



PATHWAYS TO HIGH ADHERENCE

# Counselor Self-Assessment Tool



## WHAT YOU WILL FIND IN THIS APPENDIX

Appendix C contains a self-assessment tool that can be used by counselors, supervisors, or any team member seeking to align their interactions with participants toward a patient- or participant-centered communication style.

## WHO SHOULD USE IT

All team members.

## HOW TO USE IT

If teams record their counseling visits or interviews, the audio (or video) can be reviewed using the tool to capture areas of competence and areas in need of improvement.

Given that many people will not record their interactions with participants, the tool can also be used immediately following a participant interaction (e.g., a counseling session, an education meeting, an interview) where the counselor, educator, or interviewer rates herself to identify where she would like to focus improvement. It could also be used with recorded role-plays or supervisors may like to use it as a way to structure feedback.

**This tool can also be used with role-plays.**

**The tool should NOT be used punitively.**

## COUNSELOR SELF-ASSESSMENT TOOL

Tools that counselors can use to monitor their skills and identify areas that need additional refining can be very helpful. As an example, we provide a self-assessment tool developed for implementation of integrated Next-Step Counseling adapted to the counseling approach recommended in this *Pathways to High Adherence* manual that could be further adapted to any approach using the same principles. Counselors can complete this tool after a session, or if audio recording is used, they can complete the tool while listening to a session tape.

## AREAS INCLUDED IN THE SELF-ASSESSMENT TOOL (ALPHABETICAL ORDER)

AREAS		Basic definition
Advise (AD)	With permission (ADP)	Asking before providing advice/recommendation
	Without permission (ADW)	Giving advice unsolicited or without permission (note: may be appropriate depending on context)
Affirm (AF)	Appreciation, expressed confidence, reinforcement for specific behavior/ thought	Reinforcing client comments/reflections on positive things/insights (note: does not include general praise or positive comments)
Confront (CO)	Challenge ideas, confrontation	Expressing opposing ideas or overt debating with client (note: may be appropriate depending on context)
Contingencies (CT)	Praise, punishment, disapproval, moralizing in response to client discourse	Using praise, disappointment, or concern to motivate adoption of change resulting in direct or implied contingencies for client to “earn” counselor respect or positive regard (note: typically inappropriate in most situations)
Emphasize Control (EC)	Emphasis on client personal control, choice, and responsibility	Reflections or comments that reinforce or introduce client choice and power in discourse or in general
Evocation (EV)	Question, reflection, or strategy to foster alternative viewpoints/change talk	Introducing or steering conversation toward alternatives or inconsistencies in views or behaviors (note: distinct from confrontation by counselor’s use of reflection and questions that target change talk)
Facilitate (FA)	Verbiage that supports exploration or unfolding issue more	Questions, reflections, and non-verbal cues that move client toward continued or deeper exploration of an issue
Filler (FI)	Chit chat/rapport building	Generic conversation, often promoting a sense of history between client and counselor, or promoting commonality or courtesy
Follow Change Talk (FC)	Counselor focus/reflection on change talk (FC)	Counselor notes and explores client verbiage that reflects desire, ability, reasons for change, need for change, commitment toward change, action, or taking of steps
	Missed opportunities to explore change talk (MO)	Client expresses desire, ability, reasons, need, commitment, action, or taking of steps and counselor does not reflect or explore
Giving Information (GI)	General information (GI)	Provision of general information
	Protocol-specific information (PI)	Information about sexual risk, risk management, adherence, or vaginal ring (or other material related to protocol/study)
Question (QU)	Closed question (QUC)	Questions with answers that resemble response options or yes/no
	Open question (QUO)	Questions that cannot be answered with a simple option or reply; choices for response not provided or implied
Raise Concern (RC)	With permission (RCP)	Asking to share a concern, worry, or fear, typically in relation to what the client just shared
	Without permission (RCW)	Stating a concern, worry, or fear about something the client shared without asking/permission (note: may be appropriate depending on context)

AREAS		Basic definition
Redirection (RD)	Focusing/refocusing conversation intentionally (RDI)	Changing topics or shifting conversation to different content intentionally (e.g., to close a topic, refocus an unproductive discussion, or manage conversation length)
	Changing topic unintentionally or producing missed opportunity (RDU)	Topic shifts or changes are introduced that were not intentional; questions that redirect conversation from one area to a different one for unclear reasons
Reflect (RE)	Simple (RES)	Reflecting back client statements or experiences in a way that maintains client's content or level of insight (e.g., echo, repeat, rephrase, reword)
	Complex (REC)	Statements that paraphrase to emphasize connections, emphasize new insights, or offer potential for deeper understanding/meaning or feeling
Reframe (RF)	Providing alternative explanations/viewpoints	Offering an alternative and typically more functional or empowering way of looking at something the client has shared
Righting (RT)	Advocating for prevention/health rather than joining in ambivalence	Statements or questions that emphasize what the client should think or do that are pro-health or pro-self-care
Roll with Resistance (RR)	Joining client in reflecting on/feeling negatively about pro-health/pro-self-care options	Statements, questions, reflections that join client's negative feelings/thoughts about adopting/maintaining a health behavior; specific avoidance of touting the "should do" point of view
Silence (SI)	Strategic use of silence (versus filling silence or unintentional interruption of it)	Allowing for silence in an appropriate manner; productive silences; using silence to learn about client
Other:		
Other:		
Other:		

GLOBAL RATINGS	BASIC DEFINITION
Acceptance	Counselor demonstrates openness to client and, during conversation, is willing to discuss difficulties without judging or correcting them.
Empathy/Understanding	Counselor demonstrates ability to "sit with" difficult content, positions client experiences within the context of his/her life, and genuinely engages with client.
Spirit	Overall presence of counselor promotes a supportive environment. Counselor appears engaged in conversation and mixes his or her own expressions and affect to create a positive, productive working alliance with client.

## SELF-ASSESSMENT TOOL

Participant ID: \_\_\_\_\_

Visit: \_\_\_\_\_

Counselor: \_\_\_\_\_

Date: \_\_\_\_\_

SPECIFIC AREAS		TO WORK ON... (GOAL FOR BUILDING SKILLS)						
		1	2	3	4	5	6	7
		Increase			No change		Decrease	
Advise (AD)	With permission (ADP)	1	2	3	4	5	6	7
	Without permission (ADW)	1	2	3	4	5	6	7
Affirm (AF)	Appreciation, expressed confidence, reinforcement for specific behavior/thought	1	2	3	4	5	6	7
Confront (CO)	Challenge ideas, confrontation	1	2	3	4	5	6	7
Contingencies (CT)	Praise, punishment, disapproval, moralizing in response to client discourse	1	2	3	4	5	6	7
Emphasize Control (EC)	Emphasis on client personal control, choice, and responsibility	1	2	3	4	5	6	7
Evocation (EV)	Question, reflection, or strategy to foster alternative viewpoints/change talk	1	2	3	4	5	6	7
Facilitate (FA)	Verbiage that supports exploration or unfolding issue more	1	2	3	4	5	6	7
Filler (FI)	Chit chat/rapport building	1	2	3	4	5	6	7
Follow Change Talk (FC)	Counselor focus/reflection on change talk (FC)	1	2	3	4	5	6	7
	Missed opportunities to explore change talk (MO)	1	2	3	4	5	6	7
Giving Information (GI)	General information (GI)	1	2	3	4	5	6	7
	Protocol-specific information (PI)	1	2	3	4	5	6	7
Question (QU)	Closed question (QUC)	1	2	3	4	5	6	7
	Open question (QUO)	1	2	3	4	5	6	7
Raise Concern (RC)	With permission (RCP)	1	2	3	4	5	6	7
	Without permission (RCW)	1	2	3	4	5	6	7

SPECIFIC AREAS		TO WORK ON... (GOAL FOR BUILDING SKILLS)						
		1	2	3	4	5	6	7
		Increase			No change		Decrease	
Redirection (RD)	Focusing/refocusing conversation intentionally (RDI)	1	2	3	4	5	6	7
	Changing topic unintentionally or producing missed opportunity (RDU)	1	2	3	4	5	6	7
Reflect (RE)	Simple (RES)	1	2	3	4	5	6	7
	Complex (REC)	1	2	3	4	5	6	7
Reframe (RF)	Providing alternative explanations/viewpoints	1	2	3	4	5	6	7
Righting (RT)	Advocating for prevention/health rather than joining in ambivalence	1	2	3	4	5	6	7
Roll with Resistance (RR)	Joining client in reflecting on/feeling negatively about pro-health/pro-self-care options	1	2	3	4	5	6	7
Silence (SI)	Strategic use of silence (versus filling silence or unintentional interruption of it)	1	2	3	4	5	6	7
Support (SU)	General support for efforts	1	2	3	4	5	6	7
Other:		1	2	3	4	5	6	7
Other:		1	2	3	4	5	6	7
Other:		1	2	3	4	5	6	7

GLOBAL RATINGS	LOW							HIGH
Acceptance	1	2	3	4	5	6	7	7
Empathy/Understanding	1	2	3	4	5	6	7	7
Spirit	1	2	3	4	5	6	7	7

## FIDELITY (example from Next Step Counseling protocol)

ENTER STEPS FOR PROTOCOL	WHAT DID YOU DO WELL?	WHAT WOULD YOU LIKE TO WORK ON?
<p><b>1. ENGAGE</b></p> <p>Provide study update. Discuss study visit and product satisfaction. Identify ways the study can improve and contributions participants can make.</p>		
<p><b>2. FRAME</b></p> <p>Explain purpose of discussion. Seek permission to continue discussion.</p>		
<p><b>3. EXPLORE</b></p> <p>Explore participant experiences with study with attention to facilitators/ challenges to engagement: 1) trust in study, 2) retention, 3) persistence, and 4) adherence.</p>		
<p><b>*****WHAT WAS IDENTIFIED AS RELEVANT AREA(S)?*****</b></p>	<input type="checkbox"/> Trust <input type="checkbox"/> Retention <input type="checkbox"/> Persistence <input type="checkbox"/> Adherence <input type="checkbox"/> Advocacy <input type="checkbox"/> Other	
<p><b>4. IDENTIFY NEEDS</b></p> <p>Ask what would need to happen for area identified above to improve, be less stressful, be easier, or be maintained.</p>		
<p><b>5. STRATEGIZE</b></p> <p>Explore how improvement/ maintenance can be accomplished.</p>		
<p><b>6. GOAL</b></p> <p>Identify a strategy discussed for the team, the participant, or another active party to try/consider.</p>		
<p><b>7. CLOSE</b></p> <p>Review and summarize session. Remind participant of the check-in that will occur next visit. Thank the participant. Document session.</p>		



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