

# INTRHEALTH INTERNATIONAL

## Enhancing Postabortion Care Counseling Skills— An Interactive Learning Toolkit

### Narrator Introduction Disk I

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IntraHealth International, Inc.  
6340 Quadrangle Drive  
Suite 200  
Chapel Hill, NC 27517  
Tel: 919-313-9100  
Fax: 919-313-9108  
[intrahealth@intrahealth.org](mailto:intrahealth@intrahealth.org)

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**Introduction to the Interactive Simulation**

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

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

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

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

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

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

Locate the **Enter** button on your player or computer. Often the **Enter** button will have an arrow on it. After using the directional buttons to highlight the option you want, press the **Enter** button, and the program will take you to the option you selected.

Take a moment to practice using the directional and **Enter** buttons. Use the directional buttons to move the highlight so that **option 3** is highlighted. Notice that the appearance of an option changes when it is highlighted. When **option 3** is highlighted, press the **Enter** button to select it. Selecting **option 3** will move you to the next section of the tutorial.

Locate the control buttons on your player. These buttons are similar to the control buttons

that you might have used on an audio or videotape player.

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

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

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

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

### **Introduction to the Learning Program**

If you have already listened to this introduction, press the **Enter** button to skip ahead. A menu will be displayed so that you can choose where you wish to resume the program.

This interactive learning program is designed to help refresh the counseling skills of post-abortion care providers. The program is made up of a series of scenes from a simulated counseling session. Each scene includes several options showing various ways a provider might behave in that situation.

After watching all the options in the scene, you will be given the opportunity to make a choice about which option you think is best, or depicts the most desirable provider behavior for that situation. The options that you choose from have some elements that are good and some that are not so good.

There is a pause in the program after each option so that you can note your observations. If you wish to take notes you are encouraged to do so only during the pauses so you don't miss what's happening in the story.

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

Narrator 3-0

**Learning Objectives***(Narrator standing in clinic)*

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

- Identify ways to treat all clients with respect and ensure rights to privacy.
- Treat adolescent clients, who may be more sensitive, with care.
- Ensure that your beliefs and values do not interfere with the care that you offer clients.
- Provide information in interactive and understandable ways to clients.
- Use active listening skills, especially questioning skills.
- Counsel about good health practices, for example STI prevention and dual protection.
- Clarify side effects and which ones require a return to the clinic.

As you use the program, think about how you can incorporate what you are learning into your day-to-day practice.

Let's get started. If you want to view the story from the beginning, press **Enter**. If you want to start from a specific point, highlight and select that option.

Enhancing Postabortion Counseling Skills—An Interactive Learning Toolkit  
Story One: The Story of Anne and Margaret  
Scene 1: Identify Concerns

- Option 1
- Option 2
- Option 3
- Mentor Feedback on Option 1
- Mentor Feedback on Option 2
- Mentor Feedback on Option 3

Shot Code	Audio	Video/SFX
AD-1-0	<p><b>Narrator VO:</b> Anne has come to the clinic suffering from the complications of an incomplete abortion performed by a “backdoor doctor.” She is in the care of Margaret, a provider trained to offer post-abortion care services. Margaret completed an evacuation procedure about 30 minutes ago. She has also taken a brief medical history and physical examination and has taken Anne’s observations once since completing the procedure. Prior to the procedure, she administered some pain medication, Panadol, and started Anne on a 7–day course of broad spectrum antibiotics to prevent any infection. Margaret thinks that Anne may now be adequately rested and ready to talk about her situation. Considering what you know about Anne and her situation, select from the options presented, which one you think promises to be the best approach.</p>	<p>Black Screen:</p> <p><b>WS:</b> Establishing shot of the clinic with Anne lying in bed with shoes underneath bed. Ann is crying, she moves slightly, her cheeks are streaked with tears, she seems exhausted and scared. The camera pans closer to Anne, the posters on the walls and returns to rest on Anne. She wipes her face.</p> <p>Soft fade into reintroducing narrator</p> <p><b>Fade to black</b></p>
AD-1-1	<p><b>Provider:</b> So how are you feeling?</p> <p><b>Client:</b> Okay, I guess.</p> <p><b>Provider:</b> You should be just fine. There shouldn’t be any problems at all.</p> <p><b>Client:</b> Do you think so?</p> <p><b>Provider:</b> Yes, of course. We have given you some medicine to deal with the pain. Let me know if you have any more pain and I’ll adjust your medication.</p> <p><b>Client:</b> Okay.</p> <p><b>Provider:</b> Overall, you seem to be doing well. Now you’re no longer pregnant. The procedure that I’ve completed went well. I do not see any signs of infection and your womb does not appear to be damaged in any way.</p> <p>I had briefly explained the procedure earlier, but I’m</p>	<p><b>SFX:</b> Sound of footsteps as provider enters.</p> <p><b>LS:</b> Provider enters room matter-of-factly holding clipboard with Anne’s chart. She moves to front of bed and briskly asks questions, alternating between glancing at the chart and at the client.</p> <p><b>CU:</b> Client</p> <p>Client Behavior reflects the body language displayed by the provider. She spends most of the time not making eye contact, sometimes she cries quietly and mumbles her answers.</p> <p><b>CU:</b> Provider</p>

Shot Code	Audio	Video/SFX
	<p>not sure if you understood. So, I thought I would explain it to you again.</p> <p><b>Client:</b> So you really think I'm fine?</p> <p><b>Provider:</b> Yes, in fact you should be able to go home soon. And I hope you don't find yourself in this situation again. We can help with that you know. There are some choices that you have that can prevent pregnancy, and we can talk about those before you leave.</p> <p><b>Client:</b> Fine.</p> <p><b>Provider:</b> Do you have any questions?</p> <p><b>Client:</b> No.</p> <p><b>Provider:</b> Very good. I'm glad you came to the clinic when you did. You have avoided serious complications, and you'll get well soon.</p>	<p><b>LS:</b> Provider and client, provider looking at client.</p> <p><b>CU:</b> Provider</p> <p><b>CU:</b> Client</p> <p><b>CU:</b> Provider</p>
	<p style="text-align: center;"><b>Stop fade to black</b></p> <p><b>Narrator:</b> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and didn't like about the provider's behavior. Select <b>proceed with program</b> if you are ready to move on.</p>	
AD-1-2	<p><b>Provider:</b> It's normal to be upset, Anne. Perhaps you would like to talk about it. Can you describe your feeling? Where is the pain?</p> <p><b>Client:</b> I'm not really feeling that bad, just some pains and cramping down here. (<i>holds hand over abdomen</i>)</p> <p><b>Provider:</b> It's good that the pain is reducing. Should you start to feel worse again, let me know and I will give you some Panadol. When I took your observations earlier, they were normal. I think you are improving nicely. I have started you on some medicine to help prevent an infection.</p> <p><b>Provider:</b> What you have been through is very difficult.</p>	<p><b>Shot:</b> Into room. Anne is lying down.</p> <p><b>LS.</b> Margaret walking into room. She places her clipboard on the table and reduces the light, smiling comfortably at Anne as she does so. Her body language is empathetic, warm, and accepting of client, and she will maintain eye contact with Anne throughout.</p> <p><b>CU:</b> Anne's face. She is sobbing</p>

Shot Code	Audio	Video/SFX
	<p><i>(leans toward the client in an overt display of compassion, taking her hand)</i> You may find that you have emotional pain as well as physical discomfort. We can talk about your concerns if you would like.</p> <p><b>Client:</b> I am so scared and worried. <i>(wipes away tears and tries to regain her composure)</i></p> <p><b>Provider:</b> That's very understandable after what you have been through.</p> <p><b>Client:</b> I do not want this to hurt my chances of finishing high school and going to university. I want that so bad, and my family is counting on me for that. And someday I want babies and a family of my own, but not now. This is so bad.</p> <p><b>Provider:</b> There is no reason to think that this will hurt your chances of going to the university or having a family of your own someday. From the little that you were able to tell me when you arrived, I know you were pregnant, and you went to someone for assistance. You are no longer pregnant. The procedure that I completed went well. I do not see any signs of infection, and your womb does not appear to be damaged in any way. I briefly explained the procedure to you earlier. But I am wondering, now that you are somewhat feeling better, do you have any questions?</p> <p><b>Client:</b> No, not really, as long as you think it went well.</p> <p><b>Provider:</b> <i>(nods head showing that she understands)</i> I thought maybe, Anne, if it is okay with you, we could talk about your situation, unless you would rather be left alone right now. Do you mind if I stay for a few minutes so we can talk?</p> <p><b>Client:</b> Sure, I guess so. I don't really want to be alone right now.</p>	<p>quietly. Her face is streaked with tears, her eyes are red.</p> <p><b>MS.</b> Margaret speaking to Anne. She reaches out and grabs hands.</p> <p><b>MCU:</b> Anne's face.</p> <p><b>MCU:</b> Provider</p> <p><b>LS:</b> Margaret and Anne</p>
	<p style="text-align: center;"><b>Stop fade to black</b></p> <p><b>Narrator:</b> Take a moment to reflect on what you have seen. If you would like, take a note about what you</p>	

## Shot Code

## Audio

## Video/SFX

AD-1-3

liked and didn't like about the provider's behavior.  
Select **proceed with program** if you are ready to move on.

**Provider:** So, what happened? Do you want to talk about it?

**Client:** No, not really. (*looking away, struggling to regain her composure*)

**Provider:** That's fine. Do you have any pains?

**Client:** Yes, some.

**Provider:** The medication should reduce the cramps caused by the contractions of your womb.

**Client:** Good.

**Provider:** Any other questions?

**Client:** (*pause*) Uh...I don't know.

**Provider:** Well, then there are a few things that I would like to talk to you about--some things that people in your situation need to know. What you have been through is very difficult. You may find that you have emotional pain as well as physical discomfort. Both can be problems.

**Client:** I...I am fine, I think. I mean I will be fine once my pain stops.

**Provider:** People often remember the emotional pain long after the physical pain is gone. So you have to deal with both and admit to yourself that this has been very difficult. That is the first step—acknowledging your own emotions and feelings. We are helping with the physical pain, and you can ask any questions you have about this or other things.

**Client:** I am so scared and worried. And I don't want any of this to hurt my chances of finishing high school and going to university. I want that so bad and my

Shot Code	Audio	Video/SFX
	<p>family is counting on me for that. And someday I want to have babies and a family, but not now. This is so bad</p> <p><b>Provider:</b> There is no reason to think that this will hurt your chances of going to the university or having a family of your own someday. Many people have gone through what you have gone through. They have worked out their problems and gone on to do what they want and to have children. I can think of so many examples where this has happened. <i>(conversation continues as the scene fades)</i></p>	
	<p style="text-align: center;"><b>Stop fade to black</b></p> <p><b>Narrator:</b> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and didn't like about the provider's behavior. Select <b>proceed with program</b> if you are ready to move on.</p>	
	<p><b>Narrator:</b> You have now seen all the options for this scene. If you are ready to make a choice about which option is best, press <b>Enter</b>. If you are uncertain and want to re-watch an option, highlight <b>Re-watch Option</b> and press <b>Enter</b>.</p> <p>Highlight the option that you think showed the best provider behavior then press <b>Enter</b>.</p>	

Shot Code	Audio
<p><b>Mentor Feedback- 1-0</b></p>	<p><b>Narrator:</b> Although the provider's initial questions seem open-ended...</p> <p><b>Provider:</b> <i>So how are you feeling?</i></p> <p><b>Narrator:</b> ...when used in this situation with the accompanying non-verbal behavior, it does not invite a real response from the client. It seems somewhat impersonal, especially since she is still standing. And when the provider goes on to reassure her that she should be just fine and that there should be no problems...</p> <p><b>Provider:</b> <i>You should be just fine. There shouldn't be any problems at all.</i></p>

**Narrator:** ...it tends to discourage any interaction that the client may want to initiate. Throughout the scene, the provider does a good job of explaining and reassuring the client about physical issues, but she does not draw Anne out or appear open to discussing Anne's actual emotional issues, and this is very important given the trauma Anne has just experienced. Even though the provider offered to talk about ways to avoid this situation in the future, the overall climate was not right for the client's response.

On the other hand, the provider exhibits respectful and friendly behavior throughout, especially once she sits down. She is non-judgmental. Also, it is good that the provider gives information to reassure the client that she is okay physically, even though she does it in a one-way manner. Overall, the problem is that the provider in this option is telling too much and not interacting enough.

**VO:** *Option Two was the correct option in this scene. If you would like to listen to the mentor's feedback for that option or another option, highlight your selection and press **Enter**.*

*Select **Proceed with Program** if you are ready to move on.*

## Mentor Feedback- 1-2

**Narrator:** This is the best option in this situation. It was an excellent demonstration of how a sensitive provider can build confidence and communication with a client who has just gone through a traumatic experience. Margaret, the provider, showed us how a warm and empathetic demeanor can relax the client and help develop a good rapport between the client and provider. She began to build rapport almost immediately.

**Provider:** *It's normal to be upset Anne. Perhaps you would like to talk about it?*

**Narrator:** She came in, adjusted the light, and maintained good eye contact. She then sat down and started the conversation by asking how Anne felt and about the pain. Notice how the provider invited the client to engage in conversation using open-ended questions. Here are some examples:

**Provider:** *Can you describe your feeling? Where is the pain?*

**Narrator:** She also was attentive and patient in waiting for responses. The provider also checked to see how the client was feeling both physically and emotionally, and waited to hear the responses. This interaction sets a good atmosphere that is very conducive for more interaction. Keep in mind that, like you, all providers are busy, yet she resisted the temptation to hurry through the counseling session. This takes discipline as well as good counseling skills.

**VO:** *Option Two was the correct option in this scene. If you would like to listen to the mentor's feedback for that option or another option, highlight your selection and press **Enter**.*

*Select **Proceed with Program** if you are ready to move on.*

**Mentor  
Feedback-  
1-3**

**Narrator:** Although, the provider in this option remains warm and exhibits concern for the client, she is not quite as diligent about creating good rapport. Her opening questions appear to be an invitation to the client to have a conversation, but they are asked in a way that doesn't really encourage the client to talk.

**Provider:** *So what happened? Do you want to talk about it?*

**Narrator:** She also remains standing at first and this creates some distance. She engages in a provider behavior that is subtle to see but is not very effective. Rather than having a two-way conversation about the client's emotional state, the provider tells her about the physical and emotional pain. Please watch this:

**Provider:** *There are few things that I would like to talk to you about--some things that people in your situation need to know. People often remember the emotional pain long after the physical pain is gone. Many people have gone through what you are going through. They have worked out their problems and gone on to do what they want -- have children.*

**Narrator:** She generalizes, talks about people remembering the emotional pain, and says that many people have gone through this. She then gives her advice. While there is some merit in this, and it seems well intentioned, it is not as good as drawing the client out through good questions, listening carefully, and attending to what is happening with Anne as an individual. Note too that the provider never really asks the client how she is feeling. She just makes a statement inferring that the client should be feeling better. However tempting it is to do so, telling people how they are feeling or should feel is generally not effective. Clients should be helped to examine their feelings and begin to address them.

Enhancing Postabortion Counseling Skills—An Interactive Learning Toolkit

Story One: The Story of Anne and Margaret

Scene 2: Ensure Client's Rights

- Option 1
- Option 2
- Mentor Feedback on Option 1
- Mentor Feedback on Option 2

Shot Code	Audio	Video/SFX
AD-2-0	<p><b>Narrator:</b> Anne is feeling somewhat better and has indicated an interest in talking about her situation with Margaret, the provider. Considering what you know about Anne and her situation, select from the options presented which one you think promises to be the best approach.</p>	<p><b>WS:</b> Anne is sitting up in bed and looking somewhat more composed. She is reading a poster.</p> <p><b>CU:</b> Camera pans over the Human Rights poster.</p> <p><b>WS:</b> The provider is moving a chair near the bed.</p>
AD-2-1	<p><b>Provider:</b> Let me close the curtain so we can have some privacy (<i>pulls curtain</i>). There. Now we can talk about whatever worries or concerns you may have. Whatever we talk about here is completely confidential, just between you and me. I won't discuss your case with anyone – not other providers, or your teachers, or your school matron, or your parents, or your boyfriend – no one, unless you ask me to.</p> <p><b>Client:</b> My schoolmates, my teachers, my parents don't know I was pregnant, and I don't want them to find out.</p> <p><b>Provider:</b> The only time that I might consult with other providers or your parents is if you should become seriously ill and develop life-threatening complications that require emergency treatment. Even then, I would still ask your permission to find out who you want to make decisions regarding your health in the event that you cannot.</p> <p><b>Client:</b> Good, I am happy that you will not tell anyone. But, do you really think I'll develop complications?</p> <p><b>Provider:</b> You seem to be doing fine, so I do not expect any problems. In a few minutes, we will discuss some of the warning signs that you need to watch out for, just in case.</p> <p><b>Provider:</b> Sorry, Anne, I forgot to switch it off.</p> <p><b>Provider:</b> So, even though you did not tell anyone you</p>	<p><b>WS:</b> Provider moves around the bed to the door and latches it. Her tone of voice and body language is empathetic. She speaks in a subdued and caring voice and makes every effort to ensure privacy.</p> <p><b>CU:</b> Hand latching the door.</p> <p><b>WS:</b> Provider moves around to near the chair, but she remains standing.</p> <p><b>CU:</b> Anne who is not yet making eye contact.</p> <p><b>CU:</b> Anne shows she is beginning to be interested, and makes eye contact.</p> <p><b>WS:</b> Provider and Anne</p> <p><b>SFX:</b> Provider's mobile phone rings. She pulls it out of her pocket and switches it off.</p>

Shot Code	Audio	Video/SFX
	<p>were pregnant, does anyone know that you are here, other than the school matron?</p> <p><b>Client:</b> Gosh no. I didn't tell anyone, otherwise the whole school would gossip about it.</p> <p><b>Provider:</b> Do you think you might ever want to tell anyone?</p> <p><b>Client:</b> Maybe someday, but not now. For now, I just want to keep it to myself.</p> <p><b>Provider:</b> That's fine. If you should change your mind though, maybe I can help you figure out how you can go about telling this. It is never an easy thing to do. Until then, we will just keep it between us.</p> <p><b>Client:</b> You mean like a secret?</p> <p><b>Provider:</b> Exactly, it will be our secret. As a client, you have rights too. You also have a right to all the information that you need, so that you can make a good health-related decision on your own.</p> <p><b>Client:</b> I didn't know that.</p> <p><b>Provider:</b> It is true. You also have a right to high-quality treatment and follow-up, as if you were an adult. I noticed you looking at the Client's Rights poster earlier. It is my job to ensure all these rights for all my clients.</p> <p><b>Client:</b> So you mean we can talk about anything I am interested in, including how I can prevent getting pregnant again?</p> <p><b>Provider:</b> Yes, definitely. We can talk about whatever you want.</p> <p><b>Client:</b> Good. I am so relieved.</p>	<p>Provider pulls the chair close to the bed and sits down.</p> <p><b>CU:</b> Client</p> <p><b>SFX:</b> Provider's question in voice over</p> <p><b>WS:</b> Provider and Anne</p> <p><b>CU:</b> Anne</p> <p><b>WS:</b> Provider and Anne</p>
	<p style="text-align: center;"><b>Stop fade to Black</b></p> <p><b>Narrator:</b> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked</p>	

Shot Code	Audio	Video/SFX
	<p>and didn't like about the provider's behavior.</p> <p>Select <b>Proceed with Program</b> if you are ready to move on.</p>	
<p><b>AD-2-2</b></p>	<p><b>Provider:</b> Let me close the curtain, so that we can have some privacy (<i>pulls curtain</i>). There. Now we can talk about whatever worries or concerns that you may have. Just remember, this is completely confidential, just between you and me. I won't discuss your case with anyone – not other providers, or your school matron, or your teachers, or your parents or your boyfriend – no one, unless you ask me to.</p> <p><b>Client:</b> My schoolmates, my teachers and my parents don't know I was pregnant and have gone through all this. And I do not want them to find out.</p> <p><b>Provider:</b> Let's talk about what is upsetting you. I see from the notes that I made on your chart that this appears to be an abortion that was induced by a "back door" doctor using some crude instrument. That must have been a very traumatic experience for you.</p> <p><b>Client:</b> Yes it was very scary, and I am afraid that people might find out about it.</p> <p><b>Provider:</b> Don't worry about that. What is most important is that you are okay. People will probably find out, but it is none of their business.</p> <p><b>Client:</b> Yes, but not even my parents or my school mates know about it.</p> <p><b>Provider:</b> You need to be very careful about who you tell. (<i>Provider takes brief mobile call</i>) Sorry.</p> <p><b>Client:</b> But what should I tell them if they were to find out?</p> <p><b>Provider:</b> I really wouldn't worry so much. This happens a lot—more than you would think. Many people have faced this situation and have just been fine.</p>	<p><b>WS:</b> Provider moves around the bed to close the curtain. Her tone of voice and body language is friendly but businesslike. By closing the curtain, she indicates she is making an effort to ensure privacy.</p> <p><b>CU:</b> pulling curtain.</p> <p><b>WS:</b> Provider sits down in the chair.</p> <p><b>WS:</b> Provider, Anne. Margaret sits in the chair and looks at her chart while talking about the "back door" doctor. Her body language, while not unfriendly, is businesslike. She is somewhat formal. As she says, "Let's talk about..."</p> <p><b>WS:</b> Provider and Anne</p> <p><b>SFX:</b> Provider's mobile rings</p> <p><b>WS:</b> Provider answers phone, says a few remarks, then says goodbye and breaks the connection.</p> <p><b>CU:</b> Anne is looking at the provider, waiting for the phone talk to end.</p>

Shot Code	Audio	Video/SFX
	<p><b>Client:</b> Still, I don't know what I would say.</p> <p><b>Provider:</b> I don't think anyone will know. You are going to be very careful who you tell, and you don't have to worry about us here at the clinic. It is your right for this to remain secret. You also have a right to high quality treatment and follow-up as if you were an adult. I noticed you looking at the Client's Rights poster earlier. It is my job to ensure all these rights for all my clients.</p>	
	<p><b>Narrator:</b> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and didn't like about the provider's behavior. Select <b>Proceed with Program</b> if you are ready to move on.</p>	
	<p><b>Narrator:</b> You have now seen all the options for this scene. If you are ready to make a choice about which option is best, press <b>Enter</b>. If you are uncertain and want to re-watch an option, highlight <b>Re-watch Option</b> and press <b>Enter</b>.</p> <p>Hight the option that you think showed the best provider behavior then press <b>Enter</b>.</p>	

Shot Code	Audio
<p><b>Mentor Feedback-2-1</b></p>	<p><b>Narrator:</b> This was definitely the best option for the provider in this situation. Notice that Margaret invited Anne, her client, into a private conversation (scene showing Margaret closing the curtain) by closing the curtain and ensuring Anne very carefully that their conversation would be confidential. This immediately made Anne more comfortable about discussing her concerns. Privacy in situations like this is especially important to adolescents.</p> <p><b>Provider:</b> <i>I won't discuss your case with anyone—not other providers or your teachers or your school matron, or your parents or your boyfriend—no one, unless you asked me too.</i></p> <p><b>Narrator:</b> Margaret was very warm and emphatic toward Anne and sat in a chair to help convey a sense of equality. Margaret also demonstrated how a provider can pursue what is of interest to the client while at the same time discussing information that a provider is obliged to share with the client. Margaret was careful to console Anne about concerns that she raised,</p>

which encouraged Anne to confide in her further. In addition to guaranteeing her privacy and confidentiality, Margaret reminded Anne of other client rights, including her right to be treated like an adult and to be given the information that she needs to make her own decisions.

In an ideal counseling session, a provider should minimize interruptions (*insert providers cell scene*). In this instance, the provider quickly silences her ringing mobile without answering it and excuses herself, so that it creates only a minor distraction during their conversation. This allows her to maintain her focus on the concerns raised by the client.

*VO: Option One was the correct option in this scene. If you would like to listen to the mentor's feedback for that option or another option highlight your selection and press **Enter**.*

*Select **Proceed with Program** if you are ready to move on.*

**Mentor  
Feedback-2-2**

**Narrator:** Notice that in this scene Margaret invited Anne, her client, into a private conversation by closing the curtain and carefully assuring Anne that their conversation will be confidential. This is intended to make Anne more comfortable about discussing her concerns. Privacy in situations like this is especially important to adolescents. However, even though the provider sounds as if she is inviting a conversation when she asks the client to talk about why she is upset, the provider does not pause sufficiently to give the client much of a chance to talk. The provider tends to follow-up by talking herself. For example, after a short response from the client, the provider jumps in and advises her not to worry. Let's take a look.

***Provider:** I really wouldn't worry so much. This happens a lot more than you think. Many people have faced this situation and have just been fine.*

**Narrator:** While this may be accurate, it is of little comfort to give general comments or advice to someone who is in the middle of her own crisis. In fact, this kind of approach can be negative and can give the message that a client's concerns are minor, or worse, should be denied. Margaret also allowed herself to be interrupted briefly to answer her mobile phone in what appears to be a personal call (*insert provider's mobile scene*). While this wasn't a long interruption, any non-emergency interruption in a sensitive conversation is undesirable.

It is positive that the provider does talk about client's rights and points out the client's rights poster. However overall, how she does it fits into a pattern of provider behavior in this option. She is telling too much, not soliciting client input effectively, not asking good questions or addressing the client's concerns. As a result, she is not weaving her input into a genuine two-way client-provider conversation. Even though the information the provider is telling is good, it is not nearly as effective as if it were done in a two way uninterrupted conversation.

Enhancing Postabortion Counseling Skills—An interactive Learning Toolkit

Story One: The Story of Anne and Margaret

Scene 3: Share Information

- Option 1
- Option 2
- Option 3
- Mentor Feedback on Option 1
- Mentor Feedback on Option 2
- Mentor Feedback on Option 3

Shot Code	Audio	Video/SFX
AD-3-0	<p><b>Narrator:</b> Anne and Margaret have been discussing Anne’s situation and Margaret has created a private space and assured Anne that their conversation will be confidential. Anne seems to feel safe talking with Margaret.</p> <p>Considering what you know about Anne and her situation, select from the options presented which one you think promises to be the best approach.</p>	<p><b>WS:</b> Anne and Margaret are sitting in chairs facing each other.</p>
AD-3-1	<p><b>Provider:</b> You know, I am very sorry that you got yourself into this situation. I know it has been difficult for you; however, girls your age really should not be here. If you would just be more careful about who you go with, if you would just be more willing to say “no,” you would never have gotten yourself into this situation.</p> <p><b>Client:</b> But I never meant for this to happen. It just did. It’s...difficult.</p> <p><b>Provider:</b> It’s difficult, I know. But is it more difficult than what you have gone through as a result of your actions?</p> <p><b>Client:</b> No, this has been awful. And I don’t want it to happen again.</p> <p><b>Provider:</b> I don’t want it to happen again either. And it shouldn’t if you learn from this. Don’t you see that you are young, that you have a whole life ahead of you? You were lucky you were not seriously injured this time, but you must develop discipline in the future, or it might be worse next time. Don’t you think you can avoid this in the future?</p> <p><b>Client:</b> I’ll try. When are you going to finish? I am anxious to get back for my classes.</p> <p><b>Provider:</b> In a few minutes. There are still some</p>	<p>The Provider is attentive, looking carefully at Anne, and appearing concerned. The Provider is reasonably sympathetic with Anne throughout the scene, if also a bit judgmental. She is sitting across from Anne. Anne is alert and attentive.</p> <p><b>Panning shot:</b> Anne and provider</p> <p><b>CU:</b> Provider with background in shot.</p> <p><b>CU:</b> Anne</p> <p><b>CU:</b> Provider</p> <p><b>CU:</b> Anne, looking a bit distressed and sad.</p> <p><b>Panning shot of:</b> Provider and Anne</p> <p><b>CU:</b> Anne, looking somewhat uncomfortable.</p>

Shot Code	Audio	Video/SFX
	<p>important things I need to tell you before you leave. For example, something you probably didn't know is that if you have an abortion, you can get pregnant again within two weeks. That is just one reason that it is so important for girls of your age to be careful, and learn to say "no" until you are a little older and can be more responsible.</p> <p><b>Client:</b> I'll...I will...do my best.</p> <p><b>Provider:</b> Well, if you can't avoid sex, then you should use the pill or the injection. That is what most girls your age use. Do you understand these methods?</p> <p><b>Client:</b> Sort of. <i>(looking away)</i></p> <p><b>Provider:</b> What do you want to do?</p>	<p><b>CU:</b> Provider looking somewhat impatient.</p> <p><b>Camera pans:</b> To Anne's face, and catches her words.</p> <p><b>MS:</b> Anne and Provider</p>
AD-3-2	<p><b>Stop fade to Black</b></p> <p><b>Narrator:</b> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and didn't like about the provider's behavior. Select <b>Proceed with Program</b> if you are ready to move on.</p>	
	<p><b>Provider:</b> Let me tell you about your options. There are really only two: to get pregnant again or not. Something you probably didn't know is that after you have an abortion, you can get pregnant again within two weeks.</p> <p><b>Client:</b> Ay — You mean that I could get pregnant so soon?</p> <p><b>Provider:</b> Indeed you can. What happens is that the hormones in your body start working again right away. So, you might notice some emotional ups and downs for another week or so.</p> <p><b>Client:</b> I just want to be sure that I don't get pregnant soon, and I'm worried that I may not be able to have children later.</p> <p><b>Provider:</b> The procedure that you underwent today should have no effect on your ability to have children</p>	

later. If everything heals as I expect that it will, and you take care of yourself, you will be fine.

**Client:** That is good. Someday I really want to have children of my own.

**Provider:** Well, let me tell you about the menstrual cycle. When you start bleeding, that marks the beginning of your menstrual cycle (*points to The Menstrual Cycle; points to day 1*). You can measure the length of your cycle by counting how many days it is from the first day of the bleeding until the bleeding starts again. Women who do have regular periods can better predict when they might be fertile, though there are other signs that women can check to be sure. If you look at this diagram, you can see the day of ovulation where the egg is ready to be fertilized.

**Client:** Okay.

**Provider:** Have you ever used contraceptive methods before?

**Client:** No. I thought about getting condoms once, but I didn't.

**Provider:** There are a variety of contraceptive methods available. However, most women your age choose the pill, or the injection, or to just not have sex. Do you understand?

**Client:** Well...a little. Like I said, I do not want to get pregnant again soon, and I want to have children someday. I will be able to have children, right?

**Provider:** Sure, no problem, but let me tell you more about the methods I mentioned, and the reasons why you should choose them, also about how you can prevent sexually transmitted diseases.

**Client:** Um, okay.

Shot Code	Audio	Video/SFX
	<p style="text-align: center;"><b>Stop fade to Black</b></p> <p><b>Narrator:</b> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and didn't like about the provider's behavior. Select <b>proceed with program</b> if you are ready to move on.</p>	
AD-3-3	<p><b>Provider:</b> First, let's make sure that you understand how you got pregnant. What can you tell me about how women get pregnant?</p> <p><b>Client:</b> Well, we learned a little about it in our biology lessons, but I never really understood how it applies to me. It just didn't make much sense at the time.</p> <p><b>Provider:</b> Let me see if I can explain it better. When you start bleeding, that marks the beginning of your menstrual cycle (<i>show illustration/poster from The Menstrual Cycle; point to day 1</i>). You can measure the length of your cycle by counting how many days it is from the first day of bleeding, until the bleeding starts again. What have you observed about your own cycle? Have you ever counted the number of days?</p> <p><b>Client:</b> No. I have not, but it does not seem very regular. Sometimes it seems longer between bleeding, and sometimes there is more blood for more days.</p> <p><b>Provider:</b> So it appears that your cycle is not quite regular. That can make it hard to know when you might be fertile. Look at this diagram of the cycle, and see if you can find the day of ovulation, where the egg is ready to be fertilized.</p> <p><b>Client:</b> (<i>studying the poster/illustration</i>) Is this it?</p> <p><b>Provider:</b> Yes that's it. Notice that it is 14 days before the end of the cycle. In your case, it would be difficult to estimate your fertile days, since it seems that your cycles are different. On the day of a normal ovulation, the egg is ready to be fertilized.</p>	<p>The Provider is attentive, speaking in a subdued and caring voice. She is sitting across from Anne. Anne is alert and attentive.</p> <p><b>2-shot MS:</b> Provider and Anne</p> <p><b>Provider</b> takes chart on the Menstrual Cycle, and points to Day 1. Camera tracks her movement, ending with a MS.</p> <p>Anne looks at chart and then points at chart. Camera zooms in to where she is pointing.</p> <p><b>CU:</b> Anne's face and reaction to this information about the life of a sperm.</p> <p><b>CU:</b> Provider's fingers pointing to features on the charts and camera zoom in.</p>

**Provider:** However, what makes it more complicated is that your boyfriend's sperm can live inside you for several days after you have sex.

**Client:** I didn't know that.

**Provider:** Yes, many women are surprised to learn that. What it means is that you can actually get pregnant if you have sex several days before ovulation too, as shown here in this illustration. (*point to fertile days on the poster*) Does that make sense?

**Client:** Yes, I think so.

**Provider:** Good. The other thing that you should know is that after an abortion you can get pregnant very quickly, even within two weeks. The hormones in your body start working right again so you may notice some emotional ups and downs for another week or so. Am I going too fast? Do you have any questions?

**Client:** No, not about this. I want to be sure that I won't get pregnant soon, but I'm also worried that I may not be able to have children later.

**Provider:** Alright then, let's talk about that. First, let me assure you that the procedure that you underwent today should not have an effect on your ability to have children later. If everything heals, as I expect that it will, and you take care of yourself, you will be fine.

**Client:** That is good. Someday I really want to have a family of my own.

**Provider:** Have you ever used contraceptive methods before?

**Client:** No. I thought about getting condoms, but I didn't.

**Provider:** Let's talk about what methods are available and the reasons why you might consider them. Also let's

Shot Code	Audio	Video/SFX
	<p>talk about how you can prevent sexually transmitted diseases.</p> <p><i>Client:</i> Okay. Sounds fine to me.</p>	
	<p style="text-align: center;"><b>Stop fade to Black</b></p> <p><b>Narrator:</b> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and didn't like about the provider's behavior. Select <b>Proceed with Program</b> if you are ready to move on.</p>	
	<p>You have now seen all the options for this scene. If you are ready to make a choice about which option is best, press <b>Enter</b>. If you are uncertain and want to re-watch an option, highlight <b>Re-watch Option</b> and press <b>Enter</b>.</p> <p>Highlight the option that you think showed the best provider behavior then press <b>Enter</b>.</p>	

**Mentor  
Feedback-3-1**

**Narrator:** The provider exhibits good intentions and indicates she cares about the client. She maintains good eye contact and seems very sympathetic. Yet, through her words and her messages, she appears biased about providing services to adolescents. Let's take a look at these examples:

***Provider:** Girls your age really should not be here. If you would just be more careful about who you go with, if you would just be more willing to say "no," you would never have gotten yourself into this situation. But you must develop discipline in the future or it might be worse next time. That is just one reason that it is so important for girls of your age to be careful, and learn to say "no" until you are a little older and can be more responsible.*

**Narrator:** While well meaning, these remarks indicate a kind of bias toward the adolescent client. Ministry of Health policies prohibit this type of bias. All clients are guaranteed certain rights and providers are obliged to ensure them. Providers, however well meaning, cannot allow their personal biases to restrict a client's care, or to create an atmosphere that discourages an open dialogue with the client. In many instances, as in the case with this provider, these biases are subtle, and providers do not realize they are exhibiting them. Experienced providers are older, and if not careful, can very easily be judgmental and moralistic with adolescents. While she provides some useful information, even her questions are leading questions.

***Provider:** .Don't you think you can avoid this in the future?*

**Narrator:** Besides being judgmental, it is an ineffective leading question, one that will tend to shut down open communication. While all these things are problems with the provider's behavior, her supportive manner and tone is very good. It is difficult not to have strong opinions about client's behavior sometimes. We all need to be constantly checking our own behavior to judge whether our biases are affecting our work.

**VO:** Option Three was the correct option in this scene. If you would like to listen to the mentor's feedback for that option or another option, highlight your selection and press **Enter**. Select **Proceed with Program** if you are ready to move on.

**Mentor  
Feedback-3-2**

Let's take a look at Margaret talking to Anne about options.

***Provider:** Let me tell you about your options. There are really only two: to get pregnant again or not.*

The provider statement, "so let me tell you about your options," may be appropriate in some instances, but in this situation the provider should be assessing the client's circumstances. Rather, in a somewhat judgmental way, she tells the client she has only two options: to get

pregnant, or not. By itself, this is not particularly helpful.

Margaret provides information about some of the concerns that her client raises, but she does not engage in counseling. Margaret does provide some good information to Anne:

**Provider:** *Something you probably didn't know is that after you have an abortion, you can get pregnant again within two weeks. The procedure that you underwent should have no effect on your ability to have children later.*

**Narrator:** However, she doesn't really check to see if Anne understood. Simply, asking, "Do you understand?" or "Is that clear?" are ineffective ways to test for understanding. Margaret should have been more interactive and asked Anne to contribute her own understanding of what they were discussing. The provider also does not use the chart very well in this option, pointing to it once or twice, but not using it as an interactive teaching aid.

Finally, by saying "what most girls do" Margaret pretty much begins to tell Anne to choose the injection or pills, rather than considering what is important to Anne and letting her make her own decision.

### Mentor Feedback-3-3

**Narrator:** This was the best option for the provider in this situation. Notice that in this version of the interaction, Margaret, the provider, does not allow any biases about providing services for young clients to interfere with the care that she offers. The provider invited the client into a conversation by asking the client, Anne, to discuss what was important to her, and encouraging her to ask questions about things that interested her. Margaret also asked questions of Anne that allowed her to assess Anne's knowledge of topics, before starting an explanation of something that Anne may have already known about.

**Provider:** *Let's make sure that you understand how you got pregnant. What can you tell me about how women get pregnant?*

**Narrator:** Margaret related her explanations directly to Anne's concerns. Margaret also used the chart on the menstrual cycle to help explain the more difficult concepts. She did this in a collaborative manner and pointed out things using the chart to make them clear.

**Provider:** *When you start bleeding, that marks the beginning of your menstrual cycle. (points to day 1 of The Menstrual Cycle). You can measure the length of your cycle by counting how many days it is from the first day of the bleeding until the bleeding starts again. What have you observed about your own cycle? Have you ever counted the number of days?*

**Client:** *No, I have not, but it does not seem very regular. Sometimes it seems longer between bleeding and sometimes there is more blood for more days.*

**Provider:** So it appears that your cycle is not quite regular. That can make it hard to know when you might be fertile.

**Narrator:** Margaret was very warm and empathetic toward Anne throughout the interaction. She was nonjudgmental. She consoled Anne when she expressed concern about not being able to get pregnant again. She also raised the issue of preventing sexually transmitted infections, so that she can discuss that topic in more detail later.

## Shot Code

## Audio

## Video/SFX

AD-4-0

**Narrator:** Margaret and Anne are talking about the concerns raised by Anne. Anne has expressed an interest in learning more about contraceptive options that might be available to her. Considering what you know about Anne and her situation, select from the options presented which one you think might be the best approach.

**WS:** Anne and Margaret are both sitting in a chair facing each other.

AD-4-1

**Provider:** I want to talk to you about the ABCs of safe sex. It's good information and it will help you remember things that are important to your health. Have you ever heard about the ABCs?

**Client:** No—what is that?

**Provider:** The A is for abstinence or avoiding sex, the B is for be faithful and the C is for use contraceptives and condoms. The brochure shows all the contraceptive methods that are available and I am happy to give you information and answer questions about any of them.

**Client:** Thanks, I'll read this.

**Provider:** Now, in terms of the C in the ABCs can I tell you about a method that I think might work for you? Lots of girls your age choose to use the injection. It lasts for three months, it's very effective, and you can use it without others knowing about it. Does this sound like a method that you might be interested in?

**2-Short:** Provider and Anne  
**CU:** Anne (shaking her head)  
**CU:** Provider, provider reach and pickup brochure and hand it to Anne.  
**2-Short:** Provider and Anne (Anne takes brochure and look at it).  
**CU:** of Provider hands picking up the injection and handing it to Anne. Anne review the bottle and camera pan up to Anne's face (Anne looks confused).

**CU:** of Provider hands picking up the pill packet and handing it to Anne. Anne review and camera pan up to Providers face.

**Shot Code****Audio****Video/SFX**

**Client:** Well...I'm not sure, I guess so.

**Provider:** Good. You probably heard about the pills but they are not nearly as good as injections. They can be effective but it's easy to get pregnant if you do not take them correctly. That's why injections are better.

**Client:** Oh...I see, I didn't know.

**Provider:** I didn't think you would. I have a lot of experience working with girls like you. Giving what I've seen I think the injections are better for you than pills. However, you can choose pills if you want, it's your choice. What would you like to choose?

**Client:** I guess I choose the injection, you seem to think it's best.

**Provider:** I do. Since you are going to use the injection let me tell you a little about it and double check that you are eligible to use this method. The Depo injection is very effective and is good for 3 months. With the injection your bleeding will probably be more irregular and even stop. However, on the plus side, the injection helps prevent cancer of the lining of the womb.

**Client:** That's good.

**Provider:** Have you ever had abnormal bleeding between periods? Or noticed a lump in your breast?

**Client:** No, I've never had breast lumps. I cannot say about bleeding.

**Provider:** Do you think you are at risk for sexually transmitted infections?

**Client:** No, really I'm not.

**Provider:** Are you having sex with more than one

**CU:** Anne

**2-Short:** Provider and Anne

**CU:** Anne

**CU:** Provider picking up condoms and handing it to Anne.

Shot Code	Audio	Video/SFX
	<p>person? Or is your partner having sex with more than one person?</p> <p><i>Client:</i> No, we love each other and we see each other only.</p> <p><i>Provider:</i> Well, in that case it sounds like your risk for sexually transmitted infections may be low. Still, as I mentioned before, the injection does not prevent sexually transmitted infections. However, condoms can help with that. Some couples have started to use one method to prevent pregnancy and another method to reduce chances of getting an infection.</p> <p><i>Client:</i> I think it might be a good idea to think about using two methods, you know — just in case.</p> <p><i>Provider:</i> We can talk more about that in a moment. If you are ready we can go ahead and give you the injection now.</p> <p><i>Client:</i> Will it hurt?</p> <p><i>Provider:</i> It shouldn't be a big deal.</p>	
	<p style="text-align: center;"><b>Stop fade to Black</b></p> <p><b>Narrator:</b> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and didn't like about the provider's behavior. Select <b>Proceed with Program</b> if you are ready to move on.</p>	
AD-4-2	<p><i>Provider:</i> From what you know what methods appeal to you for preventing pregnancy?</p> <p><i>Client:</i> I don't know much at all about methods but me and my girlfriends have talked a little about pills and injections.</p> <p><i>Provider:</i> What do you know about those two methods?</p>	<p><b>OS:</b> Provider and Anne</p> <p><b>CU:</b> Anne</p> <p><b>CU:</b> Provider</p> <p><b>CU:</b> Anne</p>

**Shot Code****Audio****Video/SFX**

**Client:** Well, it's not much but I know the injection you get it once every three months and that it makes you fat and I don't like getting injections. And the pills--they give you smooth skin but I've heard several girls at school who are taking the pills and still got pregnant so I don't think that is good. Plus, you have to take one every day and I'm afraid someone might find the packet and I don't want anyone to know.

**Provider:** I hear your concerns about those methods and I understand them. Both the injection and the pill are good methods of preventing pregnancy and you have to learn about them to make a correct choice for you. One method is not right for everyone whether for medical reason or personal reasons. But for most women the pill and the injection are just fine. Don't forget, though they prevent pregnancy they do not prevent sexually transmitted infections.

**Client:** I'm pretty sure my boyfriend is clean. He only sees me and we love each other.

**Provider:** Anne, it's good that you and your boyfriends are only intimate with each other, but you still need to be very careful. Some sexually transmitted infections including HIV, do not show symptoms so a person can be infected and not know it for a long time.

**Client:** Oh (*bites lower lips*)

**Provider:** As I mentioned the injection and pills do not prevent sexually transmitted infections.

**Client:** How can I prevent infections?

**Provider:** Well, condoms can help with that. Some couples have started to use one method to prevent pregnancy and another method to reduce chances of getting an infection.

**CU:** Provider picking up pill packet and the injection and handing them to Anne.

**CU:** Anne

**Shot:** Provider leans over and takes condom and gives it to Anne while she is holding the box. Anne is holding the condom while provider continues to speak.

**CU:** Provider

**Panning Shot:** The camera pan around Anne and Provider. Provider leans over table and pick up brochure and place it in Anne hand.

**Shot Code****Audio****Video/SFX**

**Client:** Okay, I think it would be a good idea to think about using two methods, you know, just in case.

**Provider:** Some providers like to talk about the ABC's of safe sex to help their clients remember to take care of their health. Have you ever heard of the ABC's?

**Client:** No, what is that?

**Provider:** The A is for abstinence or avoiding sex, the B is be faithful and C is for use contraceptives and condoms. This brochure shows all the contraceptive methods that are available. And I am happy to give you information about this and answer questions about any of them.

**Client:** Thank you. I will read this. But so far, I am still interested in the pills and the injection.

**Provider:** As you mentioned, the injection is very effective and one injection last for three months. Pills are also very effective but it's easy to get pregnant if you do not take them correctly.

**Client:** Is there anything bad about them?

**Provider:** With pills, some women may at first feel like vomiting but that tends to go away and is reduced if you take the pill with a meal. With an injection, bleeding will probably be more irregular and may even stop. How do you think you would feel if your monthly bleeding stopped?

**Client:** I don't think I would mind at all if I knew it was normal.

**Provider:** These methods have another benefit, they can help prevent sudden counsels of the reproductive system and, as you say, the pills also can make your skin smooth. But do not forget, there is only one thing that neither prevents.

**CU:** Provider picking up clipboard and pen. Lends closer to Anne.

*Client:* I know they do not prevent sexually transmitted infections.

*Provider:* You're right. What questions do you have?

*Client:* This is a lot to think about. Given everything you've told me, I think I'm leaning towards getting the injection since you only have to take it once every three months.

*Provider:* That is correct. You can get the injection here or buy it at the pharmacy and bring it here for me to administer.

*Client:* I don't like getting injections but I think that's what I'll use. I don't want to end up like those girls who were taking the pill and still got pregnant.

*Provider:* The injection is a good choice. Especially if you think you will have trouble remembering to take pills every day. So would you like to start using the injection?

*Client:* Sure, can I start using it today?

*Provider:* Yes you can. But before I can give you the injection, I will need to ask you a few questions about your health history to ensure that you can safely use it.

### Stop fade to Black

**Narrator:** Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and didn't like about the provider's behavior. Select **Proceed with Program** if you are ready to move on.

You have now seen all the options for this scene. If you are ready to make a choice about which option is best, press **Enter**. If you are uncertain and want to re-watch an option, highlight **Re-watch Option** and press **Enter**.

**Shot Code****Audio****Video/SFX**

Hight the option that you think showed the best provider behavior then press **Enter**.

**Shot Code****Audio****Mentor  
Feedback-  
4-1**

**Narrator:** The provider begins this session by talking about the ABCs of safe sex and this is a very important topic. However, it would have been better if it had been less of a lecture and been more interactive. When it come to contraceptive choice, while it appeared the provider was giving the client a choice in reality Margaret had already decided that the Depo injection was the best method for Anne. Let's look carefully as how this happens.

**Provider:** *can I tell you about a method that I think might work for you? Lots of girls your age choose to use the injection. It lasts for three months, it's very effective, and you can use it without others knowing about it. Does this sound like a method that you might be interested in?*

**Client:** *Well...I'm not sure, I guess so.*

**Provider:** *Good. You probably heard about the pills but they are not nearly as good as the injections. They can be effective but it's easy to get pregnant if you do not take them correctly. That's why injections are better.*

**Client:** *Oh...I see, I didn't know.*

**Narrator:** In doing this Margaret uses peer pressure when she says, "lots of girls your ages choose to use the injection." She also doesn't pickup on the uncertainty Anne exhibits when she says "well...maybe...I'm not sure...I guess so." So, the whole concept of informed choice is defeated here because Margaret is mostly focus on one method and because they way she presents information and interacts with the client reinforce the pushing of one choice.

**Provider:** *I have a lot of experience in working with girls like you. Giving what I've seen, I think the injections are better for you than pills. However, you can choose pills if you want, it's your choice. What would you like to choose?*

**Client:** *I guess I choose the injection you seem to think it's best.*

**Provider:** *I do.*

**Narrator:** This is an important error on Margaret's part because it is clear that there is a

relationship between how involved the client is in making an informed choice about contraception and the rate of discontinuation. So, no matter how positive the provider feels about what method is right, the client needs to be involved in the decision to ensure a greater likelihood of continued use. It may take longer to create this involvement but it is important. Margaret does offer Anne some basic information about the Depo injection but she does not check to make sure that Anne understands the information.

**Provider:** *The Depo injection is very effective and is good for 3 months. With the injection your bleeding will probably be more irregular and even stop. However, on the plus side, the injection helps prevent cancer of the lining of the womb.*

**Narrator:** Margaret also has a tendency in general to give up too much information at one time without checking to see what Anne is understanding. It is clear that Margaret has adequate knowledge but it is more use to lecturing than interacting.

**VO:** Option two was the correct option in this scene. If you would like to listen to the mentor's feedback for that option or another option, highlight your selection and press **Enter**. Select **Proceed with Program** if you are ready to move on.

## Mentor Feedback- 4-2

This was the best option for the provider in this situation. Margaret probes Anne's interest and knowledge of contraceptive methods and then let the issues and concerns raised by the client form the bases of their interaction. The client described effects of some methods such as smooth skin or getting fat. The provider did not judge Anne or impose her basis on her. She also acknowledges Anne's concerns as you can see in the following example:

**Provider:** *I hear your concerns about those methods and I understand them. One method is not right for everyone whether for medical reason or personal reasons.*

**Narrator:** Margaret did a good job of ensuring that Anne was aware of the possible method options and then helped Anne to compare the methods that were of interest.

**Client:** *Thank you. I will read this. But so far, I am still interested in the pills and the injection.*

**Provider:** *As you mentioned, the injection is very effective and one injection last for three months Pills are also very effective, but it's easy to get pregnant if you do not take them correctly.*

**Client:** *Is there anything bad about them?*

**Provider:** *With pills, some women may at first feel like vomiting but that tends to go away and is reduced if you take the pill with a meal. With an injection, bleeding will probably be more irregular and may even stop. How do you think you would feel if your monthly bleeding stopped?*

**Shot Code Audio**

*Client: I don't think I would mind at all if I knew it was normal.*

**Narrator:** Margaret asked Anne to consider whether side effect such as irregular bleeding would be a problem. To ensure that the client can safety use the method Margaret, near the end of this segment, began to ask questions that reflect the standard illegibility guidelines for use of the Depo injection. In an interactive manner the provider emphasize the need to prevent sexually transmitted infections and discussed briefly what behaviors might make Anne more at risk. She also discussed the ABC of safe sex.

*Provider: The A is for abstinence or avoiding sex, the B is be faithful and C is for use contraceptives and condoms.*

**Narrator:** Even though they do not discuss condoms use in detail at this point, she remained Anne about it so that she can follow up later.

**Shot Code**

**Audio**

**Video/SFX**

**AD-5-0**

*Narrator:* The post abortion care counseling session has continued. As part of the session Anne selected the Depo injection as her method and received her first injection. Anne and Margaret then discussed dual protection. It is almost time for Anne to be leaving and returning to the dormitory. The provider is completing her observations one last time and is ready to address those subjects necessary to finish the counseling session. Considering what you know about the situation, select from the options presented the one you think promises to be the best approach.

**AD-5-1**

*Provider:* Let's spend a few minutes talking about what happens next. Before you leave we should review a few important things like what you can expect after the procedure and the injection, how to take care of yourself, and where to go if you need help. What else would you like to know?

*Client:* I want to know when everything will be back to normal.

**Panning Shot:** Capturing Anne and Provider. Ending on Anne. Provider hand Anne the brochure.

**Shot Code****Audio****Video/SFX**

**Provider:** Okay then, let's start with that. As you can see on the brochure you might have cramps similar to your period for about a week and you may continue to bleed for two to three days. You might be tired for a few days and you might be a little depressed or sad for a few days too. You should also avoid lifting heavy things, running, and other physically tiring activities for two to three days. Even though the injection starts working within 48 hours, you should not have sex until after the bleeding stops or you're fully recovered.

**Client:** I think that answers my question. How will I know if I have a problem?

**Provider:** Good question. If you have fever, get dizzy or faint, have severe abdominal pain or cramps, feel like vomiting, start bleeding more heavily than you normally do with your period, have a discharge from your vagina that smells bad, you should go to the clinic as soon as possible. What else would you like to know?

**Client:** I'm fine. I think I understand.

**Provider:** Remember, that some women who use the injection may have side effects like bleeding between periods or not bleeding at all. However, if you should experience heavy bleeding, very bad headaches, or any other concerns, please return to the clinic immediately.

**Client:** Alright I'll come back if that happens to me.

**Provider:** As we discussed, the injection is good for three months so you should plan to get another injection at that time. Let's see, ah, three months would be about the end of school session right?

**Client:** *(flips calendar)* That's exactly right.

**Provider:** You should plan to come back at that time for another injection.

**CU:** Provider

**CU:** Anne

**2-shot:** Anne and Provider

**Shot:** Anne reaches to calendar

**Client:** Okay, I will do that. What if I decide I don't like the injection anymore?

**Provider:** That's a good question. As we discussed, there are a number of methods for preventing pregnancy that you can use if you decide that you do not like the injection. The condoms, which you're going to start using, also protect against pregnancy. Plus, if you'd like to switch to another method, and discover that you have not used it correctly, you can also use emergency contraception.

**Client:** Can you explain to me what emergency contraception is?

**Provider:** Emergency contraception refers to methods that you can use after sexual intercourse when you either did not use a correct method or you're worried that the method might not work, like if a condom breaks. For this to work you need to see a provider at the clinic as soon as possible within 3 days.

**Client:** Why can't I use emergency contraception all the time?

**Provider:** Emergency contraception is designed for emergencies. Like other methods, it's not 100% effective. Other methods are better at preventing pregnancy and should be used on an ongoing basis.

**Client:** Oh I see, is there anything else? Are we finished here?

**Provider:** That about covers it. But, just to be safe, can you tell me again what signs you are going to look for that tell you to come back here?

**Client:** Mmm, let's see, fever, cramps, pain, lots of bleeding, and a smelly discharge, right?

**Provider:** That's correct. And do not forget to take the entire course of medicine I've given you.

Shot Code	Audio	Video/SFX
AD-5-2	<p style="text-align: center;"><b>Stop fade to Black</b></p> <p><b>Narrator:</b> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and didn't like about the provider's behavior. Select <b>Proceed with Program</b> if you are ready to move on.</p>	
	<p><b>Provider:</b> Looks like you're doing better, Anne. You could go home now if you're feeling up to it, but before you go do you have any questions?</p> <p><b>Client:</b> <i>(nods head and rubs hand together)</i> What do I tell my boyfriend if he wants to have sex?</p> <p><b>Provider:</b> For the first few days you have to say no. At least until the bleeding stops.</p> <p><b>Client:</b> How long until the bleeding stops?</p> <p><b>Provider:</b> You may have bleeding or cramping similar to a normal period. This may continue up to one week. You may also have mild fatigue for a few days or mild depression. You should also avoid strenuous activity for two to three days. Is that clear?</p> <p><b>Client:</b> <i>(shrugs shoulders)</i> I guess so.</p> <p><b>Provider:</b> You may also experience some complications from the procedure including fever, dizziness or fainting, severe abdominal pain or cramps, feeling like vomiting, bleeding more than your normal period, or a foul smelling discharge. Go to the clinic as soon as possible if you have any of these signs, okay?</p> <p><b>Client:</b> I guess so.</p> <p><b>Provider:</b> Hmm, you don't sound so sure. This is very important to understand so if you have any questions please ask. These are not good signs if they happen and could be very dangerous for you. I want you to be</p>	<p><b>CU:</b> Of Anne and Provider. Camera begins to pan around.</p> <p><b>Panning Shot:</b> Camera pans around Provider as she speaks to Anne.</p> <p><b>CU:</b> Anne, brochure in hand.</p>

healthy. You can read that brochure when you get home. That should be helpful. Any questions? Or are things clear about these signs?

**Client:** No, I'll come to the clinic if these things happen.

**Provider:** Good. You may also experience some problems from the injection. If you have heavy bleeding, yellow eyes, or very bad headaches, you should also return to the clinic immediately. Is that clear?

**Client:** I guess so.

**Provider:** Let me tell you about the other thing. We have talked about contraception and you have taken your first injection. Sometimes people do not like the injections and they switch to another method and discover that they have not used it correctly. In these cases you can use emergency contraception.

**Client:** What is emergency contraception?

**Provider:** Emergency contraception refers to methods that you can use after sexual intercourse when you either did not use a method or you're worried that the method might not work, like if a condom breaks. For this to work you need to see a provider at the clinic as soon as possible within 3 days.

**Client:** That is good. Why can't I just use an emergency contraception all the time?

**Provider:** Emergency contraception is not a regular method. Like the name says, it's designed for emergencies only. And, like other methods, it's not 100% effective. Other methods are better at preventing pregnancy and should be taken on an on-going basis.

**Client:** Okay.

Shot Code	Audio	Video/SFX
	<p><i>Provider:</i> Do you have any questions about anything else?</p> <p><i>Client:</i> No. I don't think so. This is a lot of very new information. I'll try and remember what I can.</p> <p><i>Provider:</i> I think we're about finished. I would like to see you again in one week, just to make sure that everything is going well.</p> <p><i>Client:</i> Okay.</p>	
	<p><b>Stop fade to Black</b></p> <p><b>Narrator:</b> Take a moment to reflect on what you have seen. If you would like, take a note about what you liked and didn't like about the provider's behavior. Select <b>Proceed with Program</b> if you are ready to move on.</p>	
	<p>You have now seen all the options for this scene. If you are ready to make a choice about which option is best, press <b>Enter</b>. If you are uncertain and want to re-watch an option Highlight <b>Re-watch Option</b> and press <b>Enter</b>.</p> <p>Highlight the option that you think showed the best provider behavior then press <b>Enter</b>.</p>	

Shot Code	Audio
<p><b>Mentor Feedback-5-1</b></p>	<p><b>Narrator:</b> This is the best option for the provider in this situation. Margaret ensures that Anne is aware of follow up steps before suggesting that Anne is ready to leave. She talks with Anne about what she might expect over the next couple of days as a result of the MVA procedure.</p> <p><i>Provider:</i> As you can see on the brochure, you might have cramps similar to your period for about a week and you may continue to bleed for two to three days. You might be tired for a few days and you might be a little depressed or sad for a few days too.</p> <p><b>Narrator:</b> Margaret describes complication that may occur from the MVA procedure and advises Anne to return to the clinic if she notices them. She ensures that Anne understands</p>

them as well by asking her repeat them.

**Provider:** *Just to be safe, can you tell me again what signs you are going to look for that tell you to come back here?*

**Client:** *Mmm, let's see, fever, cramps, pain, lots of bleeding, and a smelly discharge, right?*

**Provider:** *That correct.*

**Narrator:** She also clarifies the possible side effect of the Depo and make sure that Anne knows that there are other methods available should she decide not to continue using Depo.

**Client:** *What if I decide I don't like the injection anymore*

**Provider:** *That's a good question. As we discussed, there are a number of methods for preventing pregnancy that you could use if you decide you do not like the injection. The condoms, which you're going to start using, also protect against pregnancy.*

**Narrator:** She mentions emergency contraception as an option should Anne ever needs to use it. Margaret ensures that Anne feels comfortable returning to the clinic for follow-up treatment or for resupplies and any other health related issues.

**VO:** Option one was the correct option in this scene. If you would like to listen to the mentor's feedback for that option or another option, highlight your selection and press **Enter**. Select **Proceed with Program** if you are ready to move on.

## Mentor Feedback- 5-2

**Narrator:** In this scene Margaret is very professional and friendly but she appears to be a little pressed for time as all of you probable are, but she lets it show with her interaction with the client. While the provider offers comprehensive and accurate information to Anne about when she should return to the clinic, she doesn't take the time to ensure that Anne actually understand it.

**Provider:** *You may also experience some problems from the injection. If you have heavy bleeding, yellow eyes, or very bad headaches, you should also return to the clinic immediately. Is that clear?*

**Client:** *I guess so.*

**Provider:** *Let me tell you about the other thing...*

## Shot Code

## Audio

**Narrator:** She does indicate that she cares about the health of the client, and she does notice at one point that the client seems unsure.

**Provider:** *Hmm, you don't sound so sure. This is very important to understand so if you have any questions please ask. These are not good signs if they happen and could be very dangerous for you. I want you to be healthy. You can read that brochure when you get home. That should be helpful.*

**Narrator:** However, she doesn't take enough time to draw the client out to listen, to ask a question or two, and wait for a response in order to determine what is making her uncertain. While she talks with Anne about emergency contraception, it is somewhat technical and without sufficient interaction to allow for questions and two-way communications. She neglects to remind her to take the antibiotics that she has prescribed. To improve the likelihood that Anne will continue to seek healthcare Margaret should make more of an effort to ensure that Anne is comfortable seeking follow-up.

## Shot Code

## Audio

Narrator-1-0

**Narrator:** So, we have reached the end of our story with Anne and Margaret. As we observed them, we looked at different approaches to key elements of Post-abortion Care counseling, had the opportunity to make choices, think about reasons for those choices, and then compare them to a "best choice." Through this interactive process, we hope you had the opportunity to enhance your learning.

To summarize, we want to review some key elements we were focusing on during this learning activity:

- Treat all clients with respect and ensure their rights, especially privacy and confidentiality.
- Bear in mind that adolescent clients may be more sensitive, so treat them with care.
- Effective counseling takes time; be sure to allow ample time with your clients to tend to their needs and concerns.
- Ensure that your beliefs, values and biases do not interfere with the care that you offer clients.
- Provide information in a way that the client can understand and that allows clients to make their own informed decisions.
- Ask questions that facilitate thorough assessment of the client's situation.
- Encourage clients to actively participate in the session.
- Counsel about good health practices (e.g., STI prevention, dual protection).
- Help clients develop a positive self concept/worth.
- Clarify side effects; teach clients about signs/symptoms and other conditions that require a return to the clinic.

- be attentive and alert to a client's emotional state, physical pain, and possible signs of infection

Applying what you have learned today is very important! Would you please think for a moment and write two or three specific actions you will take in your post-abortion care counseling as a result of what you have learned through this session?