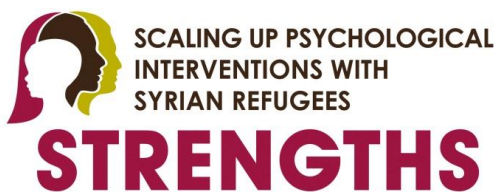




Problem Management Plus for Individuals: Training of Helpers

April 2018



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Training schedule

Day	Topics
One	Opening the training Common mental health problems PM+ overview STRENGTHS research Role of PM+ helper Participant – helper relationships
Two	Understanding adversity Giving helpful feedback Strategy 1: Managing stress
Three	Strategy 2: Managing problems
Four	Strategy 3: Get going, keep going Challenges to using basic helping skills
Five	Strategy 4: Strengthening social support
Six	Staying well and looking forward Preparing for role plays on Day Seven
Seven	Practise role plays delivering PM+
Eight	Review PM+ Supervision

How to use this manual





This manual is written as a guide for delivering eight-day training to lay-counsellors (called ‘helpers’ in PM+), without any mental health experience. Training can be delivered in 6 days for mental health professionals without specific training in cognitive-behaviour therapy (CBT).

Trainers should use their judgment to modify the training in a way that suits their helpers. For instance, you can modify the proposed schedule (the ‘when’), and the suggested training methods for different activities, (the ‘how’). However, it is important that the content (the ‘what’) remains the same, to strengthen reliability and fidelity of the research.

The manual includes varied training approaches, including presentations, active discussions, role plays, and group and individual activities. As the trainer you may choose which approaches you prefer. However it is recommended you regularly change the teaching approach to cater for all types of learners and to keep the training active and interesting. Secondly, we recommend that you use more active forms of teaching, such as role plays, as these best facilitate learning.

Throughout this manual, the terms trainees and helpers are used interchangeably to refer to the helpers taking part in the training.

To help with the ease of delivery of training the manual includes pictorial reminders.

Icon	Meaning of icon
	Training methodology used (For example group work, presentation, role play, discussion)
	Estimated time needed
	Materials needed
	Aim of the activity

Preparing for the training

To help the training run more smoothly it is important to be well prepared. The following is a checklist of things to consider in preparation.

Venue

- Access to venue, including nearby bus or train stations, parking, washroom facilities, etc.
- Suitable temperature and lighting in training room with opportunity to darken room if using projector or screen

Setting up the room

- Consider how to set up the room to encourage participation and comfort.
- Make sure there is enough space to conduct multiple role plays at once (for example, small groups of helpers), or additional rooms for people to use.
- Place a clock visible to all.

Materials

- Printed copies of training handouts and manuals.
- Pens or pencils.
- Whiteboard or flip charts with stand.
- Markers.
- Computer and projector if using power point slides and videos.

Other

- Prepared case examples to be used for demonstration role plays. This should describe a typical participant presentation for your local setting (see notes below).
- Prepared case examples for Day 7 (day of role play).
- Preparation of snacks, water, tea and coffee or meals if these will be provided.
- Consider if you require an additional person to support you with time management, organization of meal times, or to write down key points from discussion groups on the board or flip chart.
- Group management skills, communication and rapport between trainer and co-trainer needs to be excellent so that everything runs smoothly and on time.

Key points for training

- At least two trainers are recommended to lead the trainings.
- Do not spend more than 20 minutes talking or teaching at one time. After 20 minutes introduce a role play, activity or discussion.
- Time spent on each activity will largely depend on the group (for example, size, how talkative they are, how quickly they learn the material and concepts).
- Avoid using complicated psychological terms as many helpers may not understand these.
- Use ice breakers and energizers as needed. See Appendix A for some examples.

Conducting role plays

There are two types of role plays you can conduct in the training. Try to use both types of role plays

1. Demonstration role plays (trainers act as helpers to demonstrate how to deliver a strategy)
2. Active role plays (to practice delivering strategies through case example role plays)

Case Examples are included for active role plays. They give background information on participants, but are not prescriptive, meaning they do not give specific details on how the participant reacts or responds etc. Adapt case examples to suit your culture and social context.

Instructions for role plays: Encourage trainees to imagine they are experiencing the situation and reactions described in the case examples, so they can respond to the helper's questions and suggestions more realistically.

Instruct those role playing as PM+ participants not to provide answers too easily to their helpers. They should try to pretend to forget what they know about PM+. On the other hand, they should also not be too difficult for their helper. This can be frustrating and interfere with the learning.

Demonstration role plays: It can be helpful to demonstrate a role play twice using the same case example, to demonstrate the differences between poor use of helping skills and common helper errors (for example, giving advice to the participant) and good use of helping skills.

This can help trainees learn what to avoid when delivering a strategy.

Your role as a trainer

Your role as a trainer is to:

1. Improve the skills and knowledge of helpers so they can competently deliver PM+.
2. Fill helpers with confidence to competently deliver PM+.

By the end of the classroom training, helpers will not be 100% confident in delivering PM+ with participants. You might reflect on your feelings by the end the training you participated in. It is likely that you knew a lot more about PM+ and how to deliver it, but you may have still been feeling nervous about delivering it with participants. That is why practice cases are so important. Helpers will also have an opportunity to practice their skills when they complete the in-field training.

In regards to the second aim, be careful about how your delivery of the training can influence helpers' confidence. For instance, be careful not to jump in and correct helpers immediately. Instead, give them the opportunity to correct their own mistakes or even ignore minor errors for the sake of preserving their confidence. Also remind yourself of the key steps to providing feedback to helpers- namely, always being affirming (positive, encouraging, identifying what the helper did well) first!

Support and supervision

Part of your role as a trainer may also include supervising helpers when they begin delivering PM+. Helpers should receive weekly group supervision as well as on demand support (for example if they require urgent supervision regarding a participant's safety). Weekly supervision will comprise discussing the progress of their participants, challenges they are experiencing in the PM+ sessions, self-care and continued focus on training to improve helper's competency and confidence in delivering PM+.

Day one

See **Appendix D: Trainer’s aides. 1. Training schedule** for a handout for trainees.

Estimated time (mins)	Activities	Methodology	Materials required	Link to intervention
60	Opening the training	Game Presentation Discussion	Flipchart and markers Appendix B: Steps to giving helpful feedback. Appendix D: Trainer’s aides. 1. Training schedule	
30	Common mental health problems	Discussion	Flipchart and markers	
20	Break			
20	PM+ overview	Presentation	PM+ Session-by-session overview (page 18 in Reference manual)	Chapter 2: The PM+ intervention
50	STRENGTHS research Exclusion criteria	Presentation Group activity	Appendix C	
55	Role of the PM+ helper Including family or friends	Discussion	Flipchart and markers	Chapter 2: The PM+ intervention
45	Lunch			
120	Basic helping skills	Role play Discussion	Appendix D: Trainer’s aide 2. Slips of paper with basic helping skills to be picked out of a hat or bowl	Chapter 3: Basic helping skills
15	Break			
55	Participant – helper relationship	Role play Discussion	Flipchart and markers	Chapter 3: Basic helping skills
15	Closing the day	Reflection		

1. Opening the training



Games and discussions



60 minutes



White board or large sheet of paper and markers

Steps to giving helpful feedback
(Appendix B)



To welcome trainees and create a shared understanding of the aim of the training.
To create a positive and safe learning environment.

1.1. Welcome (5 minutes)

Instructions:

1. Begin the workshop by warmly welcoming all trainees.
2. Acknowledge:
 - Efforts made in attending the training – for example taking time away from other work responsibilities, family and other commitments.
 - By attending this training, they are making an important commitment towards improving the emotional well-being of their community.

1.2. Introductions (30 minutes)

Instructions:

1. Briefly introduce the trainers and explain trainees will take part in an introductory activity.
 - Ask them to find someone they do not know at all, or only know a little about. The two partners should talk and find three things they have in common. After five minutes they will be asked to introduce their partner (name, background, and any other personal information they wish (e.g. country of origin, hobbies/interests etc.). Each person will also be asked to share one of the things they had in common.
2. Emphasise that everyone in the room brings with them their own expertise and this is important in the training. Let them know that you will be learning a lot from each other during the training, and that everyone's skills and experiences are equally valued and important.

1.3. Training schedule and materials (10 minutes)

Instructions:

1. Review the **Appendix D: Trainer’s aides. 1. Training schedule** with the participants. Explain that trainees will learn about the strategies introduced in PM+ and then practise delivering these in the training.
2. Explain the training process:
 - Classroom training (what they are participating in now).
 - In-field practice (each helper will deliver PM+ to three to four participants with mild mental health symptoms where at least two of them should be participants that complete the treatment).
 - Supervision (begins during in-field training and continues throughout trial).
 - Assessments to check learning, competency, and knowledge before delivering PM+ and after the training.
3. Orient trainees to the materials for the training, including the PM+ reference manual and the trainee handouts. They should bring these to every training day.

1.4. Practical information (5 minutes)

Instructions:

1. Cover the following key points:
 - Schedule of training, including start and finish times, meal breaks.
 - Where to find washrooms.
 - Problem solve any initial difficulties, including access to training facility, the training schedule, etc.

1.5. Rules and mutual expectations (15 minutes)

Instructions:

1. Invite the group to decide on rules and mutual expectations during the training. These apply to the trainers as much as to the trainees.

Trainer’s notes:

Consider including the following points:

- confidentiality of all material disclosed in the group
- respecting each other
- treating everyone as an expert
- commitment to being an active participant
- ask questions- there are no silly ones!
- ask trainers to repeat something you have not understood
- let trainers know about any difficulties
- not interrupting each other
- providing encouraging and thoughtful feedback to each other
- being open to making mistakes or being corrected by others

- keeping to time and allowing enough breaks
 - staying in the room during training (discuss how to manage emergency situations and valid reasons for leaving).
 - turning off mobile phones during training
 - listening with full attention
 - have fun!
2. Explain that during the training there will be many opportunities for trainees to practise the skills they will learn. The observing trainees will be asked to give feedback on role plays and demonstration of PM+ helper skills. Distribute **Steps to giving helpful feedback (Appendix B)** and go through the steps. Explain that trainees should follow these steps when they give feedback to their colleagues.

2. Common mental health problems



Discussion



30 minutes



Flipchart, markers



To identify and understand common mental health problems of Syrian refugees that PM+ addresses.

1. Ask trainees “What common mental health problems do Syrian refugees experience?”

Optional prompt: Many of you may know people who are experiencing emotional problems such as sadness, anxiety, tension, etc. Think about the people in your community, your social networks, and your families. Without naming anyone, can you describe some of the emotional problems you have seen people experiencing?

2. Explain that PM+ helps people with problems such as depression, anxiety and stress.
3. Ask trainees “*What are some of the symptoms or signs that people are experiencing depression or anxiety or stress?*” (Give some examples if trainees cannot identify any)

Optional prompt: At times we can all feel a little depressed. Think of a time when you felt depressed (really sad). What did you notice about your behaviour, your body etc? (Repeat with anxiety and stress).

4. List the responses on a flipchart with four columns for the different mental health problems: depression, anxiety, stress or other. Note that some symptoms or signs may repeat in more than one column.

Examples of answers are:

Common mental health problems addressed in PM+			
Depression	Anxiety	Stress	Other
<ul style="list-style-type: none"> • Low mood, feeling sad most of the time • Lethargy, lack of energy • Feeling tired all the time • Inactivity- no longer doing activities or tasks they used to or getting pleasure out of previously enjoyed activities • Feeling worthless or guilty • Irritable • Low self-esteem, self-disparaging (for example feels like a failure) • Poor concentration, unable to make decisions easily • Very slow movements or slow to do things • Loss of appetite or eating more than usual • Suicidal thoughts or attempts 	<ul style="list-style-type: none"> • Worrying a lot about different things (without reason) • Feels panicked • Physical symptoms not explained by medical conditions: headaches, stomach aches, body aches, breathing difficulties (rapid, shallow breathing), chest pain, hot flushes • Restlessness (difficulty sitting still) • Avoiding (due to fear) doing activities, going places or seeing people that are reasonably safe 	<ul style="list-style-type: none"> • Physical symptoms not explained by medical conditions: tension, frequent headaches, neck or back ache, sweating, dry mouth, light headed • Unable to relax • Irritable • Easily startled (to sudden noises or movements) • Poor concentration • Overreacting to things • Feelings of anxiety and/or depression 	<ul style="list-style-type: none"> • Poor sleep (sleeping too much or too little) can be caused by depression, anxiety or stress • Grief • Excessive anger

5. Give brief definitions of depression, anxiety and stress:

Depression is when someone feels very sad, moody or low for long periods of time- weeks, months or even years. People can feel this way without any particular reason. They often stop doing things they used to enjoy doing (for example socialising with others, hobbies) or find it hard to do the things they need to do (such as chores or work).

Anxiety is when someone feels very worried or fearful most of the time. For some people, there may not be any particular reason for their worry or fear. It is a serious condition that can make it very hard for people to cope with daily life. Anxiety can cause experiences of strong physical sensations of arousal, just as tension, headaches, and problems with breathing.

Stress is often described as a feeling of being overloaded, wound up tight, tense or worried. When someone becomes excessively stressed they often experience lots of uncomfortable physical sensations and they find it hard to perform their normal duties.

6. Summarize:

It is very normal for us all to feel depressed, anxious or stressed at different times in our lives. However, when people experience these problems almost daily for weeks at a time and the feelings interfere with their lives, they need some assistance. PM+ is designed to help these people feel better again.

BREAK (20 minutes)

3. PM+ overview



Presentation



20 minutes



PM+ Session-by-session overview
(page 10 -11 in Reference Manual)



To provide an overview of the PM+ intervention

Instructions:

1. Ask trainees what they know about PM+ and why it was developed?
Ensure the following is included:
 - PM+ was developed in response to the need for psychological treatments in poorer settings.
 - Very highly trained psychiatrists and psychologists in wealthier areas of the world deliver most psychological treatments. Such treatments are not available in low resource settings where it could be argued the need is greater. Treatments are quite complex to deliver and costly.
 - PM+ is one version of bringing evidence-based strategies to adults living in areas where mental health services are not well resourced.
 - One important way to get around cost is for the treatment to be brief – 5 sessions in this case; delivered by lay-people (people who do not necessarily have mental health training or experience)
2. Give a little history of the testing of PM+ that has been completed
 - Individual PM+ has been currently been tested with individuals in Pakistan and Kenya and with groups in Swat Valley.
3. Explain that PM+ aims to provide participants with skills to manage emotional problems (related to depression, anxiety and stress) as well as practical problems.
4. Refer to PM+ Session-by-session overview in the Reference manual (page 10-11) and give a brief overview of the five sessions and the four core strategies:
 - PM+ is a 5 session psychological program with 4 core strategies:
 - Session 1: Managing Stress: helps people reduce their stress and symptoms of physical tension and panic.
 - Session 2: Managing Problems: helps people manage their practical problems (for example interpersonal conflicts, financial problems).
 - Session 3: Get Going Keep Doing: helps people reduce symptoms of depression and low mood by gradually increasing their activity.
 - Session 4: Strengthening social support: helps people seek out and strengthen their social supports to better manage their problems and emotional wellbeing overall.

- Session 5: Staying well and Looking forward: revisiting the four core strategies aiming to prevent relapse.

4. STRENGTHS research



Discussion and group activity



30 minutes



Appendix C



To provide relevant information on the research to trainees.

4.1. Presentation on STRENGTHS research

Instructions:

1. Explain the following key points
 - We are doing research to make sure the intervention works before we make it available to everyone.
 - The results from the assessments conducted before and after the PM+ intervention will be what is used to make conclusions as to whether PM+ works or not.
 - In our research, we will be comparing two groups: those who get PM+ and those who get enhanced usual care.
 - We will assess participants and a group of people getting enhanced usual case and:
 - Compare how participants who get PM+ are doing before and after participating in PM+ (pre- and post-intervention) – to see if they get better after treatment.
 - Compare PM+ participants with the group of people getting enhanced usual care – to see if they do better with the treatment than without it.
 - To do the research well it is important to achieve standardisation. The concept standardisation means keeping everything relatively the same for each participant. Every participant who goes through PM+ will receive the same intervention. This means helpers must deliver PM+ and not any other type of intervention. So, sticking very closely to the helpers' manual is very important.
2. Draw a chart that shows the steps involved for participants or hand out Appendix C.
3. Explain purpose of screener, pre- and post-assessments and that a research assistant will complete these assessments, and not the helper.

4.2. The importance of standardisation

Instructions:

1. Split the trainees into two groups.
2. Tell them to imagine they will all have to sit an exam in the content of “The book of learning things”.
 - i. People in Group A will be taught by a teacher who teaches exactly what the book says.
 - ii. Group B will be taught by a teacher who only loosely follows the book, and the rest of the time improvises on similar subjects.
3. Ask the trainees: Would you expect the two groups to do equally well on the exam? (The answer should be “no”). Ask the participants to give reasons for their answers.

4. Summarise: To make sure we can compare results between Groups A and B we must make sure they both receive the same training. Only then can we expect the two groups to perform equally well on the exam. It may have been useful and interesting for group B to also learn about other subjects than those in the book, but it was not helpful in the exam, because that was only about the book. This is the same for our study. If we want to accurately find out which intervention (PM+ or usual care) is better, we need to make sure everyone actually gets PM+. You may think there are other interventions or strategies that might be helpful for a participant to learn. But you will have to stop yourself from teaching them these skills because it will interfere with our study.
5. Allow time for questions.

5. Exclusion criteria



Discussion



20 minutes



Suicide Guidelines in Appendix D of the PM+ reference manual



To understand that PM+ is a psychological intervention that may not be suitable for every person assessed.

To understand the exclusion criteria.

To understand how to respond when people show behaviour that is dangerous to themselves or other or who are not suitable to be participants in a PM+ intervention.

Instructions:

1. Make very clear that if helpers believe one of their participants is exhibiting any of the following they should immediately consult their supervisor.
2. Explain exclusion criteria 1: People who have thoughts of ending their life in the near future
 - Refer to the Suicide Guidelines in Appendix D of the PM+ Reference Manual and go over the key points:
 - Many people who experience depression, anxiety or grief will have thoughts of ending their lives at some point.
 - These thoughts are symptoms of their emotional problem.
 - Participants should not be made to feel guilty or ashamed of these thoughts.
 - Most people do not want to have these thoughts- they just come into their mind- and the thoughts cause them distress.
 - Most PM+ participants will not have thoughts about ending their life.
 - Most people with high risk of suicide will have been excluded from this project in the first assessment.
 - Helpers are required to monitor their participants to make sure they do not become suicidal during the intervention. If they do, helpers should follow the guidelines to responding to suicidal risk in participants.
3. Hand out the table on levels of risk and appropriate response and explain the risk levels and appropriate response

Table 1 Levels of risk of suicide and appropriate response

Level	Risk	Helpers' response
1	<i>No risk:</i> someone who does not have thoughts of ending their life	Do not have to do anything
2	<i>Low risk:</i> people who have thoughts of ending their life but do not want to act on these thoughts	Tell your supervisor during supervision Monitor their thoughts in every session (ask them if they are continuing to have these thoughts and whether they want to act on them)
3	<i>Medium risk:</i> people who have thoughts of ending their life, do not want to act on these thoughts, but have tried to end their life in the past	Tell your supervisor as soon as possible after the session (for example contact them after the session or tell them during supervision) Monitor their thoughts in every session (ask them if they are continuing to have these thoughts and whether they want to act on them)
4	<i>High risk:</i> people who have thoughts of ending their life and either do want to act on these thoughts or are undecided if they want to act on these thoughts, and they may have (or have not) tried to end their life in the past	Contact your supervisor immediately Do not leave the person on their own or let them go home alone Use your basic helping skills to give them support while you wait for instructions from your supervisor

4. Explain that helpers will learn more about how to manage situations where participants express suicidal thoughts or a strong desire to end their life later in the training.
5. Explain **exclusion criteria 2: People with severe impairment related to a mental, neurological or substance use disorder**
 - Exclusion criteria 2 includes disorders such as psychosis, alcohol or drug-use disorder, severe intellectual disability or dementia.
 - People experiencing these problems will not be included as participants in PM+ as they will likely have difficulty understanding the strategies and therefore finishing the programme. This is because their thinking and concentration is often severely affected. You would need to refer persons with any of these disorders to mental health services.
 - If a participant appears drunk or high on drugs in the session do not continue with the session but contact your supervisor and ask for guidance on making referrals to a specialised alcohol and drug service centre.

6. Role of the PM+ helper



Discussion



45 minutes



Flipchart and markers



To discuss the role of the PM+ helper.

Trainer’s notes:

The key points to cover in this activity are that the PM+ helper’s role is to

- To teach participants skills from PM+
- To support and encourage participants practicing PM+ skills
- To be caring and non-judgmental in these roles

Instructions:

1. Divide the facilitators into groups of three-four people.
2. Give each group a large piece of paper/poster and markers.
3. Give the groups 15 minutes to write down their ideas to the two following questions: “What are important characteristics of a good PM+ helper?” and “What are the roles of the helper? “
4. They can make two columns on the paper, and title them ‘characteristics’ and ‘roles’.
5. Hang the posters on the wall.
6. Ask one participant from each group to present their lists to the larger group (no more than five minutes per person)
7. Make sure the following are included:

Characteristics

Be caring and non-judgemental

Roles

To teach participants PM+ skills

To support and encourage participants to practise PM+ skills

8. Highlight characteristics that might not be appropriate for helpers to demonstrate and give reasons why.

Examples of inappropriate characteristics are untrustworthiness and judging a participant’s behaviour.

Examples of inappropriate roles include trying to fix problems for participants and attempting to provide therapy that the facilitator is not qualified to provide.

7. Including family or friends



Discussion



10 minutes



Flipchart and markers



To discuss when it may be helpful to involve a participant’s family or friends in treatment.

Instructions:

1. Go over the following important points regarding including family or friends in PM+ and stress it is important the participant understands all of these points as well:
 - Sometimes it can be useful to involve a member of the participant’s family or a friend in the treatment – a “trusted other”.
 - Participants must give permission or request for the trusted other to be involved during the intervention.
 - The participant can decide at any time that they no longer want the trusted other involved.
 - The role of the trusted other is to learn the particular strategies to feel better equipped to support the participant when they experience a future problem or become distressed. However, we would not expect this other person to act as the participant’s helper.
 - Not all sessions in PM+ are suitable for involving a trusted other. For example, additional people are not recommended to join the second session, on “Managing Problems”
 - Session 1, ‘Managing Stress’ and Session 3, ‘Get Going Keep Doing’ can be appropriate times to include family member or a friend.

LUNCH (45 minutes)

8. Basic helping skills



Demonstration

Discussion

Role play



120 minutes



Appendix D. Trainer’s aides. 3. Basic helping skills

Slips of paper with different behaviours related to basic helping skills.



To define basic helping skills and understand why they are important.

8.1. Role play to demonstrate poor helping skills (5 minutes)

Instructions:

1. Explain to the group that the first meeting with the PM+ participant is often the most important.
2. Trainers take role of helper and participant. (If there is only one trainer, invite a participant to take part in the role play. They should be the PM+ participant and the trainer be the helper)
3. Mimic a typical counselling setting for your local context (meeting in a primary health care centre or in someone's home etc.).
4. Helper introduces himself or herself and begins to talk to the participant about why they were referred, the purpose of the first session today and a little bit of information about PM+.
5. Helper uses very poor basic helping skills. Consider any of the following:
 - using a loud voice
 - not telling the participant from which organization they are from
 - sitting too close the participant
 - keeping too little or too much eye contact
 - being distracted by their phone, when the participant is talking
 - dismissing or minimizing the participant's difficulties (for example "I know someone who has a worse off situation than you.")
 - telling the participant that they **have** to do PM+
 - smiling when the participant looks distressed.

8.2. Discussion of demonstration (20 minutes)

Instructions:

1. Invite trainees to talk about their reactions to the role play; help them think about how they might have felt being the participant.
2. Invite "participant" to describe how he or she felt in that situation. Try to emphasise the key basic helping skills that were not demonstrated and what effect the absence of these had on things such as trust, rapport, motivation to join the group etc.
3. Invite any trainees to show the group how they would improve on this introduction with the participant. Ask them to show this by role playing the same action as you did (by introducing themselves and discussing PM+).
4. Only allow them to role play for two minutes. As a group reflect on what the volunteer did that was good

8.3. Types of basic helping skills (40 minutes)

Trainer's notes:

Print out the basic helping skills and cut them so you can give different ones to each group. See Appendix D. Trainer's aides. 3. Basic helping skills.

Instructions:

1. Divide trainees into seven groups – one for each basic helping skill. If there are not enough participants to make up seven groups, one or more of the groups will role play two helping skills.
2. Give each group one of the key basic helping skills listed below. See Appendix D. Trainer's aides. 3.. Basic helping skills for descriptions of the different skills.
 - Keeping confidentiality
 - Communicating concern
 - Non-verbal skills
 - Praising openness
 - Validating
 - Putting aside personal values
 - Not giving advice
3. Explain they have 10 minutes to prepare a two-minute role play with a helper and a participant that demonstrates the basic helping skill. They can either demonstrate good use of the skill or poor use of the skill.
4. At the end of the role play the trainees will have one minute to explain why this skill is important and the whole group will have another two minutes to discuss this skill further and reflect briefly on the role play.

8.4. Role play: The importance of basic helping skills (25 minutes)

Trainer's notes:

Prepare slips of paper with one behaviour related to basic helping skills written on each. Have enough slips of paper for half the number of people in your group. This means some behaviours are written two or three times.

Examples of behaviours are:

- Posture: sitting in a stiff and upright position with arms folded
- Posture: sitting in slouched position
- Personal space/position: sit facing the person but too far from them
- Personal space/position: sit facing the person but too close to them
- Personal space/position: sit next to the person so that you are both facing the same direction
- Tone of voice: speak in a quiet voice
- Tone of voice: speak in a loud voice
- Eye contact: stare at the person for long periods of time
- Eye contact: give minimal eye contact to the person (look away from them)

Instructions:

1. Ask trainees to form pairs – one is person A and one is Person B.
2. Ask person A to pick a piece of paper with a behaviour written on it, and without telling person B what it is, they should act out this behaviour in their interaction with person B.
3. Instruct person B to talk about a recent situation (ideally a problem they had).
4. Person A listens and communicates with Person B as they naturally would but also acts out the behaviour on their piece of paper.
5. Explain that person B should reflect on their personal reactions to person A’s behaviour (for example, feelings, thoughts, behavioural reactions).
6. After 1 minute, ask the pair to swap roles.
7. Follow the same instructions for the new roles. They also have 1 minute.
8. Return to the large group and spend 15 minutes of discussion and reflection on
 - i. What behaviour did they notice in their partner?
 - ii. What did it feel like for them to have their partner behave in this manner when they were trying to share something personal?

8.5. Discussion (10 minutes)

Instructions:

1. Ask trainees *“Thinking about the previous activities, why are basic helping skills so important in PM+?”*
2. Write responses on a flipchart.

Examples are:

Basic helping skills help to

- build rapport with your participant
- make participants feel more comfortable in a potentially uncomfortable situation (i.e. talking with a stranger about personal things)
- build trust in the relationship
- make participants who might feel ashamed to disclose their exposure to trauma (for example intimate forms of violence) or who lack trust due to previous experiences feel more comfortable
- improve the chances of the participant engaging with the PM+ strategies and being motivated to stay in the program.

8.6. Special considerations (15 minutes)

Instructions:

1. Explain there are situations where some basic helping skills are needed more prominently. Ask trainees *“What basic helping skills they think would be particularly important with participants with a history of severe trauma (such as sexual abuse, torture, imprisonment)?”*

Examples are: communicating concern, praising openness, validating.

2. Now ask trainees *“What basic helping skills would be particularly important with participants with a history of sexual assault?”*

Examples are: keeping confidentiality, praising openness, non-verbal skills, validating.

8.7. Recognizing basic helping skills in the training (5 minutes)

Instructions:

1. Explain that during the training there will be demonstration role plays at the beginning of each new strategy.
 - i. During these demonstrations trainees should try to identify as many basic helping skills as they can (they can write them down while watching).
 - ii. At the end of each role play, the trainer will ask which basic helping skills were demonstrated and when they were used.

BREAK (15 minutes)

9. Participant – helper relationship



Discussion

Role play



55 minutes



Flip-chart and markers



To raise helpers' awareness of factors that can impact on the participant-helper relationship

Instructions:

1. Divide trainees into groups of four or five.
2. Explain that you will now explore different factors that can affect the helper-participant relationship: the role of the helper, reluctant participants, verbal and non-verbal interaction and the setting where they meet.

9.1. The perceived role of the helper (15 minutes)

Instructions

1. Ask trainees *“What are reasons participants would see a helper for PM+?”* Give them a few minutes to talk about this in their groups before you collect examples of answers from all groups. For example:
 - i. They believe it will help them, they have tried other options without feeling better,
2. Explain that participants may have many different feelings about having to see a helper, which can impact their relationship with the helper and interfere with the treatment.
3. Ask trainees to now discuss *“How might a participant feel about seeing a helper?”* in their groups first, and then in plenary. For example:
 - i. For some, seeing a helper may be likened to admitting weakness. Because of this, they may have a difficult time getting involved in the programme.
 - ii. Some may see the helper in a similar role as a doctor or a traditional healer, and expect to be 'fixed' or 'healed'.
4. Explain that it is important to normalise the participant's feelings and to clarify exactly what your role as a helper is. In PM+ the helper's role is similar to that of a teacher. The following script is used to explain this to the participant: (From the *STRENGTHS PM+ Individual Reference Manual* page 25)

Teachers provide information to students and help them learn. However, the teacher cannot sit an exam for the student or tell them what to write. They can only help prepare them for the exam as much as possible. It is up to the student to listen in class and study to do well in the exam. The student is ultimately responsible. Although you are an adult, it is the same with our relationship. You will learn some important and helpful strategies from me, but you are responsible for practising those strategies. I cannot do that for you. You might compare your everyday life to the exam a student will sit. You will be responsible for how well you apply the strategies in your everyday life. Nevertheless, I will support you and help prepare you to do the best you can.

5. Explain it is important the participants understand that the helper regards both participants and helpers as experts: participants are experts of their own emotions and experiences and helpers are experts of PM+.

9.2. The reluctant participant (20 minutes)

Instructions:

1. Ask participants “How would you feel about telling a stranger your emotional difficulties for the first time? Would you feel comfortable to tell them anything?”
2. Highlight that some participants may initially feel hesitant about talking to their helper. Ask trainees what reasons may make a participant feel hesitant to talk to a helper? Write their responses on a flip chart.

Examples are:

- lack of trust
 - mental health problems being taboo
 - counselling being unknown in their culture
 - lack of understanding or misperceptions about what counselling or psychological support actually is
 - lack of understanding of the role of the helper
 - being forced to attend the programme by a family member
 - feeling embarrassed about their experiences
 - feeling embarrassed about how they are coping or not coping
 - gender issues, such as speaking with someone of the opposite sex about personal things
 - topics that are taboo.
3. Ask participants what they think could help a participant feel more comfortable sharing personal information with them? How might they respond to a reluctant participant in the initial session?
 4. Ask the groups to prepare a short role play where one person is the helper and the other a reluctant participant. The helper can use examples of scripts with questions from Session 1 (see below) and the participant has to role play feeling reluctant:

Example scripts from *STRENGTHS PM+ Individual Reference Manual*:

- Page 90: *The intervention works best if you come to every session for the next several weeks. I understand, though, that it can be difficult to come to sessions if you feel anxious or depressed, or are physically unwell or have family or community obligations. I would*

like to make an agreement with you that you will talk with me about this¹ instead of not showing up or avoiding sessions. I want you to get the most out of our time together, and I don't want you to feel uncomfortable talking to me about problems with coming to the sessions. I will not be angry or upset. Does this sound okay to you? Do you see any difficulties with coming to all the sessions?

- Page 91: *So while there might be some less good reasons for joining this intervention, it sounds like there are more benefits for you right now. Is this right? So now that you understand the intervention a little more, is it something that you would like to commit to today?*
5. After a few minutes ask the groups to show their role plays. Ask observing trainees to pay attention to the helper's behaviour and interaction with the reluctant participant.
 6. When all groups have shown their role plays ask trainees to help you create a list of key points to remember when faced with a reluctant participant. Examples are:
 - Always be gentle and respectful when encouraging others to share information with you.
 - Never pressure participants to talk. If a participant does not want to talk further about a topic, respect this. You can say:

"I can see that this is upsetting for you to talk about and I want to respect that. However, if you do want to return to talking about this topic, I want you to know that I am ready to listen to you at any time during this programme."
 - Skip unanswered questions and return to them later if relevant. Note which questions a participant does not answer.
 - If a participant appears very distressed while discussing a particular topic but has not said they do not want to talk about it, you may want to let them know that it is ok for them to stop if they want to. Some participants may believe that there is an expectation that they have to do everything you suggest, including talking about sensitive and personal topics. You can say:

"You seem very upset talking about this. I am very willing to listen to your story and help you talk about it but I want you to know that you can decide what we talk about and if you need to stop at any point or if you do not want to talk about a particular part of the story, then this is ok."

9.3. Physical contact (10 minutes)

Instructions:

1. Explain that a third important factor that can impact the relationship and interaction between the participant and the helper is their physical interaction.

¹ You will need to adapt how the client contacts you depending on the local context. For instance, the client may not be able to phone you and so you should make other arrangements.

2. Give the example that in some cultures using physical touch such as laying a hand on someone’s knee to offer support to a friend is very acceptable. In other cultures, this is not appropriate.
3. Discuss what physical interaction and behaviour between the helper and a participant is acceptable in the trainees’ cultures.
4. Highlight that they should be aware of what behaviour and physical interaction is appropriate and respect this. Stress that it is generally NOT recommended for helpers to use physical contact or touch to express support and concern to participants.

9.4. The setting (5 minutes)

Instructions:

1. Ask trainees why they think the setting where the PM+ sessions take place is an important factor that can impact the relationship between the participant and helper?
2. Ask them to think of what is important to consider when choosing a venue for the sessions.

Examples are:

- Privacy
- Seating
- Access to washrooms

3. Highlight that helpers should always try to find a private, comfortable setting to carry out PM+.
4. Ask trainees to think of where they will hold PM+ sessions and to think of any problems they may encounter (For example: privacy, noise, comfort, accessibility etc.)

10. Closing the day



Reflection



15 minutes



Sticky notes
Posters



To sum up the day

Instructions:

1. Provide a brief summary of the topics covered in today’s session. Provide an opportunity to clarify any concepts or to answer questions.
2. Reflection: Give everyone two sticky notes and ask them to write their responses to the questions below on the separate notes. Tell them not to write their names on the notes to remain anonymous.
 - i. What is the most valuable or new thing you learnt today?
 - ii. What is something you found challenging or do not understand that you would like more training on?
3. Display two large posters (one titled ‘Most valuable things I have learned’ and the other ‘Areas for further training’) and ask trainees to stick the notes on these. They can now read and learn from each other.
4. Give information about what will be covered tomorrow and ask all to come prepared.

Day two

Estimated time (mins)	Activity	Methodologies	Materials Required	Link to intervention
15	Review day one	Discussion	Training schedule for the day	
60	What is PM+?	Discussion Role play	Appendix D: Trainer's aides. 3. Reasons for and Challenges to joining PM+ for joining PM+. Undesirable object	Chapter 5: Understanding adversity and the PM+ intervention
20	Break			
75	Understanding Adversity	Role plays Discussion	Case examples A, B, C, D, E.	Chapter 5: Understanding adversity and the PM+ intervention
30	Managing stress	Breathing activity		Chapter 6: Managing stress
60	Lunch			
40	Giving helpful feedback		Case examples F, G, H.	
60	Session 1 practice	Role plays Discussion	Appendix D of <i>STRENGTHS Individual PM + Reference manual</i>	Chapters 5 and 6
15	Break			
30	Reflection and discussion	Discussion		
15	Closing activity	Reflection	Post it notes and markers	

1. Review of day one



Discussion



15 minutes



Appendix D: Training aides. 1. Training schedule.



To review the day before and prepare for the day ahead.

Instructions:

1. Welcome the group to the training.
2. Follow up on any practical issues raised the day before.
3. Go through today's training schedule to give an overview of what activities are planned for the day. Trainees were given the training schedule on Day One.
4. Explain that in the first part of the day you will provide participants more information about what PM+ is, and how to conduct motivational interviewing to promote a participants participation in PM+. Trainees will then learn about common reactions to adversity, and be introduced to the first strategy of PM+, Managing stress.

2. What is PM+?



Discussion

Role play



60 minutes



Appendix D: Trainer's aides, 3. Reasons for and Challenges to joining PM+.



To learn how to manage participants that are not motivated to engage in PM+, or who are unsure about committing to the intervention.

2.1. Demonstration: What is PM+? (20 minutes)

Trainer's notes:

The purpose of this activity is to demonstrate how a PM+ helper can provide a participant with information about PM+.

Instructions:

1. Demonstrate explaining PM+ emphasizing the following steps:
 - Inform the participant about PM+ (number of sessions, duration, where you will meet)
 - Brief information about what PM+ will address (learn strategies to deal with practical and emotional problems). Emphasize that helpers do not need to go into specific details when they are introducing the strategies to participants.
 - Talk about the participant-helper relationship using the metaphor of the teacher and student introduced on Day One.

2.2. Reasons for and challenges to joining PM+ (35 minutes)

Trainer's notes:

The purpose of the first set of role plays is to demonstrate the different methods we usually use to persuade others. Trainees are then introduced to motivational interviewing and how to use the Reasons for and Challenges to joining PM+ table in PM+.

You will need an object to use in the role plays. This object should be ordinary and undesirable, e.g. a blunt pencil, a plastic cup with a hole in it, some dirt etc.

Instructions

1. Explain that part of introducing PM+ to the participant involves exploring the reasons the participant has joined PM+ as well as what may make it difficult for the participant to be part of a programme like this.
2. Ask for a volunteer. Sit facing each other, in front of the rest of the group.
3. Give the volunteer the undesirable object and tell them they should try to convince you, in any way possible, that you should keep this object. Give the volunteer a minute to do this.
4. After a minute, ask for another volunteer and ask them to use different methods to try to make you keep the object. Repeat this with about three of four volunteers.
5. Discuss this activity:
 - i. Ask trainees to identify what different strategies were used to try to get you to want the object (examples are trying to convince you, only focusing on the positive aspect of the object, begging, bribing, etc).
 - ii. Ask trainees to identify which strategies worked and which ones didn't (reflect on these strategies from your perspective as the one they were trying to convince).
 - iii. Highlight that most people will try to convince the person they want it by telling them all the desirable characteristics of the object. These might be true. But if the person does not feel listened to- i.e. their reasons for not wanting the object are ignored or argued with - they are likely to be more defensive and not want the object.
 - iv. Encourage helpers to think about how participants might feel if their helper tried to force them to do PM+.
6. Introduce the Reasons for and Challenges to joining PM+ table (Handout available in Appendix D: Trainer's aides.5. Handouts. Reasons for and Challenges to joining PM+. This is from *STRENGTHS PM+ Individual Reference Manual pages 35 – 56*):

Reasons for and Challenges to joining PM+	
Reasons for joining PM+ (advantages)	Challenges to joining PM+ (disadvantages)
<p>“Lots of people have benefited from this intervention.”</p>	<p>“I also understand that it can be challenging for some people to join an intervention like this.”</p>
<ul style="list-style-type: none"> • What do you think you will personally get out of PM+? • What might improve in your life if you join PM+? • What do you think you might be able to do that you cannot do now? <ul style="list-style-type: none"> ○ Household tasks (e.g. cleaning, cooking, doing small repair jobs around the house) ○ Self-care (e.g. getting out of bed, taking care of personal hygiene and appearance) ○ Pleasant activities (e.g., spending time in nature, relaxing and having quiet time) ○ Social activities (e.g. spending time with friends, going to picnics and parks with family) • If your emotional problems decrease, how might this be good for other areas in your life? <ul style="list-style-type: none"> ○ E.g. your relationships, your work, your other duties • How might your everyday life look if your emotional well-being improved? 	<ul style="list-style-type: none"> • What are some of the problems for you in joining the intervention? • What will you have to give up or lose if you join PM+? • Will PM+ reduce your time with your family? • Will the intervention take you away from other important duties? <p>Examples:</p> <ul style="list-style-type: none"> • Time away from housework • Having to organize care for children • Could be doing casual work • Giving up personal time • Have to travel a distance to get to the PM+ sessions

7. Explain that in the first session with the participant, the helper will ask one or more of the questions in this table, to explore what advantages and disadvantages there are for the participant in joining PM+.

8. Explain:

For many participants, PM+ may not be a very desirable programme to join. It takes up their time; it doesn't give them medications or money. And talking about emotional problems might be very foreign to them. So, although it may not be quite as undesirable as (name object you used in role play), it might not be all that desirable for them just yet.

So we use a particular technique to help participants really engage in the programme. There are three steps to doing this:

- i. Discuss the challenges to joining the programme and be very understanding of these challenges. If these are challenges can be solved do this in the group.
 - ii. Discuss why joining the programme might be really good for them. Emphasise that these reasons might be more important than the challenges.
 - iii. Summarise the main challenges and reasons to join PM+ making sure to emphasise the reasons to join.
9. Demonstrate this technique with a volunteer, with the undesirable object from earlier. Show how a helper
- talks with the person about the reasons for not wanting the object
 - discusses the reasons and if possible solve them
 - help the person come up with their own reasons for wanting the object (i.e. do not tell the person why they want the object)
 - summarise all the reasons for wanting and not wanting the object, emphasising the reasons for wanting the object.

10. Tell participants that this technique has a few different uses:

It can be used again when participants are having difficulty staying engaged in PM+ (if someone has stopped coming to the group or is not practicing the strategies between sessions or always comes late or leaves early). It can also be used with someone who has suicidal thoughts, but not a strong desire to end their life (challenges and reasons to live). This will be practiced later in the training.

11. Highlight that

- It is not a helper's job to make a participant motivated to join PM+
- The participant always has the choice not to continue with PM+
- It can be unhelpful for participants to begin PM+ when they are not motivated (e.g. can cancel appointments, drop out of the intervention, decide not to see the helper again)

12. Ask trainees how helpers can use their basic helping skills to help engage a participant?

Examples are

- Show understanding of a participant's uncertainty about joining PM+. Validate those feelings rather than being judgmental.
- Reflect back to the participant the good and less good reasons so that they might be able to make a decision about joining PM+ with greater clarity.
- Identify personal strengths in the participant to improve their confidence in engaging in the treatment.
- Model a collaborative and equal relationship between participant and helper.

2.3. Recognizing basic helping skills (5 minutes)

1. Ask trainees to identify which basic helping skills were demonstrated in the role plays the activities they have done so far.

BREAK (20 minutes)

3. Understanding adversity



Discussion
Role play



75 minutes



Appendix D: Trainer’s aides. 4. Case examples (Cases example A, B, C, D, E)



To learn how to

- Give participants information about common reactions to adversity
- Help to normalize and validate participant’s symptoms and experiences

3.1. Demonstration: How to deliver “Understanding adversity” (10 minutes)

Trainer’s note:

To prepare for this exercise, please refer to pages 37 – 38 in chapter 5 “Understanding Adversity” in the *STRENGTHS PM+ Reference Manual*.

Instructions:

1. Prepare to do a demonstration role play where you and your co-trainer are the helper and participant. The participant should take the role of Fatima in Case example A (If the co-trainer is male, change the case example accordingly).
2. Demonstrate how the helper provides information to the participant about normal reactions to adversity. Follow the script in the Reference manual but *individualise* the education about adversity it to the case and her problems.

3.2. Discussion (20 minutes)

Instructions:

1. Ask trainees:
 - How did the helper individualise the education about adversity?
 - Why is individualising this important?
 - How can you individualise ‘Understanding Adversity’

Examples of ways to individualise are

- To ask the participant to describe their emotions. You can say: *“when people live in difficult circumstances and experience stressful events, most people will usually experience a range of different emotions, like intense fear, grief, extreme sadness and excessive hopelessness. Do you have any of these feelings?”*
- To insert symptoms you already know about into the dialogue. For example, you can say *“when people live in difficult circumstances and experience stressful events, most people will usually experience a range of different emotions, like intense fear you have mentioned you feel, especially at night.”*

3.3. Individualizing understanding adversity (40 minutes)

Trainer's notes:

Use case examples B, C, D, E. Print and cut in advance. You may also prefer to write your own case examples that reflect common presentations in your local context

Instructions:

1. Create groups of four-six people.
2. Give each group one of the case examples B, C, D, E.
3. They have 10 minutes to adapt the Understanding Adversity dialogue so that specific information relevant to the participant is included.
4. The groups have to nominate two people to role play 'Understanding Adversity' with their case example, using the script they have developed. Each role play will take maximum 5 minutes.
5. Trainer will give feedback to each group (2 minutes each).
6. At the end the trainer will summarise the main points, emphasizing aspects helpers did very well and highlighting which ones need correcting or improving.

3.4. Recognising basic helping skills (5 minutes)

1. Ask participants to identifying which basic helping skills were demonstrated in the role play of 'understanding adversity'.

4. Managing stress



Presentation
Exercise



30 minutes



To teach the stress management skill of controlled calm breathing.

Instructions:

1. Tell the participants about stress and stress management (Chapter 6 in *STRENGTHS PM+ Individual Reference Manual*).
2. Cover the following key points
 - Many people experience physical (or physiological) symptoms when they feel high levels of stress, such as shallow breathing, breathing too fast, racing heart, chest pain, dizziness, headaches, muscle tension, fatigue.
 - Managing Stress is a breathing exercise that helps manage physiological symptoms of distress taught at the end of Session 1 and is again practiced at the end of every following session.

4.1. Breathing activity (25 minutes)

Trainer's notes:

The aim of this exercise is to show the effects of breathing at different rates

There are three times you will count the trainees’ breathing. The second counting exercise is optional and should only be included if there is time and trainees would like to try it.

During the quick and shallow breathing round, the trainees may experience mild hyperventilation and symptoms similar to panic. Emphasize that this is not dangerous and that the body is designed to cope. It will feel like they are doing intense exercise. Make sure you do it with them, so they don’t feel silly.

Instructions:

1. Tell helpers they will be counting their breaths for one minute, three times. One breath = breathing in and out. The trainer will write their numbers on the board.
2. **First round:** Trainees count their breaths without changing the rate of their breathing at all.
3. **Second round:** Trainees now quicken their breathing (breath fast and shallow). If willing, they can also breathe through a straw or into a paper bag.)
4. **Third round:** A trainer leads the breathing exercise as described on pages 40 - 41 in *Chapter 6 – Managing Stress* in the *STRENGTHS PM+ Individual Reference Manual*. The trainees count their breaths again.
5. Follow up with a discussion where the following point are mentioned:
 - i. Compare the different numbers- a calm rate of breathing is anything under 13 breaths per minute. When people hyperventilate, they are usually breathing above 23 breaths per minute.
 - ii. Discuss how it felt breathing at different rates and the symptoms helpers noticed
 - iii. Discuss any difficulties associated with trying to breath slowly after breathing very fast- discuss how they could manage this with a participant
 - iv. Use the helpful hints at the end of *Chapter 6 – Managing Stress* in the *STRENGTHS PM+ Individual Reference Manual* to correct any mistakes trainees made in the breathing exercise (i.e. if they felt dizzy they were probably not breathing all the air out or breathing from their stomachs)
6. Tell the trainees that at the beginning and end of each training day (or at significant intervals, such as meal breaks) volunteers will take turns to lead the group in the slow breathing they will teach the participants, so they get a chance to practice this.
7. Key points to remind trainees of when delivering “Managing stress”:
 - i. Individualise the education (use the participant’s examples of stress or physical tension where you can)
 - ii. Go through each of the steps very slowly and allow time for practicing each step (as it is written in the dialogue)
 - iii. Make sure your counts (1, 2, 3) are slow- it should be the count of 3 seconds.

LUNCH (60 minutes)

5. Giving helpful feedback



Lecture
Group work



40 minutes



Appendix B: Steps to giving helpful feedback.

Appendix D: Trainer’s aides. 4. Case examples F, G, H.



To learn good strategies for giving helpful feedback

Trainer's note

This activity consists of a short lecture (10 minutes) and a role play (20 minutes). You can find case examples for the role play on the next page. Make sure you have printed them in advance of the training so they can be distributed to the trainees.

You may also prefer to write your own case examples that reflect common presentations in your local context

Instructions:

1. Tell the trainees about the two steps of giving feedback covering the following points:
 - **Step 1:** Give positive feedback first
 - Be specific with your praise. Avoid just saying “It was good”. Describe what was positive:
 - o *“You used the basic helping skills appropriately; you had good eye contact and you were able to reflect back what the participant was saying in a way that normalised their feelings”.*
 - Give an example of when you noticed that behaviour.
 - o *“When the client was reluctant to engage in Get Going Keep Doing, you reflected back her concerns in a gentle and understanding way. Then you revisited the education for this strategy in a way that made sense to her and helped her see that this strategy would be helpful for her. You then reassured her that you would help her increase her activity slowly”.*
 - Describe how this positively affected the participant (i.e. in the case of the role play)
 - o *By demonstrating basic helping skills and revising the education for Get Going Keep Doing the participant felt their concerns were valid and listened to. It also helped them understand and engage in the strategy.*
 - **Step two:** Provide feedback about areas to improve (if necessary)
 - If there is an area that you believe the helpers needs improvement in or you need to make a correction of some kind, do so gently and using your basic helping skills.
 - As with praise, be specific, give an example and discuss how this may have negatively affected the participant (or is not how PM+ should be delivered).
 - Invite the trainee to respond. For example, you can say
 - o *“What do you think? Would you agree or disagree with this comment?”*
2. Tell the trainees about important points on receiving feedback, by going through the following important points on receiving feedback. You can write them on a flip chart as you go through them.
 - Listen well: Focus on what is being said as it will most likely be very helpful to you and can help you improve.
 - Questions only to clarify: Feedback is not a passive exercise, asking clarifying questions can be very helpful.
 - Process and acknowledge: Don't act defensively and don't reject feedback. Think about it and acknowledge the causes, you will immediately see the benefits.

- Create an action plan: Feedback can only help if it is useful and put to good use. Receive the feedback and begin planning immediately how to use it.
- Remember that it is not about you: Feedback should be fact-based and as a consequence of an action. Always think of how these actions can be improved. Don't take it personally. It is about delivering the best service to our beneficiaries.

5.1. Practising giving and receiving feedback (30 minutes)

Instructions:

1. Ask the trainees to make groups of three. Explain that they will now practise giving helpful feedback, by taking turns to role play situations where they are supervisors and have to give feedback to a helper. The only role is that of the supervisor. The 'helper' they are giving feedback to is not played in the role play.
2. Give each person in the group one of the three case examples F, G, and H, and ask them to prepare the role play to perform it in front of the two other members of their small group.
3. When they have done the role play, and given the "helper" feedback, the two observers should reflect and comment on the feedback skills and on anything the participant can improve in giving feedback.
4. When everyone has completed their role plays, and had feedback from their peers ask the whole group to reflect on this activity.
5. Ask them what they think will be challenging in giving constructive and helpful feedback and address any issues that are raised.
6. Ask them to reflect on how it was receiving feedback from their colleagues, highlighting responses that indicate helpful ways of receiving feedback (i.e. not making excuses for your performance, not interrupting when feedback is being given, thanking your colleague for their feedback, considering how you can use this feedback to improve your skills)

6. Session 1 practice



Role play
Reflection



70 minutes



Appendix D of *STRENGTHS Individual PM + Reference manual*
Case examples I and J.



To practise delivering 'What is PM+?', 'Understanding adversity', and 'Managing stress'.

6.1. Session 1 practise (60 minutes)

Trainer's notes:

This activity uses case examples I and J and the Appendix D of *STRENGTHS Individual PM + Reference manual*.

Make sure to print enough copies so half the group gets role play I and the other half gets role play J. You may also prefer to write your own case examples that reflect common presentations in your local context.

Instructions:

1. Ask trainees to form pairs (one will act as a PM+ helper and the other as a participant).

2. The first trainee playing participant will be given case example I and is asked not to show the trainee playing the PM+ helper.
3. “Helpers” have 20 minutes to deliver ‘What is PM+?’, ‘Understanding adversity’ and ‘Managing stress’. They should use the scripts in Appendix D of *STRENGTHS Individual PM + Reference manual* for guidance.
4. When complete, the “participant” gives the “helper” some feedback on what they felt worked well and that they think the ‘helper’ can improve (5 minutes).
5. Partners then swap roles. The new “participant” is given case example J.
6. On completing the role play, the “participant” gives the “helper” some feedback on what they felt worked well and that they think the “helper” can improve (5 minutes).

6.2. Reflection and discussion (30 minutes)

Instructions:

1. Reflect on the role plays using some of the following questions:
 - What happened?
 - What did you feel?
 - What was your impression of how you did?
 - What did you notice in your participant? What behaviours or facial expression did you notice in them?
 - What do you think you did well? Which steps were easy?
 - What was challenging?
 - Are there any parts of the strategy or session that are unclear?
 - What would you do differently next time?
 - Are there aspects you think you need to practice more?
2. Give feedback of strengths and weaknesses observed in the role plays.
3. Correct any common mistakes made.
4. Ask helpers to ask any questions about how to deliver the strategies they have learnt today.

7. Closing activity



Reflection



15 minutes



Sticky notes
Posters



To sum up the day

Instructions:

1. Provide a brief summary of the topics covered in today’s session. Provide an opportunity to clarify any concepts or to answer questions.
2. Reflection: Give everyone two sticky notes and ask them to write their responses to the questions below on the separate notes. Tell them not to write their names on the notes to remain anonymous.
 - i. What is the most valuable or new thing you learnt today?
 - ii. What is something you found challenging or do not understand that you would like more training on?

3. Display two large posters (one titled 'Most valuable things I have learned' and the other 'Areas for further training') and ask participants to stick the notes on these. They can now read and learn from each other.
4. Give information about what will be covered tomorrow and ask participants to come prepared.

Day three

Estimated time (mins)	Activity	Methodologies	Materials Required	Link to intervention
15	Review day two	Discussion	Training schedule	
90	Introducing Managing problems	Discussion Role play	STRENGTHS PM+ Individual Reference Manual	Chapter 7: Managing problems
15	Break			
110	Managing problems practise	Discussion Role play	Managing problems worksheets Case examples M and N	Chapter 7: Managing problems
5	Managing stress			
60	Lunch			
65	Managing my own problems	Discussion Role play		Chapter 7: Managing problems
15	Break			
45	Managing difficult problems	Discussion Role play	Appendix D of <i>STRENGTHS Individual PM + Reference manual</i>	Chapter 7: Managing problems
15	Closing activity			

1. Review of day two



Discussion
Role play



15 minutes



Training schedule



To review the day before and prepare for the day ahead.

Instructions:

1. Welcome the group to the training.
2. Follow up on any practical issues raised the day before.
3. Go through today's training schedule to give an overview of what activities are planned for the day.
4. Explain that this day is dedicated to learning about the second strategy of PM+, Managing Problems.

2. Introducing Managing problems



Discussion
Role play



90 minutes



STRENGTHS PM+ Individual
Reference Manual



To discuss common errors helpers do when delivering the Managing problems strategy in PM+
To educate helpers on the steps for Managing Problems

2.1. Role play: Delivering Managing problems (60 minutes)

Trainer's notes:

The aim of this role play is to demonstrate how to deliver the Managing problems session **poorly**. Do not tell trainees you are purposely doing the role play poorly. The most common helper error in delivering Managing problems is **being too direct or telling the participant what they should do** to solve the problem. This should be demonstrated in the role play by the helper telling the participant the solutions rather than helping them identify solutions themselves.

Instructions:

1. The trainer will play the role of a PM+ helper. Ask a trainee to volunteer and play the role of a participant.
2. Ask the observing trainees to look at the table with the Managing Problems steps in *Appendix D: Participant handouts of the STRENGTHS PM+ Individual Reference Manual* and to follow the helper's behaviour as he or she goes through the steps with the participant in the role play.
3. Ask the 'participant' to identify three practical problems they are currently having in their life. These can include minor problems or indecisions. If the trainee does not feel comfortable sharing personal problems, they can make up a problem or share a problem that has occurred in the past or a problem they know someone else is having.

4. Role play going through the Managing problems steps with the ‘participant’ but demonstrate this poorly. Be directive and tell the participant what they should do to address the problem, as well as demonstrate at least two of the following errors:
 - Skip first step of listing all the problems, and just start working on the first problem the person mentions
 - Give a general, vague definition of the problem (e.g. ‘financial problems’)
 - Show judgment of the participant’s potential solutions
 - Give advice about what solutions you think about good
 - Choose the solution you think is best even though it is one that the person is unlikely to be able to do due to lack of resources
 - Don’t break the task down into smaller steps
 - Don’t make an action plan to address the problem
5. When the role play is over discuss what happened in the role play. Ask the trainees what the helper did badly or poorly?
6. Ask the volunteer who was the participant to reflect on:
 - their reactions and feelings during the role play
 - any particular behaviour of the helper that affected them more
 - if they felt part of the process of managing the problem
 - how they felt towards the helper
 - if there was anything they would have preferred their helper to do
7. Ask the observing trainees to:
 - Discuss how they might have felt if they were the participant in this situation.
 - Identify what was done poorly in the role play
 - Identify what they would do differently if they were the helper?
8. Summarise by highlighting:
 - Being direct or giving advice to the participant is the most common helper error made when delivering Managing problems
 - It is normal to want to tell someone what solutions you think they should follow to manage their problems, but this is not helpful for the participant as they need to find their own solutions.
 - Helpers can be use questions to prompt participants to think of potential solutions to their problems. These questions will help them avoid giving direct advice. For example: What would you suggest to a friend with the same problem? Could this work for you? What have you tried in the past? What have others suggested you do when you have shared this problem with them?

2.2. Managing problems steps (30 minutes)

Trainer’s notes:

Prepare an empty Managing problems table on a flip chart. See Appendix B: Participant handouts in the STRENGTHS Reference manual for Individual PM+.

1. Review the seven steps of Managing Problems and briefly give a rationale for why each step is important:

1. Listing problems

This may include problems identified at assessment and/or others. Categorise into solvable problems and unsolvable problems.

2. Choose a solvable problem

Initially choose an easier problem on the list- one that is solvable but does not appear to be too complex. Later it is a good idea to select the biggest problem on the participant's list so they have support managing this.

3. Define the problem

Name the problem. In order to solve a problem it first needs to be clearly described. This may seem obvious, but is often less straightforward than one might think. To manage a problem, it needs to be concrete; it's not enough to say "problems at work"; rather you should say "the conflicts with my boss which are preventing me from performing well in my job". At the same time, it should not be too specific ("the argument I had at 9.50 this morning with my boss"), because in this case the problem is 'too small' in order to accommodate all the steps needed to solve it.

4. Possible solutions

In this step, encourage the participant to think of as many solutions as they can to influence their problem. Try not to give the participant solutions. Most people want to give direct advice so watch out for this temptation. The helper's job is to empower the participant and this will not happen if they give direct advice. At this stage, do not try to decide whether the solution will be a success or not. If participants have difficulty thinking of solutions, prompt them by asking them 'what has worked in the past with similar problems?', 'what they would suggest to a friend in a similar circumstance or give a general suggestion?'

5. Helpful solutions

Encourage the participant to choose the best solution. Weigh up each option from all sides, the pros and cons, chances of success and failure. Then choose the best option to proceed with- this also might depend on available resources.

6. Plan

Make a plan and help the participant schedule when they will complete these steps (e.g. in the participant's calendar worksheet if they choose to use it). Resist the temptation to immediately put the chosen solution into action. Help the participant think first about how they are going to proceed: when they will try it, under which circumstances, what will you need in order to complete it, what they will say and to whom, how they will react to what others say or do, etc. The more concrete the plan, the greater their chance of success. It may also be helpful for the participant to enact the entire plan in their mind first. (I.e. Ask them to visualise the situation, and run the plan through their mind.)

7. Review

This will happen in the next session, after they have attempted their action plan. Essentially this step asks the participant, 'has the solution led to the desired result?' The plan is a success if it has solved the problem it was intended to solve. Help the participant assess whether the problem has been (adequately) solved after the execution of the plan. If it has, you can stop here and tackle the next problem. If it has not, go back to step 2 and choose the next solution. Remember, most problems are complex and need several solutions and plans to manage them.

- Helpers should understand that they cannot deviate from these steps- i.e. all seven steps are very important and should be followed.
2. Using the participant’s problem from the earlier role play, complete the Managing Problems steps table on the flipchart with the trainees.
 3. Invite trainees to share ideas on how to complete each of the steps.

BREAK (15 minutes)

3. Managing problems practise



Discussion

Role play



110 minutes



Case examples K and L

Handout: Reflection questions



To practise thinking of solutions

To practise delivering the Managing problems strategy by going through the steps with a ‘participant’

3.1. Thinking of solutions (20 minutes)

Instructions:

1. Divide the group into teams of three to five people.
2. Read out the following problem that needs to be solved:

A participant has a number of bills to pay and is feeling overwhelmed and does not know how to deal with them all. He has put off looking at the bills because it makes him feel anxious but he also knows that he needs to start dealing with the problem.

3. Now give the teams five minutes to think of as many potential solutions for this problem. One person in the group can act as the scribe and write the solutions down for presentation later. Remind them there are no right or wrong solutions. All ideas are welcome.
4. Review the teams’ ideas, making special comment on variety of ideas and highlight that at this stage all ideas are important, even if they are not the ones that succeed at the end.

3.2. Managing problems – role play (90 minutes)

Trainer’s note:

Use case examples K and L (one half of the group gets K and the other L). Print and cut in advance. You may also prefer to write your own case examples that reflect common presentations in your local context

Instructions:

1. Ask trainees to form pairs.
2. Explain that they will role play delivering Managing Problems with one person as the PM+ helper and the other the PM + participant. They will have 30 minutes to do this and then use 10 minutes to reflect after.

3. Give the “participants” case example K to read. They should not tell the “helper” what is written in the case example.
4. After the role play, give the pairs 10 minutes to reflect. Give them the Handout: Reflection questions to guide the reflection.

For the participant:

- How did it feel as the participant?
- What did the helper do well?
- What could the helper have improved?

For the helper:

- What did you feel?
- What was your impression of how you did?
- What did you notice in your participant? What behaviours or facial expression did you notice in them?
- What do you think you did well? Which steps were easy?
- What was challenging?
- Are there any parts of the strategy or session that are unclear?
- What would you differently next time?
- Are there aspects you think you need to practice more?
- What have you learned and what do you feel you still ought to learn?
- What basic helping skills did you demonstrate?

5. Now swap roles so the other person can practise being the helper.
6. Give the participant case example L to read. They should not tell the “helper” what is written in the case example.
7. After the role play, give the pairs 10 minutes to reflect using the guiding on the handout.
8. Return to the large group and reflect together as a group on any challenges and ways to address these.

4. Managing stress activity (5 minutes)

Instructions:

1. Ask a volunteer trainee to lead the slow breathing exercise to end the morning. Ask them to pretend they are teaching it for the first time.

LUNCH (60 minutes)

5. Managing my own problems



Discussion
Role play



65 minutes



Managing problems worksheets
Case examples M and N



To apply the Managing problems strategy to a personal problem

To learn to use questions to prompt participants think of potential solutions to manage their problems

5.1. Managing Problems: Individual application (20 minutes)

Trainer's notes:

Helpers will try using the Managing problems strategy themselves over the next few days, so they can imagine what using the strategy feels like.

Instructions:

1. Tell trainees they will now try using Managing Problems for their own problems.
2. Give them each a Managing problems worksheet.
3. Ask trainees to think of current practical problems they are experiencing and to divide them into solvable or unsolvable (five minutes).
4. Give them two minutes to decide which problem they would be able to work on over the next few days and to define it as specifically as possible. Give them ideas on how to make their problem more specific (for example, what is the goal of solving this problem, what will be different if this was solved, is there a small aspect of this problem that you could work on first etc.)
5. Give them 10 minutes to think of as many possible solutions for managing that problem. If helpers feel comfortable they can share their problem with the whole group, the trainer or people around them and discuss possible solutions.
6. Give them two minutes to decide on the most helpful solution or solutions.
7. Give them five minutes to decide on the first step they can carry out to use this solution (i.e. something they would be able to do in the next one to two days).
8. Ask for volunteers to share their problem and action plan (try to avoid them sharing their answers to all of the steps as this will take too long). Others can give suggestions on how to make their problem or action plan more specific.
9. Tell trainees that over the next few days, they will be asked to complete their Managing Problems action plan. Each time you meet you review what they did and they will decide on the next steps of their action plan.

5.2. Thinking of solutions role play (45 minutes)

Instructions:

1. Ask trainees to form pairs with a person they have not been in pairs with yet.
2. Explain they will again role play with one person as the PM+ helper and the other the participant using a case example. After a brief reflection, they will swap and repeat the procedure with another case example.
3. Give the pairs case example M and ask them to read it together. They should then role play Step 4 of Managing Problems: thinking of solutions. They have 10 minutes to do this.

Note: The participant's role is to have difficulties coming up with ideas (i.e. gives no response or says 'I do not know') The helper's role is to **use questions** to help the participant think of ideas without giving them direct advice.

4. They have two minutes after to reflect on the role play, still in their pairs.
5. Swap and repeat the procedure with the other person being the helper and using case example N.
6. Spend the last 15 minutes discussing the role plays in the large group.
7. Specifically, discuss how the questions helped to prompt participants to think of ideas when previously they could not. Invite helpers to identify additional questions to add to the list.
8. Reflect on the application of these role plays to PM+ sessions with real participants:

For example:

- i. these kinds of questions can help participants who are having difficulties thinking of their own solutions
- ii. using these questions can help helpers avoid putting their personal values onto their participants.
- iii. some participants might find the questions frustrating as they really want the helper to give them an answer. Discuss how helpers can manage such situations

BREAK (15 minutes)

6. Managing difficult problems



Discussion/
Role play



45 minutes



Managing problems worksheet on a
flip chart
Case example O



To practise Managing problems with a difficult case example

6.1. Managing Problems group activity (45) minutes

Trainer's note:

Prepare a blank copy of the Managing problems worksheet on a flipchart. Familiarise yourself with the case study O before the activity. You will see that in this case example, the identified problems for the participant are emotional. Before initiating discussion remind trainees that Managing Problems is ideal for dealing with practical problems.

Instructions:

1. Display the Managing problems worksheet on the flipchart and explain that you will all work together to complete the worksheet for this more difficult case.
2. Ask a volunteer to read the difficult case (case example O) aloud.
3. Remind trainees that Managing problems is most suited to practical problems. Ask them if they think the helper should continue with this strategy (as the problems identified are mainly emotional) or invite the participant to identify a practical problem?

There is no right decision but if they continue with an emotional problem they should be aware that when discussing potential solutions they might begin to integrate other PM+ strategies before they have been taught. Helpers should be careful to teach strategies in the planned order of PM+.

4. Work through the Managing problems steps with the trainees.

Remind helpers to be specific about the problem and break it down so it is more manageable. For example improving one's mood might be too big a problem to address. This could be broken down in several ways- e.g. considering specific practical problems that occur as a result of sad mood such as not being able to get out of bed each day, or having difficulty making a decision or getting a task done.

7. Closing activity



Reflection



15 minutes



Sticky notes

Posters



To sum up the day





Instructions:

1. Provide a brief summary of the topics covered in today's session. Provide an opportunity to clarify any concepts or to answer questions.
2. Reflection: Give everyone two sticky notes and ask them to write their responses to the questions below on the separate notes. Tell them not to write their names on the notes to remain anonymous.
 - i. What is the most valuable or new thing you learnt today?
 - ii. What is something you found challenging or do not understand that you would like more training on?
3. Display two large posters (one titled 'Most valuable things I have learned' and the other 'Areas for further training') and ask participants to stick the notes on these. They can now read and learn from each other.
4. Give information about what will be covered tomorrow and ask participants to come prepared.

Day four

Estimated time (mins)	Activity	Methodologies	Materials Required	Link to intervention
15	Review day three	Discussion	Training schedule	
45	Review of Managing my own problems	Discussion Role play		Chapter 7: Managing problems
110	Introducing Get going keep doing	Discussion Role play	STRENGTHS Reference manual for Individual PM + Appendix E: Participant handouts. Get going keep doing: Inactivity cycle.	Chapter 8: Get going keep doing
15	Break			
60	Get going keep doing practise	Role play	Handout: Reflection questions for Activity 4.1. (Day four): Delivering Get going keep doing Case examples P and Q.	Chapter 8: Get going keep doing
45	Lunch			
60	My own Get going keep doing	Discussion Role play	Flipcharts and markers Appendix D of the PM+ Reference Manual	Chapter 8: Get going keep doing
5	Managing stress	Exercise		
15	Break			
60	Challenges to using basic helping skills	Discussion Role play	Flip chart and markers Appendix D: Trainer's aides: Handout: Questions for group work in Activity 7.	Chapter 3: Basic helping skills
15	Closing activity		Sticky notes Posters	





1. Review of day three

	Discussion		15 minutes		Training schedule
	To review the day before and prepare for the day ahead.				

Instructions:

1. Welcome the group to the training.
2. Follow up on any practical issues raised the day before.
3. Go through today's training schedule to give an overview of what the day will bring. Trainees were given the training schedule on Day One.
4. Explain that they will start today's training by reviewing their progress with their personal action plans for Managing problems. Then they will discuss how adversity impacts a person's activity, and how it can lead to a cycle of inactivity. The rest of the day's training will be on the next PM+ strategy: Get going keep doing.





2. Review of Managing my own problems

	Discussion Role play		45 minutes		
	To demonstrate how to review a participant's progress with their action plan.				

Instructions

1. Invite a volunteer who has attempted to carry out part of their action plan they completed in their personal example of a Managing problems worksheet on training day three, to role play with you.
2. You play the part of the helper, and the volunteer is the participant. Demonstrate how to complete step 7 of Managing Problems: Review. Remind trainees that this takes place at the beginning of Sessions 3 and 4 in the PM + intervention.
3. In the role play show the following:
 - How to respond to challenges or obstacles the "participant" encountered when attempting to carry out his or her action plan.
 - How to help the "participant" to adjust their action plan given the outcomes of what they have tried so far- i.e. reviewing the list of solutions, adding to this list of solutions, selecting helpful solutions and developing an updated action plan.
4. Discuss as a large group what happened in the role play.
5. Answer any questions trainees have about reviewing Managing Problems with participants. Use role play as a way to demonstrate or try out potential solutions to problems that are raised.
6. Ask trainees to identify what basic helping skills were demonstrated in the role play.

3. Introducing Get going keep doing

	Discussion		60 minutes		STRENGTHS Reference manual for Individual PM+ Appendix E: Participant handouts. Get going keep doing: Inactivity cycle.
	To explore how adversity can impact a person’s activity. To introduce the inactivity cycle and the Get going keep doing strategy.				

3.1. The impact of adversity on a person’s activity (30 minutes)

Instructions:

1. Read out the following case example about depression

Abbas is a 20-year-old man who went to his doctor at the primary health care centre because of recent, sudden weight loss. His doctor asked him to see a PM+ helper as he believed his weight loss was related to emotional difficulties he described. Abbas was very shy and quite reluctant about talking to you.

Although he recognised he had some emotional difficulties, he expressed a belief early on that he should just “get over” his problems. But everything he had tried, like smoking with his friends or ignoring his problems, was not working.

He shared that in his final year of school, about a year and a half ago, his mother died during labour. He is the eldest child of six and he had to take over as the primary carer at home while his father took on extra work.

When he talked about his mother, Abbas became teary but tried very hard to hide it. He talked very warmly about his mother and how much he missed her. After her death, he reported feeling very sad and not wanting to go out and see others. He was also spending a lot of time supporting his father and trying to study for his final exams.

Abbas noticed in the last six months his mood had not improved. He felt down most days and did not want to do anything, although he said he did make himself do household duties to care for his siblings, like buying food and cooking. But he did little to care for himself, like showering or washing his clothes. He used to love playing soccer with his friends, but stopped doing that about five months ago. He said he loved playing and really missed it but just couldn’t be bothered anymore. He also rarely saw his friends at all now.

Abbas had planned to become a carpenter and started an apprenticeship a year ago but he was fired because he kept coming to work late and was slow at the work. He said he now has no interest in pursuing any further work. Recently his appetite reduced so that he lost 5kg in the last month- and he feels tired all the time. He said he feels hopeless about his situation. You ask him questions about suicide and decide he is not at risk.

2. Invite the trainees to discuss the case story about depression using the following guiding questions:
 - What the consequences of these symptoms for this participant?
 - Reflect on times when trainees or others they know have felt similar feelings. If trainees feel comfortable invite them to share what it felt like, what they did to manage these feelings etc.

- What is likely to happen if the participant continues to withdraw from enjoyable activities? How will this affect their feelings?
3. Highlight that it likely to affect the participant negatively if she or he does not engage in activities they enjoy. It also affects self-esteem and sense of achievement and worth if someone is unable to complete chores or tasks.

3.2. The inactivity cycle and the Get going keep doing strategy (20 minutes)

Instructions:

1. Draw the inactivity cycle on a flip chart or ask trainees to look at the one in their STRENGTHS Reference manual for Individual PM + Appendix E: Participant handouts.
2. Introduce the inactivity cycle, and review the steps of the strategy Get going keep doing explaining the rationale for each step.
 - **1. Define different types of activities.** Explore pleasant activities and tasks or chores. Emphasize the importance of both of these types of activities (i.e. to encourage pleasant feelings in the former and a sense of mastery or achievement in the latter). Refer to the STRENGTHS Reference manual for Individual PM+ for examples of different types of activities.
 -
 - **2. Choose one pleasant activity and/or task.** Emphasize that helpers should not choose any random activity for the participant. Instead, they can ask the participant what was something they were doing previously that they are no longer doing; what is something they need to start doing again; or what is something new they have always wanted/think they now need to do?
 -
 - **3. Break chosen activity down into smaller and more manageable steps.** When a person is depressed activities and tasks can seem too big or difficult.
 -
 - **4. Help participant to schedule tasks and activities** to help remember to complete them (for example add reminders in a phone, write tasks into a calendar etc.). Use the activities calendar in the Appendix D: Participant handouts in the STRENGTHS Reference manual for Individual PM+ schedule.





3.3. Role play: Demonstration (30 minutes)

Instructions:

1. Ask a trainee to volunteer to be the participant while you are the helper to role play delivering Get going keep doing. Use the case story about Abbas above. Use maximum 15 minutes on the role play, and use the next 15 minutes on reflection on the role play.
2. Ask trainees what they observed and how the helper managed challenges with this participant?
3. Ask trainees to identify what basic helping skills the 'helper' demonstrated.
4. Review key points about Get going keep doing and how these were demonstrated in the role play.

BREAK (15 minutes)

4. Get going, keep doing practise

	Role play		60 minutes		Appendix D. 5. Handouts: Reflection questions for Activity 4.1. (Day four): Delivering Get going keep doing Case examples P and Q.
	To practise delivering Get going keep doing with a participant.				

4.1. Delivering Get going keep doing (60 minutes)

Instructions:

1. Ask trainees to form pairs.
2. Explain that they will role play delivering Get going keep doing with one person as the PM+ helper and the other the PM + participant. They have 20 minutes to do this and then 10 minutes to reflect after.
3. Give the “participants” case example P to read. They should not tell the “helper” what is written in the case example.
4. After the role play, give the pairs 10 minutes to reflect. Give them the Handout: Reflection questions to guide the reflection:

For the participant:

- How did it feel as the participant?
- What did the helper do well?
- What could the helper have improved?





For the helper:

- What did you feel?
- What was your impression of how you did?
- What did you notice in your participant? What behaviours or facial expression did you notice in them?
- What do you think you did well? Which steps were easy?
- What was challenging?
- Are there any parts of the strategy or session that are unclear?
- What would you differently next time?
- Are there aspects you think you need to practice more?
- What have you learned and what do you feel you still ought to learn?
- What basic helping skills did you demonstrate?

5. Now swap roles so the other person can practice being the helper.
6. Give the participant case example Q to read. They should not tell the “helper” what is written in the case example.
7. After the role play, give the pairs 10 minutes to reflect using the guiding on the handout.
8. Return to the large group and reflect together as a group on any challenges and ways to address these.

LUNCH (45 minutes)

5. My own Get going keep doing

	Discussion Reflection		60 minutes		Flipcharts and markers Appendix D of the STRENGTHS Reference manual for Individual PM+
	To practise breaking an activity down into smaller steps. To apply the Get going keep doing strategy to personal activities.				

5.1. Breaking an activity down into smaller steps (15 minutes)

Instructions:

1. Divide the group into small groups of no more than four trainees each. Each group should move to a corner of the room. Give each group a flipchart and markers.
2. Explain to trainees that the hardest part of Get going keep doing is breaking an activity down into small, manageable steps. So everyone is going to practice this.
3. Each group will have five minutes to think of as many steps that were needed to ‘Getting to this training’.
4. Ask them to think of all the things they needed to do in order to be present at training and to write them down in order. It doesn’t matter how small each step is. In fact, the smaller the better. The aim is to be the group with the most steps.
5. Give the groups five minutes to do this and then ask each group to present their steps. Acknowledge the group with the most steps.
6. Summarise:
Imagine you were feeling very depressed and had difficulty getting started in the morning. Which would be easier for you to do: come to training today or just do the first step on your list? Of course just doing the first step would be easier. Now it doesn’t necessarily mean you were able to come to training, but you might feel better for doing something. Then when you feel a bit better, you might decide you can do step 2 or 3 and by the end of the week you might have been able to get yourself to training. But if you didn’t break this task into small steps you may never have come to training, because it just seemed too hard.

5.2. Get going keep doing: Individual application (45 minutes)

Instructions:

1. Explain that trainees will now use the Get going keep doing strategy themselves so they can imagine what it is like to be a participant.
2. Trainees will complete Get going keep doing for their own problems.
3. Give everyone a piece of paper and ask them to think of enjoyable activities they used to do, that they are no longer doing or that they would like to start (two minutes).
4. Ask trainees to think of chores or tasks they need to do but haven’t been able to do recently or have put off (two minutes).
5. Give them two minutes to decide one enjoyable activity and one task they could begin to do. Encourage them to choose activities they could do over the next one to two days.

6. Give them 10 minutes to think of as many possible steps to completing the enjoyable activity.
7. Give them 10 minutes to think of as many possible steps to completing the task/chore.
8. Give them five minutes to plan when they will be able to complete at least step 1 for both action plans.
9. If trainees feel comfortable, ask them to share their action plans for their chosen activities.
10. Tell trainees that over the next few days, they will be asked to complete their Get going keep doing action plan and that you will review the plans with them in the following training days.





6. Managing stress activity (5 minutes)

Instructions:

11. Ask a volunteer trainee to lead the slow breathing exercise to end the morning (if time allows). Ask them to pretend they are teaching it for the first time.

BREAK (15 minutes)

7. Challenges to using basic helping skills

	Role play Discussion		60 minutes		Flip chart and markers Appendix D: Trainer’s aides: Handout: Questions for group work in Activity 7.
	The aim of the activity is to explore challenges that may arise in using basic helping skills				

Instructions:

1. Introduce the activity by saying:

Now that you have practiced using your basic helping skills in role plays, you may have found some participants have been particularly challenging. In these instances, you might have found it hard to demonstrate your basic helping skills. We will explore some of these difficulties now.





2. Divide trainees into groups of four.
3. Give each group one of the following topics to discuss. They have 15 minutes to brainstorm ideas and write these on a flipchart for presentation after.
 - o What types of participants (or participant behaviours) might make it difficult for you to use your basic helping skills with? Think about your role plays, other real-life examples
 - o What types of situations might make it difficult for you to use your basic helping skills in? Think about your own mood, stressors in your organization or personal life
 - o What types of participants might tempt you to over-use your basic helping skills, so that it interferes with your ability to complete PM+ with your participant (e.g. fail to encourage the participant to do their home practice, offer supportive counselling for the entire session rather than complete PM+ content)?
 - o What could you do to prevent yourself from showing your basic helping skills too little or too much?

4. After the allocated 15 minutes, give the groups two minutes more to identify the ideas on their chart that created the most discussion. This might be because the point was agreed on by most participants, it caused the most debate, or they wanted feedback from the trainer about the idea etc.
5. Return to the large group. One person from each group will have five minutes to share only the identified points (see bullet point above)
6. Spend the remaining time discussing each group’s ideas.

Make sure you cover the following key information:

- Normalise difficulties showing basic helping skills at different times.
- Seek supervision (from supervisor or peers) when you have challenges using your basic helping skills.
- Set firm boundaries with participants (e.g. not seeing them after hours or on weekends)
- Think about the participant in a different way to encourage you to feel more empathy towards them (e.g. imagine them as someone’s grandmother, mother etc.)

8. Closing activity

	Reflection		15 minutes		Sticky notes Posters
	To sum up the day				

Instructions:

1. Provide a brief summary of the topics covered in today’s session. Provide an opportunity to clarify any concepts or to answer questions.
2. Reflection: Give everyone two sticky notes and ask them to write their responses to the questions below on the separate notes. Tell them not to write their names on the notes to remain anonymous.
 - i. What is the most valuable or new thing you learnt today?
 - ii. What is something you found challenging or do not understand that you would like more training on?
3. Display two large posters (one titled ‘Most valuable things I have learned’ and the other ‘Areas for further training’) and ask participants to stick the notes on these. They can now read and learn from each other.
4. Give information about what will be covered tomorrow and ask participants to come prepared.

Day five

Estimated time (mins)	Activity	Methodologies	Materials Required	Link to intervention
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15	Review day four	Discussion	Training schedule	
60	Reviewing Managing my own problems and My own Get going, keep doing	Discussion Role play		Chapters 7: Managing problems Chapter 8: Get going keep doing
20	Break			
20	Managing participants with suicidal thoughts and/or intentions	Role play Discussion	Appendix D of the STRENGTHS Reference manual for Individual PM+. Appendix D. Trainer's aides. Handouts: Reasons to live and reasons to end my life table	
70	Introducing Strengthening social support	Discussion Role play	Activities calendar worksheet in STRENGTHS Reference Manual Individual PM+. Appendix E: Participant handouts	Chapter 9: Strengthening social support
5	Managing stress	Exercise		
60	Lunch			
80	Delivering Strengthening social support	Discussion Role play	Case examples R, S and T.	Chapter 9: Strengthening social support
20	Break			
90	Difficulties with Strengthening social support	Discussion Role play	Paper and pens	Chapter 9: Strengthening social support
15	Closing activity			

1. Review of day four



Discussion
Role play



15 minutes



Training schedule



To review the day before and prepare for the day ahead.

Instructions:

1. Welcome the group to the training.
2. Follow up on any practical issues raised the day before.
3. Go through today's training schedule to give an overview of what activities are planned for the day.
4. Explain that today will start with reviewing their progress with their personal Managing problems and Get going keep doing action plans. They will then be introduced to the last strategy of PM+, Strengthening social support.

2. Review Managing my own problems and My own Get going keep doing



Discussion
Role play
Demonstration



60 minutes



To review the trainees' Managing problems and Get going keep doing action plans.

2.1. Review Managing problems (30 minutes)

Instructions:

1. Invite a new volunteer who has attempted to carry out part of their action plan for Managing problems over the last two days.
2. Invite another volunteer to play the role of the helper and complete step 7 of Managing Problems.
3. The trainer will sit behind the trainee playing the helper to provide any subtle coaching if the 'helper' needs it.
4. Discuss as a large group what happened in the role play.
5. Answer any questions trainees have about reviewing Managing Problems with participants. Be sure to use role play as a way of demonstrating or trying out potential solutions to problems that are raised.

2.2. Review of Get going keep doing (30 minutes)

Instructions:





1. Invite a new volunteer who has attempted to carry out part of their action plan for Get going keep doing overnight to play the part of the PM+ participant.
2. Invite a volunteer trainee to play the role of the PM+ helper. Review the participant’s *Get going, keep doing* action plan. Tell the “helper” that they will follow similar principles as when *Managing problems* is reviewed.
3. The trainer will sit closely behind the helper and give them subtle coaching if needed.
4. Use the following questions to reflect on the role play:

What happened in the role play?

- Examine the instructions for reviewing Get Going Keep Doing home practice in the intervention manual
- Answer any questions helpers have about reviewing Get Going Keep Doing with participants. Be sure to use role play as a way of demonstrating or trying out potential solutions to problems that are raised.

BREAK (20 minutes)

3. Managing participants with suicidal thoughts and/or intentions

	Role play Discussion		20 minutes		Appendix D of the STRENGTHS Reference manual for Individual PM+ Appendix D. Trainer’s aides. 1. Handouts, Reasons to live and reasons to end my life table
	To apply using motivational interviewing with participants who may have suicidal thoughts or intentions.				

Instructions:

1. Tell trainees:

There may be times when a participant experiences thoughts of suicide. They might wish they could fall asleep and never wake up or that their life would be taken from them. Most participants may not share this with you because they feel ashamed of having these kinds of thoughts, for various reasons. But as helpers you need to be prepared in case a participant does tell you this information.
2. Ask participants how they think they should respond if a participant tells them they are having thoughts of ending their life or wanting to die.
3. Correct any inappropriate responses
4. Tell trainees that if the person is only having thoughts and not wanting to act on them (i.e. in the low risk category), they can use the good reasons and challenges to joining PM+ table to motivate a participant to stay alive. Distribute the handout with this table.

5. Conduct role play with one trainer acting as the ‘suicidal participant’ and one as the ‘facilitator’. Demonstrate how to use this table (see adaptation of table below)
6. The ‘facilitator’ should demonstrate how to give a summary of this discussion: PM+ is designed to help you better manage and reduce these problems. If you stayed in PM+, and if these problems decreased, would this be a good reason to stay alive now?
7. Remind trainees that when participants have a plan to end their life in the future, you need to contact your supervisor and follow the guidelines in Appendix D of the STRENGTHS Reference manual for Individual PM+.
8. After hearing the ‘participant’s’ responses, summarize their main reasons to live and not to live, emphasizing their reasons to live. Repeat the ‘participant’s’ reasons why PM+ will be helpful for them. This advice is for participants who do not have plans to end their life in the near future.
9. Give trainees a copy of the Handout: Reasons to live and reasons to end my life.

4. Introducing Strengthening social support



Discussion
Role play



70 minutes



Activities calendar worksheet in STRENGTHS Reference Manual Individual PM+. Appendix E: Participant handouts



The aim of the activity is to introduce the Strengthening social support strategy

Instructions:

1. Spend the first 20 minutes discussing the topic “social support” with the trainees.
2. Ask them

- What does “social support” mean?

For example: spending time with others without necessarily talking about problems such as when sharing a meal; talking with someone trusted about problems and concerns; getting help to complete a task or information about where to get practical help.

- What are the different forms of social support?

For example, family, friends, state services, institutional support,

- If you needed social support what would you do?

For example, reach out to family or friends, explore local opportunities etc.

3. Explain that Strengthening social support is the final strategy introduced in PM+. The steps to delivering “Strengthening social supports” are:
 1. Provide education about the importance of strengthening social support.
 2. Explore the different kinds of social support the participant would like to strengthen. Remember not to focus only on emotional forms of support but to explore other kinds of support also.
 3. Help the participant decide what ways they want to strengthen their social support and create an action plan.

4. Explain that as with the other strategies, the helper is expected to help the participant plan the practical steps to strengthening their chosen social support. For example, do they need to make a call first? When are they going to do this? What will they need to do the plan (e.g. transport or other resources)?
5. Introduce the Activities calendar worksheet in *STRENGTHS Reference Manual Individual PM+. Appendix E: Participant handouts* as a tool for participants to help them schedule in their planned steps.

4.1. Strengthening social support role play: (25 minutes)

Instructions:

1. Invite a volunteer trainee to act as a helper and deliver Strengthening social support with a participant.
2. One of the trainers should be the participant and can choose any of the case examples used so far to be guide what role to play.
3. The other trainer should sit behind the helper so they can subtly coach them if needed.
4. The “helper” delivers the
5. Trainer gives feedback first (what the helper did well and highlight difficulties in delivering the strategy)
6. Invite the trainees to provide feedback and discuss the following points:
 - Invite other participants to give positive feedback first
 - Invite participants to identify basic helping skills the helper used
 - Discuss what other participants might do differently if they were seeing this participant
 - Trainer to give a summary of the key points discussed, emphasizing points you want helpers to remember for their role plays next

5. Managing stress (5 minutes)

Instructions:

1. Ask a volunteer trainee to lead the slow breathing exercise to end the morning (if time allows). Ask them to pretend they are teaching it for the first time.

LUNCH (60 minutes)

6. Delivering Strengthening social support



Role play
Discussion



80 minutes



Case examples R, S and T.



To practise delivering Strengthening social support.

Trainer’s notes:

Instructions:

1. Ask trainees to form groups of three: one person is the helper; one person is the participant; one person observes and gives feedback at the end.
2. Give “participants” any one of the case examples below and ask them to not show their helper.
3. Each “helper” has 20 minutes to deliver Strengthening social support.
4. After the role play, the observer has five minutes to give feedback.

5. Trainers will walk around the room to observe the role plays. They can also give individual feedback as they see fit.
6. When the everyone has had a chance to be the helper, come together as a large group to reflect for 20 minutes.
7. Discuss the main strength and difficulties that arose in the role plays.
8. Trainers give feedback on strengths and weakness observed.
9. Invite others to share observations and challenges they experienced.
10. Use small role plays to explore points of discussion and demonstrate how best to deliver the strategy.

BREAK (20 minutes)

7. Difficulties with Strengthening social support



Role play
Discussion



90 minutes



Paper and pens



To consider which types of participants may have difficulty with Strengthening social support

7.1. Difficulties with Strengthening social support (45 minutes)

Trainer's notes

The aim of this activity is to invite the trainees to consider which kinds of challenges participants may have with Strengthening social support

Instructions:

1. Ask trainees form groups of three.
2. Tell them that in this exercise, they have to think of an example of a participant who would find Strengthening social support a challenging strategy to engage in.
3. Read the case example below to give them an idea:

A 21-year-old female student shares she has feelings of worthlessness and low mood. She is very quiet and reserved in the sessions and you discover that she has very few friends. She does not go out with her peers or do things expected of someone her age. She spends a lot of time studying and staying at home. When it comes to Strengthening social support, she tells you that she does not trust anyone outside of her family since an old boyfriend sexually assaulted her and then spread awful rumours about her. This happened three years ago. After the event, no one wanted to be her friend and they did not believe that she was sexually assaulted. Only her family believed and supported her. She tells you that she cannot trust others with personal information anymore.

The helper decides that it might be good for her participant to begin to spend time with her peers and gradually learn to trust people again. But she decides that it is not a good idea for her participant to share personal information with people straight away. They decide to start very gradually. The participant believes she could begin by talking to a girl who sits next to her in class and asking her a question about their upcoming assignment. So they decide to start with this.

4. Give the groups 15 minutes to come up create a case example that includes any of the following:

- Information about the main reason Strengthening social support would be a difficult strategy for this participant.
 - A history of what has occurred in the participant’s life that may have contributed to this difficulty (e.g. previous traumatic experience, problems with confidence, socially anxious personality).
 - Describe how they might act in session with their helper.
 - Describe how they helper could adapt Strengthening social support to help this participant engage with the strategy.
5. Ask one person from each group to reads out their case example to everyone.
 6. Discuss each case example, paying particular attention on to how to adapt Strengthening social support to suit the participant (keep in mind the strategy should not be altered too much so that it doesn’t cover all the key aspects).

Highlight the following important points about Strengthening social support:

- Ensure as much as possible the person or organization the participants is encouraged to seek support from can be trusted.
- This strategy should be practised in a very gradual way. Break the task down into smaller steps so the participant gradually confronts the situation (i.e. trusting someone, seeking support from someone)

7.2. Strengthening social supports role play: (45 minutes)

Instructions:

1. Ask trainees to stay in their groups of three to do role plays: one person is the helper; one person is the participant; one person observes and gives feedback at the end.
2. The groups will role play their adapted Strengthening social supports from the previous case example activity. They will have 20 minutes to do this.
3. After the role play, they will reflect on adaptations they made to the strategy to support this participant. Ask them to identify any challenges they faced and any final changes they would make to address these.
4. Ask each group to share their main points of reflection from the role plays and how effective they believe their Strengthening social supports script was.

8. Closing activity



Reflection



15 minutes



Sticky notes

Posters



To sum up the day

Instructions:

1. Provide a brief summary of the topics covered in today's session. Provide an opportunity to clarify any concepts or to answer questions.
2. Reflection: Give everyone two sticky notes and ask them to write their responses to the questions below on the separate notes. Tell them not to write their names on the notes to remain anonymous.
 - i. What is the most valuable or new thing you learnt today?
 - ii. What is something you found challenging or do not understand that you would like more training on?
3. Display two large posters (one titled 'Most valuable things I have learned' and the other 'Areas for further training') and ask participants to stick the notes on these. They can now read and learn from each other.
4. Give information about what will be covered tomorrow and ask participants to come prepared.

Day six

Time needed	Activity	Methodologies	Materials Required	Link to intervention
15	Review day five	Discussion		
80	Staying well How to help others Looking forward	Discussion Role play		Chapter 10: Staying well and looking forward
20	Break			
90	Staying well and looking forward	Discussion Role play	Case examples AA and AB.	Chapter 10: Staying well and looking forward
5	Managing stress	Exercise		
60	Lunch			
40	Preparation for Day 7 role plays	Discussion Role play	STRENGTHS Reference manual for Individual PM+. Appendix D: Intervention Protocol.	

1. Review of day five



Discussion
Role play



15 minutes



Training schedule



To review the day before and prepare for the day ahead.

Instructions:

1. Welcome the group to the training.
2. Follow up on any practical issues raised the day before.
3. Go through today's training schedule to give an overview of what activities are planned for the day.
4. Explain that in the morning they will learn how to deliver Session 5 of the PM+ intervention: Staying well and looking forward. In the afternoon they will have time and support from the trainers to prepare for the role plays they will be doing on the following day.

2. Staying well



Discussion
Role play



30 minutes



STRENGTHS PM+ Individual
Reference Manual Chapter 10:
Staying well and looking forward



To learn the steps for delivering Session 5: Staying well and looking forward

Instructions:

1. Start by explaining the steps to the first part of this session: Staying well:
 - i. Praise the participant for reaching the end of PM+.
 - ii. Educate the participant about recovery. Explain that they can expect symptoms to return especially in times of significant stress, but the return of symptoms is likely to be more brief and manageable and less severe than before.
 - iii. Educate the participant on how they can stay well and respond to symptoms of emotional ill health in the future by practicing the PM+ strategies.
 - iv. Test the participant's understanding of the PM+ strategies they have learned (Using How to help others case examples)
2. Demonstrate how you would deliver the first three steps in the session (do not role play step 4 as this is for the group activity that follows)
 - One trainer acts a helper and the other as a participant. The participant can use Case example A for their role.
 - The trainer playing the PM+ participant should act anxious about finishing treatment and the helper must demonstrate how to manage this anxiety.
3. Allow time for discussion at the end of the role play.

3. How to help others



Discussion
Role play



30 minutes



STRENGTHS PM+ Individual Reference Manual. Chapter 10: Staying well and looking forward.
Case examples W, X, Y and Z.



To learn how to deliver How to help others.

Instructions:

1. Divide the trainees into four groups (max six people in each group).
2. Give each group one of the case examples W, X, Y and Z. These are the same cases from STRENGTHS PM+ Individual Reference Manual. Appendix C: How to help others.
3. Trainer reads the helper dialogue that introduces **Imagining how to help others** in STRENGTHS PM+ Individual Reference Manual. Chapter 10: Staying well and looking forward.
4. Give the groups 10 minutes to discuss and write down the strategies they believe are most helpful for the participant in the case example on a large sheet of paper. They should write what problem each strategy will help the participant address.
5. Ask each group to list each strategy in order of how helpful they would be.
6. Ask one person from each group to present their responses to the larger group.
7. Discuss the responses and clarify any mistakes or misunderstandings about each strategy.

4. Looking forward



Role play
Discussion



20 minutes



Case examples W, X, Y and Z.







To learn how to deliver Looking forward.

Instructions:

1. Trainees stay in the same four groups and work with the same case examples as before. Now the focus is on looking forward.
2. Trainer reads the helper dialogue that introduces **Looking to the future** in STRENGTHS PM+ Individual Reference Manual. Chapter 10: Staying well and looking forward.
3. Ask each group to role play the Looking to the future dialogue with their case example. One person is the helper and another is the participant. After a few minutes ask them to show their role play to the bigger group.
4. Reflect on the role plays and discuss any challenges trainees think they may have using this technique with participants.

BREAK (20 minutes)

5. Staying well and looking forward

	Discussion Role play		90 minutes		Case examples AA and AB.
	To practise delivering Staying well and looking forward from Session 5.				

Instructions:

1. Ask trainees to form pairs.
2. One person will be the helper and the other the participant, and then they will swap roles.
3. Explain that they will role play a session with Staying well and looking forward, but skipping the **How to help others** part, as they have already practiced this. They should use case examples AA and AB.
4. They will have 40 minutes each to complete the role plays.
5. When they have completed the role plays reflect on these in the large group for 10 minutes, discussing any challenges and how to manage these.

6. Managing stress activity (5 minutes)

Instructions:

1. Ask a volunteer trainee to lead the slow breathing exercise to end the morning (if time allows). Ask them to pretend they are teaching it for the first time.

LUNCH (60 minutes)

7. Preparation for Day 7 role plays



Lecture



Rest of the day



STRENGTHS Reference manual for Individual PM+. Appendix D: Intervention Protocol.

Appendix E: Fidelity and competency checks



The aim of the activity is to prepare for the role-plays in the following day where trainees will practise being helpers.

Trainer's note:

Outside participants: If possible it is recommended to invite persons from outside of the trainings to take part in the role plays as participants. In past trainings psychology students from local universities have been invited to volunteer to act as participants for these role plays. Their involvement was beneficial to them as they learned something about PM+ and CBT techniques. Other trainings used people from the research team, such as the assessment team. The advantage of using outside people as participants is that they are unfamiliar with PM+ and therefore will respond more like an actual participant might (i.e. they might have

difficulties understanding or applying the strategies or they will not know what is going to happen next in the session).

Allocation to groups: The trainers should allocate who are in groups together, based on their observations of the trainees' different skills and strengths during the training so far and on any other grouping requirements. For example, trainers should consider if trainees who work together should be in separate or the same groups.

Planning for the role plays: Multiple role plays will take place simultaneously so everyone has a chance to practise being the helpers. The trainers must plan the time schedule and which part of the PM+ intervention each trainee should role play carefully. See an example of a time schedule for the role plays on the next page. If there are 12 trainees, there will be four role plays taking place simultaneously.

The trainers should walk around and observe all of the role plays quietly, without commenting or interfering unless trainees have completely misunderstood the instructions.

Instructions:

1. Allocate the trainees into groups of three that are decided by the trainers. Explain each trainee will have a turn playing the role of helper, participant and observer.
2. Introduce the timetable and structure of the role play day (see example schedule below).
3. Check that trainees know what session they are delivering (this should already be decided on by the trainers).
4. Tell trainees they are expected to follow the scripts in the *STRENGTHS Reference manual for Individual PM+*. Appendix D: Intervention Protocol.
5. Explain they will have the rest of the afternoon to prepare and practice their role plays and ask the trainers any necessary questions.

The role of observer

6. Give each trainees a copy of the fidelity and competency form (Appendix E: Fidelity and competency checks)
7. Explain that the 'observer' will use the form to rate how well the 'helper' completed their session. Highlight that these are the same forms that the trainee's supervisors will use when they are assessing their progress as PM+ helpers after the training.
8. Tell the observer to also take notes if needed.
9. Explain that the observer should sit some distance away from the helper and participant and preferably not in the line of sight of the helper. This is because having the observer watching and making notes can be off-putting for the helper.
10. Go through the fidelity and competency check form with participants, making sure they understand how to complete it.

The rest of the day, the trainees will spend preparing for the role play next day. Trainers should be available to support any trainees that need it. Remind trainees they are responsible for any handouts or other materials that may be needed in the role plays.

Example schedule of role plays

Time	Topic	Trainee names
0900-1030	Session 1 role play (PM+ manual page xx)	Helper: Participant:
1030-1045	Feedback on Session 1 role play	Observer:
1045-1100	BREAK	
1100-1230	Session 2 role play (PM+ manual page xx)	Helper: Participant:
1230-1245	Feedback on Session 2 role play	Observer:
1245-1330	LUNCH	
1330-1500	Session 3 role play (PM+ manual page xx)	Helper: Participant:
1500-1515	Feedback Session 3 role play	Observer:
1515-1540	BREAK	
1540-1630	Overall feedback, discussion and role play	Lead by trainers

Day seven – Example schedule

Estimated time (mins)	Activity	Methodologies	Materials Required
15	Review of day six		
90	Session 1 role play	Role play	<p>Trainees are responsible for ensuring they have all the materials they need to role play their part of the PM+ intervention.</p> <p>Other materials needed: Appendix E: Fidelity and competency check forms.</p>
15	Feedback on Session 1 role play		
15	Break		
90	Session 2 role play		
15	Feedback on Session 2 role play		
45	Lunch		
90	Session 3 role play		
15	Feedback on Session 3 role play		
15	Break		
45	Overall Feedback	Discussion	Reflections on role plays.
15	Closing activity	Reflection	

1. Review of day six



Discussion



15 minutes



Training schedule

Role play timetable

Appendix E: Fidelity and competency check forms



To review the day before and prepare for the day ahead.

Instructions:

1. Welcome the group to the training.
2. Follow up on any practical issues raised the day before.
3. Go through today's training schedule to give an overview of what activities are planned for the day.
4. Explain that trainees will take part in role plays throughout the day, taking turns in being the helper, participant or observer.
5. Ask a volunteer trainee to lead "Managing stress" for the group

2. Role plays



Role plays



All day



Role play timetable

Appendix E: Fidelity and competency check forms



To practise delivering the PM+ intervention in a role play with an observer rating fidelity and competency.

Instructions:

1. Trainees take part in role plays three times, once as the helper, the PM + participant and once as an observer.
2. Trainers roam around between the different role plays observing and noting points for the final reflection at the end of the day.

3. Overall feedback



Discussion



45 minutes



Role play timetable

Appendix E: Fidelity and competency check forms



To reflect on general learning points from the role plays.

Instructions:

1. Invite trainees to share any reflections on the role plays (15 minutes).
2. Provide some general feedback and points noted by the trainers whilst observing the role plays.
3. Invite questions and address these.

4. Closing activity



Reflection



15 minutes



Sticky notes
Posters



To sum up the day

Instructions:

1. Provide a brief summary of the topics covered in today's session. Provide an opportunity to clarify any concepts or to answer questions.
2. Reflection: Give everyone two sticky notes and ask them to write their responses to the questions below on the separate notes. Tell them not to write their names on the notes to remain anonymous.
 - i. What is the most valuable or new thing you learnt today?
 - ii. What is something you found challenging or do not understand that you would like more training on?
3. Display two large posters (one titled 'Most valuable things I have learned' and the other 'Areas for further training') and ask participants to stick the notes on these. They can now read and learn from each other.
4. Give information about what will be covered tomorrow and ask participants to come prepared.

Day eight

Estimated time (mins)	Activity	Methodologies	Materials Required
15	Review day seven	Discussion	Training schedule
90	Review PM+	Discussion Role play	Flip chart and markers
20	Break		
40	Review PM+	Discussion Role play	Flip chart and markers
45	Supervision	Group work Discussion	Flip chart and markers Supervision forms
60	Lunch		
30	Training process	Discussion	
60	Concluding the training		Information on electronic evaluation forms. STRENGTHS training certificate for each trainee

1. Review of day seven



Discussion



15 minutes



Training schedule

Role play timetable

Appendix E: Fidelity and competency check forms



To review the day before and prepare for the day ahead.

Trainer's note

- The structure of the day is very flexible.
- Trainers should prepare what topics need to be reviewed (i.e. areas that trainees are still having difficulty understanding or delivering, types of participants or problems trainees appear to have the most trouble managing). This might be decided based on topics that were rushed during the first eight days or from observing any of the role plays over the last nine days
- Trainees might also have topics they would like to review- ask helpers to identify any topics to review
- Be sure to use role plays (demonstration and trainee active) to support helpers' learning
- Include ice-breaker activities and Managing Stress throughout the day

Instructions:

1. Welcome the group to the training.
2. Follow up on any practical issues raised the day before.
3. Go through today's training schedule to give an overview of what activities are planned for the day.
4. Highlight this is the last day of the training. The aim of the day is to review PM+ and improve their skills in delivering the intervention.

2. Review PM+



Group work

Discussion



90 minutes



Flip charts and markers



The aim of the activity is to revisit area of delivering PM+ that trainees found challenging during the training

Instructions

1. Divide trainees into small groups of four to six individuals. Give each group flipcharts and markers.
2. Give them 10 minutes to discuss, agree and write the three areas or topics they want more training or practice in.
For example, they may want more training in topics related to the PM+ intervention, 'process or therapeutic issues', such as managing participants with different presentations, or non-treatment related problems, such as when a participant experiences a crisis during PM+ (e.g. loss of a loved one).

3. Ask each group to present their three topics.
4. Trainers should try to merge some topics if they are similar, and then pick five topics that they can review through discussion and role play. The topics selected should include the ones that are most critical to the fidelity of the intervention or competency of the trainees.
5. Topics that are not covered in this training should be noted for future supervision sessions.
6. Trainers have approximately 75 minutes to cover the five chosen topics

BREAK (20 minutes)

3. Review PM+ continued



Discussion
Role play



40 minutes



Flip chart and markers



The aim of the activity is to revisit area of delivering PM+ that trainees found challenging during the training

1. Continue with review of topics chosen in previous activity.

4. Supervision



Group work
Discussion



45 minutes



Flip chart and markers
Supervision forms



To discuss the importance of supervision and what is expected of supervisors and facilitators in supervision.

Trainer's notes:

Key points to cover about the importance of supervision:

- Essential for providing effective psychological treatment to people.
- Helps ensure quality delivery of PM+
- Can prevent helper burnout, and helps people feel well supported and confident in managing challenging participant presentations and problems.

Instructions:

1. Divide participants into two groups and give them flipcharts and markers.
2. Give each group one of the following topics:
 - What are the responsibilities of a good supervisor?
 - What are the responsibilities of a good supervisee? (i.e. helper receiving supervision)
3. Each group will have 10 minutes to brainstorm their ideas and write them on the flipcharts.
4. After 10 minutes, ask groups to swap their flipcharts. They now have five minutes to review the other group's ideas, add any new points, and select three of the three points they feel are the most important.

5. Ask one person from each group will present the top three ideas they selected.
6. List the ideas on a flip chart without repeating points already listed by other groups.
7. Go through the full list of points and identify any responsibilities that are not relevant or appropriate for PM+ supervision and explain why.
8. Ask the larger group why having regular supervision is important? (five minutes)
9. Explain what PM+ supervision involves.
10. Distribute supervision forms (Appendix F)
11. Give details of supervision:
 - Group supervision
 - Face-to-face
 - Happens once a week (may be more often during in-field practice)
 - Helpers must complete the two supervision forms before supervision each week (review these forms, briefly describing what each item means)
 - Supervisors are available outside of supervision to provide individual support to helpers when needed (e.g. to manage a crisis situation with a participant)

LUNCH (60 minutes)

5. Training process



Discussion



15 minutes



To clarify any questions on the PM+ helper training process.

Instructions:

1. Give participants an opportunity to ask questions about the training process, including in-field training (practice cases) and competency assessments.

6. Concluding the training (60 minutes)



Discussion



60 minutes



Information on electronic evaluation forms.

STRENGTHS training certificate for each trainee



To do a brief evaluation of the training and receive information on how to complete a more detailed evaluation.

To learn about the STRENGTHS PM+ training network.

To receive certificates of completion of training

To conclude the training.

Instructions:

1. Thank trainees for their participation in the training and congratulate them on completing this eight-day training on PM+ for individuals.
2. Review the aims of the training and reflect on goals you believe the group has achieved (areas where they have improved etc.).
3. Highlight those areas that remain a challenge and encourage trainees to monitor their progress with these and to continue to talk with peers and in supervision about these issues. Encourage trainees to focus particularly on these areas when they begin practice their practice cases.
4. In a big circle ask participants to say one word that reflects how they feel about the training. This is a short evaluation for the trainers to ensure that everyone is feeling okay at the end of the training.
5. Give trainees information on where they can complete the electronic evaluation form for the training.
6. Provide trainees with information on the STRENGTHS training network and encourage them to join this network. Explain that you will send them details on how to sign up for this electronically.
7. Distribute certificates and conclude the training.

Appendix A: Ice breakers and energizers

Clapping name game

Everyone starts with the rhythm of clapping (hand – knee). To this rhythm the leader starts with their name and then calls out someone else's name. This continues to the rhythm- only skipping one clap at a time.

Mirroring of movements

In pairs mirror the movements and facial expressions of your partner and then swap over

Fact or Fiction

Ask everyone to write down 3 things about themselves, 2 of which are true. They read them out and the group votes which are true or false

The question web

Standing in circle, one person holding a ball of wool. One person hold the end of the yarn and throws the ball to someone and then asks him or her a question. This continues until there is no wool left and a web is created. Comment at the end that we all played a part in creating this unique web and if one person was gone it would look different. In the same way it's important that we all take part to make the group what it is, unique and special.

Tall stories

The trainer starts a story with a sentence that ends in "suddenly". The next person has to add to the story with his or her own sentence that ends in "suddenly". Continue the story until everyone has contributed. If you can, tape it and play it back at the end.

Add Words

The first person says a word (For example: "The"). The second person says the first word and adds a second word of their choice, and so on. At the end you might have a complete sentence.

Country/village names cut in half or threes

Write country or villages names of pieces of paper and cut them in half or threes. Give one-half to a person who has have to find their partner to form a country/village. Use places that the trainees will be familiar with.

Trusting each other

One person falls back with eyes closed and rest of group catches the person.

Trust games are good for activities that might reflect main themes, core values of the workshop

- *Example script:*

This training will require you to trust each other as well as yourself. We will be learning new skills together and so it is important for you to feel comfortable with each other, and especially to feel comfortable making mistakes in front of each other. So to help establish some trust between you all we are going to play a trust game. [then give instructions]

There are many ways to play the trusting each other game. Alternatives include:

8. Working in pairs, blindfolding one person and allowing the other person to guide them around an obstacle course
1. Get a rope and get one small group at one end, another small group at the other end, and get each group to lean back on the rope – trusting each other and the other side to not let go and thus lose balance

Knots- Standing in a circle with eyes closed, everyone puts their arms out and grabs onto a hand (monkey grip) of someone across from them. Then the group has to try to unravel the web of interlocking arms without letting go of anyone's hands. They have 3 minutes to do it.

Wink murder

The group sits in a circle and one person leaves the room. A person from the circle is selected to be the wink murderer. When the person returns from the room the murderer will catch the eye of someone and wink at them. Then that person must die (can be in a theatrical way). The person out of the circle has 3 attempts to guess who the murderer is

Appendix B: Steps to giving feedback

These steps are a general guide. Follow the steps when giving feedback to trainee helpers, for example, after observing a role play.

Give positive feedback first

- Be specific with your praise
 - Avoid only saying “It was good”. Be specific with your praise.
 - Describe what was positive – For example that you used the basic helping skills appropriately; you had good eye contact and you were able to reflect back what the participant was saying in a way that 79normalized their feelings.
- Give an example of when you noticed that behaviour
 - For example when the client was reluctant to engage in Get Going Keep Doing, you reflected back her concerns in a gentle and understanding way. Then you revisited the education for this strategy in a way that made sense to her and helped her see that this strategy would be helpful for her. You then reassured her that you would help her increase her activity slowly.
- Describe how this positively affected the participant (in the role play)
 - For example by demonstrating basic helping skills and revising the education for Get Going Keep Doing the client felt their concerns were valid and listened to. It also helped them understand and engage in the strategy.

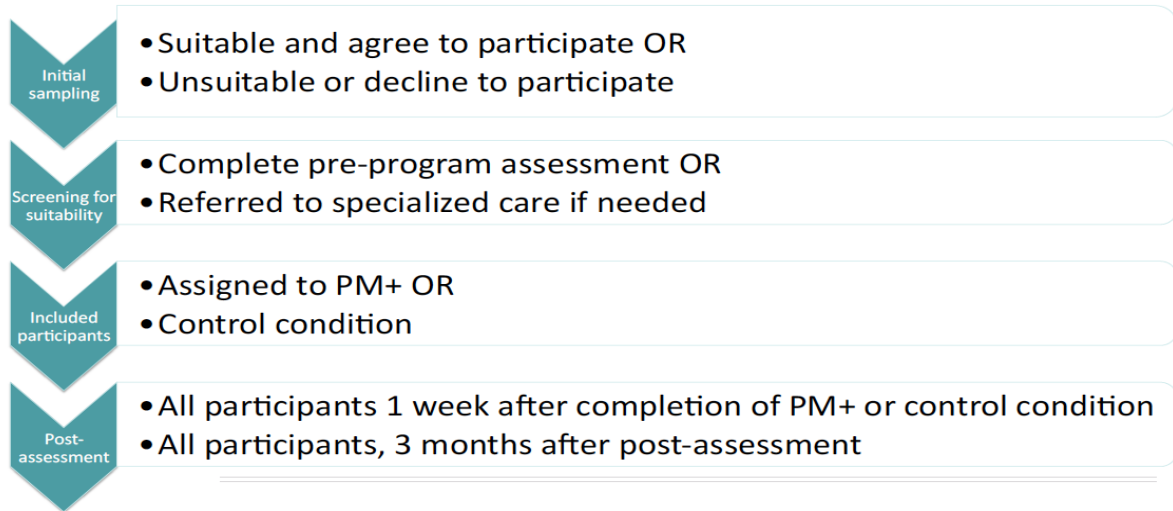
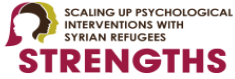
Invite reflections from the trainee

- Ask the trainee to reflect on the following:
 - What they thought they did well (in the session or in the role play)
 - What they would change if they could (for example what would they have done differently or included)

Provide feedback about areas to improve (only if necessary)

- If there is an area that you believe the trainee needs improvement in or you need to make a correction of some kind, do so gently and using your basic helping skills
- As with praise, be specific, give an example and discuss how this may have negatively affected the participant (or is not how PM+ should be delivered)
- Invite the trainee to respond
 - For example: “What do you think? Would you agree or disagree with this comment?”
- You can follow this up with a wider group discussion or a role play
 - For example supervisors modelling the skill/strategy or helpers practicing the improved/correct way of delivering the strategy

Appendix C: Research chart



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1. Training schedule

Overview of training

Day	Topics
One	Opening the training Common mental health problems PM+ overview STRENGTHS research Role of PM+ helper Participant – helper relationships
Two	Understanding adversity Giving helpful feedback Strategy 1: Managing stress
Three	Strategy 2: Managing problems
Four	Strategy 3: Get going, keep going Challenges to using basic helping skills
Five	Strategy 4: Strengthening social support
Six	Staying well and looking forward Preparing for role plays on day seven
Seven	Role plays to practise delivering PM+
Eight	Review PM+ Supervision

Daily training schedule

Estimated time (mins)	Activities	Link to intervention
Day one		
60	Opening the training	
30	Common mental health problems	
20	Break	
20	PM+ overview	Chapter 2: The PM+ intervention
50	STRENGTHS research Exclusion criteria	
55	Role of the PM+ helper Including family or friends	Chapter 2
45	Lunch	
120	Basic helping skills	Chapter 3: Basic helping skills
15	Break	
55	Participant – helper relationship	Chapter 3
15	Closing the day	
Day two		
15	Review day one	
60	What is PM+?	Chapter 5: Understanding adversity and the PM+ intervention
20	Break	
75	Understanding Adversity	Chapter 5
30	Managing stress	Chapter 6: Managing stress
60	Lunch	
40	Giving helpful feedback	
60	Session 1 practice	Chapters 5 and 6
15	Break	
30	Reflection and discussion	
15	Closing activity	
Day three		
15	Review day two	
90	Introducing Managing problems	Chapter 7: Managing problems
15	Break	
110	Managing problems practise	Chapter 7: Managing problems
5	Managing stress	
60	Lunch	
65	Managing my own problems	Chapter 7: Managing problems
15	Break	
45	Managing difficult problems	Chapter 7: Managing problems
15	Closing activity	
Day four		
15	Review day three	

Estimated time (mins)	Activities	Link to intervention
45	Review of Managing my own problems	Chapter 7: Managing problems
110	Introducing Get going keep doing	Chapter 8: Get going keep doing
15	Break	
60	Get going keep doing practise	Chapter 8: Get going keep doing
45	Lunch	
60	My own Get going keep doing	Chapter 8: Get going keep doing
5	Managing stress	
15	Break	
60	Challenges to using basic helping skills	Chapter 3: Basic helping skills
15	Closing activity	
Day five		
15	Review day four	
60	Reviewing Managing my own problems and My own Get going, keep doing	Chapters 7: Managing problems Chapter 8: Get going keep doing
20	Break	
20	Managing participants with suicidal thoughts and/or intentions	
70	Introducing Strengthening social support	Chapter 9: Strengthening social support
5	Managing stress	
60	Lunch	
80	Delivering Strengthening social support	Chapter 9: Strengthening social support
20	Break	
90	Difficulties with Strengthening social support	Chapter 9: Strengthening social support
15	Closing activity	
Day six		
15	Review day five	
80	Staying well How to help others Looking forward	Chapter 10: Staying well and looking forward
20	Break	
90	Staying well and looking forward	Chapter 10: Staying well and looking forward
5	Managing stress	
60	Lunch	
40	Preparation for Day 7 role plays	
Day seven		
15	Review of day six	
90	Session 1 role play	
15	Feedback on Session 1 role play	

Estimated time (mins)	Activities	Link to intervention
15	Break	
90	Session 2 role play	
15	Feedback on Session 2 role play	
45	Lunch	
90	Session 3 role play	
15	Feedback on Session 3 role play	
15	Break	
45	Overall Feedback	Reflections on role plays.
15	Closing activity	
Day eight		
15	Review day seven	
90	Review PM+	
20	Break	
40	Review PM+	
45	Supervision	
60	Lunch	
30	Training process	
60	Concluding the training	

2. Basic helping skills

For Day one activity 8.3: Basic helping skills.

Print and cut to hand out one skill to each group for role play activity.

Keeping confidentiality

This is a very important part of building trust with participants. They need to know that when they speak openly about personal things, that information is going to remain confidential or private. This is especially true for survivors of intimate forms of traumatic experiences and even more so when there is stigma about the events (for example, in the case of sexual assault).

Limits to confidentiality:

- If the participant is at imminent risk of harming themselves or someone else
- Supervision requires you to talk about participants and their progress
- Confidentiality is limited to the group

Communicating concern

Try to understand, as best you can, each participant’s situation, including the emotions they are experiencing. At the other extreme, it is also important that you don’t get too involved in a participant’s feelings and take them on as your own. This can cause you to feel stressed and overburdened by your work.

Statements that may show you are concerned include,

- “That sounds like it was very challenging/upsetting/frightening (and so on) for you.”
- “I can see in your face how painful this was for you.”
- “You have experienced many difficulties.”
- “You went through a lot.”
- “I can hear how sad/frightening this was for you.”

Non-verbal skills

Non-verbal skills communicate to the participant that you are listening to them and can also be a way of communicating concern. These include keeping culturally appropriate eye contact, culturally appropriate nodding of your head, and, in most cultures, keeping your posture open (for example, avoiding crossing your arms and sitting with a stiff position or turning away from them). Sometimes showing similar emotions of your participants also shows that you are hearing what they are saying and sympathise with how they are feeling. This might mean expressing sadness on your face when they express sadness (because they have teary eyes). You can also use brief verbal indications that you are listening, such as “uh-huh”, “ok”, “I see” and “mmm”. It is important to remember that there can be wide cultural variations of all the above.

Praising openness

To help a participant feel comfortable talking about personal, difficult or embarrassing topics, try to thank or even genuinely praise the participant for being so open. Throughout the programme, you may also praise the participant’s efforts to engage in the PM+ strategies and to get better.

Some examples of praising openness:

- “Thank you for telling that to the group/me.”
- “You were very courageous in sharing those intimate feelings with the group/me.”
- “Although it may have been hard to talk about that with me, I think it will be very helpful for your recovery.”
- “I can see that you are really trying to practise ‘Managing Stress’ regularly.”
- Use local proverbs: for example, “You double happiness and half sorrow by sharing what's on your mind.”

Validating

Many participants will feel embarrassed talking about their problems with strangers or in a group setting. They might think no one else feels the same way as them. They may also think that talking about emotions or personal problems is a sign that they are becoming ill, going crazy or that they are weak. Some participants might even blame themselves for how they feel. It is important that throughout the programme you help the participant to dispel these myths. You can do this by normalising the participant's problems by helping them understand that many other people experience the same reactions, symptoms, and difficulties. This is 'validating' their problems, which means that you are letting them know that their reactions are understandable. This often happens naturally in a group setting because other group members might share similar feelings and problems. Validating is a very good way of communicating concern too.

Some examples of validating include,

- "You have been through a very difficult experience and it's not surprising that you would be feeling stressed."
- "What you have just described is a common reaction people have in these situations."
- "Have other people in the group experienced similar reactions/problems?"
- "Many people I have worked with have also described feeling this way."
- "The reactions you have described are very common."
- "I am not surprised that you are so scared."

Putting aside personal values

Demonstrating the above-mentioned basic helping skills will mean that at all times you will need to respect participants' personal values and beliefs. This can be challenging, especially when you do not agree with your their values or beliefs. However, you should not judge your participants, no matter what they might say to you. This means not allowing your personal beliefs or values to influence how you respond to them. The experience of having someone just listen without judgment might be something a participant has not experienced before and this can help them to trust you.

Not giving advice

You should generally not give advice to participants. Giving advice is different from giving participants important or helpful information (for example, about legal services or other community organisations that might be helpful). Giving advice means telling a participant what to do or not to do (for example, don't talk to your religious leader about a problem).

All group leaders will feel tempted to give advice at some time though. This is a very normal temptation. For example, a participant who is very hopeless and showing signs of depression might find the 'Managing Problems' strategy challenging, especially thinking of potential solutions to help with their problems. It would be very tempting to advise the participant what solutions would be good to try. But you should avoid giving direct advice. If a participant has been relying on your advice, they are unlikely to be able to manage their own problems in the future, when they have completed the programme.

One strategy that can be helpful to use in situations where you are very tempted to give advice, is asking the participant what they would suggest or say to a close friend or family member in a similar situation. For instance, a participant who is very withdrawn and depressed might not seek out social support because they do not want to burden others. Rather than giving advice that they should ask for support, you might ask them, "*What would you say to a close friend or family member who was thinking the same? Would you want them to be alone with their problems or ask you for help? And would you feel burdened by that?*" This type of questioning may help the participant to think about their concerns and behaviours from a different viewpoint, without you directly telling them to do something different.

See education about Managing Problems strategy (Session 2) for more information about giving advice.

3. Reasons for and challenges to joining PM+

Reasons for and Challenges to joining PM+.	
Reasons for joining PM+ (advantages)	Challenges to joining PM+ (disadvantages)
<p>“Lots of people have benefited from this intervention.”</p>	<p>“I also understand that it can be challenging for some people to join an intervention like this.”</p>
<ul style="list-style-type: none"> • What do you think you will personally get out of PM+? • What might improve in your life if you join PM+? • What do you think you might be able to do that you cannot do now? <ul style="list-style-type: none"> ○ Household tasks (e.g. cleaning, cooking, doing small repair jobs around the house) ○ Self-care (e.g. getting out of bed, taking care of personal hygiene and appearance) ○ Pleasant activities (e.g., spending time in nature, relaxing and having quiet time) ○ Social activities (e.g. spending time with friends, going to picnics and parks with family) • If your emotional problems decrease, how might this be good for other areas in your life? <ul style="list-style-type: none"> ○ E.g. your relationships, your work, your other duties • How might your everyday life look if your emotional well-being improved? 	<ul style="list-style-type: none"> • What are some of the problems for you in joining the intervention? • What will you have to give up or lose if you join PM+? • Will PM+ reduce your time with your family? • Will the intervention take you away from other important duties? <p>Examples:</p> <ul style="list-style-type: none"> • Time away from housework • Having to organize care for children • Could be doing casual work • Giving up personal time • Have to travel a distance to get to the PM+ sessions

4. Case examples

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Day two: Case example A for Activity 3.1: How to deliver “Understanding adversity”.

Case example A

Fatima is a 40-year-old woman. She is married and has three young children, all less than 12 years old.

She is currently unemployed and has been for the past two years. Her school was closed down following severe community violence causing it to be unsafe for children and teachers to attend. Since this time the school has not been reopened and she has not found another job.

When the violence was at its worst, Fatima witnessed many horrible things, including assaults and rapes. She was raped herself by a stranger who was intoxicated at the time. But she has not told anyone this before. She does not disclose this in the assessment.

In the few months following the violence Fatima was very anxious about her and her family’s safety. Like many other women, she stayed in her home most days and only left when she really needed to. Initially she experienced a lot of symptoms of stress and anxiety but understood this was normal. These symptoms improved a little when things began to settle in the community. However she is still afraid of going back to the village where her school is. This was the place where she was exposed to the worst of the violence. She understands this avoidance is unreasonable.

Fatima’s unemployment is taking its toll on her family as well as her emotional wellbeing. She is beginning to show symptoms of depression, such as low mood, extreme tiredness and feelings of hopelessness about her future. She was also beginning to isolate herself again.

Assessment

Behaviour in the assessment:

- Mood is flat
- Very slow to give responses
- Problems concentrating
- Teary when talking about her problems.
- Poor eye contact- looks down at her hands frequently

The school that Fatima worked for is still closed even though it had been two years after the violence and she is still without a job. Fatima said this is beginning to cause significant problems for her and her family. She describes feelings of depression- feelings like hopelessness and worthlessness, constant low mood, a lack of energy to do things, and a lack of enjoyment in usually pleasurable activities.

Being unemployed for so long also caused practical problems. For instance, some weeks the family has to skip meals and bills are not paid because there is not enough money from her husband’s wage. He is working longer hours and is also beginning to get very frustrated with the situation. He is becoming more and more angry. He has also starting drinking more heavily and regularly gets drunk. When he is drunk, he becomes physically violent towards Fatima. This she does not disclose initially.

These practical problems impacts on her emotional wellbeing too. She is constantly thinking about not having a job but she no longer feels confident to find one, even if it is a less demanding job. She describes feeling trapped in a cycle of problems. And this is making her feel even more sad and guilty.

Stress symptoms:

- Complains of tension and aching throughout the body and feeling very drained physically most of the time

- Panic symptoms: heart racing, heart pounding, shaking when she goes into the village near the old school. She also has these symptoms when she notices that her husband is drinking a lot.

Practical problems:

- Financial problems because Fatima is not earning any money to help support the family
- Her youngest child is sleeping in the same bed as her and this is making her husband angry

Inactivity:

- Feels hopeless, depressed especially about how much her life has changed
- Not motivated to get out of bed, will stay in bed most of the day- complains that she is tired because of feeling so worried every time her husband leaves for work
- Does not do any housework anymore
- Does not do anything enjoyable except visit her mother every so often when she feels guilty for not seeing her

Social supports:

- Her mother is her main social support but finds it difficult to visit her due to her anxiety
- No engagement in the community anymore
- Very suspicious that others in the community look down on her or will pity her

Day two: Case examples B, C, D, E for activity 3.3: Individualizing adversity

Trainer's note: PRINT AN EXTRA COPY OF THIS PAGE so you can cut the case examples to distribute

You may also prefer to write your own case examples that reflect common presentations in your local context

Case example B

24-year-old female nurse. Two months ago, she was mugged walking home from an evening shift at the hospital. Every time she has an evening shift she calls in sick and her employer is threatening to fire her if she continues to do this. She is very alert, scanning her environment whenever she is walking on her own, even in daylight. She is very fearful of being attacked again and having something worse happen to her. She does not leave the house at night at all anymore. She is worried about losing her job because she is caring her elderly father and needs the money to pay for his medicines. She feels “weak” and “silly” for being so scared but cannot control the emotions. She identifies her main problems as feeling fearful about going to work and looking after her elderly father.

Case example C

37-year-old woman. Four months ago, her son was killed in a car accident. She is very anxious about the safety of her other children. She does not let them play outside anymore for fear they might be killed. She continues to grieve the loss of her son and finds it difficult to be around her other children because this makes her miss her son and she becomes very upset. When her children misbehave, she gets very angry with them and will tell them that the “good son” died. She feels irritable all the time and is now crying uncontrollably. She is embarrassed about this as it can happen when she is around her friends or at work. At the assessment, she identified her main problems as feeling anxious about her children’s safety and getting mad at them when they misbehave.

Case example D

27-year-old man. He has recently got married and has brought his new wife into his family. However, she is not getting along well with his mother and this is causing a lot of tension in the home. He is feeling increasingly stressed. He is not sleeping well and finds it difficult to eat. He worries most days about this problem and this is distracting him from his work. He has noticed headaches that are also interfering with his concentration and work. He has even started staying back late at work to avoid going home because he cannot cope with dealing with this problem when he gets home. He identified his main problems as feeling stressed and worried and avoiding going home.

Case example E

63-year-old man whose wife recently died. He complains of feeling lonely every day and that he misses her. He has lost his appetite and no longer wants to do the things he used to do, such as going for walks or gardening because these activities remind him too much of his wife. He has stopped socializing too and prefers to stay at home on his own. He says he feels very sad and that his mind is often full of thoughts of her. His main problems are that he is lonely and no longer does what he used to enjoy.

Day two: Case examples F, G and H for activity 5.1: Practising giving and receiving helpful feedback

Case example F

Nadim completed Session 2 with his participant. He was obviously well prepared. He covered all the material he was meant to in the session and had all his handouts ready. However, he forgot to complete Step 1 of Managing Problems. In fact, he didn't discuss the problems his participant was experiencing at all, but rather asked him to choose the most burdensome problem. Several times the participant clearly wanted to talk about his problem in more detail but Nadim moved the conversation on in order to complete the Managing Problems strategy. In this time, he did not use his basic helping skills well. Nadim did get through the entire session on time and his participant was grateful for helping him manage his problem.

Practise giving Nadim feedback.

Case example G

Although Samira did her best in the active role plays during training, it was obvious that she was nervous as this was her first time doing any counselling. Her facial expression, posture, and tone of the voice all reflected that she felt stressed. In addition, it appeared that she did not understand the key concepts she had to explain very well.

Practise giving Samira feedback.

Case example H

Mounir is teaching his participant Managing Stress. He was very clear in explaining the education of Managing Stress and obviously understood the key concepts of the strategy well. He used a nice, gentle tone through the session and was warm and caring towards his participant. However, when it came to teaching the participant the steps to Managing Stress, he did not observe that his participant was having difficulties breathing from his stomach. But rather, he moved onto the next step of learning to slow the breathing. He also only invited the participant to practice slow breathing for less than a minute, before ending the session.

Practise giving Mounir feedback.

Day two: Case examples I and J for activity 6.1: Session 1 practise.

Print and cut so you can give each person in a pair a different case example.

Case example I

44-year-old mother of five children under 10 years of age is feeling extremely stressed. Her husband has to work extra shifts at the factory. This means she has to look after the children seven days a week without any help.

Her mother is also very unwell and often needs to help care for her. She is beginning to feel hopeless about her situation. She is not sleeping well and her body aches all through the day. She describes no longer feeling strong emotions, even love for her children. She finds herself getting angry with them and no longer caring about looking after them properly.

She identifies her main problems as managing all the different roles in her life- being a mother, a carer for her mother and keeping up with household activities. Her second problem is feelings of hopelessness.

Case example J

37-year-old man whose son was killed in a motorbike accident four months ago. He is very anxious about the safety of his other children. He does not let them play outside anymore for fear they might be killed. When he feels anxious, he experiences lots of uncomfortable sensations in his body, such as chest pain, headaches, dizziness and aches.

He continues to grieve the loss of his son and finds it difficult to be around his other children because this makes him miss his son and he becomes very upset. When his children misbehave, he gets very angry with them and tells them that the “good son” died. He feels irritable all the time and cries uncontrollably. When he feels like this his headaches come back and he feels a lot of tension in his body. He says he also feels tired most of the time.

Day three: Case examples K and L for activity 3.2: Managing problems – role play

Case example K

24-year-old female nurse who was mugged two months ago, when walking home from her shift at the hospital one evening.

Every time she has an evening shift she calls in sick and her employer is threatening to fire her if she continues to do this. She is very alert, scanning her environment whenever she is walking on her own, even in daylight. She is very fearful of being attacked again and having something worse happen to her. She does not leave the house at night at all anymore.

She is worried about losing her job because she is caring her elderly father and needs the money to pay for his medicines. She feels “weak” and “silly” for being so scared but cannot control the emotions.

She identifies her main problems as feeling fearful about going to work and looking after her elderly father.

Case example L

37-year-old man whose son was killed in a motorbike accident four months ago. He is very anxious about the safety of his other children- he does not let them go outside anymore for fear they might be killed.

He continues to grieve the loss of his son and finds it difficult to be around his other children because this makes him miss his son and he becomes very upset. When his children misbehave, he gets very angry with them and will tell them that the “good son” died. He feels irritable all the time and sometimes cries uncontrollably.

He is embarrassed about this as it can happen when he is around his friends or at work. At assessment he identified his main problems as feeling anxious about his children’s safety and getting so angry with them when they misbehave.

Day three: Case examples M and N for activity 5.2: Thinking of solutions role play

Case example M

Carmen is unemployed and living with her husband and four children at her in-laws' home in very cramped conditions. Her family was forced out of their home when they could no longer pay the rent. Her in-laws have very strict rules about what she and her children are allowed to do in the house. Her children are often getting into trouble for being too loud or disruptive. They also expect her to complete all of the household chores and cooking for the family. Some days, she is unable to do this adequately as well as spend time with her children, which causes conflict between her and her in-laws. She is feeling increasingly sad about her living situation and the effect it is having on her children. She and her husband are also beginning to argue about his parents.

As she discusses the problem with her helper, they identify several problems: problem of cramped living conditions; problem of in-laws expectations on children; problem of in-laws expectations on her; arguing with her husband about these problems.

Carmen is most worried about the effect her in-laws are having on her children and so she decides this is the problem she would like to work on first.

Problem: Manage my in-law's expectations on my children and their behaviour in the house

Case example N

Mohammed is married with five children under 10 years of age. Since leaving Syria, he has worked at the same factory, but it was closed down six months ago. Since then he has not been able to find permanent work.

He did not finish school and was disabled from an injury he sustained in the war, which restricts his mobility. This has made it difficult for him to find work. His wife has tried to sell materials at the markets to support the family financially. However, they have started to have troubles paying bills, such as rent, electricity and food.

He identifies two large problems: unemployment and financial problems. While he needs to find work, he decides that he first needs to manage the smaller problems related to paying his bills.

Problem: Manage my finances so I can pay the rent and electricity bill that is due in two weeks.

Day three: Case example O for activity 6.1: Managing Problems group activity

Case example O (to be read aloud – individual copies not needed)

Participant is a 50-year-old woman who feels stressed about her life situation. Her only child was badly injured in a car accident one year ago. He suffered a significant brain injury and is now partly paralysed. Her husband does little of the caring because he is at work or prefers to go out with his friends drinking. Her mother shares the role of caring for the son when she needs to go out to work. She is able to find work relatively easily but is often away from home for most of the day. She talks about missing her son- “he is not the same person anymore”.

She feels sad occasionally and will sometimes withdraw from enjoyable activities because she feels guilty about leaving her son. But it is her stress that causes the most bother for her- she feels tense in her body all the time, is unable to sleep or concentrate and finds she is making mistakes all the time. She has problems with her teeth and is constantly grinding her teeth. The two main problems she identified were feeling stressed and depressed about her son’s condition.

On discussing how to manage her stress better she reveals an additional problem that is adding to her experience of stress: she cannot make her mind up about whether to consent to a new drug that is being trialled at the hospital for chronic pain.

Day four: Case examples P and Q for activity 4.1: Delivering Get going keep doing

Case example P

Pauline is a 30-year-old woman who looks very untidy (messed hair and dirty clothes). She looks tired and speaks very softly. She has been trying to fall pregnant with her husband for many years without success.

She tells you that this has put a lot of strain on the family. Her parents-in-law have been especially harsh on her and she has begun to blame herself too. In the last month she has noticed that she is unable to concentrate on anything and forgets things all the time.

She finds it hard to socialise now because she cannot keep up with conversation and becomes easily confused. She also doesn't want them to talk about why she hasn't had children yet. When she does socialise, she finds that she gets terrible headaches and will sleep for hours afterwards. So, more recently she has stopped seeing anyone except for her mother once a week.

Case example Q

Johnny is a 45-year-old man whose wife died of cancer about nine months ago. Since then he has rapidly been losing weight and finds it difficult to sleep.

He has become quite withdrawn from his social life and does little around the house or to care for himself. He continues to go to work because he has to but finds little pleasure in doing this. He describes feeling like his sense of pleasure in life died with his wife. He misses her terribly but is content that she is no longer suffering.

Day five: Case examples R, S and T for activity 5: Strengthening social supports role play

Case R:

42-year-old woman who has been in a violent relationship for 20 years. Her husband is very well respected within the community and she receives a lot of attention from people in the community. She enjoys the rich social life she has as a result of his influence.

No one is aware of his violence. However, recently he attacked her so severely that she was hospitalised for a few weeks. When she returned home she noticed that many of the woman acted differently around her.

She has become very worried about others judging her negatively and began to withdraw from social activities. By the time, she comes for psychological treatment, she has isolated herself completely, very rarely seeing her friends or socialising at all.

Case S

44-year-old mother who lives in a very poor district attends the clinic complaining of feeling irritable all the time. She describes constantly feeling angry for no reason. She is upset talking about the effect this is having on her children. She says she is often yelling at them and even hitting them at some times.

She also describes being physically agitated, often forgetting to eat and having significant problems sleeping. Her anger and agitation is beginning to interfere with her functioning- she finds that she just doesn't have any interest in doing the things that used to give her pleasure. While she continues to engage in tasks to make a living, she says she needs to put a lot of effort into working up her motivation to do this. She is particularly worried about her friends and family seeing her this way so she has stopped seeing them more recently.

Case T

23-year-old man is studying economics at university. He is eldest of four children and the only boy. He complains that his father put a lot of pressure on him to achieve high marks so he can secure a good job to help support the family and bring honour to the family name. He says that he has always had this pressure in school but usually performed well.

However, more recently he has noticed that he is becoming very anxious about assignments, exams and especially doing oral presentations. He said that he received a poor mark on an oral presentation six months ago which affected his confidence and he has felt anxious since then. He has another presentation coming up and he has been worrying daily about it. He says he feels sick and sometimes becomes panicky when he tries to write his presentation. He knows he cannot get out of doing it but he doesn't know how to get through it.

Day six: Case examples U, V for activity 5.: Staying well and looking forward

Case example U

43-year-old man has attended all sessions regularly. He found Managing Stress very helpful for reducing his headaches and tension. His main problem was unemployment and paying the rent. He has made some changes that have resulted in him getting casual work, however this did not solve his problem completely. There are still times he is unable to pay the rent. He has begun attending community events more regularly and has found one person he trusts to talk with about his problems. His mood has improved, although there are times when he still feels very stressed. This usually happens when he is unable to secure work or pay the rent on time.

Case example V

37-year-old woman was initially reluctant to attend PM+ sessions. She said she already knew about Managing stress and this was something that had not improves her mood in the past. However, after session 2, she became more enthusiastic about PM+. She managed to successfully address her problem with her neighbour that had been causing her to avoid leaving her house. She noticed her mood improve after this. She improved her activity through Get going keep doing and was slowly seeing her friends more often. She had some difficulties trusting others, but wanted to start talking to one friend about personal things in the future.

Day six: Case examples W, X, Y and Z for activity 3: How to help others

Case example W

NAME is a man in his 30s and lives in a very dangerous village with a lot of violence. His wife was killed six months ago, and he is now left to care for his three children on his own. His mother has recently moved in with him because NAME is refusing to leave the house and is not caring well for his children. He no longer sees his friends. Most days he does not get out of bed and has lost a lot of weight from not eating regularly. He feels very lonely. But he does not know how to go about helping himself.

Case example X

NAME is a 30-year-old woman, complaining of an ongoing fight with her husband about sharing housework between them. She is fearful of the conflict getting worse and causing problems in her marriage. She complains of pain throughout her body and that she cannot sleep. She says she cannot stop thinking about the problem and she does not know what to do.

Case example Y

NAME, a woman in her 50s, was attacked by some young men when she was coming home from shopping. The woman feels very frightened of being attacked again and for the last month has avoided going out of her house. She is also starting to isolate herself and not see her friends.

Case example Z

NAME is a young woman whose husband continues to be affected by his experience of imprisonment, even though it is now some years ago. Her husband's mood has been getting worse. He feels sad most days and finds it difficult to go to work. This is causing stress for the woman and she has noticed she no longer wants to spend time with her husband or her friends. She does not enjoy the things she used to, like knitting and going for walks. She feels very hopeless about her and her husband's situation and does not know what to do to improve it.

Day six: Case examples AA and AB for activity 5: Staying well and looking forward

Case example AA

The participant has attended all sessions regularly. S/he found Managing Stress very helpful for reducing her headaches and tension. His/her main problem was unemployment and paying the rent. S/he has made some changes that have resulted in his/her getting casual work, however this did not solve his/her problem completely. There are still times she is unable to pay the rent. S/he has begun attending community events more regularly and has found one person s/he trusts in to talk about his/her problems. His/her mood has improved, although there are times when s/he still feels very stressed. This usually happens when s/he is unable to secure work or pay the rent on time.

Case example AB

The participant was initially reluctant to attend PM+ sessions. S/he said s/he already knew about Managing Stress and this was something that had not improve his/her mood in the past. However, after session 2, the participant became more enthusiastic about PM+. S/he managed to successfully address his/her problem with his/her neighbor that had been causing him/her to avoid leaving his/her house. S/he noticed his/her mood improve after this. S/he improved his/her activity through Get Going Keep Doing and was slowly seeing his/her friends more often and going to Friday prayers again. S/he had some difficulties trusting others, but wanted to start talking to one friend about personal things in the future.

5. Handouts

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Day three. Handout: Reflection questions for Activity 3.2: Managing problems – role play

Print and cut in half. Give every participant one copy.

For the participant:

- How did it feel as the participant?
- What did the helper do well?
- What could the helper have improved?

For the helper:

- What did you feel?
- What was your impression of how you did?
- What did you notice in your participant? What behaviours or facial expression did you notice in them?
- What do you think you did well? Which steps were easy?
- What was challenging?
- Are there any parts of the strategy or session that are unclear?
- What would you differently next time?
- Are there aspects you think you need to practice more?
- What have you learned and what do you feel you still ought to learn?
- What basic helping skills did you demonstrate?

For the participant:

- How did it feel as the participant?
- What did the helper do well?
- What could the helper have improved?

For the helper:

- What did you feel?
- What was your impression of how you did?
- What did you notice in your participant? What behaviours or facial expression did you notice in them?
- What do you think you did well? Which steps were easy?
- What was challenging?
- Are there any parts of the strategy or session that are unclear?
- What would you differently next time?
- Are there aspects you think you need to practice more?
- What have you learned and what do you feel you still ought to learn?
- What basic helping skills did you demonstrate?

Day four. Handout: Reflection questions for Activity 4.1: Delivering Get going keep doing

For the participant:

- How did it feel as the participant?
- What did the helper do well?
- What could the helper have improved?

For the helper:

- What did you feel?
- What was your impression of how you did?
- What did you notice in your participant? What behaviours or facial expression did you notice in them?
- What do you think you did well? Which steps were easy?
- What was challenging?
- Are there any parts of the strategy or session that are unclear?
- What would you do differently next time?
- Are there aspects you think you need to practice more?
- What have you learned and what do you feel you still ought to learn?
- What basic helping skills did you demonstrate?

Day four. Handout: Questions for group work in Activity 7: Challenges to using basic helpings skills.

Print these so each group gets one question

What types of participants (or participant behaviours) might make it difficult for you to use your basic helping skills with? Think about your role plays, other real-life examples.

What types of situations might make it difficult for you to use your basic helping skills in? Think about your own mood, stressors in your organization or personal life.

What types of participants might tempt you to over-use your basic helping skills, so that it interferes with your ability to complete PM+ with your participant (e.g. fail to encourage the participant to do their home practice, offer supportive counselling for the entire session rather than complete PM+ content)?

What could you do to prevent yourself from showing your basic helping skills too little or too much?

Day five. Handout: Reason to live and reasons to end my life table for Activity 3.

Reasons to live	Reasons to end my life
<ul style="list-style-type: none"> • What is keeping you alive at the moment? • Are there any family members or friends you are staying alive for? • Are there some things that you have enjoyed in life? Recently? Long ago? • Have you always felt this way? If not, what did you used to enjoy in life? • What are some hopes that you have for your future? (Help them to think about solving their practical problems, reducing their emotional problems, etc.) • What if you did not have the problems you are experiencing at the moment, would that change your thoughts about not being alive? 	<ul style="list-style-type: none"> • What is making it hard to stay alive at the moment? • What are some of the reasons you wish to end your life?

Appendix E: Fidelity and competency checks

To be distributed on site by Partners.

Appendix F: Helper's supervision forms

1. Individual PM+ supervision form

Please complete two forms for two participants. The first form is for a participant who is progressing well. The second form is for a participant who is not progressing well or who you are having difficulties with.

1.1. Participant who is progressing well

Participant form for good progression

Participant Information Details

Participant's age and sex

Brief description of background

(e.g. family, living situation)

Brief description of main problems

Main emotional health symptoms:

How did the participant present in the last session?
What were the positive and/or negative emotions they were experiencing?

Number of sessions completed with this participant so far

What PM+ strategies have you completed with the participant?

What questions or difficulties do you have with this participant that you would like help with?

(E.g. about a particular participant problem, a PM+ strategy, a practical issue or a personal issue)

What feedback did you get from the supervision group about this problem? Given this information, what will you plan to do differently with this participant?

Participant form for good progression

Participant Information

Details

What other things did you learn from this supervision session?

(E.g. what advice was given to other PM+ helpers that you might find helpful?)

1.2. Participant who is not progressing well

Participant form for poor progression

Participant Information

Details

Participant's age and sex

Brief description of background

(e.g. family, living situation)

Brief description of main problems

Main emotional health symptoms:

How did the participant present in the last session? What were the positive and/or negative emotions they were experiencing?

Number of sessions completed with this participant so far

What PM+ strategies have you completed with the participant?

What questions or difficulties do you have with this participant that you would like help with?

(E.g. about a particular participant problem, a PM+ strategy, a practical issue or a personal issue)

What feedback did you get from the supervision group about this problem? Given this

Participant form for poor progression

Participant Information

Details

information, what will you plan to do differently with this participant?

What other things did you learn from this supervision session?

(E.g. what advice was given to other PM+ helpers that you might find helpful?)

1.3. Example of completed supervision form

Participant Information	Details
Participant's age and sex	<i>45-year-old man</i>
Brief description of background (e.g. family, living situation)	<i>Married, 4 children at school. Works full-time at local factory. He experienced an anxiety attack 6 months ago. He thought he was having a heart attack at the time but his doctors have told him he is healthy and there is nothing medically wrong with him.</i>
Brief description of main problems	<i>Anxious all the time- worries about having another attack, especially in front of colleagues at work. He restricts his activities, such as exercise to prevent having another attack. He is having difficulties in his marriage- lot of arguments</i>
Main emotional health symptoms:	<i>Fear having another attack</i>
<ul style="list-style-type: none"> • How did the participant present in the last session? • What were the positive and/or negative emotions they were experiencing? 	<p><i>Has a lot of physical symptoms of anxiety- racing heart, dizziness, tiredness</i></p> <p><i>Anger outbursts at wife and also children</i></p> <p><i>Doesn't go out much anymore or engage in pleasant activities</i></p>
Number of sessions completed with this participant so far	<i>2</i>
What PM+ strategies have you completed with the participant?	<p><i>Education about PM+ and adversity</i></p> <p><i>Managing Stress</i></p> <p><i>Managing Problems- having arguments with wife; he came up with 4 potential solutions and decided to tell his wife every time he began to feel angry he would go into his bedroom and pray and then talk to her when he was feeling more in control</i></p>
<ul style="list-style-type: none"> • What questions or difficulties do you have with this participant that you would like help with? • (E.g. about a particular participant problem, a PM+ strategy, a practical issue or a personal issue) 	<i>The participant often finds it difficult to talk about his feelings in session. He says that he feels weak because he often feels scared and gets easily upset.</i>

Participant Information

Details

- What feedback did you get from the supervision group about this problem?
- Given this information, what will you plan to do differently with this participant?

What other things did you learn from this supervision session?

(E.g. what advice was given to other PM+ helpers that you might find helpful?)

Normalise the participant's feelings and use the 'Good and Less Good Reasons' table to talk about the costs and benefits of talking about emotions. Praise his openness when he does talk about emotions in session. Do not push the participant to talk about emotions when he does not feel comfortable.

Be aware of giving participants solutions when completing Managing Problems. It is important that participants come up with the solutions as much as possible. They are more likely to want to carry out those solutions then.