

Competency descriptions and abbreviated instructions for standardized role plays

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

1. IDENTIFYING INTERPERSONAL FOCUS OF DISTRESS

Helper works with the client to determine and then maintain a focus on one of four main areas of distress (Grief, Disputes/Conflict, Life Changes, and Loneliness/Isolation). Helper continues to address this area and related symptoms throughout each session. Helper explains the connection between depression and interpersonal problem areas, deciding on one or two areas with the client that are contributing the most to depression (without labelling) and focus on those areas. Helper uses a technique, such as a timeline of depression and interpersonal events, to help link problem areas and decide focus. Helper works with the client to set goals for the counselling related to these areas.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: “Today I will act as a client who has completed the initial assessment and has agreed to do some counselling for their depression. Your role is to now work with the client to understand which problem area in life is most likely to be triggering their depression. When selected, work with the client to understand more, and explain to the client the relationship between the selected area and her/his depression.”

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

Role-play features Helper prompting problem areas when the depression started, e.g., “Think about when you first started feeling sad, when was that? What was happening in your life at that time?”¹

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

Should *not* do

- Blame client for depression/depressed feelings
- Tell client s/he has a problem
- Neglect discussing feelings or connections to any of 4 areas

Should do

- Explain connection between depression and interpersonal problem areas
- Use a technique (e.g., timeline of depression and interpersonal events) to help link problem areas and decide focus
- Decide with client one area that is contributing the most to depression (e.g., Grief, Disputes/Conflict, Life Changes, and Loneliness/Isolation) and maintain focus throughout sessions
- Set goals for the counselling related to this area

2. ‘SICK ROLE’

When culturally appropriate, Helper collaborates with the client and using client generated descriptions, explains the problems the client is dealing with (in culturally relevant terms and idioms), defining it as an illness or disease and emphasizing the importance of temporary relief of responsibilities and receiving help from others (e.g., ‘sick role’). Helper may use a metaphor to help explain the ‘sick role’ to help the client reduce self-expectations and expectations from others for typical daily functioning (e.g., ‘a broken leg needs to heal before running,’ or finding ways to explain to others why staying in bed is not laziness but depression—in local terms). Helper explains how relating to being sick, or in a ‘sick role’ helps to begin the recovery of depression and prompts seeking support from others during recovery. Helper encourages the client to not make any major decisions while s/he is depressed and to begin mobilizing support to help with ‘sick role.’

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts Helper: “I will act as a client who has completed the initial assessment and has agreed to do some counselling for their depression. Your role is to explain to the client about depression, describing it as an illness or disease and working with the client to understand their ‘sick role.’ Make sure to explain how this role helps in recovery.”

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

Role-play features Helper explaining the client’s depression in culturally appropriate terms.

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

Should *not* do

- Label client as ‘diseased’ without explanation
- Encourage major decision-making
- Encourage isolation

Should do

- Explain depression the client is dealing with, defining it as an illness or disease
- Emphasize temporary relief of responsibilities and importance of receiving help from others (e.g., sick role)
- Use a metaphor to help explain the ‘sick role,’ and how ‘sick role’ helps in recovery of depression
- Encourage client to not make any major decisions while s/he is depressed

3. ASSESSING RELATIONSHIPS

Helper uses an interpersonal focus, helping the client to explore the nature of his/her relationships and how they play a role in their depression (contributing or supporting recovery) to conduct an interpersonal inventory. Helper asks the client to describe one or more significant relationship(s), their corresponding satisfaction, the quality and expectations of that relationship(s), and how the client may want to see the relationships change (or which aspects to stay the same). Helper gets details and examples of the client's communication and/or behaviours with one another; e.g., *"Tell me about your life with your husband; Have you tried telling him how you feel; How did you say it, what did you tell him?"* Helper may structure this activity with specific techniques and/or tools to help track/ map out the client's interpersonal inventory.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "I will act as a client who is participating in IPT for their treatment. Your role now is to help me explore the nature of my relationships and how they may be contributing to my depression or supporting my recovery. Make sure you work to understand at least one significant relationship in my life and my feelings about it. Remember to explore ways of my communication and behaviour in this relationship. You may start by explaining to the importance of understanding my current relationships."

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

Role-play features Helper explaining the importance of understanding client's personal relationships.

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

Should *not* do

- Demand list of people that have hurt the client
- Focus only on client's negative interactions

Should do

- Explore nature of client's relationships and how it plays a role in their depression
- Ask the client to describe 1 or more significant relationship(s) and corresponding satisfaction
- Ask client ways s/he wants to see relationship change or stay the same
- Get details and examples of the client's communication and/or behaviours with stated relationships

4. USING A ROLE-PLAY TO BUILD COMMUNICATION SKILLS & IMPROVE RELATIONSHIPS

Helper works with the client to act out a recent conversation in role-play form to help client gain perspective on his/her interpersonal communication and behaviours. Helper explains to the client how re-enacting his/her conversation allows both the helper and client more insight into the mindset of both parties of the conversation. Helper ensures the client is comfortable with sharing/recounting their experience, and the Helper suggests having the client act out both sides of the conversation (e.g., "Let's say you're back at X place with X person, can you pretend to be X person and act out how they spoke with you?"; "Now, let's pretend I'm X person, I will repeat the last sentence you have just said, and if you could respond as you recall when the interaction happened."). Helper may also have prepared scripts in which a relatable scenario has occurred (e.g., argument with significant other), asking the client(s) to choose the place, and assigning roles to act as that person, reading the script. After the role-play, the helper and client discuss the different possibilities and outcomes of the conversation and ways for how the client can improve his/her interpersonal communication overall. To facilitate this discussion, the helper may also include a new, positive scripted ending to show how the interaction could be different.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "You are working with a client on improving their communication skills. Your role is to explain the value of acting out a role-play of past conversations [or a relatable scripted conversation]. Talk with the client about using a recent conversation s/he has had with another and suggest having the client act out both sides. Remember to discuss with the client afterwards what they might learn from the conversation and future interpersonal communications. I will act as the client, and you may start by introducing the goal of a role-play."

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

Role-play features Helper explaining the goal of the role-play to the 'client.'

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

Should *not* do

- Force client to do role-play
- Have client role-play with a distressful/ humiliating experience

Should do

- Explain to client how re-enacting conversations allows more insight into the mindset of both parties of the conversation
- Ensure the client is comfortable with sharing/recounting their experience
- Discuss different possibilities and outcomes of conversation and ways client can improve interpersonal communication

5. BUILDING COMMUNICATION SKILLS: COMMUNICATION ANALYSIS

Helper works with the client to resolve social problems through social skills training (e.g., providing constructive information, training, and feedback to improve verbal and non-verbal communication and interpersonal functioning), including through communication analysis. During communication analysis, helper reviews a detailed description of an interaction between two persons with the client and then break down the interaction, pointing out non-verbal and verbal communications. If using the client's personal interaction experience, ask the client to select an interaction that is most meaningful to (e.g., affecting mood the most), and walking through the interaction getting as many details as possible (e.g., asking, *'If I was there, what would I have seen?'*, *'What did you say to that?'*) This strategy should help the client to better understand how the content of the interaction and communications affect one and the other. Helper may introduce interpersonal skills during communication analysis (e.g., 'clarifying expectations,' or 'understanding the other person's point of view.').

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "Your role is to work with me, as the client, to build my communication and interpersonal skills. Using communication analysis, work with me to better understand the meaning of interpersonal interactions and how different communications may affect one another in an interaction. If applicable, teach me specific interpersonal skills as reviewed. You may begin by explaining to me how you will begin the communication analysis activity."

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

Role-play features Helper introducing communication analysis with x interaction.

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

Should *not* do

- Force client to review a personal interaction if s/he isn't ready
- Use a distressful interaction for the activity

Should do

- Review a detailed description of an interaction with the client
- If using client's personal experience, select the most meaningful experience and get detailed information
- Break down the interaction, pointing out verbal and non-verbal communications and how the interaction and communications affected both persons
- Check-in on client's understanding
- Introduce a skill the client may need to work on (e.g., 'clarifying expectations')

6. MANAGING PROBLEMS: DECISION ANALYSIS

Helper works with the client to resolve social problems, coming up with different options through the process of decision analysis. Helper finds a meaningful problem the client wants to work on that affects them, and focusing on this problem, brainstorm as many solutions as possible. Helper prompts the client with questions (e.g., *'What might your best friend try?'*, *'What are your options?'*). While doing so, Helper withholds judgement and encourages the client to consider all solutions and ideas while brainstorming, including those that may be not be effective or feasible. If working in a group setting, Helper encourages the other group members to help brainstorm solutions with the client. After, pros and cons of each of the solutions should be discussed including barriers to implementing solution(s), allowing for the client to select one or a combination of solutions which are most feasible to try that week.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "Your role is to work with me, as the client, to use a meaningful problem [x problem scenario] to work on. Brainstorm solutions to this problem and help me decide which solution I might try this week."

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

Role-play features Helper stating [x problem scenario] to/with client

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

Should *not* do

- Judge client (and/or group members when applicable) for 'silly' or ineffective solutions
- Give direct advice for solutions without client input
- Focus on unobtainable/unfeasible solutions

Should do

- Without judgement, brainstorm with client as many solutions as possible to a meaningful problem
- Prompt the client to support brainstorming activity; if in group setting, encourages members to help brainstorm solutions
- Weigh pros and cons of solutions, discussing barriers and supporting client to select one or a combination of feasible solutions to try that week

7. STRENGTHENING SOCIAL SUPPORT

[NOTE: do not rate communication skills here; they should be coded under Interpersonal Competency #4]

Helper works with the client to identify and elicit social support and strengthen social relationships. Helper helps client mobilize resources (thinking about what type of support they need right now to improve their functioning) and encourages the client to think about who amongst her/his family, friends and community can help her/him. Helper relates strategies and skills learned in Interpersonal Competency #4 to client's specific interpersonal goal (e.g., a depressed client wants to ask for help from her husband to talk to her family again. Helper would make a particular recommendation/action plan such as finding a good time to have the conversation with the husband). Other options include asking the client to join or form a support group (e.g., a pregnancy support group with local women) if helpful.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "I will act as your client. Your role is to help me strengthen my social supports related to my specific relationship goals. For example, if I'm having trouble asking my husband/wife for help to reach out to other family, you might find skills and a plan to help me ask my husband/wife."

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

Role-play features 'client' describing trouble asking a husband/wife for help, wanting to reach out to extended family.

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

Should *not* do

- Discourage social interaction
- Only mention emergency resources

Should do

- Help client mobilize resources for support to improve functioning
- Relate strategies and skills learned in Interpersonal #4 to client's specific interpersonal goal

8. ENCOURAGING INTERPERSONAL CHANGE BETWEEN SESSIONS

Helper works with the client to encourage interpersonal change between sessions by assigning practice and evaluating homework in follow-up sessions. Helper assigns activities to practice interpersonal change and communication skills either generally after the session and/or specifically in-line with the client's interpersonal change goals (e.g., helper guides client through skills-building or communication via role-play, then chooses a particular change in interpersonal communication or relationships and asks client to practice this strategy). In follow-up sessions, helper reviews with the client how the practice went, praising successes and collaboratively addressing barriers.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "I will act as the client. You have been working with me in IPT counselling for my depression. Your role is to encourage interpersonal change between sessions. Please select an assignment for me to practice at home. We will then pause and begin shortly again as if we were in the follow-up session."

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

Role-play features Helper assigning home practice, either on a general skill or specific to the client goals.

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

Should *not* do

- Discourage practicing skills at home
- Threaten/force client to practice at home

Should do

- Encourage interpersonal change between sessions
- Assign activities to practice interpersonal change strategies and communication skills at home
- If in follow-up session, review practice, praising successes and addressing barriers collaboratively

Acknowledgement.

These competencies were informed by research described in: Pedersen, G. A., Lakshmin, P., Schafer, A., Watts, S., Carswell, K., Willhoite, A., Ottman, K., van 't Hof, E., & Kohrt, B. A. (2020). Common factors in psychological treatments delivered by non-specialists in low- and middle-income countries: Manual review of competencies. *Journal of behavioral and cognitive therapy*, 30 (3), 165–186. <https://doi.org/10.1016/j.jbct.2020.06.001>

The following documents supported development of competency descriptions:

- Murray L, Dorsey S, Skavenski S, Metz K: Common Elements Treatment Approach (CETA) Counselor Manual (Adult): Lebanon. 2017. <https://www.jhsph.edu/research/centers-andinstitutes/global-mentalhealth/our-projects/by-intervention/>
- Singla DR, Kohrt BA, Murray LK, Anand A, Chorpita BF, Patel V. Psychological treatments for the world: Lessons from low- and middle-income countries. *Annual Review of Clinical Psychology*. 2017;13:149-81.
- Singla DR, Kohrt BA, Murray LK, Anand A, Chorpita BF, Patel V. Supplementary Material: Psychological treatments for the world: Lessons from low- and middle-income countries. *Annual Review of Clinical Psychology*. 2017;13(April):5.1-5.33.
- WHO: Group Interpersonal Therapy (IPT) for Depression Geneva, Columbia University; World Health Organization, 2016. https://www.who.int/mental_health/mhgap/interpersonal_therapy/en/
- WHO: Thinking Healthy: A Manual for Psychosocial Management of Perinatal Depression. Geneva, World Health Organization, 2015. https://www.who.int/mental_health/maternal-child/thinking_healthy/en/