

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.PSYCHOEDUCATION ON STRESS MANAGEMENT & RELAXATION

Helper introduces and explains how symptoms/feelings and/or stressors might affect a person's body, and, how stress management and relaxation techniques can help to bring comfort. When possible, the helper works with the person to identify the symptoms/feelings that are bothering them and explain how these symptoms/feelings may affect our bodies and create uncomfortable sensations (if person has not identified specific symptoms, the helper should offer examples of feelings and stressors and related physical discomforts). The helper reiterates that the physical body is safely reacting to the feelings, but if to the point of discomfort, learning different stress management and relaxation techniques might help the person relieve these commonly experienced discomforts. **Example:** *'You mentioned feelings of tension. Feeling tense can bring different types of uncomfortable sensations, such as breathing faster, feeling our stomach is tightened or in knots, bringing pain in our shoulders, or other experiences of discomfort. Today, we will learn different ways that can help ease those sensations.'*

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: "I will act as your client who has told you in assessment that I'm experiencing a lot of tension. Your role is to explain how my experienced feelings may be creating physical discomfort and what can be done to help those sensations.

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

Role-play features the "helper" identifying the client's feelings of tension and explaining commonly related physical sensations.

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

Should *not* do

- Criticise or judge client on any experienced symptoms or feelings
- Discourage or neglect ability to relieve symptoms and related physical discomforts
- Neglect that symptoms / feelings may be causing physical discomfort

Should do

- Identify a relatable discomforting symptom the client is having
- Explain how these symptoms/feelings can affect the body and how different techniques can be used to help relieve discomfort
- When needed, give examples of feelings and stressors with related discomforting sensations

2.IDENTIFYING PHYSICAL SENSATIONS & COPING MECHANISMS

Helper works with the person to explore and identify how feelings uniquely affect the person physically (the helper may use a drawing or image to facilitate identifying different sensations for the body). **Example:** “We discussed that tension may cause some to breathe faster or have pain in the shoulders. How does your own body feel when experiencing tension? Do you feel warmer or cooler? How does your stomach or neck feel? What does it look and feel like when you are not tense, and completely relaxed?” The helper ensures the person recognizes how feelings affect their body especially when difficult feelings or stressors occur. Then, the helper finds out what the person has done or is currently doing to cope with the uncomfortable feelings and sensations. Helper praises and encourages helpful coping strategies (e.g., walking, yoga, dancing), normalizes any unhelpful strategies (e.g., drinking alcohol, fighting, gambling) and clearly explains the difference between helpful and unhelpful coping strategies (e.g., ‘unhelpful coping strategies like drinking alcohol may seem to work short-term, but in the long term they can be more harmful to you or others’). If person cannot list any strategies, helper should explain difference between helpful and unhelpful strategies and offer examples while encouraging helpful coping.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts Helper: “I will act as your client. You have just explained to me how feelings might affect the body. Your role now is to support me in exploring and identifying how different feelings uniquely affect my body. Remember to discuss coping strategies.”

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

Role-play features Helper asking client how feelings uniquely affect her/his body.

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

Should *not* do

- Criticise or judge client on any described physical sensations
- Force client to identify only severe or traumatic feelings and related sensations
- Neglect to address negative coping strategies and/or reinforce negative strategies

Should do

- Support the client to identify how feelings affect the client physically, prompting with questions to help client explore different sensations
- Explore previous and current coping strategies
- Praise and reinforce helpful strategies and normalize harmful strategies
- Explain difference between helpful and unhelpful coping

3.INTRODUCING A NEW STRATEGY (THEN PRACTICE AND REPEAT)

Facilitator introduces and offers to work with the person on a new strategy for stress management and relaxation. *If/when the person accepts new strategy:* e.g., slow breathing. Facilitator introduces the strategy and ensures that the person does not feel the need to do it perfectly, explaining that the slow breathing takes practice. Facilitator encourages the person to try the strategy and help them find the best way to practice it according to their needs to relieve stress and discomfort. Using a soft, paced, and soothing tone of voice, the facilitator explains slow breathing to the person, then, the facilitator guides and practices the slow breathing with the person for 1-2 minutes, praising the person for practicing the strategy when they are finished. If the person is struggling or feeling frustrated or confused, or dizzy, the facilitator should stay patient and normalize and encourage the person (e.g., *‘It can be difficult the first couple of times, remember to keep on trying the slow breathing at your own pace, in a way that fits you best. Practicing is key.’*). If there is time, the facilitator should guide the person to practice the strategy a second time in the session.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts Helper: “As your beneficiary, I have just identified how my body feels when I am tense—Your role now is to introduce stress management and relaxation technique for coping with my tension and discomfort. You may start by introducing the technique.”

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

Role-play features Helper introducing the new technique and guiding practice with the beneficiary.

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

Should *not* do

- Force beneficiary to practice technique if beneficiary refuses
- Criticize or judge beneficiary on performance of technique
- Rush through the practice or use a loud or harsh voice
- Neglect to explain the technique or guide beneficiary through first practice

Should do

- Guide beneficiary by using basic helping skills after encouraging to relax
- Incl. ‘hand on stomach’, balloon metaphor, counting the breaths
- Ensure beneficiary doesn’t feel pressure for perfection, encourages beneficiary to have technique best suit her/him
- Normalize struggles and encourage beneficiary to keep practicing
- If time permits, practice strategy twice

4.CHECK IN & ENCOURAGE CONTINUED PRACTICE (ASSIGN HOMEWORK)

After helper has explained and guided client through Managing Stress, the helper should check-in with the client on her/his experience and ensure client is comfortable with the technique. If there is no discomfort, encourage the client to continue to practice this technique on her/his own regularly. The helper should work with client to find times and places that would be best for the client to practice the technique, addressing barriers and facilitators (including scheduling and use of reminders). Helper should remind the client to not feel pressured to be perfect at the technique and remind the client that practice helps. If client is returning for a follow-up session, helper should assign as homework and review with client upon return.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: “I will act as your client. We have just practiced Managing Stress. Your role is to check how I feel about the technique and to encourage me to continue practicing on my own. You may begin with checking in with me.”

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

Role-play features helper checking-in with client on experience of practicing Managing Stress, and helper encourages client to practice on their own.

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

Should *not*

- Neglect to check-in with client on experience
- Refuse to accept any negative experiences
- Discourage client from practicing

Should

- Check-in with client’s experience of Managing Stress
- Encourage client to keep practicing on her/his own outside of session
- Identify best times and places for client to independently practice (including scheduling and reminders)
- Address any barriers and/or facilitators to independent practice

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:

- Dawson KS, Watts S, Carswell K, et al. Improving access to evidence-based interventions for young adolescents: early adolescent skills for emotions (EASE). *World Psychiatry*. 2019
- Dorsey S, Whetten K: Lay Counselor Manual for Delivering Group-Based TF-CBT for Orphans with Childhood Traumatic Grief Symptoms: Pamoja Tunaweza (“Together We Can” in Kiswahili). 2013. <https://www.jhsph.edu/research/centers-andinstitutes/global-mental-health/our-projects/by-intervention/>
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- 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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