

PATIENT CENTERED
CONTRACEPTION COUNSELING
ALL CLINICIAN WEBINAR

LEARNING OBJECTIVES:

1. Discuss the value of patient centered care
2. Describe the benefits of shared decision making over directive or “informed choice” models of contraceptive counseling
3. Demonstrate skillful, efficient, patient centered questioning
4. Display patient-centered counseling skills

PEOPLE COME TO US:

- To feel safe
- To be heard
- To receive non-judgmental care

GOAL IS PATIENT CENTERED CARE

- Asking questions is a patient centered approach
- “Plant a seed”
- Efficient use of limited time
- More satisfying for the clinician
- Patient satisfaction

DIRECTIVE

Places increased value on the role of the provider in promoting methods that are statistically best at preventing pregnancy, based on the assumption that it is valuable on both a population and individual level to prevent unintended pregnancy

CONTRACEPTION COUNSELING

THREE NON-DIRECTIVE MODELS

1. Foreclosed (48% of visits)
 - characterized by discussion of few contraceptive methods
 - Patient chooses method with no involvement from the provider
2. Informed choice (30%)
 - characterized by detailed description of multiple methods
 - little or no interaction between the patient and the provider

CONTRACEPTION COUNSELING

THREE NON-DIRECTIVE MODELS

3. Shared decision making

- Preferred by patients
- Associated with method continuation and satisfaction with method
- Associated with patient satisfaction with provider

SHARED DECISION MAKING

“...clinicians provide patients with information about all the options and help them to identify their preferences in the context of their values.”

Fried, T. R. (2016). *N Engl J Med*

Chewning et al., (2012). *Patient Educ Couns*

SHARED DECISION MAKING

Patient Contribution:

- Their values
- Their preferences
- Their goals
- Their past experiences

Clinician Contribution:

- Assist in clarifying patient's goals and preferences
- Provide scientific/medical information that is:
 - relevant
 - assimilated/integrated by the patient!

DOES PATIENT CENTERED CARE TAKE LONGER?

- Giving the patient information that is not directly relevant to them can use up precious time
- Paraphrasing saves time --the clinician is in control
- Patients who feel like their care is patient centered feel less resistance and more trust = less time
- Consider the whole day's schedule and average out the visits
 - Some visits are straightforward
 - Some patients need more time to clarify their preferences

WHY DON'T WE SAY REPRODUCTIVE LIFE PLAN?

Why avoid the word plan?

- The current conceptual framework that views pregnancy-related behaviors from a planned behavior perspective may be limited among low-income populations
- Many people express happiness with a pregnancy, regardless of their stated intention
- The word “plan” *has a meaning*

PLANNING

“Because nearly all of the women in our study had strong feelings about the ideal circumstances (specifically, being in a committed relationship and financially stable) in which one should plan a pregnancy, yet few, if any, women actually achieved either relationship or financial stability, **pregnancy planning seemed irrelevant and rarely occurred.**”



BEST QUESTION

“Do you have a sense of what is important to you in your birth control?”



PARTICULAR CHARACTERISTICS OF CONTRACEPTIVE METHODS

“It sounds like one of the things that is important to you is that your birth control is very good at preventing pregnancy. Do you have a sense of what else is important to you?”

ATTITUDE ABOUT

- Need to conceal contraception;
 - no supplies?
 - normal bleeding pattern?
- Non-contraceptive benefits
- Side effects
- Menstrual cycle and bleeding profile
- Effectiveness
- Hormones
- Length of use
- Control over removal
- Object in body
- Return to fertility

REPRODUCTIVE INTENTION/GOALS

PATH QUESTIONS

PA: Parenting/Pregnancy Attitudes:

Do you think you might like to have (more) children at some point?

T: Timing: When do you think that might be?

H: How Important: How important is it to you to prevent pregnancy (until then)?

(Callegari, Aiken, Dehlendorf, Cason, & Borrero, 2017.
Geist et al., 2019.
Hatcher et al., 2018
Henning, P. A et al., 2017)

REPRODUCTIVE INTENTION/GOALS

Clarifies
motivation and
degree of
acceptability
regarding
pregnancy

...so we can offer
appropriate
interventions

+/- Preconception
Care

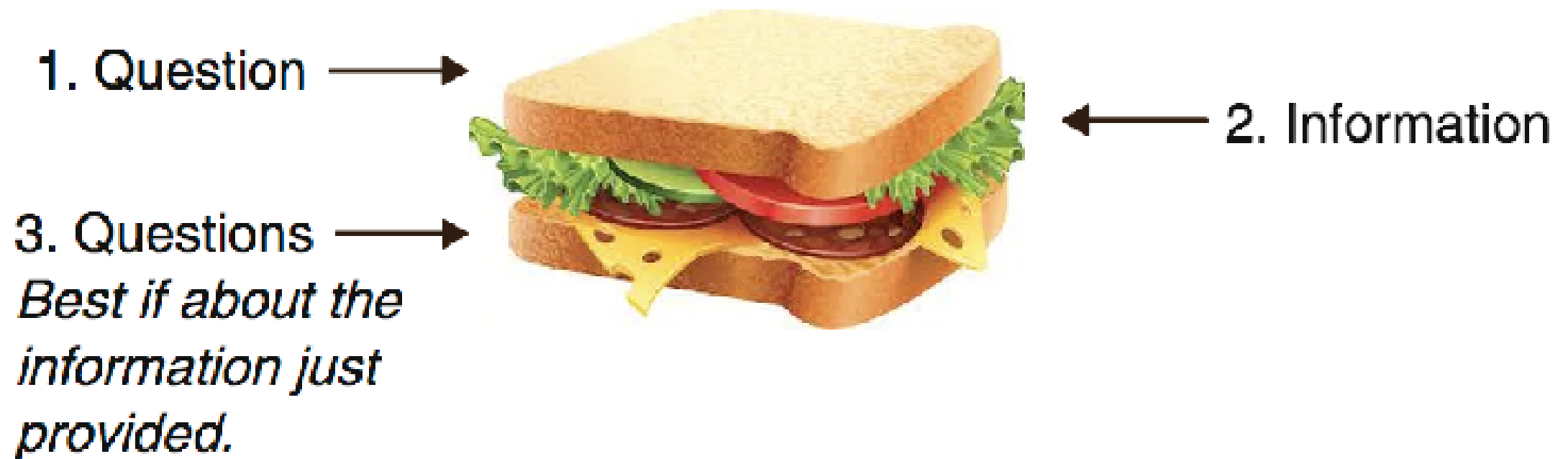
+/- Contraception

Infertility Services
or Adoption

PRE-PREGNANCY CARE

“Since you have said_____ are you interested in discussing ways to be prepared for a healthy pregnancy?”

MAKE AN INFORMATION SANDWICH



POINT OUT HEALTH-SUPPORTING BEHAVIORS

Condom use, adherence to a method, exercise, diet improvement.

- Shows the patient that you are both on the same side (their side)
- Builds rapport and the patient will trust you



HELP THE PATIENT **INTEGRATE** INFORMATION

- How would that be for you?
- Has that ever happened before?
- How did you manage it?
- Do you have a sense of how you would manage it?



PARAPHRASING

- **“It sounds like** you are not interested in kids any time soon. **Do I have that right?”**
- **“I am hearing you say** it’s super important to you to have a birth control method that you can rely on. **Is that correct?”**



PARAPHRASE ALTERNATE

“Many of my clients say that they_____. Is that what you mean?”

EXAMPLES OF PARAPHRASING AND ALTERNATES

- **“I hear you saying** you really like the idea of continuing to use a method with hormones but that you can forget about. **Is that what you mean?”**
- **“Wow, so you feel pretty strong** about avoiding the side effects you had from the pill and the shot!”
- **“Many of my patients say that** they worry about weight gain with birth control **is that what worries you?”**



EMPATHY WITHOUT **LABELING** FEELINGS

- Rather than using a negative label:
 - “You sound angry” (or anxious)
- Use neutral words:
 - “It sounds like this is really concerning to you”
 - “Wow, anyone would find that really hard to deal with!”
- Not: “I know how you feel.”

WHY ON EARTH?!?

Instead:

- “What is concerning to you about_____”
- “Tell me more about that”
- “People have various reasons that concern them, I’d like to understand your particular concerns.”



TRY NOT TO CORRECT OR DISAGREE

“FIND THE YES”

First step is to find something in what the patient is saying to agree with or support

Instead of “No” or “But”

“Yes! And_____”



WAYS TO SAY “YES”

START with either:

1. Agreement
2. Display of empathy
3. Validation

QUESTIONS

What questions do you have?

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