

---

# Client-Centered Counseling Models and Resources

---



Developed by the Oregon Reproductive Health Program, Oregon Health Authority

Funded in part by a grant from the US DHHS-OPA

2013

## Introduction

Over the past few years, many excellent client-centered counseling models have been developed. This resource guide helps you learn about some models and resources available to increase provider counseling and education skills in your family planning setting.

### What is client-centered counseling?

The client-centered approach saves time and encourages client decision-making and responsibility. A good counselor adapts the discussion to suit each client. Effective family planning counseling and education is a two-way process. By asking questions and listening to what clients say, we involve them in the learning process. The respectful technique addresses client concerns, focuses on client needs and results in positive health outcomes. Provider benefits include saved time, decreased stress and frustration, and increased effectiveness and job satisfaction.

We selected counseling models in this guide based on their value for clients and health care providers in reproductive health clinics.

#### Section One: General Counseling Models

1. O.A.R.S. Model
2. Teach-Back Technique

#### Section Two: Preconception Health Counseling Models

1. *One Key Question*
2. Reproductive Life Planning

#### Section Three: Contraceptive Counseling Models

1. *Encouraging Clients to Consider IUDs and Implants for Contraception* Toolkit
2. *You Decide* Toolkit

#### Section Four: Counseling Models for Other Health Issues

1. Healthy Weight Management Counseling
2. Alcohol and Drug Screening: SBIRT – Screening, Brief Intervention and Referral to Treatment

Contact: Marsha Brantley, Reproductive Health Education Consultant  
971-673-0359 [marsha.c.brantley@state.or.us](mailto:marsha.c.brantley@state.or.us)

## Section One: General Counseling Models

### 1. The O.A.R.S. Model Essential Communication Skills

O.A.R.S. is a skills-based model of interactive techniques adapted from a client-centered approach. It uses motivational interviewing principles. These techniques include verbal and non-verbal responses and behaviors and can be used to support contraceptive decision-making. Both verbal and non-verbal techniques need to be adapted to be culturally sensitive and appropriate.

“The focus of motivational interviewing is on developing discrepancy between the client’s behavior and broader goals and values. Most often people are motivated to change when they hear it from themselves rather than from someone else. Guide the discussion to allow the client to share personal values/beliefs regarding what is important for them and their future goals. Listen closely for statements about life, health, financial status, living situation and any other personal considerations.”<sup>1</sup>

The OARS Model includes four basic skills:

- O** = Open-ended Questions
- A** = Affirmations
- R** = Reflective Listening
- S** = Summarizing

The OARS model provides:

- 1) Common language when teaching communication skills.
- 2) A “checklist” of skills to use when conducting on-going skills self-assessment.
- 3) Format that helps providers be intentional when working with clients. Using skills intentionally helps providers become more efficient and more effective.

The Regional Title X Center for Health Training in Seattle developed the following O.A.R.S. model materials:

*The OARS Model – Essential Communication Skills*  
An O.A.R.S. model card, a counseling tool

#### **Where to find it**

You can download these materials from the Oregon Reproductive Health Program website at [www.healthoregon.org/rh](http://www.healthoregon.org/rh). (Look in the “Health Education Materials” section.)

---

<sup>1</sup> Center for Health Training, *The OARS Model - Essential Communication Skills*. Karen Dluhosh and Joan Helmich. 2010.

## 2. Teach-back Technique

### What is teach-back?

- A way to make sure you—the health care provider—explained information clearly; it is not a patient test or quiz.
- Asking a patient (or family member) to explain—in their own words—what they need to know or do, in a caring way.
- A way to check for understanding and, if needed, re-explain and check again.
- A research-based health literacy intervention that promotes adherence, quality, and patient safety.<sup>2</sup>

Research shows that 40% to 80% of medical information is forgotten by patients and half of the retained information is remembered inaccurately. How can a provider know if the patient's understanding is consistent with what they said? *Teach-back* increases the likelihood of following through on instructions by asking the patient to show or explain what he/she heard. Through this process, patient outcomes are improved.<sup>3</sup>

Teach-back is endorsed by seven of the top professional organizations and associations. Based on scientific evidence, teach-back is one of the top 11 patient safety practices.<sup>4</sup>

### Teach-back Toolkit

The toolkit teaches health care providers to use health literacy principles of plain language to confirm patient understanding. This new, free, interactive, online toolkit helps providers learn how to use the technique. The toolkit includes:

- *Using the Teach-back Toolkit* introduction.
- *Interactive Teach-back Learning Module*.
- *Coaching to Always Use Teach-back* tips and tools.
- *10 Elements of Competence for Using Teach-back Effectively*.

### **Where to find it**

Information about Teach-back on the web can be found at:

<http://www.teachbacktraining.com/>

---

<sup>2</sup> Iowa Health System, Picker Institute, Des Moines University, Health Literacy Iowa. *Always Use Teach-back!* 2013 [www.teachback.slashwebstudios.com](http://www.teachback.slashwebstudios.com)

<sup>3</sup> Oregon and SW Washington Health Literacy Conference. *Teach-Back: The importance of Two-Way Communication* workshop. Kevin Breger, M.D., Ph.D. March 1, 2013.

<sup>4</sup> Patient Education Update Newsletter. *Teach-Back - Is it your standard of practice yet?* Fran London, MS, RN, October 2012. <http://www.patienteducationupdate.com/2012-10-01/article2.asp>



## Related Resources

### **AMA Manual for Clinicians**

The American Medical Association produced a manual on health literacy that assists in understanding the appropriate language level to use in client-centered counseling. The manual:

- Defines the scope of the health literacy problem.
- Recognizes health system barriers faced by patients with low literacy.
- Implements improved methods of verbal and written communication, including the *Teach-back* method.
- Incorporates practical strategies to create a shame-free environment.<sup>5</sup>

The manual is located at: [www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf)

### **AMA Health Literacy Video**

The American Medical Foundation Association created a 23 minute video in 2007, "*Health Literacy and Patient Safety: Help Patients Understand.*" It offers detailed techniques and specific steps for physicians and their staff on helping patients with limited health literacy. Physicians rated the video as the most effective tool in raising awareness and sparking discussion about patients' low health literacy skills.

To view the video, select from the following links:

You Tube: [http://youtu.be/cGtTZ\\_vxjyA](http://youtu.be/cGtTZ_vxjyA)

Kansas University Server: [http://classes.kumc.edu/general/amaliteracy/AMA\\_NEW3.html](http://classes.kumc.edu/general/amaliteracy/AMA_NEW3.html)

---

<sup>5</sup> *Health literacy and patient safety: Help patients understand.* A manual for clinicians. BD Weiss MD, 2007. [www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf](http://www.ama-assn.org/ama1/pub/upload/mm/367/healthlitclinicians.pdf)

## Section Two: Pre-conception Health Counseling Models

### 1. One Key Question

The ONE KEY QUESTION® Initiative is a simple solution to ensure that more pregnancies are wanted, planned, and healthy. The Portland based initiative, developed by the Oregon Foundation for Reproductive Health (OFRH), encourages all primary care providers to routinely ask women about their reproductive health needs. By asking reproductive-age women the ONE KEY QUESTION: “Would you like to become pregnant in the next year?” primary care clinicians can more fully support women’s reproductive health needs, such as preventing an unintended pregnancy or preparing for a healthy pregnancy.

The initiative is endorsed by 24 professional organizations.

#### Where to find it

The OFRH’s *One Key Question* website, [www.onekeyquestion.org](http://www.onekeyquestion.org) has a wide range of information and resources for health care providers offering women services and referrals for contraception or pregnancy preparedness:

- Overview of *One Key Question* and pre-conception health.
- Birth control fact sheets describing birth control choices in English, Spanish, Chinese, Creole, Korean, and Portuguese.
- Templates and protocols for asking *One Key Question*.
- Training materials for staff such as preconception and conception health education materials.
- Patient education materials.
- Webinars.

---

### Related Resources

#### **Centers for Disease Control and Prevention (CDC) – Preconception Health Website**

Visit the Centers for Disease Control and Prevention Preconception Care, Planning for Pregnancy website, <http://www.cdc.gov/preconception/planning.html>, to access information and resources relating to important steps to achieve pregnancy and have a healthy baby.

## 2. Reproductive Life Planning

The CDC recommends that preconception care and reproductive life planning be incorporated into each medical visit for men and women of reproductive age. A Reproductive Life Plan (RLP) is a set of personal goals about having or not having children with steps to achieve those goals.

Routine health promotion activities for all women and men of reproductive age should begin with screening for their intentions to have or not have a baby in the short and long term and their risk of conceiving (whether intended or not). Providers should encourage patients (women, men, and couples) to consider a reproductive life plan and educate them about how their plan impacts contraceptive and medical decision-making. Every woman and man of reproductive age should receive information and counseling about all forms of contraception that are consistent with their reproductive life plan and risk of pregnancy.<sup>5</sup>

### **Reproductive Life Plan Tool for Professionals**<sup>6</sup>

The worksheet provides a series of questions and information to help health care providers encourage patients to consider a reproductive life plan and help them educate patients about how their plan impacts contraceptive and medical decision-making.

### **Reproductive Life Plan Worksheet for Patients**<sup>5</sup>

The worksheet helps patients plan goals for having or not having children and how to achieve those personal goals.

### **Where to find it**

Information about the CDC's Reproductive Life Plan on the web can be found at:

<http://www.cdc.gov/preconception/rlptool.html>

---

<sup>6</sup> Centers for Disease Control and Prevention. *Reproductive Life Plan Tool for Health Professionals*. Merry-K Moos, RN, FNP, MPH, FAAN, Department of Obstetrics and Gynecology, University of North Carolina at Chapel Hill, 2010. <http://www.cdc.gov/preconception/rlptool.html>



## Related Resources

### **Cardea Services. eLearning Courses.**

The following recorded webinars provide a convenient and efficient way to learn at your own pace:

#### **1. Reproductive Life Planning**

This webcast discusses strategies to help your clients think through a RLP. Both clinical and counseling points are covered, including example questions that can be asked during a visit. [http://www.cardeaservices.org/training/webinars/web\\_rlp.html](http://www.cardeaservices.org/training/webinars/web_rlp.html)

#### **2. Reproductive Life Planning using Motivational Interviewing Techniques**

This participatory webinar helps busy providers offer client preconception care and reproductive life planning by using motivational interviewing techniques without compromising clinic flow. Key risk factors associated with adverse pregnancy outcomes are reviewed. [http://www.cardeaservices.org/training/webinars/web\\_rlpumit.html](http://www.cardeaservices.org/training/webinars/web_rlpumit.html)

### **Your Reproductive Life Plan Handout**

This handout developed by the Washington State Department of Health explores creating a reproductive life plan that helps women and men set personal goals about having or not having children. It contains information about how to make a plan, what one looks like, questions to explore and links to sample plans. Additional links to birth control and pregnancy planning information are listed. The reading level is 6<sup>th</sup> to 9<sup>th</sup> grade. A pdf of the handout in either English or Spanish is available for download at: <http://here.doh.wa.gov/materials/your-reproductive-life-plan>

### **Before, Between, and Beyond Pregnancy Website**

*Before, Between, and Beyond Pregnancy* is the national preconception curriculum and resource guide for clinicians. This website is designed to be a "one stop" resource for providers who want to learn more about preconception health, the history behind the movement, the evidence supporting it, and strategies for incorporating relevant content into daily clinical practice. <http://www.beforeandbeyond.org>

### **Oregon Health Authority – Preconception Health Website**

The website below has preconception health resources for the public and health care providers: <https://public.health.oregon.gov/HealthyPeopleFamilies/Women/PreconceptionHealth>

## Section Three: Contraceptive Counseling Models

### 1. *Encouraging Clients to Consider IUDs and Implants for Contraception* Toolkit

The California Family Health Council produced an *Encouraging Clients to Consider IUDs and Implants for Contraception* toolkit. The toolkit increases provider and educator counseling skills to support client success with IUDs and implants. The provider toolkit encourages young women to consider long acting reversible contraceptives (LARCs).

The toolkit includes a facilitator's guide that provides step-by-step instructions on how to use English and Spanish videos for a 30 minute in-service staff training. The training is appropriate for physicians, nurse practitioners, nurses, health educators and other professionals. It teaches staff about LARC counseling techniques for adolescents and young women. The facilitator does not need to be a content expert on IUDs, implants, or counseling. The video, featuring Sharon Schnare, RN, FNP, CNM, MSN, FAANP, guides participants through key concepts to introduce implants and IUDs and help clients be successful with methods.

#### **Where to find it**

Visit <http://www.safeandeffective.org/pages/information-providers> to access these resources:

- Use the facilitators' guide to train your staff to counsel patients about LARCs.
- Hand out helpful patient education materials.
- Explore resources to develop a LARC program at your clinic.

---

#### **Related Resources**

The Oregon Reproductive Health Program produced a low literacy brochure that describes the birth control implant, how it works, benefits, how to use it, side effects, how well it works, risks, and removal. It is available to download in color or black and white. You can find this resource under "Birth Control Implant (brochure)" on the Oregon Reproductive Health Program website at [www.healthoregon.org/rh](http://www.healthoregon.org/rh). (Look in the "Health Education Materials" section.)

## 2. You Decide ToolKit

The *You Decide: Making Informed Health Choices about Hormonal Contraception* ToolKit is designed to help health care providers better understand and speak to the risks and benefits of hormonal contraception. Myths and misperceptions about risks associated with hormonal contraception, especially when they are fueled by media sensation, can lead women to unnecessarily restrict their birth control choices without cause. These restrictions can have unfortunate — and unnecessary — consequences for health and well-being, including unintended pregnancy.<sup>7</sup>

### Where to find it

Click the links below to download the toolkit:

#### Table of Contents

- [PC2 You Decide](#)  
A five-step approach to guide providers in helping women choose a new contraceptive method and address patient concerns.
- [Self-Administered Patient History Form and Sample Physical Exam Form](#)  
These easy-to-use forms serve as a jumping-off point for the patient/provider interview and can be adapted for use in your setting.
- [Contraceptive Efficacy Tools](#)  
A variety of tools for use when discussing contraceptive effectiveness and relative risks of pregnancy with patients.
- [Patient Risk Comparison Tools](#)  
Personalized risk comparison tools provide visual aids for explaining risk to patients.
- [Six-Step Plan: Responding to Announcements of Adverse Medical Events](#)  
A guide for health care providers and their team to address patient concerns when announcements of adverse medical events are in the media.
- [Additional Resources](#)  
A Glossary of Risk Terms and bibliography for additional reading.

---

<sup>7</sup> Association of Reproductive Health Professionals. Planned Parenthood Federation of America, Inc. *You Decide Tool Kit*. February 2007. <http://www.arhp.org/Publications-and-Resources/Clinical-Practice-Tools/you-decide>

## Section Four: Counseling Models for Other Health Issues

### 1. Healthy Weight Management Counseling & Intervention

#### Healthy Weight Management Toolkit

##### Supporting Client Healthy Eating and Physical Activity

Health care staff have a role in helping clients stay as healthy as possible. When it comes to obesity prevention, providers can encourage healthy eating and active lifestyles for all clients, regardless of weight. Because time is limited during visits and because obesity prevention is not the top priority for family planning providers, a brief intervention is often one quick step that can help move clients toward healthier behaviors. Family planning services are often the only contact a client has with health care providers.

The *Healthy Weight Management Toolkit* developed by OHA staff and community partners offers family planning providers resources to address healthy eating, physical activity and weight issues with family planning clients.

#### **Where to find it**

You can download the toolkit from the Oregon Reproductive Health Program website at [www.healthoregon.org/rh](http://www.healthoregon.org/rh) . (Look in the “Reproductive Health Provider Resources” section.)

The toolkit covers the following sections and includes English and Spanish *Healthy Weight Management is for Everyone!* guides that you can download.

- [The Importance of Obesity Prevention in Family Planning](#)
- [Creating a Respectful Environment for all Clients](#)
- [Using BMI as a Screening Tool](#)
- [Brief Interventions: Definition and Best Practices](#)
- [What is Healthy Weight Management?](#)
- [Not Just a Matter of Personal Responsibility, Social-Ecological Model: Healthy Eating and Active Living in Family Planning](#)
- [Resources](#)



## Related Resources

### **A Practical Guide to Healthy Weight Management Webinar**

This 90-minute webinar explores practical points for counseling clients on healthy weight management strategies. Particular attention is paid to barriers that both clinicians and clients face in their efforts to talk about weight management. Multiple tools are shared with participants to facilitate discussions with clients in family planning and primary care settings. Recent research findings are discussed, covering what is known about nutrition and physical activity strategies that work, as well as other contributing factors to weight such as stress and sleep.

This webinar, recorded on November 30, 2011, is available at:  
[http://www.cardeaservices.org/training/webinars/web\\_pghwm.html](http://www.cardeaservices.org/training/webinars/web_pghwm.html)

## 2. Screening, Brief Intervention and Referral to Treatment (SBIRT)

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

The Oregon SBIRT Primary Care Residency Initiative began in September 2008 and will continue through September 2013. Training is available throughout Oregon.

### Where to find it

The Oregon SBIRT website is located at [www.sbirtoregon.org](http://www.sbirtoregon.org) and includes:

- Clinic flow for primary care.
- Alcohol and drug screening forms.
- Clinic tools.
- Curriculum – Role play exercises – Demonstration videos.

---

### Related Resources

#### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

Website: [www.samhsa.gov/prevention/sbirt](http://www.samhsa.gov/prevention/sbirt)

The SAMHSA website includes:

- Coding for SBI Reimbursement.
- White Paper on Screening, Brief Intervention and Referral to Treatment in Behavioral Healthcare.
- Publications.
- SAMHSA's online Substance Abuse Help for Individuals; for visitors seeking treatment, referral to treatment, and/or self-assessment or screening.
- 24 hour toll free referral helpline at 1-800-662-4357.

## **Oregon Health and Sciences University (OHSU) SBIRT Training**

The OHSU Family Medicine Department is one of 18 residency curriculum projects supported by SAMHSA to teach the SBIRT method to primary care physicians. They are on track to train almost 400 Internal, Preventive, and Family Medicine residents throughout the state of Oregon. As these physicians graduate from residency and enter their own medical practices, they will be more confident and better equipped to help patients with substance misuse problems and will make a meaningful difference in the health of Oregon communities.

Because future primary care clinicians will practice in the team-based environment of the “patient-centered medical home,” SBIRT Oregon curriculum begins with teaching a specific office process in which annual screening is conducted by clinic staff using paper or electronic medical record screening tools. Clinicians are taught to perform patient-centered brief interventions through video examples and role play. Having completed the three-hour curriculum, they return to their clinics with office screening systems in place, ready to immediately take part in a process that can usually be carried out within the context of a 15 minute visit.

To arrange for training in your community, contact the SBIRT Oregon Residency Initiative Project Director Jim Winkle, MPH, OHSU Family Medicine at 503-494-1632, Email: [winklej@ohsu.edu](mailto:winklej@ohsu.edu).