



MOTIVATIONAL COUNSELING

Training Curriculum

Motivational Counseling

A training curriculum for frontline staff working in HIV programming for key and priority populations

FACILITATORS MANUAL

June 2020



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This training curriculum was modified from a comprehensive FHI 360 counseling curriculum called Motiv8, based on motivational interviewing (MI) techniques¹ and adapted from the *SafeTalk* intervention developed by the University of North Carolina at Chapel Hill.²

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¹ Miller W.R., Rollnick S. (2002). Motivational interviewing: Preparing people for change. Guilford Press. Chicago

² Golin C.E., Earp J.A., Grodensky C.A., Patel S.N., Suchindran C., Parikh M., ... Groves J. (2012). Longitudinal effects of SafeTalk, a motivational interviewing-based program to improve safer sex practices among people living with HIV/AIDS. *AIDS and Behavior*, 16(5), 1182-1191.

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Motivational counseling – a training in advanced interpersonal communication skills

Building clients' motivation for change

What and why

A common concern of programs designed to reach, recruit, and retain clients in the HIV services continuum is their ability to support clients to overcome individual barriers to change. Training curricula in public health programming typically focus on the provision of key messages, education, and access or referral to resources. Some curricula acknowledge the need for providers to be skilled motivators, but do not include specific modules or content.

This training package is designed to address challenges frontline workers face in motivating clients to make informed decisions that lead to sustained positive outcomes. It is focused on listening and communication skills that have been proven effective in behavior change programs in several areas involving risk behaviors related to sex,³ alcohol and drug use,⁴ HIV testing,⁵ and treatment adherence.⁶

The curriculum was developed by FHI 360 with support from USAID and PEPFAR. It is adapted from a comprehensive counseling packaged called Motiv8, which draws heavily from the University of North Carolina (UNC) Chapel Hill *SafeTalk* model.⁷ *SafeTalk* is based on motivational interviewing techniques⁸ and has been demonstrated to be effective through a randomized controlled trial.⁹ While *SafeTalk* was intended for use by health care workers in a clinic setting, this training package is adapted for delivery by outreach workers, counselors, and providers in a variety of settings.

Intended Audience

This curriculum is intended for use by staff who interact with clients on a regular basis (e.g., those actively involved in service delivery). Participants will benefit most if they have prior experience conducting strategic behavioral communication with members of the target population, and, at minimum, basic training in communication skills and content. The curriculum does not provide technical content on sexual health, HIV and AIDS, risk reduction strategies, or treatment — participants should come with at least a basic understanding of these topics, depending on their focus.

³ Naar-King, S., Parsons, J. T., & Johnson, A. M. (2012). Motivational Interviewing Targeting Risk Reduction for People with HIV: A Systematic Review. *Current HIV/AIDS Reports*, 9(4), 335-343.

⁴ Berman, A. H., Forsberg, L., Durbeej, N., Käälméén, H., & Hermansson, U. (2010). Single-session motivational interviewing for drug detoxification inpatients: effects on self-efficacy, stages of change and substance use. *Substance use & misuse*, 45(3), 384-402.

⁵ Outlaw, A. Y., Naar-King, S., Parsons, J. T., Green-Jones, M., Janisse, H., & Secord, E. (2010). Using motivational interviewing in HIV field outreach with young African American men who have sex with men: A randomized clinical trial. *Journal Information*, 100(S1).

⁶ Hill, S., & Kavookjian, J. (2012). Motivational interviewing as a behavioral intervention to increase HAART adherence in patients who are HIV-positive: a systematic review of the literature. *AIDS care*, 24(5), 583-592.

⁷ Golin, C. E., Davis, R. A., Przbyla, S. M., Fowler, B., Parker, S., Earp, J. A., . . . Grodensky, C. A. (2010). *SafeTalk*, a multicomponent, motivational interviewing-based, safer sex counseling program for people living with HIV/AIDS: a qualitative assessment of patients' views. *AIDS Patient Care and STDs*, 24, 237-245.

⁸ Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. Guilford Press. Chicago

⁹ Golin, C. E., Earp, J. A., Grodensky, C. A., Patel, S. N., Suchindran, C., Parikh, M., ... & Groves, J. (2012). Longitudinal effects of *SafeTalk*, a motivational interviewing-based program to improve safer sex practices among people living with HIV/AIDS. *AIDS and Behavior*, 16(5), 1182-1191.

To meet the needs of each participant and maximize learning, the training should be limited to 20 participants or fewer.

Timing

The training requires a minimum of two days with eight hours of instruction and guided practice per day. Classroom instruction should be paired with a half-day practicum during which trainees can sharpen their skills. Because of the inherent challenges of absorbing new practices and approaches, successful implementation will require ongoing supervision, mentoring, and quality assurance/improvement (QA/QI) systems and tools.

Objectives

By the end of this training, participants will be able to:

- Demonstrate active listening techniques
- Use appropriate questioning strategies
- Provide relevant information without infringing on client autonomy
- Elicit and respond effectively to clients' motivations in favor of specific behavior change goals
- Avoid common communication pitfalls
- Deal effectively with clients' resistance to change

Specific content

- Concepts of empathy and client-centered counseling
- Simple and complex reflection, paraphrasing, and summarizing
- Affirmation
- Questioning strategies (open, closed)
- Strategies for providing information
- Eliciting and reinforcing talk about change
- Recognizing and managing resistance
- Avoiding negative communication approaches

Training methodology

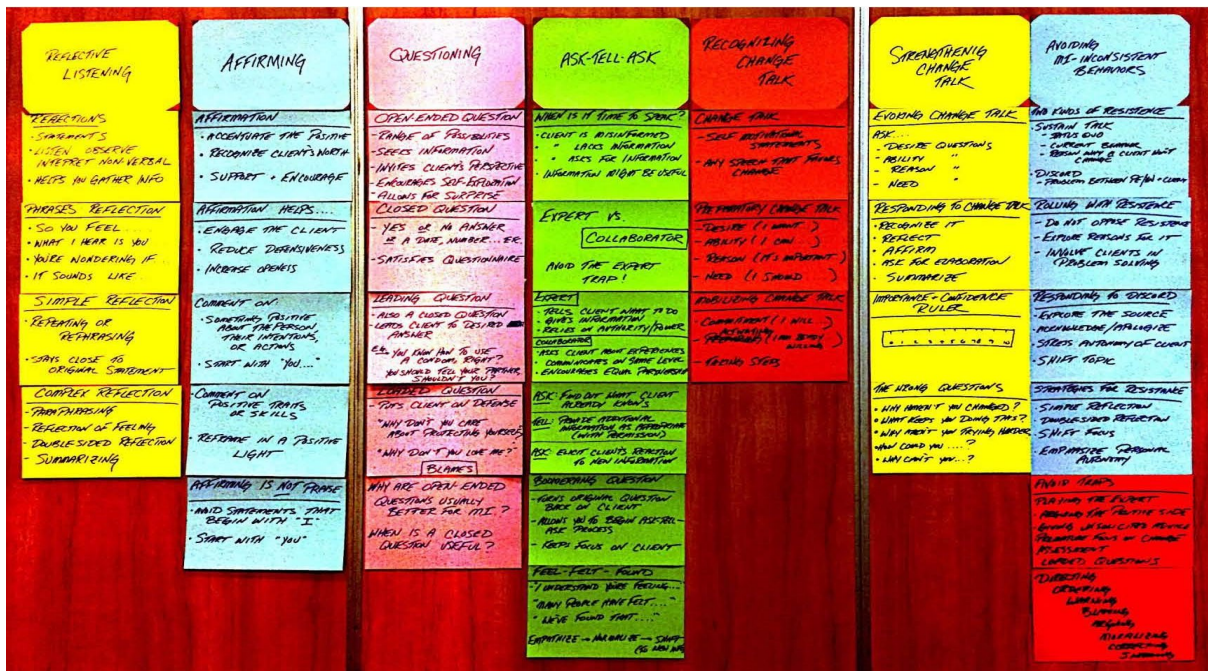
This training is based on principles of adult education and employs a combination of presentation, small- and large-group discussion, activities, and guided practice/role plays. Key concepts and skills are introduced via PowerPoint (or hand-written slides/notecards), facilitator demonstration, and discussion. Participants will have opportunities to participate in or watch demonstrations of exemplary interpersonal communication skills before practicing and providing feedback to one another to improve performance. Ideally, guided practice should be reinforced with routine field monitoring and

mentoring using QA tools that have been modified to incorporate the key communications skills and concepts covered in this training. FHI 360 can provide these tools and separate training materials to build the capacity of implementing partners to monitor motivational counseling skill sets. However, the QA/QI training assumes a pre-existing level of familiarity with motivational counseling concepts and skills.

This package includes the following tools:

- PowerPoint presentation slides** – slides have been adapted from the UNC Chapel Hill *SafeTalk* training materials and from Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change*. Guilford Press. Chicago as well as Rosengren, David. B. (2009) *Building Motivational Interviewing Skills – A Practitioner Workbook*. Guilford Press. Chicago. Materials were compiled with the assistance of the Philippines Department of Health and have been field tested and revised in Barbados, Botswana, Cambodia, Cameroon, Kenya, Laos, Indonesia, Kazakhstan, Kyrgyzstan, Lesotho, Nepal, The Philippines, Suriname, Thailand, Trinidad, Vietnam, and Zambia. Facilitators may wish to prepare a copy of all presentation

Note: Several slides accompany each module, but facilitators can use handwritten notecards (as opposed to an LCD projector and screen). This approach has been used during training in several countries and can be an effective way to maintain participant focus. As each handwritten notecard is introduced for each module, the card can be taped to a wall under module headings. This way, participants can see how the material builds from module-to-module, and they can review the concepts during breaks. The image illustrates how notecards can be used instead of slides. (The headings here come from a previous version of the curriculum; some are different in this final version).



materials for participants in advance. The curriculum includes nine slide presentations/PowerPoint files.

- **Model scripts** – this curriculum uses four model scripts, one for each of the key techniques described (reflection, affirmation, questioning, ask-tell-ask). These scripts should be translated into the local language. Facilitators may ask participants to volunteer to role play the client and the outreach worker/counselor, or facilitators can work together to present the scripts. Another option is to make a video recording of each version, subtitled to highlight appropriate use of the key skills. This can be accomplished in relatively little time with office volunteers, a video camera (or phone), and freely available software.
- **Worksheets** – several of the training modules involve a worksheet or activity as an intermediate step between presentation and role play. These learning tools should be translated into the local language and photocopied for participants in advance. Note that a set of bonus training exercises for practicing reflection skills is included in the toolkit and may be incorporated into the training agenda at the facilitator’s discretion.
- **Curriculum** – the curriculum provides the estimated time for each session, materials required, and intended objectives. Each session includes a training plan, trainer’s notes, and follow-up questions to guide discussion. The worksheets and resources required for conducting activities are collated in a separate document: *Activity Worksheets/Resources*.

Combining with other training curricula

The scenarios in this package are drawn from the kinds of experiences frontline workers typically face, such as counseling a client to use condoms consistently, supporting disclosure, considering partner referral/index testing, seeking help for an abusive partnership, or adhering to a medication regimen. FHI 360 recommends integrating motivational counseling training with capacity building on skill sets that improve service access, quality, and uptake across the cascade. For example, this package can be combined with other modules designed to enhance the skills of frontline workers in online-mediated or face-to-face reach, recruitment, and counseling; index testing; risk network referral and the enhanced peer outreach approach; peer navigation; or enhanced adherence counseling. As important, training curricula on service provision across the cascade can be optimized by training first on motivational counseling, so that newly learned skills can be incorporated in technical role plays and exercises.

Terminology, language, and ordering of modules

Each module in this training package builds successively on material covered in prior modules. Time permitting, it is ideal if the training can be conducted in its entirety in the order provided. However, country programs can adjust the training as appropriate to meet their needs. If necessary, the training modules can be conducted successively over the course of more than one workshop or select modules can be provided as needed. To optimize learning, the training and associated tools should be translated into the local language. Country programs should feel free to adjust terms, phrases, and concepts to match local vernacular and context.

Sample Training Agenda

Day 1				
Minutes	Topic	Objectives	Materials	Method
20	Pretraining Assessment	<ul style="list-style-type: none"> Complete a pretraining assessment that will be paired with a post-training assessment to track improvements over the course of the training 	<ul style="list-style-type: none"> Pretraining Assessment Form and Answer Key Flip chart paper and markers 	Individual activity
20	Icebreaker (Picture It)	<ul style="list-style-type: none"> Help establish a safe learning environment by valuing the experiences and voices of everyone in the room Consider how experiences and skills of other participants may be resources throughout the training 	<ul style="list-style-type: none"> Postcards with a variety of images (at least one per participant) 	Individual activity; large-group report back
20	Training Objectives	<ul style="list-style-type: none"> Match personal expectations to the goals of this training course 	<ul style="list-style-type: none"> Objectives written on flip chart Notecards/markers Blank flip chart paper/markers Training agenda Parking lot flip chart Tape 	Small-group work
10	Agreements	<ul style="list-style-type: none"> Create a list of agreements to guide the training 	<ul style="list-style-type: none"> Flip chart labeled “Agreements” Markers 	Large-group brainstorm
60-90	Module 1. Understanding the Context	<ul style="list-style-type: none"> Understand the relative HIV risks associated with key populations in their region/country Discuss the HIV services cascade and common leaks in their local context Consider individual role in motivating clients to make changes that improve their lives and help achieve epidemic control 	<ul style="list-style-type: none"> Understanding the Context PowerPoint Risk Meter Exercise cards Cascade Puzzle pieces Worksheet: Cash Register Exercise Flip chart paper/markers Tape Small prizes 	Large-group discussion; small-group work; individual work

Day 1				
Minutes	Topic	Objectives	Materials	Method
45	Module 2. Introduction to Motivational Counseling	<ul style="list-style-type: none"> Learn the goal and elements of motivational counseling 	<ul style="list-style-type: none"> Introduction to Motivational Counseling PowerPoint Flip chart paper/markers Empathy video 	Presentation; large-group brainstorm
60	Module 3. Reflective Listening	<ul style="list-style-type: none"> Explain what reflection is and how it can benefit communication with clients Understand the use of simple reflections to acknowledge a client, check for comprehension, and move the conversation forward Identify and demonstrate the use of different kinds of complex reflections 	<ul style="list-style-type: none"> Reflective Listening PowerPoint Model Script: Reflection Flip chart paper/markers Ball 	Presentation with guided practice; group exercise
45	Module 4. Affirmation	<ul style="list-style-type: none"> Use recognition of positive behaviors, intentions, and traits as a means of building rapport with clients Distinguish between affirmation and praise 	<ul style="list-style-type: none"> Affirmation PowerPoint Model Script: Affirmation Worksheet: Finding the Diamond in the Rough Flip chart paper/markers/tape Colored paper (A4 or letter sized) and pens for optional group activity 	Presentation with guided practice; individual and group exercise

Day 2

Minutes	Topic	Objectives	Materials	Method
60	Module 5. Questioning	<ul style="list-style-type: none"> Learn how to probe about peers' knowledge, attitudes, and behaviors effectively and without leading 	<ul style="list-style-type: none"> Questioning PowerPoint Model Script: Questioning Questioning Quiz Mystery Identity cards Flip chart paper/markers Prizes 	Presentation with guided practice; role play; individual work
15	Optional review of Day 1	<ul style="list-style-type: none"> Review key concepts covered on Day 1 	<ul style="list-style-type: none"> Questions to ask group 	Plenary
90	Module 6. Ask-tell-ask	<ul style="list-style-type: none"> Learn to provide new information and key messages without threatening peer autonomy Practice responding in an empathetic manner when clients express incorrect information or negative attitudes 	<ul style="list-style-type: none"> Ask-tell-ask PowerPoint Flip chart with Example Discussion written out Model Script: Ask-tell-ask 	Presentation with guided practice; role play
45	Module 7. Recognizing When Clients Talk About Change	<ul style="list-style-type: none"> Learn how to recognize peers' motivations for behavior change when they hear it 	<ul style="list-style-type: none"> Recognizing Talk About Change PowerPoint Talk About Change cards Prize Worksheet: Find the Talk About Change 	Presentation with guided practice; role play; individual work; group competition
45	Module 8. Eliciting Talk About Change	<ul style="list-style-type: none"> Practice skills to elicit talk about change from clients, and to reinforce it when it is offered 	<ul style="list-style-type: none"> Eliciting Talk About Change PowerPoint Flip chart paper and marker Worksheet: Find the Talk About Change Importance and Confidence Ruler 	Presentation with guided practice; group exercise; role play

Day 2

Minutes	Topic	Objectives	Materials	Method
45	Module 9. Dealing with Resistance	<ul style="list-style-type: none"> Practice recognizing and dealing with resistance to behavior change Identify and avoid key behaviors that are inconsistent with the motivational counseling approach 	<ul style="list-style-type: none"> Dealing with Resistance PowerPoint Recognizing Resistance cards Prize(s) Flip chart paper and markers Tape Worksheet: Improving a Motivational Counseling Session 	Presentation; group competition; group work

Day 3 (half day)

Minutes	Topic	Objectives	Materials	Method
120	Module 10. Extended Role Playing with Real-Life Scenarios	<ul style="list-style-type: none"> Employ all motivational counseling skills learned in the training 	<ul style="list-style-type: none"> Locally adapted scenarios (if applicable) 	Small-group role play; plenary discussion
30	Wrap-Up (Picture It Part 2)	<ul style="list-style-type: none"> Recap important lessons learned over the course of the training Identify at least one change to their work that they wish to make as a result of the training 	<ul style="list-style-type: none"> Postcards — return participants' original postcards 	Individual activity; large-group report back
30	Post-Training Assessment and Evaluation	<ul style="list-style-type: none"> Provide feedback on which parts of the training participants found useful and which could be improved Complete a post-test assessment 	<ul style="list-style-type: none"> Post-Training Assessment Form and Answer Key Training Feedback Form 	Individual work
	Closing	<ul style="list-style-type: none"> TBD as appropriate 	<ul style="list-style-type: none"> TBD 	TBD

Pretraining Assessment

Time: 20 minutes

Materials:

- Pretraining Assessment Form (included in the *Activity Worksheets/Resources* document)

Objectives: By the end of this session, participants will have

- Completed a pretraining assessment that will be paired with a post-training assessment to track improvements over the course of the training

Note for trainers: Some participants may be nervous to complete a test before training. Explain that the test is intended to help measure the success of the training and to encourage participants to start thinking about the training content. Participants are not expected to know all the answers — they should simply try their best. Explain that the results will not be used to judge individual performance. Collect the forms once all participants have had a chance to complete them.

Pretraining Assessment Form	1. Distribute the assessment form to participants as they arrive and let them work individually to complete the forms. Ask each participant to fill in the top of the form with the current date. If participants finish early, ask them to hold their forms.
Flip chart paper and marker	2. When all participants have completed their forms, ask them to fill in a code at the top of the form. The code can be generated using the following formula, which you may wish to post on flip chart paper for everyone to see: First letter of father’s family name: (e.g., A) First letter of mother’s family name: (e.g., M) Year of participant’s birth: 1979 Example of a complete code: AM1979 3. Explain that this code will help you match each participant’s pretraining assessment to their post-training assessment, but it cannot be used to identify an individual participant’s test scores. Ask participants to remember their code, because they will need it again at the end of the training. 4. Once all participants have finished, collect the forms. Check each paper as you collect it to ensure the date and code are filled in correctly. Note: <i>Facilitators should use the Answer Key to compare the participant's correct/incorrect responses on the pre- and post-assessments at the conclusion of the training.</i>

Icebreaker — Picture It

Time: 20 minutes

Materials:

- Postcards – at least one per participant, ideally more. (Postcards should include a range of different images, because participants will be choosing them based on personal interests.)

Objectives: By the end of this session, participants will have

- Established a safe learning environment by valuing the experiences of everyone in the room
- Considered how the experiences and skills of other participants may be useful resources throughout the training

Note for trainers: Some participants may not be accustomed to postcards, so you may need to prepare an example postcard in advance to ensure that they write their names in the correct spot and leave sufficient white space for use at the end of the training.

Postcards should be displayed on a table, blanket, or the floor (if carpeted) — this can be done before participants arrive

1. Welcome everyone and explain that for the training to be successful, it is important that everyone feels supported to participate in discussions and activities.
2. Explain that you have laid out several postcards. Each participant should choose a card that they feel speaks to them in some way.
Note: Trainers can also choose a postcard.
3. Once everyone has returned to their seat, ask for a volunteer to share their selection with the rest of the group and explain why they chose their card. Continue until all participants have had an opportunity to share.
4. Use the discussion questions below to wrap up the session.
5. After the discussion, ask participants to write their name on their postcard. Collect the postcards and save them for the wrap-up activity at the end of the training (Day 2, or Day 3 if conducting additional role play sessions).

Discussion questions

1. *What are some new things you learned about participants in this training workshop?*

Possible answers: Participants come from different backgrounds, etc.

2. *Participants often assume that trainers are the sole source of knowledge in a workshop. How might your other participants serve as a resource for you?*

Possible answers: They might provide perspectives from other trainings or experiences in the field.

3. *What are some steps you might take during this workshop to use your fellow trainees as resources?*

Possible answers: Ask them questions, participate in group activities/discussions with them, etc.

Training Objectives

Time: 20 minutes

Materials:

- Blank flip chart paper
- Training objectives written on flip chart paper
- Notecards (or sheets of blank paper cut in half)
- Tape
- Markers
- Training agenda
- Parking lot flip chart

Objectives: By the end of this session, participants will have

- Discussed their expectations of the training course
- Reviewed the training agenda and determined how it does or does not meet their expectations

Note for trainers: Depending on time constraints, this activity may also be done as an individual activity, with each person recording and presenting to the group their individual hopes for the training.

Flip chart paper	1. Say that it is important to understand exactly what participants hope to achieve or learn from the training.
Blank notecards and markers	2. Give each participant a blank sheet of paper or notecard and ask them to spend a few minutes listing their hopes for the training. Ask that each hope begin with a verb — learn, discuss, practice, etc. 3. Once participants have listed a few hopes, ask them to work in small groups (at their tables if the group is small enough) and give each group markers and a stack of half-sheets or notecards. 4. Instruct participants to spend a few minutes in their groups coming to consensus on the top three hopes for their group. The answers should be written on individual cards — remind them to limit the number of words and write large enough for everyone to see.
Flip chart paper titled “Hopes”	5. Group by group, have participants post their top three hopes on a piece of flip chart paper titled “Hopes.” As responses are posted, ask participants to explain their meanings. 6. When all responses have been posted and explained, ask if individuals have any hopes not selected by their group about which they feel very strongly. Allow those responses to be posted.
Training objective flip chart	7. Post the training objectives on a wall. Ask participants to consider which of their hopes might fit under specific objectives.

Parking lot flip chart	<p>8. Introduce the concept of the parking lot. Explain that, from time to time during discussions, participants may raise an issue that while important and worth discussing, needs to be set aside for the moment so that participants can finish the discussion or activity at hand. So that these important issues are not forgotten, they may be recorded on the parking lot so that the facilitator may return to them during the break or at another time. Participants are welcome to remind the trainer if there are unresolved issues in the parking lot.</p>
Training agenda	<p>9. <i>Optional:</i> Present the training agenda and review the basic schedule of each day. Remember to cover:</p> <ul style="list-style-type: none"> ▪ Start and stop times ▪ Mealtimes ▪ Breaks ▪ Major training components ▪ Other relevant logistical issues <p>10. Wrap up</p>

Discussion Questions:

1. *It looks as though some of the hopes that you have identified in this training aren't covered in our goals. What can we do to help ensure that those hopes are met?*

Possible answers: These will vary depending on the specific hopes people raise, but they may include amending the training agenda to fit a new hope, having participants provide outside resources for one another, asking facilitators to link participants to outside resources, or having facilitators note any hopes to work into follow-on training plans.

2. *Do people feel comfortable with the training agenda as it currently exists? Are there any suggested changes participants would like to make?*

Agreements

Time: 10 minutes

Materials:

- Markers
- Flip chart paper labeled “Agreements”

Objectives: By the end of this session, participants will have

- Created a list of agreements that participants will adhere to throughout the training

Notes for trainers: While agreements may vary depending on the specifics of the training, active participation and mutual respect among trainees are the bedrock of any successful training.

Flip chart and marker	<ol style="list-style-type: none">1. Explain that because the group will be working together for the next week, it is important to establish a set of agreements that everyone can follow.2. Explain that agreements are a way to help create a safe and comfortable learning environment and ensure that the training is run efficiently and on time.3. Ask for participants’ suggestions for potential agreements. List all suggestions on a flip chart. Possible agreements<ul style="list-style-type: none">▪ Cell phones should be set on silent, and calls, texting, and computer work should be done outside of the training room (this applies to staff from the host organization).▪ Respect each other’s opinions.▪ Start and stop on time for each session (applies both to participants and the facilitators).▪ Avoid sidebar conversations.4. Once all suggested agreements have been listed, read them to the group and ask if anyone would like to suggest any changes or revisions.5. Ensure that the agreements list is posted and visible in the training room for the remainder of the workshop.
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Module 1: Understanding the context

Time: 60-90 minutes (depending on which exercises are included)

Materials:

- Understanding the Context PowerPoint
- Risk Meter Exercise cards (printed in black and white, single-sided on letter/A4-sized paper or card stock)
- Cascade Puzzle pieces (one set for each group; prepared per instructions)
- Cash Register Exercise (translated into local language; one worksheet per participant)
- Flip chart paper and markers
- Tape
- Small prizes

Objectives: By the end of this session, participants will have

- Developed an understanding of the relative HIV risks associated with key populations in their region/country
- Discussed the HIV services cascade and common leaks in their local context
- Considered their role in motivating clients to make changes that improve their lives and help achieve epidemic control

Notes for trainers: This module is designed to help participants consider and review their role in the larger context of epidemic control. Some slides have been included to help participants with little to no previous understanding of HIV epidemiology (or probability, for example) understand why it is critical to motivate people to get a test, initiate treatment immediately for those positive, disclose to or refer others who may be infected, and adhere to their medication. Participants may have a broad range of backgrounds and capacities, so slides can be adjusted or hidden as needed to suit the audience and context.



1. Project the title slide for the **Understanding the Context** presentation.

What do the data tell us about key populations?



2. Start by asking participants why they work in the field of HIV, and particularly with key populations. If needed, probe with questions about why working with key populations, in addition to the broader population, is important in their country context.

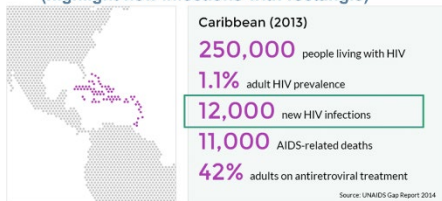
HIV prevalence of key populations vs. overall population

- HIV prevalence among sex workers: ? times higher than general population
- Gay men and other men who have sex with men: ? times more likely to be living with HIV than general population
- Transgender women: ? times more likely to be living with HIV than other adults of reproductive age

*Source: UNAIDS 2016 Prevention Gap Report

3. Note that key populations generally face higher risk of acquisition and transmission of HIV than the broader population. Ask if anyone can guess the number behind the question mark in the first bullet. After eliciting some responses, reveal the first number, and then elicit responses for the second bullet. Repeat this process for the third bullet.

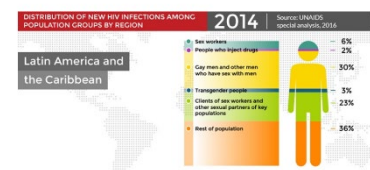
Placeholder – to be replaced with local data (highlight new infections with rectangle)



Note: Slides 4 and 5 should be adjusted for the region or country where you are training. Relevant maps and graphics can be found at the following website, with a search by country/region: <https://www.avert.org/global-hiv-and-aids-statistics>

4. Note the overarching statistics for the region/country, and then focus on the new infections rate (incidence). Explain that our concern, in addition to providing treatment and care for those infected, is to bring this number down to zero.

Placeholder – to be replaced with local data



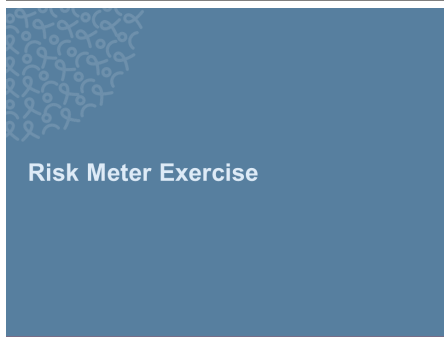
5. Ask the participants what they see in the graphic and what the implications are for the kind of work they do. Ask probing questions as needed to help the participants think about the rationale for focusing on key populations (including financial and programmatic).

What is within our power to change the direction of the epidemic?

- Knowledge?
- Attitudes?

- Behaviors?

How do we **motivate** people to make changes?



Risk Meter Exercise cards

Tape

6. Ask the participants what they think needs to change in order to reverse these trends.

Advance the animation on the slide as you ask:

Is it...

- Knowledge?
- Attitudes?
- Or behaviors?

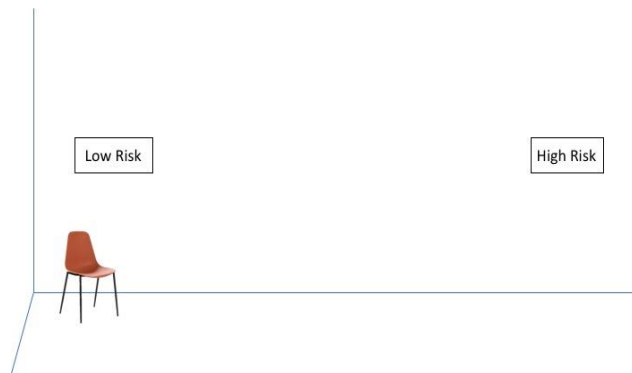
Knowledge about what? What kinds of attitudes? Which behaviors?

Advance to the last question on the slide and ask someone to read it.

Note: This question will be discussed throughout the training, so it is important to keep the session moving. These questions are designed primarily as rhetorical questions to get the group thinking about their role in motivating clients, and what success might look like.

Ask the participants to stand up for a brief exercise. .

7. **Note:** Before this session begins, print out the cards for the Risk Meter Exercise on letter- or A4-sized paper or card stock. Find a long wall in the conference room and tape the “Low Risk” card on the left side of the wall, and the “High Risk” card about 4 meters (12 feet) to the right. You should form an invisible continuum of low to high risk on the wall at about eye level (see below).



Ask if one of the participants would like to volunteer as a facilitator, and hand them the remaining stack of risk behavior cards (be sure to mix them up before handing them out). Ask the volunteer facilitator to work with the group to place each of the risk behavior cards onto the wall in order of risk, from lowest to highest. Instruct the group that no cards can be placed on top of each other; instead they should be

placed sequentially along the imaginary line created between the “Low Risk” and “High Risk” cards. Allow the group about 10 minutes to complete the exercise. Once all cards are on the wall, ask if everyone is in agreement. Note that you will come back to the risk continuum later to adjust if needed.

Note: Relative risks are reflected in the order of the cards in the Activity Worksheets/Resources document, from highest to lowest.

Participants can now return to their seats.

What is a PROBABILITY?

- Note:** For groups that will be able to understand fully the “Modes of Transmission” table on Slide 13 without a brief orientation to the concepts of probability, you can skip to Slide 13.

Ask if everyone understands what a probability is.



- Discuss what it means when someone says that there is a 50% chance of rain. Participants should agree that a 50% chance of rain means there is an equal chance of it raining or not raining.



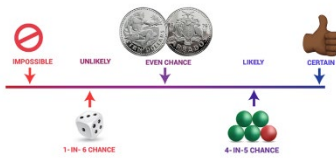
- Ask what it means for a probability to be 1 in 100. Explain that in the example of a lottery, where 100 people each buy one ticket, there are 100 possible outcomes, but only one possible winner.

The **probability** of an event =

$\frac{\text{The number of ways something can happen}}{\text{The number of possible outcomes}}$

11. Explain what a probability is. It is the number of ways something can happen divided by the total number of possible outcomes.

12. Review some of the different kinds of probabilities people commonly might come across. Ask why we might be talking so much about probabilities. Allow for a few guesses.



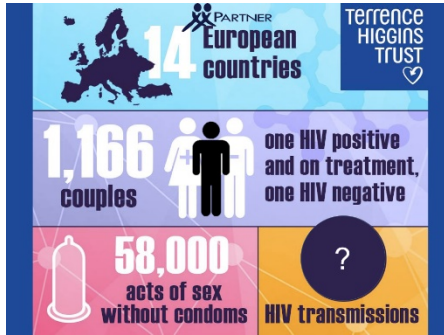
Types of HIV transmission and probability of infection

Type of Exposure	Estimated risk per 1,000 exposures
Parenteral	
• Blood transfusion	100
• Needle sharing during injection drug use	7
• Percutaneous (needle-stick)	3
Sexual	
• Receptive anal intercourse	5
• (Receptive peno vaginal intercourse)	1
• Insertive anal intercourse	1
• Insertive peno vaginal intercourse	0.5
• Unprotected sex with HIV-infected individuals on ART	<0.13
Mother to child	
• Without prevention measures	250
• With prevention measures including ARV prophylaxis	10

13. Explain that this slide, developed by the Centers for Disease Control, describes different types of HIV transmission and the probability of being infected. Begin by asking about the probability of being infected via blood transfusion with blood that has been taken from someone infected by HIV. Note that it is basically 9 in 10. Ask about infection via sharing of needles. Ask if there is a significant difference between sharing of needles and receptive anal intercourse. Ask how receptive peno-vaginal intercourse compares in relative risk to receptive anal intercourse. It is important to note that the risk of infection from sharing needles is not that different from the risk of infection from receptive anal intercourse, both of which are significantly riskier than receptive peno-vaginal intercourse.

Point to the transmission probability of having unprotected sex with someone who is on ART. Ask how that differs from the other infection probabilities. Ask what the main point of this slide is.

Answer: When individuals are virally suppressed, treatment is highly effective both for caring for people living with HIV and preventing new infections.

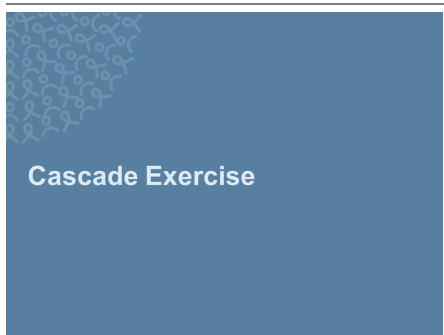


14. Ask if anyone has heard of the Partners Study. Explain that the Partners Study was a study conducted over four years in 14 European countries that followed 1,166 couples, including both heterosexual couples and homosexual male couples. The criteria for entry into the study were that one partner had to be living with HIV and effectively on ART (the other had to be HIV negative), and the couples had to report if they used condoms inconsistently. Over the course of the study, couples were asked to record the number of times they had sex without a condom. The combined number of instances of sex without a condom totaled 58,000. Ask the group to guess how many couples seroconverted among the 1,166.

Allow for a few guesses, then advance the animation to reveal the actual number.

The answer is ZERO. There were ZERO phylogenetically linked transmissions of HIV.

Ask why this is important. **Answer:** Treatment works.



15. **Note:** In preparation for this session, print out a few sets of the HIV Cascade Puzzle pieces (there are two pieces per page). Print one set for every group of six to eight participants. If you have 20 participants, you might want to print three copies as opposed to two. Cut out the pieces along the dotted lines, and keep the sets together, being sure to mix up the pieces. Cut out the individual water droplets on the last page and keep them separate until halfway through the exercise. Be sure to REMOVE the page that contains the complete puzzle.

Cascade Puzzle pieces

Flip chart paper and markers

Tape

Small prize(s)

Ask participants if they have ever heard of the term “HIV cascade.” If no, explain that the HIV cascade includes the range of services for HIV prevention, diagnosis, treatment, and care. Ideally there should be a seamless flow or connection from one service to the next.

Divide participants into groups and give each group a set of HIV cascade “puzzle pieces.” Explain that the cascade is a bit like a series of pipes that take people from prevention to care and treatment. The problem is, the pipes are leaky, so people drop out along the way. We are a bit like plumbers, trying to fix the leaks so that our clients don’t get lost.

Ask them to work in their groups to fit the HIV cascade “plumbing” pieces together in the correct order. Explain that

this is a competition and there will be a small prize for the group that can correctly assemble the cascade the fastest.

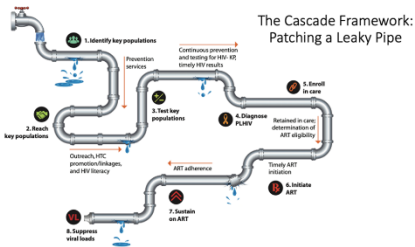
Once participants have put together the plumbing of the HIV cascade correctly, give a prize to the winning group. Ask the group to post its cascade puzzle on the wall so everyone can see.

Note: Slide 16 has the complete puzzle.

Distribute the “leaks” (final puzzle piece, cut into individual water droplets). Ask the participants to think about all the different things that could cause people to drop out of the HIV services network. Explain that this is a bit like water leaking out of a pipe. Have participants label the leaks with different reasons people might not make it through the system. Examples might include:

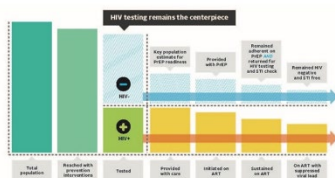
- Never met a peer outreach worker
- Afraid of an HIV test
- Clinic too far away
- Test results take too long

Once participants have finished labeling their “leaks,” ask them to place them along the cascade posted on the wall wherever they think this barrier would cause people to “leak” out.



16. After all the leaks have been identified, show slide 16 and facilitate a brief discussion about what could be done to “plug” the leaks. You can list the strategies on a piece of flip chart paper as participants think of them.

Testing: the centerpiece



17. Remind participants that HIV testing remains the gateway into the HIV services continuum. Without knowing their status, clients will miss opportunities to refer others at risk, and start life-saving treatment that, if effective, will ultimately help achieve epidemic control.



18. Ask if anyone knows what the 95-95-95 goals are, and if they can explain them. Use the animation on the slide to gain consensus in the room on what we are trying to achieve globally. Ask why the numbers 95-95-95 were chosen as a goal for 2030.

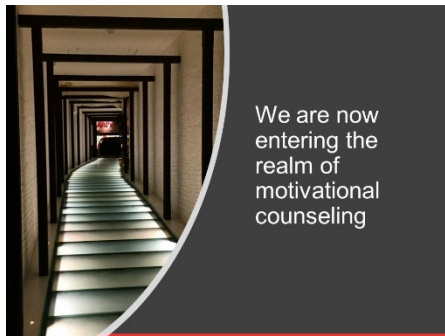
Point out that these are not arbitrary numbers. They are based on mathematical modeling to reverse the epidemic. (For a full explanation about how the model was determined, access the following link: [UNAIDS DATA 2019](#))

Explain that these targets may seem ambitious, especially in the local country context, but without achieving them, we run the risk of fighting HIV in a never-ending battle.



19. Tell participants that what **we do to motivate** people to change their behaviors — whether it be to protect themselves or others, to test, to disclose or refer others at risk, or to start and stay on treatment — **matters a lot**. And we all know that if people are not motivated to make a change, that change is not likely to happen.

So how do we motivate people?



20. Note that you will begin discussing motivational counseling techniques shortly, but that you would like to do an exercise with the group first.



21. Ask the group what they see. Some participants will see a young lady, others will see an older lady, and some will recognize both. Allow the participants a few moments to clarify what they see.



22. Use this slide to help them see the same image from a different artistic standpoint.

The Cash Register Story

A businessman had just turned off the lights in a store when a man appeared and demanded money. The owner opened a cash register. The contents of the cash register were scooped up, and the man sped away. A member of the police force was notified promptly.

Worksheet: Cash Register Exercise

23. Hand out a copy of the Cash Register Exercise to each participant.

Note: *The worksheet for this exercise should be translated into the local language before the training and reviewed to ensure the exercise can function similarly as it does in English.*

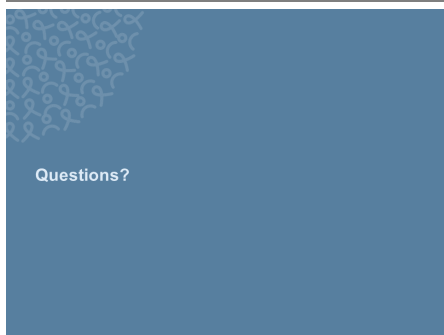
Project a version of the worksheet on the screen. Ask the participants to read the instructions carefully and to circle the correct answers based on the instructions.

Allow 10 minutes, then ask the group how many answers they indicated were true, how many false, and how many required more information. Next ask them what they would think if you told them that number 3 is false, number 6 is true, and the remaining questions require more information to answer.

Go through the story and one or two questions to clarify as needed, and then ask what the purpose of this exercise might be.

Answer: Sometimes we think we have enough information, or we assume we know what is going on, when in reality we may be making assumptions based on misperceptions.

Explain that we will learn how making assumptions like these may actually make it harder for us to motivate our clients to make changes that ultimately lead to positive outcomes.



24. Wrap up.

Discussion questions

1. *What is the rationale for increasing financial and human resources for key population programming?*

Possible answers: Global data indicate that key populations face much higher risk of HIV acquisition and transmission than the broader population. In some countries/regions, transmission among members of key populations and between members of key populations and the broader population account for a majority of new infections. While local epidemiology and access to data vary, it is increasingly clear that responses that do not address prevention, care, and treatment needs among key populations will face considerable challenges in ending the epidemic (locally, regionally, and globally). Furthermore, key population prevention, care, and treatment needs and approaches differ considerably from conventional HIV programming and require innovative ways of reaching, recruiting, and supporting those positive to remain within the services continuum. Motivational counseling is one of several critical skillsets that are necessary to increase program effectiveness across the services cascade.

2. *Why is it so important for people to know their HIV status?*

Possible answers: HIV testing is a gateway to treatment and epidemic control. Without knowing their status, individuals living with HIV run the risk of infecting others. In addition, early treatment initiation has been shown to lead to better health outcomes. Individuals who test negative will have had more in-depth discussions with a counselor to develop risk-reduction plans and may be more willing to test in the future if they experience a potential exposure.

Module 2: Introduction to Motivational Counseling

Time: 45 minutes

Materials:

- Introduction to Motivational Counseling PowerPoint (download Empathy video; link on slide 9)
- Flip chart paper and markers

Objectives: By the end of this session, participants will have

- Learned the goal and elements of motivational counseling



1. Project the title slide for the **Introduction to Motivational Counseling** presentation.



2. Start by reminding the participants that changing behaviors is difficult — whether we are trying to help our clients change behaviors or change our own.

Ask the participants to give examples of behaviors they themselves have tried (or are trying) to change.

- What made them want to change?
- Were they successful?
- Why or why not? What helped them to change? What made it difficult for them to change?

Making a change is...



...NOT always easy

3. Explain that people make changes (or try to make changes) for all kinds of reasons and there are many factors that help or hinder that change. It is the job of our outreach workers, navigators, counselors, and other providers to help clients make these changes.

Brainstorm some of the key changes staff promote through their programs, i.e., HIV testing, condom use, treatment initiation, etc.

Flip chart paper and marker

Explain that outreach workers/navigators/counselors play a number of roles in the process of encouraging behavior change.

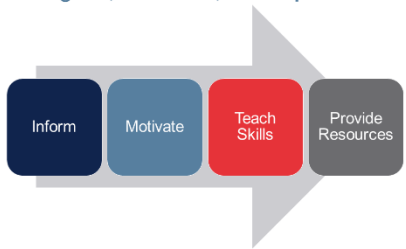
Brainstorm the specific tasks that the participants perform for clients to help them change their behaviors. Keep a running list, organized according to four categories.

Note: Do not name the categories yet.

- Inform
- Motivate
- Teach skills
- Provide resources and referrals

Once all suggestions have been listed, draw participants' attention to the fact that the tasks have been divided into four categories, and ask them to guess the names of the categories, based on what the tasks in each group have in common.

The many roles of an outreach worker, navigator, counselor, and/or provider

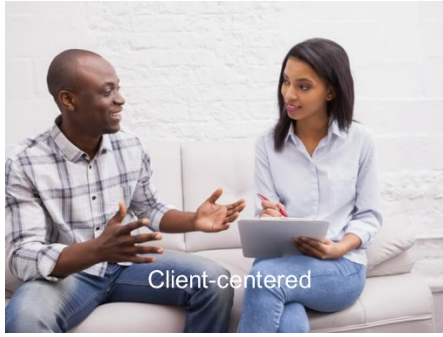


4. It is likely that, of all four categories, the motivate column will be the most underpopulated. Ask participants why they think this is. Explain that while outreach programs have a long history of educating their clients on HIV, teaching clients how to use condoms, referring them to services like HIV testing, telling them the importance of starting and staying on ART, they have traditionally spent very little time motivating clients to want to practice those behaviors, or to use those services. Draw participants' attention back to the previous exercise — when participants listed challenges in changing their own behaviors. Likely few of them listed a lack of knowledge as the key barrier. Even if we inform clients, teach them skills, and make sure they have access to resources and services, behavior change often fails because clients lack the motivation to make a change.

Motivational counseling

A **client-centered** communication approach to elicit and strengthen motivation for change

5. Explain that this motivational counseling training is intended to help participants develop their skills as outreach workers and counselors to motivate clients for behavior change. Motivational counseling can be defined as “A **client-centered** communication approach to elicit and strengthen **motivation** for change.”



6. Discuss with the participants what the different components of the definition:

Client-centered: Means that the client takes an active role in changing their behavior while the outreach worker/navigator/counselor is a partner or collaborator.

What is ambivalence?



7. **What is motivation, and why is motivation important for change?**

Most clients will have mixed feelings about change (this is totally normal).

Explain that this is often called “ambivalence.” You cannot convince your clients to change their behavior.

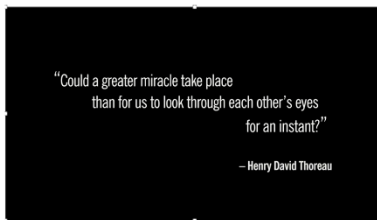


8. Clients will be better convinced by their own reasons for wanting to make a change — your job is to help them discover what those reasons are and strengthen their motivation for change.

Ask participants, so how do we achieve this?

Explain that we will spend the next two days practicing skills that can help. Central to all that we do as counselors is empathy.

Ask participants to define empathy.

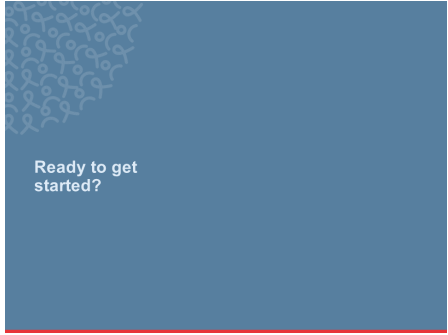


Download and play video: https://www.youtube.com/watch?v=cDDWvj_q-o8

9. Present the “Empathy” video.
https://www.youtube.com/watch?v=cDDWvj_q-o8&t=2s

After the video, give participants a few minutes to reflect on the video. Ask them what they thought of the video and how it is significant for the work they do.

Some groups may find the video quite powerful and will prefer not to talk about the video. It is not essential that they reflect on it before moving to the next session.



10. Ready to get started?

Module 3. Reflective Listening

Time: 60 minutes

Materials:

- Reflective Listening PowerPoint
- Reflection model script
- Flip chart paper and markers
- Ball (preferably small and easy to catch)

Objectives: By the end of this session, participants will have

- Explained what reflection is and how it can benefit communication with clients
- Understood the use of simple reflections to acknowledge a client, check for comprehension, and move the conversation forward
- Identified and demonstrated the use of different kinds of complex reflections

Notes for trainers: This training introduces reflection as the first communication skill, not because it is the easiest, but because it is a core component of client-centered communications. Ideally, over the course of the training, participants will be encouraged to hone their reflecting skills. This is a skill that takes time and practice to master.

As with all modules in this training, facilitators/programs should feel empowered to change the terminology as needed to best suit their participants. If, for example, there is a more appropriate word to replace “reflection,” facilitators/programs are welcome to change the term to optimize participants’ understanding and use of the concept throughout the training.



1. Project the title slide for the **Reflective Listening** presentation.

Reflective listening



2. Introduce the first skill: reflection.

Ask the participants what they think “reflection” means. Possible answers might include “copying what my client says” or “mirroring my client” or even “thinking about my client,” since “to reflect” can also mean to think carefully about something.

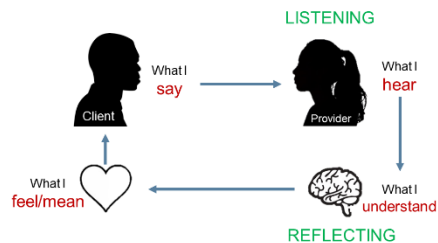
Reflections...

- Are statements
- Require listening, observing, interpreting verbal and nonverbal cues
- Listener tries to understand using reflective statements
- Helps gather information



3. Explain that reflections are statements — not questions — that can be used to gather information and to help you better understand your client.

The Listening Diagram



4. Ask participants to describe the steps in their communications with clients:

- The client has a feeling/idea/question/concern. (Do our clients always fully understand themselves?)
- The client expresses themselves to the provider. (Do our clients always say exactly what they mean?)
- The provider hears the client. (Do we always hear clearly?)
- The provider considers what the client has said. (Do we always understand our clients’ meaning?)
- The provider reflects what he/she thinks the client has said.
- The client then has the option to interpret and respond to the provider’s reflection to clarify, affirm, etc.

Explain that communication as a process is fraught with opportunities to misunderstand — both ourselves and one another. You may ask participants to give examples from their own lives of how communication can be misunderstood. Reflection is a skill you can use to “check in” and make sure you have understood correctly. (Point out where “reflecting” happens on your Listening Diagram.)

Explain that reflecting is a process of mirroring back to your client the statements they have made. Some examples:

Client: “I’ve been feeling really confused lately. He tells me he loves me, but then he sneaks around with other people.”

Navigator: “So you feel like he is giving you mixed messages.”

Client: “He just makes me so angry! It’s like he never listens to anything I say.”

Navigator: “You feel like he doesn’t care what you think.”

Reflection verbal cues

- So you feel...
- What I hear is that you...
- You’re wondering if...
- It sounds like...

5. Share some verbal cues that can be used when one is making a reflection. For instance:

- “So you feel...”
- “What I hear is that you...”
- “You’re wondering if...”
- “It sounds like...”

These don’t have to be used, but they can be helpful, especially for someone who is just starting to use reflections.

Read the statements below out loud and see if participants can reflect the statements back to you:

- “People always talk about HIV, but I’m young and fit, so I don’t really worry about it.”
- “I know I should tell my wife, but I just don’t know what I’d do if she and the kids left me.”
- “If I ask my boyfriend to use condoms, he’s going to think I’ve been sleeping around.”

There is no one right answer here — there are many different ways participants might choose to reflect back these statements.

Reflections Ball Toss: Ask the participants to stand in a circle and bring a ball that can be easily thrown and caught (this can be made with paper and tape if needed). Explain that you will make a statement about yourself. You might suggest a theme for the group — such as “Something I like about myself” or “Something I am working on” – or another topic that is appropriate for your participants.

Example: *I love traveling for my work, but I feel like I don’t have enough time to spend with friends and family.*

Explain that after you make your statement, you will make eye contact with someone in the circle and toss the ball to them when they look ready to receive it. Their job is first to reflect what you said, then say a statement about

Ball

themselves, then toss the ball to someone else. Note that this will require the participants to listen carefully each time. Continue until everyone has had at least one turn. Ask participants not to pass the ball to the person next to them — if people don't know who will be next, they are more likely to pay close attention.

When the activity is over, ask participants how they felt. What was easy about reflecting? What was difficult?

Explain that to be able to reflect your clients' statements effectively, you need to be able to listen closely, watch your clients for verbal and nonverbal cues, AND think carefully about the meaning of what your clients are saying (or not saying). **Note:** *You might refer to the Listening Diagram again at this point.* Rather than being concerned with what you want to tell your clients, your first concern should be understanding what they are trying to tell you.

It is important at this point to explain that reflection does not mean parroting back exactly what your client says, word-for-word. That would be a superficial way to engage with the client and could become annoying quickly.

Levels of reflection: simple

- Rephrasing
 - Substitutes synonyms or phrases, stays close to original statement, captures basic meaning

6. Explain that there are different types of reflection: simple reflections are essentially **rephrasing** your client's words back to them to capture their basic meaning. Simple reflections can be helpful to move the conversation along from time to time, but they won't really reveal a deeper understanding of what your client is expressing.

Levels of reflection: complex

- Paraphrasing (finishing the paragraph)
 - Makes a major restatement in which the speaker's meaning is inferred
- Reflection of feeling
 - Emphasizes emotional aspects of communication
- Double-sided reflection
 - Presents two sides of an issue: "On the one hand you..., on the other hand you..."
- Summarizing
 - Reflects multiple points the speaker has made, tying them together

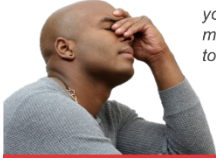
7. Move through slides 7-11 or pre-prepared cards to be placed on the wall to review different types of complex reflection.

Complex reflections require more thought and effort:

- **Paraphrasing** requires you to make a logical "leap" from what your client says to what they really mean. It is a major restatement in which the client's meaning is inferred.

Reflecting feelings

Client: "I don't know if I can tell my wife about my HIV status."



Provider: "It sounds like you're worried about what might happen if you disclose to your wife."

8. **Reflect feelings** by showing that you understand the emotions a client is experiencing, even if they haven't named that emotion.

Double-sided reflection

Client: "I know I'd feel better about myself if I exercised, but I'm tired after work, and I have so little time. Joining a gym is expensive, and I would probably end up eating a lot anyway when I get home because I'll be so hungry."

Provider: "On the one hand, exercise would cost you both time and money, but on the other hand, you might have more energy and feel better."



9. **Double-sided reflections** acknowledge that a client may have conflicting feelings about an idea, a behavior, or a situation and presents both sides of the issue.

Summarizing

Client: "I need to find a new job – something that challenges me, with better pay. And I plan to start exercising again – I've been getting so big that none of my clothes fit. If I were in better shape, I might find a boyfriend. I'm happy with my social life otherwise. I've got lots of friends, I just wish I could spend more time with them. They are always inviting me to do things, but I have to work late most days. I think a better job might help with that – something that would require fewer hours."

When I see my friends, they're always smoking, which makes it hard for me to quit. That's one thing I definitely need to change – I want to get serious about giving up smoking. I know it's really starting to hurt my health. Sometimes I can't even climb the stairs without losing my breath... though I guess that could also be because I haven't been exercising."

10. **Summarizing** requires you to tie together all the key points from a longer discussion.

Summary

Provider: "So not long from now, you're hoping to be in a new job that lets you see your friends more, and that you'll be exercising and getting in better shape. You mentioned getting a boyfriend, and you also said you want to get serious about quitting smoking. Did I get that right?"

11. This is how a provider might summarize what the client shared on the previous slide.

Before showing slide 12, ask the group what the benefits of reflective listening for the counselor might be. After obtaining responses, ask what the benefits for the client might be. Use the slide to add to the discussion as needed.

Benefits of reflective listening

- Counselor:
 - Expresses empathy (respect/acceptance of client's feelings)
 - Conveys a willingness not to judge
 - Clarifies misunderstandings about what client has said
- Client
 - Feels understood
 - Is encouraged to provide additional information
 - Is able to articulate thoughts and feelings
 - Becomes more aware of what they are thinking/feeling

12. Reflective listening can help you to check that you've understood your client correctly (if your reflection is incorrect, clients will usually correct you) and it can be a way to get your clients to provide additional information. It also demonstrates empathy and acceptance for your clients and their feelings and shows that you are not judging them.

Reflection can also be beneficial for clients. It makes them feel understood, and it can help encourage them to provide more information, to keep sharing. By reflecting your clients' words, feelings, or thoughts, you are encouraging them to think more deeply about those words, feelings, or thoughts

Empathetic statements do not...

- Order, direct or warn
- Give advice or provide unsolicited opinions
 - "What I would do is..."
- Convey moral instruction or preach
 - Contain words such as "should" or "ought"
 - Or "right" or "wrong"



13. Ask participants what kinds of language would not be helpful for reflection. Note that orders, warnings, or directions are not forms of reflection. Remember, reflection is a way to learn more about your client and their thoughts and feelings. It is not a way for you to tell the client more about what YOU think.

Reflections script



- Raise your hand when you hear one of the types of reflections discussed in the training.

14. **Note:** At this stage, it is unrealistic to expect that participants will be able to make complex reflections in the way that experienced counselors might. However, they can practice listening and recognizing them.

Use the Reflection script (role play) to encourage participants to practice recognizing reflections and identifying what kind they are. Ask two volunteers to sit facing each other at the front of the room and provide each of them with a script. Ask them to choose a role and read the script.

Ask the other participants to raise their hands when they hear examples of reflections. Alternatively, two trainers can act out the script and ask participants to call out the different reflections they hear.

Model Script: Reflection

15. Answer any questions participants may have, and then move on to the next module.

Questions?

Discussion question

1. *We said reflection can help get more information from a client. Does that mean a reflection is a question?*

Possible answers: Reflections are statements, not questions. Both reflecting and asking questions can be useful in helping your client to talk, but when you ask a question, you take control of the conversation and orient the client to focus on your needs and priorities, rather than on themselves. For this reason, we recommend focusing on reflection first, because it puts the attention on the client.

Module 4. Affirmation

Time: 45 minutes

Materials:

- Affirmation PowerPoint
- Affirmation model script
- Finding the Diamond in the Rough worksheet
- Flip chart paper/markers/tape

If you choose to do the optional group activity, you will also need:

- Colored paper (A4 or letter sized)
- Pens

Objectives: By the end of this session, participants will have

- Used recognition of positive behaviors/intentions/traits as a means of building rapport with their client
- Distinguished between affirmation and praise

Notes for trainers: A key risk in this session is that participants might equate “affirming” with supporting all of a client’s behaviors, attitudes, personal traits, or intentions. It is important to make a distinction between affirming appropriately and inadvertently encouraging behaviors, attitudes, or beliefs that the program is motivating clients to modify. Using a client-centered approach requires us to acknowledge clients’ personal autonomy and freedom of choice — but it does not mean that we should affirm all choices.




1. Project the title slide for the **Affirmation** presentation.

Begin by explaining that the next skill the participants learn is affirmation. This skill is similar to reflection in that it consists of short statements that can help keep a conversation moving — but affirmation has a specific purpose.

Read aloud the following example:

Dan is a sex worker who usually has multiple partners a day and sometimes has sex without a condom when his clients pay more. You invite him to a bar because you want to talk to him about protecting himself, but he says he can't meet you because he recently quit drinking because it makes it harder for him to negotiate condoms with sex — and being at bars makes him want to drink. He has had multiple STIs; they keep coming back

	<p><i>because he never finishes his treatment. He also refuses to get an HIV test because he says he feels fine.</i></p> <p>Ask: If Dan were your client, what would you want to say to him?</p> <p>Some participants will immediately focus on Dan’s risk behaviors — he doesn’t use condoms, he doesn’t finish his STI treatment, he refuses to be tested. If no one mentions it, ask participants whether they see any positive behavior of Dan’s worth noting.</p>
<p>Affirming</p> <p>Helps:</p> <ul style="list-style-type: none"> ▪ Accentuate the positive ▪ Recognize and acknowledge client’s inherent worth as a human being ▪ Engage, support, and encourage <p>Can:</p> <ul style="list-style-type: none"> ▪ Reduce defensiveness ▪ Increase openness 	<p>2. Ask participants if anyone can explain what an affirmation is. Possible responses include:</p> <ul style="list-style-type: none"> ▪ To offer someone emotional support or encouragement ▪ To accentuate the positive <p>Explain that offering affirmation means highlighting the positive things about our clients — such as Dan, with his recent decision to quit drinking, which shows he cares about his health. Many educators/counselors may spend the majority of time focusing on their clients’ “bad” behaviors, and rarely acknowledge their positive choices, changes, or intentions.</p> <p>Explain that it can be exhausting if someone is always telling you what you can do better. Affirmation can help you develop positive rapport with your clients by building on their successes. It can also decrease clients’ defensiveness and make them more open to constructively critical feedback. At its core, affirming is about empathy, because affirmation recognizes a person’s value, even if they don’t practice ideal behaviors consistently.</p>
<p>Types of affirmation (1)</p> <p>Comment on something positive about the person, their intentions, actions, or skills</p> <ul style="list-style-type: none"> ▪ “You are taking charge of your life and making tough decisions.” ▪ “You had great intentions, even though it didn’t turn out like you wanted.” ▪ “Thanks for coming in today. It shows how committed you are.” ▪ “You got discouraged, but you decided to try again. You’re persistent.” 	<p>3. Explain that there are different ways to affirm. Ask the participants for examples of things they might affirm about a client (or friend/family member/partner).</p> <ul style="list-style-type: none"> ▪ You can make a positive comment about a person’s intentions or actions. ▪ You can comment on positive traits or skills.

Types of affirmation (2)

Reframe the client's actions or situation in a positive light

- "You're feeling bad that you didn't stick to your plan, and only went to the gym twice. What strikes me is how different this is from when you started—two months ago you weren't exercising at all."

Affirmation is not praise

- Affirming is not praising
 - Avoid affirmations that begin with "I"
 - Like good reflecting, good affirming centers on the word "you"



4. You can even **reframe** a negative as a positive – i.e., "You haven't been able to quit smoking yet, but you keep trying, because you really care about your health!"

Before advancing to Slide 5, ask:

What is the difference between affirmation and praise?

5. **Possible answer:** The difference is not immediately obvious, but affirmation is not the same thing as praise. To affirm is to state something as a fact — to recognize the value in our client, their behaviors, or their intentions. That value exists whether we choose to acknowledge it or not. To praise is to establish the outreach worker, navigator, counselor or provider as a judge of what is good or bad, what has value, and what does not. This places them in a position above the client, which is contrary to the principles of motivational communication.

In practice, this means making affirmations that focus on "you" (the client) rather than "I" (the outreach worker). Consider the difference between "You really want to protect yourself" and "I think you're trying very hard." In the first example, the focus is on the client; in the second, the focus is on the staff member, and his or her evaluation of the client.

Affirmations script



- Raise your hand when you hear either *reflections* or one of the kinds of *affirmations* we discussed in the training.

6. Read the Affirmations script (role play) aloud and ask the participants to raise their hands when they hear instances of either reflections or affirmations. Address any questions and move on to the next activity.

Remember, facilitators may ask participants to volunteer to role play the client and the outreach worker/counselor in the script, or facilitators can work together to present the scripts.

Model Script: Affirmation

Individual activity: Diamond in the Rough

- Read each client situation.
- Write down strengths you observe, then form affirmations based on these strengths.
- Try to use "you" language.



7. Explain that affirming effectively takes practice. Give each of the participants a copy of the first page of the worksheet called *Affirmations – Finding the Diamond in the Rough*.

Ask the participants to read each scenario and determine what strengths the client in the scenario has demonstrated. Then, based on those strengths, ask them to write down a one-sentence affirmation, using the principles of affirmation discussed thus far.

Worksheet: Finding the Diamond in the Rough (one for each participant)

Allow about five minutes for the participants to complete the exercise, and then ask for volunteers to read their strengths and affirmations aloud.

After discussing briefly as needed, give participants the second page of the worksheet, and then move to the next slide/activity

OPTIONAL group activity: personal affirmation

- Write your name at the top of a piece of paper (provided).
- Optional: Add simple decorations around the edge.
- Move through the room and write an affirmation on each person's piece of paper.

Colored paper (A4 or letter sized)

Pens

8. **OPTIONAL:** Time permitting, participants may enjoy the following exercise as a light way to close the session.

Note: Slide 8 will need to be “unhidden” if you choose to conduct this exercise.

Give each participant a piece of colored paper (A4 or letter sized) and ask them to write their name at the top clearly. Note that they can also make some simple decorations near their name or along the border, but to leave space on the main part of the page.

Ask all participants to stand. Explain that their goal is to make their way around the room and write an affirming statement about each of their fellow participants on that person's sheet of paper. It can be about a quality of theirs, something they have done or intend to do, or any affirmation that comes to mind. Give the participants enough time to complete this exercise, and then make sure everyone has a chance to read their affirmations on their own.

Ask the participants how they felt reading their affirmations. How do they think their clients might feel if their positive traits or efforts to change were also acknowledged regularly?

Note: This exercise works best with a group of participants who already know each other. If they don't know each other, you can encourage them to write an affirmation based on their first impressions. This can still work with most groups, despite seeming awkward at first.

9. Answer any questions participants may have, and then move on to the next module.

Questions?

Module 5. Questioning

Time: 60 minutes

Materials:

- Questioning PowerPoint
- Mystery Identity cards (prepared in advance)
- Questioning model script
- Questioning Quiz
- Flip chart paper and markers
- Tape
- Prizes

Objectives: By the end of this session, participants will have

- Learned how to probe about peers’ knowledge, attitudes, and behaviors effectively and without leading

Notes for trainers: Most participants may argue that they already know the difference between open- and closed-ended questions and that open-ended questions are more useful. However, in practice, outreach workers, counselors, navigators, and providers often lapse into closed-ended questions during sessions with their clients. Pay close attention throughout the remainder of the training, and when participants rely on closed-ended questions, ask them to try to replace them with open-ended alternatives.

An additional complicating factor is that projects (both outreach AND clinic-based) often have forms that require data to be collected during sessions (or after). These may lead staff members to move through a series of closed-ended questions, as if assessing rather than engaging in dialogue (sometimes called an “assessment trap”). This questioning style can hinder rapport-building with clients. You may need to problem-solve with participants about how they can integrate a more open and engaging style of assessment into their existing outreach and data collection tools and standard operating procedures.



1. Project the title slide for the **Questioning** presentation.

Group activity: Mystery Identity

- Please stand up and form a line facing one direction of the room.



Mystery Identity cards

Flip chart paper

Marker

Tape

Prize(s)

2. Begin this session with an activity to get participants into the questioning mode.

Mystery Identity: Prepare a card for each participant (half of an A4 or letter-sized sheet of paper) with the name of a locally or globally famous individual written on each. Line participants up and use tape to affix one card to each participant's back — make sure they cannot see what is written on their own card.

Provide only the following instructions: The goal is to guess your mystery identity by asking questions from the people around you. You can ask only one question from each of your fellow participants to try and figure out your identity.

Note: Take care ***not*** to mention what kinds of questions the participants can or can't ask. They should proceed only with the instructions provided above.

Allow the activity to run until all participants have guessed their identity. Observe the process and note on the flip chart paper some of the kinds of questions you hear. When the exercise is finished, ask everyone to return to their seats.

Ask participants to raise their hands if they guessed their identity within 10 questions. Next, have them keep their hand in the air if they guessed within five questions. Then, repeat for three questions, then two questions.

Finally, ask if anyone guessed their identity in one question.

If someone — or more than one person — did, ask them how they managed to get enough information to guess their identity with only one question.

Very likely many of the questions were “closed-ended questions.” If any of the participants asked simply “Who am I?” provide them with a special prize.

Remind the participants that earlier in the training, we introduced the idea of “reflections” as a way to engage clients and collect information. Reflections are a key motivational counseling skill, but they aren't the only way to get information. We can also get information from our clients by asking for it. But the way we ask questions is important.

Questions



3. Ask participants to help you define the difference between various kinds of questions one might use:

- Open-ended question
- Closed-ended question
- Leading question
- Questions that blame

Have participants give examples of each.

Using Slides 3-7, discuss the different types of questions, when each should be used (or not), and which types are generally better to use with clients.

Open-ended questions

- Allow a wide range of possible answers
- Seek information
- Invite client's perspective
- Encourage self-exploration
- Allow for the "option of surprise" for the counselor

4. **Open:** Allow you to probe in depth, while keeping the conversation focused on the client.

Closed-ended questions

- Specify a restricted range of answers (yes or no, a number, a date, etc.)
- Satisfy a questionnaire, assessment, or multiple-choice format



5. **Closed:** Useful for establishing facts and understanding behavior, but one can fall into the "assessment trap," whereby the client simply responds to a list of questions.

Leading questions

- A form of closed-ended question
- Leads client to a desired answer
- Should be avoided
 - "You know how to use a condom, right?"
 - "You should tell your partner, shouldn't you?"

6. **Leading:** Generally inappropriate because you don't know if the client is telling you the truth or telling you what you want to hear.

Questions that blame/criticize

- Often phrased / asked in a way that puts the respondent on defense
 - “Why didn’t you disclose to your wife, yet?”
 - “Don’t you know how to protect yourself?”
 - “Why don’t you think about using condoms every time next week?”
 - “Why didn’t you get to the gym last week?”
- Sound like open-ended questions, but aren’t
- Imply blame

7. **Questions that blame/criticize:** Always inappropriate. Many “why” questions, and questions that primarily criticize, no matter what the intention, will sound like judging, and are inconsistent with optimal behavior change communication techniques.

Ask the participants how they might rephrase the questions so that they no longer criticize or blame.

Example: Instead of “Don’t you know how to use a condom?”, try “What kinds of challenges have you had using condoms?”

Ask the participants to think about the types of questions they regularly use when conducting outreach or counseling. Some participants may respond that they often use open questions. In practice, however, many people habitually fall into the habit of asking a series of brief, closed questions. Brainstorm what kinds of problems this might cause.

Remind the participants that, in addition to the challenges they just noted, relying on closed-ended questions can cause you to miss important information. Consider the following example:

Outreach worker: *Do you protect yourself from getting HIV consistently?*

Client: *Yes, I am always safe.*

The above example comes from a real conversation between an outreach worker and a gay man in the field. What the outreach worker did not know, because he did not ask, was that the client’s definition of “protecting himself” was to wash his genitals with alcohol each time he had sex. He never used condoms. An open-ended question about how the man protected himself might have led to a better outreach session.

8. Summarize key differences between open- and closed-ended questions.

Open- vs. closed-ended questions

- Why are open-ended questions usually better for motivational counseling?
 - Allow probing in depth about an issue to gather details about a person’s knowledge, beliefs, and feelings
 - Useful in building rapport and maintaining flow
- When would closed-ended questions be useful?
 - Good for establishing facts, assessing behavior



Questioning script

- Raise your hand when you hear *reflections*, *affirmations*, or one of the kinds of *questioning approaches* we discussed in the training.

9. Read the Questioning script aloud and instruct the participants to try to identify examples of different types of questions being used throughout the conversation. Ask the participants to look out for examples of other communication skills that have already been discussed (e.g., reflections and affirmations).

Remember, facilitators may ask participants to volunteer to role play the client and the outreach worker/counselor in the script, or facilitators can work together to present the scripts.

Model Script: Questioning

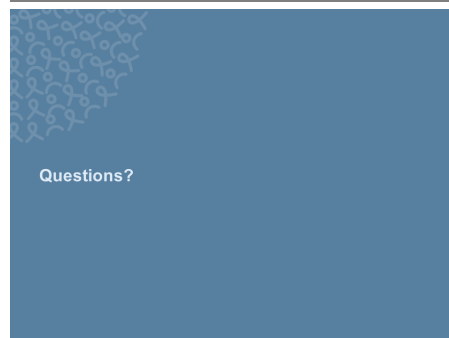
Activity: Questioning quiz

- For each line on the quiz, identify whether it is an open-, closed-ended, or leading question.
- If the question is closed or leading, write in ways to improve the question.



10. Distribute the Questioning Quiz. This can be done individually, in small groups, or with the full group of participants. For each line on the quiz, participants are to identify whether it is an open-, closed-ended, or leading question. If the question is closed or leading, ask participants if they can suggest ways to improve the question. Give five to eight minutes to complete this exercise, then discuss the answers as a group.

Questioning Quiz



11. Refer to the discussion question below for more information if there is time (and/or if the issues have not yet been discussed).

Answer any questions participants may have, and then move on to the next module.

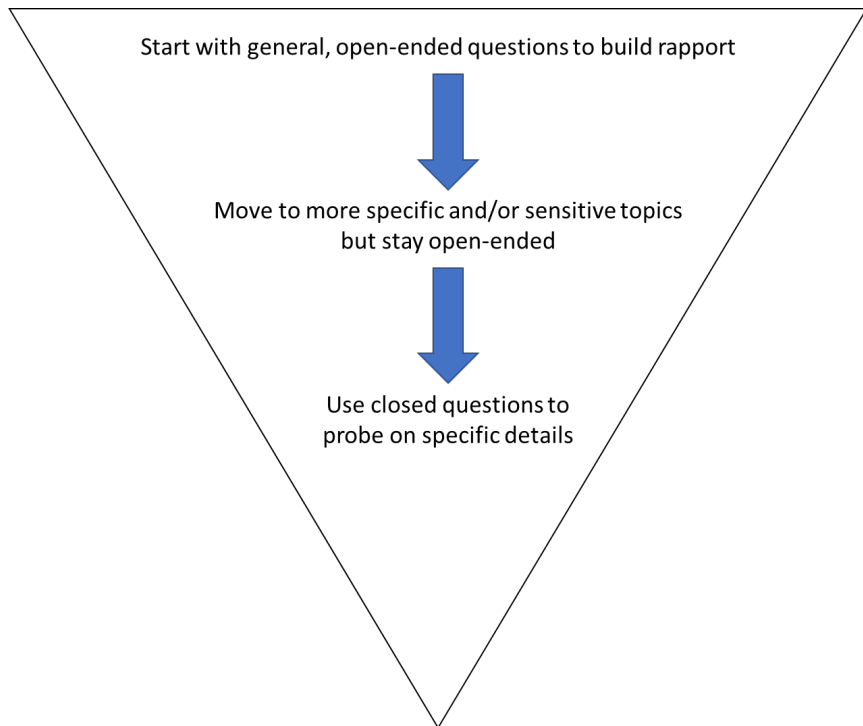
Discussion questions

1. *When is the right time to use an open-ended question versus a closed-ended question?*

Possible answers: Open-ended questions, as opposed to closed-ended questions, help you engage and gain a deeper understanding of your clients, because they keep the focus on them, rather than on you. These are generally the best way to begin a conversation when you are still creating a rapport with your clients. That doesn't mean you should never use closed-ended questions — sometimes closed-ended questions are necessary to obtain specific or precise information, or to clarify a point.

If you have a list of specific, “yes” or “no” questions for which you need answers (for instance, for data collection purposes), it is best to save these for later in your conversation with a client. You may find you get the answers you need without having to ask those specific questions. The graphic to the right shows one way that you can move from general, open-ended questions to closed questions.

Note: *This graphic can be drawn on flip chart paper and presented to the participants.*



2. *Unlike reflections and affirmations, questions can be threatening to clients because they touch on sensitive subjects. They also shift the focus from a client’s concerns to the outreach worker’s or counselor’s priorities. Do you have any tips on how to make questioning less threatening and more effective?*

Below are a few guidelines for effective questioning. Participants may have their own suggestions to add.

- Ask only one question at a time and give your clients adequate time to think about how they want to respond.
- Keep questions brief and clear.
- Ask questions when they serve a purpose, not merely to satisfy your curiosity.
- When you must ask a sensitive question, acknowledge that the topic is sensitive and explain why you are asking.
- Acknowledge clients’ autonomy by reminding them they do not have to answer any question they do not wish to.
- Maintain eye contact (or whatever is culturally appropriate in your setting). If you are recording responses for data collection purposes, keep the focus on your client rather than on your data collection tool.

Module 6. Ask-tell-ask

Time: 90 minutes

Materials:

- Ask-tell-ask PowerPoint
- Flip chart with Example Discussion (written out)
- Ask-tell-ask model script

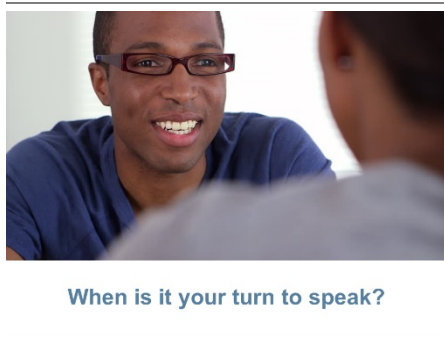
Objectives: By the end of this session, participants will have

- Learned to provide new information and key messages without threatening clients' autonomy
- Practiced responding in an empathetic manner when clients express incorrect information or negative attitudes

Notes for trainers: Ask-tell-ask is a technique that brings together all the active listening skills discussed in the training to this point. Outreach workers, navigators, counselors, and providers tend to focus on their role as providers of information. Ask-tell-ask is a way to ensure that when they deliver information, they do so in a client-centered manner. During the role play for this session, try to observe and encourage participants to integrate the various skills they've learned into their communication. Take note if the participants overload their "clients" with information. The goal of the practice exercises is for participants to provide *targeted* information based on what the client needs and already knows — not to lecture on everything about HIV and AIDS, or whatever the key topic may be.



1. Project the title slide for the **Ask-tell-ask** presentation.



2. Introduce this session by acknowledging that these new skills can be challenging because providers are often focused on giving information rather than collecting it. You may have been wondering “When is it my turn to talk?”

Explain that, by now, participants have probably begun to understand that to engage with clients effectively, listening is as important as speaking (and in some cases may be more important). That is why we have focused so far on what are often called “active listening” skills. That said, sometimes we need to provide information.

Brainstorm some of the situations in which it is important for outreach workers and counselors to take the lead, and then advance to Slide 3 to reveal examples.

It's time to talk when...

- You think the client is misinformed
- You think the client lacks information
- You have an idea that might be useful to the client
- The client is asking for information

Flip chart
Markers

3. Examples:

- If the client lacks information or is misinformed
- If you have an idea or suggestion that might help the client
- If the client is asking for information or assistance
- Others?

Explain that when it is a counselor's or outreach worker's turn to provide information, it can be tricky to do so without falling into the trap of "playing the expert." Spend a few minutes explaining that there are two different roles an outreach worker could play in interacting with a client – the "expert" or the "collaborator."

Brainstorm the key differences between these roles.

Note: You can create this table on flip chart paper, but leave it blank, and fill in the answers as the participants respond to your question.

Expert	Collaborator
Tells clients what to do	Asks client about experiences, questions, concerns
Gives clients information	Communicates with clients on their own level
Relies on authority, power	Encourages equal partnership

Avoid "playing the expert"



- **Expert**
 - Tells client what to do, what not to do
 - Gives client information
 - Relies on authority and power
 - Other?
- **Collaborator**
 - Asks client about their experiences, questions, and concerns
 - Communicates with client on their level
 - Encourages equal partnership
 - Other?

4. Recap the differences between the expert and the collaborator.

Ask-tell-ask

- “Ask”: Find out what the client already knows
- “Tell”: Provide additional information as appropriate (and with permission)
- “Ask”: Elicit the client’s reaction to the new information

5. Explain that we want to be able to provide information and guidance to our clients, but we want to do this in a collaborative way. One way to do this is to use a technique called “Ask-tell-ask”:
 - **Ask** clients what they already know about the topic at hand.
 - **Tell** clients additional information. (And only the relevant information. There is no need to repeat what clients already know and overwhelm them with details.)
 - **Ask** clients for their reaction to the new information you have provided.

With permission

“Would you mind if I told you a bit about...”

6. Note the additional step of asking for permission. This is something we practice any time we want to provide new information or suggestions to our client – it reinforces the client’s autonomy.

Note: *This can be a lot of information for participants to take in, so you may wish to provide a brief example. Write the script below on flip chart paper ahead of the session, and have participants identify the elements of ask-tell-ask. Don’t write the words that appear in the [], so that the participants can identify the elements for themselves.*

Discussion written out on flip chart paper

Outreach Worker: Tell me about what steps you are taking to protect yourself from HIV. **[Ask]**

Client: I always try to use condoms with my clients. Sometimes they offer more money if I don’t use a condom, and I need the cash, so I agree.

Outreach Worker: So protecting your health is important to you. **[Reflection]** You try hard to use condoms, **[Affirmation]** but it’s been challenging for you to use them all the time. There are some other steps you could take to be safer. Would you like to learn about them? **[Asking for permission]**

Client: Sure – that’s ok.

Outreach Worker: Now there is a pill you can take called PrEP, which stands for pre-exposure prophylaxis. If you take it every day, it can be pretty effective at reducing your risk of getting infected with HIV. **[Tell]** How would you feel about taking a pill to reduce your risk? **[Ask]**

Remind participants that using ask-tell-ask is an opportunity to bring together all the skills we have practiced up until this point.

Explain that by using this method, you can get a better understanding of what your clients already know. This way you don't have to repeat information, and you can help direct your clients toward positive behavior change in a way that respects their knowledge, experience, and choices.

Ask the participants what they think about ask-tell-ask. How might this approach be useful in their work? What might be difficult about it?

Boomerang question

- Turns the question back to the client
- Allows you to stick to ask-tell-ask
 - **Client:** "How can I tell my boyfriend about my HIV status without his leaving me?"
 - **Navigator:** "I get that question a lot. First, let me ask you, what do think might work?"
- Keeps focus on the client, allows you to collect additional information



7. There are a few variations participants might wish to consider:

Boomerang question – If your client is asking you for information, rather than going straight into lecture mode, you can use ask-tell-ask by turning the question back to the client.

Feel-felt-found

- Empathize – normalize – shift to new information
 - "I understand you're feeling concerned about how your partner might react..."
 - "Many people have felt the same way when they first encountered this problem..."
 - "We've found that there are effective ways to talk to your partner about this..."
 - "Would you like to hear more about that?"

8. **Feel-felt-found** – This technique is a way to respond if your client reports inaccurate information that you need to correct, but you don't want to upset them.

Example 1

"I know I should get tested, but if I am positive, they will tell everyone. I don't trust them."



9. Walk through the example; have the participants think of how they might use an ask-tell-ask approach in working with the scenario.

Example 2

"I feel fine right now, and when I take the meds, I don't feel good. I'd rather just wait until I feel sick."



10. Walk through the example; have the participants think of how they might use an ask-tell-ask approach in working with the scenario.

Ask-tell-ask script



- Raise your hand when you hear *reflections, affirmations, questioning, or examples of ask-tell-ask.*

11. Act out or read aloud the Ask-tell-ask script and instruct the participants to try to pick out examples of ask-tell-ask in the conversation, as well as examples of other communication skills being used (reflections, affirmations, and open questions).

Remember, facilitators may ask participants to volunteer to role play the client and the outreach worker/counselor in the script, or facilitators can work together to present the scripts.

Model Script: Ask-tell-ask

Small-group activity: Role plays

- Form groups of three (provider/counselor, client, observer).
- Clients: think of a realistic set of circumstances that will provide an opportunity for your "counselor" to use reflections, affirmations, questioning, and Ask-Tell-Ask.
- Observers: watch the role play and take note of how effectively the "counselor" uses all methods to address the issue at hand.
- Examples of scenarios can be provided for those who prefer.



12. **Three-person role plays.** Ask the participants to divide into groups of three. Each group will include one person acting as a counselor, one acting as a client, and one an observer. Explain that each person will have a chance to play all three roles. The observer's job is to watch the role play and take note of how effectively the counselor uses reflections, affirmations, questioning, and ask-tell-ask to address the issue at hand.

Optional: Ask the participants to create scenarios themselves using their own experiences that they will present to their "counselor." They should think of a realistic set of circumstances that will provide an opportunity for the counselor to work with their client using reflections, affirmations, questioning, and ask-tell-ask.

Possible scenarios (if participants do not want to create their own scenarios):

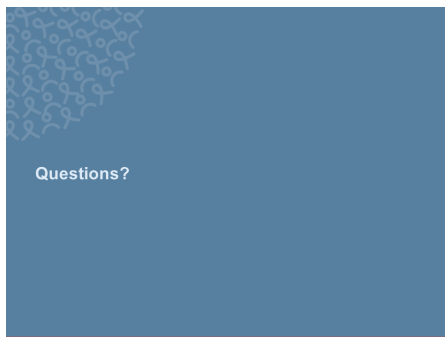
- A) A client who is a female sex worker has just recently been diagnosed positive and is thinking about disclosing to her boyfriend, but she is worried that he will leave her. She is also worried that he may tell the other sex workers where she works and she will have to move.
- B) A male client who has sex with men is having trouble believing his recent HIV-positive diagnosis is true and refuses to start treatment. He says he feels fine right now and will come back when he feels sick, because

then he will know for sure. Besides, he knows the drugs are going to make him feel awful.

- C) A client who is a female sex worker says she was interested in PrEP but didn't realize that it might take up to 21 days to be fully effective. She says she would rather start some other time because she was hoping it would start working on the same day.

Allow the participants 25–30 minutes to conduct the role plays. It may help to indicate to the group every 8–10 minutes that they should switch roles if they haven't already, to ensure that all three members of the groups have a chance to serve as outreach workers/counselors.

Move on to the discussion questions if the topics they cover have not yet been addressed.



13. Answer any questions participants may have, and then move on to the next module.

Discussion questions

1. *During this session, we talked about the differences between being an expert and being a collaborator. What might be some of the benefits of taking the expert role?*

Possible answers: Providers (whether outreach workers, counselors, navigators, nurses, or doctors) often fall back on the expert role because it is important for them to ensure that the client receives what the provider considers to be the most important information, and they can do this relatively quickly. Time that they save can then be used to serve other clients.

2. *What are the drawbacks of acting as an expert for your client?*

Possible answers: Playing the expert may be faster, but it ignores the knowledge/experiences that the client may already have. This may send a message to clients that we really aren't interested in what they know, or what they need/want. It also means we may not be addressing clients' most relevant challenges, since we did not ask what those were. Finally, even though clients may half-heartedly accept our suggestions as experts, they may not be truly committed to change.

3. *What might be the benefits and drawbacks of being a collaborator?*

Possible answers: Collaborating with your clients, rather than playing the expert and telling them what to do, means you are more likely to identify the clients' most relevant issues, and your clients are more likely to receive and understand information that is relevant to them. However, this method requires additional time, which needs to be planned. More importantly, effective collaboration requires that you listen closely to your clients, which is why we have been practicing active listening skills.

Module 7. Recognizing When Clients Talk About Change

Time: 45 minutes

Materials:

- Recognizing Talk About Change PowerPoint
- Talk About Change cards
- Prize(s)
- Find the Talk About Change worksheet

Objectives: By the end of this session, participants will have

- Learned how to recognize peers’ intrinsic motivations for behavior change when they hear it

Notes for trainers: This training refers to any self-motivational statements or speech about change, coming from a client, as “change talk.” Clients use change talk as a verbal means of addressing ambivalence toward the decision to make a change. The skills we have practiced up to this point are not intended to be used randomly; they are intended to be used specifically to elicit change talk from clients and strengthen it. Understanding this requires participants to reevaluate their roles as outreach workers, counselors, navigators, or other kinds of providers. The approach is likely different from how they have been trained in the past (e.g., to persuade or argue with clients on why they should use condoms, get an HIV test, start ART, disclose their status to a partner, stay on treatment, etc.). It may help at the end of this session to discuss how using these skills is different from the way participants may have traditionally interacted with clients.



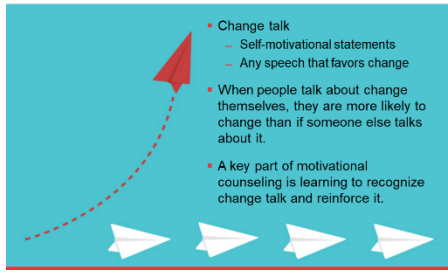

1. Project the title slide for the **Recognizing Talk About Change** presentation.

Explain that we spent the first part of the training focusing on communications skills and that now we are going to think about how to use them. Briefly review the four key skills we have learned so far, and ask the participants for some examples:

- Reflection
- Affirmation
- Questioning
- Ask-tell-ask

We’ve practiced using all these skills, but the key questions are:

- When should we use them?
- What should we reflect?
- Why should we ask open-ended questions?
- What is the goal of all this?

	<p>Before advancing to Slide 2, explain that the key goal of motivational counseling is to encourage our clients to use “change talk.” Ask if anyone knows what change talk refers to.</p>
<p>When clients talk about change, we call it “change talk”</p> 	<p>2. Tell participants that change talk is:</p> <ul style="list-style-type: none"> ▪ Self-motivational statements ▪ Any speech that is in favor of making a change <p>Remind participants that the people who are best able to talk our clients into making a change are the clients themselves. They do this by “change talk.” The counselor’s job is to encourage clients to talk about change, to recognize it when they hear it, and to reinforce it.</p>
<p>Small-group activity: Role plays</p> <ul style="list-style-type: none"> ▪ Break into small groups (6-8). ▪ Each group gets a set of cards. ▪ Each card contains an example of “change talk”, and the cards are related to one another in some way. ▪ Identify all the cards that go together by figuring out what they have in common. ▪ Should end up with a 4x4 table. 	<p>3. Tell participants that to get a better idea of what we mean by “change talk,” you’ll now play a game.</p> <p>Divide the participants into teams and give each team a (pre-shuffled) set of Talk About Change cards (make one copy of the labels—desire, ability, reason, need—and set them aside). Explain that each card contains an example of change talk, and that the cards are related to one another in some way. The challenge is to identify all the cards that go together by figuring out what they have in common. If the team gets it correct, they should have four groups of four cards each in a table. The group to finish first, and correctly, will win a prize.</p>
<p>Talk About Change cards Note: <i>These work best if printed as one card per page (full size).</i></p> <p>Prize(s)</p>	<p>Give the groups 5-10 minutes to complete this exercise. Once at least one group has finished correctly, you can stop the exercise. Conversely, you can let the exercise run until all groups have completed their tables. Ask the participants to meet around one group’s work and ask what the different cards have in common with one another. Challenge the participants to use the “label cards” to correctly label the collections of cards.</p> <ul style="list-style-type: none"> ▪ Desire: I want, I wish, I hope, etc. ▪ Ability: I can, I’m able to ▪ Reason: It’s important to change, because... ▪ Need: I should change. I must change. I have to change.

Levels of change



- Note that whenever people make a change in their lives, they usually go through different levels. For this training, we have broken those levels into three: considering change, preparing for change, and changing. Ask the group what they think each level means, and/or for examples of each. If they are not sure, they can consider the visual example on the slide that shows a runner getting **ready**, getting **set**, and then **taking off** in a race.

Considering change

Desire I want to change
Ability I can change
Reason It's important to change
Need I should change



- Explain that “considering change” talk refers to the language a client might use when they are thinking about making a change.

Use slides 6-9 to go through the examples of “considering change” talk and ask the group to think of some examples of their own.

Stress that the kind of change talk a client uses is not as important as the fact that they are using it (i.e., expressing their desire and reasons for wanting to change).

Desire

- I want to lose some weight
- I would like to get a better job
- I wish I were brave enough to tell him
- I hope I can start going to the gym soon



- Review examples on the slide.

Ability

- I'm able to control what I eat for dinner
- I can talk to a doctor about my side effects
- I can tell my wife about my HIV status
- I could try PrEP and see how I feel



- Review examples on the slide.

Reason

- I might have more energy
- I would feel relief
- I'd be able to last longer during sex
- I would not have to worry about infecting anyone



8. Review examples on the slide.

Need

- I need to take care of myself better
- I have to talk to my partner about my status
- I must find a way to use a condom every time



9. Review examples on the slide.

Preparing for change

- Commitment: I will make a change
- Readiness: I am ready, prepared, willing to change
- Taking steps: I am taking specific actions to change



10. The next level is called “preparing for change” talk. Ask if anyone can guess what this means. If no one can, explain that preparing for change talk more often signals that a client is moving past considering change to starting to actively plan for change.

- Commitment: I swear I'll make a change.
- Readiness: I'm ready to try something new.
- Taking Steps: I've started taking action.

Commitment

- I am going to eat better
- I promise that I will tell her before the end of the month
- I swear that I will stop drinking during the week
- I guarantee that I won't do that again



11. Review examples on the slide.

Readiness

- I'm ready to talk to my boyfriend about my status
- I feel prepared to change my diet




12. Review examples on the slide.

Taking steps

- I bought running shoes so I can run in the mornings
- I bought some flavored condoms that I think will be fun to use
- I talked to a social worker about my boyfriend's beating me



13. Review examples on the slide.



Find the "change talk"

- Read through and underline all the examples of change talk that the client uses in the conversation.

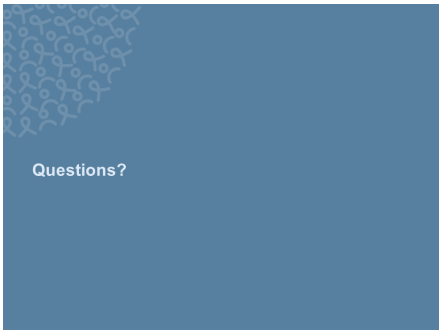
14. Practice picking out examples of change talk in an actual behavior change conversation. Distribute copies of the Find the Talk About Change worksheet (folded in half, so that they cannot see the bottom half). Instruct the participants to refrain from looking at the answer key at the bottom of the worksheet until later in the session. Give participants a few moments to go through and underline all the examples of change talk that the client uses in the conversation.

Note: This can be done as an individual or small-group exercise.

Worksheet: Find the Talk About Change

Once finished, go over the results with the whole group. See if the participants can identify the different kinds of change talk. Ask them to hold onto the worksheets, because they will need them for a later activity.

Continue to the discussion questions if the topics they cover have not been addressed.



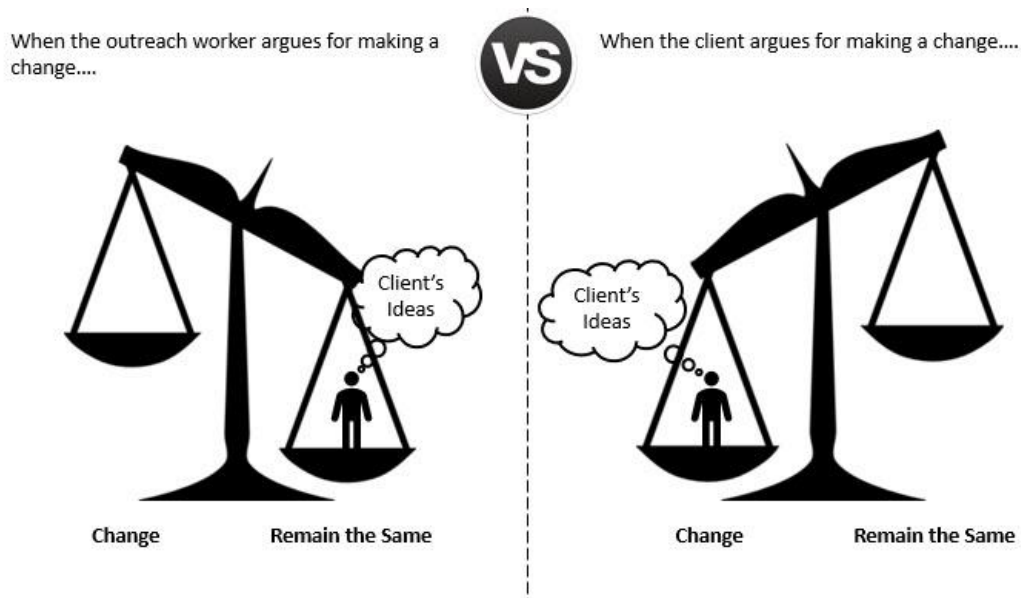
Questions?

15. Answer any questions participants may have, and then move on to the next module.

Discussion questions

1. *The central concept of motivational counseling is to encourage clients to express change talk as a way to build their own motivation for behavior change. What happens if, instead, you are the one trying to talk your client into making a change?*

Possible answers: In motivational counseling, we refer to this behavior as “fixing.” Fixing is when you try to correct your clients’ “wrong” behaviors. Fixing should be avoided because it may cause the opposite effect. Picture behavior change as the process of tipping a scale:



When the counselor is the person arguing for change, it is common for the client to develop arguments against it. However, the client’s own ideas will always weigh more heavily in their decision-making process than the counselor’s. This means that if you are making the argument for change, you may push your client to talk themselves out of making a change. Whereas, if you support your client to make their own arguments in favor of change, they are more likely to talk themselves into making that change.

2. *In motivational counseling, we want to encourage our clients to use more change talk, because then they will make their own arguments for change. What do we do if a client is arguing to stay the same?*

Possible answers: This is called “sustain talk,” and it is completely normal. Remember, in our first session, we noted that feeling ambivalent about change is a normal part of the change process. Clients will naturally see both positives and negatives about making a change. Our job is to encourage them gently toward change without falling into “fixing” them. This may mean acknowledging barriers to change, but not focusing on them. It may also involve helping clients to think of ways they can overcome those barriers or building their confidence that they can overcome them.

Note: *As a bonus exercise, have participants go back to their Find the Talk About Change worksheet and identify examples of sustain talk in the client’s speech.*

3. *What are some of the ways that using motivational counseling to communicate with your client might be different from how we traditionally communicate to promote HIV prevention and treatment?*

- What might be some advantages of this approach?
- What might be challenging?

Possible answers: In traditional communication approaches, outreach workers, navigators, counselors, and providers might see one of their principle roles as information transfer. They often have a list of key messages to provide, and in a traditional approach, they are encouraged to provide the same set of messages to everyone with whom they work. In contrast, motivational counseling encourages clients to do the majority of the talking, and it incorporates their knowledge, attitudes, and intrinsic motivations to drive the process of change. The advantages of this approach are many, including increased engagement and openness, improved rapport between the client and provider, client ownership, and higher likelihood of sustained change over time.

However, motivational counseling requires more time from providers and clients. The process of asking and encouraging clients to divulge and find their own motivations for change takes much longer than telling them reasons why they should change. Providers do not always have the luxury of spending 30 minutes to an hour with each client. By the same token, some clients may not have much time to spare during a session that might also require them to digest new information about a treatment regimen, consider disclosure, or understand the causes of and remedies for side effects. Further, not all clients will be immediately open to the motivational counseling process (some will prefer not to share or may be too shocked to open up).

Ideally, both the provider and clients give the time needed to build a mutual understanding of the clients' needs and to allow for sufficient dialogue to achieve the clients' goals for each session and in the long run.

Module 8. Eliciting Talk About Change

Time: 45 minutes

Materials:

- Eliciting Talk About Change PowerPoint
- Flip chart paper and marker
- Find the Talk About Change worksheet
- Importance and Confidence Ruler

Objectives: By the end of this session, participants will be have

- Practiced skills to elicit change talk from clients, and to reinforce change talk when it is offered

Notes for trainers: The Importance and Confidence Ruler, a tool introduced in this module, helps clients explore their reasons for considering a change, as well as their confidence in their ability to make that change. In some settings (i.e., low numeracy), a numbers-based scale may not work. You can change the numbers to faces or colors or find other creative ways to demonstrate a scale. For more ideas, you can look up “Likert scale with faces” in a search engine, or follow this [link](#). Some counselors may prefer to use questions to elicit clients’ change talk without a scale. Counselors are free to use whatever works best, based on their personal style and client preference.



1. Project the title slide for the **Eliciting Talk About Change** presentation.

If the first goal is for clients to talk about change...

...what can we do to elicit it?



2. Explain that in order to help our clients find their own motivation for change, we need to think about ways we can encourage them to use change talk. Ask the participants if they have any ideas for how they might do this.

Suggestions can be recorded on flip chart paper.

Flip chart paper and marker

Evoking change talk

Simplest, most direct way: **ask for it**

Offer questions about:

- Desires (wants, wishes, etc.)
- Abilities (can, could, or able)
- Reasons (what could result...)
- Needs (how urgent, necessary to change, etc.)



Flip chart paper and marker

3. Note that one of the most effective and straightforward ways to elicit change talk is to ask for it. Questioning can be a good way of getting to change talk. But what kinds of questions will be most effective?

Advance the animation on the slide to reveal the different types of questions after the participants have had an opportunity to answer.

Open questions can be a good way to elicit clients' thoughts about making a change, because they give the client freedom to respond however they choose. The desires, ability, reasons, and need statements that we practiced in the previous session can be turned into open questions about a client's desires, ability, reasons, and need for change, in order to elicit change talk.

Note: *You might display the four types of statements and ask participants to give examples of how these statements could be turned into questions. Below are some examples.*

- What would you **like** to see happen? (Desire)
- How would you **want** your life to be different? (Desire)
- If you decided you wanted to tell your wife about your HIV status, how **could** you go about doing it? (Ability)
- You're worried about what you will do if you are HIV positive. What do you think you might be **able** to do to if you are? (Ability)
- **Why** could be the benefits of starting PrEP? (Reasons)
- What might be the **good things** about knowing your HIV status? (Reasons)
- How **serious** is it to you to start treatment? (Need)
- What **needs** to happen for you to protect your health? (Need)

The Importance and Confidence Ruler

- On a scale of 0 to 10, where 0 means "not at all important" and 10 means "the most important thing to me right now," how important would you say it is for you to.....?"
- And why are you at a _____, and not a [lower number]?
- What would it take for you to go from a _____ to a [higher number]?



Importance

4. Explain that there is a tool that you can use to help evoke change talk from your clients: the Importance and Confidence Ruler.

Note: *If you like, you can also draw a ruler on flip chart paper, in order to help you illustrate how someone might circle numbers or move from one number to the next.*



The Importance and Confidence Ruler

- On a scale of 0 to 10, where 0 means "not at all confident" and 10 means "extremely confident," how confident would you say you are in.....?"
- And why are you at a _____, and not a [lower number]?
- What would it take for you to go from a _____ to a [higher number]?



Confidence

Importance and Confidence Ruler

5. Using the ruler and a predetermined set of questions, one can probe clients' motivations for making a change (as well as barriers to change) and determine how confident they are that they can achieve the change. When using the Importance and Confidence Ruler, participants should attempt to integrate their skills in reflecting, affirming, and questioning.

Explain to participants that people sometimes equate confidence with readiness, but these are not the same thing. For example, the question "How confident are you that you can do this if you decide you want to?" is an exploration of self-efficacy. Conversely, the question "How ready are you to do this?" may feel like we are prematurely pushing for change; it is more likely to lead to resistance, which we will discuss in the next module.

The key to using this tool is not what numerical scores the client reports. The important thing is the reasons they provide for their scores, which serve as the foundation of their change talk.

Responding to change talk

- Recognize it
- Reflect
- Affirm
- Ask questions (i.e., for elaboration or examples)
- Summarize



6. Eliciting change talk is critical, but how you react once your client starts using change talk is the next step. This is where active listening skills come into play. Ask the participants what they think are some of the options for responding to clients' change talk, and then advance the animation on the slide to reveal some options.

- Reflect the change talk back to the client
- Offer an affirmation
- Use an open-ended question to ask for elaboration or an example
- Summarize the client's change talk

Reflecting change talk

Client: Last week I promised myself I wouldn't drink, but then my friends invited me out, so I said I'd just have one. Before I knew it, I was wasted – I spent all my money and now I can't afford to pay my phone bill. My boyfriend is so angry at me.

Counselor: *You don't like to let him down. [Complex reflection]*

Client: Of course not – he's the most important thing to me!

Counselor: *And you feel like you let him down. [Complex Reflection]*

Client: I just want to be a good partner, but then I drink, and I forget about everything else. I feel stupid.

Counselor: *So it sounds like drinking is causing problems for you and your partner. [Simple reflection]*

7. Go through slides 7–10 and have participants volunteer to read for the client and counselor. Ask if there are any questions.

Affirming

Client: I signed up with a trainer to see if going to the gym is right for me.

Counselor: You're really taking steps to protect your health.

Client: I could quit smoking if I wanted to.

Counselor: Once you decide to do something, you stick to it.

8. Have participants volunteer to read for the client and counselor. Ask if there are any questions.

Asking for elaboration

Client: Lately I've noticed that smoking has been causing me some problems.

Counselor: What kinds of problems is smoking causing for you?

Client: Well, first of all, it's expensive.

Counselor: What else?

9. Have participants volunteer to read for the client and counselor. Ask if there are any questions.

Summarizing

- Pick the most relevant examples of change talk (you don't have to comment on everything)



10. If time permits, have the participants take out their Find the Talk About Change worksheet. Working individually or in groups, have them go back to the individual examples of change talk that they found, and brainstorm ways they could respond to the change talk to reinforce it.

Worksheet: Find the Talk About Change



Responding to change talk

- Go back to the individual examples of change talk you found.
- Brainstorm ways you could respond to the change talk to reinforce it.
- **Bonus:** use the leftover space on the worksheet to construct a summary of the client's statement that brings together all the best change talk.

11. Once you are finished working on the individual examples of change talk, use the leftover space on the worksheet to construct a summary of the client's statements that brings together all the best change talk. Ask different participants/groups to read their summaries aloud, and then solicit feedback from other participants.

Worksheet: Find the Talk About Change

Small-group activity: Role plays

- Divide into groups of 3 (one client, one counselor, one observer).
- **Clients:** choose any change you are thinking about making in your life (does not have to be health-related).
- **Counselors:** Use all relevant skills.
- **Observers:** Watch for use of all relevant skills.
- Five minutes each, then switch roles.



Importance and Confidence Ruler

12. Ask the participants to divide into groups of three to practice using the Importance and Confidence Ruler as an approach for eliciting and reinforcing change talk. For this exercise, one participant will play a client, one an outreach worker or counselor, and the third an observer, who will watch and give feedback on how effectively the outreach worker / counselor used the communications skills we have discussed thus far.

Participants may choose any change they wish to discuss — it does not have to be specific to health. It may be far more interesting to select a change they are actually thinking about making in their lives.

Give the participants roughly 15 minutes to practice using the ruler, allowing for about 5 minutes for each person in the group to assume each role.

Ask how the exercise went, and if anyone has anything they would like to share.

Remind participants that during this session we used questions about clients' considerations for change (desire, ability, reasons, and need). But we didn't ask about their preparation for change (i.e., commitment to change, and/or taking steps). Why might that be?

Give participants a chance to respond.

Explain that it's important to avoid using preparation questions because we want to avoid prematurely pushing people to commit to a change for which they are not ready. When the time is right, clients will move from considering change to preparing for change.

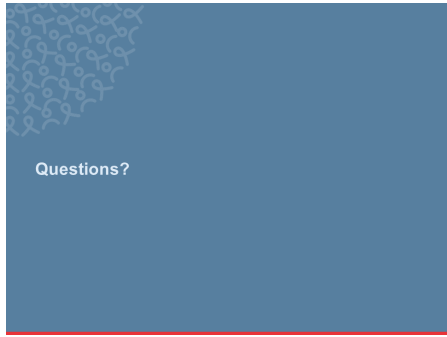
Questions to avoid

- Why haven't you changed?
- What keeps you doing this?
- Why aren't you trying harder?
- How could you...?
- Why can't you...?

13. As we talk about using questions to evoke change talk, it is important to note that some types of questions should be avoided. In addition to questions about steps clients are taking to prepare for change, what other type of questioning is best avoided, and why?

Give participants a chance to respond.

During a previous session we talked about questions that sound like questions but are more like expressions of blame or disappointment (many start with "why," but not all). These types of questions do not build rapport or help elicit clients' motivation for change — they are more likely to make clients defensive or upset. This can lead to discord, which we will talk about in the next session.



14. Answer any questions participants may have, and then move on to the next module.

Module 9. Dealing with Resistance

Time: 45 minutes

Materials:

- Dealing with Resistance PowerPoint
- Recognizing Resistance cards
- Prize(s)
- Flip chart paper and markers
- Tape
- Improving a Motivational Counseling Session worksheet

Objectives: By the end of this session, participants will have

- Practiced recognizing and dealing with resistance to behavior change
- Identified and avoided behaviors that are inconsistent with the motivational counseling approach

Notes for trainers: This can be one of the most challenging sessions because many people working in public health have been trained to believe their role is to “fix” their clients’ problems. It might seem counterintuitive to avoid making arguments for change. Participants may feel like they are not fulfilling their responsibility if they fail to persuade their clients when they are resistant. It is important in this session to understand that we are actively promoting change, but we must recognize that clients have to come to decisions on their own. Pushing clients may have the opposite effect. The idea that we should not question clients’ honesty (when we know they are being untruthful) or that we should not correct their behaviors can be especially challenging.



1. Project the title slide for the **Dealing with Resistance** presentation.

Explain that we’ve now spent a lot of time talking about what you can do to encourage change talk and build your clients’ motivation for change.

Next, we will talk about how you can avoid conflict with your clients. This is important, because conflict can lead clients to be more resistant to change.

Ambivalence and conflict are common

- People often feel conflicted about adopting new health behaviors
 - Part of them wants to / part of them does not
- Conflict with the counseling process or counselor = **resistance**



Kinds of resistance: sustain talk and discord

- **Sustain talk**
 - Status quo
 - A behavior that is currently being done
 - The client's reason why they could not change a behavior
- **Discord**
 - Conflict between the counselor and the client
 - Many possible causes (miscommunication, something the counselor said or did)

Competition: recognizing resistance

- Divide into three teams.
- Each team will receive a set of cards.
- Teams must assemble the cards to create complete statements, and then identify the statement as an example of either **sustain talk** or **discord**.
- The team that unscrambles and correctly identifies their statements first wins.



Recognizing Resistance cards

Tape

Flip chart paper

Prize(s)

2. Explain that at the beginning of this training, we talked about ambivalence. Ask the participants if anyone remembers what this means:
 - Having mixed feelings or contradictory ideas about changing one's behaviors

Ambivalence is a normal part of the change process. It is also common for clients to feel conflicted about the counseling process itself, and even about the counselor. We refer to these kinds of conflicts as “resistance.”

3. Explain that there are two different types of resistance (one of which we have touched on previously):
 - **Sustain talk:** the client's stated reasons or argument in favor of maintaining current behaviors (no change)
 - **Discord:** language (or nonverbal cues) that expresses anger or dissatisfaction with the outreach worker / counselor

4. Use a quick activity to illustrate the difference between these two types of resistance.

Ask the participants to divide into teams, and then give each team an equal number of pre-shuffled Recognizing Resistance cards.

Note: The cards can be printed in color or black/white (small icons in the lower right corner identify the sets). Sets will need to be kept separate and should be shuffled. One set for each group of 6-8 individuals should suffice.

Explain that the goals are to unscramble the cards to create complete statements and then identify the statement as an example of either sustain talk or discord. The team that unscrambles and correctly identifies their statements first is the winner.

Note: The Answer Key follows the discussion questions.

Continue until all teams have successfully unscrambled and posted their cards. They can tape their resistance statements to flip chart paper for review.

Facilitate a brief discussion about the differences between sustain talk and discord.

- Sustain talk focuses on the client's feelings about the behavior that is under discussion.
- Discord focuses on the client's feelings about the outreach worker or counselor.

How to manage resistance

- Arguing for change when a client is resistant will likely trigger the client to argue against it
- ROLLING with resistance means:
 - NOT opposing resistance
 - Exploring reasons behind resistance
 - Involving clients in problem-solving



Responding to discord

- Explore the source of the discord
- Acknowledge and apologize
- Stress the client's autonomy
 - Client decides whether to continue the conversation
- Shift topic if the current subject is upsetting the client

Responding to sustain talk

- Simple reflection
 - Acknowledge client's disagreement, emotion, perception
- Double-sided reflection
 - Acknowledge a client's conflicting feelings about an issue and present both sides of the issue
- Shift focus
 - Shift attention away from the obstacle
- Emphasize autonomy
 - Assure client that they determine what happens

Flip charts with Resistance Statements

Communication traps

- Playing the expert
- Arguing the positive side / fixing
- Giving unsolicited advice
- Premature focus on change
- Assessment
- Asking "why" questions

5. Discuss potential ways to respond to resistance. Stress that arguing with a client is likely to reinforce their resistance, which is why motivational counseling encourages counselors to "roll with resistance."

Ask participants for ideas of what this might mean.

6. Rolling with resistance means different things depending on whether you are dealing with discord...
- **Discord** may require exploring the source of your client's negative feelings, acknowledging those feelings, apologizing for anything you've done to upset your client, stressing the client's autonomy, or shifting to a different topic if all else fails.

7. ...or responding to sustain talk.
- **Sustain talk** may provide an opportunity to understand more about the client's perceived and actual barriers to change, though we should avoid reinforcing those barriers.

Return to the examples of resistance that were posted on flip chart paper and ask the participants to give examples of how they could respond to each in order to "roll with resistance."

8. Explain that one of the best ways to avoid resistance is to avoid falling into "traps" – inappropriate communication approaches that, while maybe well intended, are likely to encourage clients to resist change. We've already spoken about several of these over the course of the training. Ask the participants how many they can remember.

There have been many different communications "traps" identified — the ones presented here are among those most often seen in peer education and outreach.

Strategies for avoiding those traps are provided in bold text in the brackets. Don't read them aloud until after you've asked participants for their ideas.

- Playing the expert [**Use ask-tell-ask**]
- Arguing the positive side / fixing [**Stay neutral**]
- Giving unsolicited advice [**Ask for permission and respect clients' autonomy**]
- Prematurely focusing on change [**Encourage change talk but don't push for commitments**]
- The assessment trap [**Use open-ended questions**]
- Asking loaded questions [**Avoid blaming**]

Each of these has been discussed at some point in the training. Query the participants on what each one means and ask them to provide examples. Discuss strategies for how to avoid falling into these traps, drawn from the lessons and skills we have covered up to now.

Behaviors to avoid

- Directing, ordering, commanding client
 - “You have to disclose to your wife as soon as possible.”
 - “Do not go to the bar tonight.”
- Warning clients that something bad will happen
 - “You are going to get very sick if you don't take your medicines on time.”
- Confronting clients about their behavior

9. Explain that, in addition to these common traps, there are other “inconsistent behaviors” that counselors should avoid. Brainstorm what those might be —

Behaviors to avoid

- Disagreeing
- Blaming
- Labeling
- Arguing
- Seeking to persuade
- Moralizing
- Correcting
- Criticizing
- Shaming
- Judging
- Questioning honesty

10. — and what exactly makes them inconsistent with motivational counseling.



Improving a Motivational Counseling Session

- Divide into groups of 3-5.
- Go through the sample transcript and underline areas where the counselor is exhibiting behaviors inconsistent with motivational counseling.
- Bonus: suggest ways the counselor could improve the communication approach.

11. Divide the participants into groups and distribute the Improving a Motivational Counseling Session worksheet. Participants should go through the sample transcript and underline areas where they think that the counselor is exhibiting behaviors inconsistent with motivational counseling. They may also suggest ways the counselor could improve the communication approach.

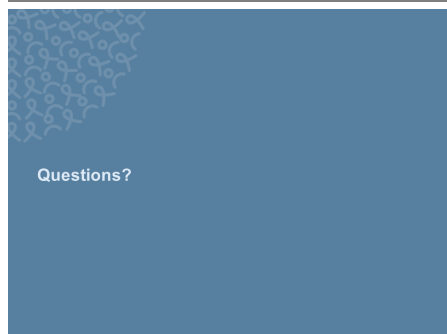
Give the participants 10–15 minutes for this activity, and then discuss the results as a group.

Note: Participants may have different interpretations of why some behaviors are inconsistent. This is fine, as long as the

Worksheet: Improving a Motivational Counseling Session

most problematic behaviors are identified and participants suggest effective solutions.

Move to the discussion questions if the topics they cover have not been addressed.



12. Answer any questions participants may have, and then move on to the next module.

Discussion questions

1. *Motivational counseling is designed to motivate clients to make changes, but we are supposed to roll with resistance. How can we encourage behavior change if we aren't persuading our clients to change?*

Possible answers: When you practice motivational counseling, you often have a goal in mind — a specific behavior you want to support your client to change. However, experience suggests that by “persuading” your client to change, you may in fact be building their resistance to change. We roll with resistance not because we don't care about change, but because it is an effective way to achieve change. We aren't persuading our clients to change; we are supporting them to persuade themselves. That said, at the end of the day, we also recognize that our clients have the right (and responsibility) to choose for themselves.

2. *We talked a lot in this session about resistance from our clients. What kinds of resistance do you as outreach workers or counselors typically encounter in your work? How do you handle it?*
3. *After this training, what changes do you think you might make in the way you approach resistance from your clients?*

Recognizing Resistance Answer Key:

1. You don't understand what it's like for me! **[Discord]**
2. I don't want HIV, but sex with condoms is like eating candy without taking off the wrapper! **[Sustain talk]**
3. I know I should get tested, but I'm so worried about what my life will be like if I am positive. **[Sustain talk]**
4. Outreach workers never really listen to what I have to say. **[Discord]**
5. They say the drugs might protect me, but I hear the side effects are terrible. **[Sustain talk]**
6. You keep telling me I have to use condoms to protect myself, but it isn't my fault. **[Discord]**
7. It's none of your business whether I get a test or not – it's my choice! **[Discord]**
8. STI tests are really expensive – I can just buy some antibiotics for cheap and save money! **[Sustain talk]**

Module 10. Extended Role Playing with Real-Life Scenarios

Time: 120 minutes

Materials:

- Locally adapted scenarios, or scenarios adapted from relevant trainings including Index Testing, the [Enhanced Peer Outreach Approach](#), and [Peer Navigation](#).

Objectives: By the end of this session, participants will have

- Employed all motivational counseling skills learned during the training

Notes for trainers: This is one of the most important sessions in this training because it allows the participants to combine all of the skills they have learned thus far. Facilitators can work with local staff to develop a set of common scenarios or allow the participants to create the scenarios on their own. Scenarios can also be drawn from other EpiC or related training packages, including Index Testing (there are a number of scenarios included in Session 14), the Enhanced Peer Outreach Approach, Peer Navigation, or others.

It's important that the scenarios are realistic and that participants, working in groups of three (client, counselor, and observer), have sufficient time to practice. Programs are advised to conduct a refresher session not too long after this training (i.e., within six months) to be sure the participants understand the material and have a chance to practice again with technical oversight and support. At a minimum, staff should conduct refresher training on motivational counseling at least once per year.

Additional activities/resources

If participants are interested, and understand English, there are also video resources that can be used to orient the group to recommended behaviors and behaviors to avoid. You can present these videos to the group and brainstorm in a plenary session about the differences they perceive in the counseling approaches, including where they saw motivational counseling skills used and which ones, and what behaviors might be inconsistent with motivational counseling.

The videos and the discussion can either take place (a) before the Improving a Motivational Counseling Session Exercise (Module 9), or (b) at the beginning of this module (before conducting role plays).

1. The Ineffective Physician

<https://www.youtube.com/watch?v=80XyNE89eCs&t=249s>

2. The Effective Physician

<https://www.youtube.com/watch?v=URiKA7CKtfc&t=14s>

Wrap-up (Picture It Part 2)

Time: 30 minutes

Materials:

- Postcards — return participants' original postcards to them

Objectives: By the end of this session, participants will have

- Recapped important lessons learned over the course of the training
- Identified at least one change to their work that they wish to make as a result of the training

Postcards from Day 1	<ol style="list-style-type: none">1. Go around the room and ask the participants to share something they learned over the course of the training (a new skill, technique, etc.). As an alternative, they could also mention a behavior relating to their work that they would like to change as a result of this training.2. Redistribute the postcards from Day 1. Ask them to write a note to their future self — say three months in the future — reminding themselves of what they learned, or of the change they want to make. Encourage participants to be as specific as possible, and to try to base their message on an action — something concrete that they want to do or change. Remind them that because these postcards will be mailed and could be read by anyone, they may want to consider avoiding sensitive information.3. Time permitting, ask for volunteers to share with the group their message to their future self, and why they chose that specific message.4. Ask the participants to check that the name and address that they listed on the postcard at the beginning of the week are correct. Collect the postcards, explaining that after three months the team will mail them to remind the participants of the actions they said they wanted to take.
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Post-Training Assessment

Time: 30 minutes

Materials:

- Post-Training Assessment Form and Answer Key
- Training Feedback Form

Objectives: By the end of this session, participants will have

- Provided feedback on which parts of the training they found useful and which could be improved
- Completed a post-test assessment

Notes for trainers: Field experience has indicated that if time permits, participants may appreciate having an opportunity to review their responses on the pre- and post-assessment forms and discuss the correct answers.

<p>Post-Training Assessment Form</p> <p>Training Feedback Form</p>	<ol style="list-style-type: none">1. Distribute the Post-Training Assessment and Feedback forms. Ask the participants, before they begin, to fill in the top of each form with the date. For the Post-Training Assessment Form, also ask them to mark their form using the ID code they generated during the first day of the training. For participants who do not remember their code, they can regenerate this code using the following formula, which you can post on flip chart paper as a reminder:<ul style="list-style-type: none">▪ First letter of father’s family name: A▪ First letter of mother’s family name: M▪ Year of participant’s birth: 1979▪ Ex. AM19792. There is no need to include the code on their feedback form. If participants are nervous about the test, stress that this assessment is to help facilitators evaluate the success of the training course, not to assess the progress of specific participants. They will not be matched with their individual test results.3. Have the participants return their paperwork once they have completed it.4. Consider standing in a group circle, taking a breath together, and thanking the participants for their contributions and wishing them well. Some participants may wish to make comments.5. Close the training and provide certificates if available.
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