and patient
- Use of appropriate visual aids
- Readiness to assist the client
- Positive attitude of clients toward provider
- Technical competence of provider
- Positive attitude of the provider toward the client
- Use of simple or local language



Role Play: Practice Counseling Skills

- Divide participants into pairs. Using Scenario 1, Scenario 2, and Scenario 3, included as Appendix C in the participant manual, tell each person that they will be the client and the provider (they can choose which scenario they want to act out).
- Have each person take a turn as the client and provider. Each person should be allowed 3–5 minutes as each role (a total of up to 10 minutes).
- Remind participants that while playing the client, they should work to use the G-A-T-H-E-R method (see participants manual for reference).
- After both partners have had a chance to be speaker and listener, ask them these questions:
 - “How did that feel for both client and provider?”
 - How can you use this method in the health facility?”

Wrap Up

- Review the qualities of a good Counselor with the participants.
- Patience, good listening, observant, clear and concise communication, warmth, knowledgeable, empathic, therapeutic, confidentiality, integrity
- Ask participants:
 - What is the difference between IPC and counseling?
 - How is good counseling particularly important for you as a service provider?
 - What does GATHER stand for?
- Ask participants to identify at least one specific way they can use GATHER as they provide services to clients. Have them write down answers in their participants' manuals.
- Conclude by asking participants to reflect on the SBC materials they have access to and how they could use those to better counsel clients. Ask them to write down responses in their manuals.
- Explain that you will finish this training by focusing on a quality that all providers need to effectively use IPCC skills: empathy.

Session Four: Empathic Communication

Overall Goal

To help participants understand the importance of empathy, to feel more empathy toward their clients, and improve listening while providing effective counseling and services to clients.

5 hr
40 min 

Objectives

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

1. Understand that everybody has different perceptions and that those perceptions impact interactions and the way people interpret information
2. Explain what values are and what influences them
3. Reflect on their own values and how they influence service provision
4. Feel increased empathy for their clients
5. Recognize their own biases and how those influence service provision
6. Implement empathic listening in their own practice

MATERIALS NEEDED

Flipchart, paper, and markers

Agree and Disagree papers

Participant manuals and pens

Session Overview

TOPIC	DURATION	METHOD	MATERIALS
Perceptions	40 minutes	Brainstorming Exercise	1. Facilitator's guide 2. Participant manuals 3. Pens
Values	1 hour 30 minutes	Presentation Exercise Self-reflection Discussion	1. "Agree" and "Disagree" papers 2. Facilitator's guide 3. Participant manuals 4. Pens 5. Flipchart 6. Markers
Empathy (seek to understand)	1 hour 30 minutes	Exercise Self-reflection Presentation	1. Facilitator's guide 2. Participant manuals 3. Pens 4. Flipchart 5. Markers
Listening	1 hour 30 minutes	Discussion Exercises	1. Facilitator's guide 2. Participant manuals 3. Pens 4. Flipchart 5. Markers

Wrap up	10 minutes		<ol style="list-style-type: none"> 1. Story 2. Facilitator’s guide 3. Participant manuals 4. Pens
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Perceptions

Tell participants that for communication to be effective it is important to remember that individuals come from different backgrounds. People perceive and think about things differently depending on who they are and how they feel at the time.

- Ask participants what the word “perception” means to them. Explain that perceptions are the way a person understands or interprets something. They contribute to the formation of opinions and beliefs. Discuss what factors influence people’s perceptions. Emphasize that perception cannot be correct or incorrect. It is unique to each individual. Medical providers should take this into account when communicating with clients.
- Invite participants to participate in the following exercise. The purpose of this exercise is to demonstrate that individuals’ perceptions may vary greatly and affect how we each interpret and understand educational materials, people, and communication messages.



Exercise: “Cat”

- Ask participants to close their eyes and relax. Tell them that you are going to say a word, and that each person should use their imagination to picture the object in their mind.
- Say the word “cat” out loud and clearly, and then leave a moment of silence. Ask people to keep their eyes closed and imagine what kind of cat—color, shape, and personality. Leave another moment of silence and then ask participants to open their eyes. Have them write down five things that came to mind about the cat in their participant manuals.
- Ask participants to describe aloud what kind of cat they imagined. Probe to see how they described the cat’s size, color, sex, and personality.
- Remark that while you said only one easily identifiable word, each person in the room imagined a different type of cat. Note that while communication seems to be simple, our personal experiences influence how we perceive things. Our perceptions, in turn, affect how we interact with the world around us.
- Repeat the exercise two or three more times using other words, such as “macaroni salad” or “county health team” and “bush.” Have them write the words that come to mind in their participant manual. Emphasize that though everybody here is a provider, there were different perspectives about these things. Our perceptions of things are influenced by our life experiences, and our perspectives in turn influence the way we see things and how we interact with the world around us.

Values



Presentation

- Start a brief presentation on values by asking participants the following questions:
 - What is a value?
 - What are values based on?
 - Why do values matter?
- Explain that values are based on what we consider important or of worth (e.g., family, respect, money, health, education). Those judgments are influenced by our perceptions. Since perceptions vary greatly from one person to the next, values also vary.
- Values are influenced by gender and social norms, our religion, our families, and our life experiences, our economic power, our place in society.
- Values guide our actions and act as standards for the decisions we make. Values are often the basis for improving our behavior.
- Everybody has different values. Your clients will sometimes have different values than you have, and may take actions that contradict your values. Your clients should make decisions about their health based on their own values, not yours. As a provider, you do not need to agree with the views or values of your clients.
- When you acknowledge your clients' values and communicate in a way that respects those values (even if you do not agree with them), clients will be more likely to trust you and adopt or maintain healthy behaviors.



Exercise: Values Clarification

- Prepare two flipchart pages: one marked “Agree” and another marked “Disagree”. Post the pages at least four feet apart on a wall.
- Note before the exercise that these statements may be controversial and/or provocative. It is okay and expected that we do not all agree.
- Select and read aloud 10–12 of the statements below. Have participants move to stand near the flipchart page that shows their decision about the statement (“Agree” or “Disagree”):
 - a. Condoms should be available to everyone 15 years and above.
 - b. Every woman should give birth at a facility.
 - c. A 21-year-old woman with only one child should be refused a tubal ligation.
 - d. Adolescents should have access to family planning contraceptives.
 - e. Women should not work outside the home.
 - f. Condoms reduce the enjoyment of sex.
 - g. Rich parents take better care of their children.
 - h. The parent of a teenage client who reports she is having sex has a right to know about sex education.
 - i. Unmarried adolescents should not engage in sexual activity.
 - j. If a woman never experiences childbirth, she will feel like less of a woman.
 - k. If a man wishes to have a vasectomy, he should have one, even if his spouse disagrees.

- l. Illiterate women cannot use Intermittent Preventive Treatment in pregnancy effectively.
 - m. It is okay for a woman to have an IUD inserted without telling her husband.
 - n. Some clients want to continue to get pregnant until they have male children.
 - o. People who get HIV through sex deserve it because of the behaviors that they practice.
 - p. Couples can have an enjoyable sex life while using condoms every time they have sex.
 - q. Educating teenagers about condoms will only encourage them to be promiscuous.
 - r. Natural family planning methods are ineffective, difficult, and time-consuming to teach.
- Ask participants to reflect on what they have just seen. Ask them to write down their thoughts in their participant manuals.
 - Write down your thoughts about this exercise. How did it make you feel?
 - What surprised you about this exercise?
 - How are you bringing your own values and beliefs into counseling sessions with clients?
 - Ask a few participants to share some of what they wrote down.
 - Guide a discussion about how their values and beliefs impact the way they interact with clients. Ask participants what their responsibility is to deliver services without personal bias. Discuss ideas for how they can better provide services while respecting their clients' values.
 - Supplement the discussion with points from the facilitator's notes, as needed.



Facilitator's Notes

We all have personal values. Personal values are influenced by gender norms, belief systems of our community, family, faith, and culture.

We must become aware of our personal values and realize they are not shared by everyone. We must avoid imposing our personal values on others which can be interpreted as bias and hinder our ability to offer quality services. We must also meet people where they are at in terms of knowledge and beliefs – and that includes respecting their values and beliefs and providing treatment and services regardless of beliefs.

Provision of unbiased, rights-based, gender-sensitive care is mandated by the Government of Liberia and international professional associations.

Empathy (Seek to Understand)

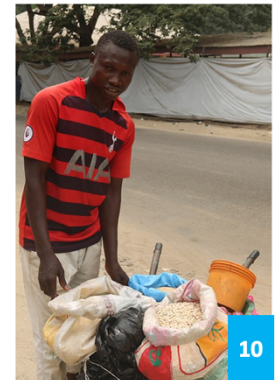
Empathy is the heart of quality service provision. Providing quality services to all clients despite differences in values or actions requires providers to **seek to understand** clients.

Exercise: Associations (using pictures in Appendix E of facilitator's guide)



- Explain to participants that you are going to show them some images, similar to the “cat” exercise they completed previously. Use the full-size images included in Appendix E of this guide. When they see the picture, they should write down the first word that comes to their mind in the notepad. It should be their gut reaction without being filtered. Emphasize that nobody else will see their responses, and the point is to capture the initial thought.

- Show the images one by one. Give participants only 5–10 seconds to write down their word association for each picture, to ensure they are writing down their first thought.
- Ask participants to write down answers to the following questions in their participant manuals:
 - Did any of your responses surprise you? If so, why?
 - How similar do you think other participants' responses are to yours?
- Allow participants to share any thoughts they have about the exercise and their responses.





Exercise: Walk in Another's Shoes

- Tell participants that as human beings, one of our most fundamental needs is to be understood, to receive affirmation. We often say that we cannot understand a person until we have walked in their shoes.
- Ask for a volunteer to come in front of the room. Take your shoes off and tell the volunteer to walk in your shoes so that he/she can better understand how your shoes feel. You may want to instruct the volunteer privately to not take his/her shoes off. The volunteer will be unable to fit in your shoes unless he/she takes off his/her own shoes.
- Ask participants why this volunteer is unable to walk in your shoes. Help them understand that unless the volunteer takes his/her own shoes off, he/she cannot fit in your shoes. Ask participants what it means to “take their shoes off.”
- Emphasize that in order for us to truly understand our clients, we must take our own shoes off first. We must seek first to understand our clients before we seek to be understood. We have to try to remove our own perceptions and biases.

Presentation



- Tell participants that during this training they have learned about and practiced a lot of skills. None of those skills or techniques matter, however, if they do not have a sincere desire to understand their clients.
- Show the image of an iceberg, found in full size as Appendix F. Explain that IPCC skills are at the tip of the iceberg. Those skills are important because they help us build good habits. But these skills will not be effective unless they are based on a sincere desire to understand clients.
- This is why a person's character and desire to understand are represented by the submerged base of the iceberg. A provider can know all the steps to effective communication and counseling—and even practice them—but if there is not a strong desire to understand clients and develop a relationship with them, that will not matter.
- The skills (the tip) must stem from sincerity, openness, and a desire to understand (the base).
- This is why our mantra for interacting with clients is “seek first to understand.” There are many things that are outside of your control as a provider, but you can always choose to seek first to understand.



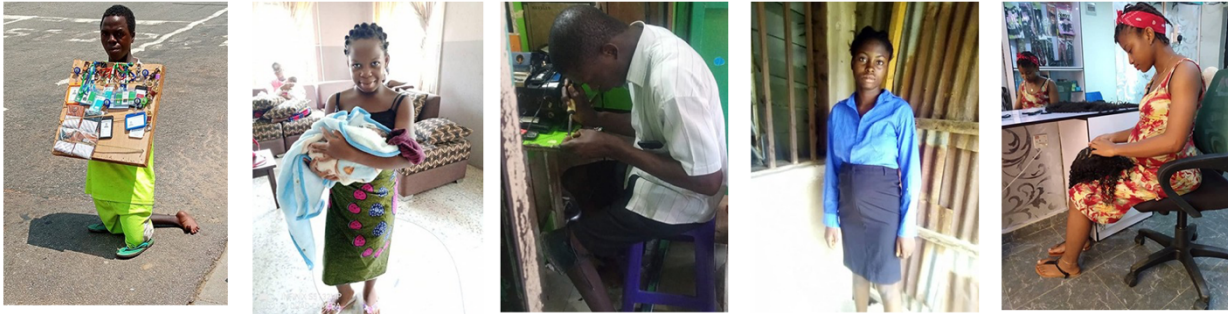
Exercise: Client Stories



- Explain to participants that you are going to take another look at the images they saw earlier. Ask them to consider what you just discussed about seeking first to understand clients.
- Show the same images you showed in the first exercise one by one, but this time provide the details below about the people in each image.

- Image 1: Lorpu is a 16-year-old girl who got pregnant. Her parents are very strict and Lorpu is very scared so she ran away from home.
- Image 2: Gonglo is a chief in Sanniquelleh-Mah District. He is a self-acclaimed philanthropist and loves to host big parties in his community.
- Image 3: Flomo is a son of a millionaire father. He doesn't work but drives the most expensive cars and wears the most expensive clothes.
- Image 4: Kollie is a generator technician. He dropped out of school to learn a trade when he lost his parents. He is working hard so he can save money and go back to school to get an engineering degree.
- Image 5: Gladly is the only female political leader in her community. She has had to overcome gender bias to be elected to serve her community.
- Image 6: Aliyu is a physically challenged person who lives alone. He has no family. He is being led to beg for alms.
- Image 7: Rev. James is a Christian religious and community leader who works tirelessly to help those in his community.
- Image 8: Gayflor is an chief who has just received another chieftaincy title. He owns a shop in a popular market where he sells motor spare parts.
- Image 9: Aisha is 14 years old. She desires to go to school but is afraid that her father will marry her off. Her friend, also 14 years old, is already married.
- Image 10: Abubakar is of Ivory Coast descent. He had to flee from his hometown due to insurgence. He now lives in a foreign place and hawks foodstuff to make ends meet.
- Image 11: Nagbe is a top executive in a commercial bank who earns a lot of money. He is unhappy in his job because he works very long hours and hardly gets to spend time with family.
- Image 12: Garmeh is an illiterate housewife with six out-of-school kids. She would love to send her children to school but she cannot afford it.
- Image 13: Sarah is a petty trader and the breadwinner in her family. She has four children in school. She has a hard time getting away from work to take care of herself.
- Image 14: These children are school-age children, but they are all out of school, and are playing in the street without any supervision. Their parents are working long hours and wish they could spend time with them.
- Ask participants to reflect in their participants' manuals about the following questions:
 - How did having that information change your perceptions about those people? What word(s) would come to your mind now for each image?
 - How might you treat these people differently now that you have that information?
 - In a real situation with a client, how might you go about seeking to understand the client better?
- Lead a discussion about ways the participants think they can better seek to understand their clients.

- Finish the exercise by presenting the positive images. Allow participants to look at each image for 15–20 seconds. Ask participants how their views about these potential clients has changed. Have they ever thought about their clients doing these positive sorts of activities?



Exercise: Redo

- Tell participants that they now have the opportunity to practice what they have been learning about empathy.
- Ask participants to think about a recent interaction with a client that was difficult or went poorly (e.g., perhaps a client did not seem to listen, was frustrating, or had not taken the prescribed actions). Give participants a few minutes to envision the client and the interaction.
- Ask participants to write down in their manuals how the interaction went from their perspective. Give them five to seven minutes to capture their thoughts on the following questions:
 - What happened during the interaction?
 - What was said?
 - How did you feel?
 - What do you think went wrong?
- Now tell participants that they need to switch characters and pretend to be the client from that interaction. Ask them to write down how the interaction went from the client's perspective. Give them five to seven minutes to write about:
 - How did you (client) feel?
 - How did you view the provider?
 - What happened before your interaction with the provider?
 - What do you think went wrong?
- Lead a short discussion about how their perceptions about the interaction changed by viewing it from the client's perspective.
- Divide participants into pairs. Tell participants that they have a chance to redo this negative interaction with their assigned partner.
- Explain that one partner should play the role of provider first. The provider should briefly describe the situation and the client so that the "client" partner can get into character. Remind participants of the mantra and then ask them to redo the interaction with the intention to understand the client.
- Repeat the exercise so that each partner has the opportunity to redo the negative interaction.
- Wrap up by asking how providers could apply this in their practice.

Listening

One of the best ways to increase the empathy we feel for clients is to listen to them. This enables us to seek to understand before we make assumptions or seek to be understood by our clients.

Presentation



Start by sharing an analogy (adapted from Steven Covey):

Suppose you've been having bad headaches, weakness, and blurry vision, so you decide to go to a doctor to see what is going on. After the doctor listens to you for a minute, she pulls open a drawer and grabs a bottle of pills.

'Try these pills,' she says. 'I've been using these pills for years when I get headaches.' You wonder if the pills will help with your kind of headaches, or with the weakness and blurry vision, but you take the pill bottle hesitantly.

After a few days of taking the medicine, your problems get worse. You go back to the doctor and tell her that you feel awful. She says, 'They work great for me, so they should work for you! Just keep trying them.' After assuring her that you have tried, but they just don't work, she tells you to just 'think positively and be grateful for what you have.'

Ask the participants:

- How likely would you be to return to that doctor when you had a problem with your health?
- How much confidence would you have in that doctor since she prescribed before she diagnosed?
- What could that doctor do to better diagnose the problem?

Explain to participants that when we communicate with others, we need to first get the diagnosis right. Once we get the diagnosis right, we can much more easily get the prescription or treatment right. A key to getting the diagnosis right is listening. Really listening while seeking to understand.

Exercise: Silence



- Explain to participants that silence is a very important sound. Many of us, however, do not have a great relationship with silence. We need to, though, because silence is where we can find ourselves. Silence provides context and meaning for all sounds. When there is so much noise around us, we stop paying attention. We stop being aware of the sound around us, including others' voices.
- Instruct participants to take the self-assessment found in their participants' manuals (Adapted from: Julian Treasure).

TOPIC	YOUR SCORE	SCORE: 2	SCORE: 1	SCORE: 0
When was the last time I encountered silence?		Last 24 hours	A few days ago	I can't even remember!

Is there silence while I sleep?		Almost completely	Sometimes	I can't sleep without noise
How much silence can I expect to find each day?		20+ minutes	Less than 10 minutes	Virtually none
Am I able to find silence at work?		Usually I can find some	Occasionally, but I have to work hard for it	Silence at work is an unachievable dream
Am I able to find silence at home?		Usually I can find some	Occasionally, but I have to work hard for it	Silence at home is an unachievable dream
Total:				

If you scored 7-10, well done! You are cultivating a healthy relationship with silence. Keep up the good work.

If you scored 4-6, keep at it! Making some adjustments to your space and behaviors will help improve your relationship with silence.

If you scored 0-3, you need to seriously think through how you can carve out time and space for silence. Allow your ears to rest and listen.

- Ask participants to share their thoughts about their results.
- Explain that we can improve our listening skills by having three minutes of silence twice each day. This silence will help recalibrate our ears and get us ready to listen to those around us, including our clients.
- Lead participants in practicing a three-minute period of silence. Remind participants to turn off phones and put away any distractions. When the three minutes are up, ask participants how it felt to be silent for that amount of time. What did they notice? How difficult was it?
- Finally, ask participants to commit to practicing three minutes of silence daily. Ask them to make a plan in their participants' manual for when and how they will practice silence daily.



Facilitator's Notes

Many listening experts suggest that adopting a silence practice is a core way to improve listening.

This is based on the idea that we are so constantly bombarded with sound and so rarely pause to be silent, that our ability to distinguish sound actually diminishes. It makes it harder to listen well to people's voices and focus on what people are saying. We tend to allow ourselves to get distracted by all the different sounds. But practicing silence helps us rebuild our ability to distinguish sounds and pay attention. Silence also allows people time to connect with themselves.

Silence is not simply an absence of noise. Silence doesn't mean "nothing" but constitutes a part of communication as important as speech. The context of a situation defines the power and message of silence. Constructive silence moves a conversation or discussion forward. Destructive silence shuts down communication and creates barriers that discourage speakers from expressing their thoughts.

Thus, silence can be “laden” and it can also be “golden.” We have all experienced various negative silences that could be called awkward, appalled, embarrassed, defensive, and fearful silences. However, there is also silence that is golden, such as confident, comfortable, reflective, peaceful, or respectful silence. Such silence can be helpful tools to enhance the communication and to promote and maintain the existing relationship.

Presentation



- Ask participants:
 - How can you tell if somebody is really listening to you?
 - What are the signs that somebody is not listening to you?
 - Present the five levels of listening using content from the facilitator’s notes below.
- Clarify any points as needed.
- Present the four stages of empathic listening using content from the facilitator’s notes below.

Facilitator’s Notes



According to Stephen Covey, a successful businessman, there are five levels of listening:

1. Ignoring another person, which is not really listening at all.
2. Pretending: You go through the motions of listening, but are not really listening. You might use words like, “Yeah, uh-huh. Right.” You may have done this with your talkative children!
3. Selective listening: You only hear certain parts of the conversation. This may happen when somebody is talking for a long time or you are not very interested in the subject matter.
4. Attentive listening: This is where you pay attention and focus on the words that are being said.
5. Empathic listening: This is the highest level, and one that many do not reach.

Empathic listening is a structured listening and questioning technique that allows you to develop and enhance relationships with a stronger understanding of what is being conveyed, both intellectually and emotionally.

Benefits of Empathic Listening:

- Builds trust and respect
- Enables release of emotions
- Reduces tensions
- Creates a safe environment that is conducive to collaborative problem solving

Stephen Covey suggests that there are **four developmental stages to empathic listening** skills:

1. **Mimicking content:** This is the least effective method, but it is a useful first stage as it causes you to listen to what the person is saying. It is often part of “active” listening. Mimicking content involves listening to another person’s words and repeating them back. It does not require analysis or interpretation of what has been said, just a mirror of the words. Example:

Person A: “I’m sick of this! Work is horrible!”

Person B: “You are sick of this. You think work is horrible.”

2. **Rephrasing content:** This is slightly more effective because you put the other person's meaning into your own words. It shows you have thought about the words and done some logical interpretation of them.

Example:

Person A: "I'm sick of this! Work is horrible!"

Person B: "Things are not going well at work."

3. **Reflecting feeling:** This is even more effective because you start paying attention to the emotion of the other person. You are listening to how the person feels about the words.

Example:

Person A: "I'm sick of this! Work is horrible!"

Person B: "You're feeling really frustrated."

4. **Rephrasing the content and reflecting the feeling:** This is the most effective because you combine logic and emotion in your listening. You listen to the content (the words) and the feeling. Since we all communicate using words, emotion, and body language, we have to listen to all those parts as well.

Example:

Person A: "I'm sick of this! Work is horrible!"

Person B: "You're really frustrated about work and how things are going."



Exercise: Four Stages of Empathic Listening

- Tell participants to line up in two lines facing each other. Have them identify a partner in the line directly across from them. Make sure the lines are at least five big steps apart.
- One partner will start by stating a short sentiment with the other partner (e.g., "I'm sick of this! Work is horrible!"). The other partner will respond back by mimicking (stage 1). After successfully mimicking, the pair should take one step forward, so they are closer to each other.
- Using the same statement (e.g., "I'm sick of this! Work is horrible!"), each partner will take a turn rephrasing the statement (stage 2). After successfully rephrasing the statement, the pair takes another big step forward.
- Now each partner will take a turn reflecting feeling using the original statement (stage 3). Then the pair takes another big step forward.
- Finally, each partner takes a turn rephrasing content and reflecting feeling from the original statement (stage 4). The pair takes one last big step forward. They should now be fairly close to each other.
- Explain that this is how good listening works. With each progressive stage, you get closer to the person you are communicating with. Barriers fall away and trust increases.
- Ask participants to identify ways they could apply this in their work.

Wrap Up

- Ask participants to summarize four stages of empathic listening.
- Tell participants that, as we have alluded throughout these sessions, human beings really listen with their eyes. If people say something, but their actions are different, those actions speak louder. In fact, only about 10% of our communication is represented by the words we say. The remainder is our sounds and our body language. To listen effectively, we must listen beyond words. We must listen to the language of the heart and the body.
- Ask for two volunteers to act out a short story. One will be the parent and one will be the child. Share the story from Appendix G of your facilitator's guide with them.
- Privately ask the volunteers to emphasize the emotions and actions in the story. While the volunteers act out the story, ask participants to cover their ears as tightly as possible so they cannot hear the words being spoken. Ask participants to make a note of the emotions they see conveyed in the story.
- Background for the story: Parent has been expecting child to come home from school and help with chores. The child is very late but finally arrives.
 - Parent: "Where have you been? I've been waiting for you for hours!" [Emotion: anger and frustration]
 - Child: "I was with my friends. We were asked by my class teacher to visit a classmate who was involved in a motor accident on behalf of the school." [Emotion: annoyance and frustration]
 - Parent: "I really needed your help this afternoon so I felt frustrated" [Emotion: Remorse and sorrow]
 - Child: "I'm really sorry that I didn't come home on time. I will try better next time." [Emotion: Remorse]
 - Parent: "Thank you. Now please come help me with the animals." [Emotion: Happiness]
 - Child: "Thanks for understanding. I'm coming!" [Emotion: Love and happiness]
- Ask participants what emotions they saw displayed. Check with the volunteers to see if the emotions participants mentioned accurately match the words that were said.
- Ask participants, "How can you better pay attention to the emotions being expressed when you speak with clients?"
- Ask participants to identify one to two concrete steps they will take to feel and express empathy toward

Session Five: Empathways

3 hr
50 min



Overall Goal

To help participants build and foster empathy with youth by creating opportunities to improve youth family planning service delivery.

Objectives

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

1. Build greater understanding and empathy between providers and youth clients
2. Develop goals to improve client-youth interactions

MATERIALS NEEDED

- Empathways cards
- Facilitator's guide
- Participant manual

Session Overview

TOPIC	DURATION	METHOD	MATERIALS
Introduction	20 minutes	Presentation	1. Facilitator's guide 2. Cards
Round 1: Getting to know each other	30 minutes	Pair discussion	1. Facilitator's guide 2. Cards
Round 2: Discover	1 hour	Pair discussion	1. Facilitator's guide 2. Cards
Round 3: Connect	1 hour 30 minutes	Pair discussion	1. Facilitator's guide 2. Cards
Wrap up	30 minutes		5. Facilitator's guide 6. Participant manuals 7. Pens

Empathways Instructions

Presentation



- Start by introducing Empathways to the group. Say "Empathways is a card activity designed to take youth clientele and their family planning service providers on a dynamic, engaging journey from awareness, to empathy, to action. The objective is to forge greater empathy between these groups, and then for providers to apply this empathy to improve youth family planning service delivery."
- Start by gathering participants into pairs: one service provider and one young person. Ask them to turn off their phones
- Each pair will need their own deck. Facilitators should also have their own decks.
- If you are using a printed version of the deck, and if you removed any cards, make sure all participant and facilitator decks have the same cards, in the same order.

Empathways Round 1

Presentation



- Starting with Round 1, participants should discuss the content on each card
 - The cards are in numbered order and should be discussed one at a time
 - Each card indicates who should respond to the questions on the card
- Make sure that participants are divided in their provider-youth pairs. Ask participants to each take the Pledge included in Round 1, Card #2.
- Read aloud:
 - This first round encourages you to share personal experiences, perspectives and more. We'll also talk about "family planning" a bit. Who can help us define this term? [*allow time for some responses*]
 - This round will set the tone for an open, honest conversation. There's an instructions card in your deck – you'll have just one or two minutes per card – get ready, and have fun!
 - Note, I will not tell you when to change cards, so feel free to go at a natural and comfortable pace. I will give you warnings when we are halfway through and when there is 5 minutes left.
- Monitor the time noting that pairs only have 30 minutes for Round 1. Provide them a time update after 15 minutes (should be around card #7) and when there is 5 minutes remaining (should be around card 12).
- At the end of 30 minutes, stop pairs, reassuring them that it is okay if they did not finish all cards.
- Move to Round 2.

Empathways Round 2

Presentation



- Read aloud:
 - This deck builds on Round 1 and invites you to discuss how your own experiences and relationships shape your family planning needs, attitudes, and preferences
 - In this round, we'll talk about "health services", "health providers", and "family planning methods". Who can help explain each of these terms we each understand them well? [*allow time for participants to respond, validate correct responses*]
 - Again, an instructions card is included in the deck for guidance, and you'll have just a few minutes per card. Off we go!
 - This round explores how your experiences and relationships shape your family planning needs, attitudes, and preferences. There's an instructions card in your deck – you'll have just a few minutes per card – get ready, and have fun!
 - Again, I will not tell you when to change cards, so feel free to go at a natural and comfortable pace. I will give you warnings when we are halfway through and when there is 5 minutes left.
- Monitor the time noting that pairs only have 60 minutes for Round 2. Provide them a time update after 30 minutes (should be around card #7) and when there is 5 minutes remaining (should be around card #14).

- At the end of 60 minutes, stop pairs, reassuring them that it is okay if they did not finish all cards.

Empathways Round 3

Presentation



- Read aloud:
 - In this final Round, you are invited to imagine how the trust, compassion, and understanding that you have built in Round 1 and 2 can be applied to improve family planning service delivery for youth.
 - **Scenarios:** This Round starts with scenario cards. Take turns reflecting on each scenario and answering the discussion questions. Most of these scenarios are based on real-world experiences from young people around the world. This round may include terms like “IUD”, “Depo”, “condom”, and “menstruation cycle”. Who can help us define these terms before we begin?
 - **Discussion questions:** After completing the scenario cards, providers specifically will be asked to reflect on their takeaways from Rounds 1 and 2 and connect these insights to youth family planning service delivery. Young participants will also be invited to share their take aways in this final found. You will have all instructions on your card.
 - Again, I will not tell you when to change cards, so feel free to go at a natural and comfortable pace. I will give you warnings when we are 30 minutes in, 1 hour in, and when there is 5 minutes left.
- Monitor the time noting that pairs only have 90 minutes for Round 3. Provide them a time update after 30 minutes (should be around card #5), after 1 hour (should be around card #10) and when there is 5 minutes remaining (should be around card #14).
- At the end of 90 minutes, stop pairs, reassuring them that it is okay if they did not finish all cards.

Wrap Up

- After finishing the final reflection question, have them also note it in their participant manual.
- Ask participants to share their commitments for tomorrow and for next month.
- Ask participants to summarize in group discussion some of the insights they gained from Rounds 1, 2, and 3.
- Ask participants, “How can you better pay attention to the emotions being expressed when you speak with clients?”
- Ask participants to identify one to two concrete steps they will take to feel and express empathy toward clients and record them in their manuals.
- Thank the youth participants for joining for this session.
- Explain that you will finish this training with a final wrap up session.

IPCC Wrap Up

1 hr 

Overall Goal

To review and internalize the skills gained in the past several days.

Objectives

By the end of the wrap up, participants will be able to:

1. Reminded on the benefits of IPCC
2. Recognize the role of self-motivation and commitment to achieving positive client-provider relationship

MATERIALS NEEDED

Paper, pens, envelopes

Flipchart

Session Overview

TOPIC	DURATION	METHOD	MATERIALS
Benefits of IPCC	10 minutes	Presentation	1. Facilitator's guide
Motivational Letter	20 minutes	Self-reflection	1. Pens 2. Papers 3. Envelopes
Commitment	30 minutes	Group exercise	1. Flipchart 2. Markers



Exercise: Motivational Letter

- Ask the participants to reflect on what they have felt and learned during these sessions. Ask them to think about how they would like to be treated if they were a client and/or how they hope their family members would be treated. Give them a few minutes to silently think about these questions.
- Tell the participants that they are going to write a motivational letter to themselves. Provide papers and envelopes to the participants. If envelopes are not available, have them store in a safe place. In this letter they will describe why providing quality services and practicing effective IPCC matters to them, any ways they want to change, and specifically what they plan to do once they get back to their facility. Encourage them to capitalize on the emotions they felt during the training.
- Have the participants seal their letters and take them home with them. Tell them to open the letter when they get back to their facilities. They may also choose to share with their supervisor or a peer upon their return. The letter should be referenced frequently, especially when they feel frustrated or overwhelmed.



Exercise: Public Commitment

- Write the commitment below on a flipchart. Leave enough space for participants to sign below the commitment.

- Explain to participants that in order for them to successfully practice the new skills they have gained they will need the support of their peers. Another thing that will help them to practice quality communication and counseling is to be held accountable for doing so. To aid in that process, participants will now have a chance to publicly display their commitment to providing quality services.
- Display the commitment and read it out loud:
 - I promise to seek first to understand my clients. I will listen to my clients' words, emotions, and body language. I will provide care in a respectful and non-judgmental manner to all clients. I will counsel my clients to enable them to make their own decisions.
- Ask all participants to come up and sign the commitment one by one. When everybody has signed, display the signed commitment and invite participants to clap for each other. Hand each participant a small copy of the commitment. Ask them to sign it and keep it near their workstation to remind them of the promise they have made. Supervisors should be checking up on the commitment and how providers are doing. Peers can ask for guidance and support from their peers at regular meetings and can share successes in keeping their commitments.

Appendices: Facilitator's Materials

Appendix A: Client-centered approach cards (Session 1)

Session 1: Elements of a client-centered approach

INFORMATION GIVEN TO CLIENTS	ACCESS TO SERVICES
TECHNICAL COMPETENCE OF PROVIDER	EFFICIENCY AND TIMELINESS
INTERPERSONAL RELATIONS	POSITIVE HEALTH FACILITY ENVIRONMENT
MECHANISM TO ENCOURAGE CONTINUITY AND FOLLOW UP	EFFECTIVENESS

Appendix B: Case scenario (Session 1)

Session 1 Exercise

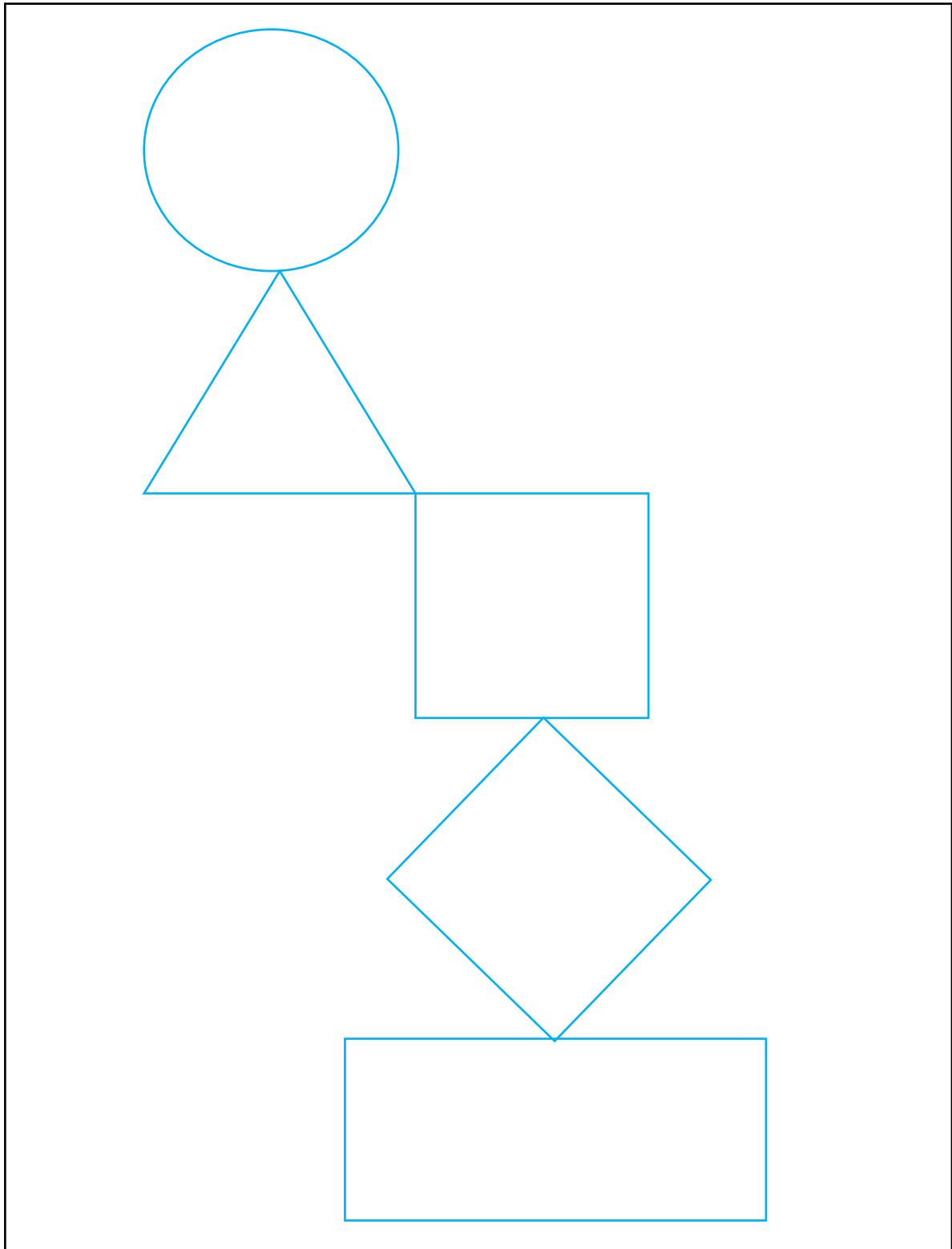
Case Scenario

Ask two participants to act out the following role play. One should act as a client and the other should act as a provider in a health facility.

An 18-year-old married woman from a village who has delivered nine months ago now suddenly realizes that she is pregnant again. She becomes very confused and goes to a health facility for help. At the health facility, a health care provider tells her she is late and that the clinic is already full. He tells her she doesn't seem to have any emergency condition, so she should go back home and come back early another day.

Appendix C: Sender diagram (Session 2)

Session 2 Exercise: One and two-way communication: Sender Diagram



Appendix D: Rehearse for reality (Session 2)

Session 2 Exercise: Rehearse for Reality

Scenario 1

Client: You are a 35-year-old female client who has just been informed that she has active tuberculosis (TB) that you suspect you contracted from one of your sick cows (bovine TB). Currently, you work with your family on your farm. You are reluctant to go to the hospital as you think that your husband will not be able to take care of both your children and the farm. You also don't agree to direct observation of treatment as you do not want to miss work.

Doctor: You have just received the diagnosis for this client, who has active TB disease. She seems very scared and cries. She needs to go to the hospital for up to two months. The client refuses to go to the hospital and wants to get treatment at home and continue working.

A nurse comes to the room saying that you have a phone call in the neighboring room. Ask participants to write down in their participants' manuals why they think a client-centered approach is important and what efforts they will make to take a more client-centered approach in their practice.

Scenario 3

Client: You are a 20-year-old female client who has just gotten married. You have heard about family planning methods and are interested in trying one so that you can complete university studies. You don't know very much about the methods and feel shy talking to a doctor about family planning. You also do not know whether your husband will be supportive of family planning.

Provider: This client is interested in learning more about family planning methods. She seems very young and nervous.

Scenario 2

Client: You are a 40-year-old male client who has come in suspecting you have malaria. The doctor says she wants to test to see if you have malaria, but you don't want to waste your time with a test. You are frustrated that the doctor won't just provide you with treatment.

Provider: You have just received training on rapid diagnostic testing, and you know you should test clients before prescribing medications. The client is resistant and does not want to receive a test to diagnose malaria.

Scenario 4

Client: You are a 14-year-old girl. You are pregnant and in labor. You have never attended antenatal care. Your mother's friend convinced your mother to take you to the health facility for delivery. You are shouting because you are in so much pain. The nurse insists on conducting a vaginal examination.

Provider: You have been on duty all day. You have taken many deliveries today and had no time to eat anything. It is already the end of your shift and the provider for the next shift is nowhere to be seen.

Appendix E: Client associations (Session 4)

Session 4 Exercise: Client Associations and Stories









4













10









Appendix F: Seek to understand (Session 4)

Session 4 Presentation: Seek First to Understand



Appendix G: Wrap up story (Session 4)

Session 4 Wrap Up story

Wrap Up

- Ask participants to summarize four stages of empathic listening.
- Tell participants that, as we have alluded throughout these sessions, human beings really listen with their eyes. If people say something, but their actions are different, those actions speak louder. In fact, only about 10% of our communication is represented by the words we say. The remainder is our sounds and our body language. To listen effectively, we must listen beyond words. We must listen to the language of the heart and the body.
- Ask for two volunteers to act out a short story. One will be the parent and one will be the child.
- Privately ask the volunteers to emphasize the emotions and actions in the story. While the volunteers act out the story, ask participants to cover their ears as tightly as possible so they cannot hear the words being spoken. Ask participants to make a note of the emotions they see conveyed in the story.
- Background for the story: Parent has been expecting child to come home from school and help with chores. The child is very late but finally arrives.
 - Parent: "Where have you been? I've been waiting for you for hours!" [Emotion: anger and frustration]
 - Child: "I was with my friends. We were asked by my class teacher to visit a classmate who was involved in a motor accident on behalf of the school." [Emotion: annoyance and frustration]
 - Parent: "I really needed your help this afternoon so I felt frustrated" [Emotion: Remorse and sorrow]
 - Child: "I'm really sorry that I didn't come home on time. I will try better next time." [Emotion: Remorse]
 - Parent: "Thank you. Now please come help me with the animals." [Emotion: Happiness]
 - Child: "Thanks for understanding. I'm coming!" [Emotion: Love and happiness]
- Ask participants what emotions they saw displayed. Check with the volunteers to see if the emotions participants mentioned accurately match the words that were said.
- Ask participants, "How can you better pay attention to the emotions being expressed when you speak with clients?"
- Ask participants to identify one to two concrete steps they will take to feel and express empathy toward clients and record them in their manuals.