Competency descriptions and abbreviated instructions for standardized role plays

If using standardized role plays, the following descriptions and prompts can be used when eliciting different competencies. For full details on performing standardized role plays see https://equipcompetency.org/

1.UNDERSTANDING ALCOHOL USE & SELF-MONITORING

Helper assesses the client's use of drinking and find out how the drinking fits into their life. This should include getting descriptions of timing of use, places of use, people involved when using (e.g., 'How many pints do you drink when you're with your friend, Al?'; 'When do you drink alone?'). Helper encourages the client to be as honest as possible with his/her drinking/ substance use and may use a tool such as the "Timeline Follow-back Measure" or other technique to track the client's self-monitoring (e.g., after work on Wednesday's you like to drink with friends, drink alone late at nights, sometimes drink when worried about money, drink at home, in pubs).

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "I will act as a client who has recently been assessed using AUDIT, and it's determined that counselling in Motivational Enhancement may be most supportive to me. I agree to meet for the first session but am not sure whether counselling is necessary. Your role is work with me to explain the importance of understanding my drinking behaviour, and then work with me to assess my use of drinking and how it fits into my life. You [the Helper} may begin by reviewing why this counselling may be helpful, and how you would like to work with me to find out more about my habits."

Trainer or another trained actor should act as the client for this role-play.

Role-play features Helper explaining how Motivational Enhancement could be helpful to 'client.'

Role-play should "stop" once competency has been rated below OR allotted time has been reached (e.g., 5-15 min).

Should *not* do	Should do
• Judge client on drinking behaviour • Accuse client of not being honest about behaviours • Assume client's behaviours without feedback	• Assess client's use of drinking and explain the importance of how it fits into his/her life • Include descriptions of timing of use, places of use, people involved when using • Use a technique such as "Timeline Follow-back Measure" to track self-monitoring with the client • Reinforce the importance of the client being honest about using

2.GETTING BUY-IN & DEVELOPING DISCREPANCIES

Helper works with the client to get buy-in for changing drinking/ substance use. Helper and client outline reasons for and against drinking, and Helper supports/guides the client towards developing discrepancies and heightening 'internal conflicts' for drinking (e.g., 'The negative effects of drinking outweigh the positive effects: drinking to control worries about money can make one poorer; Drinking to avoid/escape conflict with others can lead to more conflict'). Without judgement, the Helper and client should brainstorm and write these reasons down (e.g., Want to save money to support my family, not drinking will help save money, etc.). A "reminder card" may be set up for the client to carry to remind them about the impact drinking has on their lives.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "Today I will come in as a client who has worked with you to outline the people, places, and timing of his/her substance use. The client is still unsure it's a problem, because when s/he drinks it's usually at work events where all colleagues are drinking, and if it's outside of work, s/he is drinking surrounded by friends. Your role is to work with the client in getting buy-in for changing his/her drinking habits. Work with the client to develop discrepancies, brainstorming and writing down reasons for and against drinking."

Trainer or another trained actor should act as the client for this role-play.

Role-play features 'client' explaining s/he doesn't think s/he has a substance use problem.

Role-play should "stop" once competency has been rated below OR allotted time has been reached (e.g., 5-15 min).

Should *not* do	Should do
• Judge client's reasons for drinking • Agree with client for reasons for drinking • Directly suggest reasons for drinking without client input	• Work with client to brainstorm and outline reasons for and against drinking • Develop discrepancies to heighten client's internal conflicts for drinking • Gain buy-in from the client to change • Create a 'reminder card' with listed reasons for changing drinking/ substance use

3.ELICITING CHANGE

Helper works to build motivation for change with the client, evoking client's own reasons for change. Helper should encourage the client to "think change," e.g., asking how this change should or could take place. Helper may use tools and techniques to support identifying reasons and skills needed to reduce substance use, including a form of assessment or rating to identify how difficult it may be to change as well as the client's level of motivation for reducing. The helper may also identify and elicit the client's use of language for change (e.g., "Change Talk") to encourage the client to speak positively about the changes he/she are making or planning for reducing use. Helper may also identify and respond to client's resistance to change when in session (e.g.., 'sustain talk') and work towards discouraging it.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts Helper: "Today I will come in as a client who has worked with you to outline the people, places, and timing of my substance use, has discussed the positives and negatives of my substance use, and has also developed discrepancies before writing a reminder card for my reasons to reduce use. Your role is to now build my motivation for change. Work with me to fill out reasons and skills needed to reduce use and pay attention to the difficulty for each reason and skill. You may start by asking about ways things could change."

Trainer or another trained actor should act as the client for this role-play.

Role-play features Helper asking 'client' about possible changes.

Role-play should "stop" once competency has been rated below OR allotted time has been reached (e.g., 5-15 min).

Should *not* do	Should do
• Talk negatively about change, make client feel hopeless for change • Discourage client or accuse of not wanting to change	• Continue to build motivation for change with the client, evoke client's own reasons for change • Encourage client to talk about how changes could take place and speaking positively about these changes • Use technique or tool to identify reasons & skills needed to reduce use

4.GENERATING & STRENGTHENING COMMITMENT

Helper works to generate and strengthen client's commitment to change, using a Specific, Measurable, Attainable, Realistic, Timed (SMART) action plan which is in-line with the client's control and values. Helper uses reasons for change that were previously identified with the client in earlier sessions.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts Helper: "Today I will come in as a client who has worked with you and built commitment to change, having my own reasons and skills needed to make changes to reduce use. Your role is to now strengthen that commitment by creating an action plan using the SMART elements learned in training."

Trainer or another trained actor should act as the client for this role-play.

Role-play features 'client' introducing a personal goal that needs help in making it SMART (e.g., "I want to be in control of my drinking.").

Role-play should "stop" once competency has been rated below OR allotted time has been reached (e.g., 5-15 min).

Should *not* do	Should do
• Pressure client with unrealistic, high expectations • Create vague, unobtainable goals without action plan	• Generate and strengthen client's commitment to change • Use a Specific, Measurable, Attainable, Realistic, Timed (SMART) action plan in-line with the client's control and values • Use reasons for change previously identified with the client in earlier sessions

5.CHOOSING STRATEGIES
Helper works with the client to create and choose strategies to reach SMART goals. Using reasons for change (e.g., referring to 'Fit Circle') and SMART goals generated in previous sessions, Helper finds ways for the client to reach their goals, including identifying supports such as a family member or friend. Helper should identify and teach different skills (e.g., 'Saying No'; 'Letting the urge pass'; 'Finding new activities'; 'Carry reminders') to reduce drinking, choosing the best strategy with the client and setting a timeline to reach the goal. Helper encourages client to rate difficulty and level of commitment/motivation for strategies, including potential barriers. At the end of session, Helper summarises the goals and strategies chosen, and ask for the client's commitment (e.g., 'Are you ready to commit yourself to making these changes?')

SINGLE COMPETENCY ROLE-PLAY
Trainer prompts Helper: "Today I will come in as a client who created a SMART action plan for reducing/changing substance use. Your role is to review and choose strategies which I can implement. Help me understand various strategies which may support the plan, and work with me to define a timeline and outline potential barriers around the strategy. You may begin by reading aloud the SMART action plan from the last session."

Trainer or another trained actor should act as the client for this role-play.

Role-play features Helper states defined SMART action plan from previous session.

Role-play should "stop" once competency has been rated below OR allotted time has been reached (e.g., 5-15 min).

Should *not* do	Should do
• Suggest/use negative or potentially harmful strategies to reach goal • Select strategy for client without input on difficulty or motivation	• Find ways for client to reach previously set SMART goal(s), including identifying supports • Teach different skills for reducing drinking (e.g., 'Saying No') • Choose best strategy, set timeline to reach goal, discuss barriers • Summarise goal and strategy • Ask for client's commitment

6.ROLLING WITH RESISTANCE
Helper recognizes and positively respond to client's resistance or ambivalence. Helper discourages client's 'sustain talk' (e.g., 'I don't want to stop drinking,') while avoiding arguments and ultimately reinforcing client's commitment to change. Helper honours the client's autonomy, and use basic motivational interviewing techniques: Open-ended questions, Affirmations, Reflective Listening, and Summary Reflections (OARS). Helper adjusts expectations collaboratively with client.

SINGLE COMPETENCY ROLE-PLAY
Trainer prompts Helper: "I will act as the client. You have been working with me to elicit change, establish goals and choose strategies for changing drinking. In a follow-up session with an assigned SMART plan, I return frustrated, blaming you and my partner for making it too difficult. I don't think I need to change. Your role is to use what you've learned in 'Roll with Resistance' to discourage my resistance."

Trainer or another trained actor should act as the client for this role-play.

Role-play features 'client' making defensive statements (e.g., 'Why are you and my partner so stuck on my drinking? What about all her/his problems? You'd drink, too, if your partner were nagging you all the time.').

Role-play should "stop" once competency has been rated below OR allotted time has been reached (e.g., 5-15 min).

Should *not* do	Should do
• Take controlling tone and make orders to client • Argue with client • Judge or minimize client's resistance or challenges	• Recognize and positively respond to client's resistance or ambivalence • Discourage 'sustain talk' • Avoid arguments • Honour client's autonomy, use basic motivational interviewing techniques (OARS)

7.RELAPSE PREVENTION

Helper works with client to understand and prevent relapses, as well as how to identity lapses and encourage to keep working towards change. Helper consolidates the skills and training client has learned in previous sessions and review potential future challenges that might arise now that counselling has ended. Helper guides client into understanding potential triggers, both internal and external (e.g., relate to different people, places, times, including the client's self and different stresses). Helper links this relapse prevention and management work to previous SMART plans and any technique that supported tracking of reasons for change and skills used. If a family member or significant other (SO) has been included, this plan should be discussed with them. If possible, helper might check-in with client via SMS to see how they are progressing on their goals.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts Helper: "I will act as the client. It's the last session for substance use/drinking reduction counselling. Your role is to consolidate learning for the client and support relapse prevention. You may begin with introducing it as the last session."

Trainer or another trained actor should act as the client for this role-play.

Role-play features Helper explaining it is the last session of drinking/substance use reduction counselling.

Role-play should "stop" once competency has been rated below OR allotted time has been reached (e.g., 5-15 min).

Should *not* do	Should do
• Support relapse (e.g., 'It's okay if you want drink sometimes, just don't keep drinking every day') • Shame, criticize, and/or threaten client to not relapse	• Consolidate skills and training client has learned in previous sessions • Guide client's understanding of potential triggers, both internal and external, and relate to People, Places, Things, and Times • Review future challenges that might arise now that counselling has ended • If SO is involved, discuss plan with them

The following documents supported development of competency descriptions:

• Dabholkar H, Nadkarni A, Velleman R, Patel V: Counselling for Alcohol Problems (CAP). Sangath; London School of Hyigiene and Tropical Medicine, 2013. http://www.sangath.in/premium-manual/

• Miller WR, Rollnick S. Motivational Interviewing as a Counseling Style. 1991. In: Treatment Improvement Protocols [Internet]. Centre for Substance Abuse Treatment: Substance Abuse and Mental Health Services Administration Enhancing Motivation for Change in Substance Abuse Treatment. Available from: https://www.ncbi.nlm.nih.gov/books/NBK64964/.

• Murray L, Dorsey S, Skavenski S, Metz K: Common Elements Treatment Approach (CETA) Counselor Manual (Adult): Lebanon. 2017. https://www.jhsph.edu/research/centers-andinstitutes/global-mental-health/ourprojects/by-intervention/

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