



PATHWAYS TO HIGH ADHERENCE

Follow-up Adherence Counseling — Collaborative Discussions to Promote Product Uptake and Use



WHAT YOU WILL FIND IN THIS APPENDIX

Appendix B contains guidance on a collaborative approach to providing adherence counseling.

WHO SHOULD USE IT

Adherence counselors.

HOW TO USE IT

Several counseling approaches have been used in previous clinical trials to support the use of study-provided drugs. Most of these approaches emphasize participant identification of factors that either help or hinder product use, and then encourage brainstorming potential solutions to identified problems and setting adherence-related goals for the upcoming month. Because clinical trials require a certain level of standardization of procedures, the counseling approach often involves standard steps for counselors to follow with varying levels of adaptation and flexibility allowed. Some studies may require all steps or messages, while others allow counselors to tailor content as needed.

The approach presented here is a **process approach**, meaning that a general manner of discussing experiences with product use, and in the trial more generally, is recommended. Although the approach is presented as steps, counselors should focus on learning the general approach, rather than memorizing specific content or messages to deliver. We believe this will optimize opportunities for staff to engage in genuine, highly tailored, and targeted discussion with participants. We prioritize genuine discussions (specifically characterized by following participant concerns and guiding the participant toward optimized engagement) over message delivery or pre-determined content because we believe it affords greater opportunity to foster collaboration, engagement, and commitment toward trying to use the ring. It also allows counselors to remain more neutral and natural in discussions. Moreover, several emerging frameworks (such as the mutuality framework in Appendix D, as well as community-based participatory principles more generally) suggest that specific product-related messages, as well as the process of identifying and addressing adherence barriers, may be appropriate for some but not all participants

in a research trial. The process approach we advocate aims to initiate discourse with participants and engage them “where they are” with their approach to study-provided ring use.

A COUNSELING PROCESS TO DISCUSS EXPERIENCES⁷

Several adherence-support approaches have been developed and implemented in the context of adherence to pre-exposure prophylaxis, and to ring use more specifically. For the counseling aspect of discussions with participants, we recommend seven general steps to structuring discussions involving the participant and one designated team member (often a counselor) at each study visit, modeled most closely around the MTN-020/ASPIRE approach. Other approaches, however, can and should be considered given the specific needs of the study and populations engaged in it. The steps we suggest here are part of a continuous discussion with an identified trained team member as a check-in that occurs as part of the clinic visit. When possible, the discussions should occur *early in the visit, but after the collection of any self-reported adherence data*; avoid having these discussions during the last part of a participant’s study visit. Teams can determine whether it is more beneficial to develop tools or procedures that would flag struggles with adherence for other team members’ attention or whether these discussions should remain largely private.

7. The suggested team-initiated discussion approach draws from the ASPIRE Counseling and Education (ACE) Manual, the VOICE Adherence Strengthening Program, the iPrEx Next Step Counseling (NSC) approach, and the HPTN067/ADAPT study’s mutuality framework (see Appendix D).

GOALS

To acknowledge the participant as a true partner in the research by providing important study updates and then using active-listening skills and an individualized approach, to create a comfortable environment for participants to talk about their experiences.

CLIMATE

Supportive, non-judgmental, neutral, reinforcing of open discussion/efforts, avoidance of “fixing,” recognition of limited role, and emphasis on participant as a whole person.

METHOD

Exploration of context (experiences, thoughts, beliefs, feelings, skills) to identify what would need to happen or continue happening for the behavior to be most manageable or “easier.”

IMPLICIT ASSUMPTION

Participants choose whether or not to do something based on feeling well informed, motivated, and skilled. We cannot make a participant adopt a behavior, but we can provide opportunities to develop information, motivation, and skills relevant to her in her life.

STEPS IN COUNSELING DISCUSSION

1

ENGAGE

Provide study update. Discuss study visit and product satisfaction. Identify ways the study can improve and contributions participants can make.

2

FRAME

Explain purpose of discussion.

3

EXPLORE

Explore participant experiences with study with attention to facilitators/challenges to engagement: 1) trust in study, 2) retention, 3) degree of continuation, and 4) adherence.

4

IDENTIFY NEEDS

Ask what would need to happen for area identified in Step 3 to improve, be less stressful, be easier, or be maintained.

6

STRATEGIZE

Explore new strategies or how maintenance of established ones can be accomplished to address needs identified

6

GOAL

Identify a strategy discussed for the team, the participant, or another active party to try/consider.

7

CLOSE THE SESSION

Review and summarize session. Remind participant of the check-in that will occur during the next visit. Thank the participant. Document session.



Engage

Provide study update. Discuss study visit and product satisfaction. Identify ways the study can improve and contributions participants can make.

GOAL

Engage participant in the study process and procedures, and in identifying successes and areas for improvement.

CRITICAL COMPONENTS

- Provide an executive summary of where the study stands (# enrolled, longest enrollment of a participant (e.g., “We have someone all the way in week 52”), community events and how well the community received those events, concerns emerging from the community and the trial’s responses to them, feedback from any reviews of quality of study implementation (e.g., for studies using mystery participants, engagement of participants in quality-improvement feedback, other procedures to evaluate study implementation), any data on drug levels or other objective measures of adherence at the site, and any new data or science related to the study.
- Create a team approach in which information is shared with the participant, and the participant’s response/reactions are sought.
- Enhance the participant’s literacy by flagging issues or concepts that have appeared confusing to others and offer explanations of them.

Example of Engage Step

At each visit, we give an update on the study. Here is where we are now... We also wanted to let you know that the community event we had last week was well attended. People seemed most concerned with whether or not study results will matter to people in this community. The study team and community board talked about it and here is where that stands... There were also concerns about long-term effects of the medication being tested. The science team looked into this and came up with this material. Let's take a quick look. What are your thoughts on that? Any ideas you might have about what we missed or how to better work with people? One thing I worry about is how trustworthy people will find data that come from the very place they think may be lying to them. We are asking all participants to think about that more and give us suggestions for how to give people information that is trustworthy...

STEP 1

IS intended to be ...

- ✓ A review of the study
- ✓ A report back to participants on what is being done in the community
- ✓ An opportunity for the participant to advise the study
- ✓ A conversation with data and milestones

IS NOT intended to be ...

- ✗ Overly long
 - ✗ Read from a sheet
 - ✗ A one-way presentation
 - ✗ Punitive
 - ✗ Boring
-



STEP
2

Frame

Explain purpose of discussion.

GOAL

Introduce or remind participant of the purpose of the discussion and reinforce that she is the one who decides her level of involvement in the trial and in the discussion. Clearly explain the purpose of the discussion and establish trust. Specifically ask if the participant is okay with talking with you.

CRITICAL COMPONENTS

- Specifically recognize and appreciate the participant having shown up today. Note her number of weeks of participation and the weeks remaining. Do not assume that her attendance or length of participation in the trial means that she is invested in or committed to taking the product. Allow step 1 to advise on which parts of this to emphasize (e.g., parts of the discussion about the study and study progress that seemed most interesting or contentious).
- Explain that you talk with all participants at each visit in order to learn valuable information about how the study is going; what it is like right now to participate in the study given any burdens related to the study, community, or adherence; and what the study can be doing to support participants.
- Explain the scope and limitations of confidentiality in your discussion (e.g., what will you keep private and what will you have to discuss with other team members?).
- Give the participant permission to be honest and open and get her permission to proceed.

Examples of Frame Step

Thanks for your advice. This is your first week in the study, so you have another 10 months in the study. We'll get the chance to talk a lot, and the things that are most concerning for you will probably change a lot over the course of the study, too. I would like to spend a few minutes talking with you about the ring and your experiences with the study. Is that OK?

Can we spend a few minutes talking about how things are going for you personally with being in this study? A lot of people struggle with really trusting the ring or other parts of the study, like the samples we collect. That is normal and understandable, especially when people feel side effects or hear concerning things from other people. Can we spend a few minutes today talking openly about that?

STEP 2

IS intended to be ...

- ✓ A sincere invitation
- ✓ An opening to a frank conversation
- ✓ An opportunity for the participant to exercise choice
- ✓ Genuine

IS NOT intended to be ...

- ✗ A long explanation
 - ✗ Read from a sheet
 - ✗ Non-responsive or non-participatory
-

STEP

3

Explore

Explore participant experiences with study with attention to facilitators/challenges to engagement: 1) trust in study, 2) retention, 3) willingness to try and continue using product (persistence), and (4) adherence.

GOAL

Ask about factors that may influence trust; retention; willingness and commitment to try and continue using the ring (persistence); and/or adherence. Emphasize that the study product is being developed for women like her/us and that her thoughts and opinions about the ring will help researchers and the makers of the ring better understand the experiences women have using it, including any problems and issues they have with the ring.

For return visits, first check in with the participant about 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 past month.

CRITICAL COMPONENTS

- Ask about her greatest concerns right now: Is she feeling skeptical about the ring or things she has to do as part of the study (e.g., allow collection of blood, have regular pelvic exams), feeling confident in the study and product but struggling to use the ring as instructed, and/or feeling that the community and people

important to her need to better understand the study and its results.

- Based on the discussion, identify the focus of the remainder of the conversation. Would it be most helpful in terms of engaging this participant if you focused on 1) building trust and confidence in the study and/or ring, 2) coming regularly to study visits, 3) ring persistence (i.e., willingness to try and continue using the ring), or 4) adherence (i.e., she is committed to trying to use it, but may struggle with doing so according to instructions).
 - » You may decide some combination of these is needed.
 - » You may decide that this participant is “beyond” these topics and is more in a dynamic of “**mutuality**” where she is a champion for the study and ring in her community and among other participants. In this case, it would be preferable to engage her to discuss her advocacy and check in on how you can support her (See Appendix D).
- For whatever aspect of participation that is prioritized, ask about **facilitators**: What would help? What does help?
- Then transition to asking about **challenges**: What does not help or what makes things harder?
- The critical aspect of this conversation is to let the participant know that study staff recognize that ring use is a key part of participation but is only possible when people trust the study and the product —and, even then, that ring use can be difficult. Study staff also recognize that 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. Counselors must convey that the context of the participant’s life is what is important first and foremost, and that ring use is a behavior that exists in relation to other things going on in her life.

Examples of Explore Step:

Last time you were here, you said your partner had some concerns about your ring use because he didn't know very much about the study product and was worried it would be harmful to you or to him. You were going to try to talk to him about the ring and show him some of your study materials. 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 or less easy to manage?

You mentioned last visit that you felt that using the ring was not challenging for you, and you wished there was a way for you to share your experiences — and some of your techniques for making ring use easy — with other participants who might be having more challenges. Can you tell me how things have been going since then and if you were able to talk with any other participants?... If you had to identify what it is that really

STEP 3

IS intended to ...

- ✓ Briefly check in on goals from last visit to provide continuity
- ✓ Explore experiences
- ✓ Identify where the participant “is” in her approach to using the ring
- ✓ Begin to narrow the conversation by focusing on one or some aspects of engagement that is/are most relevant to this participant at this time

IS NOT intended to ...

- ✗ Have previous goals set the content for the current conversation
- ✗ Find and “fix” barriers
- ✗ Identify times when the participant removed the study ring
- ✗ Require or suggest movement to action
- ✗ Push beyond what the participant is comfortable sharing

STEP
4

Identify Needs

Ask what would need to happen for area identified in Step 3 to improve, be less stressful, be easier, or be maintained.

makes this easy for you, what would it be?

GOAL

Based on what was determined to be most relevant for this participant in Step 3, work with her to identify what she would need in order for this issue to improve, be easier, or be maintained.

CRITICAL COMPONENTS

- Help the participant to identify what she would need to facilitate, support, or develop high commitment, motivation, and skills for using the ring by focusing on what would make it as easy/manageable as possible for this participant.
 - » This may be things that the study can do, her community can do, her partner can do, or that she can do. Do not focus only on what she can or needs to do.
- Empower problem-solving: Emphasize that having personal needs or conditions for the ring to be feasible for her are normal and understandable. For example, 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 of Identify Needs Step

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 you to feel more confident that the information you get here is actually true?

.....

What would you need to keep feeling like an advocate for this study in your community?

STEP 4

IS intended to ...

- ✓ Let the participant identify what she needs
- ✓ Focus on needs, desires, and options before moving to concrete strategies

IS NOT intended to ...

- ✗ Tell the participant what her needs are
- ✗ Fix barriers or address needs

Examples of adherence-related needs

I would need to have my partner's support

I would need to feel that the ring was really ok to use 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 is not 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 that 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. Since you are not having challenges, perhaps we could talk about what you might need to become a participant advocate or peer educator.*

Confirm that you understand and 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
5

Strategize

Explore new strategies or how maintenance of established ones can be accomplished to address needs identified.

GOAL

Work with participants to have them identify possible new strategies or to continue the use of current strategies to address the needs they discussed in Step 4.

CRITICAL COMPONENTS

- Empower problem-solving: First ask the participant to identify and explore strategies that may meet the need(s) identified in Step 4. Offer suggestions as needed.
- Address unmet needs: Identify several strategies that the participant could use or already uses to address needs.
- Support met needs: If a participant has shared that she has strategies in place that have lasting benefits (e.g., enlisting partner support), strategizing will focus on her 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 of Strategize Step

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 for you to get to visits is to feel like it would not be a waste of your whole day. Can you see any scenario for that in which it would not feel like a waste?

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 having his support over the next month. Do you see any changes to it? Any concerns with maintaining that support?

.....

You're feeling that this is easy for you because neither you nor your partner notices 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 5

IS intended to ...

- ✓ Encourage the participant to draw from her own resources to identify potential strategies to address her needs
- ✓ Offer several possibilities for the participant to consider as ways to address needs

IS NOT intended to ...

- ✗ Identify new strategies if there are current ones in place that are perceived to be effective
 - ✗ Push the participant toward "your" strategies
-



STEP
6

Goal

Identify a “goal” discussed for the team, the participant, or another active party to try/consider.

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 is 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 the 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 is better to respect and work with a participant’s uncertainty than to suggest product-use strategies that may be a poor fit with where she is. By focusing instead on her engagement in the discussion, commitment toward exploring adherence, or ownership of this aspect of her participation in the study, overall engagement is fostered.

Examples of Goal Step

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 her 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 your current strategies until we meet again? It sounds like they have worked well in helping you to feel that 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 6

IS intended to ...

- ✓ Identify a concrete, realistic, accomplishable goal
- ✓ Provide participants with the opportunity to experience progress and success around experiences with product use
- ✓ Focus on strategies that increase the participant's comfort, ease, and confidence about product use

IS NOT intended to ...

- ✗ Assign tasks or strategies that are not reflective of the participant's context, needs, or engagement
- ✗ Identify strategies related to actual use of product or to the rate of adherence



STEP

7

Close the Session

Review and summarize session. Remind participant of the check-in that will occur during the next visit.
Thank the participant. Document session.

GOAL

Provide a summary of what was discussed and how it influences ring use. Express appreciation for the participant's engagement in this conversation as an important contribution to the study. After the 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 the participant's use of the ring; 2) her **needs** for fitting use of the ring most easily into her life; 3) the new or current **strategies**, focused on increasing or sustaining ease of use of the ring, that were discussed; and 4) a **goal** to implement, try, or continue to use a strategy (or 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 a sense of history can ease the discussion (e.g., by the counselors having documented previous sessions and reviewed them before the participant visit). 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 toward that goal.

Example of Close the Session Step

We've talked about a few different things today. Thank you for that. You mentioned that you feel confident in your partner's continued support, at least for the next month, and that that is key to the ring being easy for you to use. You're feeling that this will continue; I'll check in with you next time to see how things go. 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 being able to call the clinic to reschedule if needed, or seeing if your sister could help. Those are great ideas and I will be eager to find out at your next visit if any of them seem to help ease the burden of coming to the site. Does that sound all right to you?... Thank you very much for all you are doing.

MAIN PRINCIPLES IN COUNSELING DISCUSSIONS

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.

Context-driven

The counseling session explores the context in which one negotiates product use. It is not focused on the assessment of ring adherence. The focus is on the aspects of engagement in the study that facilitate or challenge uptake and use of the ring.

Counselor-guided

The counselor guides the discussion through questioning, but does not do most of the talking. The participant should have the majority of “talk time” in any given session.

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

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 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 counselor recognizes that her impact is in the immediate session and that she cannot “make” a participant do anything. The counselor can, however, ensure that a safe environment is consistently provided for the participant 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, using natural hand and arm movements that are responsive and encouraging, and being aware of the patient’s demeanor.

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 the participant makes of that information, how it fits or does 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-Elicit approach offers greater opportunity to build consensus and keep the session participant-centered. An example of Elicit-Provide-Elicit would be to ask about experiences, provide information to correct misinformation, and then elicit reactions. The counselor may ask about experiences with the study product [Elicit] and hear in the participant’s response that the participant believes that if her ring gets out of place, she should take it out entirely until the next visit. The counselor can provide information about re-positioning the ring [Provide], and then ask the participant how she feels about that new information [Elicit].

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 attitudinal, cultural, economic, and/or social factors that may play a role in product use. Open-ended questions invite further disclosure by the participant 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 (with a “yes” or “no” answer) would be: “Is it easy to leave your ring inserted?” An open-ended approach would be: “What is your experience with the ring? What makes it easier? 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 a 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 to 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 (explained below); it is more like summarizing (also explained below), but on a smaller scale. It is a good practice when paraphrasing or summarizing to either pause 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?”

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 the participant; it is typically (but not necessarily) followed with a question (elicitation) about the observation. If, for example, the participant was suddenly looking at her 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 crosses her arms and looks away, you could say, “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.

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 that you are actively listening; also, hearing the reflection can help participants clarify their feelings and thoughts. Counselors often use reflective statements in situations in which 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, when a participant might say, “I get so frustrated with myself because I take a long while to get my ring back in if it comes out,” a counselor may reframe this toward a productive strengths-based discussion by saying, “Which also means that you are really committed to getting it back in. Right?”

Summarizing

Summarizing refers to the technique of highlighting for the participant the most important aspects of the session that have been discussed. For this study, summarizing the context, needs, strategies, and goals will be a critical part of modeling and empowering problem-solving.

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 (e.g., another participant she has worked with) as a way to normalize the participant’s experiences. For example, a counselor might say, “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?”)

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 to “vent” or verbalize feelings and frustration, when used constructively. 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.

