

COUNSELING SESSION OBSERVATION FORM (CSO)

Date form completed (dd/MMM/yy) _ _ _ / _ _ _ _ / _ _ _

OBSERVERS: The purpose of the observation form is to measure the fidelity and quality of implementation of counseling delivery for CHARISMA. **Prior to administering this form, please ensure the participant has given permission for the counseling session to be observed.** Please realize that the questions are somewhat subjective and require you to use your best judgment based on your overall impressions of the session. Use the guidelines below when completing the observation form and do not change the scoring provided; for example, do not circle multiple answers or score a 1.5 rather than a 1 or a 2. For Part 1, place a check mark next to the appropriate box each time a counselor addresses a topic. Part 2 should be completed after viewing the entire session. It is also helpful to take notes during your viewing. For number 4, check the box ONLY if no counseling was completed at all. Indicate any informal counseling done in number 22 below. If any counseling was done, observers can check "No" for each activity not done.

PART 1. CONTENT COVERAGE	
Instructions: For each of the activities in this session, please indicate whether the counselor completed it as described in the CHARISMA Counseling Manual, modified it, or did not complete it. Modifications might include adding new content or activities, or changing the way something is talked about (e.g., shortening/truncating an activity because of lack of time or framing activities in another way).	
1	Counselor name: _____
2	Observer name: _____
3	Did participant provide permission to be observed? 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No = End of form
4	1. <input type="checkbox"/> Check here if no counseling was conducted = End of form

INTRODUCTORY MODULE. Did the counselor complete each activity below?

5	Defining the ideal partner (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Yes, with changes (Describe: _____ _____)
6	Healthy relationships video (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No
7	Abuse in relationships (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Yes, with changes (Describe: _____ _____)
8	Reflecting on current relationship (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Yes, with changes (Describe: _____ _____)

PARTNER COMMUNICATION. Did the counselor complete each activity below?

STAFF INITIALS: _____

COUNSELING SESSION OBSERVATION FORM (CSO)

Date form completed (dd/MMM/yy) ___ / ___ / ___

9	Partner communication video (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No
10	Elements of communication (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Yes, with changes (Describe: _____ _____)
11	'I' statements (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Yes, with changes (Describe: _____ _____)
12	Conflict de-escalation (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Yes, with changes (Describe: _____ _____)

PrEP DISCLOSURE DECISION & SKILLS. Did the counselor complete each activity below?

13	PrEP disclosure video (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No
14	Knowledge of PrEP use (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Yes, with changes (Describe: _____ _____)
15	Attitude to PrEP use (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Yes, with changes (Describe: _____ _____)
16	Disclosure strategies (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Yes, with changes (Describe: _____ _____)

RESPONDING TO INTIMATE PARTNER VIOLENCE. Did the counselor complete each activity below?

17	Cycle of violence (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Yes, with changes (Describe: _____ _____)
18	Safety planning (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Yes, with changes (Describe: _____ _____)

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COUNSELING SESSION OBSERVATION FORM (CSO)

Date form completed (dd/MMM/yy) ___ / ___ / ___

19	Supportive referrals (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Yes, with changes (Describe: _____ _____)
20	Legal action (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No 3. <input type="checkbox"/> Yes, with changes (Describe: _____ _____)

FOR FOLLOW-UP VISITS ONLY.

21	Action plan follow-up (check one)	1. <input type="checkbox"/> Yes completely 2. <input type="checkbox"/> No
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OTHER. Did the counselor provide additional counseling not described in the manual?

22	Any additional or informal counseling (check one)	1. <input type="checkbox"/> Yes, with changes (Describe: _____ _____) 2. <input type="checkbox"/> No
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COUNSELING SESSION OBSERVATION FORM (CSO)

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PART 2. QUALITY ASSESSMENT

The following questions assess the overall quality of the program session and delivery of the information. Use your best judgment and do not circle more than one response. Guidelines for the interpretation of responses follow each scale.

23 Rate whether the counselor solicited participant (PPT) ideas/opinions (rather than just educating participants or giving opinions about what to do). Check one:

1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Discouraged PPT input		Some PPT input		Actively looked for PPT input

Example:
1 - Gives information to the participant, tells them what to do, or conveys cynicism about the participant's opinions/
plan.
5 - Elicits the participant's opinions or, if applicable, participant's thoughts about need for relationship dynamic
change.

24 How often did the counselor use relevant examples to illustrate concepts (i.e., of supportive and controlling behaviors)? Check one:

1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Never		Sometimes		Often

Example:
1 - Covers material straight from the manual without any further explanation, even when needed.
3 - Sometimes gives examples, but not when it would have been helpful.
5 - Gives examples that are personally relevant to the participant at appropriate/helpful points during session.

25 To what extent did the participant appear to understand the counseling? Check one:

1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Little understanding		Some understanding		Good understanding

Example:
1 - Less than 25% of content understood by participant.
3 - About 50%.
5 - 75-100% understood (or only misunderstandings due to language barrier).

26 How actively did the participant join in counseling discussion? (Note: this isn't necessarily a reflection of the counseling quality.) Check one:

1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Little participation		Some participation		Active participation

Example:
Use your best judgment based on listening to the discussions and feedback.

27 To what extent did the counselor manage the pace and flow of the session? Check one:

1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>	5. <input type="checkbox"/>
Managed poorly		Managed somewhat well		Managed well

Example:
1 - Counselor is rushed (doesn't allow time for discussion; doesn't have time for examples; tells participants they are
in a hurry; or body language suggests stress/hurry), or regularly allows discussions to drag on.
3 - Somewhat rushed or sometimes allows discussions to drag on.
5 - Does not rush participants or speech but still completes all the materials; appears relaxed.

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On the following scale, rate the counselor on the following qualities.

28 Knowledge of the counseling manual content. Check one:
1. Poor 2. 3. Average 4. 5. Excellent

Example:
1 - Cannot answer questions, mispronounces words, reads from the manual.
5 - Provides information above and beyond what's in the manual, seems very familiar with the concepts, and answers questions with ease.

29 Level of enthusiasm/engagement. Check one:
1. Poor 2. 3. Average 4. 5. Excellent

Example:
1 - Presents information in a dry and boring way, lacks personal connection to material, appears "burned out."
5 - Effectively promotes/communicates about the intervention in a positive way.

30 Poise and confidence. Check one:
1. Poor 2. 3. Average 4. 5. Excellent

Example:
1 - Appears nervous or hurried; does not have good eye contact.
5 - Does not hesitate in addressing concerns. Well organized, not nervous.

31 Rapport and communication with participants. Check one:
1. Poor 2. 3. Average 4. 5. Excellent

Example:
1 - Does not remember names; does not "connect" with participant; acts distant or unfriendly.
5 - Gets participant talking; very friendly; uses participant's name when appropriate; seems to understand the participant's needs and shows concern about them.

32 Effectively addressed questions/concerns. Check one:
1. Poor 2. 3. Average 4. 5. Excellent

Example:
1 - Responds negatively to comments; gives inaccurate information; does not connect participants with referral agency information effectively.
5 - Answers questions with correct information in a nonjudgmental way; if does not know the answer, is honest about it and directs them elsewhere.

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33 Rate the overall quality of the counseling session. Check one:

1. Poor 2. 3. Average 4. 5. Excellent

Summary measure of all the preceding questions. Assesses both the extent of material covered and the performance of the counselor.

Poor sessions look like:	Excellent sessions look like:
<ul style="list-style-type: none">• Lecturing tone• Read the content straight from the manual, which made the session feel scripted/impersonal• Stumbled along with the content and failed to make connections to what was discussed previously or what participant discussed• Unengaged participant• Judgmental responses• Flat affect and boring style• Unorganized and random• Loses track of time	<ul style="list-style-type: none">• Participant is engaged, appears to feel supported• Discussion of personal stories or specific examples• Nonjudgmental responses to participant questions• Answering questions with correct information• Good time management and well organized• Adequate pacing—not too fast and did not drag• Used effective checks for participant understanding

34 [Optional] Briefly describe any major weaknesses or implementation problems you noticed, including any major changes to the content or delivery of the material; time wasted in getting the session started or finished, etc.:

35 [Optional] Briefly describe any major strengths or implementation effectiveness you noticed, including delivery of the material, etc.:

STAFF INITIALS:_____