

Module 4 – Counseling and Communication Skills

Overview

Despite the widespread understanding of the importance of breastfeeding, numerous women still choose to formula feed their infants. This fourth module addresses communication and counseling skills that help peer counselors identify individual barriers and support a mother's self-confidence as she makes decisions about breastfeeding. Practice opportunities using these principles are provided throughout all remaining modules.

Learning Objectives

Upon completion of this module, the peer counselor will be able to:

- Identify two ways to communicate effectively with WIC mothers by telephone.
- Demonstrate the ability to use open-ended questions and affirmation appropriately in counseling mothers about breastfeeding.

Time Allowed: 3 hours

Background Information

One of the keys to success for a WIC peer counselor is her ability to relate well to WIC participants, help put them at ease, and assist them in identifying strategies to overcome individual barriers to breastfeeding. Equipping peer counselors with strong counseling and communication skills at the beginning of their training helps increase confidence as counselors grow in their new roles of empowering mothers. In fact, interviews with WIC peer counselors identified counseling skills building as their greatest training need.

Checklist

- AV Equipment
 - PowerPoint or overhead projector
 - TV/VCR (if using optional video resources)
- Teaching Tools
 - Flip chart and markers
 - Yield poster
- Training Props
 - Shoe strings (enough for each participant to have one)
 - Real or toy cell phones
 - Sheet of plain paper for each participant

- Handouts
 - Handout #4A – Open or Closed?
 - Handout #4B – Peer Counselor Training Wheels
 - Handout #4C – Using Probes to Find Out More
 - Handout #4D – Affirming New Mothers
 - Handout #4E – Role Plays

Directions for Creating Training Props

1. Role Plays

- Make copies of each of the four role plays, available on the CD-ROM.
- Cut each in half and staple the Counselor scenario on top of the WIC Mother scenario.
- Distribute one role play to each pair participating in the training.
- Mix up the scenarios so people doing the same role play are not seated near each other.
- Ask pairs to tear the role plays apart so the person playing the counselor gets the counselor sheet and the person playing the mother gets the part for the mother.
- When each pair has finished their own role play, have them trade scenarios with another pair and practice again.
- Optional Resources
 - Best Start's *3-Step Counseling Strategy*© manual and mini-manual. Available from Best Start Social Marketing, www.beststartinc.org

Additional Learning Opportunities

- Review “Using *Loving Support*© to Manage Peer Counseling Programs,” Section 6: Scope of Practice.
- Allow peer counselors to listen in on telephone counseling with new mothers given by an experienced peer counselor, WIC professional staff, or WIC designated breastfeeding expert.
- Use the video found in the Best Start's *3-Step Counseling Strategy*© Training Manual to provide peer counselors with additional practice opportunities in using probes effectively.
- Use Best Start's *3-Step Counseling Strategy*© Mini Manual for additional practice examples and review opportunities for peer counselors.
- Provide practice scenarios in peer counselor staff meetings.
- Provide a listserv for peer counselors. Post sample counseling scenarios on the listserv and ask for ideas on how to approach a mother with the issues presented.

Module 4 – Trainer Notes

Slide #1

Module 4: Counseling and Communication Skills

This module will help peer counselors learn to communicate with other mothers.

Slide #2

Learning Objectives

Upon completion of this module the peer counselor will be able to:

- Identify two ways to communicate effectively with WIC mothers by telephone.
- Demonstrate the ability to use open-ended questions and affirmation appropriately in counseling mothers about breastfeeding.

Slide #3

Part 1 – Basic Communication Skills

Slide #4

How we Communicate

The peer counselor's role is to provide information about breastfeeding in a positive, non-threatening, and non-judgmental way so mothers can make an informed choice that is best for them and their families. Some of the mothers peer counselors talk to will not choose to breastfeed.

[Key Talking Points]

- People use non-verbal cues, or communication, to show what they are thinking or feeling.
Non-verbal communication can be:
 - The way the body is held
 - Tone of voice
 - Eye contact
- Reasons why mothers may avoid eye contact include:
 - Embarrassment
 - Lack of confidence
 - Cultural customs
- Listen and observe mothers carefully to catch all the clues.

[Activity]

Learning Objective: To help peer counselors identify secondary communication through body language.

Time: 3 minutes

Directions:

- Progress through the slides that show images of people.
- Mention that each image portrays a different message through body language.

- Have trainees identify the emotion portrayed in the pictures.
- Reveal that images show:
 - Pain
 - Boredom
 - Confusion
 - Anger
 - Interest

Slide #5

Making Telephone Calls

Many of your contacts with pregnant and new mothers will be by telephone. You will call new mothers and receive calls from them.

[Key Talking Points]

- WIC participants typically do not call for help. This is generally true even when things are not going well and they have a relationship established with you.
- This means you will have to initiate calls most of the time.
- You can call to check in with her and see how things are going.
- Mothers like knowing someone cares enough to see how they are doing.
- Counseling on the telephone is different from face-to-face counseling.
- You don't have the advantage of seeing her expressions as you tell her about breastfeeding.
- Likewise, the mother on the telephone does not have the advantage of seeing your smile.
- Telephone counseling can be very effective, however.

Slide #6

Prepare for Telephone Calls

Getting prepared to make phone calls is an important step. Take time to get ready.

[Key Talking Points]

- Before making calls, make sure your home responsibilities are not clamoring for attention.
- Pick a time when your own children are occupied or napping, and when you are not preparing a meal.
- Evenings after your children are asleep can be a good time to catch up on paperwork or necessary reading.
- Prepare a special box of toys to bring out only when you are busy on the phone. Your children will regard these toys as a special treat.
- Get your workspace ready.
- Clear off space and lay out your materials and supplies. This prepares you mentally to work.

- Pull out the contact log for the mother you are going to call and review her information.
- Review what you have talked to her about previously.
- Be sure you know her baby's name so you can use it in your conversation.

Slide #7

Making the Call

These are steps that will help you make calls to WIC mothers.

[Key Talking Points]

- Let the mother know who you are right at the beginning. People are hesitant to talk to a stranger on the phone.
- Identify yourself as a WIC peer counselor from the clinic you are associated with. Tell her that the WIC Program provides new mothers with breastfeeding information and support.
- Tell the mother that you breastfed your own baby and are ready to help her with her questions.
- Ask her if this is a good time to talk. If she says it is not a good time, ask her when you can call back.
- Get to know her. Listen to her answers to open-ended questions about her feelings about breastfeeding. You will have some typical open-ended questions given to you with each module following this one. These will help you open the conversation with mothers.
- Pretend the mother can see you. Smile as you talk to her. Your smile comes through your voice on the phone.

Slide #8

The First Call is Always the Hardest

WIC peer counselors told researchers that the first call was the hardest to make. They also said that once that first call is made, calling gets easier each time. This training will provide practice opportunities so you are as comfortable as possible with this skill.

Discussion:

- What are some ways you deal with making calls that are difficult for you? Some examples of difficult calls include:
 - Reconnecting with a friend you haven't kept up with.
 - Calling your child's school about discipline issues.
- If you are already a peer counselor, how did you adjust to making these calls?

[Key Talking Points]

- It may feel awkward when you make that first call.
- It's best to just dive in and get started.
- With this training, you will be more prepared and confident than you are today.

- With each call, your confidence grows, and you will feel more comfortable.
- It helps to listen to experienced peer counselors or the counseling staff at WIC while they make calls so you can learn from them.

Slide #9

Getting to Know You

We are going to do an activity that will give you some practice getting to know a new person on the phone.

[Activity]

Learning Objective: To help peer counselors practice phone calls.

Time: 8-10 minutes

Directions:

- Ask peer counselors to select someone in the room they do not know.
- Tell them to spend 3 minutes practicing a short telephone call with one another.
- Explain that the object is to get to know the other person.
- Tell them to practice introducing themselves as a WIC peer counselor.
- Give them the goal of learning at least three things about the other person that they didn't know before today.
- Ask them to switch roles after 3 minutes so the other person can practice.
- Request for two or three volunteers to report what they were able to learn about their partner.

Slide #10

What Not to Talk About

One situation that may happen when building a relationship with another person is that she may want to share parts of her life that are not related to breastfeeding.

[Key Talking Points]

- It may be tempting to talk about other things.
- Remember that your job as a WIC peer counselor is to limit your conversations to breastfeeding.
- Gently lead her back to the subject of breastfeeding.
- You may refer her to other social services or WIC Program staff if that seems appropriate.
- You should not discuss the following situations:
 - Marital problems
 - Financial concerns
 - Medical conditions unrelated to breastfeeding

- Religious or political views
- Violence in the home

Slide #11

Picture Words

It is important to use clear, descriptive words in the instructions you give over the telephone.

[Activity]

Learning Objective: To help peer counselors use picture words in their communications.

Time: 5 minutes

Directions:

- Ask peer counselors to turn to their partners.
- Instruct them to sit back-to-back to simulate a phone conversation.
- Mention that one partner will play the role of counselor.
- Have that person instruct her partner on how to tie her shoes, using picture words.
- Provide a shoestring to practice with, if partners are not wearing shoes with shoestrings.
- Stress that the partner should follow the directions given by the counselor *exactly* as instructed.
- When the instructions are complete, have the phone counselor check to see how the shoestrings look.
- Trade roles and repeat the exercise.

Discussion:

- What was easy?
- What was hard?
- What picture words did you use?
- What are some picture words that could be used to communicate the following concepts to a new mother?
 - Calm the baby before trying to nurse.
 - Watch the baby, not the clock.
 - Practice breastfeeding in front of a mirror.

Slide #12

Telephone Tips

Here are some effective ideas for making phone calls more comfortable for peer counselors.

[Key Talking Points]

- Don't be afraid of silence. Some silence is okay. It gives you and the mothers you counsel time to think about their answers.
- Include a few "mmm" and "uh-huh" responses so she knows you are still there and listening.

- Don't interrupt. Respect her by allowing her time to finish her thoughts before jumping in with your ideas.
- Handle disruptions carefully. If you must end your call because of something that has happened, explain carefully why you must call her back.
- Reassure her that you are interested in her and will get back to her as quickly as you can. Ask what would be a good time to call her back.
- Use her name and her baby's name often.
- Limit calls to 15 minutes or less. Most people cannot absorb more information than that. Remember small bits of information are best.
- Identify something she is doing right and praise her. You may be the only one in her life who tells her she is a good mother.

Slide #13
[Activity]

Verify What You Heard

Learning Objective: To understand the value of verifying what we hear.

Time: 5 minutes

Directions:

- Ask all participants to stand back-to-back with someone else in the room.
- Provide each with a plain sheet of paper.
- Instruct everyone to keep their eyes on their own piece of paper and follow these directions:
 - Fold the paper in half horizontally.
 - Fold it in half vertically.
 - Tear a hole in the center.
 - Tear the top right corner.
 - Tear the corner even with the one you just tore.
 - Punch two holes in the next to longest edge.
- Ask participants to open their paper and hold it up to see whether it matches that of their partner or anyone else in the room. Usually many versions of "snowflakes" are created.

Discussion:

- What happened?
- Everyone heard the same instructions... why the different outcomes?

[Key Talking Points]

- It is easy, especially on the phone, to assume that what you said is what she heard.
- One peer counselor reported that she thought she gave good instructions until she realized that the mother was trying to breastfeed through her t-shirt.
- After you use picture words to clearly give instructions, ask her to repeat back your instructions so you can clear up any misunderstandings.
- Verifying information is a critical part of every conversation.

Slide #14

Answering Machines

WIC Program policy should be followed when leaving messages for participants.

Discussion:

- Imagine you leave a message that says: “This is Brenda, your WIC breastfeeding peer counselor. Please give me a call at 555-5555.” What information have you told the people at the house? Ideas:
 - She is pregnant.
 - She qualifies for WIC.
 - She might be interested in breastfeeding.
- What kind of response might that mother face when she gets home?
- What kind of message would be better to leave for a mother?
 - “This is Brenda Smith calling for Ashley. Please return my call at 555-5555.”

[Key Talking Points]

- Anyone in the household can hear a message left on an answering machine.

[Instructional Guidance]

- Discuss the WIC agency policy with the trainees.
- Give each a copy of the policy.

Slide #15

Being Available to New Mothers

WIC peer counselors are effective with helping WIC mothers with breastfeeding because they are available after WIC clinic hours are over and the doctor’s office is closed.

[Key Talking Points]

- Breastfeeding problems do not all occur during WIC clinic hours.
- Babies are fussiest in the evening when everyone is tired and hungry.
- You should be careful that this part of this job doesn't take over your life.
- Never give out your personal information.
 - It is best not to give your home address or other personal information.
 - Some WIC Programs provide peer counselors with pagers or cell phones to avoid giving out home phone numbers.
- Set limits with the mothers you are working with.
 - Mothers who receive calls regularly from their peer counselor are less likely to have late-night crises.
 - Tell mothers when it is a good time to call you.
 - If a mother calls at a bad time, tell her it is a bad time, and you will call back. Be sure you call back when you say you will.
- Pagers can help.
 - Some WIC Programs provide pagers so calls can be monitored.
 - Answering machines can help in this way too.
- Refer her to others who can help.
 - Keep phone numbers available for WIC designated breastfeeding experts who can help with breastfeeding problems.
 - Have numbers of community resources that take calls after hours.
 - Always refer mothers who have needs outside your responsibilities.
- Be alert to mothers who become overly dependent.
 - Some mothers may call often and become very dependent on you.
 - Remind her that you are to provide basic breastfeeding information and support. More than that is not in your scope of practice.
 - Yield to your WIC supervisor or WIC peer counselor supervisor for help.

[Instructional Guidance]

- Discuss strategies your State WIC Program has identified to help peer counselors manage calls.
 - Tools to help may include:
 - Cell phones
 - Pagers
 - After hour hot-line numbers
- See other suggestions in the “Using *Loving Support*© to Manage Peer Counseling Programs” curriculum.

[Optional Resource]

- “Using *Loving Support*© to Manage Peer Counseling Programs”
 - Review “Section 6: Scope of Practice”

Slide #16

Electronic Communications

Many peer counselors communicate with new mothers through e-mail. This may work well for mothers who live in rural areas or do not have a phone.

[Key Talking Points]

- Always ask permission from the mother before sending e-mails. Document this permission in your notes.
- Limit your e-mails to breastfeeding information and support.
- Check your email daily if you are using it to communicate with mothers who may want to share problems with you.
- Put your contact information in your signature as well as your title and the name of the WIC Program you work for.
- Keep your message short and simple.
- List the most important information first.
- Organize your e-mail folder so you can easily find messages from each mother and your responses to them. Keep up with this filing system daily.
- Your WIC agency might want to set up a listserv for breastfeeding mothers. This can serve as a way for mothers to contact and support each other. You can also use the listserv to send out information and breastfeeding news.

Slide #17

Part II – Best Start’s 3-Step Counseling Strategy©

Part I focused on how to use various communication methods to reach mothers. Part II focuses on the message you give mothers and how to talk to them about breastfeeding.

[Key Talking Points]

- Best Start's *3-Step Counseling Strategy*© provides you with a way to:
 - Quickly determine a mother's concern.
 - Provide suggestions to help her deal with worries in a way she can hear the information.

Slide #18

[Activity]

What is Your Routine?

Learning Objective: To reinforce the importance of doing steps to the counseling strategy in the same order.

Time: 5 minutes

Directions:

- Ask each peer counselor to turn to her partner.
- Tell each other something they do every day in the same order.
- Tell each other the consequence of not doing it in the same order.
- Let them share for two to three minutes.
- Ask three or four people to share their routines.
- Example: "I put my contacts in before I put my make-up on. If I didn't, I would have eye makeup all over my face."

[Key Talking Points]

- We all do things in a particular order because that seems to work for us.
- In the same way, the counseling strategy works best when it is done in a particular order.
- The three steps are:
 1. Ask open-ended questions.
 2. Affirm feelings.
 3. Educate mother.

Slide #19

Step One: Ask Open-Ended Questions

Open-ended questions are always the best way to start a conversation with a mother.

[Key Talking Points]

- A big difference exists between an open and a closed question.
- Closed questions can usually be answered with "yes" or "no" or a very short one or two word answer.
- Closed questions give you very little information with which to continue the conversations.
- Some examples of closed questions:
 - What time is it?
 - What color is your shirt?

- How many children do you have?
- Do you take medication?
- Are you going to breastfeed or bottle feed your baby?
- Closed questions can make people feel that they have been interrogated.
- They may tell you the answer they think is the “right” answer whether they believe it or not.
- Open-ended questions draw more information out of the mother.
- No right or wrong answers exist in response to an open-ended question.
- Most open-ended questions begin with who, what, why, or how.
- Some examples of open-ended questions:
 - How do you feel about breastfeeding?
 - What do you know about breastfeeding?
 - What has your mother told you about breastfeeding?
 - Can you tell me why you feel that way?
- Open-ended questions show the mother you are listening to her and that you are interested in her.
- This helps her share her thoughts and feelings with you.

[Activity]

Learning Objective: To practice recognizing closed versus open-ended questions.

Time: 3 minutes

Handout: #4A – Open or Closed?

Directions:

- Using the handout, ask the group to answer the following questions together as a group.
- Is this an open or closed question?
 - Do you work? [*closed*]
 - How do you feel about that? [*open*]
 - Have you started feeding your baby solid foods yet? [*closed*]
 - Where do you live? [*closed*]
 - Are you going back to school? [*closed*]
 - Can you tell me more about how that made you feel? [*open*]
 - What’s a good plan for you? [*open*]
 - What can you tell me about your pregnancy? [*open*]
 - What has your mother told you about breastfeeding? [*open*]

Slide #20

Closed Questions

[Instructional Guidance]

Ask peer counselors to turn the following “closed” questions into “open-ended” questions.

- Closed: Have you talked to your mother about breastfeeding?
Open: What does your mother say about breastfeeding?
- Closed: Are you going back to work after your baby is born?
Open: What plans do you have after your baby is born?
- Closed: Have you gone to a prenatal class yet?
Open: What kinds of things are you doing to learn more about pregnancy and parenting?
- Closed: Do you have other children?
Open: Would you tell me a little bit about your family?
- Closed: Are you going to room in with your baby at the hospital?
Open: What do you know about rooming in?
- Closed: Are you going to breastfeed or bottle feed your baby?
Open: Can you tell me your thoughts on how you will feed your baby?

Slide #21

Peer Counselor Training Wheels

Learning to make that first call to a mother can easily be compared to learning to ride a bicycle. This activity will provide “training wheels” for new peer counselors.

[Activity]

Training Objective: To help WIC peer counselors gain confidence in making the first calls to mothers.

Time: 5 minutes

Handout: #4B – Peer Counselor Training Wheels

Directions:

- Divide the training group into smaller groups of three to four.
- Ask each group to develop a list of open-ended questions that they could use in a first call to a new mother who is pregnant.
- Have them record their examples on the handout.
- Have groups report their examples, record on flip chart.
- Examples of reported questions might include:

- How is your pregnancy going?
- Tell me about your family?
- What has your family said about having a new baby?
- What have you heard about feeding your baby?
- What are your plans after the baby is born?
- What kinds of things are you doing to prepare for the baby?
- Suggest they keep this list to use when making those first calls.
- Assure them that after some practice talking to mothers, they will not need to rely on this list any longer.

Slide #22

Probes – Digging for More Information

Probes are a follow-up to your open-ended questions.

[Key Talking Points]

- Most people do not give complete answers to the questions they are asked.
- You must find out more information to effectively choose the education that you will use for each particular mother.

[Instructional Guidance]

- Write the phrase “I can’t do it” on the flip chart.
- As you discuss each of the four types of probes from the following four slides, write a corresponding probing statement that would help a peer counselor learn more from this mother.

Discussion:

- What are some possible things “I can’t do it” could mean?
Some ideas are:
 - Her partner won’t let her.
 - She is going back to work.
 - She doesn’t think she will be able to make milk.
 - Breastfeeding will be too hard.
 - Her breasts are too small.
- Four probes are available that can help you find out more information.

Slide #23

Extending Probe

An extending probe asks the mother to tell you more.

[Key Talking Points]

- Some extending probe examples are:
 - What else have you heard about that, Ann?
 - How did you feel when he said that?
 - Tell me more about that.

Discussion:

- How can extending probes be used to find out what she means by “I can’t do it”? [Record answers from group on flip chart.] Ideas:
 - Why do you feel you can’t breastfeed?
 - Can you tell me why you feel that way?

Slide #24

Clarifying Probes

The clarifying probe is used to be sure that you understand what she has told you. The word “or” is often found in the middle of this probe, but not always.

[Key Talking Points]

- Some clarifying probe examples are:
 - Are you afraid that breastfeeding will make you tired or that breastfeeding will make the baby more dependent on you?
 - When you say, “It’s too hard,” do you mean it will be too hard to learn to breastfeed?
 - When your mother says she wants you to bottle feed, does that mean she is worried about taking care of the baby, or she thinks you won’t make enough milk?

Discussion:

- How could the clarifying probe be used to find out what she means by “I can’t do it”? [Record group answers on flip chart.] Some ideas are:
 - When you say you can’t do it, do you mean you are afraid you won’t make enough milk or breastfeeding will be too hard to learn?
 - What part of breastfeeding seems hard to you?

Slide #25

Reflecting Probes

This probe reflects her words back to her so she can hear what she said. Most women like to hear that they are being heard and using this probe will encourage her to tell more. Be careful not to overuse this probe.

[Key Talking Points]

- Some reflecting probe examples are:
 - So you are saying that you don’t think you can breastfeed.
 - You think your mother won’t approve of breastfeeding.
 - You feel that he is possessive of you and will not like the attention you have to give the baby.
 - So you are saying that you are worried that your milk won’t be good enough for your baby.

Discussion:

- How could a reflecting probe be used to find out what she means by “I can’t do it”? [Record group answers on flip chart.]
Some ideas:
 - So you are saying that you don’t think you’ll be able to breastfeed.
 - So you are saying that there are some things that make breastfeeding impossible for you.

Slide #26

Redirecting Probe

The redirecting probe helps you change the subject or direction of your conversation with a mother. It can help you get back to the subject of breastfeeding if she has wandered off topic.

[Key Talking Points]

- Some redirecting probe examples are:
 - Susan, besides the issues with your boyfriend, what other concerns do you have about breastfeeding?
 - Heather, other than the shape of your breasts, is there anything else that worries you about breastfeeding?
 - Besides getting back to your social life, do you have other things you would like to discuss with me about breastfeeding?

Discussion:

- How could a redirecting probe be used to get the “I can’t do it” mother back to talking about breastfeeding when she continues to talk about her living arrangements? [Record group answers on the flip chart.] Some ideas are:
 - What other concerns about breastfeeding do you have other than the number of people that live in your house?
 - Are there other concerns you have about breastfeeding?

Slide #27

Padding

Padding puts extra words or pauses into our responses to make them softer and friendlier.

[Key Talking Points]

- Unpadded answers might sound like:
 - How come?
 - Why not?
 - What do you mean by that?
- Padded answers make mothers feel safe and secure when responding.

- Ways to pad your responses are:
 - Use the mother's name in your response.
 - Repeat the mother's words.
 - Add extra words. For example instead of "Why not?" say, "Tell me more about why you feel that way."
 - Pause a few seconds before responding.

[Activity]

Learning Objective: To help peer counselors practice using probes and padding in a counseling situation.

Time: 10 minutes

Handout: #4C – Using Probes to Find out More

Directions:

- Divide peer counselors into five small groups.
 - *For small training groups:* Groups of less than ten can work through the handout with general discussion lead by the trainer.
 - *For large training groups:* Divide into more than five groups by giving a couple of the small groups the same quote to work on. Have one group report and the other add to the statements.
- Give each group one of the statements on the handout. These are typical statements peer counselors will hear when talking to mothers.
- Remind them to pad their responses.
- Caution them not to do any education.
- Tell them to use the handout to write down the other groups' suggestions.

[Instructional Guidance]

- "I could never do that."
 - What part of breastfeeding seems hard to you?
 - Tell me more about why you feel that way.
 - Are you saying it would be embarrassing, or are you afraid you won't make enough milk?
- "I want the baby's father to help, too."
 - Tell me more about what he says about breastfeeding.
 - Are you saying you want him to feel close to the baby, or do you feel you will need a lot of help with the baby?
- "It would just be too embarrassing, especially if you are out at the mall."
 - Are you worried that your breasts will be exposed, or are you worried other people might be uncomfortable?

- Tell me about people you have seen breastfeeding in public.
- “My mother would freak out.”
 - Tell me what you mean by “freak out.”
 - Are you worried your mother will not help you take care of your baby if you breastfeed?
 - So you’re saying you think your mother would be upset.
- “I heard babies get too attached if they are breastfed.”
 - Are you concerned about going out with friends or returning to work?
 - Tell me a little more about that.
 - So you’re saying you think your baby will be too dependent on you.

Slide #28

Step Two: Affirm Feelings

Step two, affirmation, is the most important step. It puts the mother at ease and lets her know she is safe in telling you personal information.

[Key Talking Points]

- A mother may feel uneasy after she shares with you her true concerns about breastfeeding.
- She may think she is the only person who has ever felt this way, or wonder if you think she is being silly.
- Affirmation reassures her that her feelings are not unusual and that you are not shocked to hear them.
- Affirmation builds her confidence and self-respect.
- Affirmation is a short, simple statement that lets a mother know that she is okay.
- You do not have to agree with what she says to affirm her feelings.
- Affirmation builds trust in you and your information.
- After she is affirmed, she will be ready to hear the education that you want to share with her.
- It’s tempting to rush ahead and tell her all we know about her problem.
- Remember that mothers are not ready to hear your information until they feel you have heard their opinions.

Slide #29

Affirming Statements

Affirmation is the most important step and takes the least amount of time. Experience tells us that this is the step that takes the most practice.

[Key talking Points]

- Affirming statements sound like:
 - I've heard other women say that, too.
 - Other mothers have told me they experienced that.
 - I felt that way, too.
 - My mother told me the same thing.
 - It sounds like you want to be a good mother.

[Activity]

Learning Objective: To help peer counselors practice affirming a mother in a counseling situation.

Time: 5 minutes

Handout: #4D – Affirming New Mothers

Directions:

- Go through the handout to ask the group how they might affirm a mother who says the following things to a peer counselor.
- Be sure to affirm their responses so you model what affirmation means.

[Instructional Guidance]

- My breasts are too small. The baby will starve.
 - I felt that way too.
 - All women worry about the size of their breasts.
- I'd be too afraid to breastfeed since I smoke.
 - It sounds like you have been thinking about this.
 - It sounds like you are already thinking like a good mother.
- I don't want my father to see me breastfeed.
 - Most women worry about that.
 - I felt the same way.
- I'm afraid breastfeeding will be too painful.
 - I've heard other women say that.
 - I talk to lots of mothers who have that concern.
- I have to go back to work right after my baby is born.
 - It must be hard to think about leaving your baby so soon.
 - It sounds as though you have been giving this a lot of thought.
- My mom says the baby will be too hard to take care of if I breastfeed.
 - My mother told me the same thing.
 - Sounds like your mother wants to be a good grandmother.

Slide #30
[Activity]

Peer Counselor Skills Checklist

Learning Objective: To provide peer counselors with an opportunity to build skills in using open-ended questions and affirming a mother.

Time: 15 minutes

Handout: #4E – Role Plays

Directions:

- Use Handout 4E that you prepared in advance.
- Ask peer counselors to find a partner. It works best if counselors are divided to work in pairs, not in larger groups. Have an extra trainer fill in if you have an odd number of peer counselors.
- Reassure peer counselors that they will not have to do anything in front of the group. This is private between themselves and their partner.
- Instruct them that one person will play the role of the counselor, and the other will be the new mother.
- Tell them they will switch roles for a second role play.
- Have them read the information for the role they are to play. They shouldn't read each other's information.
- Instruct the counselor to uncover the mother's barrier to breastfeeding.
- Have the counselor ask open-ended questions, probe, and affirm the mother.
- Tell them not to attempt education since that information has not been covered in this training yet.
- Ask them to trade roles between themselves when finished with the first role play and trade scenarios with another pair.
- After the second round of role plays, discuss how the activity went.
- Walk around the room, listen to conversations, and provide assistance and help as needed during the activity.
- When peer counselors have successfully identified the key issues of the mother in the role plays, sign and date their Peer Counselor Skills Checklist Card, Module 4 – Counseling Role Play section.

Discussion:

- For those playing the counselors:
 - What kinds of open-ended questions did you ask the mother?
 - How did you probe for more information?
 - What kinds of affirming statements did you use?

- For those playing the mothers:
 - How long did it take for the counselor to identify your concern?
 - What kind of affirming statements did you like to hear?

Slide #31

Step Three: Education

Once open-ended questions have been asked and the mother has been affirmed, she is ready to be educated. Remember, however, that nobody wants to hear a long lecture.

Discussion:

- When you think about being a student in high school class, what thoughts or feelings come to your mind?
- What about high school classes seemed unpleasant to you?

[Key Talking Points]

- Many adults have had similar experiences with school.
- Here are some tips that help adults learn best.
 - Focus the information on the mother's concern or interest.
 - Adults tune out people and information they aren't interested in.
 - If you keep your discussion focused on the subjects the mother revealed in your counseling, she will be more likely to remember the information she has asked for.
 - Feed information in small chunks.
 - Giving a large number of facts overwhelms new mothers.
 - Address only the concerns she has mentioned.
 - Give her just two or three simple ways to handle her concerns.
 - Give options.
 - Offering a couple of options may help her fit the solution into her lifestyle.
 - Options let her know more than one way is available to resolve issues.
 - Keep it simple.
 - Complicated instructions make breastfeeding sound difficult and unmanageable.
 - Have repeated conversations.
 - Record the mother's concern in your notes, and review it in a follow-up call or interview.
 - Keeping notes helps you re-establish your relationship and gives you a good way to begin your next conversation.

- Give resources.
 - You can recommend WIC pamphlets, simple breastfeeding books, or videos to reinforce your own teaching.
 - You can also give her information about breastfeeding classes or WIC designated breastfeeding experts who can help her with her questions. These people and programs should be identified by your WIC Program supervisor.

Slide #32

Using 3-Step in Challenging Situations

The Best Start *3-Step Counseling Strategy*© principles can be effective in helping peer counselors handle more challenging counseling situations.

[Key Talking Points]

- For mothers who are not interested in talking with the peer counselor:
 - Be sensitive to the mother's situation and honor her wishes.
 - Ask if there is a better time to talk with the mother.
 - Ask open-ended questions about any concerns she may have.
 - Affirm the mother.
 - Educate her about resources available.
 - Ask the mother if you can check on her periodically to see how her pregnancy is progressing.
 - Refer the mother to others who can help her, if needed.
- For mothers who have stated they are not interested in breastfeeding at all:
 - Ask open-ended questions about her breastfeeding concerns.
 - Show empathy in affirming the mother's decision to do what is best for her family.
 - Be sensitive to the mother's decision. Remind her that WIC is here to help every mother make an informed decision and to provide support for feeding her baby, however she chooses to do that.
 - Ask the mother if you can check on her periodically to see how her pregnancy is progressing. This is important in building a relationship of trust that allows the mother to consider changing her mind later in the pregnancy.
- For mothers who do not speak the language of the peer counselor:
 - Ask if another person is in the household who speaks the language of the peer counselor with whom she can have permission to speak.

- Utilize language translation services available through the local WIC agency.

Slide #33

What About Mothers From Other Cultures?

As a peer in your community, you can relate well to most of the other mothers you will contact.

[Key Talking Points]

- Sometimes you will have mothers from cultures and ethnic backgrounds that are different from yours.
- Using the *3-Step Counseling Strategies*© Principles can help you relate well to mothers who have different experiences and beliefs than yours.
- Although practices might differ between cultures, remember that even mothers within the same cultural or ethnic group have different beliefs.
 - Some Spanish-speaking mothers believe that colostrum is “dirty” and won’t breastfeed their infants until their mature milk comes in.
 - Many other Spanish-speaking mothers do not share that belief.
 - Some Asian women are not comfortable with direct eye contact. Others are perfectly comfortable looking eye to eye with you.
- Be careful not to make assumptions about women from various cultural groups.
- It is better to listen to each mother individually and allow her to tell you her beliefs.
- Respect her beliefs, even if they seem different from your own. They are important to her.
- Remember to affirm each mother.