COUNSELING

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Objective

- Know the definition.
- Why is counseling an important part of health services
- Know the most important principle of counseling.
- Know the GATHER approach.
- Know the rights of the client.
- Know the factors that can affect counseling outcomes.
- Know the categories of health behaviors.
- Know the Brief Counseling Interventions.
- Know the stages of changes
Definition

- Two-way communication process actively involving both people
- Process that enables a person to be informed about different methods, ask questions, make an informed choice about a method, and leave the clinic feeling confident about how to use the method correctly.
- Ongoing communication process that takes place at every health and family planning service encounter
What are the most important principles when counseling

- Being in a private room and quiet place.
- Taking sufficient time.
- Maintaining confidentiality.
- Conducting counseling in a tolerant/non-judgmental, accepting and conducive/helpful way.
- Using direct and simple words.
- Using good interpersonal communication skills.
- Telling the most important messages first.
- Using available visual aids.
The doctor becomes good counselor when:

1) He listens
2) Is aware of the patient feelings
3) Is able to help him explore his difficulties and work with them using his own resources.

Communication skills & Evidence Based Medicine are imp. in counseling.
Clinicians must also understand the nature of effective health communications and practice counseling skills to ultimately facilitate lifestyle changes for patients.

To be successful in helping patient change their health behaviors you should know the epidemiology of medical problems and be aware of the scientific evidence that support the intervention chosen.
Using the GATHER approach

- **G - Greet** the client. She/he should feel welcome. Build a rapport with client by greeting the client and making her feel comfortable.

- **A - Ask** questions effectively in a friendly manner using words that client understands and listen patiently, without being judgmental. Identify client needs by asking relevant questions about personal, social, family, medical and reproductive health including reproductive tract infections, sexually-transmitted diseases, family planning goals and past/current use of family planning methods.

- **T - Tell** the relevant information to help the client reach a decision and make an informed choice regarding his health.
Cont.

- **H - Help** the client to reach a decision and give other related information e.g. how to protect herself from STIs.

- **E - Explain** about the method in detail including information that it protects against a ‘single act’, its efficacy, potential side-effects and the need for follow-up in case period is delayed by more than 7 days.

- **R - Return** for ongoing contraceptive method is advised and need for follow-up is emphasized if the period is delayed beyond 7 days.
Summary of the rights of the client

- **Information** — to learn about their reproductive health, contraception and abortion options.
- **Access** — to obtain services regardless of religion, ethnicity, age, and marital or economic status.
- **Choice** — to decide freely whether to use contraception and, if so, which method.
- **Safety** — to have practice safe, effective contraception.
- **Privacy** — to have a private environment during counseling and services.
- **Confidentiality** — to be assured that any personal information will remain confidential.
- **Dignity** — to be treated with courtesy, consideration and attentiveness.

**Comfort** — to feel comfortable when receiving services.
- **Continuity** — to receive follow-up care and contraceptive services and supplies for as long as needed.
- **Opinion** — to express views on the services offered.
What are the factors that can affect counseling outcomes?

- Provider factors, such as your ability to engage in effective communication, your technical knowledge, skills, attitudes and behaviors.
- Client factors, such as a client’s level of knowledge and understanding.
- External and programmatic factors which you cannot control, such as lack of availability of certain methods or equipment, or irregular supplies of family planning materials.
Health behaviors were divided into three categories

1) **Add behavior:**
   Add fiber and calc. to diet, folic acid, exercise and increase physical activity. Disease prevention such as dental flossing and routine dental care. Periodic Health Examination (PHE) e.g. breast self-exam., colon cancer screening, regular use of condoms, use of seat belts.

2) **Eliminate nonaddicting behavior:**
   Reduce dietary fats and excessive calories in diet.

3) **Eliminate addicting behavior:**
   Eliminate smoking, excessive alcohol use and other addicting substances
Steps to maximize patient education for Behavioral change

1) Understand the power of physicians expertise as a motivator toward behavior change.

2) Be patient-centered and patient responsive (understand patient perceptions of their illness/behavior and their readiness to change).

3) Choose one or at most two behavioral goals for changing at any one time.

4) Be specific in giving advice.

5) Obtain a firm commitment from patient to change.
6) Use positive reinforcement and short-term rewards.

7) Use multiple educational modalities when possible.

8) Use social support when possible.

9) Assure appropriate follow up.

10) Be realistic.
Brief Counseling Interventions (BCI)

- BCI of one to three visits can substantially help patients change problem behaviors partic. in the areas of smoking cessation, hazardous alcohol use and exercise.
The elements of an effective brief intervention that help trigger patient motivation to change are:

(FRAMES)

1) Giving feedback based upon a thorough assessment.
2) Helping the patient take responsibility of changing.
3) Giving clear advice on what behavior must change.
4) Offering a menu of options for making the changes.
5) Expressing Empathy for the ambivalence and difficulty in making changes.
6) Evoking self-efficacy to foster commitment and confidence.

► Only 20% of patient are ready to take action to change during an office encounter, the other 80% are in different stages and need something other than clinician advice.
Stages of Change

1) Precontemplation.
2) Contemplation
3) Determination
4) Action
5) Maintenance
6) Relapse
7) Termination
1) **Precontemplation:**

- Person is not yet considering the possibility for changes. Precontemplators do not make appointments, they are detected through routine screening.
- They respond with surprise when approached about the need for changes.
- The tasks of precontemplation are learning about the problem, developing self-awareness and considering the possibility of changes.
2) Contemplation:

- Once aware of the problem the person enters contemplation and experiences ambivalence about the possibility of change.
- The contemplator oscillates between reasons for change and reasons to remain the same.
- The counseling task in contemplation is to tip the balance in favour of changes.
3) Determination:

- Patients in determination are a pt to say I must do something about this, I think this is trouble, what will I do?
- Changes continues if the patient takes action otherwise determination closes and the patient stips back into contemplation.
- The counselor’s task is not to motivate but to help find an appropriate strategy for action.
4) **Action:**
- Action requires little from the clinician since the patient does the work to change. The counseling task during action is to support the patient as he or she experiences the changes.

5) **Maintenance:**
- The patient enters maintenance stage when measures to sustain the new behavior become routine.
6) **Relapse:**

- During relapse the patient experiences a loss of control and a lapse into the old behavior. Lapses, slips and relapses are normal when changing most health habits esp. addicting ones.
- Understanding that relapse is expected frees both the physician and patient from guilt or blame and transforms the relapse into a learning opportunity.
- The counselor should help the patient avoid demoralization, continue the reevaluation of contemplation and develop the commitment and confidence.
7) **Termination:**

- Termination is outside the circle of change. This final stage occurs when individuals have made a permanent change. They no longer struggle to maintain the behavior nor are they tempted to relapse. Termination may not be possible for many longtime behaviors.
The clinicians dialogue with a patient during the medical encounter performs 3 functions

1) Data gathering
2) Relationship building
3) Patient education and counseling

Tell a clear message.
Barriers to offering preventive services

1) By definition preventive services are offered to patients who are currently well and therefore may have less motivation to change behavior.

2) Physicians have no control over the intervention, only the patient can make the change.

3) Patient may experience psychological or physiological withdrawal symptoms when they give up some behavior.

4) Adding new behavior such as exercise may cause some initial pain and even injury.
Physician Frustration

Physician may become frustrated with counseling for a number of reasons

1) Lack of time.
2) Lack of physician education.
3) Patients often fail to follow advice.
Examples of Counseling

- Counseling to prevent Tobacco use
- Counseling to promote physical activity
- Counseling to promote a healthy Diet
- Counseling to prevent Motor-Vehicle injuries
- Counseling to prevent low back pain
- Counseling to prevent Dental and Peridental diseases
- Counseling to prevent cancers
- Counseling to prevent SIDS
- Counseling to prevent STD, AIDS
- Counseling to promote breast feeding
- Counseling for stress
- Counseling for sleep disturbance