

ASPIRE Counseling and Education Manual

Introduction

The ASPIRE counseling and education (ACE) program is based on participant-centered approaches for behavior change and similar approaches that have been used in other HIV prevention studies. The goal is to create a supportive environment where participants can share their **experience** with the product while recognizing that product use is ultimately a choice. The counselor's role is to support and encourage product use, but not expect or demand it.

Study product adherence depends on regular visit attendance. Specifically, participants must come to clinic on a monthly basis in order to receive a new vaginal ring. To encourage regular visit attendance, a 'retention check-in' is incorporated at the end of the ring-use support discussion. These conversations should follow the same general framework implemented for ring-use discussions, only now applied to retention to study visits

Comfort and knowledge about the study product creates a foundation for supporting product use throughout the study. For this reason, the enrollment adherence counseling session focuses on education about the ring, its proper use, and what to do in certain situations participants may encounter during product use.

This manual details the goals and critical components of the ASPIRE counseling and education (ACE) program, and provides illustrative examples of conversations with participants.

Enrollment Adherence Counseling (Ring Use Education Session)

The enrollment adherence counseling session focuses on ring-use education. Staff should review the "Important Information" on the back of the ring insertion instructions with the participant during her enrollment visit session. These messages are printed below along with supplemental information (in *italics*) that can be reviewed with participants verbally, as needed. A quick reference tool for staff summarizes this information in Appendix 12-3. In addition to referring to the "Important Information" sheet throughout the session, study staff should use visual aids, such as a sample ring, pelvic model (if available), diagrammatic representations, bags for used ring collection, factsheets, and illustrations as needed to help ensure participant understanding.

When discussing adherence, it is important that the topic be addressed using a neutral approach, so as to leave the participant feeling comfortable/free with discussing instances of non-adherence. Participants should be encouraged to ask questions and raise issues or problems at any time. Participants should also be encouraged to pay attention to their experiences using the ring between now and their next visit, and share these experiences with the counselor during their next session.

1. **Leave ring inserted, all day, every day:** The ring should be kept inserted at all times including during menses, bathing, and sex.

- *Previous studies have shown that it is not harmful to leave the ring inserted during any of these activities.*
- *If you have concerns that the ring has slipped out, you can always use your finger to check that it is still inserted. It is uncommon for the ring to slip out, but this may happen.*
- *The ring will not block your menstrual flow.*
- *If you have discomfort, or if your partner tells you he can feel the ring during sexual activity, check the placement of the ring. Wash your hands, and try to gently push the ring further into your vagina. It's impossible for the ring to be pushed too far up or get lost inside the body. Even if you or your partner may be able to feel it, it is safe to leave it inserted during sex.*
- *If you experience discomfort that cannot be resolved by moving the ring further up in the vagina, contact the clinic as soon as possible.*
- *If you have difficulties using the ring as directed, it is also important that you share these experiences with site staff. Knowing when women were able to use the ring and when they were not is also very important for knowing whether these products are safe/effective for HIV prevention.*

2. If the ring falls or is taken out:

Somewhere clean: Try to reinsert the ring as soon as possible. Rinse the ring in clean water and follow the insertion instructions on the other side.

Somewhere dirty (such as the toilet or the ground): **DO NOT** reinsert the ring. Instead, place it in the bag provided to you and contact the clinic as soon as possible.

- *Do not use soap or hot water to clean the ring; rinse only in clean water which is at room temperature or cool before reinsertion.*
- *If the ring falls out somewhere that is unsanitary, it is okay not to retrieve the ring. Contact or return to clinic to get a new ring.*
- *Do not rinse the ring unless it will be reinserted into your vagina*

3. Replace: After about 4 weeks the ring should be removed and replaced with a new ring.

- *This will typically occur at your scheduled clinic visits.*
- *If you cannot make it to the clinic for your visit, contact the clinic to be rescheduled and do not remove the ring.*
- *If you anticipate being away and unable to make a visit, tell study staff in advance and they may be able to provide you with an extra ring.*
- *If the ring is used for more than 4 weeks (28 days), contact the clinic to get a new ring as soon as possible.*
- *For participants who receive more than one ring: work with participant to determine when she will need to replace the ring and potential reminder methods.*

4. Avoid: Other than the ring, using any vaginal products or devices (other than male and female condoms) is discouraged.

- *This includes lubricants for sex, diaphragms, douching products, items used to dry the vagina (i.e. herbs, snuff), as well as vaginally applied medications. If you cannot avoid these, please let us know so we can keep track of how the ring works in this situation. Use of tampons during menses is permitted.*
- *The reason all participants are asked not to use products in their vagina is because the ring may work differently when different products are present or vaginal products could irritate the vagina leading to higher risk of infection or vaginal adverse events. This could lead to wrong conclusions from this research.*

5. DO NOT Share: Insert only the ring assigned to you and do not share your ring with other women.

- *If participants do not use the product assigned to them, it will make it difficult for researchers to learn if the ring helps prevent HIV infection.*
- *Women who are not in the study should not use the ring, as they do not have the proper medical care to determine if the ring is safe for them. For example, they do not have regular HIV or pregnancy testing.*

6. Storage: Used and dirty rings should be stored in the bag provided to you. If you have been provided with an additional ring, store it in the packaging until needed for use.

- *If you do not have the bag provided you may use another bag or container available to store your used ring.*
- *Store used and unused rings in a private area out of reach of children.*

7. Transport: Always bring all rings in your possession (used and unused) with you to the clinic. During transport, keep your rings with you at all times to avoid loss.

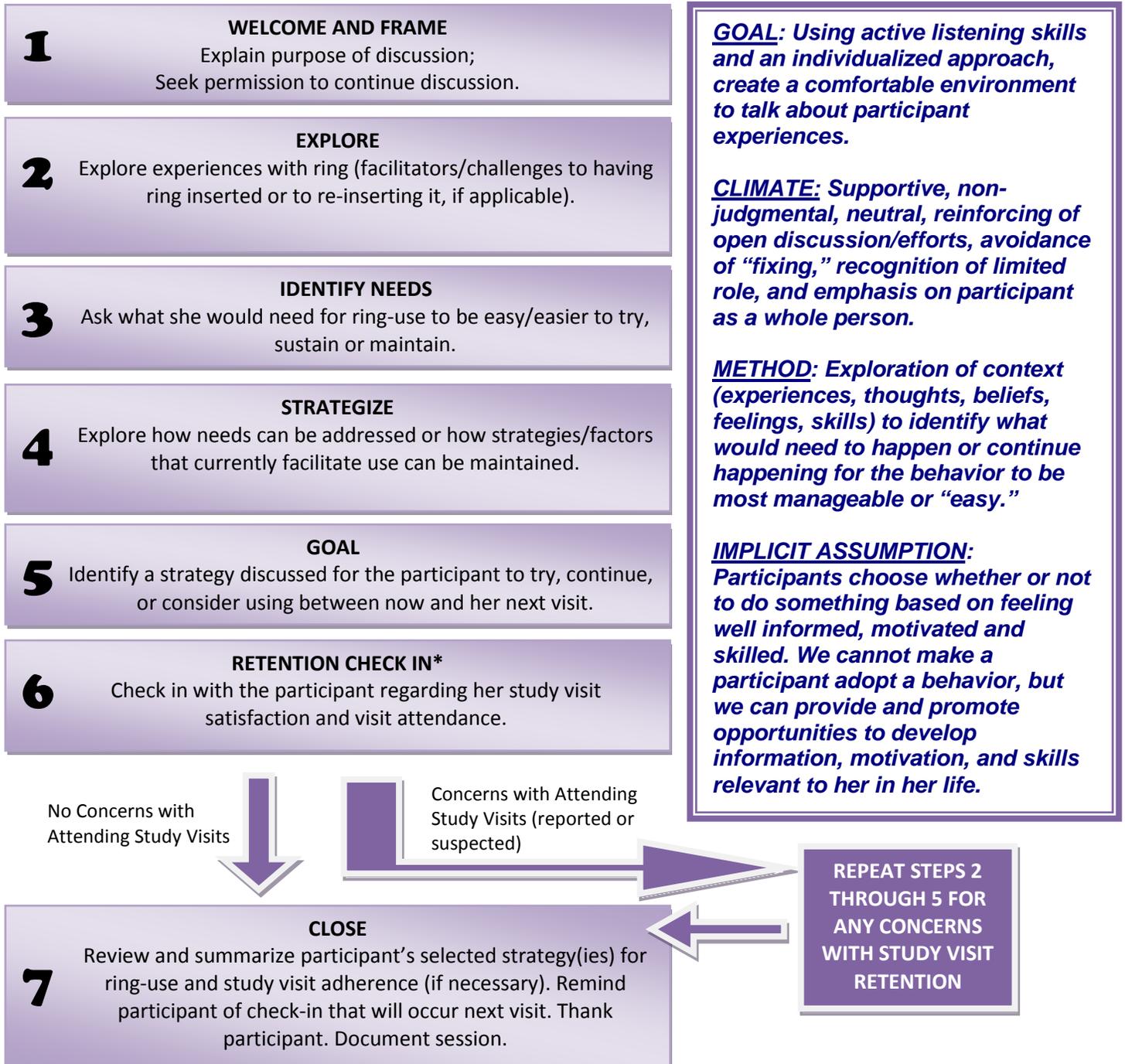
- *Because this is an investigational study product, it is important to collect and properly dispose of all rings.*

8. Questions or Concerns: The study staff is here to help and support you. Please contact us between visits with any questions or concerns.

- *If you have discomfort with the ring or any other medical problems.*
- *If you need another ring, or have questions about any of the information provided above.*
- *If the ring comes out or you take it out and have concerns about reinserting it, or any difficulties putting it back in.*
- *If you have problems with your partner, relatives, or other people that are related to your participation in the study or they have any questions.*

Follow-up Adherence Counseling

There are 7 steps that generally structure the ASPIRE ring-use counseling discussions. These steps create a process for conversations that can be applied to either ring-use experiences or retention to study visits. The focus is on exploration of experiences, identification of needs (things that make the behavior easier/easiest), and strategizing to meet those needs. The “Counselor Reference for Follow-up Adherence Counseling” is provided as a tool staff can reference during the session, if needed, to help guide this conversation.



*If the conversation has already identified and strategized issues of study retention (e.g., attending visits) as part of ring-use related needs, the retention check-in is not necessary. Go instead to Step 7.

STEP 1: WELCOME AND FRAME: Thank participant for her contributions, explain purpose of discussion and seek permission to continue.

Goal: Take the time to welcome and thank the participant for her contributions to the study. Note that if you've already had interactions with this participant during this visit, the goal of Step 1 is to recognize her contributions to today's visit and to the study more generally. Invite the participant to join the discussion by explaining what you want to talk about, framing it as important, presenting yourself as open, and seeking her permission to continue.

Critical Components:

- Specifically recognize and appreciate the contributions the participant has made (for example, today's visit in terms of length, completing measures, procedures or more generally in terms of months on study or other ways this individual contributes her time and efforts to this study).
- Balance the interaction between the counselor and participant through conversations that engage the participant in her contributions to this study (contributions that are not linked solely to product use).
- Emphasize that the study product is being developed for women like her/us and that her thoughts/opinions about the ring will help researchers and the makers of the ring better understand the experiences women have using it, including problems and issues they have with the ring.
- Explain what you're going to talk about and why.
- Get permission to proceed.

Examples:

Before we talk about your experiences with the ring, I want to thank you for coming in today and waiting to be seen. I would like to spend a few minutes talking with you about the ring and your experiences with the study. Is that OK?

You've been here for some time already and I want to thank you for your efforts and patience. I'm hoping we could spend a few minutes talking about how things have been going with the ring and with the study for you. Would that be OK?

You being here today is a great contribution to this study. Thank you so much. Can we spend a few minutes talking about how things went with the ring in the last month as well as how things are going, being in the study?

STEP 1	
<u>IS intended to be ...</u>	<u>IS NOT intended to be ...</u>
A sincere invitation	A long explanation
An opening to a frank conversation	Read from a sheet
An opportunity for the participant to exercise choice	Non-responsive or non-participatory
Genuine	

STEP 2: EXPLORE: Experiences with goals previously set and ring use since the last study visit.

Goal: Check in with any goals set at the last visit and provide support for efforts made. Then transition to a focus on how the participant has experienced ring use over the last month. Ask about factors that facilitate ease of product use first; then factors that present challenges to product use.

Critical Components:

- Ask about the **context** in which she negotiates, manages, or experiences the ring or ring insertion or re-insertion. This discussion is independent of the participant’s level of product adherence and will likely involve her perceptions of partners’ thoughts and feelings as well. Regardless of whether or not a participant left the ring in or removed it, she can still reflect on ease and difficulty of its use.
- Ask about **facilitators** of product use (times, situations, factors that make it feel easy to use the product in a given situation, generally, or over time).
- Ask about **challenges** to product use (times, situations, factors that make it feel difficult to use the product in a given situation, generally, or over time).
- The critical aspect of this conversation is to let the participant know that study staff recognize ring use (1) is a choice; (2) is a behavior that is influenced by many things; and (3) needs to be as easy and manageable as possible. The context of one’s life is first and foremost, and ring-use is seen as a behavior that exists in relation to other things going on in the participant’s life.

Examples:

Last time you were here, you were going to try to talk to your partner about the ring. How did that go?Thank you for sharing that. What would you say your overall experience with the ring was like this past month? Thinking specifically about how things have been since you tried to have that conversation, what would you say helped with using the ring recently? ...What are the times, situations, or things that have made using the ring feel more difficult, less easy to manage?

You mentioned last visit that you were going to keep doing what you’ve been doing because you really felt that using the ring was not challenging for you. Can you tell me how things have been going since then? ...If you had to identify what it is that really makes this easy for you, what would it be? ...Did you experience anything that would make keeping the ring inserted feel difficult or less comfortable for you?

STEP 2	
<u>IS intended to ...</u>	<u>IS NOT intended to ...</u>
Briefly check in on goals from last visit to provide continuity	Have previous goals set the content for the current conversation
Explore/elicit context	Find and “fix” barriers
Frame product use as part of one’s life	Identify times when the participant removed the study ring
Move away from rates of use	Require or suggest movement to action
Move towards experiences with product use	Push beyond what the participant is comfortable sharing

STEP 3: IDENTIFY NEEDS: Help the participant to identify her specific ring-use needs given the context explored.

Goal: Work with participants to identify what she would need for ring use to be manageable, slightly easier to do, or for current ease of ring use to be maintained or sustained over time.

Critical Components:

- Help the participant to identify relevant needs for facilitating, supporting, or developing high commitment, motivation, and skills towards ring use by focusing on what would make study product use as easy/manageable as possible for this participant.
- Empower problem solving: Emphasize that having personal needs or conditions for the ring to be feasible for her are normal and understandable (e.g., in response to a participant’s report of what would need to be in place for things to feel easier, the counselor may say, “*That is completely understandable,*” or, “*That sounds very reasonable,*” or, “*Other participants have shared the same concerns.*”) If a participant can identify what she needs for ring use to feel manageable and believes that this is a reasonable need, her motivation and efficacy in actual use of the ring can be enhanced. Here we target facilitating the feasibility of her using the ring and not specifically her ring use or non-use.

Examples:

What do you think you would need for ring use to feel just a little more manageable in your life? What would need to change or be different?

What would need to be different for it to feel easier to use the ring in that situation you described as being difficult?

What would you need to continue feeling that using the ring is easy for you most of the time? What would really keep that going?

STEP 3	
<u>IS intended to ...</u>	<u>IS NOT intended to ...</u>
Let the participant identify adherence-related needs	Tell the participant what her needs are
Focus on needs before actual adherence strategies	Fix barriers or address needs
Empower participants	

Examples of adherence-related NEEDS

I would need to have my partner's support
I would need to feel that the ring was really safe, even during menses
I would need to know that it is inserted right
I would need to have my partner/family understand more about it
I would need to feel that it is not hurting or dangerous to my partner
I would need to feel comfortable getting it back in if it comes out
I would need to better understand why I have to leave the ring inserted, even on days when I don't have sex
I would need to be able to do this on my own, without telling anyone
I would need to be able to get to my clinic visits

Examples of counseling when ring use is reported as easy ...

Counselor: *What would need to happen for you to keep feeling it's easy for you?*
Participant: *Nothing, it's already easy for me, I don't really notice it.*

Maintenance

Counselor: *Is there anything you could foresee happening in the next month that would change that for you?*

Counselor: *Other participants I meet with express some difficulty with the ring, like when they have sex or during menses. Can you share with me what has made it so manageable for you? It would be very helpful to me and others as well.*

Identify strategies that are in place and the need(s) they satisfy

Counselor: *It sounds like you have talked with your partner (strategy) to get his support (need) and that has really made ring use possible for you...even easy. Is that correct?*

STEP 4: STRATEGIZE: Explore new strategies or continued use of established ones to address needs identified.

Goal: Work with participants to have them identify possible new strategies to address their adherence-related needs, or focus on continuing to use established strategies that have been effective in increasing ease of ring use in the past.

Critical Components:

- Empower problem solving: First ask the participant to identify and explore strategies, then offer suggestions that are participant-specific (reflecting *this* participant’s context and needs).
- Addressing unmet needs: Identify several strategies that the participant may use or currently does use to address her adherence-related needs.
- Supporting met needs: If participants have shared that they have strategies in place that have lasting benefits (e.g., enlisting partner support), strategizing will focus on their *continued* use of a strategy or access to support already established. In this case, counselors may simply check-in to see if the participant feels confident in using an existing strategy or having access to established support through the next month.

Examples:

Addressing unmet needs:

You mentioned that something that would make it easier is having your partner’s support. How could you see that happening?

One of the things that would make it feel more manageable to you would be to feel really confident in being able to re-insert the ring if it came out. How could you increase your confidence?

Supporting met needs:

You mentioned that you feel this is pretty easy for you because you have your partner’s support. I was wondering how you feel about his support over the next month. Do you see any changes to it? Any concerns with maintaining that support?

You’re feeling this is easy for you because neither you nor your partner notice the ring. Over the next month, do you see any challenges to this? How are you feeling about the next month with the ring? Any concerns?

STEP 4	
<u>IS intended to ...</u>	<u>IS NOT intended to ...</u>
<p>Encourage the participant to draw from her own resources to identify potential strategies to address adherence-related needs</p> <p>Offer several possibilities for participants to consider as ways to address adherence-related needs</p>	<p>Identify new strategies if there are current ones in place that are perceived to be effective</p> <p>Push participants towards “your” strategies</p>

STEP 5: GOAL: Ask participant to set a goal – something doable and achievable she will try or continue with until the next visit.

Goal: Create a “goal” by working with the participant to help her choose a strategy (or strategies) from the ideas generated in the previous step that she is willing to try or to continue with between now and the next time you meet.

Critical Components:

- Support the selection of a goal that is achievable and realistic. It’s critical that the participant feels progress and success, which may involve the selection of a “small” step.
- The goal may relate to supporting her confidence in or maintenance of things she already has in place that she believes help her with ring-use (e.g., maintaining partner support or confidence in her ability to re-insert ring as needed).
- The goal may simply be to come back to talk with you, to remain open to discussing experiences, or to just observe her experiences over the next few weeks. These are all very good goals for participants who are unsure about challenges, needs, or strategies. It’s better to respect and work with her uncertainty than to suggest product use strategies that may be a poor fit with where the participant is. By focusing instead on her engagement in the discussion, commitment towards exploring adherence, or ownership of this aspect of her participation in the study, overall engagement is fostered.

Examples:

Of the things we just discussed, are there one or two that you’d be willing to try between now and the next time we meet?

Would you be willing to continue with the strategies you identified {summarize needs and current strategies} between now and the next time we meet?

Sounds like you feel really confident in being able to manage using the ring, and you don’t foresee any challenges to your partner’s support or comfort with the ring in the next month. Can you keep going with these until we meet again? It sounds like they have worked well in helping you to feel this is feasible and easy for you.

Given that you’re not sure what might make ring use easier for you, maybe just trying to be aware of what using the ring is like for you would be most useful right now. Is that something you’d be willing to do between now and the next time we meet?

STEP 5	
<u>IS intended to ...</u>	<u>IS NOT intended to ...</u>
Identify a concrete, realistic, accomplishable goal Provide participants with the opportunity to experience progress and success around experiences with product use	Assign tasks or strategies that are not reflective of participant context, needs, or engagement Identify strategies related to actual use of product or increasing rate of adherence, per se (strategies should reflect increasing one’s comfort, ease, and confidence around product use)

STEP 6: RETENTION CHECK IN: Check in with the participant regarding her study visit satisfaction and visit attendance.

Goal: Invite participant to share her experiences with being in the study and attending study visits.

Critical Components:

- Genuinely invite the participant to share how it is to participate in the study from her perspective.
- When concerns are focused on structural issues (wait times, interactions with staff), ask the participant for suggestions for improvements and convey that you will discuss these concerns with the team. Remember that participants can provide the best feedback that can lead to operational improvement at the site. If the content of the concern is sensitive, assure the participant that you will share the information without identifying her. In this case, the counselor needs to share the concern with the site team/site coordinator and document outcomes of those discussions. The process for looping this information back to the rest of the team should be outlined in the site Retention SOP.
- When concerns are evident from either the participant or counselor’s perspective (e.g., the participant has missed visits) cycle through steps 2 through 5, focusing on engagement in the study rather than product use (see next page for examples).
- When no concerns are noted, reinforce the participant’s efforts in the study and move to closing the session (step 7).

Examples:

Before we finish today, would you be willing to share with me what it’s been like for you to get to study visits? Once you’re here, how do you find the visits? Are there things you like about them or things you would change?

Thank you for discussing your experiences with the ring. Before you go, I was hoping to get some feedback from you about how we are doing here at the clinic. How has your experience been here today? What’s it like to get to these visits? Any concerns you might have about getting to your next visit?

Thinking about your next visit, how are you feeling about being able to get here?

STEP 6	
<u>IS intended to ...</u>	<u>IS NOT intended to ...</u>
Promote participant engagement in the study	Accuse or shame participants
Receive open feedback about the visit experience from the participant	Ask the participant to explain or justify every visit that has been missed
Offer participants an opportunity to be heard and express frustrations as needed	
Collect information and strategize with the rest of the study team on how to address structural retention barriers	

RETENTION LOOP: When concerns with retention are identified, use Steps 2 through 5, focused on the issue identified*

EXPLORE

2 Explore experiences with coming in for study visits or feeling connected to/engaged in the study (facilitators/challenges)

IDENTIFY NEEDS

3 Ask what she would need in order for visit attendance to be manageable or easier/easy....or what would help her feel more engaged in the study?

STRATEGIZE

4 Brainstorm and explore how needs related to study retention or engagement can be addressed. (Strategies may relate **to the participant** or **to the clinic**)

GOAL

5 Identify a strategy discussed for the participant to try or for the site to implement.



Move on to STEP 7

*If the conversation has already identified and strategized on attending study visits as part of ring-use related needs, this loop may be skipped as the content has already been comprehensively discussed.

STEP 7: CLOSE THE SESSION: Summarize what was discussed; thank the participant for engaging in the discussion and contributing to the study; document the session.

Goal: Provide a summary of what was discussed (context, needs, strategies, goals) for ring-use and, if applicable, retention discussions as well. Express appreciation for the participant's engagement in this conversation as an important contribution to the study. After participant leaves, document or finalize documentation of the session.

Critical Components:

- Model, empower, and celebrate problem-solving around product use by providing a summary of the discussion and thanking the participant.
- A thorough summary will include brief comments on:
 - (1) the **context** surrounding her use of the ring; (2) her **needs** for fitting product use most easily into her life; and (3) the new or current **strategies** focused on increasing or sustaining ease of use that were discussed, that then led to (4) a **goal** to do, try, or continue to use a strategy (strategies) between now and the next visit.
- Document the session so that the next counseling visit can reflect on the strategy/strategies the participant said she would consider. This will provide continuity for the participant, even if she meets with another counselor. Subsequent sessions may be shorter, especially if a participant mentions that the context has not really changed, or that previous strategies continue to “work” well. Each step is still briefly touched upon, but by having documentation of previous sessions and reviewing these before the participant visit, a sense of history can ease the discussion. Participants should always have some goal from the previous visit and this must be well documented in order for the next visit to appropriately reflect on potential progress towards that goal.

Examples:

We've talked about a few different things today. Thank you for that. You mentioned that you're confident in your partner's continued support, at least for the next month, and that is key to the ring being easy for you to use. You're feeling that will continue and I'll check in with you next time to see how things went. We also talked about coming to clinic and how that has been difficult for you. One thing that seemed really important was making sure you had child care and we talked about it being OK to bring your son with you if needed. You also identified calling the clinic to reschedule if needed, or seeing if your sister could help. Those are great ideas and I'm eager to find out at your next visit if any seemed to help ease the burden of coming into the site. Does that sound right to you? . . . Thank you very much for all you are doing.

MAIN PRINCIPLES

Client-Centered

The participant is the expert on her life and behaviors.

Comprehensive (Multi-targeted)

Providing accurate information is necessary but insufficient to produce behavior change or promote participant engagement in discussions about product use. Motivation (personal and social) and skills are also critical to help produce change.

Counselor-Guided

The counselor guides the discussion through questioning, and does *not* do most of the ‘talking’. The participant should have the majority of ‘talk time’ in any given session.

Context-Driven

The counseling session explores the context in which one negotiates product use. It is *not* focused on events when the product was removed, or specifically on barriers. The focus is on the aspects of product use that facilitate or challenge the ease with which one experiences product use (or non-use) in their daily life.

Genuine

The counselor maintains a genuine interest in the participant and reflects that interest through exploration of the participant’s experiences. Counselors seek to remain engaged and authentic (real, honest, present, and attentive) throughout the conversation.

Individualized

The counseling for product use is individually tailored to the levels of engagement and product use behaviors of a given participant at a given point in time.

Neutral (In Stance)

The counselor maintains a supportive but neutral stance throughout the session to convey acceptance of both the participant and her disclosures of positive and negative aspects of product use.

Recognizes Limited Role

The counselors recognize that their impact is in the immediate session and that they cannot “make” participants do anything. They can, however, ensure that a safe environment is consistently provided for participants to openly discuss product use.

COUNSELOR SKILLS

Active listening

Active listening (or attending) refers to the counselor's ability to communicate listening through frequent and varied eye contact, facial expressions and other forms of non-verbal communication. This includes sitting in a relaxed posture, leaning forward occasionally, and using natural hand and arm movements that are responsive and encouraging. Counselors need also to be aware of non-verbal communications in the participant's demeanor, since non-verbal cues are important forms of communication.

Open-ended questions

Open-ended questions are those questions that are not easily answered with a one-word response ("yes" or "no") and do not assert the counselor's values or objectives. Counselors should use them when they are seeking information about the context in which product use occurs or when exploring attitude, culture, economic and/or social factors that may play a role in product use. Open-ended questions invite further disclosure and help to build rapport and trust. What the counselor asks and how it is asked can also demonstrate positive regard for the participant and a genuine interest in knowing how the participant feels. An example of a closed ended question would be: "Is it easy to leave your ring inserted?" (Answer: Yes or No.) An open-ended approach would be: "What is your experience with the ring? What makes it easier . . . and what makes it more challenging?"

Pausing

Pausing provides opportunities for participants and counselors to digest material and to make room for feelings or thoughts to emerge. Giving the participant time to "experience the moment" by allowing silence to happen is a sign of respect for the power of the participant's thoughts and feelings. Sometimes counselor's discomfort with silence can interrupt the participant's process. Remember: *Silence is also a form of communication.*

Paraphrasing

Paraphrasing refers to rewording the content of what the participant has said in similar but fewer words. This can help the counselor clarify the basic message expressed in the verbal content of the participant's communication. Paraphrasing neither expands nor builds on the topic, but is a way to help the participant feel heard and build rapport. A participant may say that her brother-in-law is visiting and he's shifted much of the routine of the family. After her detailed explanation of how this occurs, the counselor 'paraphrases' with a short sentence. "Since he has moved in, things that were predictable each day are not predictable anymore." Note that paraphrasing does not try to reflect back the participant's exact words or expressions and is more like summarizing (each explained below) but on a smaller scale. It is a good practice with paraphrasing, or summarizing, to either pause (see below) for several seconds to allow for a reaction from the participant, or elicit (ask) the participant specifically if the paraphrase feels accurate "Am I understanding correctly?"

Summarizing

Summarizing refers to the technique of highlighting for the participant the most important aspects of the session that have been discussed. For ASPIRE, and other approaches drawing

from Next Step Counseling, summarizing the context, needs, strategies, and goals is a critical part of modeling and empowering problem-solving.

Reflective listening statements

Reflective listening statements refer to listening carefully to what a participant is sharing or expressing and then “reflecting” back to them something they said that feels important. These statements do *not* offer an interpretation of what was shared, nor are they just “repeating back” everything the participant says. Rather they are short statements that reflect some important aspect of what was said using the same language that the participant used. Using the participant’s own words or expressions conveys not only that you are actively listening, but also hearing the reflection can help participant’s clarify their feelings and thoughts. Counselors often use reflective statements in situations where they hear something meaningful in what the participant says, but the participant doesn’t appear to have fully appreciated it. For example, a participant explains that her days consist of taking care of everyone else in the family and has said this in a very casual way, moving quickly to another topic. The counselor may simply reflect back, “Every day it’s the same, taking care of others,” and follow this with silence to allow the participant to process the observation and respond.

Reframing

Reframing refers to offering an alternative way of looking at something that the participant has just said, usually one that is more constructive and positive. For example, where a participant might say, “I get so frustrated with myself because I often miss my tablets on the weekend,” a counselor may reframe this towards a productive strengths-based discussion by saying, “Which also means that most of the time you do take your tablets. Yes?”

Third-personing

Third-personing refers to a counselor noting what “others” have done, experienced, or found helpful. The counselor refers to someone outside the session (other participants he or she have worked with, etc.) as a way to normalize the participant’s experiences. For example, “Many other participants have shared similar concerns with me,” or suggest alternative ways of thinking about or doing things based on the shared experiences of others (e.g., “I have worked with a few participants struggling with this, and they have found some interesting approaches to deal with it. Obviously, everyone is different, but would you be interested in hearing about what worked for them?”)

Process comments

Process comments are observations a counselor shares about what is going on in the session itself. This could be something the counselor has observed about the exchange, discussion, or process of communication between the counselor and participant, that is typically (but not necessarily) followed with a question (eliciting) about the observation. If, for example, your participant was suddenly looking at their watch, a good process comment could be: “I see you’re looking at your watch . . . do you have concerns about how long our session is taking?” If the participant suddenly crossed her arms and looked away, you could ask, “Your body looks tense right now, I’d like to take a moment and check in with you . . . How are you feeling right now?” When a discussion feels “stuck,” consider whether or not there is a process comment that might help to move the discussion forward.

Elicit-Provide-Elicit

Elicit-Provide-Elicit is a strategy from Motivational Interviewing that involves asking the participant to explore some aspect of a feeling, experience, or behavior (eliciting information from the participant); providing the participant with relevant information about what she has shared (the counselor shares knowledge or expertise he or she has on the issue in a supportive manner); and then again asking the participant to share what she makes of the information (given what the counselor has shared, what does the participant make of that information, how does it fit or not fit with the participant's sense of things). This is a marked difference from simply giving the participant information and then moving on to some other topic area. The elicit-provide-elicited approach offers greater opportunity to build consensus and keep the session participant-centered. An example of elicit-provide-elicited would be to ask about experiences, provide information to correct mis-information and then elicit reactions. The counselor may ask about experiences with the study product (elicit) and hear in the participants discourse that the participant believes that if she misses her "dose time" by 15 minutes she should skip the dose. The counselor then provides information about dose times and windows (provide), and then asks the participant how they feel about that new information (elicit).

Ventilation and Validation

Ventilation (venting) refers to 'getting something off your chest.' When someone has complaints about something or someone, it can be helpful at times, and when used constructively, to 'vent' or verbalize feelings and frustration. Validation is when the participant's frustration is recognized by the counselor as valid, understandable, and within reason. By allowing the frustration to be legitimate and a reasonable understandable response, the pressure and discomfort in experiencing the frustration can be reduced. In this regard, it is most important for the counselor to validate feelings and not the content or specifics of the events attributed to causing the frustration. For example, a counselor may reply to venting about wait times for the visit by saying, "It is perfectly reasonable to feel frustrated about waiting so long." Or, "That does sound really taxing." Note that the counselor is not trying to reduce the frustration by saying it is inappropriate or by providing excuses for the event (the long wait time). Instead the counselor simply recognizes that the feelings are legitimate without placing or necessarily taking on blame for the feelings.