Counseling for Cause

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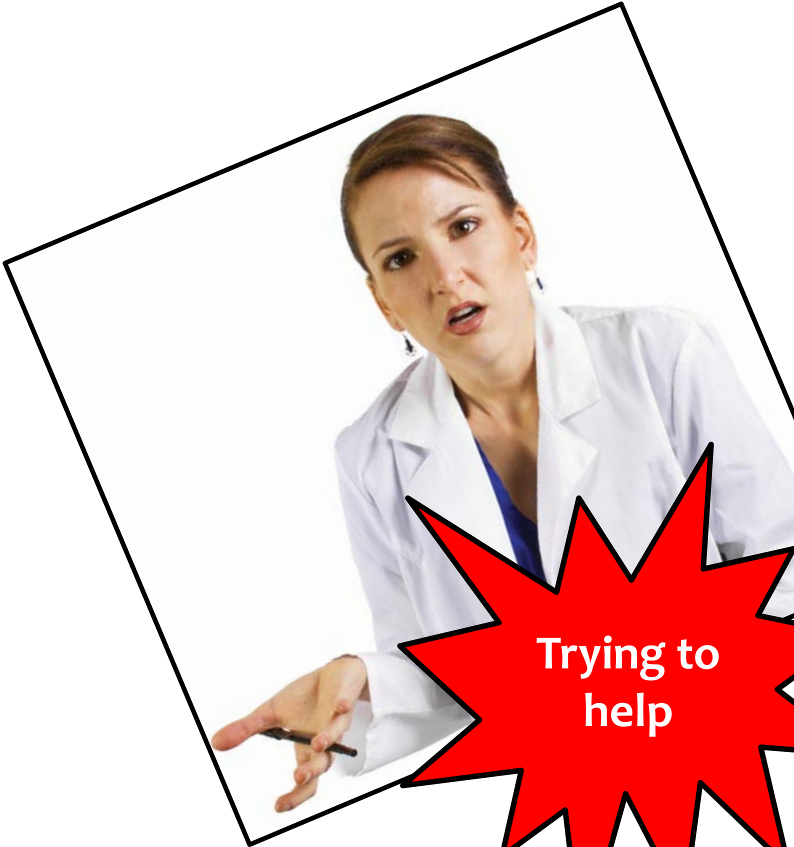
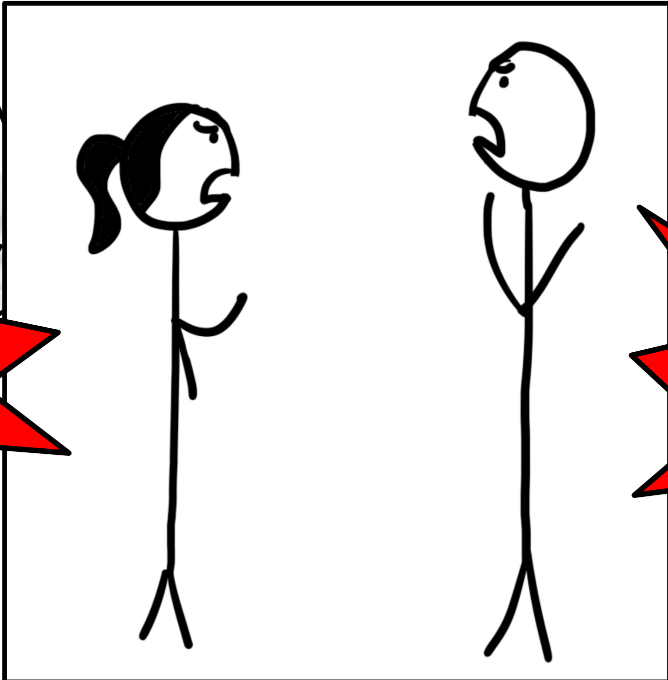
Motivating People to Change: Some stories…





Talk vs. Outcomes

- **Counselor Behaviors**
  - Advising, confronting, directing, and warning clients are associated with greater sustain talk (Magill, et al., 2014; Moyers & Martin, 2006)
  - Affirming, emphasizing client control, and supporting are associated with increased change talk (Moyers & Martin, 2006; Magill, et al., 2009)

- **Behavior Change Outcomes**
  - Greater change talk related to improved outcomes (Moyers, et al., 2009; Vader, et al., 2010)
  - Greater sustain talk is associated to poorer outcomes (Moyers, et al., 2009; Apodaca & Longabaugh, 2009)

Implementation of Behavioral Interventions

Helping providers to change their approach

Learning new interventions

(Herschell, et al., 2010)

- **Treatment Manuals and Written Materials**
  - Reading treatment manuals and materials may be necessary, but not sufficient, for skill acquisition and adoption of a psychosocial treatment

(e.g., Beidas et al., 2009; Dimeff et al., 2009; Ducharme & Feldman, 1992; Kelly et al., 2000; Rubel, Sobell, & Miller, 2000)

- **Self-Directed Training (online)**
  - Rated favorably by learners; cost effective

(e.g., Worrall & Fruzzetti, 2009; National Crime Victims Research & Treatment Center, 2007; Sholomskas et al., 2005)

  - Works only for some therapists and was only slightly more effective than reading written materials at improving knowledge

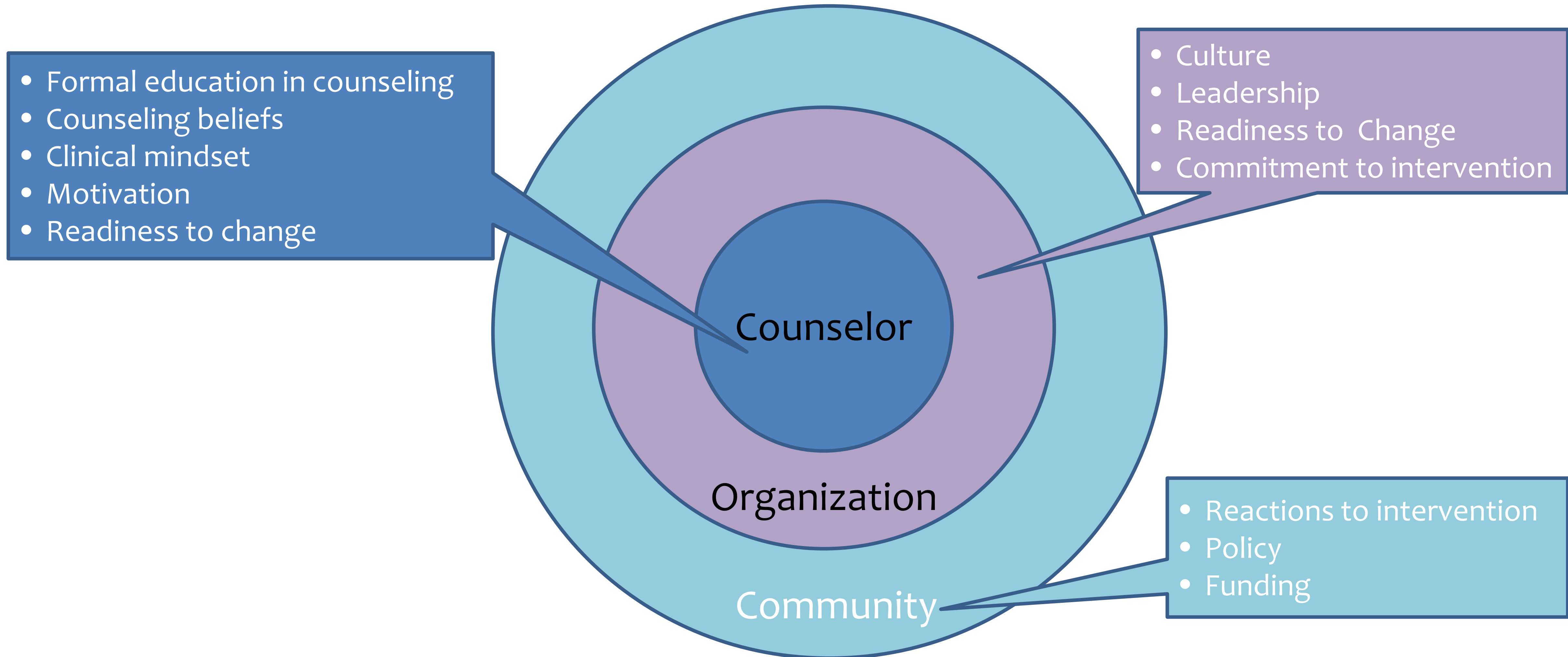
(e.g., Suda & Miltenberger, 1993; Miller et al., 2004; Sholomskas et al., 2005)

Learning new interventions-continued

- **Workshops**
  - Increased knowledge, but not significant changes in attitude, application of knowledge, or clinical skills when assessed by behavioral observation (Freeman & Morris, 1999; McVey et al., 2005; Rubel et al., 2000, Beidas, 2009)
  - Even after initial improvement in skills post-workshop, skills decreased over time to show no difference from the untrained group. (Miller, et al., 2004; Moyers, et al., 2008; Chagnon, et al., 2007; Baer, et al., 2009).

- **Additional Components**
  - active, behaviorally-oriented training techniques (e.g., feedback, behavioral rehearsal/role-play, coaching) improve adoption of the intervention, particularly when used in combination (Miller et al., 2004; Kelly et al., 2000).
  - Amount of follow-up coaching can vary depending on a baseline skills and counseling education; those with less require greater follow-up support. (Moyers, et al., 2008).

Implementation is complex



Why monitor fidelity?

- Not all counseling approaches are equally effective
  - We owe it to our participants, communities, and funders to provide the most effective counseling possible
- Difficult to adopt new counseling approaches
  - Monitoring and coaching allow for ongoing skills development
- Careful monitoring and feedback allow us to assess how counselors and participants respond to the interventions
  - Allows for subtle adaptations to better tailor to community

The COACH Program

(Counselling to Optimize Adherence, Choice, and Honest Reporting)

Options Counseling Fidelity Monitoring

Training Overview

- Materials
  - Counseling manual, desktop flipchart, training videos of mock counseling sessions, newsletter
- In-person Training
  - Two-day in-person training before study activation, 2-day booster training one year later
  - Didactic teaching, experiential exercises, role-plays
- Mock sessions
  - Three audio-recorded mock sessions with a peer that met fidelity criteria to be certified

7. Explore Ring use with participant (If participant is not going to use Ring, go to step 8.)

Goal: Understand participant's decision to use the Ring and help the participant develop a plan for using the Ring.

Approach: The counselor should use a curious approach to explore why the participant has decided to use the Ring. In moving to develop a plan for Ring use, the counselor uses the participant's self-knowledge and prior experiences with Ring use to inform the plan for using the Ring in this study.

Example: *Help us learn from your decision to use the Ring. What made you decide to use the Ring? What else? Why do you think the Ring is a good HIV prevention option for you?*

Begin to develop the plan for using the Ring....

The ASPIRE study gave a really good idea of what Ring use would be like. Based on your experience using the ring, and what we now know about the Ring, what is your plan for using the Ring?

Slide 11

HOPE

COACH Team Newsletter

Counselling to Optimize Adherence, Choice, and Honest Reporting

February 2017

In this issue:
- New demo videos for Follow-up Visit counseling
- Schedule for coaching calls
- Updates on COACH Team counseling sessions

Given the recent changes in how we will discuss Ring drug level results with participants, we have updated the Counseling Flip Chart and the manual. We hope that these updates will offer you more support during the sessions by providing you more guidance and reminders about key points to highlight. One aspect that we have emphasized in these changes is how establish a safe space for the participant in order to 1) make it easier for participants to discuss challenges to using the Ring or other HIV prevention approaches and 2) prepare the participant for the discussion of the Ring drug level results so that she does not become defensive.

We are in the process of finalizing the translation of the Flip Chart and hope to have that completed soon. At that time, we will send it out to all of the sites. In the meantime, you can view our NEW videos of the follow-up sessions that show how the new Follow-up sessions will be conducted. There are the links to the three new videos:

Ring Protection Level 3: https://youtu.be/L_BX6sFPBZY

Ring Protection Level 2: https://youtu.be/fTDmlpZ_rB4

Ring Protection Level 0: https://youtu.be/F3inCk9XY9M

Schedule for Coaching Calls

Second Thursday of each month

COACH Sessions Update

Sessions uploaded: 749

Sessions rated: 180 (24%)

Sessions that passed: 109 (61%)

Helping You Choose

Not every woman wants to use the Ring

In our sessions, we will...

Discuss the Ring or any other HIV prevention method you choose

Help you decide on the best HIV prevention plan for you

Help you adjust your plan

Share Ring drug level

MTN-025/HOPE: COACH Fidelity Monitoring

- Sessions were audio-recorded and uploaded to SCHARP's Atlas site
- Sessions were rated by a NY-based team of bilingual emigres from study countries
- Session rating forms were sent to counselors and discussed on monthly coaching calls
- Criteria:
  - GOOD: Avg. of scores in both components ≥ 4.0
  - FAIR: Avg. of scores in lowest component is 3.5-4.0
  - POOR: Avg. of scores of one component is <3.5
- Monthly inter-rater reliability monitoring
  - Ongoing training on client-centered feedback

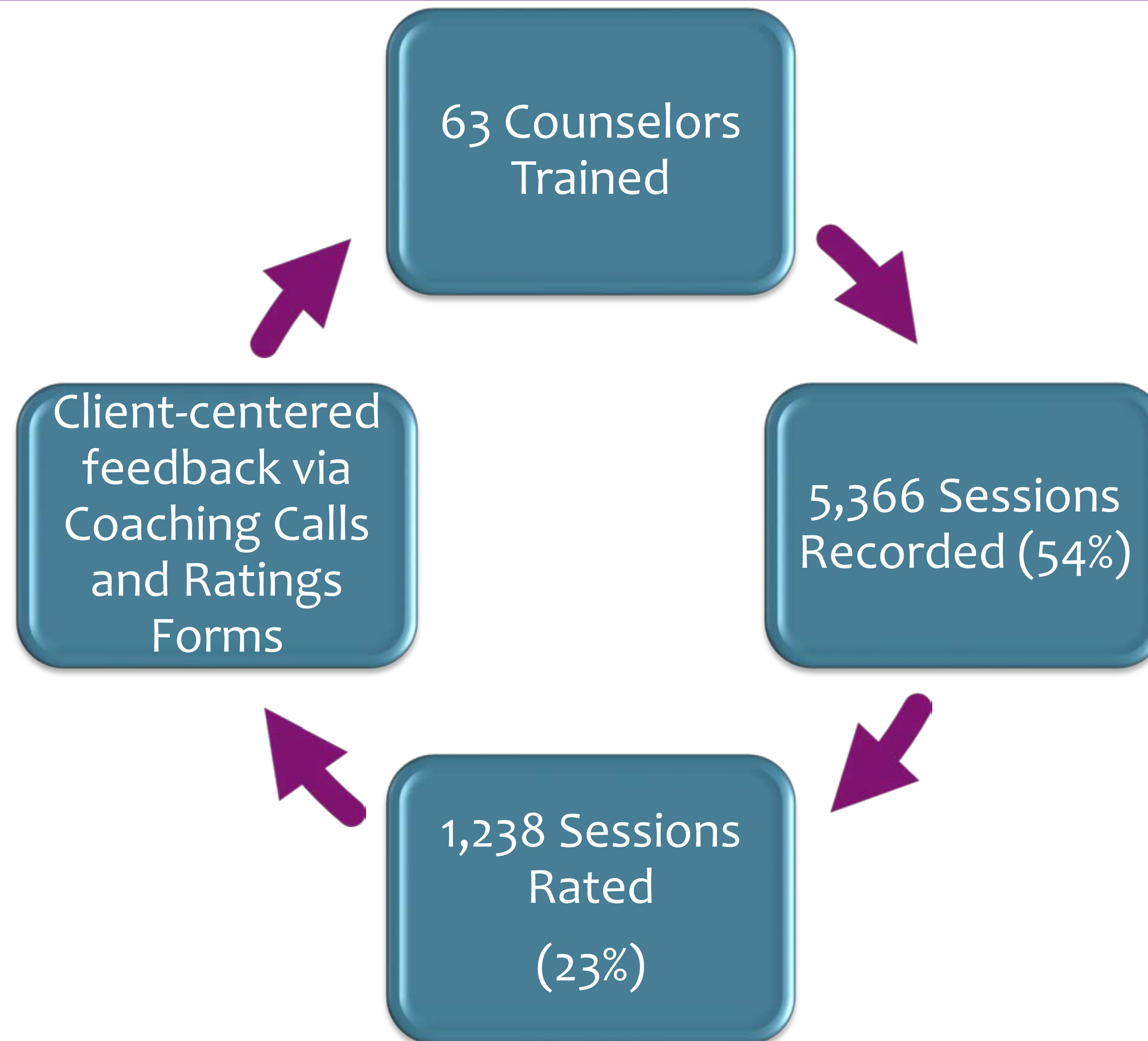
Figure 1. Participant Centered Counseling Rating Form (Excerpt)

Item	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
1. Welcome ppt and set structure for session ☒ Welcomes ppt OR introduces counseling dynamic ☐ Affirms ppt's attendance and commitment to the study ☒ Informs ppt of what will occur during session ☒ Normalizes difficulties with implementing HIV prevention approach ☐ Asks ppt if there is anything else she would like to discuss *Notes: The information on what will occur during session was in-depth and you normalized difficulties with implementing an HIV prevention approach very well! To make this task even better, you could affirm ppt's commitment to the study and attendance. You could also ask the ppt if there is anything else she would like to discuss before going to the next task.*	☐	☐	☒	☐	☐
6. Assess confidence in remaining HIV negative ☒ Uses confidence ruler on flip chart ☒ Evokes reason why she is confident / facilitates discussion of what makes ppt confident that she can remain HIV negative ☐ Encourages elaboration or attempts to evoke more than one reason via probing ☐ Asks about ways to improve confidence (if applicable) *Notes: Good use of confidence ruler! To make this even stronger, you could probe for multiple reasons why she is so confident.*	☐	☐	☐	☒	☐

Global Ratings:

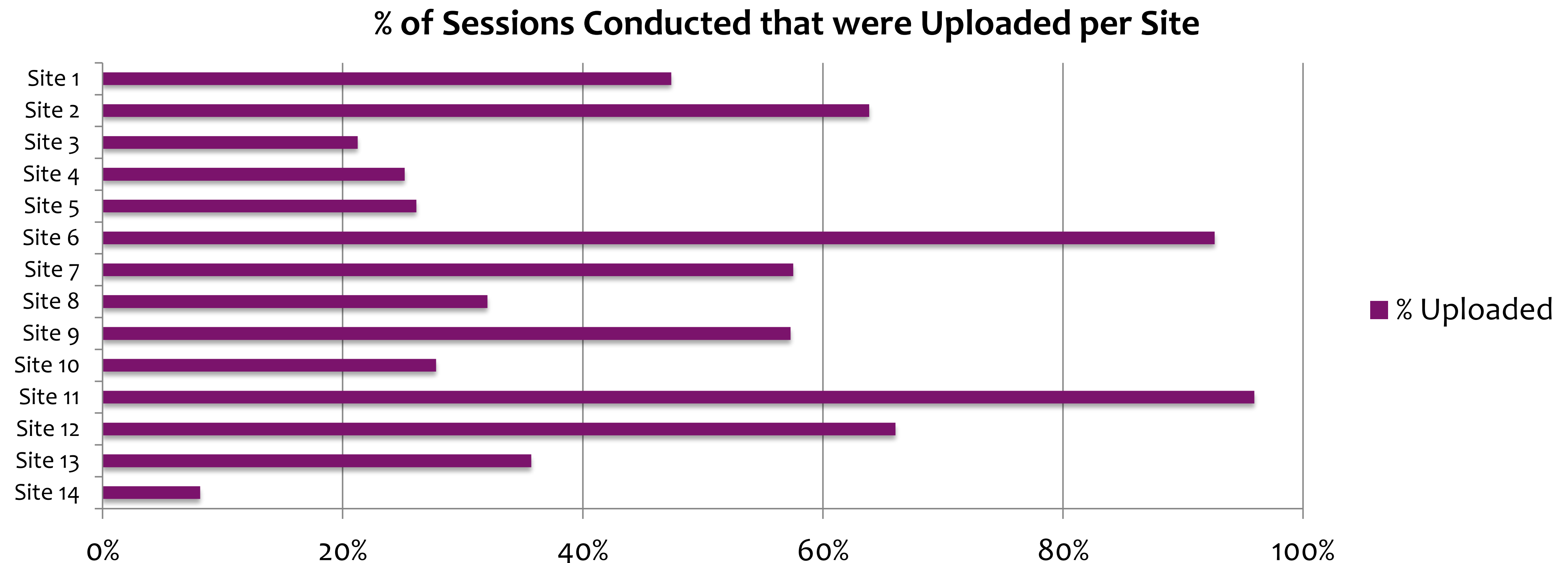
Rating	1	2	3	4	5
Collaboration ➢ Degree to which counselor sees ppt as an equal partner, working together to develop an HIV prevention plan	☐	☐	☐	☒	☐
Respectful ➢ Degree to which counselor clearly acknowledges the ppt's right to make decisions about their choice of HIV prevention approach and how to implement it and asks permission before giving info or advice	☐	☐	☐	☒	☐
Evocative ➢ Level of curiosity about the ppt's interest and plan to use the HIV prevention approach chosen; counselor speaks less than ppt and uses open questions to invite discussion	☐	☐	☐	☒	☐
Direction ➢ Degree to which session focuses on the goals as stated in the manual, without a lot of discussion unrelated to HIV prevention	☐	☐	☐	☐	☒
Empathy ➢ Degree to which the counselor demonstrates interest in ppt's perspectives and understands her experiences, reflecting what ppt says	☐	☐	☐	☒	☐
	GLOBAL MEAN: 4.20				

How did it go?

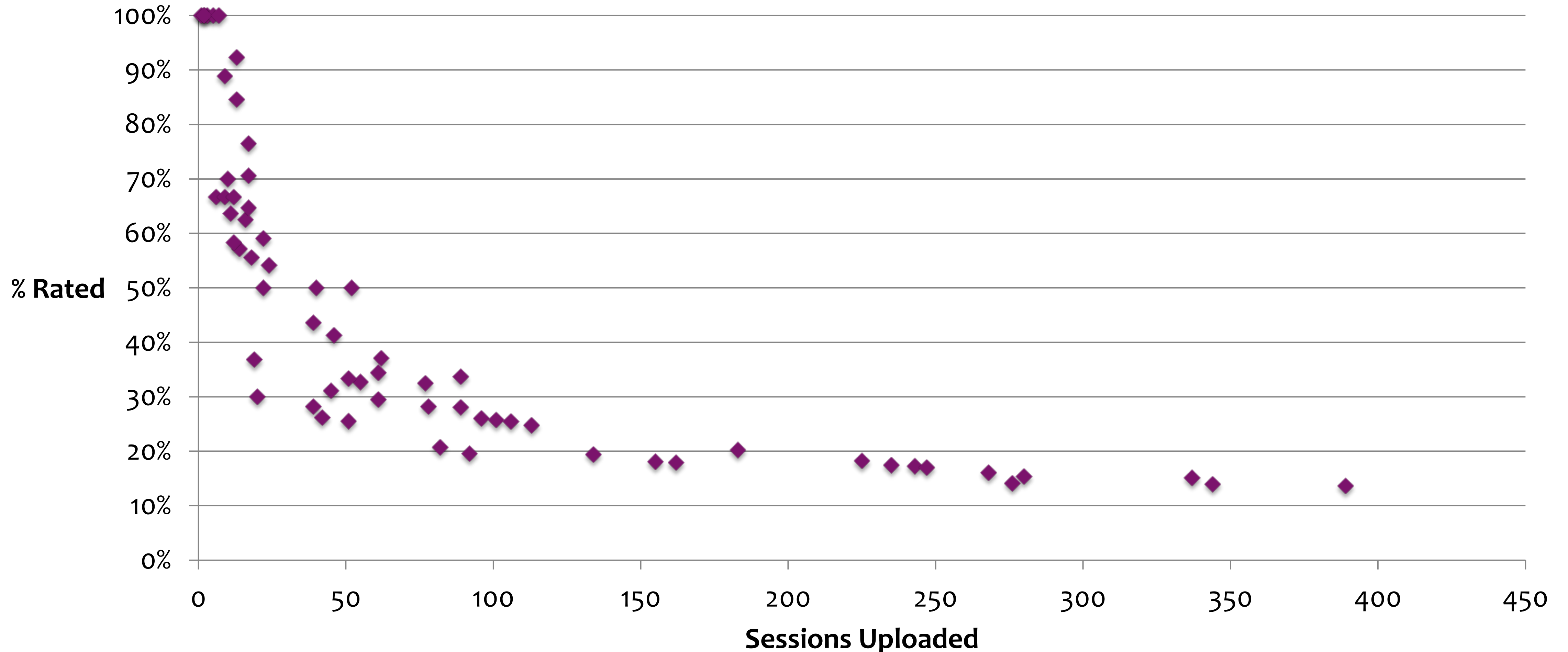


Session Uploads and Ratings by Site

- Of 1,456 participants
  - 86% consented to at least one session being audio-recorded
  - 20% to all sessions being recorded; 40% had 5-7 sessions recorded

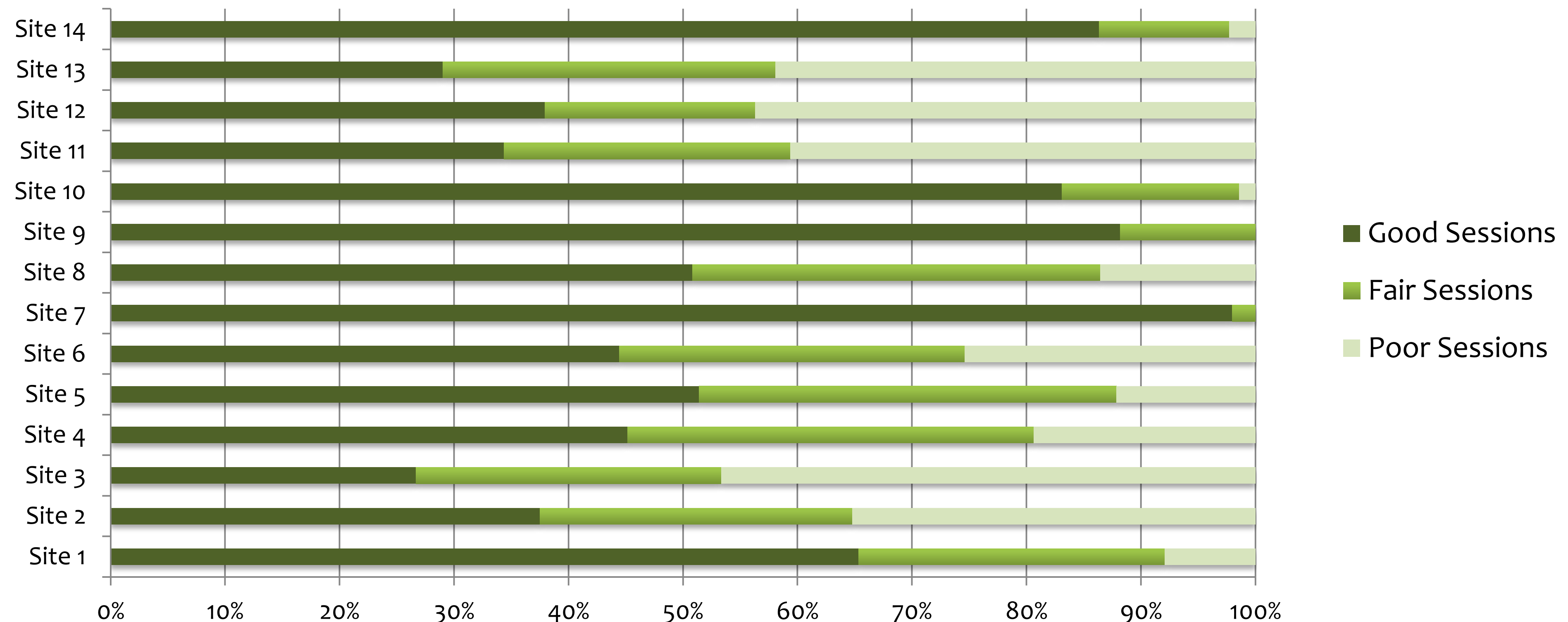


Percentage of Uploads Rated by Counselor



Counseling Fidelity

- 1,238 (23% of uploaded sessions) were reviewed for fidelity
  - 1,039 sessions (84%) were rated as "good" (62%) or "fair" (22%)
  - Performance varied across sites, across counselors, and within counselors



The COACH Study

Implementation of “Options in HIV Prevention Counseling” in HOPE

Overall Aims

- To assess the fidelity with which HOPE Study counselors were able to deliver Options Counseling throughout the duration of the study
  - To identify counselor (ie, counseling training, profession) and role (ie, only counseling vs. clinical tasks as well) characteristics associated with counseling fidelity

- To explore counselor's experience in learning and delivering "Options Counseling" during HOPE
  - Explore reactions to monitoring of sessions
  - Obtain recommendations for future training of adherence counselors

Methods

- Study counselors are recruited via email
- Link to complete online informed consent form
  - to use ratings as data and to participate in a quantitative assessment
  - for in-depth interview if selected (up to 2 counselors per site)
- Quantitative Assessment (20 minutes in duration)
  - Demographics & prior training, Options counseling training & coaching, Options counseling intervention, Recommendations
- In-depth Interview (45-60 minutes in duration)
  - Overall impressions of Options counseling; Reactions to drug level discussions; Barriers to conducting Options counseling; Training, Recordings & ratings; Coaching calls; Other counselor activities; Impact of client-centered counseling on work/life

STATUS

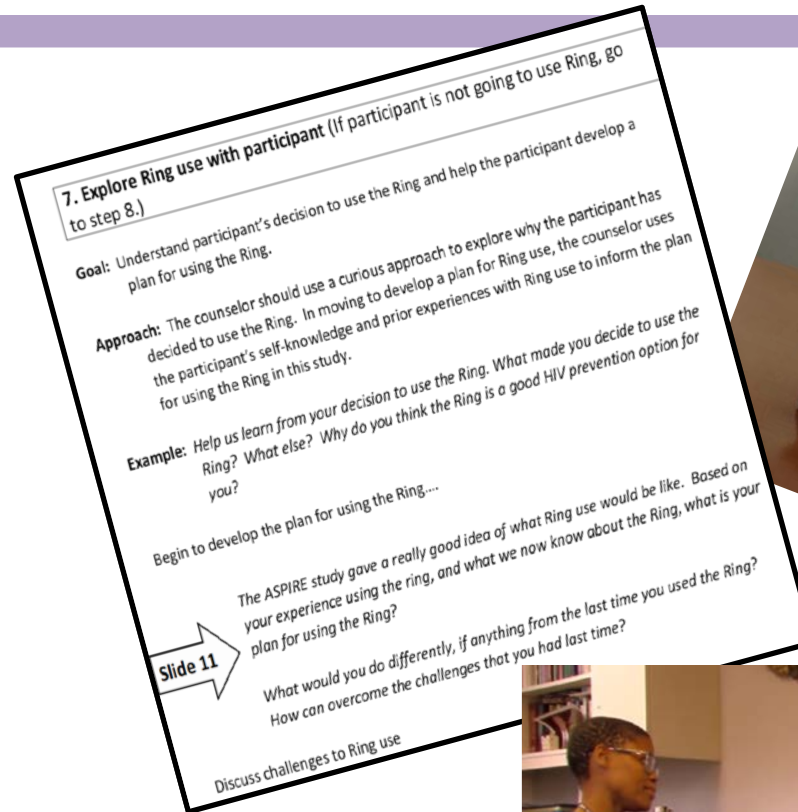
- 9 sites have IRB approvals
- 8 sites completed the study
- Participants
  - Quant N=24
  - Qual N=11

Facilitators to Implementation

Preliminary Qualitative Findings

Training Materials

- All were found to be useful
- Supported counselors while they learned the intervention
- Use of materials varied over time based on comfort level



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Example: *Help us learn from your decision to use the Ring. What made you decide to use the Ring? What else? Why do you think the Ring is a good HIV prevention option for you?*

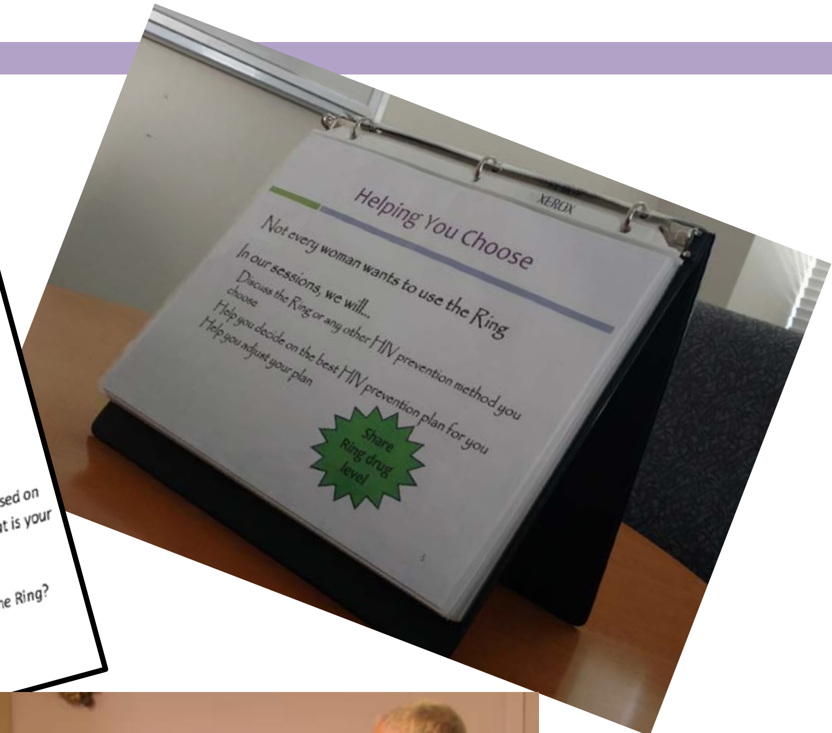
Begin to develop the plan for using the Ring....

Slide 11

The ASPIRE study gave a really good idea of what Ring use would be like. Based on your experience using the ring, and what we now know about the Ring, what is your plan for using the Ring?

What would you do differently, if anything from the last time you used the Ring? How can overcome the challenges that you had last time?

Discuss challenges to Ring use



Materials: Counseling Manual

- Used early on to learn the intervention before using the flipchart

  I think reading the manual before and understanding the manual before using the flip chart, because the flip chart became much easier to use. (Site #12)

- Guided counselors through the sessions in detail; included strategies for tackling difficult aspects

  The manual had different questions or different strategies that you can use in different ways, because sometimes you can get stuck, especially when it comes to open-ended questions. (Site #11)

  After you have done your counseling, you go back to your manuals. You do your own rating and see where you're lacking and then how to improve it. (Site #13)

- The more specific the guidance, the more supported counselors felt

  [In the beginning] The manual was really flowing very well. But in the middle of the manual, it was not very clear. Like we had even to bring in more of our words to add in… when things turned bad, it was not very specific. So in the middle it did not say that you would do this and this and this and that. (Site #7)

Materials: Flipchart

- Visually guided counselors to recall manual contents

  The flipchart was designed in a very good way that didn't display too much information, so you could easily remember looking at a word that, okay, this is guiding you to focus your counseling or your conversation on this area. (Site #12)

- Facilitated a conversation with participants

  The flipchart is all that we need. It gave us enough time to concentrate on what the participant is saying, instead of having to flip over this manual and trying to read it and all that. So the flipchart really -- I think it's just the way to go. (Site #13)

  At the end, I felt good, like I had mastered most of the things and the story would just flow. You could not feel you are reading something on a flip chart. It would just be like a normal conversation with a participant. (Site #7)

Materials: Videos

- Designed to model different counseling scenarios and how to approach them

  I could actually see how the counseling session should be done. I would sit and I would just look and I'd listen to how they'd answer the questions, how they'd ask the questions, and how they structured the entire session. (Site #12)

  And the videos helped us a lot to see how you conduct yourself in a session; basically, the order. And even knowing that respect of autonomy was key, giving the participants time to talk. And you also talk when it's your time. So they were really important. (Site #7)

- Modeled placement of flipchart and non-verbal interactions

  The videos helped us to know how to do the nonverbals because we would see Ivan with someone. He has done this. He's leaning towards the participant. He's moving away from him. They would help us, and we would know how to bring out the words and how to face the flip chart (Site #7)

Session Recordings: Counselors' Perspectives

- Intimidating at first, but comfort grew with experience

  At first it was a bit scary? (laughs) Because I wasn't sure what to expect or what was going to come back? But the more and more I did it, I felt more at ease, and then even the participants -- because I was comfortable -- the participants were comfortable with it, so it was just a normal discussion, everyday talks with them, so it wasn't formal. (Site #11)

  It was the first time we're doing the recording thing; it was a little bit uncomfortable. But when time goes on, you get to be comfortable and forget about the recorder and talk to the person in front of you. The minute you forget that you're being recorded, you relax. (Site #13)

- Counselors appreciated that recording sessions allowed them to get feedback

  So the recording of the sessions made it very easy to get feedback and to also -- yeah, and to also give -- like, give that information of challenging sessions, so that we can discuss it and they could rate it. (Site #12)

  We always think of the first session that you did, the fear of the unknown. As soon as we got the idea that really, this is simple -- as soon as we got our feedback from the group, then we realized that these people are not out to get you. These people are there to assist you so that you improve on your counseling skills. (Site #5)

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Session Recordings: Participants' Perspectives

- Some participants were hesitant at first; counselors worked to increase acceptability

  In the beginning, of course it was not good. They would feel that anybody can listen to their audios but we explained to them and she would say it's fine "As long as you are not giving them to anybody here to listen to me, let those who don't know me hear what I talk." So at the end of it all, they had no problems. And they would come and they'd say, "Are we going to do the recording now?" (Site #7)

  Before we start, I will explain -- the recording is not meant for her; it's meant for me. And I will make sure that the recorder is next to me -- if it's sitting between me and her I will make sure that I pull it towards me, so that she understands "Oh, she's recording herself, not me." This was my strategy. (Site #5)

- Still, some counselors thought the recordings affected participants' openness

  For me that issue of recording was so very disturbing, actually. I believe it also influenced the accuracy of the data. Because if someone know that it's being recorded, they become not friendly and comfortable to tell everything. So -- I believe it negatively affected the accuracy of the data, you see? (Site #4)

- Some sites obtained consent from each participant once at the beginning of the study, others at the beginning of each session

Peer Counseling Groups

Have a regular time for the meeting and stick to it!

- Discussed counseling challenges

  We'd come with the case to discuss and tell the others what happened and how you tried to resolve this issue. And then you'll find somebody who'll say, oh, I had the same issue. I did it like this and this and this. And then you learn from each other. (Site #5)

  Actually, we would bring out our ratings. Where somebody did not collaborate well, then we would listen to someone who got a five, we would listen to hear how she did it. If you had a three or a two, we will help, yes. (Site #7)

- Peer Support

  …and also like checking if the staff are comfortable doing the COACH counseling or not. Because if you are not quite comfortable doing it, you're more likely not to have a positive feedback from the participant. And then as soon as you do much better-- people who do COACH counseling are people who really like to do counseling. (Site #13)

- Meetings helped to focus on issues for discussion during coaching calls

Summary

- The COACH program was able to establish a positive feedback loop that facilitated the delivery of an evidence-based intervention with fidelity
- After initial hesitation, counselors found COACH useful for the feedback it provided
- Monitoring and feedback increased counseling skills during HOPE
- Improved skills can be tapped for other counseling encounters and studies.

DELIVER & B-Protected

Envisioning counseling for HIV prevention for pregnant and breastfeeding women

Key counseling questions

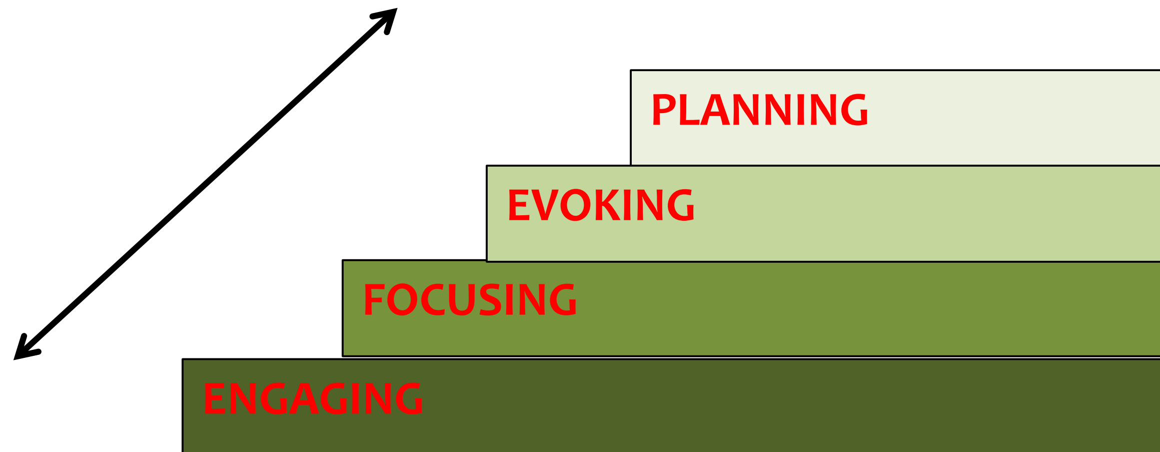
- What might a counseling intervention for 042 and 043 look like?
- How to maintain a fragile balance between HIV protection and possibility of risk to child?
- How do we culturally tailor the intervention to allow for its use in different countries and cultures, in both clinic and home settings
- How do we best support counselors in delivering the intervention with fidelity
- How might we identify good candidates for this study?

Client-Centered

- Fully client-centered
  - collaborative
  - empathic
  - respectful of participant's choices
    - Messaging around choice
  - evocative
- Counselor as coach that helps participant achieve her product use and HIV prevention goals.
- Strikes a fragile balance between two powerful drives
  - HIV protection (for herself and her baby)
  - concerns about possible harm to the baby from study products.

Guided by Four Processes of MI

Engaging ➡ Focusing ➡ Evoking ➡ Planning



Specific tasks are embedded to facilitate each process

Tasks will focus on product adherence, HIV prevention, and other pregnancy issues

Intervention Development Process

- 3-4 high performing HOPE study counselors will collaborate with Ivan to design the intervention, bringing local expertise and experience; they can then serve as senior counselors at their study site
  - If lacking pregnancy expertise, can also invite other counselors with this expertise
- A 3-4 day working meeting at one of the study sites to
  - develop intervention components and role-play them
  - identify/develop materials to support counselors
- Review and changes to counseling approach during the "Pause" between study cohorts

Training Approach

- 2-3 day in-person training
  - Local members of the intervention development team will assist in the training
- Mock sessions before certification
- Fidelity Monitoring
  - Session Recording
  - More frequent monitoring at the beginning of study/each cohort
  - Want to ensure counselors receive regular feedback throughout study
- Booster training at MTN Regional Meetings
  - Found particularly useful during HOPE
- Recommended implementation of counselor's meeting

Using sessions as data

- Session recordings presented as a standard study task
  - Consent is not secured at each session
  - Normalizes process and avoids negative feedback loops
  - Approach used in most successful HOPE Study site

- IRB approval and participant consent to use the recordings for QA and data capture
  - Allows post-hoc identification of sub-samples whose sessions can be reviewed for themes and issues discussed
  - Allows for analysis of counselor-participant dynamics during session interactions

Decisional Balance for Study Enrollment

- Pros/Cons exercise
- Conduct after receiving info and deciding whether to enroll
- Often used in therapy for decision-making
- Easy to train
- Review list then ask key question about enrolling

Pros And Cons Chart

scars-fade-love-stays | tumblr

Impulse/action: ________________

	Acting On Impulse	Not Acting On Impulse
Pros		
Cons		

Is it worth it? ____________

What can you do instead? ________________

Pros	Cons

Acknowledgements

- The COACH Counselors
- My team of raters
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Thank you!