This chapter provides eight activities and three assessments for training community health workers (CHWs) in client-centered counseling skills. Client-centered counseling is a general approach to supporting clients in making desired changes to their lives that draws upon a wide range of theories, concepts, and techniques, including motivational interviewing. This client-centered practice is grounded in a commitment to supporting the autonomy of clients to set their own priorities and make their own decisions for how to promote their health and wellness.

This guide corresponds to, and is meant to be used with, Chapter 9, “Client-Centered Counseling for Behavior Change,” of Foundations for Community Health Workers, Second Edition.
CHAPTER AT A GLANCE

Client-Centered Counseling for Behavior Change

Some professionals question the use of the term “counseling” to describe the services that CHWs and other unlicensed workers provide, and they may prefer other related terms such as coaching or peer counseling. Regardless of the language you use, CHWs often work closely with clients in community and clinical settings to support them in making behavioral changes designed to promote health. The concepts and skills used to provide these services are well described in an extensive literature as “client-centered” and may be found in resources from international agencies such as the World Health Organization (WHO), the federal Centers for Disease Control and Prevention (CDC), and many state health departments.

We train CHWs in client-centered counseling and coaching in an iterative fashion that encompasses the use of videos, small and large group discussions, and dozens of role play practices. We facilitate role plays in a wide variety of ways, as described in “Training Techniques,” in order to provide CHWs with as many opportunities as possible to try out new skills, to make mistakes, and to gradually enhance their confidence for client-centered practice. Our training approach features extensive peer feedback.

This guide is meant to be used along with Chapter 9 of Foundations for Community Health Workers, Second Edition. The guide includes a selection of step-by-step training activities from the City College of San Francisco (CCSF) CHW certificate program. It is not meant to be a comprehensive list of all training activities for addressing the topic of client-centered counseling. We recommend reading Chapter 9 in Foundations, since the textbook provides more material about client-centered counseling, as well as a deeper explanation of concepts related to activities in this guide.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LEARNING OBJECTIVES</th>
</tr>
</thead>
</table>
| **ACTIVITY 9.1: REVIEW OF KEY CONCEPTS AND SKILLS FOR CLIENT-CENTERED COUNSELING** (90–120 MINUTES) | ▶ Analyze and discuss key concepts and skills for providing client-centered counseling.  
▶ Demonstrate an understanding of how key concepts and skills for client-centered counseling may be effectively applied to their work as CHWs. |

This activity engages learners in a review of key concepts and skills for client-centered counseling. Skits in small groups, and small and large group discussions

Includes:

- Learner Handout 9.1 A: Guidelines for Small Group Presentations and Skits
### CHAPTER AT A GLANCE (continued)

#### Client-Centered Counseling for Behavior Change

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LEARNING OBJECTIVES</th>
</tr>
</thead>
</table>
| **ACTIVITY 9.2: HARM REDUCTION RATING GAME (60–90 MINUTES)** | - Define harm reduction.  
- Analyze the harms associated with specific health behaviors or policies for individuals, families, communities, and society.  
- Identify ways to apply harm reduction to reduce the possible harms associated with a range of health-related behaviors and policies. |
| This activity provides learners with an opportunity to analyze and discuss the concept of harm reduction and to analyze the possible harms arising from specific behaviors or policies. Risk rating game in a large group. **Includes:**  
  - Learner Handout 9.2 A: The Harm Reduction Continuum  
  - For the Trainer 9.2 A: The Harm Reduction Continuum  
  - Learner Handout 9.2 B: Risk Rating Cards, Individual Behaviors/Decisions  
  - Learner Handout 9.2 C: Risk Rating Cards, Public Health Policies | |
| **ACTIVITY 9.3: GIVE ME AN OARS! (60 MINUTES)** | - Clearly define OARS and explain how such skills may be used when working directly with clients.  
- Apply OARS to a client case study scenario. |
| This activity provides learners with an opportunity to review and apply key skills for motivational interviewing (MI)—the use of OARS (open-ended questions, affirmations, reflective listening, and summarizing). Case study and small and large group discussion. **Includes:**  
  - Learner Handout 9.3 A: Client Case Study, Mateo | |
| **ACTIVITY 9.4: VIDEO DEMONSTRATION OF CLIENT-CENTERED COUNSELING AND THE USE OF THE MOTIVATION SCALE (40–50 MINUTES)** | - Identify key elements for client-centered counseling demonstrated in the video role play.  
- Enhance their skills and comfort in analyzing and describing client-centered counseling concepts and skills. |
| This activity provides learners with an opportunity to view and discuss a video to prompt discussion about client-centered practice and the use of a motivation ruler or scale. Video and large group discussion | |
### CHAPTER AT A GLANCE (continued)

#### Client-Centered Counseling for Behavior Change

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LEARNING OBJECTIVES</th>
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</thead>
<tbody>
<tr>
<td><strong>ACTIVITY 9.5: CLIENT-CENTERED COUNSELING ROLE PLAYS (90–120 MINUTES)</strong></td>
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</tbody>
</table>
| This activity provides learners with an opportunity to practice using client-centered counseling and motivational interviewing skills and using a CHW performance assessment to provide constructive feedback. | ▶ Discuss key concepts and skills for motivational interviewing and client-centered counseling.  
▶ Demonstrate key skills for providing client-centered counseling.  
▶ Provide and receive constructive feedback. |
| Role plays in small groups, and large group discussion |  |
| *Includes:*  
  ● Learner Handout 9.5 A: Role Play Cards  
  ● Learner Handout 9.5 B: Modified Rubric for Assessing CHW Performance |  |
| **ACTIVITY 9.6: VIDEO DEMONSTRATION OF ROLLING WITH RESISTANCE (50 MINUTES)** |  |
| This activity provides learners with an opportunity to view a CHW working with a client who is ambivalent about making change to promote his health and to discuss how to respond in similar situations and how to apply the concept of rolling with resistance to guide clients. | ▶ Clarify concepts and skills for rolling with resistance when a client is ambivalent about making changes to promote their health. |
| Video and large group discussion |  |
| **ACTIVITY 9.7: ROLLING WITH RESISTANCE, ROLE PLAYS (60–80 MINUTES)** |  |
| This activity provides learners with an opportunity to practice and discuss how to roll with resistance when working with a client who is ambivalent or resistant to making changes to promote their health. | ▶ Define and discuss rolling with resistance.  
▶ Identify and explain when to roll with resistance.  
▶ Role play and demonstrate rolling with resistance. |
| Role play practice in small groups |  |
| *Includes:*  
  ● Learner Handout 9.7 A: Role Play Cards |  |
### CHAPTER AT A GLANCE (continued)

#### Client-Centered Counseling for Behavior Change

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>LEARNING OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVITY 9.8: CASE STUDY, CLIENT-CENTERED COUNSELING (50 MINUTES)</td>
<td>- Analyze and discuss how to apply key concepts and skills for client-centered counseling to a client case study scenario.</td>
</tr>
</tbody>
</table>

This activity provides learners with the opportunity to apply knowledge about client-centered counseling to a case study. Case study and small group work

*Includes:*
- Learner Handout 9.8 A: Case Study, Regina Walker

#### TRAINING WITH VIDEOS FROM CHAPTER 9 OF FOUNDATIONS

Chapter 9 of the textbook includes five videos of a CHW working with a client that show key concepts and skills for client-centered counseling, and three interviews with CCSF faculty.

<table>
<thead>
<tr>
<th>ASSESSMENTS</th>
<th>ANSWER KEY OR RUBRIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSESSMENT 9.1: CASE STUDY EXAM</td>
<td>- Answer key</td>
</tr>
</tbody>
</table>

This assessment asks learners to apply client-centered concepts and skills to answer ten questions based on a case study.

<table>
<thead>
<tr>
<th>ASSESSMENT 9.2: CLIENT-CENTERED COUNSELING ROLE PLAYS AND PEER ASSESSMENT</th>
<th>Rubric</th>
</tr>
</thead>
</table>

This is a peer-based assessment of client-centered counseling skills where learners do role plays in pairs of two, taking turns to play the CHW and to demonstrate client-centered counseling skills. Learners who play the client complete a CHW Performance Assessment Rubric and provide their colleague with constructive feedback.

<table>
<thead>
<tr>
<th>ASSESSMENT 9.3: REFLECTIVE WRITING ASSIGNMENT</th>
<th>Standard rubric</th>
</tr>
</thead>
</table>

This assignment asks learners to write a brief paper on the topic of client-centered counseling, drawing upon key concepts from the CHW training.
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ACTIVITY 9.2: Harm Reduction Rating Game 409

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Training with Videos from Chapter 9 of Foundations 454
Activity 9.1

Review of Key Concepts and Skills for Client-Centered Counseling

This activity engages learners in a review of key concepts and skills for client-centered counseling. This review builds upon prior training activities from Chapter 6, “Practicing Cultural Humility,” Chapter 7, “Guiding Principles,” and Chapter 8, “Conducting Initial Client Interviews.” This overview addresses concepts of counseling, characteristics of successful counselors, the stages of change model, harm reduction, and motivational interviewing (MI).

The review is done through large group discussions and small group work. Learners will work in small groups to develop short presentations and skits to teach their peers about a key concept or skill for client-centered counseling.

1 Introduction

Frame this activity as an opportunity to review and discuss key concepts for client-centered counseling and coaching. Ask learners to draw upon their reading of Chapter 9, other resources, and their own experience. Tell learners that you will begin the conversation as a large group, and that learners will then be asked to work in small groups to develop 5-minute presentations on a key concept or skill.

2 Large Group Discussion

Select several key concepts and skills from Chapter 9 to review as a large group before learners prepare to do their presentations. The goals are for learners to enhance their ability to describe and analyze key concepts and skills, and to practice how they may apply them to support the health of the clients and communities they work with.

For example, you may wish to facilitate discussion of the following concepts and skills in the large group:

- What are examples of topics or issues that clients may wish to address in counseling?
Review of Key Concepts and Skills for Client-Centered Counseling (continued)

For example, clients may address specific physical or mental health issues such as HIV, cancer, or depression; issues of addiction, exposure to violence, and trauma; their need to develop greater independence; challenges they encounter within their families; and their need to seek services and support related to topics such as housing, food security, job training, employment, and legal assistance.

- What are possible outcomes for client-centered counseling? What may clients change or achieve?
  For example, people may seek to enhance their understanding, self-awareness, or knowledge; to change an attitude or behavior; to improve the quality of a key relationship; to prevent illness; or to accept illness and find a best way of managing and living with it; and so on.

- What are some of the key characteristics of successful counselors? How do these correspond to the qualities of successful CHWs overall?
  For example, CHWs may demonstrate a belief in the wisdom of clients; the ability to set aside personal issues to focus on the client; a deep commitment not to discriminate against clients on the basis of their identity, beliefs, or behavior; or the expression of empathy in a visible and authentic manner.

- What are some of the attributes and behaviors of counselors that may lower or harm a client’s motivation for making changes?
  For example, CHWs may demonstrate behaviors such as criticizing, shaming, judging, labeling, lecturing or preaching, assuming the expert role, and so on (see the attitudes and behaviors figure in Chapter 9 for examples).

- What are some of the attributes and actions of counselors that may enhance or build a client’s motivation for making changes?
  For example, CHWs may demonstrate behaviors such as having respect and empathy, listening and showing interest in the client’s life, supporting the client’s autonomy, and so on (again, refer to the attitudes and behaviors figure in Chapter 9).

- What is the technique of commenting on the process? When might you as a CHW use this technique? How may it benefit the client?
  Commenting on the process is a way of addressing something that is occurring in the moment for the client or in the dynamic between you and the client. For example, the client may be silent or uncommunicative, or they may be expressing frustration or anger. By inquiring about what is happening, you offer the client an opportunity—which they may or may not take—to talk about something that is difficult or upsetting, or something that you are doing that is not working for them.

Before moving on to the next step of the training, select one of the topics you reviewed, and ask learners to brainstorm ideas for how they might depict or demonstrate this...
concept in a small group skit. If learners have a difficult time initiating the brainstorm, be prepared to share several ideas yourself.

3 Small Group Work

Explain that you will assign learners to work in small groups. Each group will be given one client-centered concept or skill and approximately 15 minutes to prepare a presentation and/or a skit about that concept for the large group. A skit is simply a way of dramatizing a concept or idea through actions and words.

Possible client-centered concepts and skills for small group work may include the following:

- Stages of change
- Harm reduction
- Action planning
- The use of bubble charts
- Affirmations or open-ended questions
- Use of a motivation scale/ruler
- The empty chair technique

Assign learners to five or more small groups depending upon the number of concepts and skills on which you wish them to present. Keep the time factor in mind here. For example, ten presentations on key concepts would require at least two hours including time for discussion.

Ask one member of each group to reach into a bag (or hat) to select one counseling concept/or skill for their group to work on. Provide each learner with a copy of the handout with guidelines for small group presentations (included at the end of this activity), and review the handout, clarifying the instructions and responding to questions.

Circulate among small groups as they work, answering questions and offering additional guidance as necessary.

4 Small Group Presentations

Provide each group with 5 minutes to conduct a presentation to the rest of the class. Ask the learners to give each group their full attention. After each group presents, facilitate discussion by providing time for others to ask questions and to add additional information. As necessary, keep the conversation on track by posting prompting questions such as these:

- When might you use or apply this concept or skill in your work as a CHW?
Review of Key Concepts and Skills for Client-Centered Counseling (continued)

- What value does this skill have for the clients you will work with?
- What outstanding questions or concerns do you have about this topic?

Don’t hesitate to provide additional information, as necessary, to clarify key concepts, drawing upon Chapter 9 as you wish.

5 Reinforcement

Reinforce key messages and concepts highlighted by learners, from Chapter 9 and other sources, such as these:

- The attitudes and behaviors demonstrated by CHWs and other professionals can impact a client’s motivation for changing behaviors or for making other life changes to promote their health. Client-centered counseling concepts and skills are designed to enhance or build a client’s autonomy, confidence, and motivation for change.

- The stages of change model can be useful in assessing where a client is in terms of behavior change. The model includes a pre-contemplation stage in which a person is not yet considering change. The stages of change model also includes relapse, or a stage in the process in which people may return to prior patterns of behavior that they were trying to change.

- It is common for people who are trying to change behaviors to feel ambivalence or mixed feelings or doubts about the old and new behaviors and the process of making changes. The client-centered model asks CHWs to accept this as a natural and common part of the process, and to use skills to support the client to further explore their feelings, thoughts, and desired course of action.

- Harm reduction or risk reduction acknowledges that people may not wish to or be able to reduce all potential risks or harms from their life, but that any action they take to reduce these potential risks or harms has a benefit to their health. Harm reduction may be applied to almost any health issue from substance use; to the management of chronic health conditions such as diabetes, depression, and HIV; to changing patterns of eating and physical activity.

- CHWs should learn to incorporate a variety of techniques—naturally and in a way that is authentic to their own personality and style—that are designed to support clients to consider their behaviors, thoughts, and feelings and to make plans for desired changes to promote their health and well-being. These techniques include, for example, motivational interviewing (MI).

- There are a range of resources and tools to use in providing client-centered counseling. For example, a bubble chart or group of circles can be used to help a client brainstorm possible goals for an action plan. A motivation scale or ruler can help a client assess their motivation, confidence, or readiness to change, and adjust their action or behavior change plan as necessary.
Learner Handout 9.1 A: Guidelines for Small Group Presentations and Skits

You will have 15 minutes to prepare a 5-minute presentation and/or skit about the client-centered counseling concept or skill that you selected. Your challenge is to present key information to your CHW colleagues in a way that accomplishes the following:

- Helps them to clearly understand what the concept/skill is
- Explains how this concept/skill can support the health and well-being of clients
- Shows how the concept/skill can be used by working CHWs

Start by identifying the most important information that you wish to share with your colleagues about the topic you were assigned.

You may provide a quick presentation followed by a skit, or use a skit to highlight all of the key information. Your skits may be serious or funny—use your creativity!

And, please, demonstrate your teamwork skills:

- Respect the perspectives and ideas of each team member.
- Make sure every team member has a role in the presentation and/or skit.
Harm Reduction Rating Game

This activity provides learners with an opportunity to analyze and discuss the concept of harm reduction and how it can be applied to a wide range of health and social issues. Learners will engage in a rating game, analyzing the possible harms arising from specific behaviors or policies, as well as how these harms may be reduced.

1 Introduction

Explain that this training activity is an opportunity to review the concept of harm reduction and to analyze how it may be applied to reduce the potential harms arising from individual behaviors and decisions and from public policies.

Take a few minutes to review the definition of harm reduction by posing questions to learners such as these:

- What is an example of harm reduction?
- How would you describe the concept of harm reduction to a new CHW?
  
  See Chapter 9 for examples.
- What types of issues can harm reduction be applied to?

Harm reduction can be applied to most health and public health issues. Perhaps a better question would be “What are examples of health issues to which harm reduction cannot be applied?”

2 Small Group Discussion

Assign learners to work in groups of three to five people. Hand each group a copy of the harm reduction continuum handout included at the end of this activity. Explain that their task is to select one or two issues, and to document, in the space provided, potential harms that could arise for individuals, families, communities, and society.

   60–90 MINUTES

MATERIALS NEEDED

- Copies of “Learner Handout 9.2 A: The Harm Reduction Continuum” (included at the end of this activity)
- “For the Trainer 9.2 A: The Harm Reduction Continuum” (included at the end of this activity)
- Copies of “Learner Handout 9.2 B: Risk Rating Cards, Individual Behaviors/Decisions” (included at the end of this activity), cut into cards
- Copies of “Learner Handout 9.2 C: Risk Rating Cards, Public Health Policies” (included at the end of this activity), cut into cards

TRAINER PREPARATION

- Review Chapter 9.

LEARNER PREPARATION

- Ask learners to review Chapter 9 in advance of this activity.

LEARNING OUTCOMES

After this activity, learners will be able to:

- Define harm reduction.
- Analyze the harms associated with specific health behaviors or policies for individuals, families, communities, and society.
- Identify ways to apply harm reduction to reduce the possible harms associated with a range of health-related behaviors and policies.
Harm Reduction Rating Game (continued)

Before small groups begin their work, select one of the issues from the left hand column of the worksheet, and ask all learners to brainstorm responses for all four levels of harm. As necessary, provide additional prompts to guide learners in considering how the issue may impact a community or society. Using the example of tobacco use, for example, learners may identify the following types of harms:

- **To individuals**: Increased risk of illness, including cancer, respiratory diseases, heart disease, and other chronic health conditions, disability, and premature death
- **To families**: The illness and death of loved ones, the loss of family members, the high cost of regular tobacco use (funds that could have been spent on other resources for the family)
- **To communities**: Increased illness among community members, and the loss of human potential
- **To society**: Loss of human potential, productivity, and life; the high costs of providing health care to patients who become ill as a result of smoking; loss of resources that could have been invested in other public benefits

When learners have identified potential harms for all four levels, ask them to repeat this activity in their small group for at least two additional issues.

Circulate among groups to respond to questions and concerns and to observe their conversations.

### Large Group Discussion

After each small group has identified all four levels of harm for at least two of the examples provided, facilitate a large group discussion. Start by selecting two different types of issues to review with the group: one that features individual behaviors (such as heroin use) and another that features a public policy (such as availability of handguns). Ask learners to share their analysis of the spectrum of potential harms for individuals, families, communities, and society.

Continue to facilitate discussion by posing questions such as these:

- Was it difficult to identify the potential harms for any of the issues listed in the worksheet?
- What is the value of considering the full spectrum of harm (for individuals, families, communities, and society)?

You may wish to highlight that discussions about harm reduction tend to focus on the use of alcohol, tobacco, and drugs, but they can be applied to a much wider range of health and social issues. Encourage learners to broaden their understanding of the ways in which individual behaviors and public policies can imply potential harms for individuals, families, communities, and the broader society as well.
Harm Reduction Rating Game (continued)

4 Harm Reduction Rating Game, Individual Behaviors

For this activity, designate one end of the training room to represent less harm and the other end to represent greater harm. For example, you could post a down arrow (↓) on one side of the room and an up arrow (↑) at the other end.

Place a stack of cards listing individual behaviors face down on a desk and ask each learner to pick one and read it to themselves. Direct learners to line up across the room in order of how risky or not risky they think the activity on their cards is. In other words, for each learner, the person standing next to them and toward the up arrow should be holding a card that is more risky or potentially harmful than their own, and the person on the other side should be holding a card that implies less harm.

OPTION Depending upon the number of learners in this training, there may not be enough cards for each learner to take one. If this is the case, ask one group of learners to take a card and to line up as just discussed. The other group of learners will observe the line up and make suggestions for how to change the rating of cards, as discussed momentarily.

Permit learners a few minutes to wrestle with the challenge of arranging risks on a spectrum from least harmful to most harmful, debating among themselves. Note that there isn’t necessarily a right or wrong order to the cards. The level of harm (or risk) of each card may be interpreted in different ways. Some of the cards may be vaguer than others, inviting learners to make assumptions or to consider alternatives (such as, what if the person is using a condom, or, what if the person is only smoking one cigarette a week?).

After a few minutes, ask learners in the rating game lineup (or, if there were not enough cards, those who are observing the activity) if they would like to switch the order of any of the cards in the line and to explain why. This is an opportunity for a learner to argue that a specific risk behavior has been rated as too harmful (or not harmful enough) by their peers. If this learner is able to convince the person holding the rating card to move up or down the continuum of harms, then the person holding the card can switch their position, changing the lineup.

Do this several times to stimulate debate and discussion about how to analyze and interpret potential risks or harms.

5 Large Group Discussion

Start by posting the rating cards, in their final order, on the wall or the best location in the training room so that they can be seen and read by all learners. Then facilitate a large group discussion by posing questions such as these:

- Is it easy to determine the precise order of harm for each of these cards and topics?
Harm Reduction Rating Game (continued)

- Does everyone interpret level of harm or risk in the same way?
- What implications does this activity have for your work as a CHW with clients and communities?

Next, select one of the cards and ask learners to share ideas for what could be done to reduce the potential for harm (at any or all levels of the harm continuum). Start with a card for which it is easier to identify strategies for harm reduction. Keep in mind that this is a brainstorming activity, and that there may be many correct answers and strategies for how to reduce harm.

Facilitate continued discussion by posing questions such as these:
- Is there always one right or better strategy for harm reduction?
- What factors may influence selecting a strategy for harm reduction?
  
  At the individual level, these factors may include the person’s past history, knowledge and skills, culture, values and beliefs, motivation for and confidence in making change, access to support, other resources, and so on.
- How does this discussion about harm reduction apply to the work that CHWs do with individual clients?
  
  This may be an opportunity to reinforce client-centered concepts. For example, supporting the client to determine if they want to reduce the potential for harm and, if so, when and how. Keep in mind that anything that the client does to reduce potential harms from activities such as smoking or lack of physical activity is a good thing that may enhance their health and wellness (unless of course, it implies other harms or harms to others).

6 Rating Game, Public Policy Issues, and Large Group Discussion

Repeat the risk rating game described in Step 4 using the Rating Game Cards that list public policy issues. Again, ask learners to line up in a continuum from least harm to greatest potential harm.

For this activity, we provide fewer rating cards, so fewer learners will be able to line up, since it is more challenging for learners to compare the relative harm related to these policy issues. Don’t spend too much time trying to determine the relative harm of each issue. Facilitate discussion, as you did in Step 4, by asking questions such as these:
- How would you change the rating of potential harm to these policy cards, and why?
- What could be done to decrease the potential for harm from these policies?
- How does this discussion relate to the work that CHWs do at the community level?
Reinforcement

Reinforce key messages about harm reduction including those identified by learners, from *Foundations*, and from other resources. These may include the following:

- The principle of harm reduction means putting any type of action or policy in place that may reduce the potential of harm to individuals, their families, and the broader community.

- Harm reduction is often compared to an abstinence-only approach—one that seeks to stop people from engaging in different risk behaviors, such as sex or unprotected sex, or the use of alcohol, drugs, and tobacco. Harm reductionists argue that abstinence is not a practical solution for many people, and that any reduction in possible harm, such as using drugs less often, or in ways that lessen the possibility of acquiring or transmitting infectious diseases, is a good outcome that improves health status.

- The concept of harm reduction can be applied to a wide range of health, public health, and social topics, and not just to issues related to substance use.

- Consider the potential harms—and opportunities to reduce those harms—using an ecological perspective that considers individuals, families, communities, and the broader society.

- As CHWs, you can apply harm reduction when working with individual clients to change behaviors to better enhance their health and the health of their families.

- As CHWs, you may also apply harm reduction for working at the group or community levels and even by working to change public policies.
## Activity 9.2

### Learner Handout 9.2 A: The Harm Reduction Continuum

#### EVALUATING THE LEVEL OF HARM

<table>
<thead>
<tr>
<th>EXAMPLE</th>
<th>HARM TO INDIVIDUALS</th>
<th>HARM TO FAMILIES</th>
<th>HARM TO COMMUNITY</th>
<th>HARM TO SOCIETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widespread availability of handguns and ammunition</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Lack of universal health care (tens of millions of Americans are uninsured)</td>
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<tr>
<td>Injecting heroin</td>
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<tr>
<td>Lack of short- and long-term housing, including shelters and transitional housing, for low-income people</td>
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<tr>
<td>Smoking cigarettes (tobacco use)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your example here:</td>
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</tbody>
</table>

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### Evaluating the Level of Harm

<table>
<thead>
<tr>
<th>Example</th>
<th>Harm to Individuals</th>
<th>Harm to Families</th>
<th>Harm to Community</th>
<th>Harm to Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widespread availability of handguns and ammunition</td>
<td>Injuries and loss of life. Criminal justice penalties, including incarceration.</td>
<td>Loss of loved ones due to intentional and unintentional handgun injuries and death.</td>
<td>Fear of handgun violence, lack of safety, loss of community members to violence and the prison system, etc. Discrimination and violence from police.</td>
<td>Loss of human potential due to injury, death, and incarceration. Increased funding for police, courts, and prisons that could have been spent on other resources such as schools, housing, employment, or health care.</td>
</tr>
<tr>
<td>Lack of universal health care (tens of millions of Americans are uninsured)</td>
<td>Millions delay or go without necessary medical treatment. Increased illness, use of emergency departments, hospitalization, and premature death.</td>
<td>Anxiety about potential illness, trying to find support for family members who are ill, high costs, bankruptcy. Increased illness, disability, and death of family members.</td>
<td>Lower rates of access to preventive services and timely primary health care. Increased illness and premature death.</td>
<td>Loss of productivity and human life. Increased health care costs for treating illnesses that could have been prevented.</td>
</tr>
<tr>
<td>Injecting heroin</td>
<td>Risks of infection, overdose, premature death, incarceration, and the loss of employment, housing, and family relationships.</td>
<td>Anxiety, conflict, and damaged relationships. Loss of income and support. Possible loss of loved one due to incarceration or death.</td>
<td>Loss of human potential. Concern about drug use and sales, police activity, and criminal justice system involvement.</td>
<td>Loss of human potential. High costs of supporting drug laws and incarceration. Loss of funding that could have been invested in other resources.</td>
</tr>
</tbody>
</table>
### For the Trainer 9.2 A: The Harm Reduction Continuum (continued)

<table>
<thead>
<tr>
<th>EXAMPLE</th>
<th>HARM TO INDIVIDUALS</th>
<th>HARM TO FAMILIES</th>
<th>HARM TO COMMUNITY</th>
<th>HARM TO SOCIETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of short- and long-term housing, including shelters and transitional housing, for low-income people</td>
<td>Increased risks of exposure, assault, illness, and premature death.</td>
<td>Difficulty raising families without stable housing. Adverse impact on children.</td>
<td>Instability as people move from neighborhood to neighborhood in search of housing. Loss of human potential.</td>
<td>Loss of human potential. Increased health and social issues among people without stable housing. Loss of funding that could have been invested elsewhere.</td>
</tr>
<tr>
<td>Smoking cigarettes (tobacco use)</td>
<td>Increased risks for respiratory illnesses, cardiovascular disease, cancer, diabetes, and other chronic conditions. Increased risk of premature death.</td>
<td>Exposure to second-hand smoke and resulting increased risks for illness. Caring for a loved one who is ill. Loss of a loved one. Family income spent on tobacco that could have been spent on food and other basic needs.</td>
<td>Increased illness, disability, and premature death from chronic disease.</td>
<td>A higher prevalence of preventable disease, premature death, and increased health care costs. Loss of human potential. Funding invested in prevention, research, and treatment that could have been invested in other resources.</td>
</tr>
<tr>
<td>Your example here:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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| Not taking blood pressure medications properly  
<p>| (skipping medications, taking different doses of medications) | Texting and driving |
| Lack of regular engagement in physical activities | Eating a diet that is high in processed foods, sugars, salt, and saturated and trans fats |
| Responding to stress by yelling and saying cruel things to family members | A parent kicking a child out of the house because they are lesbian, gay, or transgender |
| A close family member killed in a drive-by shooting | Constant dieting, over many years, to lose weight (repeated after weight is gained back) |
| Drinking alcohol until you black out and can't remember details about what happened | Shooting heroin but never sharing syringes or works with anyone else |
| Watching 40–50 hours of television a week | Using condoms for vaginal or anal sex most of the time |</p>
<table>
<thead>
<tr>
<th>Risk Rating Cards</th>
<th>Individual Behaviors/Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having sex with a partner who is living with HIV disease</td>
<td>Always using condoms for vaginal or anal sex</td>
</tr>
<tr>
<td>Being responsible for the care of a relative who is dying</td>
<td>Being the principle caretaker for a loved one with advanced Alzheimer’s disease</td>
</tr>
<tr>
<td>Smoking a pack of cigarettes every two weeks</td>
<td>Diagnosis with hepatitis C</td>
</tr>
<tr>
<td>Snorting methamphetamine</td>
<td>Shooting methamphetamine</td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
</tr>
</tbody>
</table>
We recommend using only 5 to 7 of these cards for the risk rating activity.

<p>| Employment discrimination against people who have a history of incarceration | School contracts with vendors that feature sodas and other drinks with high quantities of high fructose corn syrup and salty processed snacks |
| Local neighborhood without a park or other green space | Lack of affordable housing, including shelters and transitional housing |
| Criminal justice policies that sentence people caught with drugs to serve time in prison | Lack of universal health care meaning that over 40 million Americans are uninsured |
| Easy-to-purchase handguns and ammunition | Public housing apartments with mold infestation |
| Government cutbacks of financial assistance for attendants for the physically disabled | Neighborhood with a high number of gunshots and related injuries |</p>
<table>
<thead>
<tr>
<th>Local county government refuses to support syringe exchange (which provides injection drug users with clean syringes and works for drug use)</th>
<th>City budget cuts of 50% for job training and placement programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formerly incarcerated people prohibited from qualifying for food stamps (SNAP)</td>
<td>The only source of groceries in a neighborhood is a corner store that sells cigarettes and alcohol, frozen foods, and no fresh vegetables or fruit</td>
</tr>
<tr>
<td>A delay of many months for returning veterans to qualify for health care and other benefits, including treatment for posttraumatic stress, depression, and other mental health conditions</td>
<td>Sex education in local schools focuses only on abstinence and provides no information about contraception or safer sex</td>
</tr>
<tr>
<td>A neighborhood that lacks reliable public transportation services</td>
<td>Local elementary schools establish a healthy food and physical activity program</td>
</tr>
<tr>
<td>Fifteen percent of families experience food insecurity (not enough to eat) every month</td>
<td>Other example:</td>
</tr>
</tbody>
</table>
Give Me an OARS!

This activity provides learners with an opportunity to review and apply key skills for motivational interviewing and the use of OARS (open-ended questions, affirmations, reflective listening, and summarizing).

1 Introduction

Explain that this activity is an opportunity to practice using the motivational interviewing techniques of OARS. Learners will work in small groups to read a client case study and identify examples of how they would use one of the OARS techniques in their work (open-ended questions, affirmations, reflective listening, or summarizing). Each group will also be asked to report back to the class to share how they would use OARS with the client, and to explain how the use of OARS would be beneficial to the client.

2 Review in Large Group

Facilitate a quick review of OARS. Write O, A, R, and S on the board or on flip-chart paper, vertically, and pose questions such as these:

- What does the O in OARS stand for (and repeat for A, R, and S)?
- What is an example of an open-ended question?
  You may wish to clarify the difference between an open-ended and a closed question.
- When and why might you use OARS when working with a client?

Next, provide all learners with a copy of the client case study about Mateo and ask them to take turns reading it aloud. Do a quick review of key information presented in the case study by posing questions such as these:

- What health conditions does Mateo have?
- What are Mateo’s main priorities?
- What strengths does Mateo have?
- What factors pose a risk to Mateo’s health?

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3 Small Group Activity
Assign learners to four or eight small groups, and pass out a copy of the case study to each learner. Assign groups to represent either the O, the A, the R, or the S.
Each group will have approximately 10 minutes to review the case study and to identify three questions or statements that they would share with the client that fit the technique or skill they were assigned. In other words, each group will write down one of the following:
- Group O: Three open-ended questions
- Group A: Three affirmations
- Group R: Three reflective listening statements
- Group S: Three summaries
Remind each group to clearly define the rationale behind each question or statement, since they will have to explain how the use of OARS will benefit the client described in the case study. Circulate among small groups to help them stay on task, to clarify any outstanding questions, and to observe their work.

4 Small Group Presentations
Ask each group to take turns describing how they would use OARS when working with the client described in the case study. After each group has shared three examples, ask them to explain why they would use these questions or statements in their work, and how they might benefit the client.
After each group presents, the large group of learners can share (a few!) questions or comments as they wish.

5 Large Group Discussion
Facilitate discussion among learners by posing questions such as the following:
- How are you feeling now about the use of OARS in your work with clients?
- What questions or concerns do you have about the use of OARS?
- What challenges do you face in learning about or using OARS?
- How does the use of OARS fit with the other concepts and skills for CHWs that you are studying?
- What is the most significant value, for you, in using OARS as you work with clients?
Give Me an OARS! (continued)

6 Reinforcement

This is an opportunity for trainers to share additional information about the use of OARS and to reinforce key messages shared by learners. For example, you may wish to emphasize the following:

⦁ OARS is one of several techniques used in motivational interviewing, an approach to client-centered counseling.

⦁ OARS is designed to enhance a client’s autonomy.

⦁ When you find yourself uncertain about what to do or say as you work with a client, stop and consider how you might use OARS. It may be that you are feeling pressure to share information or suggestions or guidance with the client. Instead, ask, don’t tell! Ask the client a question, ideally one that helps them reflect on something important and one that is relevant to the issues that they are most concerned with.

⦁ Work to develop your own authentic style for using OARS that fits with your own personality, culture, language, and approach to engaging with clients. The way in which you provide affirmations, for example, needs to be authentic in order to be beneficial to the clients you work with.

⦁ Over time and with practice, you will learn to draw upon and use OARS in a natural and organic fashion in response to what clients say and do.

⦁ Less is more! Keep the image of the CHW with Big Eyes, Big Ears, and a small mouth in mind. You often don’t need to say so much in your work with clients. By using OARS you can shift the focus away from yourself—and your own knowledge and beliefs—and toward the experience, feelings, beliefs, and desires of the client.
Activity 9.3

Learner Handout 9.3 A: Client Case Study, Mateo

Mateo is 32 years old. He is a bit shy at first, but he is also very articulate, thoughtful, and funny. Mateo immigrated to the US from Guatemala. He is living in the US on his own. The rest of his family lives in Guatemala and Mexico.

Mateo is gay and living with HIV disease. Two years ago, he told his younger sister Genoveva that he is gay but asked her not to tell anyone else. However, Genoveva told another sister, who in turn told the rest of the family. As a result, Mateo is currently estranged from his family. He has no contact with anyone except for Genoveva (who apologized to Mateo for breaking his confidence) and his Aunt Lupe, his mother's sister. Lupe sends him cards from time to time, and Mateo still speaks with Genoveva regularly, by phone, but he feels disconnected, depressed, and alone. He misses his family, especially his mother. Because of what happened when he told Genoveva that he is gay, Mateo hasn't told any of his family that he is living with HIV disease.

Mateo has worked hard and now owns a small business that does house-cleaning, errands, and odd jobs. Most of his customers are from the gay and lesbian community. The business is doing well and Mateo now rents a small one-bedroom apartment and has been saving money.

Last year, Jim, a former customer who became Mateo's best friend, died of complications from AIDS. “I was there when he died. He was surrounded by family and friends. Jim had so many people who loved him. He was my closest friend. I was over there 3 to 4 times a week, making dinner, watching old movies. Sometimes I even slept in his bed. We were just friends but...he was the only person who I could really talk with about everything.”

Mateo is isolated and depressed. He is better at taking care of his customers and his employees than he is at taking care of himself. Sometimes he misses a dose of his HIV medications. “I don't know why, I just...sometimes it just doesn't seem like it matters if I take the pills or not.”

As you build rapport with Mateo, he begins to confide in you. He tells you “I know I should be grateful, for all I have, for everything I've worked for. I'm lucky, really. But I just feel so alone and sometimes I don't take my medications, and sometimes I don't maybe protect myself when I am having sex. If my family won't accept me, then I need to make my own family here. What I really want, more than anything, is someone to love who will love me back. But I've never had that and I don't really know how to find that—someone kind and trustworthy, someone who could really be my...partner.”
**Video Demonstration of Client-Centered Counseling and the Use of the Motivation Scale**

This activity provides learners with an opportunity to view and discuss a video that shows a CHW who is using client-centered counseling concepts and skills in her work with a client. The video is used to prompt discussion about client-centered practice and the use of motivation ruler or scale.

**Introduction**

Explain that this activity is an opportunity to discuss key concepts and skills for providing client-centered counseling. Learners will watch a 9-minute role play video of a conversation between a CHW and a client named David. Afterward, they will share their observations about the role play and discuss how well the CHW demonstrated the use of client-centered concepts and skills. Finally, they will share their ideas for how they would use client-centered counseling to work with the client featured in the video.

Before showing the video, ask learners to share what they will look and listen for as they watch the video. Further prompting questions may include the following:

- In your opinion, what are the most important things for the CHW to do when working with a client?
- What are key signs that a CHW is doing a good job in providing client-centered counseling?
- What types of common missteps do you hope the CHW will avoid?

**OPTION** You may also use the modified CHW performance assessment rubric for this activity (included at the end of Activity 9.5). Learners can use the rubric to take notes as they watch the video and draw upon the rubric in the discussion to follow.

---

**Activity 9.4**

**40–50 MINUTES**

**MATERIALS NEEDED**

- Computer and LCD projector and Internet access to view online video scenario
- Video: “Safer Sex and Using a Motivation Scale, Role Play, Demo, Foundations” (http://youtu.be/h9MP3W4vFFE)

**TRAINER PREPARATION**

- Review Chapter 9.

**LEARNING OUTCOMES**

After this activity, learners will be able to:

- Identify key elements for client-centered counseling demonstrated in the video role play.
- Enhance their skills and comfort in analyzing and describing client-centered counseling concepts and skills.
Video Demonstration of Client-Centered Counseling and the Use of the Motivation Scale (continued)

2 Show and Discuss the Video Role Play

Set up and show “Safer Sex and Using a Motivation Scale, Role Play, Demo, Foundations” (9:00) (http://youtu.be/h9MP3W4vFFE), which shows a CHW talking with a client about dating and safer sex. When the video is done, facilitate a brief discussion among learners by posing questions such as the following:

- What were the client David’s main concerns and priorities?
- How well did the CHW build rapport or connection with David? What did she do that helped to build a positive rapport?
- How did the CHW use the motivation or confidence scale in working with David?
- In general, what did you like about the CHW’s use of client-centered counseling skills in this video?
- What could this CHW have done differently or better in this role play?

TIP Because this role play addresses issues of sexual behavior, it can also be an opportunity for the trainer to check in with learners about their comfort level in talking about sex with clients.

3 Large Group Discussion

Broaden the conversation by asking learners to consider how they would apply client-centered counseling concepts and skills for working with David, the client featured in the video. Facilitate discussion by posing questions such as these:

- What would your goals be in working with David?
- What concerns might you have about David’s health and well-being?
- How else would you use client-centered counseling concepts and skills in working with David? Specifically, what would you do or say, and why?
- What outstanding questions do you have about working with this client, or about using client-centered counseling skills?

OPTION Ask for two volunteers to do the same role play in front of the class. Pause the role play as you wish to facilitate discussion about teachable moments or to ask other learners to step in and take on one or both of the roles.
Reinforcement

This is an opportunity to synthesize and reinforce important concepts and skills for providing client-centered counseling that have already been clearly shared by learners. A possible message to reinforce may include this one:

- The motivation scale (or confidence or readiness scale) is one of many resources that you may choose to use when working with clients. It can be a great resource for assisting clients to assess where they are in terms of the stages of change; to highlight concerns, doubts, or ambivalence; and to revise their plans or decisions, if they wish.
Activity 9.5

Client-Centered Counseling Role Plays

This activity provides learners with an opportunity to practice using client-centered counseling and motivational interviewing skills. Learners will participate in a series of role plays, taking on the role of CHW and using a CHW performance assessment rubric to provide each other with constructive feedback.

Learners will participate in role plays, and small and large group discussions.

**TIP** Our experience is that CHWs require repeated practice over time, accompanied by reflection and discussion, to learn motivational interviewing and other client-centered counseling skills. We encourage you to facilitate learning activities like this one at least a dozen times with learners over the course of their training, using different role play scenarios (including ones developed by learners) and different role play configurations (pairs, teams of three, large group demonstrations, round robin, and public/private formats).

1 **Introduction**

Explain to learners that they will practice client-centered counseling skills and do role plays in teams of three. This is an opportunity to enhance their ability to demonstrate and discuss client-centered counseling skills, including motivational interviewing skills.

Learners will also use the CHW performance assessment rubric (included at the end of this activity) to provide each other with feedback about the role plays. This is the same assessment rubric that trainers use to assess CHW’s work during training sessions and in Performance-Based Exams (PBE). It is similar to the types of rubrics or assessment tools that may be used on the job to assess CHW performance. Our goal is for learners to internalize these standards as they build their skills.
Client-Centered Counseling Role Plays  (continued)

2 Review of Key Concepts and the Assessment Rubric

Use the rubric as a resource for discussing key client-centered counseling skills that learners will strive to apply in the role plays. Pass out a copy of the rubric to each learner (or ask them to find the page with rubric in their textbook). Explain that, for the purposes of these role plays, we ask learners to focus on categories 1, 4, 7–17, and 22–24.

Gauge the level of this review to the knowledge of learners. For example, if they are already highly familiar with the assessment rubric, you may not need to spend much time on this. Facilitate this review and discussion by posing questions about specific categories listed in the rubric such as these:

⦁ Number 7: How do you identify a client’s primary concerns and priorities?
⦁ Number 8: What do you do to demonstrate a strength-based approach?
⦁ Number 11: What can you do to support a client’s autonomy?

If you have not done so before, we encourage you to review and highlight categories 22–24. These highlight common ethical challenges and mistakes that CHWs and other helping professionals may make in working with clients. Encourage learners to address any of these ethical concerns if they arise during the course of any role play practice. These are essential skills to master because, otherwise, CHWs may do harm to the clients they work with.

Finally, review how learners will use the rubric during role plays. Each small group of three will do three different role plays, providing each learner with an opportunity to play the observer and to use the rubric to take notes. The observers will use the rubric to identify and circle skills that were demonstrated (or missed opportunities) and to make brief notes, and then they will provide this feedback to their peers. Encourage learners to use the plus/delta (+/Δ) framework when providing feedback and to do the following:

⦁ Highlight strengths or demonstrations of sound client-centered counseling skills.
⦁ Provide suggestions for how the CHW could improve their use of client-centered skills.

Inquire if learners have any outstanding questions or comments about the rubric before they start their first role play.

3 Role Plays in Teams of Three (Repeat this step three times!)

Assign learners to teams of three and explain that they will take turns playing each of the three roles: client, CHW, and observer. Provide learners with a copy of three different client scenarios to guide their role play practices.

The primary goal for these role plays is for the learners to do their best to apply client-centered skills—including motivational interviewing skills—as they work with a client. These skills should be demonstrated regardless of the setting for the role play and the circumstances facing the client.
Client-Centered Counseling Role Plays  (continued)

Each role play will last approximately 7 to 10 minutes, and will be followed by a 7-to-10-minute small group debrief, to be lead by the learner who played the role of the observer. The learner playing the observer will use the assessment rubric to take notes about the role play and will lead the process of providing constructive feedback to the person who played the CHW based on the categories and criteria from the rubric. We encourage learners to use a plus/delta format in providing feedback as follows:

- **+ (Plus):** What the CHW did well in terms of demonstrating client-centered skills
- **Δ (Delta):** What the CHW could do differently to improve the quality of their client-centered approach

Circulate among the small groups as they do the role plays. Listen and observe the use of client-centered counseling skills, noting examples for the large group discussion to follow. Keep track of time, and signal the learners when it is time for the first role play to end, and the first small group discussion to end, when it is time for the second role play to end, and the second small group discussion to end, and so on, until each learner has had the opportunity to play all three roles.

### 4 Large Group Debrief

Facilitate discussion among learners about their experience doing these role plays, using client-centered counseling and motivational interviewing skills, and using the CHW assessment rubric. Pose questions such as these:

- What challenges or missed opportunities did you face as the CHW?
- How were client-centered counseling and motivational interviewing techniques used effectively during the role plays?
- What did the CHWs do to support or enhance the client’s autonomy?
- Do you find any connections between these client-centered counseling skills and other CHW concepts and skills that we have been studying?
  - For example, what is the connection with cultural humility?
  - What about the strength-based perspective?
  - What about the ecological approach?
- Do you have any outstanding questions related to the use of client-centered counseling or motivational interviewing skills?
- How was it to use the CHW performance rubric to assess each other’s work in the role plays?
- How did the rubric help to focus your assessment and feedback?
- What was challenging about using the rubric?
- What additional questions or comments do you have related to the rubric or our standards for assessing CHW performance?
Client-Centered Counseling Role Plays  (continued)

5 Reinforcement

Reinforce key messages related to client-centered counseling and motivational interviewing, highlighting the good practice standards and ideas shared by learners, and drawing upon content from Chapter 9 and other sources. Key messages to reinforce may include the following:

- Remind learners that practice, practice, and still more practice is how we build our professional skills over time. As learners do more role plays and provide more direct services to clients, they will begin to feel more comfortable and confident using motivational interviewing and other client-centered counseling skills. They will use these skills in an organic way, adapting them to their own authentic voice and CHW style.

  As the trainer, consider providing an example of the process you went through to learn these skills (or similar skills).

- Encourage learners to be patient with themselves along the way as they practice, make mistakes, and gradually enhance their knowledge, skills, and confidence.

- Explain that client-centered counseling requires a degree of trust or faith in the wisdom of the clients we work with. For example, by asking open-ended questions and sharing reflective statements, CHWs shift power to the client and let their experience, knowledge, skills, and values guide the focus of their work together.

- Ask learners to try to note any tendencies they may have to interrupt or stray from a client-centered approach and to take control of the session—such as by offering advice or guidance, or in some way trying to steer the client toward a certain behavior or decision. Encourage them to take time to reflect upon why they may have done this, and what they might do differently next time to better support the autonomy of clients.

- Suggest that in moments when they are nervous or uncertain about what to do or say, they can rely upon motivational interviewing and other client-centered counseling skills. They could ask an open-ended question or share a reflective listening statement or summary that provides the client with an opportunity for further reflection and dialogue.

- Encourage learners to begin to use the assessment rubric—or another similar resource—to evaluate their client-centered practice throughout the course of their career. From time to time, during an internship and when they are working as a CHW, they can take out the rubric and assess their work during a particular appointment or session with a client. How well did they apply these client-centered skills? Did they use OARS? Did they talk more than the client? Did they impose their own values or beliefs? How did they support the client’s autonomy and self-determination?
Activity 9.5  Learner Handout 9.5 A: Role Play Cards

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**CASE STUDY: ARNOLD**

Arnold Winters is 52 years old and was recently released from prison after completing an 8-year sentence related to drug use. During his stay in prison, Arnold developed hypertension (high blood pressure) and it still isn’t under control. He doesn’t feel that he received good health care in prison, and the food and lack of exercise only worsened his health. Arnold really wants to make changes in his life: he wants to stay in recovery and reunite with his family, particularly his children and grandchildren. He also wants to find a job.

A friend referred him to The Good Health Center. It is close to where he is staying in his cousin’s garage.

Arnold fills out a form at The Good Health Center; on it, he provides a reason for the visit and his latest blood pressure readings. The receptionist tells Arnold to take a seat and wait for his name to be called. He is 15 minutes early for his appointment. An hour later, Arnold’s name is called, and he is escorted to an interview room by a CHW.

---

**CASE STUDY: SACHIKO**

Sachiko is 16 years old and recently started having sex. She met Joe 3 months ago. He is 17 years old, Sachiko’s first boyfriend, and her first sexual partner. Sachiko heard that she can get free birth control at the community health center. She wants to go but is scared that her parents will find out about her visit. She brings her friend Sandee with her. They go upstairs to the drop-in program for youths. Sachiko fills out a form. After about 20 minutes, a CHW calls Sachiko’s name and brings her to a private counseling room.

---

**CASE STUDY: SIMONE**

Simone is a 34-year-old transgender woman who was recently kicked out of a residential drug recovery program for getting into arguments with other clients. She grew up in a small town, earned a bachelor’s degree in business from a local university, and had a good job at a local bank. When Simone told people that she was going to start living as a woman and was changing her name (from James), she was rejected by her family and her church and she was fired from her job.
### Learner Handout 9.5 B: Modified Rubric for Assessing CHW Performance

#### Activity 9.5

<table>
<thead>
<tr>
<th>SKILL</th>
<th>CRITERIA</th>
<th>NOTES*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EMERGING</td>
<td>SATISFACTORY</td>
</tr>
</tbody>
</table>

**Welcoming and Building Rapport**

1. Provides warm and professional welcome and builds rapport

| CHW is cold or not friendly. Does not greet the client or introduce themselves. Does not inquire about the client’s name or calls them by the wrong name. | CHW says some or most of the right things to welcome the client but does not convey a sense of interest in their work or the client. | CHW warmly greets the client and welcomes them to the agency or program, introduces themselves, inquires about the client’s name, expresses interest in the client, asks how they are doing, and so on. |

4. Shows clear communication style

| CHW is hard to understand. Uses jargon or acronyms. Speaks too quickly, or too softly, and so on. | CHW mostly communicates in a clear fashion with a few exceptions. | CHW speaks at a relaxed pace, clearly describing the agency/program and health issues. Uses accessible language, checks the client’s understanding, and answers questions satisfactorily. |

**Client Priorities**

7. Identifies client concerns and priorities

| CHW does not inquire about, acknowledge, or respond to client concerns and priorities. | CHW identifies and responds to most of the client’s priorities, questions, and concerns. | CHW inquires about and confirms all of client’s priorities and goals, questions, and concerns. |

* Make a quick note of excellent practice standards and areas for improvement, as observed.
## Learner Handout 9.5 B: Modified Rubric for Assessing CHW Performance (continued)

<table>
<thead>
<tr>
<th>SKILL</th>
<th>CRITERIA</th>
<th>NOTES*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>EMERGING</strong></td>
<td><strong>SATISFACTORY</strong></td>
</tr>
<tr>
<td>8. Demonstrates a strength-based approach</td>
<td>CHW does not inquire about, notice, or acknowledge client strengths.</td>
<td>CHW partially inquires about and acknowledges client strengths. Does not build upon this key information.</td>
</tr>
<tr>
<td>9. Answers client questions</td>
<td>CHW ignores questions or provides partial, confusing, or incorrect answers or responses.</td>
<td>CHW responds satisfactorily to most questions, but not all. Does not provide incorrect information.</td>
</tr>
</tbody>
</table>

### Client-Centered Practice

<table>
<thead>
<tr>
<th>SKILL</th>
<th>CRITERIA</th>
<th>NOTES*</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Allows client to talk</td>
<td>CHW talks too much and dominates the session.</td>
<td>At key times, CHW talks too much, missing opportunities to listen to the client.</td>
</tr>
</tbody>
</table>

* Make a quick note of excellent practice standards and areas for improvement, as observed.
### Learner Handout 9.5 B: Modified Rubric for Assessing CHW Performance (continued)

<table>
<thead>
<tr>
<th>SKILL</th>
<th>CRITERIA</th>
<th>NOTES*</th>
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<tbody>
<tr>
<td>11. Supports client autonomy</td>
<td><strong>EMERGING</strong> CHW lectures the client (without give and take) and/or gives advice, directing what the client should do, think, or feel. The CHW directly or indirectly blames or shames the client regarding health status, knowledge, or behavior.</td>
<td><strong>SATISFACTORY</strong> On one or more occasions, CHW begins to lecture or give advice. Primarily, however, the CHW listens to the client's ideas and respects their decisions. <strong>PROFICIENT</strong> CHW supports client autonomy and determination of agenda and discussion. CHW does not lecture. Offers suggestions to a limited extent, as appropriate, and in a manner that lets the client weigh, reject, or accept them.</td>
</tr>
<tr>
<td>12. Demonstrates use of harm reduction</td>
<td><strong>EMERGING</strong> CHW misses opportunity to discuss harm reduction. Applies an all-or-none or abstinence-based perspective about health risks and behavior change.</td>
<td><strong>SATISFACTORY</strong> As appropriate, CHW supports the client to make informed decisions to reduce potential harm to their own health or the health of others (such as family members).</td>
</tr>
<tr>
<td>13. Demonstrates cultural humility</td>
<td><strong>EMERGING</strong> CHW makes assumptions about the client or imposes their own values, beliefs, and recommendations.</td>
<td><strong>SATISFACTORY</strong> CHW inquires about client's experiences, values, and beliefs. CHW limits assumptions and sharing of personal perspectives. <strong>PROFICIENT</strong> CHW does not impose personal standards. Uses client-centered skills to encourage the client to explore their own experience, values, ideas, and so on.</td>
</tr>
</tbody>
</table>

* Make a quick note of excellent practice standards and areas for improvement, as observed.
## Learner Handout 9.5 B: Modified Rubric for Assessing CHW Performance (continued)

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<tr>
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<tbody>
<tr>
<td><strong>14. Uses OARS:</strong> open-ended questions, affirmations, reflective listening, and summarizing</td>
<td><strong>EMERGING</strong>&lt;br&gt;CHW fails to use open-ended questions appropriately. Asks leading questions and/or too many closed-ended questions. CHW misses opportunities to provide affirmations and/or provides awkward, inaccurate, unclear, or inauthentic affirmations. CHW does not demonstrate reflective listening or uses repetition only. CHW misses opportunity to summarize or provides an inaccurate summary.</td>
<td><strong>SATISFACTORY</strong>&lt;br&gt;CHW demonstrates use of OARS to engage the client in reflection and discussion. However, the CHW is not fully comfortable with the use of OARS and faces moderate challenges with issues of timing, phrasing, listening/interrupting, or responding directly to what the client said or did.</td>
</tr>
<tr>
<td><strong>15. Rolls with resistance or ambivalence</strong>&lt;br&gt;CHW responds to ambivalence by lecturing the client or trying to tell them what they should do.</td>
<td><strong>SATISFACTORY</strong>&lt;br&gt;CHW does not lecture the client but does not confidently use MI and other skills to support the client to further explore their ambivalence.</td>
<td><strong>PROFICIENT</strong>&lt;br&gt;CHW calmly responds to ambivalence, normalizing it. Gently guides client in exploring options, potential outcomes, and related feelings and thoughts.</td>
</tr>
</tbody>
</table>

* Make a quick note of excellent practice standards and areas for improvement, as observed.
### Learner Handout 9.5 B: Modified Rubric for Assessing CHW Performance (continued)

<table>
<thead>
<tr>
<th>SKILL</th>
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<th>NOTES*</th>
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<tbody>
<tr>
<td><strong>Action Planning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Develops relevant and realistic action plan to promote health</td>
<td>CHW misses an opportunity for action planning; guides the development of an incomplete, unclear, or unrealistic plan; or takes over the process, telling the client what they should do to manage their health.</td>
<td>CHW supports client to develop an action plan. The plan is missing one or more key components (clearly measurable actions and timelines, and so on).</td>
</tr>
<tr>
<td>17. Assesses client motivation, confidence, and readiness</td>
<td>CHW misses an opportunity to assess the client's readiness for behavior change or other action.</td>
<td>CHW does assess motivation, but could have done more to try to deepen the conversation.</td>
</tr>
<tr>
<td><strong>Ethical Concerns</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Avoids bias and discrimination</td>
<td>CHW demonstrates bias or prejudice regarding client's identity or behavior.</td>
<td>CHW demonstrates no bias or discrimination.</td>
</tr>
<tr>
<td>23. Upholds mandatory reporting</td>
<td>CHW fails to respond, or responds inappropriately, to client's disclosure of serious risks such as suicidality or current abuse, such as domestic violence, child abuse, or neglect.</td>
<td>CHW takes immediate action to consult with a supervisor and/or to report a disclosure of serious risk to a third party. Works with the client, as appropriate.</td>
</tr>
</tbody>
</table>

* Make a quick note of excellent practice standards and areas for improvement, as observed.

** The CCSF CHW program policy states that students who make one of these ethical mistakes may automatically fail the PBE.
### Learner Handout 9.5 B: Modified Rubric for Assessing CHW Performance (continued)

<table>
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<tr>
<th>SKILL</th>
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<th>NOTES*</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. Addresses other ethical challenges</td>
<td>CHW fails to maintain code of ethics, such as by violating confidentiality, providing false information, exceeding scope of practice, and so on.</td>
<td>CHW upholds code of ethics.</td>
</tr>
</tbody>
</table>

* Make a quick note of excellent practice standards and areas for improvement, as observed.
Video Demonstration of Rolling with Resistance

This activity provides learners with an opportunity to view and critique two videos that show a CHW working with a client who is ambivalent about making changes to promote his health. The videos are used to generate discussion among learners about how to respond in similar situations and how to apply the concept of rolling with resistance to guide clients in fruitfully exploring their ambivalence and determining if and how they want to move forward and create change.

1 Introduction

Explain that this activity is an opportunity to reflect on the topic of how to work with a client who is ambivalent, or who is having mixed feelings and thoughts, about behavior change. Learners will view and discuss videos depicting a CHW who is working with a client. Ask them to watch and listen carefully to the choice the CHW makes, and to share their own ideas afterward for what aspects of the CHW’s practice they think were effective and not so effective. If they were the CHW in this scenario, what would they do and say to support this client?

2 Show and Discuss the Video of the Counter Role Play

Set up and show the short video that presents a counter role play (a role play in which the CHW does not do a good job demonstrating a key concept or skill) between a CHW and a client: “Rolling with Resistance: Role Play Counter, Foundations” (2:08) (http://youtu.be/x_hyIMRMy7A). In this role play, the client is ambivalent about changing behaviors to promote their health, and the CHW does not do a good job of rolling with resistance.
Video Demonstration of Rolling with Resistance (continued)

Don’t tell the learners in advance that this is a counter example. Let them view and respond to the video on its own merits.

Facilitate a brief discussion among learners by posing questions such as these:

⦁ What challenge was the client facing in this video?
⦁ What decision was the client uncertain or ambivalent about?
⦁ How did the CHW respond?
⦁ How effective was the CHW’s approach?
⦁ How may the CHW’s response and practice influence their relationship with the client?
⦁ What would you have wanted to do differently, and why?

This is an opportunity to highlight the ways that CHWs and other service providers sometimes struggle to remain client-centered when clients are ambivalent about making or maintaining behavior changes to promote their health. Although ambivalence is a common part of the behavior change process, often it still rattles CHWs and other providers and may prompt them to revert to lecturing or arguing with the client and trying to persuade them to take actions to reduce harm and promote their health. Lecturing a client or telling them what to do not only undermines the value that client-centered practice puts on supporting the autonomy of clients, but it damage or destroy the professional relationship.

3 Show and Discuss the Second Video Demonstration Role Play

Explain that the second video “Rolling with Resistance: Role Play, Demo, Foundations” (4:20) (http://youtu.be/rgqrusY2MJl) depicts a different conversation between the same client and CHW. Show the video and facilitate discussion by posing questions such as the following:

⦁ How did the CHW respond to the client this time?
⦁ How effective was the CHW’s approach? What was the impact or the outcome for the client?
⦁ How may the CHW’s response and practice influence their relationship with the client?
⦁ What would you have wanted to do differently, and why?

Note that in the second role play the CHW does not try to argue with or tell the client what to do. By listening and expressing concerns in a direct but respectful manner, the CHW helps the client to reflect more deeply about the conflict with his sister, the benefit of taking his medications, and the value of autonomy or being in control of his own life.
Video Demonstration of Rolling with Resistance *(continued)*

4 Large Group Discussion

Broaden the conversation beyond the examples provided in the role play videos to focus on the concept of rolling with resistance more broadly. Facilitate discussion by posing questions such as the following:

- How common is it for people to feel ambivalent about changing their behaviors?
- Have you ever been ambivalent about changing a behavior or making another type of change in your life?
- What role does this ambivalence play in the behavior change process? How may ambivalence serve as an opportunity rather than a risk or a step backward?
- How effective is it, in general, to lecture or tell other people or clients what they need to do and how they need to behave? Are you someone who likes to be told what to do by others?
- In your own words, how would you describe this concept of rolling with resistance or ambivalence?
- What value does this concept of rolling with resistance have for your work with clients and communities?


5 Reinforcement

This is an opportunity to synthesize and reinforce important concepts related to ambivalence and rolling with resistance that have already been clearly shared by learners. Possible messages to reinforce may include the following:

- Behavior change is often difficult. Relapse and ambivalence are natural and common parts of the process.
- When clients are feeling ambivalent or struggling with making change, try to empathize and respectfully consider their experience and feelings.
- The moments when people are ambivalent about change or other issues can be wonderful opportunities to explore. With reflection, ambivalence can help people to understand the risks and challenges of change, the loss we may feel from giving up a particular behavior, and the benefits and motivation for creating change.
Video Demonstration of Rolling with Resistance (continued)

- Be aware of your own tendencies to want to rescue, lecture, direct, or control the client. Do your best to interrupt these impulses and get out of your own way. Breathe. Listen.

- Meeting the client’s ambivalence with resistance or attempts to direct or control their choices and behaviors is likely to backfire and harm the professional relationship. It also contradicts client-centered values for respecting and promoting client autonomy and self-determination. Remember that the client has a right to make decisions that you don’t agree with and to make mistakes that may increase risks for harm.

- Learn to roll with resistance, and use client-centered skills, including OARS, to support the client to further investigate their own thoughts and feelings, and what, if anything, they may wish to do differently to promote their health.

**OPTION** If you wish to provide learners with more in-depth examples of CHW interactions, we have created three more videos that could be used with this activity. Note that the introduction to the video on motivational interviewing states that it will be used as an assignment, and you may want to let learners know that is not the case!


“Harm Reduction, HIV, and Sex: Role Play, Demo, Training Guide” (6:90) ([http://youtu.be/MxTYyXttx9c](http://youtu.be/MxTYyXttx9c))

Rolling with Resistance, Role Plays

This activity provides learners with an opportunity to practice and discuss how to roll with resistance when working with a client who is ambivalent or resistant to making changes to promote their health.

We strongly recommend that you don’t forewarn learners that these role plays are about the concept of rolling with resistance. The first role play is more effective if it takes learners by surprise.

1 Introduction

Tell learners that they will be practicing client-centered counseling skills and doing role plays in teams of two. Don’t tell learners in advance that the topic of these role plays is rolling with resistance. The idea here is to see how learners respond to a client’s ambivalence in the first role play. If they don’t demonstrate rolling with resistance in the first role play, they will have a second opportunity to do so.

2 Role Play in Pairs

Assign learners to teams of two (as always, provide learners with the opportunity to work with new partners) and ask each team to decide who will play the role of the client and the CHW in the first role play. Pass out the role play cards, and give learners time to review them.

Distribute different cards to team members as follows:

- Give both learners Role Play Card 1A
- Give Role Play Card 1B only to the learner playing the client

Provide learners with 5 to 7 minutes to conduct the first role play. As always, circulate among the pairs observing their work. Listen to see how the CHWs respond to the client’s ambivalence. Pay special attention to examples in which the CHW is lecturing or...
Rolling with Resistance, Role Plays (continued)

otherwise not rolling with resistance, as well as examples in which the CHW is successfully rolling with the client’s resistance to change.

3 Large Group Debrief

Ask learners to debrief in a large group. The goal here is to focus discussion on the topic of ambivalence about, or resistance to, change, as well as how CHWs want to respond when clients are experiencing ambivalence or resistance.

Facilitate discussion by posing questions such as these:

⦁ What was going on with the client in this role play?
⦁ How was the client feeling about their action plan to quit smoking?
⦁ How common is it for clients to question or have mixed feelings (ambivalence) about their health, their habits, and changing behavior?

Remind learners, as necessary, how difficult behavior change can be, that it is rarely a linear process, that ambivalence and relapse are common, and so on.

⦁ How did the CHW respond to the client’s situation and their feeling about making changes to better manage their asthma?

Hopefully, learners will have identified that this role play is about the client’s ambivalence to change, and that this is a good occasion to apply the concept of rolling with resistance. If not, however, please reveal that this role play was designed as an opportunity to explore rolling with resistance.

Share your feedback from the role plays you observed. As appropriate, ask learners to reflect on the following questions:

⦁ What classic mistakes do CHWs and other helping professionals make when clients are expressing ambivalence about their action plans or behavior change?
⦁ How do we want to respond when clients are feeling ambivalent or questioning their own plans to improve their health?

4 Rolling with Resistance Review

Take a few moments to review the concept of rolling with resistance with learners. As always, give them a chance to fully explain the concept before sharing your own ideas.

Facilitate discussion by posing questions such as the following:

⦁ How do you define or explain the concept of rolling with resistance?
⦁ When may you wish to use this concept in your work with clients?
⦁ How can rolling with resistance be helpful in promoting the health and well-being of clients?
Rolling with Resistance, Role Plays (continued)

As necessary, correct any misunderstandings, and share additional information about rolling with resistance.

- Essentially, rolling with resistance means not attempting to argue with, to lecture, or to persuade clients to think or feel differently when they are experiencing ambivalence and expressing doubts about changing behaviors to enhance their health status.
- Confronting clients in these moments is unlikely to be an effective strategy. Rather, this is a time to acknowledge how common and natural it is to have questions about or to feel ambivalent about changing health behaviors.
- Use open-ended questions and reflective listening skills to provide clients with an opportunity to further explore and express their ambivalence.
- Through reflection and dialogue, clients may better understand the factors that contribute to their doubts or conflicting feelings, their own motivation for change and wellness, and clarify if and how they want to move forward to enhance their health.

5 Second Role Play

Ask learners to remain in the same teams of two for the second role play. This time they will switch roles (the learner who played the client will now play the CHW, and vice versa), and the client situation will be new. Ask them to do their best to demonstrate rolling with resistance this time. Pass out the role play cards, and give learners time to review them.

Distribute different cards to team members as follows:

- Give both learners Role Play Card 2A
- Give Role Play Card 2B only to the learner playing the client

Circulate once again among the pairs, observing their work.

6 Small Group Debrief

Stop the role play practice, and ask learners to debrief by answering the following questions in the order given.

We recommend that you post these guidelines for debriefing the role play to a PowerPoint slide or write them on flip-chart paper or a whiteboard.

1. The client debriefs first. What happened in this role play? What was it like for you playing the role of this client? What did the CHW do well? What could they do differently?
2. Next, the CHW discusses their experience of the role play. What did you do well? What could you improve upon? How well did you roll with resistance?
Rolling with Resistance, Role Plays (continued)

Circulate among the small groups, listening for content and ensuring that learners stay on task and that both participants have a chance to share their feedback. After 4 to 5 minutes, if necessary, remind the group to leave room for the learner who played the CHW to talk.

7 Large Group Discussion
Ask learners to share what they learned in small groups and to brainstorm their recommendations for how to roll with resistance. Prompting questions may include the following:

⦁ How did the client feel about changing their diet to better control diabetes? What factors may contribute to their ambivalence or doubt?

⦁ How did the CHW roll with resistance? What did they do and say that helped the client to further explore their ambivalence in a non-confrontational manner?

8 Reinforcement
Take a few minutes to reinforce key aspects of rolling with resistance, highlighting the good practice standards and ideas shared by learners, and drawing upon content from Chapter 9 and other sources. Key messages to reinforce may include the following:

⦁ Behavior change is deeply challenging.

⦁ Ambivalence and doubts about behavior changes are natural and common.

⦁ Having the opportunity to share and express their doubts and ambivalence can be beneficial for clients.

⦁ Tendencies to lecture or try to persuade clients to stick to their plans or to press forward with behavior change can be counterproductive and undermine rapport and trust.

⦁ Rolling with resistance is a client-centered concept and technique that honors the client’s experience, thoughts, and feelings, and encourages them to further explore them in a nonjudgmental space.

⦁ The use of motivational interviewing techniques, such as OARS, can be helpful in guiding the client to better understand what they are feeling and the factors that contribute to their ambivalence, and to clarify their motivation for change and improved health.

⦁ Ultimately, we want to gently guide the client back to exploring how they want to move forward to enhance their health and well-being.
Learner Handout 9.7 A: Role Play Cards

ROLE PLAY 1

Setting: Primary care clinic

Background: The CHW and the patient have worked together for six months. The client has asthma and high blood pressure, and neither condition is well controlled. The client has been making progress with some aspects of their action plan and has been struggling with others. Their efforts have been complicated by the stress of a recent divorce, moving in with their aunt, and managing shared custody of a 12-year-old son with his other parent.

The client has been struggling to stop smoking cigarettes. Two weeks ago, the client went to the local emergency department in the middle of the night. The client was having difficulty breathing, started to panic, and went to the emergency department for treatment. The client had been smoking heavily for several days.
Learner Handout 9.7 A: Role Play Cards  (continued)

ROLE PLAY 1: BACKGROUND FOR THE CLIENT ONLY

For the purposes of this role play, focus on the doubts and mixed feelings you are having about making behavior change, as described here.

- You want to improve your health.
  
  You want both your asthma and your high blood pressure to be under better control. You don’t want to keep going to the emergency department because you are having asthma attacks. You don’t want your health to keep interfering so much with your life.

- At the same time, life is hard right now.
  
  You are relieved that your divorce is finalized, but it has left you angry, depressed, and uncertain about the future. You have moved in with your aunt while you figure things out.

  You were able to move from part-time to full-time status at your job, which is great, but it is also more difficult working full-time and being a parent to your 12-year-old son who lives with you most of the time and visits your ex every other weekend.

- The stress of all of these changes and challenges has complicated your plans to quit smoking.
  
  You have smoked on and off for many years, and it helps you to manage your stress. When you are feeling anxious or upset, you go outside by yourself to smoke and think things through. You have been smoking more in the past six weeks.

- So you are having mixed feelings about quitting smoking.
  
  You realize that it is the best thing for your health and, at the same time, smoking is really meaningful to you. It helps you to relax and de-stress, to think things through, and to connect to your friends (most of whom also smoke).

- You don’t like it when people keep repeating the obvious to you. You know that smoking is harmful to your health!
Role Play 2

Setting: Primary care clinic

Background: The CHW and the client have been working together for about a year. The client has Type 2 diabetes and initially made good progress with their action plan including making changes to their diet and level of activity. Lately, however, the client has been struggling to maintain healthier patterns of diet and exercise, and their blood sugar levels have not been under control.

Role Play 2: Background for the Client Only

For the purposes of this role play, focus on the doubts and mixed feelings you are having about making behavior change, as described here.

- You are feeling discouraged about your progress.
  
  It felt great, initially, to get your diabetes under better control, and you felt good about making changes to your diet, and even doing more exercise, starting with short walks and leading to longer hikes. You were inspired to make other changes in your life as well, and you enrolled in the local community college with a desire to change careers.

- You watched your grandmother die early from complications related to her diabetes (infections, loss of her leg, dialysis, etc.).
  
  You don't want to go through that yourself or put your family through it again.

- It has been really hard to keep up with your action plan, especially your new and improved healthy diet.
  
  The rest of the family doesn't really support your changes. They tease you about it, try to tempt you with foods that you shouldn't eat a lot of, and haven't made any effort to change their own diets (though it would be good for their health too!). Sometimes you completely go off your diet, eating, and sometimes overeating, all the fried and salty foods you love, and your sister's pies with ice cream. How you miss it, even though your blood sugar spikes and later, you feel disappointed in yourself.

- You just aren't sure if you can keep these changes up, and sometimes, you wonder if they are really worth it.
Activity 9.8

50 MINUTES

MATERIALS NEEDED

- Copies of “Learner Handout 9.8 A: Case Study, Regina Walker” (included at the end of this activity)

TRAINER PREPARATION

- Review Chapter 9.
- Review Learner Handout 9.8 A and decide if you would like to select a different case study example or develop your own.

LEARNER PREPARATION

- Ask learners to read Chapter 9 and to come to class ready to discuss key concepts and skills for providing client-centered counseling.

LEARNING OUTCOMES

After this activity learners will be able to:

- Analyze and discuss how to apply key concepts and skills for client-centered counseling to a client case study scenario.

Case Study, Client-Centered Counseling

This activity is designed for learners to apply knowledge about client-centered counseling to a case study. Learners will review a case study and work together in a small group to answer a series of questions.

1 Introduction

Explain that learners will be asked to participate in a small group discussion of a case study and to apply basic concepts for client-centered counseling from the assigned reading of Chapter 9.

Assign learners to small groups (three to four learners per group) and hand out a copy of the case study (included at the end of this activity) to each learner. Ask for volunteers to help read the case study aloud. Clarify any outstanding questions about the information presented in the case study.

2 Small Group Discussion

Tell learners that they will have approximately 10 to 15 minutes to discuss the case study and respond to the questions posed on the handout. Assign some groups to discuss the even numbered questions (2, 4, 6, 8, and 10) and other groups to discuss the odd-numbered questions. Ask each group to select one person to record their responses, and one person to share these ideas during a large group report back.

Circulate among the small groups to clarify the activity or respond to questions, as necessary, and note comments to share during the subsequent large group discussion.

3 Large Group Discussion

Ask one member of each small group to report back and share their responses to the discussion questions. To avoid repetition and provide each group with an opportunity to present, ask each group to start by sharing their response to just one of the case study questions. As the presentations continue, ask learners...
Case Study, Client-Centered Counseling (continued)

to avoid repeating ideas that have already been shared by other small groups and to focus on adding new examples for client-centered practice to the discussion.

Facilitate discussion, leaving room for all learners to ask questions, raise concerns, and share additional ideas about how to best support Regina Lisecki.

Please note that guidance for answering each question can be found within Chapter 9. In addition, the answer key for the “Assessment 9.1: Case Study Exam” (which uses the same questions as this activity) provides additional guidance on possible responses.

**TIP** If learners describe how they would work with the client in abstract terms, ask them to share exactly what they would say to the client (rather than describing what they would say). You may also consider asking learners to role play part of a conversation with the client to demonstrate how they would use specific client-centered counseling skills.

### 4 Reinforcement

Reinforce key messages about client-centered counseling including those identified by learners and those from *Foundations*. These may include the following messages:

- The client-centered approach draws upon the client’s strengths or assets, is based in cultural humility, and supports their self-determination and autonomy.

- Learners can draw upon a range of client-centered counseling skills in their practice in an organic and natural way to support the client with reflection, expressing their ideas and feelings, considering options, and making decisions for how they want to best promote their health. These skills and techniques will include motivational interviewing, such as the use of OARS and rolling with resistance, and other client-centered strategies such as the use of silence, motivational or readiness rulers or scales, commenting on the process, and the empty chair technique (all described in Chapter 9).

- Learners might want to use the CHW performance rubric in the textbook from time to time to consider how well they used client-centered counseling and other concepts and skills. The rubric will ask them to consider possible missteps or mistakes, such as talking too much, imposing their own beliefs or values, giving advice, or taking control of a conversation or action plan. It will also ask them to consider what they did to support the client’s autonomy, and how well they apply certain skills, such as motivational interviewing.
Activity 9.8

Learner Handout 9.8 A: Case Study, Regina Walker

You are a CHW with Stepping Stones Family Services, a non-profit agency that provides a range of services to local low-income families. Today, you are meeting with Regina Walker, a 23-year-old single mother with a 6-year-old son, Paul.

Regina tells you that she was referred by a CHW from a local clinic who is helping her manage Paul’s asthma. “I think you know him, Reggie Daniels? He gave me your card. He has been so great helping me and Paul out with his asthma. He kind of gave me the idea that maybe you could help me out with some other things?”

Regina tells you that she is hoping to go back to school to get her GED and to get trained for a better job. “I just want a normal life. I want a good enough job so I can afford our own place and Paul can have his own bedroom and just...well, grow up somewhere safe.”

Regina is a little shy, and she hesitates when talking about herself. As you listen and ask simple questions, however, she begins to share more details about her past and present life and her hopes for the future.

Regina and her son Paul left her boyfriend (Paul's father) over a year ago. “He was drinking a lot and started to use drugs and it just got more and more...bad. He wasn't working much anymore and that's when I got my sales job. And, well, I just didn't want Paul growing up around him anymore.”

Regina works full-time as a sales representative at a local department store, and she rents out an in-law apartment from a coworker. “It's just one room and the walls are kind of thin, and there isn't a full kitchen. I'm so glad to have it, but we want to work towards getting something better.”

Regina's supervisor has been training her to help out with keeping track of sales and inventory. “Well, it was a surprise to me but it turns out that I'm actually kind of good with computers and with numbers too.” Regina dropped out of high school at age 16 when she was pregnant with Paul. Her parents kicked her out and she moved in with her boyfriend. A couple of years later they moved to a new city (the city where Regina lives now and where you work at Stepping Stones). “I didn't do good at school. It wasn't my focus at the time. And, well, my boyfriend called me stupid so many times I started to believe it, I guess. When I heard him starting to say the same things to Paul, well, that was when I decided that we needed to leave.”

Regina has worked hard to keep things polite with her boyfriend. “He came around at first, mostly to ask for money, which I didn’t have any extra of, so we haven’t seen him in a while. But his mother—Paul’s grandma—has been real good to us. She calls regular to talk with Paul and always remembers his birthday.”
Learner Handout 9.8 A: Case Study, Regina Walker (continued)

Regina wants to get her GED and find a training program that can help her get a better job. “Maybe something with computers or with accounting or something? I really want to make a better life for us, but sometimes I still doubt myself. I have to force myself, sometimes to push forward because I know, as a mom, that I got to do it for Paul. I had your card for nearly three months before I had the courage to call you and not hang up!”

Discussion Questions:
Based on the information provided in the case study, do your best to answer at least five of the following questions:

1. What strengths or resources does Regina have?
2. What are Regina’s main concerns and priorities?
3. What is a classic mistake that a CHW could make in working with Regina that is not in keeping with a client-centered approach?
4. What is an affirmation that you would share with Regina? How would you state this affirmation? Why would you share it (what may be the benefit to Regina)?
5. What are three open-ended questions that you would ask Regina? Why would you ask these questions?
6. What are two or more reflective listening statements that you would share with Regina? Why would you make these statements?
7. How and when would you summarize as you work with Regina?
8. What types of referrals might you want to share with Regina?
9. As you work with Regina, she signs up for GED classes. She does well initially. Then she struggles and fails one math quiz (after getting high marks on all other quizzes). She skips a couple of classes and begins to express doubt about getting her GED.
   A. Where is Regina in terms of the stages of change?
   B. How might you demonstrate the skill of rolling with resistance?
10. As you work with Regina, she tells you that Paul is asking a lot of questions about his father and that she isn’t sure what to tell him.
   A. How could you use the empty chair technique to help Regina in exploring what she might say to her son?
Training with Videos from Chapter 9 of *Foundations*

In addition to the videos that accompany the activities in this guide, we have developed videos that accompany Chapter 9 in the *Foundations* textbook. We encourage you to use the textbook videos as training resources. These videos highlight key concepts and skills for client-centered counseling, and they may be used to facilitate discussion about these concepts among learners.

At CCSF, we show the videos in our CHW certificate courses. The students feel more free to critique and discuss the video role plays because they are not the actors. As they discuss the role plays, they enhance their ability to analyze and explain key concepts for client-centered practice. We often show these videos right before we ask students to participate in their own role play scenarios and demonstrate the same client-centered skills.

All of these videos can be found on the *Foundations* YouTube channel ([www.youtube.com/channel/UCKSB1-LQ5SfSRp24Q9WjJw](http://www.youtube.com/channel/UCKSB1-LQ5SfSRp24Q9WjJw)) and are described in the Video Directory included in the appendix of *Foundations*.

Five videos for Chapter 9 show CHWs working with clients that highlight different aspects of client-centered counseling.

- Relapse prevention, counter and demo role play
- The use of silence, counter and demo role play
- Providing an affirmation, demo role play

When we show video demonstrations of CHWs working with clients, we tend to use the plus/delta (+/Δ) framework to guide discussions. Very briefly, the +/Δ framework (described in greater detail in “Training Techniques”) asks learners to identify and discuss positive examples of CHW practice in role plays or videos, as well as areas for improvement. The delta symbol (Δ) represents change. For example, you may pose the following types of questions to generate discussion:

- What happened in this role play?
- What did the CHW do well in terms of supporting this client (+)?
- What could the CHW have done differently to better support the client (Δ)?

There are also three video interviews with CCSF faculty on the following concepts explained in Chapter 9:

- The use of silence
- Rolling with resistance
- Developing a client-centered practice

The video interviews can be used to facilitate discussion as well by posing questions such as these:

- What were the central messages conveyed in this interview?
- How might these concepts be helpful to your work as CHW?
- What additional information do you want to highlight about this topic?
We have included a selection of assessments that cover important skills for this chapter. There is not an assessment for every activity or for every learning outcome in this chapter. We encourage you to adapt these or add any other assessments from your own resources.

**ASSESSMENT 9.1: Case Study Exam**

- This assessment asks learners to apply client-centered concepts and skills to answer ten questions based on a case study.

**ASSESSMENT 9.2: Client-Centered Counseling Role Plays and Peer Assessment**

- This is a peer-based assessment of client-centered counseling skills where learners do role plays in pairs of two, taking turns to play the CHW and to demonstrate client-centered counseling skills. Learners who play the client complete a CHW performance assessment rubric and provide their colleague with constructive feedback.

**ASSESSMENT 9.3: Reflective Writing Assignment**

- This assignment asks learners to write a brief paper on the topic of client-centered counseling, drawing upon key concepts from the CHW training.
Assessment 9.1  Case Study Exam

Your name: ____________________________________________________________

Date: __________________________

Please carefully review the following case study about Malcolm and the ten questions posed. You will have _________ minutes to complete this closed-book exam without consulting Foundations or other resources, computers, or other electronic devices. Do your best to answer all ten questions, in your own words, applying client-centered concepts and skills from the CHW training and the textbook.

CASE STUDY: MALCOLM TAYLOR

Malcolm is 23 years old, African-American and white, and gay. He works part-time as a waiter and takes classes at a community college. He is taking prerequisite courses—including math and science courses—because he wants to apply to a nursing program in a year or two.

Malcolm’s first serious relationship ended several months ago. His boyfriend Amir broke up with him to date someone else, leaving Malcolm feeling sad, angry, and alone. Malcolm’s family doesn’t approve of his “lifestyle,” and when he visits, his family members avoid any mention of Malcolm’s sexual orientation. It was hurtful that Malcolm couldn’t bring Amir to family gatherings. But Malcolm has worked hard to maintain relationships with his family, even though “They don’t accept me. They don’t really know me. But what are my choices? I still love them, and I need them in my life.”

Since the break-up, Malcolm has felt “lost and depressed.” During his relationship with Amir, Malcolm lost touch with some of his friends. “Amir was my best friend and my partner, the one I could talk to about everything, and I kind of just pulled away, I guess, from my friends. I regret it now. And I am working to re-connect with them but...it’s hard...because I feel embarrassed about how Amir left me and that I ditched some really good friends for him.”

Malcolm describes himself as “shy” and says that he “has no game. I am crap when it comes to dating.” Over the past several months he has gotten drunk at local bars and hooked up with guys he meets there. “I get drunk to feel less anxious, and then I do things I regret, like have sex with guys I’m not really interested in because I’m lonely, and...sometimes we haven’t used condoms.” Malcolm feels embarrassed to talk about this. He doesn’t want to put his health at risk by having unprotected sex, and he doesn’t really want to have a series of one-night stands. “I want a boyfriend again, a relationship. But I don’t think I’m really over Amir yet. I keep fantasizing that he’s gonna come back to me, but I know, really, that that isn’t gonna happen.”
Case Study Exam (continued)

Please do your best to answer each of the following questions based on the information provided in the preceding case study:

1. What strengths or resources does Malcolm have?
2. What are Malcolm's main concerns and priorities?
3. What is a classic mistake that a CHW could make in working with Malcolm that is not in keeping with a client-centered approach?
4. What is an affirmation that you would share with Malcolm? How would you state this affirmation? Why would you share it (what may be the benefit to Malcolm)?
5. What are three open-ended questions that you could ask Malcolm? Discuss why you would ask these questions.
6. What is one reflective listening statement that you would share with Malcolm? Briefly explain the purpose of sharing this statement with the client.
7. How and when would you summarize as you work with Malcolm?
8. What types of referrals might you want to share with Malcolm?
9. Malcolm initially makes good progress in practicing safer sex. Then he comes to talk with you after having sex without a condom. He is anxious and embarrassed and, at the same time, he expresses ambivalence about being able to practice safer sex consistently in the future.

   A. Where is Malcolm in terms of the stages of change?
   B. How might you demonstrate the skill of rolling with resistance?
10. As you work with Malcolm he tells you one of his sisters has approached him and is asking a lot of questions about his being gay and he isn't sure what to tell her.

   A. How could you use the empty chair technique to help Malcolm explore what he might say to his sister?
Case Study Exam (continued)

FOR THE TRAINER: ANSWER KEY, MALCOLM TAYLOR CASE STUDY EXAM

Please do your best to answer each of the following questions based on the information provided in the case study.

1. What strengths or resources does Malcolm have?

Some of Malcolm’s strengths include maintaining relationships with his family despite the fact that they “don’t approve” of his identity as a gay man. Malcolm has a job, takes classes at a local college, and has a goal of becoming a nurse. Malcolm has also had a serious relationship and knows that he wants to find a committed boyfriend again. Malcolm demonstrates a lot of insight and self-awareness, such as understanding that he is shy, and being able to acknowledge choices that he regrets. Another strength is Malcolm’s desire not to put his health at risk in the future by having unprotected sex.

2. What are Malcolm’s main concerns and priorities?

Malcolm’s key concerns include not putting his health at risk by having unprotected sex; alienation from past friendships and the desire to reconnect; the lack of acceptance from his family and the desire to maintain relationships with them; feeling “lost and depressed”; and the desire to find a committed relationship.

3. What is a classic mistake that a CHW could make in working with Malcolm that is not in keeping with a client-centered approach?

Classic mistakes include, for example, advising or telling Malcolm what he should do; focusing exclusively on the problems he faces and not also on the strengths and resources he has; making assumptions about Malcolm’s behaviors, values or beliefs, and so on.

4. What is an affirmation that you would share with Malcolm? How would you state this affirmation? Why would you share it (what may be the benefit to Malcolm)?

Affirmations are a way of acknowledging a client’s strengths and accomplishments and inspiring greater self-esteem and self-confidence. CHWs may share affirmations with Malcolm about topics such as how he has managed to maintain relationships with all of his family despite the fact that they won’t accept him as a gay man; the times when he does use condoms and practice safer sex; his success at work and at school; having clear educational and career goals; his level of self-awareness; his clarity in knowing that what he really wants is a relationship, not a series of one-night stands.
Case Study Exam (continued)

5. What are three open-ended questions that you could ask Malcolm? Discuss why you would ask these questions.

A CHW could ask any number of open-ended questions designed to provide Malcolm with an opportunity to reflect further about key issues, concerns, and priorities, such as the challenges of dating and negotiating safer sex (“What gets in the way of practicing safe sex?” “Think about a time when you did use condoms—what helped you to negotiate safer sex in this situation?”); his feelings about his family and his commitment to maintaining positive relationships; his career goals; his desire for a meaningful relationship (“What do you hope for in your next relationship?”).

6. What is one reflective listening statement that you would share with Malcolm? Briefly explain the purpose of sharing this statement with the client.

Similarly to the answer for #5, reflective listening statements support Malcolm to reflect more deeply about his thoughts, feelings, and planned actions. They may address issues such as his health risks and behaviors (“You don’t want to put your health at risk…”), a desire to reconnect with friends (“You regret pulling away from your friends…”); his desire for a serious relationship; his feelings of being lost and depressed (“You have been feeling lost and depressed…”); his relationship with his family (“You still need your family in your life.”).

7. How and when would you summarize as you work with Malcolm?

The CHW can pause from time to time, including at the end of a session, to summarize key concerns, questions, and decisions that Malcolm has shared or made. This includes decisions and actions that Malcolm will take and actions that the CHW has agreed to make (such as providing a referral or scheduling an appointment). Summarizing helps to reassure a client that they are being heard, and it provides the CHW with an opportunity to clarify that they have accurately understood the key information the client has shared with them.

8. What types of referrals might you want to share with Malcolm?

A CHW may wish to share referrals like the following with Malcolm: referrals for counseling or therapy; referrals for testing for sexually transmitted infections (STIs); support services (including, perhaps, a support group) for gay men who are not fully supported by their families; and options for social or dating events within the gay community, including options outside of the bar scene. These suggested referrals are for Malcolm to accept or decline as he wishes.
Case Study Exam (continued)

9. Malcolm initially makes good progress in practicing safer sex. Then he comes to talk with you after having sex without a condom. He is anxious and embarrassed and, at the same time, he expresses ambivalence about being able to practice safer sex consistently in the future.

A. Where is Malcolm in terms of the stages of change?

> Malcolm is in relapse and has returned to a previous pattern (of not using condoms during sex).

B. How might you demonstrate the skill of rolling with resistance?

> Rolling with resistance means not digging in and trying to persuade or lecture a client to take a different action. It requires accepting that ambivalence and doubt are a natural part of the behavior change process. It entails using client-centered skills such as OARS to ask questions and share reflective listening statements to support Malcolm in reflecting further on his feelings and thoughts and his planned actions for the future.

10. As you work with Malcolm he tells you one of his sisters has approached him and is asking a lot of questions about his being gay and he isn't sure what to tell her.

A. How could you use the empty chair technique to help Malcolm explore what he might say to his sister?

> For example, you could use an empty chair to represent Malcolm's sister, and ask Malcolm to practice or rehearse what he would actually say to her. Through this practice, and discussion with you, Malcolm may be able to clarify what he wants to say to his sister and how he wants to say it.
Client-Centered Counseling Role Plays and Peer Assessment

This is a peer-based assessment of client-centered counseling skills that builds upon learning activities from Chapter 9 and other chapters of Foundations. Learners will do role plays in pairs of two, taking turns to play the CHW and to demonstrate client-centered counseling skills. Once the role play is done, learners who play the client will also complete a CHW performance assessment rubric and provide their colleague with constructive feedback. The completed assessment rubrics will be submitted to the trainers at the end of the assessment. You may wish to assign credit or points for completing the assessment and/or add your own grades based on the completed rubrics.

The following are suggested step-by-step instructions for administering this assessment:

1. Introduce and explain this assessment. Learners will work in pairs to do role plays. The person playing the CHW should do their best to demonstrate client-centered concepts and skills. The person playing the client will also complete an assessment rubric and provide constructive feedback after the role play is done.

2. Assign learners to teams of two (one way to do this is to place each learner’s name in a bag or hat and pull them out to create random pairings). Provide each team with two different role play cards and two copies of the assessment rubric.

3. Emphasize that for these role plays we ask learners to assume that initial introductions between the CHW and the client have already been completed, along with an explanation of agency and program services and policies, including confidentiality. The CHW should start the role play by trying to assess the client’s priority concerns.

4. Ask each pair to determine who will play the CHW first. Provide the learner who will play the client with a few minutes to review their role play card.

5. Set a timer for 10 minutes, and instruct learners to begin the first role play.

6. After 10 minutes, call time, and ask learners to stop the role play. Ask the learners who played the client to take a few minutes to fill out the assessment rubric.

7. Provide each team with 10 minutes to provide constructive feedback. Remind learners to use the rubric as a guideline and to follow the plus/delta model by highlighting both what their colleagues did well in terms of demonstrating client-centered counseling skills and areas for improvement or change.

8. Ask learners to switch roles and repeat the same process as in Steps 4–7.

9. Ask all learners to submit their completed assessment rubrics, with their names clearly printed at the top of each form.
Client-Centered Counseling Role Plays and Peer Assessment (continued)

10. As desired and as time permits, facilitate a brief discussion with learners by posing questions such as these:

- What was it like to use the rubric and to assess each other's performance?
- What was it like to provide each other with feedback in a more formal way (including filling in and submitting the assessment rubric)?
- What differences, if any, do you notice between assessments completed by peers and by trainers?

ASSESSMENT 9.2: ROLE PLAY CARDS

Explain to the learners that for the purpose of these role plays, they should assume that the CHW and client have already been introduced, and that they have satisfactorily reviewed key agency or program information and policies including confidentiality. Learners can pick up the conversation after this point, with the CHW using client-centered skills to identify the client’s primary concerns and goals.
Client-Centered Counseling Role Plays and Peer Assessment (continued)

A has sometimes used a condom for sex, but not always. Several times in the past year, A drank too much alcohol and had sex without a condom. A is anxious about taking an HIV test, worried about the result, and embarrassed that they haven’t been better at practicing safer sex.

B’s partner was recently diagnosed with lung cancer and is going to be meeting with an oncologist (a physician who specializes in the treatment of cancer) to review treatment options. B is scared and uncertain about how best to support their partner who “doesn’t like to talk about their feelings very much.” B is scared of saying the wrong thing, of witnessing their partner in pain, and of losing their partner. B’s grandmother died very young from breast cancer and it devastated the family.

C has been struggling to change their diet by eating less fast and processed foods and drinking less soda and sugary drinks. C wants to be more healthy and really likes the idea of being someone who eats a healthy diet with more fruits and vegetables. But C also has a long history of trying to change their diet and trying to lose weight and is worried about “failing again.”

D is facing a lot of stress in life including stressors at home, at school, and at work. D doesn’t have much time during the week and is often exhausted by trying to “juggle everything I have to do.” Despite being exhausted, stress is keeping D up at night and making it difficult to sleep. “I just keep worrying about everything.” D really wants to find a way to better manage their stress.
E is trying to quit smoking. E smoked a lot as a young person and quit in their mid-twenties. However, two years ago, E started smoking again when they were going through a “really difficult time.” E really wants to quit smoking again in order to protect their health but is finding it much more difficult right now. “I just keep reaching for that cigarette every time I am getting stressed.”

In next few months, F’s sister is scheduled to come home from prison. She was locked up for almost nine years. F is excited to see their sister but is also anxious about the challenges ahead for their sister as she reintegrates into life at home with her family and friends and tries to find stable work. F’s biggest concern, however, is how their sister’s children will respond, because they are angry at their mom for going away for so long and are wary about how things will be when she returns.

G has experienced depression, on and off, for many years. Right now, the depression feels worse than usual. G is having difficulty sleeping through the night and getting up for work in the morning. G is less motivated and finding it more difficult to help out around the house and with the family. As a result, G’s family is becoming increasingly frustrated with them, resulting in conflicts that, in turn, make G feel even more depressed.

H is working, raising a family, and going to community college at night to become a CHW. During the first semester of study, H did really well. This semester, however, H is falling farther and farther behind in their studies. H is embarrassed about not being on top of their academic work, and this only makes it more difficult to reach out for help from other students or the trainers. H really wants to complete the CHW training and find work in the field but tells you: “Sometimes I wonder if I can manage this, you know? Maybe I don’t have what it takes.”
Client-Centered Counseling Role Plays and Peer Assessment (continued)

ASSESSMENT 9.2: CLIENT-CENTERED COUNSELING ROLE PLAYS AND PEER ASSESSMENT, FOR LEARNERS

For this assessment, you will work in pairs to do a role play and to demonstrate client-centered counseling skills. You will each assess your colleague’s performance as the CHW in the role play, using the CHW performance assessment rubric. You will fill out the rubric, adding notes, and share constructive feedback with each other. You will submit the completed assessment rubric to the trainers at the end of the assessment.

This is an opportunity to practice for your Performance-Based Exams and to enhance your skills for providing peer feedback. On the job, many CHWs observe each other’s work as part of an informal or formal evaluation process. We encourage you to use a plus/delta format in providing feedback:

- + (Plus): What the CHW did well in terms of demonstrating client-centered skills
- Δ (Delta): What the CHW could do differently to improve the quality of their client-centered approach

Remember to write your names on the CHW performance assessment rubric form that you submit to the trainer and to clearly indicate who took on the role of CHW and who provided the assessment.

ASSESSMENT 9.2: RUBRIC FOR ASSESSING CHW PERFORMANCE, MODIFIED FOR PEER-BASED ASSESSMENT, CHAPTER 9

Today’s date: __________________________

Name of the person who played the role of CHW: __________________________

Name of the person who completed this assessment form: __________________________

Directions: Please do your best to fill in this rubric. For each skill observed, put a check in the appropriate category from emerging to proficient. Please write a brief but clear note for skill sets that were very well demonstrated and for those that you think fell short and require improvement.
## Client-Centered Counseling Role Plays and Peer Assessment (continued)

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<td>EMERGING</td>
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<tr>
<td><strong>Welcoming and Building Rapport</strong></td>
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</tr>
<tr>
<td>1. Provides warm and professional welcome and builds rapport</td>
<td>CHW is cold or not friendly. Does not greet the client or introduce themselves. Does not inquire about the client's name or calls them by the wrong name.</td>
<td>CHW says some or most of the right things to welcome the client but does not convey a sense of interest in their work or the client.</td>
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<td>4. Shows clear communication style</td>
<td>CHW is hard to understand. Uses jargon or acronyms. Speaks too quickly, or too softly, and so on.</td>
<td>CHW mostly communicates in a clear fashion with a few exceptions.</td>
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<td><strong>Client Priorities</strong></td>
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<td>7. Identifies client concerns and priorities</td>
<td>CHW does not inquire about, acknowledge, or respond to client concerns and priorities.</td>
<td>CHW identifies and responds to most of the client's priorities, questions, and concerns.</td>
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* Make a quick note of excellent practice standards and areas for improvement, as observed.
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<td>8. Demonstrates a strength-based approach</td>
<td>CHW does not inquire about, notice, or acknowledge client strengths.</td>
<td>CHW inquires about and acknowledges client's strengths or internal and external resources. Builds upon client strengths.</td>
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<td></td>
<td>CHW partially inquires about and acknowledges client strengths. Does not build upon this key information.</td>
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<tr>
<td></td>
<td>CHW inquires about and acknowledges client's strengths or internal and external resources. Builds upon client strengths.</td>
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<td>9. Answers client questions</td>
<td>CHW ignores questions or provides partial, confusing, or incorrect answers or responses.</td>
<td>CHW answers client's questions clearly and thoroughly. When the CHW cannot answer a question, they say so, and explain how they will follow up.</td>
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<td>CHW responds satisfactorily to most questions, but not all. Does not provide incorrect information.</td>
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<td></td>
<td>CHW answers client's questions clearly and thoroughly. When the CHW cannot answer a question, they say so, and explain how they will follow up.</td>
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<td></td>
<td>CHW provides space and opportunity for the client to talk most of the time. CHW demonstrates strong use of client-centered skills to draw out the client's story, concerns, goals, resources, and values.</td>
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Client-Centered Counseling Role Plays and Peer Assessment *(continued)*

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<td>11. Supports client autonomy</td>
<td>CHW lectures the client (without give and take) and/or gives advice, directing what the client should do, think, or feel. The CHW directly or indirectly blames or shames the client regarding health status, knowledge, or behavior.</td>
<td>CHW supports client autonomy and determination of agenda and discussion. CHW does not lecture. Offers suggestions to a limited extent, as appropriate, and in a manner that lets the client weigh, reject, or accept them.</td>
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<td>12. Demonstrates use of harm reduction</td>
<td>CHW misses opportunity to discuss harm reduction. Applies an all-or-none or abstinence-based perspective about health risks and behavior change.</td>
<td>As appropriate, CHW supports the client to make informed decisions to reduce potential harm to their own health or the health of others (such as family members).</td>
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<td>13. Demonstrates cultural humility</td>
<td>CHW makes assumptions about the client or imposes their own values, beliefs, and recommendations.</td>
<td>CHW inquires about client's experiences, values, and beliefs. CHW limits assumptions and sharing of personal perspectives. CHW does not impose personal standards. Uses client-centered skills to encourage the client to explore their own experience, values, ideas, and so on.</td>
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<td>14. Uses OARS: open-ended questions, affirmations, reflective listening, and summarizing</td>
<td>CHW fails to use open-ended questions appropriately. Asks leading questions and/or too many closed-ended questions. CHW misses opportunities to provide affirmations and/or provides awkward, inaccurate, unclear, or inauthentic affirmations. CHW does not demonstrate reflective listening or uses repetition only. CHW misses opportunity to summarize or provides an inaccurate summary.</td>
<td>CHW demonstrates use of OARS to engage the client in reflection and discussion. However, the CHW is not fully comfortable with the use of OARS and faces moderate challenges with issues of timing, phrasing, listening/interrupting, or responding directly to what the client said or did.</td>
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<tr>
<td>15. Rolls with resistance or ambivalence</td>
<td>CHW responds to ambivalence by lecturing the client or trying to tell them what they should do.</td>
<td>CHW does not lecture the client but does not confidently use MI and other skills to support the client to further explore their ambivalence.</td>
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* Make a quick note of excellent practice standards and areas for improvement, as observed.
### Client-Centered Counseling Role Plays and Peer Assessment (continued)

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#### Action Planning

16. Develops relevant and realistic action plan to promote health

| CHW misses an opportunity for action planning; guides the development of an incomplete, unclear, or unrealistic plan; or takes over the process, telling the client what they should do to manage their health. | CHW supports client to develop an action plan. The plan is missing one or more key components (clearly measurable actions and timelines, and so on). | CHW gently guides the client to develop a relevant action plan that includes a health goal and realistic and measurable steps or actions to meet the goal. |

17. Assesses client motivation, confidence, and readiness

| CHW misses an opportunity to assess the client's readiness for behavior change or other action. | CHW does assess motivation, but could have done more to try to deepen the conversation. | CHW's well-timed assessment of client motivation results in further discussion or refinement of client's goals or plans. |

#### Ethical Concerns**

22. Avoids bias and discrimination

| CHW demonstrates bias or prejudice regarding client's identity or behavior. | CHW demonstrates no bias or discrimination. |

23. Upholds mandatory reporting

| CHW fails to respond, or responds inappropriately, to client's disclosure of serious risks, such as suicidality, or current abuse, such as domestic violence, child abuse, or neglect. | CHW takes immediate action to consult with a supervisor and/or to report a disclosure of serious risk to a third party. Works with the client, as appropriate. |

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* Make a quick note of excellent practice standards and areas for improvement, as observed.

** The CCSF CHW program policy states that students who make one of these ethical mistakes may automatically fail the PBE.
Client-Centered Counseling Role Plays and Peer Assessment (continued)

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<td>24. Addresses other ethical challenges</td>
<td>CHW fails to maintain code of ethics, such as by violating confidentiality, providing false information, exceeding scope of practice, and so on.</td>
<td>CHW upholds code of ethics.</td>
</tr>
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* Make a quick note of excellent practice standards and areas for improvement, as observed.
Assessment 9.3  Reflective Writing Assignment

Your assignment is to write a brief paper (no more than two single-spaced pages) on the topic of client-centered counseling, drawing upon key concepts from your CHW training, including concepts addressed in Foundations and other resources.

This reflective writing assignment is due _______ and is worth _______ points. Clearly type or print your full name at the top of the assignment.

Your paper should address each of the following three topics, responding to the questions provided with each topic.

1. Your experience with counseling, health care, or social services providers

Reflect on your own experiences as a client or customer and your interactions with health care providers, counselors, or social services providers. Use the information included in Chapter 9 to assess how the attitudes and behaviors of these service providers impacted your motivation to make changes in your life. For example, what types of attitudes and behaviors among providers have enhanced your motivation to make change or promote your welfare, and what types of attitudes or behaviors have gotten in the way of or posed barriers to change or health promotion?

2. Autonomy and self-determination

All forms and approaches to client-centered counseling seek to enhance the autonomy and self-determination of clients or patients. Why is this emphasis on autonomy so essential to the client-centered perspective and what is the value or significance that it holds for promoting the health and welfare of clients? Please be as specific and detailed as possible in your response.

3. Client-centered counseling and motivational interviewing (MI) skills

Please reflect upon the client-centered counseling and MI skills that you have been studying and learning about in your CHW training. Please identify at least one skill, technique, or approach from your training that you plan to use as you provide direct services to clients. What is it about this technique that holds particular value for your work and the health of clients? How and when might you apply this skill in your work with clients? Please be as specific as possible in describing your intentions for your future practice.

Please keep our grading or assessment rubric in mind as you write. For example, we are looking for you to respond directly and clearly to the questions asked, to demonstrate the ability to reflect on your own life experiences, and to link your reflection to key concepts and skills from the CHW training program.
Reflective Writing Assignment  (continued)

RUBRIC FOR ASSESSING OR GRADING REFLECTIVE WRITING ASSIGNMENTS

Acceptable performance may vary from trainer to trainer. We are including our version of a grading rubric, but feel free to adjust this to fit your unique situation.

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<th>CATEGORY</th>
<th>CRITERIA</th>
<th>POINTS</th>
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<tbody>
<tr>
<td>1. Responsiveness to assignment</td>
<td><strong>EMERGING</strong> Less than 70%</td>
<td><strong>SATISFACTORY</strong> 70–89%</td>
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<tr>
<td>Paper does not respond to the questions and topics posed in the assignment.</td>
<td>Paper is partially responsive to the assignment.</td>
<td>Paper clearly addresses the main questions and topics presented in the assignment.</td>
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| 2. Connections to key CHW and public health concepts and skills (such as client-centered practice) | Paper makes no connections to key training concepts and skills. | Paper makes limited or vague connections to key training concepts and skills. | Paper provides clear and relevant connections to key training concepts and skills. | ___/20 |

| 3. Clarity | Paper is poorly organized and the ideas presented are difficult to follow or understand. | Greater clarity of organization or writing would strengthen this assignment to the level of proficiency. | Paper is well organized, clearly written, and easy to follow. | ___/15 |

| 4. Use of evidence to support analysis and the ideas presented | Paper does not present any evidence to support arguments or ideas. Fails to properly cite the ideas of others. | Paper shows an incomplete or unclear connection between evidence and the writer's point of view, ideas, or arguments. | Paper clearly presents evidence (including personal observations) to support the learner's point of view, ideas, or arguments. | ___/15 |

| 5. Self-reflection | Paper fails to reflect upon learner's own life experiences, study, or CHW practice. | Paper shows limited self-reflection or application of insights to the work of CHWs. | Paper demonstrates reflection on personal experiences, cultural identity, values, and so on, and is applicable to the work of CHWs. | ___/20 |
### Reflective Writing Assignment (continued)

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<td>6. Originality</td>
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Grading guidelines for reflective writing assignments are as follows: Passing = 70 points or above.

Letter grades are as follows: A = 90–100 points; B = 80–89 points; C = 70–79 points; D = 60–69 points; F = below 60 points.