

Abbreviated instructions for standardized role plays

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

1. NON-VERBAL COMMUNICATION & ACTIVE LISTENING

Actor instructions: *At appropriate times during the interview use culturally appropriate body language for feelings of sadness or worry.*

2. VERBAL COMMUNICATION SKILLS

Actor instructions: *When helper uses closed-ended questions “Do you, did you, can you...?”, respond with short yes/no responses. When helper uses open-ended questions “Please tell me about, please share with me, how did that... etc.?”, respond with more detailed answers.*

3. EXPLANATION AND PROMOTION OF CONFIDENTIALITY

Actor instructions: *During the role play, ask the helper “Are you going to tell anyone these things that I tell you?” or “I am afraid you will tell other people the things I am telling you?”*

4. RAPPORT BUILDING AND SELF-DISCLOSURE

Actor instructions: *Do not provide your name or personal information unless asked to do so by the helper.*

5. EXPLORATION & NORMALISATION OF FEELINGS

Actor instructions: *Do not share about feelings or emotions unless the helper asks, for example, “How are you feeling; please tell me about anything that has been bothering or worrying you lately; I notice that you seemed sad when you came in, please tell me if something has been upsetting you.”*

6. DEMONSTRATION OF EMPATHY, WARMTH & GENUINENESS

Actor instructions: *At appropriate times during the interview use culturally appropriate body language for feelings of sadness or worry (same instruction for 1.1), and when asked describe sadness to see how helper responds (same instruction for 2.2).*

7. ASSESSMENT OF HARM TO SELF, HARM TO OTHERS, HARM FROM OTHERS & DEVELOPING COLLABORATIVE RESPONSE PLAN

Actor instructions: *During the role play, express that “Sometimes when I go to sleep, I wish I wouldn’t wake up in the morning.” If asked if you would ever hurt or kill yourself, explain “Sometimes I think about dying, but I wouldn’t hurt myself on purpose.” If asked about reasons for leaving describe, “I want to stay alive to care for my family. If I died, who would take care of them.” If asked about any prior attempts, reply, “No, I have never tried to kill myself.”*

8. CONNECTION TO SOCIAL FUNCTIONING & IMPACT ON LIFE

Actor instructions: *If helper asks about daily activities, share that your worries or sadness sometimes make it hard to do typical activities, like take care of oneself, take care of one’s children, spouse, or other family members.*

9. EXPLORATION OF CLIENT'S & SOCIAL SUPPORT NETWORK'S EXPLANATION FOR PROBLEM (CAUSAL & EXPLANATORY MODELS)

Actor instructions: *If asked about perceived cause of problems, provide different types of answers to see how helper responds. For example, “I don’t know if I have these problems because I lost my job and worry all the time now. Or maybe, I am just cursed.” If asked about family’s perception, provide a different perceived cause, e.g., “My family thinks I have these problems because I am weak and lazy.”*

10. APPROPRIATE INVOLVEMENT OF FAMILY MEMBERS AND OTHER CLOSE PERSON(S)

Actor instructions: *If asked about close persons in your life, describe immediate family members. But, if asked about who you would like involved in care, describe someone else, e.g., an aunt, uncle, neighbour*

11. COLLABORATIVE GOAL SETTING & ADDRESSING CLIENT’S EXPECTATIONS

Actor instructions: *If asked about goals, first provide a goal such as “get a job”, but then if aided by helper, provide a more psychosocial goal, e.g., “I would like to worry less so I can come up with a plan for looking for work...”*

12. PROMOTION OF REALISTIC HOPE FOR CHANGE

Actor instructions: *During the role play, ask the helper questions such as “Will meeting with you make all of my problems better? Will meeting with you help me get a job?” Also, mention something that gives you hope (e.g., I did it before, so I can do it again) and something that takes away hope (e.g., Nothing that I am trying works)*

13. INCORPORATION OF COPING MECHANISMS & PRIOR SOLUTIONS

Actor instructions: *During the role play, provide examples of positive coping (e.g., working in the garden) and negative coping (yelling at others to go away, using alcohol).*

14. PSYCHOEDUCATION AND USE OF LOCAL TERMINOLOGY

Actor instructions: *If the helper uses technical terms, ask “what does that mean” to see if the helper can describe it in lay language.*

15. ELICITATION OF FEEDBACK WHEN PROVIDING ADVICE, SUGGESTIONS & RECOMMENDATIONS

Author instructions: *If the helper asks for feedback about suggestions, reply that some of the advice is helpful but some of it would be hard in your situation, then ask if there are other options or activities.*

ENACT competency descriptions

1. NON-VERBAL COMMUNICATION & ACTIVE LISTENING

Helper uses culturally appropriate non-verbal communication and active listening skills to communicate with the client to show that they are engaged and listening to what the client is saying. For example, the helper should sit in a comfortable distance from the client, arranging the seating in a way that is not intimidating (e.g., sit at an angle and not directly opposite the client or behind a desk), look towards the client and hold an open posture (e.g., shoulders back, arms uncrossed). Helper should show interest through body gestures (e.g., leaning in), brief verbal indications to such as ‘uh-huh’, ‘hmm’ or ‘I see’, or other culturally appropriate non-lexical utterances, and accept silences from the client when processing emotions or information. Helper should not disrupt/interrupt the client when speaking unless necessary (e.g., speaking over a client or finishing their sentences), in which case the helper should ask for permission for interruption.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: “I will act as your client in my first session with you. Your role is actively listening—pay attention to my thoughts and feelings as I share some of the reasons I am here today. We will pretend as if you have already welcomed me, and I will start by explaining why I am here.”

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

Role-play features “client” describing reasons s/he seeks help (e.g., “I am feeling really tired all of the time, I get easily aggravated and fight with my sister even though she is so good to me”).

Role-play should “stop” once competency has been rated below OR 5 minutes has been reached.

Should *not* do

- Laugh at client
- Engage in other activities/ignore client
- Interrupt client without permission
- Show judgement/use negative facial expressions

Should do

- Use culturally appropriate eye contact
- Make non-verbal motions throughout (e.g., nodding head)
- Sit at appropriate angle from client
- Use body gestures (e.g., leaning in) and verbal indications (e.g., uh-huh, hmm) to show interest

2. VERBAL COMMUNICATION SKILLS

The helper uses verbal communication skills, including open-ended questions, summarising and clarifying statements, to engage with the client and show supportive listening and understanding. Helper prioritises open-ended questions that invite detail and clarification (e.g., ‘*Could you tell me more about that?*’, ‘*What happened?*’), only use close-ended (yes/no) questions (e.g., ‘*Are you ready to start counselling?*’) when appropriate, and try to avoid questions that begin with “Why” as they may create defensive feelings (e.g., ‘*Why do you feel like that?*’). Helper should allow the client time and space (e.g., room for silences and reflection) to share their thoughts and offer reflective (re-stating the client’s verbalised emotions)⁷ statements, summarising without judgement to demonstrate understanding of what the client has said.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: “I will act as your client during a regular session. Your role is to discuss some of the reasons I am here today using the verbal communication skills we’ve reviewed in training. Remember to show me you are engaged, asking me questions and demonstrate understanding to what I am saying.”

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

Role-play features “client” describing reasons s/he seeks help (e.g., “I am feeling really tired all of the time, I get easily aggravated and fight with my sister even though she is so good to me”).

Role-play should “stop” once competency has been rated below OR 5 minutes has been reached.

Should <i>not</i> do	Should do
<ul style="list-style-type: none"> • Only use questions that start with “Why” • Interrupt client • Give advice or solutions to client 	<ul style="list-style-type: none"> • Use open-ended questions • Allow time and space for client to share thoughts • Offer reflective, non-judgemental statements, to demonstrate understanding

3. EXPLANATION AND PROMOTION OF CONFIDENTIALITY

Helper addresses confidentiality, ensuring a private, comfortable space for the client during sessions and explaining to the client the rationale (including differentiating times/topics) when confidentiality may be broken (e.g., harm to self, harm to others and harm from others). Helper clearly explains to client that shared conversations will remain confidential/private and will not be passed on to family, friends, or employers without their permission. Helper explains when confidentiality may be broken (e.g., if client raises concern for safety, such as harm to self, harm to others and harm from others) and explain the chain of communications for this (e.g., when s/he will report to supervisor vs. when s/he will report to authorities). Helper ensures the client understands the rationale of confidentiality and ensures to adjust conversation topics based on private or non-private settings.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: “I will act as your client. We are beginning a session, and your role is to **explain and promote confidentiality** to me, making sure I understand the rationale. We will pretend you have already welcomed me, and you may begin the role-play with explaining confidentiality.”

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

Role-play features Helper explaining confidentiality to “client”

Role-play should “stop” once competency has been rated below OR 5 minutes has been reached.

Should <i>not</i> do	Should do
<ul style="list-style-type: none"> • Neglect explaining confidentiality • Abuse client’s trust/ confidentiality • Conduct session in open, non-private setting 	<ul style="list-style-type: none"> • Clearly explain confidentiality to client using culturally relevant terms and/or metaphors • Explain times when confidentiality may be broken and chain of communication for reporting • Adjust conversation topics based on private or non-private settings, and seek for more private space

4.RAPPORT BUILDING & SELF-DISCLOSURE

Helper uses different strategies to build rapport and increase the quality of the relationship between him/herself and the client. Helper should initially welcome the client and introduce him/herself, including his/her name and role. Helper tries to make the client feel comfortable (e.g., getting up to greet the client and offering a comfortable seat; sitting at the same level and not behind a desk; asking the client his/her name and language s/he is comfortable speaking in; ensuring environment isn't intimidating such as with lavish embellishments or intense scents⁵). Sharing should be done via conversations and not through lecturing, and the helper should try to make connections with the client. For example, one might relate to having a similar favourite meal/food or hobby like taking walks but should not over/under-share and maintain personal boundaries with the client, staying focused on the client needs.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts Helper: “Today I will act as your client. I am meeting you for the first time, for my first session. Your role is to build rapport and strengthen alliance between us. You may start by welcoming me to the session.” Trainer should act as the client for this role-play.

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

The role-play will “start” with the Helper welcoming the client to the session.

Role-play should “stop” once competency has been rated below OR 5 minutes has been reached.

Should *not* do

- Lecture client
- Dominate session with personal experiences
- Neglects client's personal boundaries (e.g., sits too close, ignores signals of discomfort, asks client where they go to pray or shop)
- Pressure or force client into disclosing

Should do

- Welcome client and introduce him/herself
- Make client comfortable (e.g., offer seating, ask client's name and language preference)
- Make small talk with connections to clients
- Be calm and communicate in a warm and open way

5.EXPLORATION & NORMALISATION OF FEELINGS

Helper explores client's feelings and messages during sessions. Helper validates the client by showing an understanding of the client's feelings and normalise/validate problems and concerns that the client describes. Helper normalises the client's symptoms, reactions, and feelings, reminding him/her that others share similar experiences (e.g., ‘Many other individuals also have fears of going out after seeing someone beaten’). Helper uses validating statements when the client shares difficult feelings and explain these feelings are expected for a person in his/her situation (e.g., ‘this has been hard for you; it's not surprising that you feel sad or angry for many days afterwards’).

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: “I will act as your client and begin telling you some difficult feelings/emotions I am having. Your role is to explore my feelings further, normalising and validating my feelings and concerns in relation to the situation I am experiencing/explaining.”

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

Role-play features “client” describing difficult feelings from a past experience (e.g., “I am afraid to go out alone, what if I get beaten by a stranger?”).

Role-play should “stop” once competency has been rated below OR 5 minutes has been reached.

Should *not* do

- Judge, criticise or dismiss client's emotions and feelings
- Dwell on or dismiss client's reactions or concerns
- Minimize client's problems

Should do

- Normalise and validate client's described symptoms, reactions and/or concerns
- Normalise client's symptoms and/or reactions, reminding that other share similar experiences
- Use validating statements and convey understanding life

6. DEMONSTRATION OF EMPATHY, WARMTH & GENUINENESS

Helper demonstrates that s/he understands the experience of a client in a genuine, sincere manner. Helper respects the client's perspective and try to understand the client's situation, including the emotions they are experiencing without using judgement. Helper expresses warmth in a culturally appropriate way, setting aside their own beliefs, attitudes and judgements to 'see the world through the client's eyes.'

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "I will act as your client telling you some of my feelings and problems. Your role is to demonstrate empathy, communicate concern with warmth and genuineness towards me as we explore my feelings and problems."

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

Role-play features "client" describing feelings and problems (e.g., "I am feeling really tired all of the time, I get easily aggravated and fight with my sister even though she is so good to me").

Role-play should "stop" once competency has been rated below OR 5 minutes has been reached.

Should *not* do

- Judge or dismiss client's concerns
- Force own personal beliefs and attitudes onto the client

Should do

- Demonstrate understanding in a sincere manner
- Respect client's perspective and emotions
- Express warmth while setting aside own beliefs, attitudes and judgements

7. ASSESSMENT OF HARM TO SELF, HARM TO OTHERS, HARM FROM OTHERS & DEVELOPING COLLABORATIVE RESPONSE PLAN

Helper assesses for client's harm to self, harm to others, or harm from others; and, if needed, work with client to develop a collaborative action plan to assure safety. Helper asks direct, clear questions about risk of harm, and if provided, follow the harm assessment worksheet closely. Helper appropriately and clearly elicits information e.g., ask follow-up questions to better understand and detail the client's intent (or intent from others), risk and protective factors (e.g., identify social supports—personal, family, community, society). Helper devises a plan of action for safety with the client, determining risk level and appropriate ways to address and reduce risk. If the client reports serious thoughts or plans to harm themselves, the helper should not leave the client alone and should help the client identify reasons to stay alive. **If it is high-risk**, Helper should ensure client has immediate 24-hour access to suitable care. Helper should request the client's permission if/when Helper needs to consult with supervisor or other authority--but must consult/report regardless.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "I will act as your client and explain to you my feelings of sadness and feeling like sometimes my life isn't worth living. Your role is to assess for self-harm, harm I may do others, and harm I may have from others. Remember to be clear and direct."

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

Role-play features "client" describing worthless feelings (e.g., "I'm so sad all of the time, it seems maybe it isn't worth being alive most days").

Role-play should "stop" once competency has been rated below OR 5 minutes has been reached.

Should *not* do

- Neglect signs of harm
- Neglect to ask about harm to self, to others or from others
- Leave client alone after disclosing of any harm intent
- Discuss harm in open, non-private space

Should do

- Ask direct, clear questions about risk of harm
- Ask follow-up questions to understand client's full intent including access to means
- If client plans to self-harm, stay with client and identify reasons to stay alive
- Consult with supervisor or other authority

8. CONNECTION TO SOCIAL FUNCTIONING & IMPACT ON LIFE

Helper explores the relationship between the client's psychosocial/mental health concerns and their impact on functioning and daily life. Helper asks the client about their symptoms (headaches, not getting out of bed, etc.) and how they affect everyday functioning (e.g., ability to do household chores, go to work) or important parts of life, such as not being there for a family member or friend when s/he wants to be. For example, "How is your sleep every night? You want to see your mom more, are the headaches keeping you from seeing her as often?" Helper should also explore relationship in the other direction, understanding how social relations and daily functioning (e.g., stressful job, long commutes, etc.) impact the client's psychosocial/ mental health concerns and symptoms (e.g., How was your sleep before you started working more hours at your job? Could you see your kids longer if you were able to get home faster from work?")

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "I will act as your client. I've just started care with you and I will begin to describe some of my symptoms. Your role is to explore the relationship between my symptoms/concerns and how they impact my functioning and daily life."

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

Role-play features "client" describing mental health concerns (e.g., "I'm having many headaches and getting out of bed seems harder every day").

Role-play should "stop" once competency has been rated below OR 5 minutes has been reached.

Should *not* do

- Judge or criticise client for any explained impact on functioning or concerns about mental health and symptoms (e.g., "people work through headaches all of the time")

Should do

- Ask about client's mental health concerns and symptoms and how they affect daily functioning
- Explore how social relations/daily functioning might impact client's symptoms and concerns
- Explore how client functions prior to developing the symptoms

9. EXPLORATION OF CLIENT'S & SOCIAL SUPPORT NETWORK'S EXPLANATION FOR PROBLEM (CAUSAL & EXPLANATORY MODELS)

Helper works with the client to understand his/her explanation for problems (explanatory model). Without judgement, the helper explores the client's own understanding about the cause of his/her problems (e.g., 'What do you believe caused these problems?'), symptoms experienced, and beliefs about the consequences of the problems. Helper also asks if client's family/social support network has similar or different explanations (e.g., "Does your mother agree with x reason?"; "What does your wife think?"). Client should feel supported in explaining his/her view (e.g., 'You are an expert on your own life and your particular problem'), incorporating the client's beliefs and understanding of problems throughout treatment. If client's explanatory model is potentially harmful or out of his/her control (e.g., 'these bad things happen because I am a bad person,' or 'this is God's will for me to suffer and not get better,' etc.), Helper should help the client reframe this model to help them positively cope.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "I will act as your client, explaining to you some of my problems. Your role is to support me in explaining my views on what I believe to be the cause or source of my problem(s) and how they relate to my symptoms."

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

Role-play features "client" explaining some problems (e.g., "I'm having many headaches and feel constantly irritated by my children").

Role-play should "stop" once competency has been rated below OR 5 minutes has been reached.

Should *not* do

- Criticise or judge client's explanation for problems
- Neglect/not ask about client's view of cause

Should do

- Without judgement, explore the client's own understanding about the cause of his/her problems and respect her/his beliefs
- Ask if client's family/social network has similar or different explanations
- Appropriately incorporate the client's understanding of problems throughout care/treatment
- Reframe potentially harmful explanatory models for positive coping

10. APPROPRIATE INVOLVEMENT OF FAMILY MEMBERS & OTHER CLOSE PERSONS

Helper appropriately (and with client's permission) engages the client's family member(s) and/or other close persons throughout the care process. When a family member or relevant other is present, Helper facilitates the member's positive interest in participation and encourage interaction between the client and member. When family member or other is not present, Helper explores the client's preferred engagement/interaction with member(s). If client is willing, Helper explains ways involving a family member or other can help (e.g., reminding of homework, providing emotional support, supporting in other activities) and support positive changes of interaction through role-plays or coaching. If family member or other is negative or unhelpful in session, or if the client doesn't want them to be involved, helper should make sure client's needs/thoughts are heard, and if needed, politely ask member to wait outside until the session is completed.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "I will act as your client. I've mentioned struggling to keep up with my session homework and how I hope to bond with my sister more. Your role is to explore further my connection/interaction with my sister and support her involvement in the work I'm doing with you. You may start by asking me about my sister."

Trainer or another trained actor should act as the client for this role-play (if possible, add third actor to portray helpful or unhelpful family member)

Role-play features Helper asking about the client's sister (or "x" family member).

Role-play should "stop" once competency has been rated below OR 5 minutes has been reached.

Should *not* do

- Involve SO without client permission
- Allow negative behaviour from SO in-session
- Allow SO to make decisions for the client without consent

Should do

- Explore client's preferred engagement/interaction with family member(s) or relevant others (SO)
- If client is willing and is appropriate, involve SO for support
- If SO available, carefully encourage interaction and positive interest in client's treatment

11. COLLABORATIVE GOAL SETTING & ADDRESSING CLIENT'S EXPECTATIONS

Helper asks the client about her/his goals and discuss with the client expectations for treatment. Helper and client discuss together on what is and is not achievable through care (e.g., be explicit that it can help relieve symptoms; that client will not receive material or monetary goods in exchange). Helper should be clear about the goals of the care plan, making sure the client understands the reasons for the care plan. Helper asks client about her/his goals, explain/redirect when goals are unrealistic, collaboratively outline goals, and establish a care plan together with goals that are realistic, accomplishable, and agreeable.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts Helper: "I will act as your client. After explaining some of my problems and hearing my goals, you have told me that [insert intervention/treatment] can help me manage these problems. Your role is to ensure I understand how this treatment might help me and my goals and work with me to set realistic goals for care and establish a care plan. You may start by explaining [insert intervention/treatment]."

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

Role-play features Helper explaining aims of X treatment and collaborating with client to set realistic goals.

Role-play should "stop" once competency has been rated below OR 5 minutes has been reached.

Should *not* do

- Neglect client's goals and expectations for treatment
- Mislead client about what is achievable through care

Should do

- Discuss together with client what is and is not achievable through treatment
- Collaboratively establish treatment plan with realistic and agreeable goals, in line with client's goals
- Clearly explain goals of the care plan, ensuring client understands and has reasonable expectations

12.PROMOTION OF REALISTIC HOPE FOR CHANGE

Helper builds the client's expectancy for change, helping the client to feel positive about the future and creating realistic expectations for what can be achieved in treatment. Helper encourages the client to make positive statements about their hopes for change, praise his/her for seeking care, and link his/her participation to important roles in his/her life. Helper expresses optimism in the treatment, explaining how positive changes may come about for the client while clarifying that the treatment does not make life's problems disappear but may make them more manageable. The helper recognises when the client wants to withdraw and encourage them to keep participating without making them feel guilty or wrong for leaving (e.g., 'Change doesn't come easily [or quickly], even when one is trying hard'). If the client expresses dissatisfaction, helper reflects with the client, e.g. asking whether s/he has learned anything helpful so far (no matter how small) or found new value (e.g., lemons to lemonade).

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "I will act as your client. You have just explained to me what can be achieved during [insert treatment/intervention]. Your role is to express optimism and promote my realistic hope for change, relating possible positive changes to important roles in my life without setting unrealistic expectations."

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

Role-play features Helper clarifying how [insert treatment] can be helpful, but not solve all of life's problems.

Role-play should "stop" once competency has been rated below OR 5 minutes has been reached.

Should *not* do

- Give unrealistic expectations for treatment and recovery
- Be negative or intimidate client's ability for recovery

Should do

- With realistic expectations, encourage client that s/he might feel positive about the future and his/her recovery
- Express realistic optimism in the treatment/program to support recovery
- Reflect with client on any expressed dissatisfaction with treatment/program

13.INCORPORATION OF COPING MECHANISMS & PRIOR SOLUTIONS

Helper supports the client's autonomy, control, and ability to make choices to help with coping and solving problems. Helper ensures client-focused solutions throughout treatment, exploring how the client deals with problems, including prior successful solutions (e.g., 'What have you done in the past for a similar problem?' 'How did you cope?') and empowering the client to think of solutions if s/he is struggling to remember a past strategy (e.g., 'What would you suggest to a friend in a similar situation?'). Helper praises prior solutions made by client and encourage positive and safe coping mechanisms. Helper builds upon and strengthen client's existing coping skills to reinforce the client's ability and control to cope and solve problems.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "I will act as your client. While discussing one of my problems, you are exploring solutions and ways to help me cope. Your role is to understand how I have coped in the past and what prior solutions I have used or find ways in how I might solve similar problems with friends. You may start by asking about prior solutions."

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

Role-play features Helper asks about prior solutions (e.g., 'What have you done in the past for a similar problem?').

Role-play should "stop" once competency has been rated below OR 5 minutes has been reached.

Should *not* do

- Neglect or enforce harmful coping behaviours
- Judge or criticise client's problem-solving techniques

Should do

- Ensure client-focused solutions throughout treatment
- Explore client's prior successful solutions and coping behaviours
- Reinforce client's ability and control to cope and solve problems

14. PSYCHOEDUCATION AND USE OF LOCAL TERMINOLOGY

Helper clearly explains to the client any information about the client's problems (including antecedents and consequences), treatment plans/strategies that may help the client, and/or how to perform certain skills in relation to this strategy and problem. Helper conducts psychoeducation using local language and psychological concepts, including using the client's explanatory model (e.g., how s/he perceives the problem to have arisen—see item 4.3). Helper may also use a local case study example relating to client's problems to help explain. The helper uses local terminology and idioms of distress when explaining mental health and treatment, ensuring the use of non-stigmatizing language and checking with the client to see that s/he understands.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: “I will act as your client. After assessment and discussion, you discover I'm likely struggling with a form of depression. Your role is to explain what this means in local terms I can understand. Make sure to relate my symptoms with my explanatory model, and strategies that may help relieve my symptoms.”

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

Role-play features Helper explaining depression in local language and psychological concepts.

Role-play should “stop” once competency has been rated below OR 5 minutes has been reached.

Should *not* do

- Use stigmatising language
- Use technical jargon that client does not understand

Should do

- Clearly explain information about client's problems and strategies that may help
- Use local terminology, idioms, and concepts, including client's explanatory model
- Use a case study relating to client's problems and strategies employed

15. ELICITATION OF FEEDBACK WHEN PROVIDING ADVICE, SUGGESTIONS & RECOMMENDATIONS

Helper elicits feedback from the client when providing advice, suggestions, and recommendations. If client asks the helper for suggestions, helper may offer a few suggestions related to the client's problem and then ask for the client's feedback on those suggestions (e.g., ‘Was that advice helpful?’ ‘Is there something you might try differently?’). Helper may then offer clarification and reflection on the suggestions and recommendations discussed.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: “I will act as your client. I'm struggling to problem-solve and ask you to help with ideas. Your role is to offer a suggestion and get my feedback on the suggestion. I will start by asking you to help me.”

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

Role-play features “Client” asking Helper for suggestions to solve a problem.

Role-play should “stop” once competency has been **appraised by selecting one item** below OR 5 minutes has been reached.

Should *not* do

- Lecture client on what to do
- Give (potentially harmful) suggestions without explanation

Should do

- Elicit feedback from client when providing advice, suggestions and recommendations
- Offer clarification and reflection on suggestions and recommendations discussed

The following documents supported development of competency descriptions

- Kohrt BA, Jordans MJD, Rai S, Shrestha P, Luitel NP, Ramaiya M, Singla D, Patel V. Therapist Competence in Global Mental Health: Development of the Enhancing Assessment of Common Therapeutic Factors (ENACT) Rating Scale. Behaviour Research and Therapy. 2015;69:11-21. <http://dx.doi.org/10.1016/j.brat.2015.03.009>
- Barth RP, Lee BR, Lindsey MA, et al. Evidence-Based Practice at a Crossroads: The Timely Emergence of Common Elements and Common Factors. Research on Social Work Practice 2012; 22(1): 108-19.
- World Health Organization: Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity. Generic field-trial version 1.0. Geneva, 2016. <https://www.who.int/publications/i/item/WHO-MSD-MER-16.2>

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