



MOTIVATIONAL COUNSELING

Training Curriculum

Motivational Counseling

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

ACTIVITY WORKSHEETS/RESOURCES

June 2020



Suggested Citation: Avery M, Levitt D. Motivational Counseling. A Training Curriculum for Frontline Staff Working in HIV Programming for Key and Priority Populations. Activity Worksheets/Resources. FHI 360; Durham (NC): 2020.

ACKNOWLEDGMENTS

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

This guide was drafted by Matt Avery and Daniel Levitt, and its development was supervised by Tiffany Lillie, Danielle Darrow de Mora, and Rose Wilcher of FHI 360. It was edited by Suzanne Fischer and designed by Lucy Harber.

This work was made possible by the generous support of the American people through the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The contents are the responsibility of the EpiC project and do not necessarily reflect the views of USAID, PEPFAR, or the United States Government. EpiC is a global cooperative agreement (7200AA19CA00002) led by FHI 360 with core partners Right to Care, Palladium International, Population Services International (PSI), and Gobe Group.

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.

Contents

Pre-/Post- Test.....	1
Pre-/Post- Test Answer Key	4
RESOURCE: HIV Risk Meter Exercise	7
RESOURCE: HIV Cascade Puzzle Exercise	17
WORKSHEET: Cash Register Exercise.....	27
MODEL SCRIPT: Reflection.....	28
MODEL SCRIPT: Affirmation	29
WORKSHEET: Affirmations – Finding the Diamond in the Rough.....	30
WORKSHEET: Questioning Quiz	32
MODEL SCRIPT: Questioning.....	33
MODEL SCRIPT: Ask-Tell-Ask	34
RESOURCE: Talk About Change Cards	35
WORKSHEET: Find the Talk About Change	56
RESOURCE: Importance and Confidence Ruler	57
RESOURCE: Recognizing Resistance Cards	58
WORKSHEET: Improving a Motivational Counseling Session	83
Training Feedback Form	85

Code: _____

Date: ____ / ____ / _____

Pre-/Post- Test

1. Which sentence below is a correct example of using a double-sided reflection?
 - a) On the one hand you want to protect your health, on the other hand you also want to make sure your family does not become infected.
 - b) I'm hearing you're upset and also very worried.
 - c) You cannot miss work, because you need to keep your job; at the same time, you also want to keep your clinic appointments so you can get healthy.
 - d) So you're concerned the side effects will make you too sick to take care of your family.
2. Choose which of the following would be inappropriate for motivational counseling:
 - a) That you came back for your follow-up shows you really want to protect your health.
 - b) I think you're doing a very good job by taking your medication every day!
 - c) Even though you slipped up and had a cigarette yesterday, you still only smoked one day this week, which is a huge improvement.
 - d) Before we discuss your medicine, I'd like to ask you what you know about TB treatment.
3. Identify the change talk (when someone talks about change) in the paragraph below:

I know I need to change the way I eat. I just eat junk food every day. I'd really like to lose some weight; it's just so hard! Fast food is cheaper, and it takes much less time! But my friends told me I could try bringing food from home instead of going out. So I went to the store and bought food to make my lunches for the next week. I am pretty sure I can try it for a week.
4. Which of these actions is a good way to manage a client's resistance?
 - a) Explain to your client why they are wrong
 - b) Tell your client if they do not follow the doctor's advice, they will get sicker and infect others
 - c) Yell at your client
 - d) Reaffirm to your client that the choice is theirs to make
5. According to motivational counseling approaches, what is most useful in supporting a patient to change their behavior?
 - a) Supporting the patient's own reasons for change
 - b) Educating the patient on the risks of their current behavior
 - c) Giving the patient praise when they practice correct behavior
 - d) Hitting the client when they practice unhealthy behaviors
6. Which of these would be the best way to get information from your client?
 - a) You always take your medication, right?
 - b) How have you been doing with your treatment?
 - c) Do you take your pills?
 - d) You need to take your medication every day, even if it is hard. You know that, right?

7. Which of the following is NOT an example of “preparation for change” talk?

- a) I swear I’m going to start to save more money for retirement!
- b) I need to create a retirement plan.
- c) I opened a bank account to help me save money for when I am old.
- d) I’m willing to find ways to save more money.

8. Which of the following is NOT a good way to elicit change talk?

- a) Ask about desires, ability, reasons, or need
- b) Use the importance and confidence ruler
- c) Ask for examples
- d) Ask the client why they aren’t trying harder to change

9. Which of the following steps is NOT part of the ask-tell-ask approach?

- a) Tell the client everything you know about tuberculosis
- b) Ask the client what they have already heard about tuberculosis
- c) Get permission to provide additional information
- d) Ask for the client’s response to the information you gave them

10. Match each statement below with the correct motivational interviewing “trap” (something to avoid)

You’re not going to your appointments because you care more about your job than your health.

Asking loaded questions

I’ve told you it’s important to protect your health so now I want you to agree to go and get an HIV test.

The expert trap

Why did you go to that party when you knew you were just going to get drunk?

Arguing the positive side

Even if it is hard, you have to make sure you always take your treatment — stop making excuses and just do it!

Premature focus on change

11. Which of the following is an example of ambivalence?

- a) I really want to give up smoking. I’m just not sure how to go about doing it!
- b) I know that smoking is hurting my health, but it’s also the only way I can relax when I am stressed out!
- c) You don’t understand what I’m talking about. You can’t really help me!
- d) My grandparents both smoked and they lived until they were 90. I don’t think it’s really so bad for you.

12. Which of the following is an example of sustain talk (when someone talks in such a way that expresses an unwillingness to change)?
- a) You don't really care what happens to me — you just want to fill out your forms!
 - b) I can never find the time to exercise. I'm just so busy!
 - c) I really want to lose some weight and improve my health.
 - d) The most important thing is that we sustain the services created under this program.
13. In motivational counseling, discord refers to:
- a) A normal part of the change process
 - b) Part of the “spirit” of motivational counseling
 - c) A form of sustain talk
 - d) An indication that there is a problem with the relationship between the patient and provider
14. Circle all statements below which ARE part of the definition of motivational counseling:
- a) Motivational counseling is oriented at achieving a specific behavior change goal
 - b) Motivational counseling develops a patient's intrinsic motivation for change
 - c) Motivational counseling corrects patients' inappropriate behaviors
 - d) Motivational counseling encourages the patient to identify their own strategies for change

Pre-/Post- Test Answer Key

1. Which sentence below is a correct example of using a double-sided reflection?
 - a) On the one hand you want to protect your health, on the other hand you also want to make sure your family does not become infected.
 - b) I'm hearing you're upset and also very worried.
 - c) You cannot miss work, because you need to keep your job; at the same time, you also want to keep your clinic appointments so you can get healthy.**
 - d) So you're concerned the side effects will make you too sick to take care of your family.
2. Choose which of the following would be inappropriate for motivational counseling:
 - a) That you came back for your follow-up shows you really want to protect your health.
 - b) I think you're doing a very good job by taking your medication every day!**
 - c) Even though you slipped up and had a cigarette yesterday, you still only smoked one day this week, which is a huge improvement.
 - d) Before we discuss your medicine, I'd like to ask you what you know about TB treatment.
3. Identify the change talk (when someone talks about change) in the paragraph below:

I know I need to change the way I eat. I just eat junk food every day. **I'd really like to lose some weight;** it's just so hard! Fast food is cheaper, and it takes much less time! But my friends told me **I could try bringing food from home** instead of going out. So **I went to the store and bought food to make my lunches** for the next week. **I am pretty sure I can try it for a week.**
4. Which of these actions is a good way to manage a client's resistance?
 - a) Explain to your client why they are wrong
 - b) Tell your client if they do not follow the doctor's advice, they will get sicker and infect others
 - c) Yell at your client
 - d) Reaffirm to your client that the choice is theirs to make**
5. According to motivational counseling approaches, what is most useful in supporting a patient to change their behavior?
 - a) Supporting the patient's own reasons for change**
 - b) Educating the patient on the risks of their current behavior
 - c) Giving the patient praise when they practice correct behavior
 - d) Hitting the client when they practice unhealthy behaviors
6. Which of these would be the best way to get information from your client?
 - a) You always take your medication, right?
 - b) How have you been doing with your treatment?**
 - c) Do you take your pills?
 - d) You need to take your medication every day, even if it is hard. You know that, right?

7. Which of the following is NOT an example of “preparation for change” talk?

- a) **I swear I’m going to start to save more money for retirement!**
- b) I need to create a retirement plan.
- c) I opened a bank account to help me save money for when I am old.
- d) I’m willing to find ways to save more money.

8. Which of the following is NOT a good way to elicit change talk?

- a) Ask about desires, ability, reasons, or need
- b) Use the importance and confidence ruler
- c) Ask for examples
- d) **Ask the client why they aren’t trying harder to change**

9. Which of the following steps is NOT part of the ask-tell-ask approach?

- a) **Tell the client everything you know about tuberculosis**
- b) Ask the client what they have already heard about tuberculosis
- c) Get permission to provide additional information
- d) Ask for the client’s response to the information you gave them

10. Match each statement below with the correct motivational interviewing “trap” (something to avoid)

You’re not going to your appointments because you care more about your job than your health.

I’ve told you it’s important to protect your health so now I want you to agree to go and get an HIV test.

Why did you go to that party when you knew you were just going to get drunk?

Even if it is hard, you have to make sure you always take your treatment — stop making excuses and just do it!

Asking loaded questions

The expert trap

Arguing the positive side

Premature focus on change

11. Which of the following is an example of ambivalence?

- a) I really want to give up smoking. I’m just not sure how to go about doing it!
- b) **I know that smoking is hurting my health, but it’s also the only way I can relax when I am stressed out!**
- c) You don’t understand what I’m talking about. You can’t really help me!
- d) My grandparents both smoked and they lived until they were 90. I don’t think it’s really so bad for you.

12. Which of the following is an example of sustain talk (when someone talks in such a way that expresses an unwillingness to change)?
- a) You don't really care what happens to me — you just want to fill out your forms!
 - b) I can never find the time to exercise. I'm just so busy!**
 - c) I really want to lose some weight and improve my health.
 - d) The most important thing is that we sustain the services created under this program.
13. In motivational counseling, discord refers to:
- a) A normal part of the change process
 - b) Part of the “spirit” of motivational counseling
 - c) A form of sustain talk
 - d) An indication that there is a problem with the relationship between the patient and provider**
14. Circle all statements below which ARE part of the definition of motivational counseling:
- a) Motivational counseling is oriented at achieving a specific behavior change goal**
 - b) Motivational counseling develops a patient's intrinsic motivation for change**
 - c) Motivational counseling corrects patients' inappropriate behaviors
 - d) Motivational counseling encourages the patient to identify their own strategies for change**

RESOURCE: HIV Risk Meter Exercise

Print out or photocopy pages 8–16.

HIGH RISK

LOW RISK

Sharing needles for drugs, medicine, hormones

Receptive
(receiving) anal sex
without condom

Receptive
(receiving) vaginal
sex without condom

Insertive (giving)
anal sex without
condom

Insertive (giving)
vaginal sex
without condom

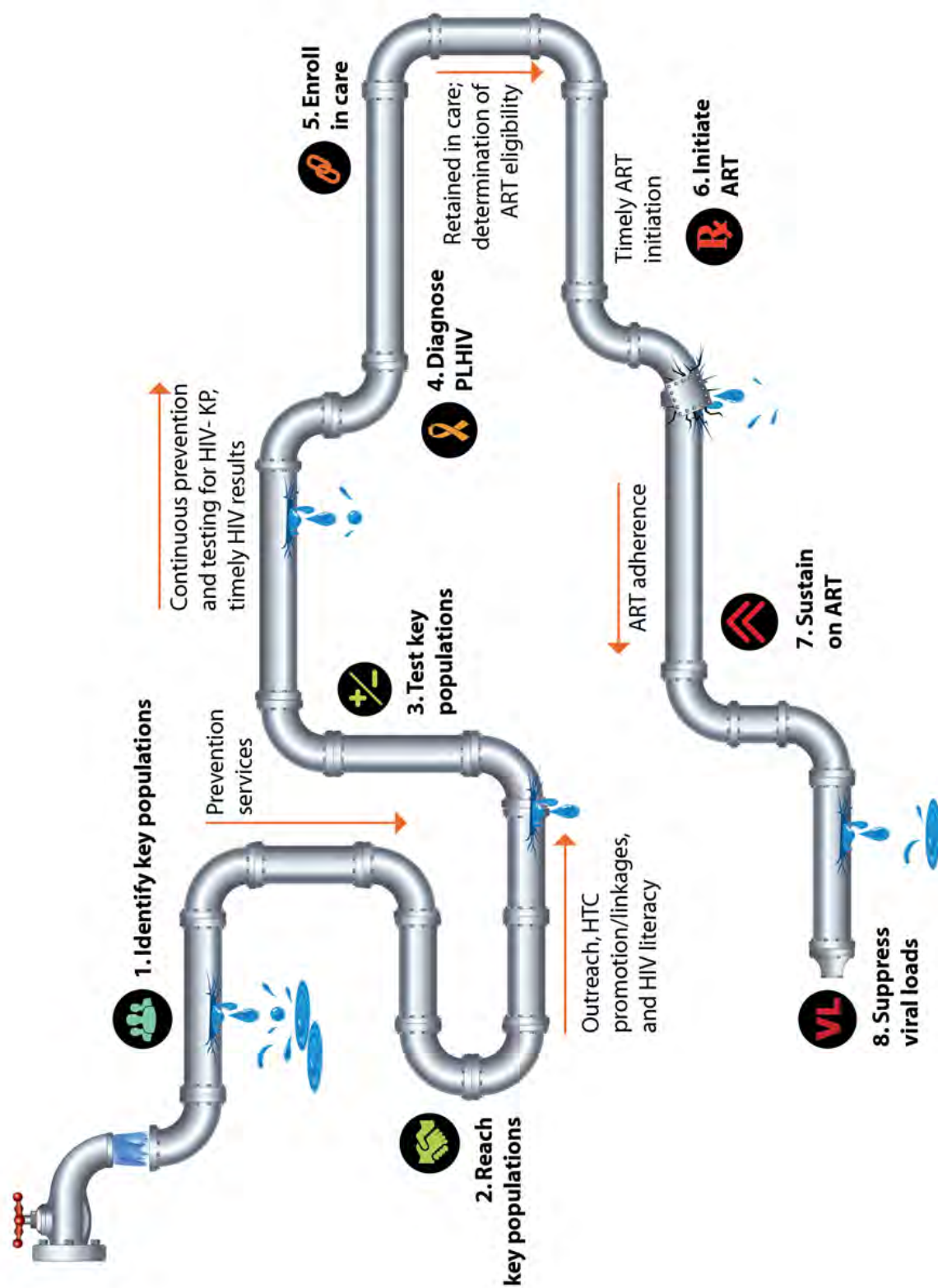
Oral sex

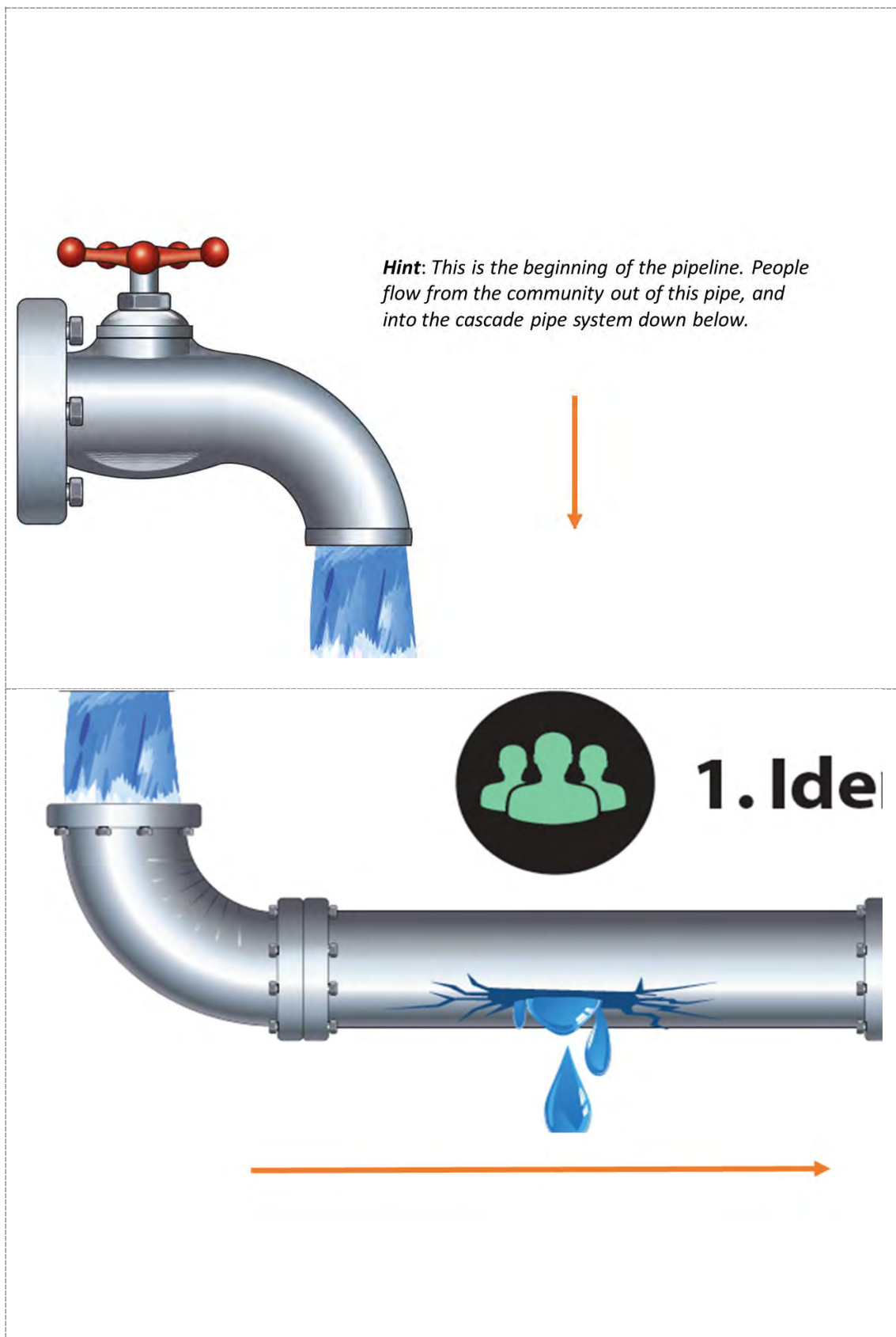
Sharing sex toys

RESOURCE: HIV Cascade Puzzle Exercise

Print out or photocopy pages 18–26 (one set for each group). Cut along dotted lines to create puzzle pieces.

Cut out the individual water drops on the last page.





Identify key populations

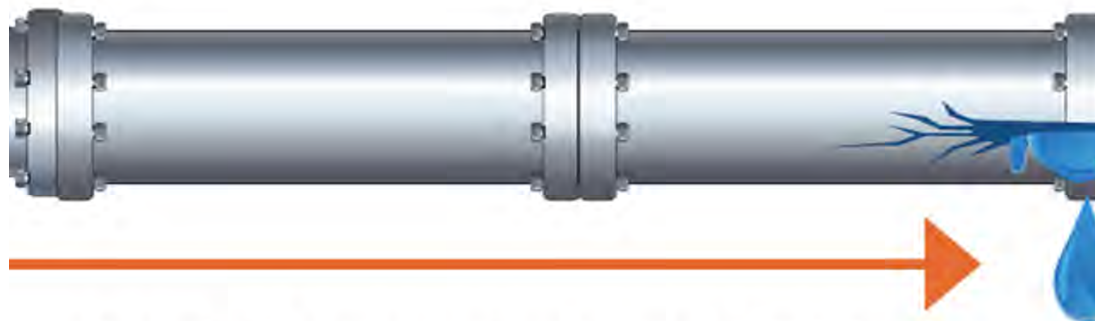


Prepare
outreach plans
& materials

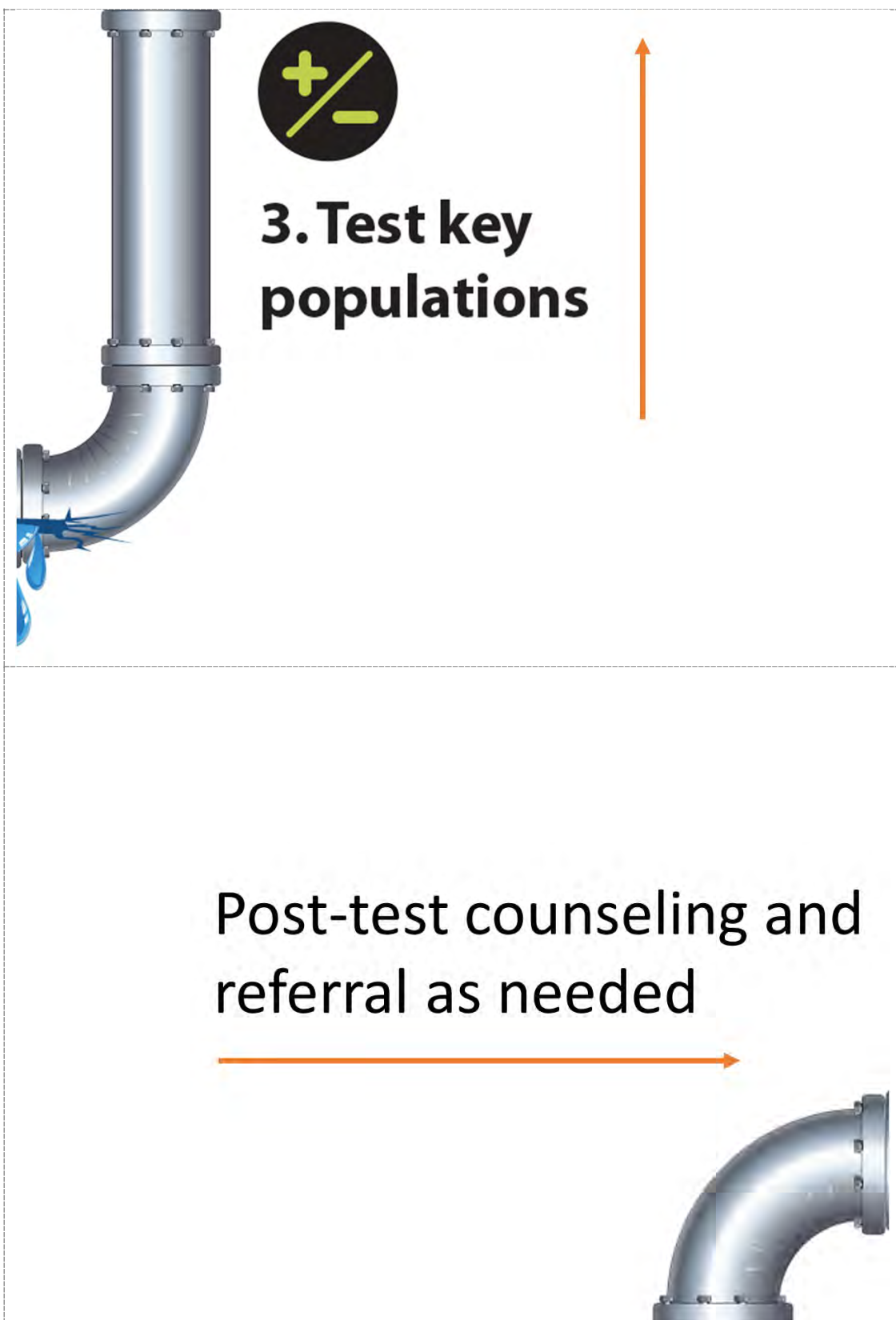




2. Reach key populations

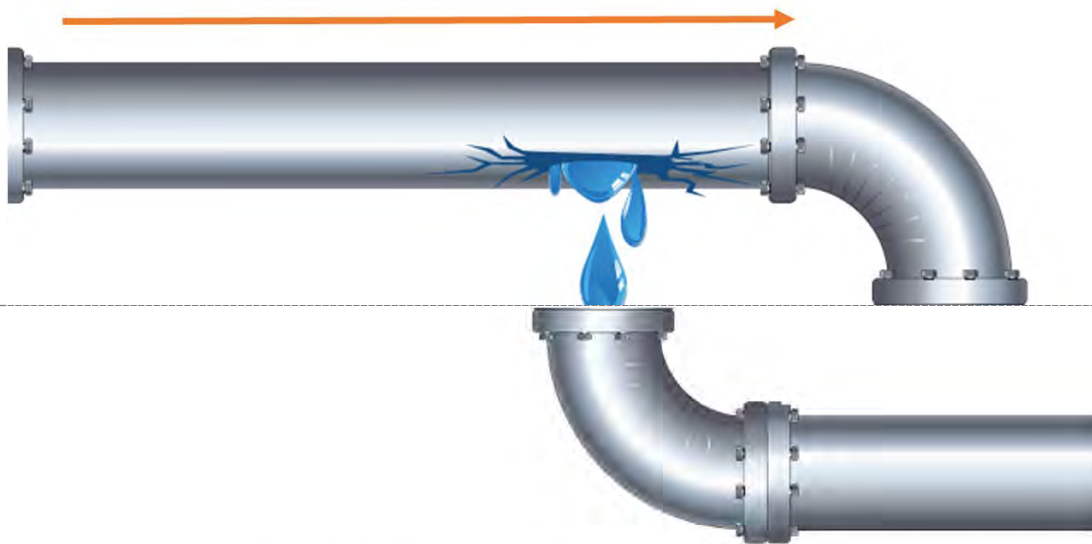


Conduct outreach, link to HTC (or provide community-based HTC), discuss treatment literacy, refer to relevant services (violence, psychosocial, legal)





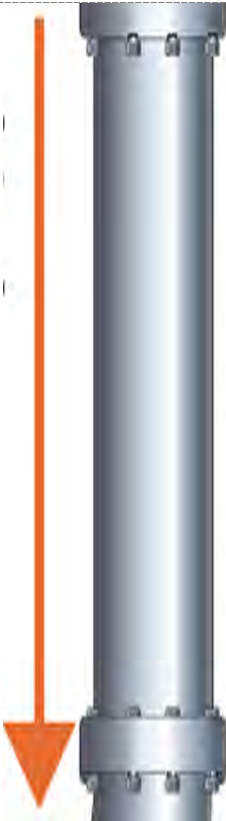
4. Diagnose / confirm PLHIV



Post-diagnosis, ongoing
prevention services for
HIV-infected and
uninfected



5. Link to treatment facility (HIV-infected)



Conduct diagnostics required for ART initiation; educate on treatment literacy



Timely ART
initiation



**6. Initiate
ART**



ART adherence



**7. Sustain
on ART**



8. Suppress viral loads



WORKSHEET: Cash Register Exercise

The 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.

Instructions:

Read the statements below about the story and circle the most likely answer for each.

Statement	True (T)	False (F)	Not enough information (?)
1. A man appeared after the owner turned his store lights off.	T	F	?
2. The robber was a man.	T	F	?
3. The man did not demand money.	T	F	?
4. The man who opened the cash register was the owner.	T	F	?
5. The storeowner scooped up the contents of the cash register and sped away.	T	F	?
6. Someone opened a cash register.	T	F	?
7. After the man who demanded the money scooped up the contents of the cash register, he ran away.	T	F	?
8. While the cash register contained money, the story does not state how much.	T	F	?
9. The robber demanded money of the owner.	T	F	?
10. The story concerns a series of events in which only three persons are referred to: the owner of the store, a man who demanded money, and a member of the police force.	T	F	?

MODEL SCRIPT: Reflection

Counselor: How have you been feeling lately?

Client: I'm thinking about the hospital. I didn't like being there and I don't want to get sick again. I don't want to have to go back there. I guess I'm lucky to be here.

Counselor: So you're feeling lucky. *[Simple reflection]*

Client: Well, yeah. They said my CD4 count was 7. But I pulled through.

Counselor: And you're glad. *[Complex reflection]*

Client: My friends were so happy too.

Counselor: I know your friendships really matter to you. *[Complex reflection]*

Client: I love my friends — we spend a lot time together.

Counselor: They're like a family to you. *[Complex reflection]*

Client: Yeah. They were really worried about me. A few of them came to visit me while I was in the hospital.

Counselor: They look out for you. *[Complex reflection]*

Client: We look out for each other. If one of them ever got sick, I would want to be there for them too. We have to take care of each another.

Counselor: It sounds like you see yourself as having a lot of reasons to stay healthy. *[Complex reflection]*

Client: I know it's important to take care of myself, and I really don't want to get sick like that again. I missed a lot of work, and nearly lost my job. I have a lot of medical stuff to do now, and I am low on energy. And because of all that time in the hospital, I am totally out of shape. The doctor said I need to stop smoking.

Counselor: On the one hand, you want to stay healthy, but on the other hand it all feels a little overwhelming. *[Double-sided reflection]*

Client: I guess what I really need is just some help managing things. It all seems like so much to deal with by myself.

Counselor: So you're feeling happy to be out of the hospital, and you want to keep fit and enjoy life with your friends, but you feel pressure now because of all the changes in your life and you're looking for help in managing those changes. Is that about right? *[Summarizing]*

MODEL SCRIPT: Affirmation

Peer educator (PE): Welcome back! It's great to see you again. *[Affirming]*

Client: Well, I didn't have anything else to do so I thought I would come by and say hello.

PE: So how have you been doing with the goals we talked about last time?

Client: Well, I know we talked about me trying to drink less, but it's been hard...

PE: So you've been trying, but you hit some roadblocks... *[Reflection]*

Client: I told myself I wouldn't have a drink, but then my friends called and asked me out, and they kept buying me drinks, and I felt like I couldn't say no...

PE: You didn't want to hurt their feelings. *[Reflection]*

Client: Exactly. I know my drinking is a problem, and I am trying not to, but when my friends call me, I feel like I don't have a choice.

PE: But even though it's been difficult, you're still trying to find ways to cut back. You're really persistent. *[Affirming]*

Client: I guess so... this past week I was determined to stay home. But then I got in a fight with my wife, and the kids were driving me crazy, and I needed a break. So when my friends called, I took off.

PE: So on the one hand, you wanted to prove you could do it, but on the other hand, you really needed a way to blow off some steam and relax. *[Reflection]*

Client: So even though I said I'd drink less, I still ended up going out on Friday and Saturday night and having a lot to drink. I didn't get wasted, but I still felt bad the next day for failing.

PE: So you're feeling bad that you didn't stick to your plan, and you think you blew it. *[Reflection]* What strikes me, though, is how far you've come from where you started. When we talked two months ago, you were going out and getting drunk every night. This week you only went out two nights, and you had fewer beers. And now you have gone back to your plan of not drinking. *[Affirming]*

WORKSHEET: Affirmations – Finding the Diamond in the Rough³

In this activity you will read about a client situation, write down the strengths you observe, then form affirmations based on these strengths. Try to use “you” language!

1. An ART patient recently switched to a new medication and has been having challenges with some side effects. She has been trying her best to stick to her medication schedule, but the side effects are making it difficult for her to sleep and affecting her performance at work. She has missed several doses because she was feeling unwell and didn’t want to make things worse. Her case manager tried to talk to her about the importance of never missing doses, and she responded by noting that it was the clinic’s idea to switch her medications, and her previous treatment never caused her any problems.
 - a. Strengths:
 - b. Affirmation:
2. One of your clients has been arrested for the third time this year. The last time you saw him, he was in a treatment program. But now he has been arrested for possession of drug paraphernalia. He was hanging out with some of his buddies when a group of college students started giving them a hard time. He jumped in to defend his friend and a fight ensued. The police broke up the fight, but they searched your client, found several single-use needles in the original packaging, and arrested him.
 - a. Strengths:
 - b. Affirmation:
3. A sex worker you work with says that she is struggling to manage the many tasks in her life. Every night she needs to go out to find clients to make money for her family, and she rarely gets home before 5 am. She only gets a few hours of sleep, and then she has to get up to take care of her children and prepare food for her husband before she returns to work. She is always tired and finds it a struggle to get out of bed. She finds herself drinking more than she did a few years ago just to relax, after she has done the housework and taken care of her family. And you keep telling her to go get tested, but she barely has enough time for herself as it is. HIV is just one more thing to worry about!
 - a. Strengths:
 - b. Affirmation:
4. Your client is a young gay man with many sexual partners. He keeps himself in good shape with exercise and a healthy diet, and many people find him attractive, so he gets lots of offers and he rarely says no. He usually doesn’t use condoms. He doesn’t like the way they feel, and in the heat of the moment stopping and finding one is a real mood killer. He’s just very tired of people lecturing him all the time — he knows condomless sex has some risk — he’s read up on HIV, and he gets tested regularly to be sure. This is a risk he’s willing to take, and what he does in the bedroom isn’t anyone else’s business.
 - a. Strengths:
 - b. Affirmation:

³ This exercise was adapted from Rosengren, DB. “Building Motivational Interviewing Skills – A Practitioner Workbook.” (2009) New York: The Guilford Press.

Sample Answers *(distribute to participants after they complete the worksheet)*

1. Strengths:

- Engaged in controlling the virus
- Persistent

Affirmation: You are quite determined to get this under control, despite some setbacks.

2. Strengths:

- Defends his friends
- Willing to stand up for himself

Affirmation: You are a loyal friend, willing to defend others, even when it causes you problems.

3. Strengths:

- Willing to work hard for her family
- Continues to rise to the challenge, even when it gets harder
- Able to delay her own needs to take care of others

Affirmation: You are a really hard worker — putting others' needs above your own if you think that is what is needed.

4. Strengths:

- Pays attention to his fitness
- Takes steps to monitor his health
- Makes his own (informed) decisions

Affirmation: Your health really matters to you.

WORKSHEET: Questioning Quiz⁴

- | | |
|---|-------------------------|
| 1. You always use condoms, right? | Closed / Open / Leading |
| 2. What kinds of problems do you find with using condoms? | Closed / Open / Leading |
| 3. Do you take medicine? | Closed / Open / Leading |
| 4. You should tell your wife, shouldn't you? | Closed / Open / Leading |
| 5. In what kinds of situations do you share needles? | Closed / Open / Leading |
| 6. What do you know about HIV? | Closed / Open / Leading |
| 7. Do you know how HIV is transmitted? | Closed / Open / Leading |
| 8. Do you protect yourself from getting HIV? | Closed / Open / Leading |
| 9. What do you do to protect yourself from getting HIV? | Closed / Open / Leading |
| 10. How do you clean your injecting equipment? | Closed / Open / Leading |
| 11. Have you ever received a blood transfusion? | Closed / Open / Leading |
| 12. If your HIV test result is positive, who can you go to for support? | Closed / Open / Leading |

⁴ Taken from "HIV Counselling Trainer's Manual for the Asia-Pacific" produced by the UNICEF East Asia and Pacific Regional Office, FHI and the World Health Organization.

MODEL SCRIPT: Questioning

Peer educator (PE): Hello, XXXX. Thanks for coming in to talk with me today. *[Affirming]* What brings you here today? *[Open question]*

Client: Well, I'm not really sure if you can help. I had a big fight with my boyfriend, and I've been walking around all night trying to decide what to do.

PE: You're feeling angry and not quite sure what to do next. *[Reflection]*

Client: Yeah — I just didn't think I'd ever end up in this kind of situation. I thought we loved each other!

PE: It sounds like you're feeling a bit let down by your boyfriend. *[Reflection]* What happened? *[Open question]*

Client: Well, he has just been so distant lately. He says he loves me, but we never talk any more, and he's never in the mood. I think maybe he's seeing someone else. But when I asked him about it, he got really angry and started calling me crazy.

PE: That question surprised him. *[Reflection]*

Client: I just lost it. I started screaming at him, throwing things.

PE: You were very upset. *[Reflection]*

Client: Yes, I threw whatever I could find.

PE: You really wanted to hurt him. *[Reflection]*

Client: I just lost control. It's embarrassing. I haven't done that before.

PE: You're being honest. *[Affirming]* You've never reacted that way before. *[Reflection]*

Client: Nope. I was just so angry. I'm so afraid he may be sleeping around.

PE: If he has had other partners, what would that mean to you? *[Open question]*

Client: We never use condoms. I thought we could trust each other. But if he has been with other guys, I would be pissed. I don't feel like he cares.

PE: So it sounds like you're feeling angry and betrayed by your boyfriend, and wondering if he really loves you, as well as surprised by how strongly you reacted, and also a little bit scared. Have I gotten it right? *[Summarizing]*

Client: Yeah — I try to be careful, but I'm worried — what if he gave me HIV or something?

PE: So you're afraid you could have been infected. *[Reflection]* I wonder if I might ask what have you heard about HIV? *[Open question]*

MODEL SCRIPT: Ask-Tell-Ask

Client: I always try to be careful, but now I'm worried — what if he gave me HIV or something?

Peer educator (PE): So you're afraid you could have been infected. *[Reflection]* I wonder if I might ask what have you heard about HIV? *[Ask]*

Client: I know you can get it from sex, especially if you don't use a condom. But I thought because I don't sleep with those kinds of guys, I didn't have to worry.

PE: Can you explain a bit what you mean by "those kinds of guys?" *[Probe]*

Client: Guys that sleep around. I just stick with my partner — he's in really good shape and he always keeps himself clean, so I figured there was no problem.

PE: Well, it sounds as if you already know a bit about HIV. If you'd like, I can share a bit more information with you. *[Asking permission]*

Client: Okay.

PE: So as you said, you can get HIV from unprotected sex, and especially if you've been having anal sex without a condom. The skin inside your butt can tear very easily, which makes it easy for the virus to pass from one person to another if one person is positive. Does that sound like your situation? *[Tell – Ask]*

Client: Yeah — he's a top and I'm always on bottom. But we never use condoms.

PE: Okay, you're on the bottom without condoms, but he takes good care of himself. *[Reflection]* A lot of people are in that situation. I can tell you a bit more about it if you'd like? *[Asking permission]*

Client: Ok, sure.

PE: If he's having sex with you without a condom, there could be risk for HIV. Many people think that only certain kinds of people are risky, but in fact anyone could have HIV: it doesn't matter if you are gay, or straight. There is no way you can tell by looking at someone if they are infected. The only way to know for sure is to get tested. Does that make sense to you? *[Tell – Ask]*

Client: I guess so. I mean, I know everyone says you have to get tested and know your status, but I have always figured it would be better to just not know.

PE: So you've been having unprotected sex, and you're worried about HIV. You've thought about testing, but on the other hand, you feel like maybe it's better just not to know — is that about right? *[Reflection – Summarizing]*

RESOURCE: Talk About Change Cards

Print out or photocopy one copy of pages 36–39.

Print out or photocopy multiple sets of the change talk cards on pages 40–55.

Desire

Ability

Reason



Need

I want to lose
weight

I wish I were more
comfortable around
people

I hope I will get
better grades
next year

I would like a
better job

I'm able to
choose what I eat
for dinner

I could talk to a
doctor about my
side effects

I can get a test
if I want to

I can ask my
boyfriend to use
a condom

I might have
more energy

I would sleep better

I'd be able to last
longer during sex

I wouldn't have to
worry about being
infected

I need to lose
some weight

I have to stop
drinking so much

I must start
using condoms

I've got to get
an HIV test

WORKSHEET: Find the Talk About Change

Instructions: Read through the two paragraphs below and try to identify all the change talk in your client's discussion about getting more exercise. Underline the statements that reflect talk about change. Then, see if you can come up with a summary for your client that will reflect and strengthen his /her motivation to change.

Client: I know I need to start going to the gym, even though it's kind of expensive. I've noticed that I've gained a few pounds, and when I climb the stairs to my apartment I'm often out of breath. I want to lose that extra weight, and if I started working out I could get back in shape. Plus, there are usually lots of cute guys at the gym. Maybe if I had a flatter belly I would get more dates.

The problem is, I only have time after work, and by then I'm usually so tired! All I want is to hang out on the sofa and watch TV. It's really hard to get my butt off the couch and go to the gym – I just don't think it's going to happen after a long day at the office. I'm willing to try adding some workouts on the weekend, and I even bought some cute gym clothes so that I'd look good at the gym. I know I'd meet more people if I were at the gym, but it is hard to make myself go, especially when I know it's going to hurt!

Summary:

Answer Key: Fold paper so that this part is not seen until the facilitator instructs participants to look at the key. Note that underlined statements reflect talk about change and the **highlighted** statements reflect sustain talk.

I know I need to start going to the gym, even though it's kind of expensive. I've noticed that I've gained a few pounds, and when I climb the stairs to my apartment I'm often out of breath. I want to lose that extra weight, and if I started working out I could get back in shape. Plus, there are usually lots of cute guys at the gym. Maybe if I had a flatter belly I would get more dates.

The problem is, **I only have time after work**, and by then **I'm usually so tired!** All I want is to hang out on the sofa and watch TV. **It's really hard to get my butt off the couch and go to the gym** – I just don't think it's going to happen after a long day at the office. I'm willing to try adding some workouts on the weekend, and I even bought some cute gym clothes so that I'd look good at the gym. I know I'd meet more people if I were at the gym, but it is hard to make myself go, especially when I know **it's going to hurt!**

RESOURCE:
Importance and Confidence Ruler



RESOURCE: Recognizing Resistance Cards

Print out or photocopy pages 59–82. Cut along dotted lines to create separate sets of cards.

Note that the sets of cards are indicated by background color and small shapes in the lower right corner.

You don't



understand what



it's like



for me!



I don't want HIV

but sex with

condoms

is like eating candy

without

taking off the
wrapper!

I know I should



get tested, but



I'm so worried about



what my life will
be like



if I am



positive.



Outreach workers

never

really listen

to what I have

to say.



They say the



drugs might



protect me,



but I hear the



side effects



are terrible.



You keep telling me



I have to use
condoms to



protect myself,



but



it isn't my



fault.



It's none of your



business whether



I get a test



or not –



it's my choice!



STI tests are

really expensive –

I can just

buy

some antibiotics

for cheap

and save money!



WORKSHEET: Improving a Motivational Counseling Session

Instructions:

Go through the transcript and underline areas where you think that the counselor is exhibiting behaviors INCONSISTENT with motivational counseling. You may also cross them out and rewrite them to be CONSISTENT with motivational counseling.

Sample Session Transcript

COUNSELOR: It's good to see you again. Have you been working on the changes we talked about last time?

Client: Yes, I have.

COUNSELOR: Have you been working on abstaining from sex?

Client: Yes, I have been telling her that I am not feeling well and that I don't want to have sex right now.

COUNSELOR: You're telling her that you're not feeling well and that is why you don't want to have sex. How has that been going?

Client: It has been hard. Because she has been suspicious that maybe I am seeing someone else and that is why I don't want to have sex with her.

COUNSELOR: Okay, I understand that, but remember last time I explained to you how important it is to avoid unprotected sex right now, and if you don't abstain you can infect your wife.

Client: Yes, I remember.

COUNSELOR: What goals were you able to achieve?

Client: I have been able to abstain from sex with my wife since my diagnosis.

COUNSELOR: You have been able to abstain. How do you feel about this?

Client: I feel good because I know I am highly infectious and it is important to avoid unprotected sex.

COUNSELOR: You feel good about accomplishing your goals.

Client: Yes, I was afraid that I wouldn't be able to follow through with plans to abstain, but every day I reminded myself that I want to protect my wife and my family.

COUNSELOR: Well, my advice is for you to keep abstaining or using condoms so that your wife stays healthy.

Client: Okay.

COUNSELOR: Have you already disclosed your status to any sex partners?

Client: Yes. I have told my other friend—the one I told you about last time. I told her that I am HIV-positive and that I didn't want to see her anymore. That made me very nervous.

COUNSELOR: You disclosed to your other friend but not to your wife.

I am concerned that you haven't told your wife about your HIV status yet.

Can you tell me what you think might be bad about disclosing to your wife?

Client: She will think that I have been unfaithful to her, and she will probably not want to stay with me. Also, I think she will tell her family that I have HIV, and they talk a lot about personal matters to other people in town. And I have other concerns too.

COUNSELOR: But your wife has a right to know this information. She may want to get tested for HIV herself. I think your goal for the next session should be to tell your wife you are HIV-infected.

Client: OK.

Training Feedback Form⁵

Training Date: ____/____/____

Please circle the most appropriate response. Your honest feedback will help us make any needed improvements to the curriculum.

1. This training increased my understanding of behavior change communications.

😊😊	😊	😐	😞	😞😞
Strongly Agree	Agree	Have No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

2. This training increased my understanding of communications skills.

😊😊	😊	😐	😞	😞😞
Strongly Agree	Agree	Have No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

3. This training gave me the opportunity to practice useful communications skills.

😊😊	😊	😐	😞	😞😞
Strongly Agree	Agree	Have No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

4. The facilitators for this training demonstrated knowledge of the subject matter.

😊😊	😊	😐	😞	😞😞
Strongly Agree	Agree	Have No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

5. The facilitators for this training had good presentation and facilitation skills.

😊😊	😊	😐	😞	😞😞
Strongly Agree	Agree	Have No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

⁵ Adapted from “HIV Counselling Trainer’s Manual for the Asia-Pacific” produced by the UNICEF East Asia and Pacific Regional Office, FHI and the World Health Organization.

6. I think that the content of this training will be useful to me in my work.

				
Strongly Agree	Agree	Have No Opinion	Disagree	Strongly Disagree
1	2	3	4	5

7. Please list at least three things you learned in this training that you feel were the most useful to you and/or your organization.

8. Please list any areas of content in this training that you feel were of the least use to you and/or your organization.

9. Please list three changes you can make in your work after having completed this training.

10. Please list any changes you would recommend we make to this training.

11. If you have the opportunity to participate in further trainings, what specific content would you want to be included in the training?

Thank you for completing this evaluation form!

