Supplementary Online Content

Rahman A, Hamdani SU, Awan NR, et al. Effect of a multicomponent behavioral intervention in adults impaired by psychological distress in a conflict-affected area of Pakistan: a randomized clinical trial. *JAMA*. doi:10.1001/jama.2016.17165

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1. Percentage change from baseline from hierarchical linear model analysis of primary outcomes

		Change (%) from baseline			
Primary outcomes	Visit	A	B	Difference in change (%) from baseline (95%CI)	p-value
HADS Anxiety	Post-Treatment	-39.74	-21.13	-18.62(-28.31,-8.92)	0.0002
	Follow-Up	-40.93	-22.32	-18.61(-26.98,-10.23)	<.0001
HADS Depression	Post-Treatment	-44.46	-12.42	-32.03(-47.57,-16.50)	<.0001
	Follow-Up	-43.66	-15.86	-27.80(-42.31,-13.29)	0.0002
HADS Total	Post-Treatment	-42.70	-19.96	-22.74(-32.03,-13.45)	<.0001
	Follow-Up	-43.51	-20.24	-23.27(-31.31,-15.24)	<.0001

Abbreviations. A = Intervention; B = Enhanced usual care; HADS = Hospital Anxiety and Depression Scales.

eTable 2. Summary results from hierarchical linear model analysis of primary and secondary end points
Multiple Imputation using SAS PROC MI and PROC MIANALYZE

End point	Comparison	Difference in LS mean (95%CI)	p-value
HADS Anxiety	A vs B at Post-Treatment	-2.93(-3.92,-1.95)	<.0001
	A vs B at Follow-Up	-2.76(-3.57,-1.95)	<.0001
HADS Depression	A vs B at Post-Treatment	-3.11(-4.21,-2.00)	<.0001
	A vs B at Follow-Up	-2.97(-3.75,-2.18)	<.0001
HADS Total	A vs B at Post-Treatment	-5.99(-7.83,-4.15)	<.0001
	A vs B at Follow-Up	-5.58(-7.07,-4.09)	<.0001
PCL	A vs B at Post-Treatment	-6.15(-9.08,-3.22)	<.0001
	A vs B at Follow-Up	-5.66(-8.23,-3.09)	<.0001
WHO DAS	A vs B at Post-Treatment	-5.16(-7.43,-2.88)	<.0001
	A vs B at Follow-Up	-4.12(-5.76,-2.48)	<.0001
PSYCHLOPS*	A vs B at Post-Treatment	-1.62(-2.46,-0.78)	0.0002
PHQ	A vs B at Post-Treatment	-4.23(-5.53,-2.92)	<.0001
	A vs B at Follow-Up	-3.46(-4.52,-2.41)	<.0001

Abbreviations. A = Intervention; B = Enhanced usual care; LS = Least Square; HADS = Hospital Anxiety and Depression Scales; WHODAS = WHO Disability Adjustment Scale; PCL = Posttraumatic Stress Disorder Checklist; PHQ = Physical Health Questionnaire; PSYCHLOPS = Personalized Outcome Profiles *assessed at baseline and 3-month post-treatment only.

eAppendix. Problem Management Plus (PM+) manual

PROBLEM MANAGEMENT PLUS (PM+):

Individual psychological help for adults impaired by distress in communities exposed to adversity

WHO generic field-trial version 1.0, 2016

Series on Low-Intensity Psychological Interventions – 2

Department of Mental Health and Substance Abuse
World Health Organization

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PROBLEM MANAGEMENT PLUS (PM+):

Individual psychological help for adults impaired by distress in communities exposed to adversity

PREFACE

There are tens of millions of people in the world who live in extremely difficult circumstances and suffer emotionally. Numerous people live in chronic poverty and live through hardships in urban slums, long-term humanitarian emergencies or in camps for displaced people. They may experience loss of family, friends and livelihoods and may confront extreme stressors such as violent deaths, sexual violence or missing relatives. They often live in communities that lack security, basic services and livelihood opportunities. The term “adversity” is often used to describe such difficult circumstances. People who experience adversity are at greater risk of developing mental health and social problems. They are at greater risk if being impaired by distress. As a result, a range of mental health and psychosocial supports need to be available, including psychological interventions. However, these interventions are rarely accessible to those who need them.

With this manual, the World Health Organization (WHO) is responding to requests from colleagues around the world who seek guidance on psychological interventions for people exposed to adversity. Our mental health Gap Action Programme (mhGAP) recommends a range of psychological and pharmacological interventions by non-specialized care providers. It recommends, for example, cognitive behavioural therapy (CBT) and interpersonal psychotherapy (IPT) for adult depression. In most countries there are mental health professionals who are expected to offer these psychological interventions. However, these professionals are scarce and too often are not trained in CBT or IPT. There is a need to develop psychological interventions in simplified form so that they can be quickly learned not only by professionals but also by people who are not mental health professionals. We often refer to these simplified, scalable interventions as “low-intensity psychological interventions”, in that their delivery requires a less intense level of specialist human resource use. It means that the intervention has been modified to use fewer resources compared with conventional psychological interventions. People with and without previous training in mental health care can effectively deliver low-intensity versions of CBT and IPT as long as they are trained and supervised. Also, people experiencing severe levels of depression can benefit from low-intensity interventions.

This manual describes a low-intensity psychological intervention called Problem Management Plus (PM+) for adults impaired by distress in communities who are exposed to adversity. Aspects of CBT have been changed to make them feasible in communities that do not have many specialists. To ensure maximum use, the intervention is developed in such a way that it can help people with depression, anxiety and stress, whether or not exposure to adversity has caused these problems. It can be applied to improve aspects of mental health and psychosocial well-being no matter how severe people’s problems are.

The value of PM+ has been confirmed through independent randomized controlled trials in Pakistan and Kenya.

I hope that you will use this manual, after necessary adaptions for your context, and share your feedback with us so that we can further strengthen future revisions.

Dr Shekhar Saxena

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Project coordination
The PM+ project is coordinated by Mark van Ommeren under the direction of Shekhar Saxena (Director, Department of Mental Health and Substance Abuse).

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Review
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CONTENTS

CHAPTER 1

BACKGROUND

The Problem Management Plus (PM+) Intervention

This brief psychological intervention for adults applies an approach that we call Problem Management Plus (PM+). In addition to 2 assessments sessions, sessions take place once a week for five weeks. All sessions are individual.[1] The intervention also allows for involving family or friends if this is what the client wants. The approach involves problem management (PM) (also known as problem-solving counselling or problem-solving therapy) plus (+) selected behavioural strategies. Hence the term PM+. In combining these strategies, this programme aims to address both psychological problems (e.g. stress, fear, feelings of helplessness) and, where possible, practical problems (e.g. livelihood problems, conflict in the family and so on).

PM+ aims to reduce problems that clients identify as being of concern to them. Given the briefness of this intervention, it will not deal with the full range of difficulties that someone may experience following adversity.[2] As a result, it may be best used in addition to other appropriate supports. The IASC (2007) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* describe other relevant supports and services applicable to emergencies.[3]

PM+ is useful for a range of emotional problems. It does not involve diagnosing mental disorders, even though it is likely to help people with mood and anxiety disorders.

Throughout the manual, we use the term “problem management” rather than “problem-solving counselling”. This is because clients are likely to face many problems that may be difficult to solve. For example, they may have little or no control over problems, such as war, communal violence or chronic poverty. By using the term “management”, we hope that helpers and clients understand that when problems are challenging to solve there may still be ways to provide relief from their impact.

This is a reference manual to be used with training and under supervision. It includes an Intervention Protocol (Appendix G) that guides helpers on how to carry out each session. The manual includes detailed descriptions of each strategy and how you can best introduce them to your client. However, reading the manual is not enough to learn the strategies. The only way of learning how to be a helper using this manual is through practical training and supervision. This needs to include:

(a) learning both basic helping skills and PM+ strategies;

(b) practising these skills and strategies through role-plays and with practice clients; and

(c) regular supervision when putting PM+ into practice with clients.

Who can use this manual

This manual is aimed at (a) professionals who have never been trained in these techniques before; (b) a wide range of people without professional training in mental health care (ranging from people with a degree in psychology but without

[1] WHO is in the process of testing a group version of this manual, called PM+ Group, which is also for adults. In addition, a version for young adolescents will be developed and tested.

[2] In communities with high levels of alcohol or other substance use problems, you may need to complement PM+ with brief interventions relevant for such problems.

[3] Following the terms used in the IASC (2007) Guidelines, PM+ involves “focused psychosocial support” (i.e. level 3 of the IASC intervention pyramid).

formal training and supervision in counselling to community workers and other lay helpers); and (c) trainers and supervisors of people who offer PM+.

This PM+ manual may be for you if you:

1. work in an organization that offers help to people affected by adversity;
2. have a genuine motivation to help others and are based in a work setting that allows you to spend enough time with your clients;
3. have preferably at least completed high school education;
4. have completed training in how to use PM+;
5. work in a team with others; and
6. receive continuing support and supervision from a trained supervisor. Ideally this should be a mental health professional thoroughly trained in cognitive behaviour therapy (CBT). If this is not possible, it should be someone who has extra training *and* practice both in the methods used in the manual and in carrying out supervision.

Training

Training of helpers who are not mental health professionals should involve classroom training and in-field training. The classroom training should be at least 80 hours (10 full days). This should be conducted by a mental health professional who is competent and experienced in all of the strategies included in PM+ (i.e. problem-solving therapy, stress management, behavioural activation and strengthening social supports).

Classroom training includes:

- information about common mental health problems (i.e. depression, anxiety, stress);
- the rationale for each of the strategies;
- basic helping skills;
- role-play (trainer demonstrations and trainee participation) on delivering strategies and basic helping skills. Towards the end of the training, one full day includes role-playing;
- helper self-care.

In-field training is required. Knowing the theory of PM+ does not make someone skilled in delivering it. Supervised practice strengthens helpers' knowledge of and skills in PM+ and is essential to build the necessary confidence. Following classroom training, at least two clients should be seen for five sessions (i.e. 15 hours) of supervised practice of PM+. The five sessions may occur over a two-week period (minimum). The in-field practice sessions should happen with clients with less severe presentations (e.g. not with severe depression) and under close supervision (1–2 supervision sessions per week). After training in the intervention, PM+ should be implemented under routine supervision. The frequency of supervision (e.g. weekly or fortnightly) depends on the skill levels of the helpers, which may change over the course of time.

Mental health professionals without formal clinical training in CBT may also seek to learn PM+. Their training should be completed in 40 hours (five full days), followed by two cases of closely supervised practice. Routine supervision (weekly or fortnightly, depending on skill levels of the helpers) should occur after training.

Supervision

Supervision is essential. Group supervision for 2–3 hours per week is a good model. It is helpful to limit supervision groups to six helpers per group. Supervisors should have experience in mental health care. They should have completed the PM+ training and an additional two days of training in supervision. All supervisors should have or should gain experience in delivering PM+ themselves.

Peer supervision and one-on-one supervision (e.g. in response to an urgent client issue or crisis) can be helpful additions to a group supervision model.

Supervision involves:

- discussion about clients' progress;
- discussion about difficulties experienced with clients or when delivering strategies;
- role-playing how to manage difficulties or to practise skills (to improve helpers' skills in PM+);
- helper self-care.

For more information about training and supervision, please refer to the PM+ Helpers' Training Guide (available upon request).

Structure of this manual

The manual has three main parts.

1. The first part describes:
    - Background to the manual (Chapter 1)
    - The PM+ Intervention (Chapter 2)
    - Basic Helping Skills (Chapter 3).
2. The second part describes each of the main parts of the intervention, which are:
    - PM+ Assessments (Chapter 4)
    - Understanding Adversity and the PM+ Intervention (Chapter 5)
    - Managing Stress (Chapter 6)
    - Managing Problems (Chapter 7)
    - Get Going, Keep Doing (Chapter 8)
    - Strengthening Social Support (Chapter 9)
    - Staying Well (Chapter 10).

3. The third part consists of the appendices, which include:

    - Assessment tools (consent procedures, pre-PM+, during-PM+ and post-PM+ assessments) (Appendices A, B and C)
    - Assessing and responding to thoughts of suicide (Appendix D)
    - Client handouts (Appendix E)
    - Case examples for imagining how to help others (Appendix F)
    - The Intervention Protocol (which is a *job aid* that describes the whole session-by-session intervention) (Appendix G).

Example dialogues

We have included example dialogues – which need to be adapted for the local context – throughout the manual and Intervention Protocol. It is important to follow them as closely as possible. This is because the scripts include all the information that you may need for the client to understand a particular strategy. However, reading directly from the dialogues is not ideal for building a good relationship with a client. You might find a more sensitive way of describing a strategy, and as a result moving away from the scripts can be acceptable. Also, you may want to include general examples when you are describing a common problem (e.g. as in Understanding Adversity) and how a particular strategy might be useful (e.g. Managing Stress to reduce anxiety). We suggest you use examples that are relevant and meaningful for the client and their problems.

Blue boxes describe how to work with challenging client presentations (e.g. people affected by sexual violence) and clients living in difficult situations (e.g. conflict settings). It is especially important that you familiarize yourself with the material in these boxes before working with more difficult presentations or in more challenging contexts.

Handouts

You can use the client handouts (Appendix E) as aids for when you are describing a particular strategy to your client. They can also be given to clients to remind them of what was discussed in the session. There is also a calendar you can use with clients to record when they will complete an action plan or activity.

Who is PM+ for?

As mentioned above, PM+ is for adults with depression, anxiety or stress who live in communities affected by adversity.

PM+ was not developed for use with the following problems:

1. a plan to end one's life in the near future;
2. severe impairment related to a mental, neurological or substance use disorder (e.g. psychosis, alcohol or drug use dependence, severe intellectual disability, dementia).

For clients presenting with acute needs and/or protection risks (e.g. a young woman who is at acute risk of being assaulted), it is advised that you respond initially with psychological first aid (PFA).[4] If appropriate, such clients may also receive PM+.

Chapter 4 on assessments explains how to assess for exclusion criteria and provides referral options.

What if the client has not improved by the end of the intervention?

You should discuss the client's progress with your supervisors. If you and your supervisor decide that a client has not improved enough by Session 5 (e.g. there is little or no change in emotional problems, such as mood, anxiety or stress), there are several options you may consider (see below). You and your supervisor may decide this either (a) between Sessions 4 and 5 or (b) after you have seen the client in Session 5.

1. Based on discussions with your supervisor, you may encourage the client to continue practising PM+ strategies independently and arrange to follow them up at an arranged time in the future (e.g. three months after Session 5). This would only be recommended if the client's level of distress is not severe and they do not have thoughts of suicide.

2. Based on discussions with your supervisor, you may refer the client to a (mental) health professional for assessment and further care. This would be recommended for clients in severe distress or with thoughts or plans of suicide at the end of PM+ or at the three-month follow-up assessment. This would also be recommended if the client has engaged well in PM+ but there has been little change to their distress.

3. Based on discussions with your supervisor, you may offer additional sessions of PM+, using the same strategies. For instance, a client who has taken longer to feel comfortable trusting you as a helper and begins to show improvement in later sessions may benefit from this option.

For most clients, it is important that they practise PM+ strategies on their own in their daily lives for a few months after completing PM+. Often, changes in distress and coping occur in this time after the intervention. So it is important to encourage clients to try to do this without further psychological assistance, if this is safe for them. It is also recommended that you arrange to follow up the client after a period of time, such as three months after completing the intervention. Therefore, if they are continuing to experience problems, they can receive further assistance then.

Cultural and local adaptations to this manual

This manual in its current form is the generic version of PM+.

You may need to adapt the manual for the local context to address a number of issues, including the following:

- correct and understandable translation into the local language;
- inclusion of local expressions and metaphors;

[4] You will need to know how to offer PFA, which takes one day to learn. See: World Health Organization, War Trauma Foundation and World Vision International (2011). *Psychological first aid: Guide for field workers.* WHO: Geneva; and World Health Organization, War Trauma Foundation and World Vision International (2013). *Psychological first aid: Facilitator's manual for orienting field workers.* WHO: Geneva.

- socio-cultural differences in how help should be offered (e.g. in someone's home versus a centre, helpers being or not being of the same sex as their clients, how to obtain consent, how to involve family members and how to discuss taboo topics with clients, such as sexual violence);
- appropriateness of the strategies. The setting of a humanitarian crisis may prevent you from delivering certain parts of PM+ exactly as they are described in this manual (for example, you should not select activities from Get Going, Keep Doing that put a client at risk of harm);
- legal differences in reporting suicide and child abuse;
- differences in terms of locally available resources (formal and informal) to protect people who are at acute risk of sexual violence;
- differences in social services, including protection services;
- differences in health systems, including access to care for mental, neurological and substance use problems in the general and specialist health-care system;
- adaptation of the pictures and images that accompany this manual.

Putting PM+ into practice

You need to take account of a number of important decisions:

- how to organize training and supervision;
- where to offer the sessions;
- how to identify potential clients;
- how to make initial and follow-up appointments with people;
- how to follow up with people who do not show up for planned appointments;
- how to monitor PM+;
- how and where to refer people who need more or different help.

CHAPTER 2

THE PROBLEM MANAGEMENT PLUS (PM+) INTERVENTION

LEARN What will you learn in this chapter?	SESSION What session does this chapter link to?	WORKSHEETS What worksheets link to this chapter?
•Get an overview of PM+ (e.g. structure of the intervention, order of strategies) •Learn a little about each PM+ strategy	•The whole intervention	•PM+ client handouts – Appendix E

Problem Management Plus (PM+) is the term used to describe the overall approach of this brief intervention. It combines the well-known strategies of problem-solving with certain behavioural strategies. The overall aim of PM+ is to build a client's ability to manage their own emotional distress and, when possible, to reduce their own practical problems. For this reason, the language we used is similar to training or coaching approaches, and PM+ avoids giving advice.

Every client will receive all of the PM+ strategies, in the order they are described in this manual.

PM+ strategies

The following is a brief description of all the psychological strategies that make up PM+.

Managing Stress (Chapter 6)

Teaching the client a brief stress management strategy will help them to better manage anxiety and stress. It can prevent states of extreme stress or anxiety by practising daily. It can help the person calm down at moments of stress. The strategy used is slow breathing. Although we expect slow breathing to be appropriate in most settings, effective local relaxation methods (e.g. techniques drawn from yoga) may also be used.[5] Managing Stress is introduced very early on in PM+ (Session 1). In addition, it should be practised at the end of every session.

Managing Problems (Chapter 7)

This is a strategy to apply in situations where a client is experiencing practical problems (e.g. unemployment, conflict in the family and so on). We refer to this strategy as Managing Problems. This is introduced in Session 2. You and the client will work together to consider possible solutions to the problem that is causing the client most concern. Jointly you can choose those solutions that are most helpful to influencing the problem and then plan a strategy to carry out these solutions.

Get Going, Keep Doing (Chapter 8)

[5] This is an issue for consideration when adapting the PM+ manual for the local socio-cultural context.

This strategy is aimed at improving clients' levels of activity (e.g. social activities or carrying out necessary tasks or jobs). Many clients who have reduced their activity are feeling depressed. Depression can look different in different people but often involves feeling easily tired, lacking energy and motivation, experiencing low mood, not enjoying activities previously enjoyed, and feeling hopeless or worthless. Often people can also experience different bodily complaints (e.g. they can get headaches or backaches). People with depression often stop doing things they used to do. Get Going, Keep Doing aims to increase the client's activity levels, which has a direct impact on their mood. This strategy is introduced in Session 3.

Strengthening Social Support (Chapter 9)

Individuals with emotional problems can be isolated from supportive people and organizations. Strengthening a client's social support (e.g. with trusted friends, family, co-workers or community organizations) promotes well-being. This strategy is introduced in Session 4. If the client appears to have good social support and is using it regularly, you may only need to encourage them to continue to do so. However, for other clients, you may need to spend some time discussing how they can strengthen their social support and help them develop a practical plan to receive more social support.

PM+ structure

PM+ is made up of five 90-minute individual sessions. It is recommended that you have the sessions once a week. However, you may need to see clients more or less frequently depending on their needs and the local context. Below you will find a chart of the entire intervention, including the main parts of each session. Next to each of these are suggested times for the average client. Unless there are specific reasons, we would encourage that, as best you can, you stick roughly to these indicated times so that you can cover all the strategies in enough detail in each session. What you should avoid is putting your favourite strategies into practice while ignoring others. However, there is some flexibility. For instance, a client with few practical problems but who experiences severe depression might need more time to understand and plan the Get Going, Keep Doing session compared with Managing Problems. So, it would be fine to spend more time on Get Going, Keep Doing. Thus, while PM+ is structured, with the support of your supervisor, we encourage some degree of flexibility to make sure that it fits your clients' main problems.

Structure of the sessions

At the beginning of each session, you will ask the client to complete the during-intervention assessment (Appendix B). You may use the client's responses from this assessment to discuss how they have been feeling and coping in general since the last appointment (e.g. in the last week). In this review, you might consider discussing generally how things have been. This will give the client the opportunity to talk about any positive experiences or difficulties that have arisen in the last week or so. You may also want to ask the client specifically about their symptoms of emotional distress to see if there has been any change in these (e.g. if the client's mood has improved or worsened in the last week). You may also consider discussing the practice tasks the client and you had planned for them to do between sessions (e.g. talking about their achievements and what they learned doing this practice, as well as any problems).

Before you begin introducing the core strategies for each session, you may choose to spend some time trying to solve or help the client manage any problems that have arisen during their home practice. Following this brief review, you may want to outline for the client what you will be focusing on in today's session (e.g. reviewing Managing Problems, introducing a new strategy to improve their mood, practising Managing Stress together).

At the end of each session, briefly summarize the agreed practice tasks the client is going to complete and give them any worksheets that might help them with these tasks. Always check that the client understands what is expected of them before the next session, and finally say goodbye and confirm when and where you will meet with them for the next appointment.

The Intervention Protocol (Appendix G) shows in detail what each session looks like.

Presence of family or friends during PM+ sessions

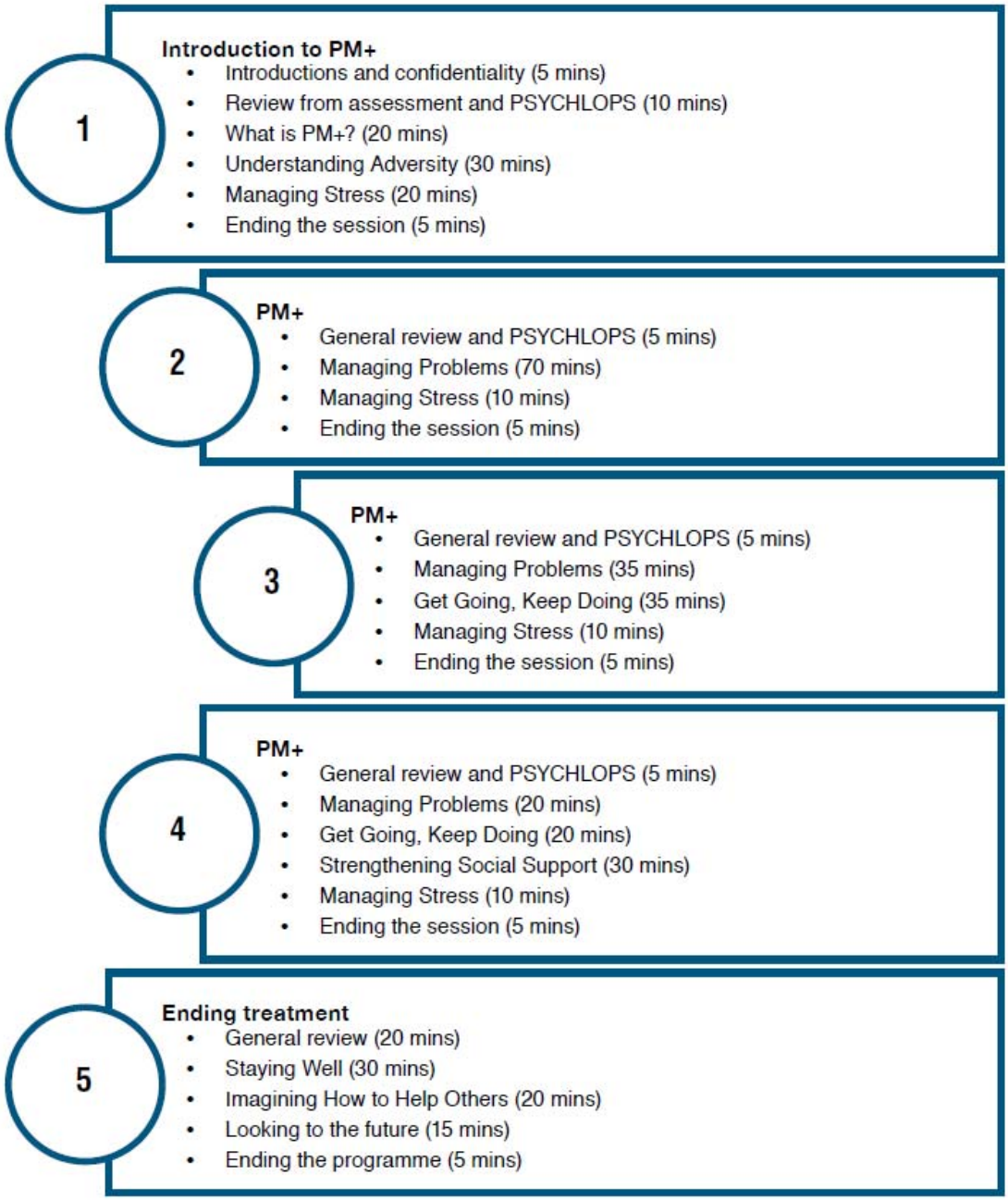
There may be times during PM+ when the client would like a trusted friend or family member to be with them. This can be very helpful for many clients, especially in helping them engage and practise strategies outside of the session. However, having extra people in a session can also be challenging. Some people might take over the session or be unhelpful (e.g. talking negatively to your client, criticizing PM+ strategies and so on). When other people the client trusts are involved in sessions, remember that you are not focusing on their problems. The role of the other person is to support your client with the strategies, such as Managing Stress and Get Going, Keep Doing.

In general, it may be very appropriate for a trusted family member or friend to attend all of Session 1 (after the PSYCHLOPS assessment[6] has been completed) to learn about the intervention and about the strategy Managing Stress. In addition, a trusted family member or friend may be invited to attend part of Session 3 to learn about Get Going, Keep Doing. In these sessions the person your client trusts can learn the particular strategies and might feel better equipped to support the client when they experience a future problem or become distressed. However, we would not expect this other person to act as the client's helper as they may not feel confident doing so.

We encourage you not to include family and friends in Managing Problems (Session 2 and parts of Sessions 3, 4 and 5). This is because the client might feel that they cannot talk about particular problems they are having with that person in the room. Similarly, you should consider the advantages and disadvantages of having family or friends present during any assessment when you hope the client can share personal information.

[6] The PSYCHLOPS is an assessment measure included in the pre-PM+, during-PM+ and post-PM+ assessments. See Chapter 4 and Appendices A, B and C for more information.

Chart: PM+ structure



In this chapter you learned

- About the PM+ Intervention, including some information on each strategy
- About the structure of PM+ sessions
- When to include trusted family members or friends

CHAPTER 3

BASIC HELPING SKILLS

LEARN What will you learn in this chapter?	SESSION What session does this chapter link to?	WORKSHEETS What worksheets link to this chapter?
•How to use basic helping skills to build good, trusting relationships with your clients •What to consider about the client-helper relationship •How to manage difficult problems that clients may present with	•You use these skills every time you speak with your clients	•None

Before covering specific PM+ strategies, we will discuss basic helping skills, which focus on communication in the sessions and building a relationship with your client. Building a relationship based on trust and respect is essential for all forms of psychological support. In fact, these basic helping skills are the groundwork for PM+. The formal PM+ strategies are unlikely to be successful without you always using these skills.

Respecting clients

You should have a genuine wish to help the client, be open to new ideas and have an interest in listening to other people. Overall, care should always be provided in a way that respects the dignity of the person, that is culturally sensitive and appropriate, and that is free from discrimination on the basis of race, colour, gender, age, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, sexual orientation, birth, or other status. These attitudes are important to form a relationship with your client. Without a good relationship, the intervention is unlikely to benefit your client.

Cultural, gender and linguistic understanding

Before seeing clients, you should have a good understanding of the local cultures within which you will be working. This is usually not a great problem if you are from the local community yourself or you have a similar cultural background. Nonetheless, there can be enormous differences within countries, regions and communities. Societies are complex and have many cultural groups and influences, and you may not always be familiar with each culture. This includes gender roles and expectations and various religious beliefs and practices of your clients. At times, you may need to learn more about a person's cultural belief system. You can do this by asking clients about their beliefs and the customs of their group, religion or culture. By asking these questions, you express respect for the possible differences and help reduce the chances that you are offending the client or missing important information.

There may also be times when you decide (with supervision) that it is important to challenge particular cultural beliefs or practices (e.g. “rape is the fault of the victim”, “beating the spirit out heals mental illness”) that are clearly harmful. You need to do this with extreme sensitivity so that the client is still willing to continue with the intervention.

Some clients may feel more comfortable working with a helper of the same gender. Where possible, you should arrange this. You may also consider the preferred language or dialect of the client. Again, where possible, clients should be matched with helpers who are confident speaking the relevant language or dialect.

Basic Helping Skills

To promote a healthy relationship with your client, there are a number of qualities and psychological skills that you should adopt and practise regularly. When reading through the description of these skills, try to think back to a time when a close friend or family member was thankful to talk to you about a problem they were having. It is likely that you used a lot of these skills while you were listening to them. These skills can be very natural and show clients that you are listening and willing to support them.

A. Confidentiality

Trust and confidentiality are important in your relationship with a client. A client needs 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 (e.g. in the case of sexual assault). However, it is also very important for the client to be aware of any legal boundaries to this confidentiality. For example, depending on the laws of the country and the protection and social services systems in place, you may have to break confidentiality and tell the appropriate agency or authority when a client appears to be at risk of of ending their life or of harming someone else.[7]

Ongoing supervision is another limit to confidentiality. Through supervision, you will be discussing your client’s problems and progress throughout the intervention with your supervisor and possibly a team of helpers. Supervision makes the most of the positive effect of the intervention and you should let the client know of this limit to confidentiality.

As part of confidentiality, it is important that all information about clients (e.g. their assessment results, personal details and so on) is kept in a safe and locked place (e.g. a filing cabinet).[8] This is also important for the assessment data that are collected at the beginning of each session each week.

B. Communicating concern

Communicating concern to your client is an important skill. Try to understand, as best you can, your client’s situation, including the emotions they are experiencing. At the other extreme, it is also important that you do not get too involved in the client’s feelings and take them on as your own. This can cause you to feel stressed and overburdened by your work.

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[7] This is an issue to consider when adapting this manual to the local context.

[8] One way of achieving confidentiality of information involves not adding personal details (the client’s name and contact details) on the assessment forms. Instead, you would use a special code to identify each client on these forms. You would then need to store all personal details of the client and their specific code in a separate document. You should keep this document separate from the assessment and intervention information in another (different) place that should be locked.

Statements that show concern include the following:

- *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.*

C. Non-verbal skills

Non-verbal skills also communicate to the client that you are listening to them and can also be a way of communicating concern. These include maintaining culturally appropriate eye contact, culturally appropriate nodding of your head and, in most cultures, keeping your posture open (e.g. avoiding crossing your arms and sitting with a stiff position or turning away from the client). Sometimes showing emotions similar to those of your client shows that you are hearing what they are saying. 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", "okay", "I see" and "mmm". It is important to remember that there can be wide cultural variations to all of the above.

D. Praising openness

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

Some examples are shown below.

- *Thank you for telling that to me.*
- *You were very courageous in sharing those intimate feelings with 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: e.g. Y*ou double happiness and halve sorrow by sharing what's on your mind*.

E. Validating

Many clients will feel embarrassed talking about their problems with a stranger. They might think that 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 clients might even blame themselves for how they feel. It is important that throughout the intervention you help the client to dispel these myths. You can do this by normalizing the client's problems by helping them understand that many other people experience the same reactions, and difficulties. This is "validating"

their problems, which means that you are letting them know that their reactions are understandable. This is a very good way of communicating concern too. However, we recommend that you do not tell the client you know what they are going through. Although you might be trying to validate their experience, it can have the opposite effect for clients, as they may not believe you.

Some examples of validating are shown below.

- *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 for people to have in these situations.*
- *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.*

F. Putting aside your personal values

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

G. Giving advice

You should generally not give advice to clients. Giving advice is different from giving your client important or helpful information (e.g. about legal services or other community organizations that might be helpful). Giving advice means telling a client what to do or what not to do (e.g. do not talk to your husband about this).

All helpers will feel tempted to give advice at some time. This is a very normal temptation. For example, a client who is feeling 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 client what solutions would be good to try. But you should avoid giving direct advice. If the client 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 PM+ intervention.

One strategy that can be helpful to use in situations where you are very tempted to give advice is asking the client what they would suggest or say to a close friend or family member who was in a similar situation. For instance, a client 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 and that their thoughts are too negative, 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 client to think about their concerns and behaviours from a different viewpoint, without you directly telling them to do something different.

There are **two** exceptions to this rule about giving advice.

1. When delivering PM+, you will be advising clients to become more active, seek social support and practise stress management, as these strategies are part of PM+.

2. When you are teaching the strategy Managing Problems, your aim is to help the client decide how helpful the potential solutions are in managing the problem. At this stage, the client may have a number of obviously unhelpful solutions (e.g. solutions that cause problems for their emotional or physical health, harmful or illegal acts and so on). You will need to help the client consider whether solutions are helpful or unhelpful. To discourage the client from focusing on an unhelpful solution, you can ask what they would have advised a close friend or family member experiencing a similar problem to do (e.g. *"Would you have advised them to use this solution?"*). If the client continues to focus on a solution that is obviously unhelpful (e.g. getting drunk, doing something illegal), you may be direct and identify these solutions as unhelpful. It will be important for you to give good reasons why the solution is not considered helpful (in other words, by commenting on the problematic or harmful consequences), but these should not be related to your values.

The client-helper relationship

A. The role of the helper

For some people, seeing a helper may be likened to admitting weakness. Because of this, they may have a difficult time getting involved in the intervention as a whole or parts of it. Others may see you as someone similar to a doctor or a traditional healer, and expect to be "fixed" or "healed" by you. It is important that throughout PM+ you normalize the client's feelings as well as educate them about your role.

In PM+, we encourage you to liken your role to that of a teacher (see the end of this section for some alternative metaphors).

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. I am going to teach you about some important and helpful strategies, but ultimately you are responsible for practising those strategies. I cannot do them for you. You might compare your everyday life to the exam a child 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.

Similarly, you should also emphasize to the client that you are both "experts" in the room. You may want to use a locally adapted example. You are the expert on emotions and how you can detect and reduce poor emotional well-being. The client is the expert on their own life, about which you will only know a little. The client is also the expert on their particular type of problem and how it affects their life. The aim is to bring together the two types of expertise. This is important for building the confidence of the client and dispelling any myth that your task is to "fix" the client's problems.

Alternative metaphors to explain the helper-client relationship

- **Adult education metaphor:** PM+ is like teaching an adult a new skill, such as using new agricultural equipment or a technique. The teacher will give all the information so the trainee can use the new equipment or strategy. But it is the trainee who will have to apply the new equipment or strategy on their own land, without the teacher being there.

- **Medical metaphor:** Although the doctor does a lot to help heal a physical disease by giving you recommendations for treatment, it is the patient who is ultimately responsible for their own recovery. They need to follow the treatment recommendations, which might involve avoiding particular types of food, taking medication or using various ointments. The doctor does not do these things for the patient, but teaches them how best to follow these recommendations and supports the patient. This is the same with a helper. You might explain, *"I will give you some recommendations to improve your emotional well-being and life situation, and will train and support you in applying these strategies, but you are responsible for practising them and applying them in your everyday life."*

- **Sports coach metaphor:** A coach's role is to teach and support an athlete's exercise programme. However, the coach does not run the race for the athlete. The athlete is responsible for following their coach's instruction and advice about training. The same relationship applies with you and the client. Your role is to teach the client the strategies and coach them as they practise the strategies in real life. But the client must ultimately use them in their everyday life. You cannot do this.

B. The reluctant client

Some clients will initially feel hesitant about talking to you. This may be for a range of different reasons, such as:

- lack of trust;
- mental health problems being taboo;
- psychological counselling being unknown in the culture;
- a lack of understanding or misperceptions about what PM+ actually is;
- a lack of understanding of your role as a helper;
- being forced to attend PM+ by a family member;
- feeling embarrassed about the experiences they have been exposed to;
- feeling embarrassed about how they are coping now;
- gender issues, such as speaking with someone of the opposite sex about personal things;
- topics that are a sexual taboo.

You may find that with time and consistent use of the helping skills described here, many clients will begin to relax and open up. However, some clients may remain quite reluctant or shy. As a helper it is important that you discuss this with your supervisor. You should respect the fact that the client may not be ready to be completely open at the time of receiving PM+. There may be unknown reasons that contribute to this, and you may never know these reasons. These clients can be

somewhat challenging to talk with, as they may not give you a lot of information. While you may want to gently and respectfully encourage clients to talk, you should never pressure them. This is especially true of clients with a suspected history of having experienced sexual assault or torture. It is important for you to show a readiness and openness to listen if they want to share private information about their distressing experiences, but the decision is entirely up to them. If a client refuses to talk further about a topic, it is important to your relationship with them that you respect this.

For instance, you may 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.

Or, you may find that a client appears very distressed while discussing a particular topic, but has not said that they do not want to talk about it. In this situation, you may want to say that it is okay to stop talking about this topic if they prefer that. Some clients may believe that there is an expectation that they have to do everything you suggest, including talking about sensitive and personal topics.

For instance, you may 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 okay.

C. Physical contact

In some cultures using physical touch, such as laying a hand on a friend's knee to offer support, is very acceptable. In other cultures, physical touch is not appropriate. You should be aware of these cultural differences and try to respect them. In general, we would encourage you not to use physical contact or touch to express support and concern to clients. This avoids any problems associated with clients misinterpreting the meaning of this contact or feeling uncomfortable as a result.

D. The setting

You should try to find a private, comfortable setting in which to carry out sessions with clients. Give clients the opportunity to ask for particular settings to meet. If this sort of setting is not available, discuss this with the client and agree on another solution. This may mean that at times when you cannot make sure there is privacy, you should avoid discussing intimate issues.

E. Managing your own distress

Listening to and working with people who have experienced a lot of adversity can be tiring and even distressing for some people. It is not uncommon for helpers to feel affected by or even overwhelmed by repeatedly hearing about adversity. To prevent feeling overwhelmed or even experiencing excessive feelings of distress yourself (e.g. stress, low mood, anxiety, anger, hopelessness and so on) you should consider the following:

- Speak with colleagues and your supervisor regularly.

- Schedule adequate breaks between clients (breaks might include talking with your colleagues, doing some slow breathing or a similar strategy to manage stress yourself, or doing an enjoyable activity).
- Ask for help (e.g. talk to your supervisor) if you are experiencing distress or you find that your work is bothering you when you are doing other tasks (e.g. thinking repetitively about a particular client when you are trying to sleep).

Challenging presentations or contexts

1. Sexual assault and other forms of intimate traumatic experience

Helping people who are survivors of sexual violence or other forms of what we label here "intimate forms of traumatic experience" (e.g. sexual violence, torture and severe domestic violence) needs extra sensitivity, for four reasons:

1. The survivor may not be safe, and the experiences may reoccur.

2. The psychological experience of these events is usually extremely threatening or horrific. The survivor may experience traumatic stress and may seek to avoid reminders of the event.

3. These events are often private and culturally taboo, making it difficult for survivors to share them and get support.

4. Survivors can face stigma and rejection from their family or community if it becomes known what has happened to them.

When survivors of other forms of adversity share their experiences with you, they often feel "validated" (in other words, you will show you understand that a traumatic experience has taken place). But survivors of intimate forms of traumatic experience are too often denied this validation, because they do not speak about it, are pressured to stay quiet or are simply not believed. Worse, their sense of dignity is further undermined when people joke about what has happened to them or blame them for it. Any rejection by family or community members is likely to cause further suffering (e.g. poverty). In many societies, the situation can be made worse when clients openly discuss sexual violence. So, when a client shares their story of an intimate traumatic experience with you, they are showing great courage in doing so. You need to be extra sensitive in your response to this. Your confidentiality is essential.

The needs of survivors of sexual violence are many. They will probably also suffer social, legal and physical health problems. You should let them know about other services and support for these other needs.[9]

This manual does not provide specific trauma-focused psychotherapeutic strategies. Instead, it gives you helpful general strategies that can be safely provided by helpers who have received brief training. In many cases, these general psychological strategies should help your client a lot. In other cases, clients presenting with these issues will need advanced treatments that are beyond the scope of this manual. For many clients, these events may not be revealed to you because of the personal nature and stigma possibly attached to them.

Whenever clients choose to tell you information about intimate forms of traumatic experience, it is very important to show a willingness and openness to hear their story. As mentioned earlier, this is because clients are often denied the opportunity to have their story heard and validated. In many communities, people will falsely blame them for the events they have experienced or think negatively about them as a result.

[9] See IASC (2015). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. Geneva: IASC.

When a client talks about intimate forms of traumatic experience, it is essential that you show genuine concern and remember to apply all the basic helping strategies. However, do not try to jump in immediately to offer the intervention strategies. The client may not experience this as validating. The strategies in this manual still apply, but it is important that you show respect, listen and praise the client for their courage in telling their story. One way of doing this is to go at a slower pace when listening to the story being told, using all the basic helping skills referred to previously in this chapter. Once you believe the client has been heard with respect and dignity, you may slowly move into the more active helping role and apply the appropriate strategies suggested in this manual (e.g. Managing Stress and so on).

What should you do when you think your client may have a history of sexual assault?

Sometimes you become aware of information (e.g. rumours in the community) that suggests that your client has been sexually assaulted. However, your client does not share this information with you in the session. This is a very challenging dilemma. It is very important that you do not immediately assume that sexual assault has taken place. Get supervision when you are in this situation.

When you think that a sexual assault may have happened recently and you are concerned about the client's ongoing safety, you may believe that it is best to ask the client about it. If you choose to do this, it is very important that you do so in a gentle and respectful way. For instance, you may say:

There is something that I would like to talk with you about. I don't want to make you uncomfortable or embarrassed at all. But I am concerned about your safety and I want to make sure you are okay. It is entirely your decision whether you want to talk to me about it or not, okay? Please don't feel pressured to talk about something you feel uncomfortable about. I am concerned that people have recently done things to you against your will and that you are still at risk of this happening again. This is something that does happen to a lot of women and men and it is not their fault that it happens. I am definitely not going to judge you if this has happened to you. Remember that aside from my supervisor I will not tell anyone about this if it has happened to you. But if this has happened and you feel okay talking with me about it, I encourage you to do so. This way I might be able to do something to help you stay safe or cope with having been through something so horrific.

If you think that the sexual assault is not in the recent past (in other words, it happened years ago), it is probably unnecessary for you to bring this up with the client. However, it may be helpful for the client to know that you are comfortable talking about these topics confidentially and without judgment. If you believe it is appropriate, you may want to use examples when you are describing a common problem (e.g. as in Understanding Adversity) and how a particular strategy might be useful (e.g. Managing Stress for anxiety). In providing examples, you may make an effort to use examples about sexual assault. This may send a message to your client that you are comfortable talking about such a difficult and taboo topic. This might help the client open up later to you about the sexual assault.

However, in all cases you should respect the client's decision not to share information about sexual assault if they do not wish to.

2. Conflict settings

In communities facing conflict, many people may be fearful of security forces, of armed opposition groups, of authority figures and sometimes of other people in the community. In some cases, you might realize that clients find it difficult to trust you as a helper. They might find answering questions in the assessment very stressful. At all times, you should respect

your clients' decision not to be open or to tell you personal details. You should also expect their story to change over time. This is not because they are lying to you.

Building trust and using basic helping skills will be very important in conflict settings. Supervision will be especially helpful for you when working in these situations. In particular, discussions may be needed about how to introduce PM+ into the community as well as to your clients.

In this chapter you learned

- How to consider cultural, gender and linguistic differences in clients
- Basic helping skills to build strong helper-client relationships
- Managing and responding to difficult problems and situations

CHAPTER 4

PM+ ASSESSMENTS

LEARN What will you learn in this chapter?	SESSION What session does this chapter link to?	WORKSHEETS What worksheets link to this chapter?
•About the different assessments •How to carry out the necessary assessments •How to assess and respond to clients with plans to end their life in the near future	•Before (pre-intervention) and after (post-intervention) PM+ and at the beginning of every session (during-intervention) •Allow 60 minutes for the pre-PM+ assessment and 5 minutes for the during-PM+ assessment.	•All assessment protocols – Appendices A, B and C •Thoughts of suicide – Appendix D

When will you complete assessments?
There are three types of assessment:

1) pre-PM+ assessment: this happens before you start PM+ with a client (Appendix A)
2) at the beginning of every PM+ session: this is a brief assessment to monitor a client's progress (Appendix B)
3) post-PM+ assessment: this happens within a few weeks of the client completing PM+ (Appendix C).

You may also arrange to follow up your client several months after they have completed PM+. This would be a good opportunity to check on their progress. You may decide to use the same assessment questions as in Appendix C to guide this follow-up or you may prefer a less formal check-in.

Why do an assessment?
Doing an assessment before PM+ is very important. It gives you an opportunity to:

- meet your client;
- hear your client's story;
- decide if a client is suitable and ready for PM+;
- gather specific information about their practical and emotional problems to help you prepare for PM+.

Completing assessments during and after PM+ is helpful to monitor your client's progress and better support their emotional recovery. Clients may not improve immediately. Knowing this from the assessments done at the beginning of every session will help you and your supervisor decide how to improve the care offered.

How to do an assessment

Good assessors will always use their basic helping skills. Make sure you use the skills described in Chapter 3 (Basic Helping Skills) when doing an assessment. Some important things for you to consider include the following:

- Use simple and clear language.
- Make sure you speak appropriately for the client's age, sex, culture and language.
- Be friendly, respectful and non-judgmental at all times.
- Respond sensitively to private and distressing information (e.g. about sexual assault or self-harm).

Steps to follow to complete an assessment

1) *Introduce yourself.*

2) *Tell the person the reason for the assessment and what will happen.*
   - Tell them:
     - the assessment is to find out if PM+ might be helpful for the type of problems they are having;
     - you will be asking them to talk about some of their difficulties;
     - you will be asking them specific questions about their problems and feelings;
     - it should only take one hour.
   - Tell clients they should not feel forced to share personal information if this makes them feel uncomfortable:
     - *I will ask you a lot of questions. I hope that you will feel free to answer. If you are uncomfortable with some of what I ask, please tell me. Please answer only what you feel most comfortable with. I recognize that it can be difficult to speak to a new person about your problems and experiences.*

3) *Tell them about confidentiality.*
   - Make sure that clients understand what information will be kept private and who this information will be shared with:
     - All information is kept private unless the client gives you permission to share it with someone else.
     - All information will be shared with your supervisor so they can make sure the client is being looked after and receiving the best care.
     - During assessment or PM+, if the client is believed to be at risk of ending their life or harming someone else, or they tell you about child abuse (e.g. physical or sexual abuse or neglect), you will have to let someone know,[10] even if the person does not consent to this.

Before we begin today, I want you to understand that everything that is discussed in our sessions will be kept private. I will not be able to talk with any of your family or other people about you or what goes on in these sessions without your permission.

However, there are some limits to this privacy that I want you to understand. If I am very concerned that you are at risk of ending your life or harming someone else, I will talk with you about how we can come up with a plan to keep you and others safe. This will usually mean that I need to talk with my supervisor and try to get you the best kind of help. (You will need to adapt this according to the laws of the country.) *This is because my role is to care about your welfare and safety.*

[10] An appropriate response to thoughts, plans or attempts of suicide will depend on national laws and local resources, and you should take this into account during the adaptation phase. In all cases, the supervisor should be contacted immediately.

I will also be speaking regularly with my supervisor about your progress. This supervisor has received special training in helping clients with emotional problems and they will be making sure that I am giving you the best care.

Does this make sense to you, or do you have any questions about your privacy?

4) Give brief information about PM+.

- Tell clients that PM+:
  - can help adults with practical and emotional problems;
  - is an individual intervention (they will meet with you on their own);
  - happens once a week for five weeks.
- Make sure the client knows what PM+ is *not*:
  - Clients will not receive any materials, money or medication.
- Be very honest about what the client will and will not receive from PM+.

5) Begin the assessment.

- Ask all the questions as they are written in the pre-PM+ assessment protocol, including the before-intervention version of the PSYCHLOPS (Appendix A).

Assessments at the beginning of sessions

At the beginning of every PM+ session you should complete the during-intervention version of the PSYCHLOPS assessment (Appendix B). This is a brief interview (requiring 5–10 minutes to complete) and gives you an idea of how your client is progressing. You can use the client's responses to the PSYCHLOPS assessment to talk further about the past week and their home practice.

Monitoring plans to end one's life

In the weekly PSYCHLOPS assessment, you will also be monitoring thoughts of suicide of some clients:

1. clients who express having suicidal thoughts at the pre-PM+ assessment;
2. clients whose mood is very low (who score a 4 or 5 on Question 1.4 of the PSYCHLOPS during-intervention version).

By monitoring clients' thoughts of suicide, you can help them receive the type of care they need. For instance, a person who has a plan to end their life in the near future needs urgent care to keep them safe, and PM+ would not be suitable for them at this time. PM+ will also not be enough for a person who has made a suicide attempt during the intervention because the person will need more specialised help. Clients who have thoughts of suicide but do not plan to carry out this act can be helped through PM+.

Assessment of thoughts of suicide[11]

You will have to ask the client direct questions about suicide throughout the assessment and intervention. You will need to follow the assessment questions as they are written. You will need to decide whether the client has a plan to end their life in the near future and respond appropriately.

[11] Printable guidance with the same information is also included in Appendix D. Helpers are encouraged to bring photocopies of this to sessions so they feel confident about responding appropriately to clients with thoughts or plans of suicide.

Throughout the intervention, you will need to monitor the clients thoughts of suicide in the during-intervention assessment and respond appropriately to help keep them safe.

Many people avoid asking direct questions about suicide even if they suspect a person has these troubling thoughts. This is often because they are afraid that talking about suicide will put ideas in the other person's head and that if they had not considered suicide previously, they might now. This is a very common but **incorrect belief.** And unfortunately one of the upsetting consequences of keeping silent about suicide is that the person suffering from these thoughts will remain alone and without support. So, as a helper, it is important for you to feel comfortable talking openly about suicide and to show your client that you are not shocked by anything they might say. Lastly, because suicide can be such a sensitive topic, it is important that you put aside any personal beliefs you might have about suicide and communicate very clearly that you do not judge the client for their thoughts, plans or any previous attempts. This can be challenging.

Guidance when assessing thoughts of suicide in clients

Ask direct, clear questions:

- Ask the questions as they are written in the assessment.
- When asking questions about suicide, avoid using less direct words that could be misunderstood.
- Direct questions help clients feel that they are not being judged for having suicidal thoughts or plans or having made attempts in the past.
- Some people may feel uncomfortable talking with you about suicide, but you can tell them that it is very important for you to clearly understand their level of safety.
- Asking questions about suicide will not put ideas in a person's head to end their life if they had not thought about this before.

Responding to a client with a plan to end their life in the near future:

- Always contact your supervisor.
- Create a secure and supportive environment.
- Remove means of self-harm if possible.
- Do not leave the person alone. Have carers or staff stay with them **at all times**.
- If possible, offer a separate, quiet room while waiting.
- Attend to the person's mental state and emotional distress with your basic helping skills.

Challenges during assessment

The following scripts can help you to manage people in need of additional attention during the assessment.

1) When a client is shy or reluctant to share information

It is important to respect the client at all times. If they appear to be nervous or uncomfortable about sharing information, do not pressure them to tell you personal information.

It can also be helpful to let the client know at the beginning that they do not have to answer your questions. It is important for the client to feel in charge of the session and not feel forced to provide information if they feel uncomfortable about doing so.

If you don't feel comfortable answering any question I ask you, you don't have to answer. Just share with me what you are comfortable with.

2) *When you need to stop a client from talking*

There will be times when you need to redirect a client who might be talking a lot about a topic that is not relevant to the assessment or if you need to get some specific information you do not have. It is important that you display warmth when prompting a client to move on.

The following dialogue is a suggestion for how you might sensitively change topics.

It sounds like you are faced with a lot of difficulties at the moment. One thing I am most interested in hearing about at the moment though, is (ask next question) …

Sometimes you may need to be a little more direct with a client, especially if you are running out of time. It is important that you still communicate concern and warmth when doing this. For example:

I am very interested in hearing about this, but I do not want to run out of time. I still have a number of questions I need to ask you. Would it be okay if we went through those now and with the time we have left we can talk about these other concerns you have?

In this chapter you learned

- About each of the different assessments you will conduct
- How to conduct a psychological assessment
- How to monitor and respond to clients with plans to end their life in the near future

CHAPTER 5

UNDERSTANDING ADVERSITY AND THE PM+ INTERVENTION

LEARN What will you learn in this chapter?	SESSION What session does this chapter link to?	WORKSHEETS What worksheets link to this chapter?
•How to motivate your clients to take part in PM+ •How to give your clients information about common reactions to adversity	•Session 1 •Allow 20 minutes for "What is PM+?" education •Allow 30 minutes for "What is Adversity?" education	•"Good and Less Good Reasons" table (example in Chapter 5)

Helping the client to understand and participate in PM+

You need to give the client a brief overview of what the intervention will be like and what you expect from them. It is important that you are warm in your delivery so you do not come across as strict or controlling, particularly when talking with the client about the importance of their attendance. However, you also want to emphasise to the client the importance of taking part in the intervention and that it is only effective if they attend and make the most of their time.

In PM+ we will work together to learn some strategies that can help you to overcome the difficulties you have told me about today. Including today's session, there are five sessions. Sessions will happen once a week and will last up to 90 minutes. In these sessions I will teach you the different strategies and we will have time to practise them as well. Between our meetings I will encourage you to practise these strategies so you can start making changes to the problems in your life and learn how to become your own helper.

The strategies I will teach you will help you reduce and manage the problems you have told me are causing you the most distress (say what these problems are for the client). *I will teach you strategies to help manage practical problems, improve your activity, reduce your feelings of stress and anxiety and improve your support. Each of these strategies has been found to be very helpful for people in situations similar to your own.*

It will work best if you come to every session for the next five weeks. I understand that it can be difficult to come to sessions if you are feeling very anxious or depressed, or maybe you are physically unwell or you

have family or community obligations. I would like to make an agreement with you that you will talk with me about this[12] instead of not showing up or avoiding sessions. This is because 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?

(If the client has said that they may have problems coming to all the sessions, spend some time managing these problems – e.g. choose a better location, time, day and so on.)

Good and less good reasons for joining PM+

Ask the client **one or two questions** from the table below. This will help them think about the good reasons for joining PM+ and the less good reasons for joining. This discussion should last only 10–15 minutes.

If clients are literate, you can write their responses down on the table (which you draw on a separate piece of paper) and give them the completed handout to keep. For illiterate clients, you can still write down their responses so you can keep the handout and discuss it with your supervisor. After asking these questions, summarize the client's responses and emphasize the reasons they have stated why PM+ will be helpful for them.

If the client is still not certain about taking part in PM+, talk further about their concerns. Some of these concerns might actually be incorrect beliefs that you can easily deal with. For other clients, it may be obvious that taking part in PM+ now will be too demanding and may cause them extra problems (e.g. significant time away from children or work, or their other community obligations are too great, and taking part in PM+ may actually increase their stress).

During the intervention, the client's motivation to continue with PM+ might change. At any time, you can return to this table and talk about the good and less good reasons for staying in PM+.

The client should not feel judged or guilty if they decide they cannot commit to PM+. You should also encourage them to contact you again if they decide at a later stage that they would like to take part in the intervention. Just because they have refused the first time does not mean they cannot come back later.

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

Good Reasons to Join PM+ (Advantages)	**Less Good Reasons to Join PM+ (Disadvantages)**
"Lots of people have benefited from this intervention."	*"I also understand that it can be challenging for some people to join an intervention like this."*

• 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?
  o Household tasks (e.g. cleaning, cooking)
  o Self-care (e.g. getting out of bed, washing yourself, getting dressed)
  o Pleasant activities (e.g. spending time with friends, embroidery, rearing poultry)
• If your emotional problems decrease, how might this be good for other areas in your life?
  o E.g. your relationships, your work, your other duties
• How might your everyday life look if your emotional well-being improved?
	• 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?
	
	Examples:
	• 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

Alternative uses for "Good and Less Good Reasons" table: responding to suicidal ideation

During PM+, some clients might have thoughts about ending their life, but they do not have plans to do this in the near future. The "Good and Less Good Reasons" table is a good way of helping clients who have thoughts about suicide to think about the reasons for staying alive. You would use the table in much the same way as above, but the focus is on reasons to live and reasons not to live. Your task will be to gently help the client come up with important reasons to stay alive and realize that their reasons to die are most likely only temporary (e.g. their depression, which is causing them to want to die, can improve).

Begin by asking the client the reasons they think it would be better if they were dead. Then discuss their reasons for living – see some example questions below:

- *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?*
- 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?

After hearing the client's responses, summarize their main reasons to live and not to live, emphasizing their reasons to live. Again you can repeat the client's reasons why PM+ will be helpful for them. This advice is for clients who do not have plans

to end their life in the near future. For clients who do have such plans, you need to contact your supervisor and take a number of immediate actions (create a secure and supportive environment; remove means of self-harm if possible; do not leave the person alone; have carers or staff stay with the person at all times; if possible, offer a separate, quiet room while waiting; attend to the person's mental state and emotional distress with your basic helping skills).

Understanding Adversity

This part of the session is a chance for the client to hear about common reactions among people living in communities exposed to adversity. The emphasis is on normalizing the client's reactions in the context of hardship and stress – i.e. communicating that their reactions are understandable given what they are being exposed to and are not a sign that they are going crazy or that they are weak.

In giving the client information about adversity, you may want to include examples of emotional and practical problems that relate more closely to the client than those included in the dialogue. Your examples may be of previous clients who experienced similar problems (but leaving out their names) or examples you have from your knowledge of common problems and how particular strategies can help reduce those problems.

I would like to spend some time now talking to you about why you might be experiencing the problems we have just talked about and how this intervention can help you manage and overcome these kinds of problems.

When people live in difficult circumstances and experience stressful events, most will usually experience a range of different emotions, like intense fear, grief, extreme sadness and excessive hopelessness. Some people even describe not feeling any emotions at all or feeling numb. Or the feelings you have described, such as (list some of the main emotions previously named), *are also common.*

There is a reason why people react that way. Our bodies are designed to keep us alive in life-threatening situations. So when we think we are in danger, our bodies can respond by being extremely alert – this is so we can look out for danger and avoid it. Or our heart can beat very fast, our breathing might quicken, we might feel tense, etc. These reactions help us to run or fight if needed.

For many people, these problems and reactions go away over time. But for some these feelings continue. They can then get in the way of us being able to do the things we need to do in our daily lives, like work at home or on a job. For example, long-lasting feelings of severe grief can cause people to isolate themselves from family and community members. Feelings of hopelessness can stop someone doing important tasks for survival. (If possible, give an example of how the client's problems have caused difficulties in their life.) *Or as you described . . . . In any of these examples, it is clear to see how over time these feelings might cause many disruptions in someone's life. In PM+, we have strategies to help you feel better. I expect that the strategies I will teach you in the next few weeks will be enough to help you feel better.*

So, the first piece of information I would like you to learn today is that many people in your situation experience emotional and practical difficulties. So the problems you are experiencing are not a sign that you are weak, and you are not to blame for what you are experiencing. Actually, having survived very challenging experiences says something about how remarkable you are. You are also brave to discuss your

experiences with me. I believe this is important for helping improve your own life. It is also important for the lives and futures of your family and your community. In fully taking part in this intervention, you can expect that you will be likely to feel better and be able to be a part of your family's and community's lives better than you are at the moment.

In this chapter you learned

- How to assess and improve a client's motivation to take part in PM+
- Alternative uses of the "Good and Less Good Reasons" table
- How to give your client information about common reactions to adversity and "normalize" their reactions

CHAPTER 6

MANAGING STRESS

LEARN What will you learn in this chapter?	SESSION What session does this chapter link to?	WORKSHEETS What worksheets link to this chapter?
•The purpose of Managing Stress •The stress management technique in PM+: slow breathing •How to give information about slow breathing to your clients •How to teach slow breathing to your clients	•Sessions 1 to 4 •Allow about 20 minutes when introducing this strategy •Allow 10 minutes to practise at the end of Sessions 2 - 4	•Managing Stress handout – Appendix E

Background

Slow breathing is a basic strategy for relaxation or managing physical symptoms of stress and anxiety. When we feel stressed or anxious, our natural physical response is for our breathing to quicken, and to take place in the chest and become shallower. This change might be very subtle and we do not even notice it. But we might notice the after-effects of this change in breathing – e.g. a headache, chest pain, tiredness, dizziness and so on. By slowing the rate of breathing and taking breaths from the stomach instead of the chest, we are sending a message to the brain that we are relaxed and calm. The brain then tells the rest of the body, like the muscles and the heart, this message and the whole body begins to relax. Being relatively calm and relaxed is an important state to be in, especially if the client needs to make important decisions or when facing difficult situations.

Including family or friends

Remember that if a client would like a trusted family member or friend to be present when you introduce Managing Stress, you should invite them in.

Instructions for slow breathing

The following dialogue helps you explain the purpose of slow breathing to your clients. Where you can, add information that is relevant to your client's presenting problems (e.g. specific physical complaints they have, mentioning examples of times when they have become extremely stressed or anxious and so on): this will make the instructions more meaningful to the client. Before the client starts to focus on their breathing, get them to try to relax their body a little bit. This is especially

helpful for clients who look tense. To do this you can ask them to relax their body or muscles by shaking out their arms and legs, making them floppy and loose. They can also roll their shoulders back or tilt their head to both sides.

Ideally, you would like to help clients breathe at a rate of 10–12 breaths a minute. We use a basic counting strategy to help clients slow their breathing – three seconds to breathe in and three seconds to breathe out. If clients become stressed by trying to breathe exactly to the counts, this will not be helpful. Just encourage clients to try to breathe slowly.

Many people exposed to hardship, danger and stressful life events complain of feeling overwhelmed by stress and anxiety. For some, this can take the form of constantly having stressful thoughts fill their heads. Others may experience stress or anxiety in a very physical way – they might feel tense or uptight all the time, find themselves breathing too quickly or that their heart is beating much faster than normal. If you experience any of these sensations, it is first very important for you to know that it is safe for your body to do this. In fact, your body was designed to do this. If there was a real threat to your life, these physical reactions are meant to help you respond, in other words you could either run away very fast or fight back. But unfortunately, for you these physical sensations are very uncomfortable and not necessary when you are not in a life-threatening situation. They can be a bit like a spring or a coil. Over time the spring gets tighter and tighter and this becomes uncomfortable. The strategy I'm going to teach you today will help you uncoil that tight spring. This may not happen straight away, but with lots of practice the spring will gradually uncoil until you feel more relaxed and calm.

I am going to teach you how to breathe in a way that will relax your body and your mind. It will take some practice before you really feel the benefits of it, so we will be practising it at the end of every session.

The reason this strategy focuses on breathing is because when we feel stressed our breathing often shortens and quickens. This causes many of the other uncomfortable feelings I mentioned previously, like feeling tense. So to change feelings like tension, it is helpful to change your breathing.

Before we start, I want to relax your body a little bit. Shake out your arms and legs and let them go floppy and loose. Roll your shoulders back and gently move your head from side to side.

Now, placing your hands on your stomach (belly), I want you to imagine you have a balloon in your stomach, and when you breathe in you are going to blow that balloon up, so your stomach will expand. And when you breathe out, the air in the balloon will also go out, so your stomach will flatten. Watch me first. I am going to exhale first to get all the air out of my stomach. (Demonstrate breathing from the stomach – try and exaggerate the pushing out and in of your stomach. Do this for at least five breaths.)

Okay, so now you try to breathe from your stomach with me. Remember, we start by breathing out until all the air is out, then breathe in. If you can, try and breathe in through your nose and out through your mouth. (Practise with the client for at least two minutes.)

Great! Now the second step is to slow the rate of your breathing down. So we are going to take three seconds to breathe in and three seconds to breathe out. I will count for you.

Okay, so breathe in, one, two, three. And breathe out, one, two, three. Do you notice how slowly I count? (Repeat this for approximately two minutes.)

That's great. Now when you practise on your own, don't be too concerned about trying to keep exactly to three seconds. Just try your best to slow your breathing down, remembering that when you are stressed you will breathe fast.

Okay, so you try on your own for the next few minutes.

Allow the client to practise trying to slow down their breathing on their own for at least two minutes. Try to count their breaths in and out so you can judge whether they are doing it too quickly. Afterwards, spend some time talking about any difficulties they had.

Okay, so how was it doing it on your own? Was it more difficult trying to keep your breathing to a slower rate?

Encourage the client to practise this strategy regularly but also to practise it when they feel anxious or stressed. You will end every session with Managing Stress, but you may also choose to use it if you notice that your client is becoming stressed or anxious in the session. In these situations, ask the client if they are feeling anxious or stressed and whether they would feel comfortable if you stopped the conversation to practice Managing Stress together. Ask the client whether they would like to do it themselves or whether they would like you to lead them in it (i.e. count the breathing in and out).

Give your client the Managing Stress handout (Appendix E) to remind them of how to practise the strategy between sessions.

Problems with slow breathing exercises

Clients might present with a range of different problems when they try to practise slow breathing on their own. Below is a list of common problems they might encounter. Always speak with your supervisor about how to manage any problems or complaints a client has when practising any strategy.

Problem	**Solution**
The client is too concerned about breathing correctly (e.g. keeping to the three seconds in and out, breathing from their stomach).	• Encourage the client not to be worried about following the instructions exactly. • Help them to understand that the main aim is simply to slow their breathing down in the way that best suits them, even if it means that they are not keeping to the counts of three or even if they are not breathing from their stomach. • Once they have mastered how to slow their breathing down, they can try to use the counting or breathe from their stomach.
The client cannot slow their breathing down when they are	• Say to the client that this would be very hard for anyone to do straight away, even a helper.

at the peak of their anxiety or stress.	• Spend some time helping the client to identify early signs that they are beginning to feel anxious or stressed so they can start slow breathing earlier. • If this is too difficult, help them to schedule specific times throughout the day to practise slow breathing so they learn how to use it before they get too anxious.
Focusing on breathing makes the client speed up their breathing and feel more anxious.	• Help them to focus on a ticking clock and breathe to the count of the clock rather than focus only on the breathing (or a musical beat in a song).
They might also experience feelings of light-headedness or dizziness, or feel they are losing control.	• Remind them that these sensations are safe and they are not losing control. • Encourage them to focus just on blowing all the air out (just the breathing out) and letting the in-breath come naturally (or by itself). • Then they can return to focusing on the whole process of breathing (in and out).

In this chapter you learned

- Why Managing Stress is an important strategy
- Who will benefit from this strategy
- How to give information about slow breathing to your clients
- How to teach Managing Stress to your clients

CHAPTER 7

MANAGING PROBLEMS

LEARN What will you learn in this chapter?	SESSION What session does this chapter link to?	WORKSHEETS What worksheets link to this chapter?
•What types of problem this strategy is used for •What the steps are for Managing Problems, with a case example •Working with difficulties (e.g. clients who suggest unhelpful solutions, clients who are feeling hopeless) and avoiding giving advice	•Sessions 2 to 4 •Allow 70 minutes of Session 2 to introduce this strategy •Allow between 20 and 35 minutes for review in following sessions (see flowchart for specific times)	•Managing Problems handout – Appendix E •Activities calendar – Appendix E

Background

Adversity can reduce a person's ability to respond well to practical problems. They may feel helpless or lack confidence in managing their problems, or possibly their feelings of anxiety or grief will get in the way of managing practical problems effectively. Managing Problems is a structured strategy that aims to improve clients' ability to solve and manage practical problems. You will spend about 70 minutes of Session 2 teaching this strategy to your client while applying it to their chosen problem (i.e. usually the one causing them the most distress).

Steps to Managing Problems

Managing Problems follows several steps, explained in detail below. Explain each step in detail to clients while working through an identified problem in the session. Showing clients the Managing Problems handout can aid this discussion.

1. **Listing problems**

In the PSYCHLOPS assessment, you asked the client to name two concerns. The first step of Managing Problems involves reviewing these concerns, asking if the client has other concerns and deciding whether these are solvable problems, unsolvable problems or unimportant problems.[13] Discuss with your client first which problems are important but also solvable; in other words, can the client have any control or influence over the problem, or even just part of it? If your client

[13] Source: Bowman, D., Scogin, F. & Lyrene, B. (1995). The efficacy of self-examination therapy and cognitive bibliotherapy in the treatment of mild to moderate depression. *Psychotherapy Research*, 5, 131–140.

is feeling very hopeless, they may think that none of their problems can be solved, so you may have to tell them why you think a problem is actually solvable.

Unsolvable problems are those that you cannot change or have any influence or control over, such as living in a slum. But sometimes there are parts of an unsolvable problem that can be changed. This usually relates to the client's view of the problem. For example, someone with cancer may not be able to change their illness but there might be things they can do to help with their pain or with problems relating to accessing medical treatments. As a helper, you will have to explore with the client whether there are any parts to the problem that can be changed or influenced.

Finally, you should list any problems that the client may see as not important. Tell your client that Managing Problems is a strategy that can be used to fix or change the solvable problems.

2. Choose a problem

The second step of Managing Problems is to choose which problem the client would like to focus on. It does not have to be the same problem as mentioned in the assessment. We would recommend that the client chooses an easier problem first. This will give them the opportunity to experience early success in the intervention. However, you should try, at some time during the intervention, to tackle a bigger or more difficult problem with your client. This is because it may be more challenging for them to properly use Managing Problems without your support. However, as with other decisions, you should discuss this with your supervisor – as this may not be an appropriate decision to make with some clients who feel very hopeless.

3. Define the problem

Next, you will help the client to **define** the problem as specifically as you can. Your task as the helper is to decide at this point which parts of the problem are practical in nature and suitable for Managing Problems. The defined problem should also contain elements that can be influenced or controlled. A client might say that "feeling worthless" is a problem they want to change. But this problem is too big and vague. You need to help the client make it more specific and practical. To do this, you might ask some of the following questions (which can also be used with other examples).

- *When is this a problem for you? In what situations does this problem happen?*
- *What does this problem look like? If I were to watch you when this problem happened, what would I see, what would you look like, what would you be doing or not doing?*
- *How would your life (e.g. daily living) be different if you did not experience this problem?*

Defining the problem can be the most challenging step for a helper. It is an important step to do well, as it sets up how you will teach the rest of the strategy. Therefore, we encourage you to prepare, between Sessions 1 and 2, how you might help the client to define some of the problems identified at assessment. This can be a useful discussion during supervision.

4. Brainstorm

Once the problem is defined, you should encourage the client to **brainstorm** or think of as many solutions or ideas as possible that may solve or change this problem, or part of it. If possible, write down the solutions on a piece of paper so you

can remember them all. This will be important for when you come to Step 5. Consider that possible solutions may also include existing strengths, resources or support the client already has.

This is not giving advice

Many clients will need some help with brainstorming solutions, particularly if they are feeling excessively hopeless. The temptation for you will be to tell the client different solutions, especially if you are feeling impatient because the client is slow with this. However, since PM+ acts like a training programme, it is important that you guide the client by suggesting general ideas that can help them think of more specific solutions. For example, for a client who is feeling overwhelmingly stressed about a taboo issue in their life (e.g. a history of sexual assault), you might encourage them to think about talking about this problem with someone they trust. This would be a preferred method of encouraging brainstorming as opposed to telling the client to talk with a specific person, such as their mother, about the problem. The aim is to help the client come up with their own ideas.

Be aware of personal values

This is also a time when you need to be careful that you are not allowing your own personal values to interfere. For example, you may disagree with the values associated with the possible solutions your client is considering (e.g. talking with a specific religious leader, cheating to complete a work-related task, refusing to help someone else), or you might want to suggest a solution that is based on your own value system and not the client's. It is very important that during PM+ you put aside your personal values and help the client to make decisions based on their own personal values and beliefs. Be reassured that this is difficult to do for all kinds of helpers. However, it is very important for you to respect your clients and not take issue with their values.

Solutions that fix the entire problem

At this stage, it is also important that the client does not become too concerned about only coming up with solutions that will completely fix the problem. This is often where many clients become stuck when they try to deal with an issue by themselves. The aim at this stage is to think of any solutions, no matter how effective (or not) they are in solving the problem, or even just part of it. You might even use humour and offer silly suggestions to illustrate this point. Also, be sure to remind the client, if they are judging the effectiveness of the solutions or rejecting any of them, that at this stage they are just trying to come up with as many solutions as possible and not evaluate them.

Feelings of hopelessness

Clients who feel depressed or very hopeless may have a lot of difficulty in thinking of solutions or ideas to change their problem. This is because they often think that nothing will get better and they have a lot of doubt about their abilities to change their situation. You can use a number of questions to encourage responses from the client, including:

- Asking them to think of ideas that might work for a friend in a similar situation, but who does not feel depressed.
- Asking them what they have been able to try in the past (regardless of whether or not it has worked).
- Give broad or vague ideas – e.g. *"Some people have found that talking to others can be helpful. Does this sound like a solution you could use? Who could you talk to? What could you say or ask that might help solve part of the problem?"*

5. Decide and choose

Once you have exhausted all the possible solutions with the client, this is when you help them to **evaluate** or judge each solution. You will help the client choose only those strategies that are helpful in influencing or managing the problem.

Short- and long-term consequences

In evaluating solutions, it might be helpful to consider both the short- and long-term consequences of different decisions. For example, choosing to deal with difficult memories of a loved one who has died by getting drunk might help a client with their emotions in the short term. However, this is an unhelpful long-term solution as it can cause other problems. So it would not be a good solution for the client to choose.

Unhelpful solutions

When the client chooses a solution that is clearly unhelpful, you can be more direct. An unhelpful solution would be one that causes significant problems for their physical or emotional well-being, for their friends and family members or for their work or social life.

For example, let's use the previous example of regularly getting drunk to manage grief. In the short term this might be effective, but long-term heavy alcohol use is likely to cause more difficulties with the client's emotional well-being (e.g. it keeps people feeling depressed) and also physical well-being (e.g. it can lead to liver and kidney problems). It might also upset family and friends, and affect the person's ability to work (e.g. having to take days off work because of drinking, poor concentration at work because of a hangover). Other examples of unhelpful solutions include becoming physically aggressive, using drugs or engaging in illegal or very dangerous activities.

Achievable solutions

You should help the client consider how achievable it is to carry out each solution. While one idea might be very effective, if the client cannot carry it out due to a lack of resources, it is not going to be a good solution to pick.

For example, one client identified not having a job as his major problem. The helper worked with him on thinking of particular solutions to the problem. In this discussion, the client mentioned that he had been offered a job recently with a good wage. Although this would have been a very good solution to his problem, after further discussion the client realized that the job was actually very risky – he would have to work at night in a very dangerous area of the city. The client decided that, because he had a young family, he did not want to risk his life to get the job. Because of this, he decided that this particular job was an unhelpful solution to his problem. However, the helper and client decided that he could speak with the manager and ask whether there were other jobs in less dangerous areas of the city.

The client will then **choose** the best solution (one solution or a combination of them) for their problem.

6. Action plan

Lastly, it is very important to spend a good amount of time helping the client to design an **action plan** to carry out the chosen solution. This includes:

- breaking down the solution into small steps (e.g. finding work might involve getting information about what work is available, learning about what is needed for different jobs, reviewing and, for some jobs, updating letters of recommendation and so on);
- helping the client to choose a specific day and time when they will carry out each of the tasks will also help them to succeed in completing those steps. You may use the calendar (Appendix E) to record when the client will complete the action plan steps;

- suggesting reminders that might help make sure that the client completes the desired tasks (e.g. using alerts on a mobile phone, arranging tasks so that they coincide with community activities or meal times, or having a friend or family member remind them are all good ways of helping the client complete the tasks).

If a solution involves talking to someone else and the client does not feel confident about this, role-play (or practise) this interaction with the client. This can be a good way of helping them practise what they would say if their plan involves asking for something or talking to someone. It can improve their confidence and the chances of them carrying out the plan.

7. Review

In the next session, you will spend a large part of the time **reviewing** how things went in completing the planned tasks. Discuss and manage any difficulties that came up in completing the tasks, so the client can spend the following week trying to carry out the desired tasks again. If the client managed to complete the plan, you may talk about what next steps they need to carry out to continue managing the problem.

Reviewing is also important in increasing the client's self-confidence, as well as conveying to them that you believe that completing these tasks is important and you care about whether the client can get them done. This helps to build the relationship, as well as keeping the client responsible for making efforts to practise the strategies in their own time.

Overview of the steps in Managing Problems

Step	Description
1. Listing problems	• List problems as solvable (can be influenced or changed) and unsolvable (cannot be influenced or changed).
2. Choose a problem	• Choose an easier (solvable) problem to start with.
3. Define	• Choose the elements of the problem that are practical in nature and can be controlled or influenced to some extent. • Keep the explanation of the problem as specific and as brief as possible. • Try not to include more than one problem. • If a problem has many parts, break it down and deal with each part separately.
4. Brainstorm	• First, encourage the client to think of as many solutions to the problem as possible. Do not worry if the solutions are good or bad at this stage. • Think of what the client can do by themselves and also think of people who can help them manage parts of the problem. • Consider existing personal strengths, resources or support. • Try to encourage the client to come up with ideas rather than directly giving them solutions (remember the strategy of asking what they would say to a friend first, if you are tempted to give advice).
5. Decide and choose helpful strategies	• From the list of potential solutions, choose those that are most helpful to influencing the problem. • Helpful strategies have very few disadvantages for the client or others. • Helpful strategies can be carried out (e.g. the person has the financial means, other resources or ability to carry out the solution). • You can choose more than one solution.

6. Action plan	• Develop a detailed plan of how and when the client will carry out the solutions. • Help them pick the day and time when they will do this. • Help them choose which solutions they will try first if there are more than one. • Discuss what resources (e.g. money, transport, another person and so on) they might need to carry out the plan. • Suggest aids to remind the client to carry out the plan (notes, calendar, plan activities to coincide with meals or other routine events).
7. Review	• This step happens in the next session, after the client has attempted to carry out the plan. • Discuss what they did and what effect this had on the original problem. • Discuss any difficulties they had in acting on the plan. • Discuss and plan what they can do next week to continue to influence and manage the problem, given what they completed in the last week.

Introducing Managing Problems

Today we are going to start with the problem you said is causing you the most concern. (Name it and check that the client still wants to work on this problem first.) *Our starting point with any problem is to decide which parts of it are practical.* (You may need to tell the client what parts are practical the first time.)

The strategy I am going to teach you today will help you with the practical parts of your problem. It is called Managing Problems. Our aim is to see what elements of the problem you can solve or influence. You might not always be able to solve the whole problem, but rather you might be able to influence it somewhat or change the way you are responding to the problem, which can help reduce negative feelings. (Specify with the client's negative feelings.)

Go through each of the Managing Problems steps with the client. Be sure to explain clearly the aim of each step (use the Managing Problems handout to help you).

For example, you might say the following for Step 3, Brainstorming solutions:

At this point, all you want to do is come up with as many possible solutions to this problem as you can, no matter whether they are good or bad ideas. In the next step you will decide which solutions are most helpful to solving the problem.

Ongoing adversity or threat

Many of your clients are likely to be experiencing continuing adversity or even threatening situations, and these may work against their ability to solve or manage their problem. This may be because it is unsafe for them to carry out particular solutions (or even engage in other strategies). At all times you will need to consider this and discuss ways to make sure that the client is as safe as they can be, while also helping them to consider ideas to manage their problems. Both you and the client may need to acknowledge that particular problems cannot be "solved" by them in the midst of their current situation (e.g. if they are in poverty, an area of conflict, etc.).

It will also be important for you to keep finding information as to what the realistic risks are for the client. In all situations there is likely to be some risk involved. However, clients may overestimate likely threats. If you are not sure about whether the probability of risk is high for a particular activity, you should always consult your supervisor first.

Case example

Loma is a 34-year-old woman who reports that her main difficulty is her relationship with her husband. She told her helper that her husband had recently lost his job and that he has been particularly stressed and angry since that time. This has put a lot of pressure on their relationship and Loma is beginning to feel extremely hopeless about the situation. They are fighting nearly every day. It is also affecting her mood – she says she feels very sad most days and has a lot of difficulty doing things she used to do. In particular she has not been seeing her friends recently, partly because she just does not feel like it, but also because she is embarrassed about the problems she has been having.

Loma and her helper discussed all the problems she had reported in the assessment and decided that the problem of fighting with her husband was the most important and most solvable one. They decided to choose this problem because it was causing her a lot of difficulties. She did not have an easier problem she wanted to deal with. Problems that were considered important but unsolvable included her husband getting a new job and stopping her husband from feeling angry or stressed. She did not believe that any of her problems were unimportant, so this list was left blank.

Loma carried out the Managing Problems strategy with her helper, although initially she had a difficult time brainstorming possible solutions. She and her helper worked together – see the completed Managing Problems worksheet on the following page.

SOLVABLE PROBLEMS Reduce fighting with my husband, improve my low mood	**UNSOLVABLE PROBLEMS** Get my husband a job and reduce my husband's anger

CHOOSE A SOLVABLE PROBLEM?	Fighting with my husband each day
DEFINE THE PROBLEM	I would like to reduce the number of arguments I have with my husband. We fight daily at the moment.
POSSIBLE WAYS OF MANAGING THE PROBLEM (How can I solve or reduce the problem?)	• Do nothing – wait for him to get a job and see if it will improve. • Tell him he needs to see a community elder for help. • Tell him to try harder to look for a job. • I could look for a way to make money. • Talk with my friends about the problems – ask for their advice. • Ask my mother for advice. • Tell my husband I am not happy. • Leave him.
HELPFUL SOLUTIONS	• Talk with my friends about the problem. Talk with Anne (a trusted friend) about the problem. She has had a similar problem with her husband and is more likely to understand the situation. • Ask my mother for advice. Only briefly mention the problem and ask what she would do. • Tell my husband I am not happy.
PLAN (How to apply the solution you have chosen)	Tuesday: Visit Anne (trusted friend) at 10am after taking the children to school. Talk with her about the problem of fighting with my husband. Thursday: When visiting my mother, mention to her that I have been having some problems with my husband. Ask her what she would do in my situation. Saturday morning: Husband will be home. Mention to him that I have been feeling very unhappy because we have been fighting a lot. Wait for his response.
REVIEW (After the plan has been completed)	

Loma wrote down some notes to remind herself to complete her plan over the next week.

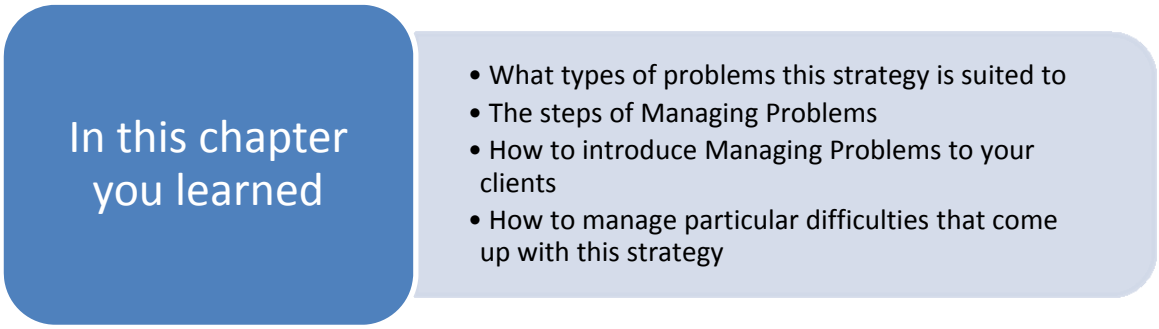
The following session she returned, having completed her tasks. The last row of the table (copied below) records her review.

REVIEW (After the plan has been completed)	• Anne was very supportive. Although she did not have any new advice, speaking to her helped. I felt better afterwards and my mood improved a little. We also talked about other things that gave me a break from feeling sad all the time. • My mother said that I need to talk with my husband but be understanding of his frustration and not to blame him for losing his job. She helped me practise how I would talk to him, so I felt more confident. • I spoke to my husband the same evening because I felt confident about approaching him. He agreed with me, but we are still not sure what to do about it. • We still had two big fights this week, but this is less than before and we were better at discussing the problems afterwards because of the previous conversation we had had.

In this example, Loma did not completely solve her problem (fighting with her husband); however, she reduced the problem to some extent. Her actions did have an effect on the consequences of this problem, i.e. the effect the fighting was having on her mood – she improved her mood by talking to a trusted friend. In the same session, her helper used this information to emphasize the rationale of Get Going, Keep Doing (see Chapter 8). This helped Loma a lot in restarting activities she had stopped doing, and this improved her mood further.

In the same session, Loma and her helper discussed how she could continue to address the problem with her husband. They reviewed the previous potential solutions they had brainstormed to see if any of those might be helpful to try the following week. They also brainstormed some new solutions that might be helpful (in other words, they went through the Managing Problems process again, from Step 3).

For the following week it was decided that Loma would talk more with her husband about the fighting. She decided that it would be a good idea if she and her husband practised the Managing Problems strategy together. Specifically, they could try and brainstorm together all the possible solutions to their problem of fighting too much. This way they were sharing the problem, rather than Loma trying to manage it on her own.



CHAPTER 8

GET GOING, KEEP DOING

LEARN What will you learn in this chapter?	SESSION What session does this chapter link to?	WORKSHEETS What worksheets link to this chapter?
•What types of problems this strategy is suited to •How to introduce Get Going, Keep Doing •Examples of different activities to encourage clients to take part in	•Sessions 3 and 4 •Allow 35 minutes to introduce this strategy in Session 3 •Allow 20 minutes to review in Session 4	•Get Going, Keep Doing handout – Appendix E •Activities calendar – Appendix E

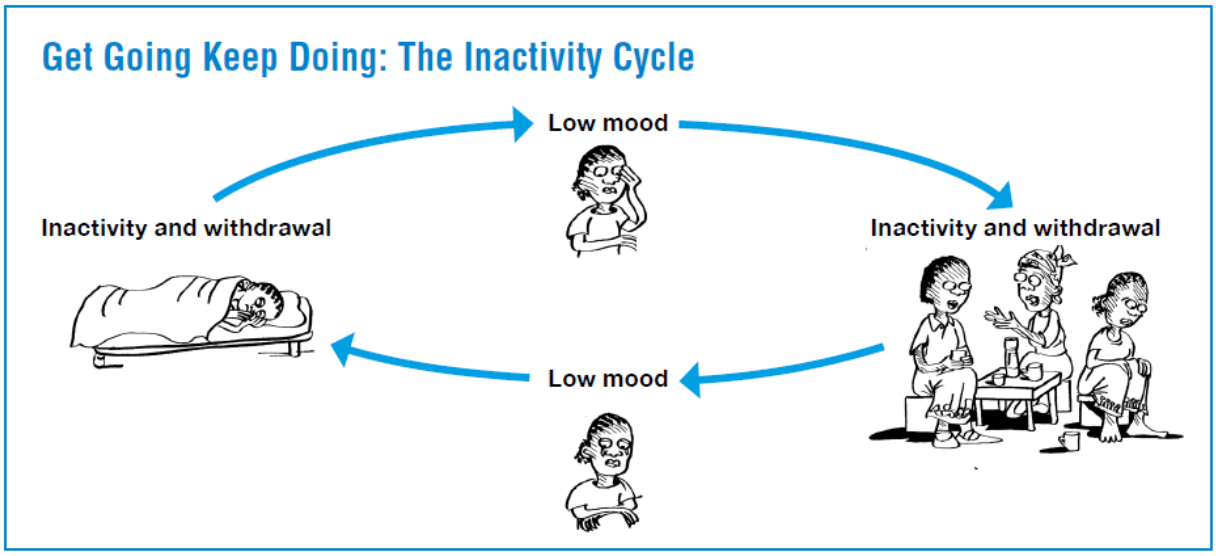
Background

Where there is adversity, many people experience symptoms of depression. These can look different for different people, but depressive symptoms commonly include feelings of being easily tired, hopelessness, continuing low mood, lack of motivation or lack of enjoyment in activities that usually gave the person pleasure. Also, people often have a lot of physical complaints (e.g. aches and pains). Over time, many people will respond by withdrawing from their usual activities. This is also common among people who have experienced traumatic events or who are experiencing grief related to the loss of loved ones, job loss or loss of meaningful possessions.

Types of activities that people often stop or reduce include the following:

- pleasant events (e.g. activities they used to enjoy);
- social events;
- essential activities for daily living, which include:
    - household duties (e.g. cleaning, tidying the house, food shopping and preparation, child-care tasks);
    - employment duties (e.g. reduced activity at work or in extreme cases no longer going to work regularly or at all);
    - looking after themselves (e.g. getting out of bed, washing regularly, changing clothes and eating regular meals).

Over time they will develop a cycle of inactivity and low mood. This is often because a client who is feeling low will say, "*I will do xx when I feel like it*." Unfortunately, withdrawing from these activities only causes the low mood to continue. The lower a person feels, the harder it is for them to start doing things again.



Get Going, Keep Doing aims to break this cycle and improve the client's mood by encouraging them to get involved again in pleasant and task-oriented activities in spite of their mood.[14] You will need to communicate to clients that they need to "do first and the motivation or positive feelings will follow", rather than wait until they feel motivated before starting an activity.

Because clients will probably feel like they cannot take part in an activity or have very little motivation to do it, it is important that you set very small goals for the client to achieve. This is a strategy in which experiencing some success in doing even a small part of a task is really helpful for improving the client's mood, sense of achievement and confidence. So it is important to try to set up the task as best you can in a way that means there will be some success. Choosing simple tasks and breaking them into small steps is one way of making sure that this is a success.

Case example

A client was no longer taking part in a community event that he previously enjoyed. The event took place three evenings a week. The client's helper suggested that he begin by going to one event with a friend, but not actually take part in the event (in other words, just watch). The client could then slowly build up to attending more times in the week as well as increasing his involvement in the event.

In more severe cases of inactivity and depression, you may need to break the tasks down into very small steps. Many clients find that starting the task is the most difficult part but that once they have started, they can continue with the task and possibly complete more of it than originally planned. For this reason, suggesting to the client a simple and easy first task might help them to get started.

[14] With Get Going, Keep Doing (also known as behavioural activation), we refer to increasing levels of activity in general, and this includes physical exercise.

Case example

A client decided to do clothes washing over the coming week. She was feeling very tired and sad and thought the task was too big, and as a result she had not been doing any washing. The helper suggested breaking the task down into smaller steps – collecting all the dirty clothes that need washing one day, sorting the clothes into different piles another day. This would be followed by choosing one pile of clothing to start with and aiming to wash one item of clothing each day.

When motivation or mood is particularly low, developing a routine or scheduling activities at a specific time of the day may help. Help the client choose a time and a day when they will be least distracted and also the time when they often feel the least tired or hopeless (e.g. mornings after the children have gone to school). Using the calendar worksheet (see Appendix E) might be helpful in recording this information for the client to take home. Using other reminders might also be helpful: for example, using alerts on their phone, matching tasks with community activities or meal times or having a friend or family member remind them are all good ways of helping the client complete the tasks.

Explaining Get Going, Keep Doing to the client

As with all the strategies you introduce, it is important to explain that Get Going, Keep Doing is effective and vital for emotional well-being. Giving a good explanation is particularly important if a client has tried to increase their activity in the past but has failed. It may take some time to convince them to try again. Often there has been failure because the client has set goals that are too ambitious and difficult to complete. As a result, it is very important that when providing an explanation to the client you communicate warmth and understanding for their concerns, even if these include a lack of faith in this strategy. Consider emphasizing to the client that they have nothing to lose by trying to become more active.

Including family or friends

Remember that if a client would like a trusted family member or friend to be present when you introduce Get Going, Keep Doing, you should invite them in. This may be helpful, especially if the friend or family member can help the client take part in their tasks and activities.

1. Introducing the inactivity cycle

In introducing Get Going, Keep Doing, be sure to relate the general information to the client's specific problems. In particular, talk about how you see the client's problems contributing to their current withdrawal from specific activities. Also show the client the Get Going, Keep Doing handout (Appendix E) when explaining the cycle.

The following is a standard introduction. You may want to add information that is relevant and specific to the client, or you may want to include more specific information after giving this introduction (e.g. "*Now what I have become aware of from what you have told me is that you have stopped doing…"*). It is a matter of what you feel most comfortable and confident with.

It is very common for people who are exposed to hardship, loss and stressful life events to experience changes in their mood and to get tired easily. Over time, if a person's mood does not improve, they often begin to feel a lack of energy and motivation to do things they used to do quite easily. They may also start to find they no longer enjoy activities that used to give them pleasure. This can start a cycle where the person's mood gets lower, which leads to more withdrawal from activities, which results in a further lowering of mood and so on. (Draw this cycle, as above, for the client.)

We call this cycle the inactivity cycle. Unfortunately, this cycle of inactivity keeps you stuck in your low mood or grief. Often people will think, "I will start doing things again when I feel better." Or they think that feeling energetic leads to getting active, but actually getting active leads to feeling energetic. So many people do not start feeling better until they get active. To break this cycle you need to start doing things again, even though you may not feel like it. Remember that many people do not start feeling better until they get active.

For many people it is starting the activity that is the hardest. But I can assure you that many people find that once they start doing activities it gets easier to keep going.[15]

Case example

A client had excessive feelings of hopelessness about unemployment, poverty and high rates of violence in his community, which made it unsafe for his family to leave the house. He often said in sessions, *"Life will never improve. I cannot do anything to change this; my children will grow up in poverty because I cannot change anything."* He had begun to withdraw significantly from his family, due to feelings of extreme worthlessness and guilt that he could not provide a better life for them.

His helper said to him, *"This situation sounds difficult for you and your family. And I think it's understandable that to some extent you would feel hopeless about it and also upset about how it might affect your children. But I can also see how these feelings may actually be keeping you stuck in this situation because they are very strong. Although you cannot change the whole problem of poverty and violence in your community, there are often small things you can do to help improve your situation or improve your mood, so that when situations change you can act on them, because you are feeling more positive. For example, taking small steps to get going now will make it easier to find a way to make a living if an opportunity becomes available. Acting on this kind of opportunity can be too difficult to do when you are feeling very hopeless or worthless.*

"These feelings of hopelessness and worthlessness are common for people who live in situations like yours. And it is very common for people to begin to withdraw from their usual activities, such as doing enjoyable things with their family, because they feel so negative or tired. But over time a cycle of inactivity develops and actually makes your mood worse, so that you may feel depressed or completely unable to act in a positive way on practical problems. I want to talk with you now about a strategy that aims to increase your activity again so that your mood and feelings of tiredness will improve. You may also find that you are better able to face these difficult practical problems once you start this strategy."

[15] In some contexts, you may add the example of the need to push a car to jump-start it to get the car battery to work again.

2. Identify activities in which the client can begin to get involved again

For this step, you can use the examples from the activities boxes below. Spend a very brief time identifying at least one pleasant activity (any activity from the first three boxes) and at least one task (any activity from the last two boxes). A pleasant activity could be something enjoyable that the client used to do but has stopped doing (e.g. playing with their children). Essential tasks for daily living would include paying bills, shopping for food, washing, eating and so on. Having a balance between activities that give pleasure and those that improve the client's sense of achievement can be very helpful for improving mood. Be aware of keeping this balance. In other words, try to avoid having the client only take part in pleasant events unless they already carry out everyday tasks without difficulty.

Many clients might have their own suggestions about what activities they would like to take part in again. These might be activities that used to bring them pleasure or peace, help manage pain or help them feel like they have achieved something. However, if the client needs some help in identifying activities, give examples from the boxes below or activities you consider appropriate for the client.

It is up to you and the client to decide together how many activities would be manageable for the client in a week. But you want, as best you can, to make sure that the client will have some success so they can increase their confidence. If the client is unlikely to be able to manage two activities, pick one (pleasant or task-oriented) that will make the greatest difference for them. This may be decided by the client if there is something they really want to start doing regularly again. Or there may be an activity that you believe will be very helpful for the client's mood or other practical problems if they take part in that activity again (e.g. playing with the children may lessen a client's identified problem of a child being very demanding of their attention).

You may find that the client chooses some activities that also involve other strategies, such as visiting friends (Strengthening Social Support) or slow breathing (Managing Stress). This can be very helpful.

Thinking about the things you used to do before you were feeling this way, what is one pleasant or enjoyable activity that you could start doing again or do more often? And thinking about when you were feeling better, what is one task, at home or at work, that you were doing regularly that you are no longer doing or that you do less? Great, so we will spend some time now scheduling in these tasks for you to start doing them again over the next week.

3. Breaking down the task into smaller steps

Given the client's low mood, lack of energy or grief, it is important to break the overall task down into smaller and more manageable steps. Remember, this is so that the client does not feel overwhelmed with the task and to make sure that they experience some success in completing the task. This will encourage self-confidence and begin to influence their mood.

For example, "cleaning your apartment or hut" might be a major task. Breaking this task down by choosing small sections of the apartment or hut to clean (e.g. cooking area, sleeping area and so on) makes it more manageable and achievable for the client.

4. Schedule in tasks

Be very specific with the client about choosing a day and a time when they will plan to do the activity, and write this information on the Get Going, Keep Doing worksheet. You may only start with small goals, such as completing the activity once in the next week. Using reminders might be a helpful way of making sure that the client completes the desired tasks. For example, it may be helpful to use alerts on their phone (if they have one), matching tasks with community activities or meal times, or asking a friend or family member to remind them. You may also find it helpful to use the calendar worksheet to help the client remember to complete their activity or task.

Get Going, Keep Doing suggestions

Time to yourself

Self-care

Connect

- **Visit a friend or family (for a meal or an activity)**
- **Visit or join a local church, mosque or temple**
- **Call or talk to a friend, neighbour or family member**
- **Invite your neighbour over for coffee or tea or share food with them**
- **Join a local community gathering**
- **Make a gift for someone**
- **Play a game with the family or a neighbour**

- **Eat a favourite meal or food**
- **Read a book**
- **Relax and meditate**
- **Pray**
- **Cook**
- **Listen to music**
- **Sing or play music**
- **Dance**
- **Do some art (e.g. drawing, painting)**
- **Read magazines or newspapers**
- **Pick or arrange flowers**
- **Write a poem, journal or story**
- **Visit a nice place**
- **Look at old photos**
- **Weave or knit**
- **Go fishing**

- Get out of bed each day at the same time you used to
- Have a bath
- Change your clothes
- Brush your hair

Get active

Go for a walk alone or with friends or family
Try an activity you have not tried before
Get off the bus one stop earlier than your usual stop
Dance
Play actively with children

Achieve

- Wash clothes
- Sweep the floor (choose one area)
- Make beds
- Shop for food or other needs
- Tidy areas of the house (choose one area of the house, not the whole house)
- Cook a meal
- Child-care activities – give details:_____
- Mend clothes
- Pay bills
- Read mail
- Do farm work
- Help children with school work
- Build or repair structures, furniture, part of the house and so on
- Employment duties (tasks to earn a living) – give details: _____
- Tasks needed for community organization (or similar) – give details:_____

Grief and loss

Grief is a very individual experience. People grieve the death of loved ones or other losses (e.g. their home, job, possessions) in different ways and for different lengths of time. However, there are often some similarities in the emotional problems that people describe when they have experienced the loss of a loved one. For example, it is quite common for clients to experience psychological distress that looks very similar to depression – persistently low mood, not enjoying things as much as they used to, withdrawing or isolating themselves from others, lacking energy and so on.

For most people, these emotional problems will diminish over time. In some societies, people are expected to return to normal life in a month and in others in a year or more. Yet in many other societies this is not specified. In most cases, people will start to return to their normal selves within the first six months after their loss. This does not mean that they have necessarily stopped grieving, just that these emotional problems are no longer interfering with their functioning in life (e.g. going to work, socializing and so on). However, for a separate group of people, these problems can continue.

Get Going, Keep Doing (along with Strengthening Social Support) is an appropriate strategy to use with a grieving client when their emotional problems and withdrawal from usual activities and routines interfere with their expected functioning. However, you should **not** use it if the withdrawal or lack of activity is seen as part of a culturally appropriate period of mourning.

In this chapter you learned

- What types of problems Get Going, Keep Doing helps with
- How to introduce this strategy to clients
- How to break bigger activities down with clients

CHAPTER 9

STRENGTHENING SOCIAL SUPPORT

LEARN What will you learn in this chapter?	SESSION What session does this chapter link to?	WORKSHEETS What worksheets link to this chapter?
•What is meant by Strengthening Social Support •How to introduce this strategy to clients •How to encourage clients to strengthen social support	•Session 4 •Allow 30 minutes to introduce this strategy	•Strenghtening Social Support handout – Appendix E •Activities calendar – Appendix E

Background

People tend to cope better when they have good social support networks (in other words, friends, family members, community or religious groups, mental health support groups and so on, who offer care and support). A person does not necessarily need many social supports, but they need someone who can be helpful. Specifically, they should be useful for the person's needs.

Sometimes emotional problems can affect a client's ability to get support when they need it. Grief is a particular case where isolation can be common. This is because many grieving people believe that they cannot spend time with others because it is meaningless without their loved one around or that no one would understand what they are experiencing. They may yearn for, or think constantly about, the person who has died. They can present with problems similar to depression, such as low mood, lack of energy and lack of enjoyment in activities.

Over time, isolation can be devastating for a client's emotional well-being. Spending time focusing on helping clients strengthen their social supports may have a big effect on their overall emotional well-being and functioning.

Strengthening social support can mean different things to different people. Different forms of support include:

1. having a friend or family member listen and validate the person's concerns and emotions, rather than be dismissive and not show any care;
2. connecting with an agency that is providing needed and appropriate information and support to the person;
3. getting help to complete a difficult task or providing a way of completing a task (e.g. driving them somewhere, borrowing something from them, etc.);
4. Spending time with others but not necessarily talking about problems (e.g. sharing a meal);
5. Helping other people (while not forgetting to take care of oneself).

When clients do not have any support, you should help them to connect with some form of support, such as a trusted friend, family member or community service (e.g. a community organization). If clients have support networks but do not appear to be using them, you should discuss how they could better use these support networks. For example, a client who has been to a women's support group in her community once but has not continued because she felt too tired could be encouraged to start going to the group again. Or you could encourage a client who has a trusted friend to contact this friend.

Lastly, if clients appear to have support networks that are unhelpful, you should discuss this with them and help them to find more helpful and appropriate support from new or different networks. For example, a family member might tell a client that their problems are not as bad as their own. You should encourage this client to consider how helpful it is to share information with this person and whether there is someone else they can talk to who will respect and validate their concerns.

Trust

Central to this strategy is having a trusted person or organization from whom the client can get support. Trust is even more important when you are encouraging a client to share their problems with others. Trust is something that is developed gradually with someone over time. You do not either trust someone with everything personal about yourself or not trust them at all. For example, you might start by sharing a little bit of information about yourself. If you find out that the person has told many other people this information, this is a good indication that they are not trustworthy. However, if they have kept that information a secret, you might share something a little more personal with them next time. Each time you talk to them, you might share some more personal information.

In the case that a client is planning to talk with others about their problems or emotions, suggest to them that they share only small and less important pieces of information if they are not sure whether the person can be trusted or they are feeling nervous about trusting others. This is also helpful advice for clients who often tell others too much personal information. This can cause problems if they have not carefully chosen someone to trust and the information is not kept confidential. In the case that a client decides to ask for support by getting practical help from someone else, it might be best for them to start with a small request.

Sexual assault

In the case of sexual assault, or other forms of intimate traumatic experiences, trusting others might be particularly challenging for the client. While you should respect this, you should also encourage the client to strengthen their social support as much as possible.

They should never be pressured to discuss their traumatic experiences with someone else if they do not feel comfortable doing so. In fact, it may not be in their best interests to discuss this if there is a reasonable chance that the other person will not keep the information private or be sympathetic. Rather they might strengthen the stigma about this experience. If the other person is likely to not believe them, or dismiss or blame the client for what happened to them, they should not be encouraged to talk about this with the person. For more information on the difficulties of clients with a history of sexual assault, see Chapter 3).

For these reasons, it is particularly important that the client picks someone who can be trusted. At first, the client could share information that does not relate to their assault history. For example, they might talk about a practical problem (e.g. employment difficulties), they could ask for help with completing a practical task (e.g. borrowing something). Starting with easy and less threatening information to share will help the client feel more comfortable in strengthening social support networks. It is also an opportunity for the client to test out how much they can trust this person.

In the end, the client might decide that they do not want to tell others about their survival of sexual violence, and you should let the client know that this is okay. The aim of Strengthening Social Support is not necessarily to tell others about problems. You can encourage the client to spend time with others whose company they may enjoy, but they might not want to let others know about their experience. You may be the only person they share details with, but they still need social support from others.

Introducing social support to the client

You may show your client the Strengthening Social Support handout (Appendix E) while explaining the strategy.

Strengthening social support can mean different things to different people. For some people, it means sharing their difficulties and feelings with other people they trust. Or it might just be helpful spending time with friends or family and not talking about problems. For others, it might be asking to use resources from trusted people, such as tools or even knowledge that is needed to get something done. And for others still, it might mean connecting with community organizations or agencies to get support. These forms of social support can be very powerful in reducing difficulties and distress. Is there some way you think you might be able to strengthen your social support?

Help the client to decide in what way they want to strengthen their social support, e.g. by talking to someone, by getting more practical help, such as borrowing something, or connecting with another agency or community organization.

If the client is not sure about strengthening their social support, even though you have reason to believe they need to, you may want to discuss this further.

Many people feel unsure about talking with others about their problems or asking others for help. One reason is because they are worried they will burden the other person with their problems. This is often not true. People will often share their own problems when they hear their friend tell them about their problems. Or they might ask for help in return. This might be because that friend is also experiencing similar problems. Rarely will one person only talk about their problems or only ask for help. It can also be helpful hearing other people's difficulties so you get some perspective on your own issues, especially if you think you are the only one experiencing a problem.

Another reason people do not get support from others is because they have no one they can trust. If you think you don't have anyone you can trust, shall we discuss more together on finding someone that you can trust?

Spend some time talking with your client about people or services from whom they may feel comfortable getting some support.

Once the client has identified at least one person, community organization or more formal support agency that they are willing to get support from, help them with the following.

- Plan exactly what they are going to do (e.g. call or visit the person). Be sure to break this plan down into small, manageable steps.
- Decide what day they will do this.
- Ask them what they will tell the person or agency or what they will do with them (e.g. talk about a practical problem and how that makes them feel, about being involved in PM+, about the specific problem you are

working on with the client in the session). You may even make time for the client to rehearse what they will say to the person or organization.

Using reminders might be a helpful way of making sure that the client completes the desired tasks. For example, using alerts on their mobile phone, matching tasks with community activities or meal times or having a friend or family member keep them accountable are all good ways of helping the client complete the tasks.

Excessive social isolation

Some clients may have isolated themselves for a long time. So talking about Strengthening Social Support may actually make them feel nervous. They may not be ready or willing to connect to people by sharing personal information, asking for help or even just spending time with others.

In these cases, help the client think about small tasks they could do to start connecting with others. For example, could they start by smiling at familiar people? Could they make eye contact (or other culturally appropriate non-verbal signs of communication)? Would they be willing to say hello to their neighbour or ask a family member over for a meal?

In this way you are helping them build their confidence in connecting with others and gradually strengthening their social supports.

In this chapter you learned

- What Strengthening Social Support means
- How to introduce the strategy and encourage clients to strengthen their social support networks

CHAPTER 10

STAYING WELL AND LOOKING FORWARD

LEARN What will you learn in this chapter?	SESSION What session does this chapter link to?	WORKSHEETS What worksheets link to this chapter?
•About the nature of emotional recovery •How clients can stay well •How to complete the post-intervention assessment •How to end the session and PM+ with your client	•Session 5 •Allow 30 minutes for Staying Well •Allow 20 minutes for Imagining How To Help Others •Allow 15 minutes for Looking Forward	•Case examples for How to Help Others – Appendix F •Post-intervention assessment – Appendix C

Recovery and staying well

When we consider how people recover after treatment for a physical illness or injury, it is usually not perfectly smooth. People will experience varying levels of pain during this recovery. Some days will be better than others. But generally, if people practise the exercises or keep to the recovery plan their nurse or doctor has given them, they do get better.

The same process of recovery happens with emotional problems or illnesses. People are likely to experience "ups and downs" with their emotions in the same way that people recovering from physical illnesses and injuries do. Continuing to practise the strategies after finishing the intervention is important for staying well. This will help clients prevent a full return of their problems as well as strengthening their confidence in using the strategies. In this way, im the future when a problematic situation arises that causes distress, the client is more likely to be able to respond to it using these strategies.

When clients do face other (new) adversity (e.g. the death of a loved one, loss of a job, illness, increased community violence and so on), it is normal for them to experience unpleasant feelings, such as sadness, anger, grief or worry. Remind clients that when these feelings do **not** interfere with the way they are functioning, the feelings might be considered normal. However, if a client does start to feel very distressed again and in a way that interferes with their daily functioning (in other words, going to work, looking after children and so on), it is important that they respond quickly by practising one of the PM+ strategies (Managing Problems; Get Going, Keep Doing; Strengthening Social Support; or Managing Stress). Ask the client to look over their PM+ materials and start practising the appropriate strategies.

Introducing Staying Well

You will introduce Staying Well in Session 5, the final session with your client. This will happen after you review the client's progress on all the strategies you have taught them so far (this should take about 30 minutes). You will have about 30 minutes to discuss Staying Well with the client before giving them the post-intervention assessment.

This session should be positive. So, start by praising the client for participating in PM+. You may want to ask them their views on how they have improved or not improved. Where possible, give examples of when the client has made important gains or shown considerable effort or courage (e.g. when they faced an unrealistic fear or

developed a new trusting relationship with someone). These comments are meant to reinforce the client's confidence in practising the strategies by themselves and managing their own emotional problems.

For example:

As you are aware, today is our last session and I want to start by congratulating you on reaching this stage. You have shown a lot of courage and effort to talk about some difficult topics and face these head-on. How do you feel about this being the last session? Are there areas that you think have improved since starting PM+? What about areas that have not improved? Do you have any ideas about what you can do to try to improve those areas?

Secondly, you should encourage the client to continue practising the strategies to stay well. You might start by asking them to think about what they can do to stay well. You can also emphasise to the client that they have the handouts, which they can use to remind themselces of the strategies (see Appendix E).

For example:

So, we are going to talk about how you can stay well after finishing PM+. Do you have any ideas about what you can do to stay well?

An example where you might be clearer about what the client can do to stay well:

I like to think that PM+ is similar to learning a new language. I have coached you in learning some strategies to help you deal with different problems in your life. Just like learning a new language, though, you need to practise it every day if you want to speak it fluently. In the same way, if you practise these strategies as often as possible you will have a better chance of staying well. Also, if you face a difficult situation in the future, you will have a better chance of managing it well if you have been practising the strategies regularly.

There is nothing magical about this intervention. You have learned it all and can apply it to your life by yourself. You are your own helper now. And if you need any help remembering how to use the strategies, you have these handouts you can look back over. You might want to use these pictures or something else to put around your house to help remind you of the things you have learned here. Some people have stuck notes on their walls or put them in areas of the house where they spend most of their time so they never forget the strategies.

Spend some time then talking about what specifically the client could do if they experience a severe stressful event or negative feelings in the future. Give the client the opportunity to tell you what they would do first. Help them be as detailed as possible in describing how they would respond (e.g. ask them for suggestions about ways they could improve their social support, rather than just saying, "*I will strengthen my social support"*).

It is not uncommon for clients to experience difficulties in the future. What do you think you can do the next time you experience a very difficult situation or notice negative feelings again? (Give specific examples relevant to the client, e.g. losing a job, conflict with a partner, feeling depressed and so on.)

Give the client an opportunity to identify some ideas or talk about particular strategies first. You might need to prompt them to think about what specifically they found helpful in PM+ (in other words, what has already helped them to manage particular emotions and problems).

In this discussion, you want to encourage the client to make an effort to practise the PM+ strategies they have found helpful when they face any future difficulties. However, you may also want to tell them that if they are unsuccessful at managing their problems (i.e. if they are practising the strategies regularly but they are continuing to experience severe emotional problems), other options might be available for them. These will depend on your setting and the resources available, but may include contacting you again for extra sessions or a referral to a specialist.

Imagining how to help others

For many clients, it may also be helpful to make sure that they understand each of the strategies you have taught them. Spend about 20 minutes, using the case examples in Appendix F. Ask the client to imagine that each of these people were a close friend and to think about what strategy they would suggest their friend should practise. If clients find this task difficult, use it as an opportunity to teach them what strategies suit which problems. If clients prefer to talk about a real friend who is experiencing problems, use their example instead.

What we are going to do now is work together as helpers, so you can feel confident that you understand all the strategies in PM+ and when it is best to use them. So, I have some examples of different people here and I want you to imagine that this is a close friend or family member of yours. Once I have read the example, we will spend some time talking about how you might help them deal with their problems using any of the strategies you have learned. (Read the first example in Appendix F.)

Can you make some suggestions as to which of the strategies you have learned might be most helpful to them?

Looking to the future

Sometimes it can be helpful to discuss briefly (about 15 minutes) with a client what goals they have for themselves in the future. This can help clients consider how they might continue practising the strategies, for example by choosing other problems they want to address with PM+.

Once a client has identified a goal (or some goals), discuss how they might begin to tackle this goal. For example, what could be the first thing they do or what could they plan to do in the next few days, next week, next month and so on? The more concrete or specific the client's goals and plans, the easier it will be for them to carry them out.

Finally, I would like to spend a little bit of time talking about how you might continue to practise the strategies you have learned in PM+ to achieve some goals you might have. Are there any current problems that you would like to deal with in the short term with any of the strategies?

(If the client is having difficulties identifying any goals or problems they would like to deal with, you may want to refer back to their original list of problems from the assessment.)

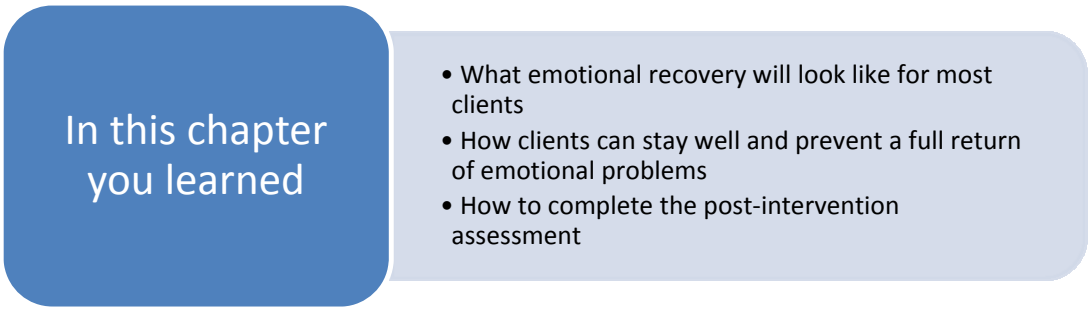
So, thinking about this problem, what is the first thing you might be able to do to start solving or reducing the problem? When could you do this?

Post-intervention assessment (if there is time)

At the end of the session, remind clients that you will contact them to complete the post-assessment in the next 1–2 weeks. If it is possible for you to complete the post-assessment at the end of Session 5 this is also okay. Please see Chapter 4 on how to conduct an assessment.

Ending Session 5 and PM+

To end PM+, thank and congratulate the client again. Wish them luck with their recovery and remind them to keep working on their strategies. We recommend that you arrange to follow up with the client in several months' time to check on their progress. It may be helpful to check at this point whether the client is planning on relocating or moving out of the area.



PROBLEM MANAGEMENT PLUS (PM+)

Individual psychological help for adults impaired by distress in communities exposed to adversity

APPENDICES

APPENDIX A:

PRE-PM+ ASSESSMENT

The pre-assessment should be completed in a separate session from the first intervention session. It is usually completed 1-2 weeks before the start of the intervention.

Your name: _____ Today's date: _____

Client's name: _____

Client's contact information: _____

_____

Section	Contents
1	Introduction and verbal consent
2	Demographic information
3	PSYCHLOPS (before-intervention Version)
4	Measure of functioning (WHODAS 2.0)
5	Measure of emotional distress
6	Assessment of thoughts of suicide
7	Impairments possibly due to severe mental, neurological or substance use disorders
8	Summary form and giving feedback

Note: Instructions in *italics* are to be read to the client.

1) INTRODUCTION AND VERBAL CONSENT

Hello, my name is ……. I am from (organization name), and I understand that you are having some difficulties that I might be able to help you with. I'd like to tell you more about this intervention and you can decide if this is something that might be helpful for you.

Some people experience stress or other psychological difficulties[16] *that may affect their ability to carry out day-to-day tasks. An intervention has been developed that teaches people skills to cope with these difficulties better. This programme will take five weeks and I will be teaching you these skills.*

What we hope you will get out of the intervention are skills to deal with these problems. So the intervention is not about providing direct material support or money, but teaching important skills.

If you are interested in this intervention, I'd like to interview you now about how you are feeling and doing to see whether the intervention is suitable for you.

Before we start, it is important for you to know that everything you tell me during this interview is kept confidential. This means I cannot share this information with anyone other than my supervisor, or if you tell me it is okay to share it with someone, like a doctor or a nurse. However, I will have to write down your responses to the interview. The responses are then stored under lock and key in the office of (name of organization).

The only time I am allowed to break this confidentiality is if I believe you are at high risk of ending your life or hurting someone else. This is because it is my job to keep you safe. If I need to break confidentiality, I will talk to you about it first and then contact my supervisor. My supervisor is someone who is specifically trained to help people who are at risk of ending their life.

Would you like to continue?

[16] The way these problems are described is likely to vary by context (adaptation issue).

2) DEMOGRAPHIC INFORMATION

Thank you for participating in the interview. Let me ask you the questions now. Please note that there are no right or wrong answers to these questions. Just be honest about how things are right now. I will start with some background questions.

1	**Record gender as observed**	Female	1
		Male	2
2	*How old are you?*	_____ years	
3	*How many years in all did you spend studying in school, college or university?*	_____ years	
4	*What is your current marital status?* **(Select the single best option)**	Never married	1
		Currently married	2
		Separated	3
		Divorced	4
		Widowed	5
		Cohabiting	6
5a	*Which describes your main work status best?* **(Select the single best option)**	Paid work **(see 5b)**	1
		Self-employed, such as owning a business or farming **(see 5b)**	2
		Non-paid work, such as volunteer or charity	3
		Student	4
		Keeping house/homemaker	5
		Retired	6
		Unemployed (health reasons)	7
		Unemployed (other reasons)	8
		Other (specify)_____	9
5b	**If the client is in paid work or self-employed, ask:** *What is your job? (What do you do for work?)* **(Write answer in space provided)**		

3) PSYCHLOPS (Before-Intervention version)[17]

Instructions in *italics* are to be read to the client. Other instructions are for the assessor only.

The following is a questionnaire about you and how you are feeling. First, I will ask you some questions about the problems you are currently experiencing. Please think about these problems, no matter how big or small they may be.

Question 1

a. *Choose the problem that troubles you most.* **Record a brief summary of the client's description of the problem. If necessary, ask:** *"Can you describe the problem to me?"* **(Please write it in the box below.)**

b. *How much has it affected you over the last week?* **(Please tick one box below.)**

	0	1	2	3	4	5	
Not at all affected	☐	☐	☐	☐	☐	☐	Severely affected

Question 2

a. *Choose another problem that troubles you.* **Record a brief summary of the client's description of the problem. If necessary, ask:** "*Can you describe the problem to me*?" **(Please write it in the box below.)**

b. *How much has it affected you over the last week?* **(Please tick one box below.)**

	0	1	2	3	4	5	
Not at all affected	☐	☐	☐	☐	☐	☐	Severely affected

Question 3

[17] This questionnaire, reproduced with permission, is an adapted version of Version 5 of the Psychological Outcome Profiles Questionnaire (PSYCHLOPS). See www.psychlops.org. The adapted version used in this WHO publication is different in that (a) it does not ask when the person became concerned about the problem; (b) it asks how people have felt this last week rather than how they have felt in themselves this last week (Q4); (c) it probes for a problem description (Q1a and Q2a); and (d) it uses the word "intervention" rather than "therapy".

a. *Choose one thing that is hard to do because of your problem (or problems).* **(Please write it in the box below.)**

b. *How hard has it been to do this thing over the last week?* **(Please tick one box below.)**

	0	1	2	3	4	5	
Not at all hard	☐	☐	☐	☐	☐	☐	Very hard

Question 4

How have you felt this last week? **(Please tick one box below)**

	0	1	2	3	4	5	
Very good	☐	☐	☐	☐	☐	☐	Very bad

Scoring PSYCHLOPS

- PSYCHLOPS has been designed as an outcome measure. As such, the pre-intervention score is compared with later scores (during- and post-intervention). The difference is the “change score”.
- All of the responses in PSYCHLOPS are scored on a six-point scale ranging from zero to five. The higher the value, the more severely the person is affected.
- Not every question in PSYCHLOPS is used for scoring. Only the questions relating to Problems (Questions 1b and 2b), Functioning (Question 3b) and Well-being (Question 4) are scored.
- Other questions provide useful information but do not contribute to the change score. PSYCHLOPS therefore consists of three domains (Problems, Functioning and Well-being) and four questions which are scored.
- The maximum PSYCHLOPS score is 20.
- The maximum score for each question is 5.
- If both Q1 (Problem 1) and Q2 (Problem 2) have been completed, the total score is: Q1b + Q2b + Q3b + Q4.
- If Q1 (Problem 1) has been completed and Q2 (Problem 2) has been omitted, the total score is: (Q1b x 2) + Q3b + Q4. In other words, the score of Q1b (Problem 1) is doubled. This ensures that the maximum PSYCHLOPS score remains 20.

Total PSYCHLOPS before-intervention score: _____

4) MEASURE OF FUNCTIONING (WHODAS 2.0)[18]

Instructions to the interviewer are written in bold – do not read these aloud.

Text for the respondent to hear is written in *italics*. Read this text aloud.

This interview has been developed to better understand the difficulties people may have. The information that you provide in this interview is confidential. The interview will take 5–10 minutes to complete.

Even if you are healthy and have no difficulties, I need to ask all of the questions so that the survey is complete.

The interview is about difficulties people have because of health conditions.

Hand flashcard #1 to respondent

By health condition, I mean diseases or illnesses, or other health problems that may be short or long-lasting, injuries, mental or emotional problems,and problems with alcohol or drugs.

Remember to keep all of your health problems in mind as you answer the questions. When I ask you about difficulties in doing an activity think about...

Point to flashcard #1

- *increased effort*
- *discomfort or pain*
- *slowness*
- *changes in the way you do the activity.*

When answering, I'd like you to think back over the past 30 days. I would also like you to answer these questions thinking about how much difficulty you have had, on average, over the past 30 days, while doing the activity as you usually do it.

Hand flashcard #2 to respondent

Use this scale when responding.

Read scale aloud:

None, mild, moderate, severe, extreme or cannot do.

Ensure that the respondent can easily see flashcards #1 and #2 throughout the interview.

[18] WHODAS 2.0 refers to WHO Disability Assessment Schedule 2.0.

Section 4 core questions

Show flashcard #2

In the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
S1	*Standing for long periods such as 30 minutes?*	1	2	3	4	5
S2	*Taking care of your household responsibilities?*	1	2	3	4	5
S3	*Learning a new task, for example learning how to get to a new place?*	1	2	3	4	5
S4	*How much of a problem did you have joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?*	1	2	3	4	5
S5	*How much have you been emotionally affected by your health problems?*	1	2	3	4	5

In the past 30 days, how much difficulty did you have in:		None	Mild	Moderate	Severe	Extreme or cannot do
S6	*Concentrating on doing something for ten minutes?*	1	2	3	4	5
S7	*Walking a long distance such as a kilometre [or equivalent]?*	1	2	3	4	5
S8	*Washing your whole body?*	1	2	3	4	5
S9	*Getting dressed?*	1	2	3	4	5
S10	*Dealing with people you do not know?*	1	2	3	4	5
S11	*Maintaining a friendship?*	1	2	3	4	5

S12	*Your day-to-day work/school?*	1	2	3	4	5

H1	*Overall, in the past 30 days, how many days were these difficulties present?*	**Record number of days _____**
H2	*In the past 30 days, how many days were you totally unable to carry out your usual activities or work because of any health condition?*	**Record number of days _____**
H3	*In the past 30 days, not counting the days that you were totally unable, for how many days did you cut back or reduce your usual activities or work because of any health condition?*	**Record number of days _____**

WHODAS 2.0 TOTAL SCORE **Add the scores from S1 to S12 to calculate the total score**	

WHODAS 2.0

Flashcard 1

Health conditions:

- Diseases, illnesses or other health problems
- Injuries
- Mental or emotional problems
- Problems with alcohol
- Problems with drugs

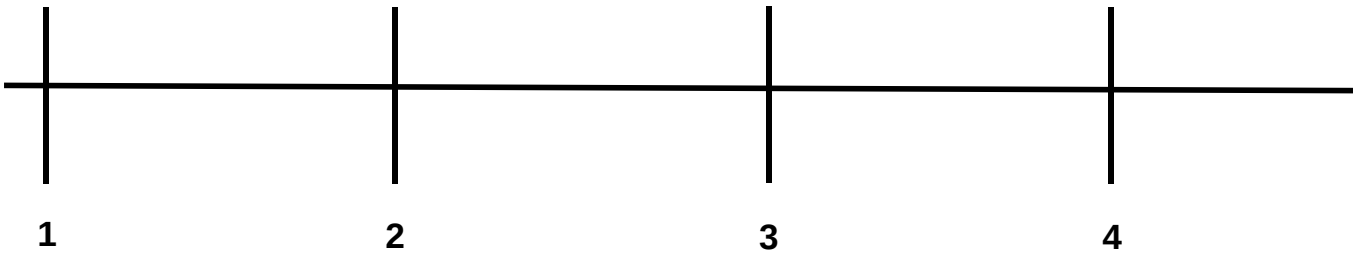
Having difficulty with an activity means:

- Increased effort
- Discomfort or pain
- Slowness
- Changes in the way you do the activity

Think about the past 30 days only.

WHODAS 2.0

Flashcard 2



1	2	3	4
None	Mild	Moderate	Severe

5) MEASURE OF EMOTIONAL DISTRESS

A measure of emotional distress should be included. The choice of measure depends on what measure has been locally validated. You may use a broad measure of emotional distress (such as the Self-Reporting Questionnaire-20 (SRQ-20)[19] or the General Health Questionnaire-12 (GHQ-12)) or measures of depression and anxiety (such as the Hospital Depression and Anxiety Scale (HDAS), the Patient Health Questionnaire-9 (PHQ-9) and the GAD-7).[20]

[19] See *A User's guide to the Self Reporting Questionnaire (SRQ)*. WHO, Geneva, 1994
[20] The PHQ-9 and GAD-7 are available in numerous languages from http://www.phqscreeners.com/select-screener

6) ASSESSMENT OF THOUGHTS OF SUICIDE

We have just been talking about different emotional difficulties that people can experience. Sometimes when people feel very sad and hopeless about their life, they have thoughts about their own death or even ending their own life. These thoughts are not uncommon and you should not feel ashamed about having such thoughts if you do. The following questions I have for you are about these kinds of thoughts. Is that okay with you? Can we continue with the interview?

<table>
<tr><td rowspan="2">1. In the past month, have you had serious thoughts or a plan to end your life?</td><td>YES</td><td>NO</td></tr>
<tr><td colspan="2">If yes, ask the client to describe their thoughts or plans. Write details here:</td></tr>
<tr><td colspan="3">If the client responded “no” to Question 1, thank them for answering your questions and you can end the assessment.

If the client responded “yes” to Question 1, please continue with Question 2.</td></tr>
<tr><td>2. What actions have you taken to end your life?</td><td colspan="2">Please write details here:</td></tr>
<tr><td rowspan="2">3. Do you plan to end your life in the next two weeks?</td><td>YES</td><td>NO</td><td>UNSURE</td></tr>
<tr><td colspan="3">If yes or unsure, ask client to describe their plan to you. Write details here:</td></tr>
<tr><td colspan="3">If the client answers “yes” to Question 3, they have a plan to end their life in the near future and you must contact your supervisor immediately. Stay with the person while you do this. (See script below if needed.)

If you are unsure whether the client will end their life in the near future, tell them you would like to contact your supervisor to ask them follow-up questions.</td></tr>
</table>

Script for people with a plan to end their life in the near future

From what you have described to me, I am concerned about your safety. As I mentioned at the beginning of this interview, if I believe you are at risk of ending your life I must contact my supervisor. This is very important so we can get you the best kind of help for these problems as soon as possible. I am going to do this now, okay?

7) IMPAIRMENTS POSSIBLY DUE TO SEVERE MENTAL, NEUROLOGICAL OR SUBSTANCE USE DISORDERS

The following items are based on your observations and judgment of the client's behaviours. Do *not* ask the client any questions here. Circle yes or no to indicate your judgment and give details if needed.

Behaviour	Details
1. Does the client understand you (even though they speak the same language or dialect)? (E.g. can they understand basic words, questions or follow instructions?)	YES / NO **If no, give details**:
2. Is the client able to follow what is happening in the assessment to a reasonable extent? (E.g. can they recall recently discussed topics, do they understand who you are and what you are doing with them, do they understand to some extent why you are asking them questions? Please consider if the client is so confused or drunk or high they cannot follow what is happening – then circle the response.)	YES / NO **If no, give details:**
3. Are the client's responses bizarre and/or highly unusual? (E.g. uses made-up words, long periods of staring into space, talks to him/herself, stories are very bizarre or unbelievable.)	YES / NO **If yes, give details:**
4. From the client's responses and behaviours, does it appear that they are not in touch with reality or what is happening in the assessment? (E.g. Delusions or firmly held beliefs or suspicions that do not make sense (they are bizarre) or are not realistic in the person's local context, unrealistic paranoia, such as a highly unrealistic belief that someone is trying to harm them.)	YES / NO **If yes, give details:**

Consider excluding a client from PM+ if you answered NO on questions 1 or 2, or YES on questions 3 or 4.

8) SUMMARY FORM AND GIVING FEEDBACK

CRITERIA	RESPONSE/ SCORE	EXCLUSION (Tick if response to any is YES)	RESPONSE FOR EXCLUDED CLIENTS	DATA ENTERED (SIGN/DATE)
PSYCHLOPS total score		[redacted]		
Total score on MEASURE OF FUNCTIONING (WHODAS 2.0)[21]			Low scores on one of these two measures mean that PM+ is not indicated	
Total score on MEASURE OF EMOTIONAL DISTRESS[22]				
Is the client **under** 18 years?	YES / NO		If the person is under 18 and shows signs of mental health and psychosocial problems, link with a mental health service, social service or community protection network, as appropriate	
Does the client have a plan to end their life in the next two weeks?	YES / NO		Call your supervisor. Link with appropriate care	
Does the client possibly have a severe mental, neurological or substance use disorder? (From observation – items 8.1–8.4.)	YES / NO		Link with appropriate care	

Circle the appropriate decision based on the summary table above

INCLUDED	EXCLUDED
Give feedback (scripts on the next page)	Give feedback and refer on if necessary

[21] The person needs to score 17 or higher on WHODAS 2.0 to be included.
[22] If the PHQ-9 is used as measure of emotional distress, then the person needs to score 10 or higher to be included.

Feedback for clients who are excluded:

For clients with problems not suited to PM+ due to low levels of distress or impairment:

Thank you for your time. It seems that you are coping well enough with things at the moment, and so this intervention is not really something you need. I am very grateful to you for giving me your time and for being so honest with your answers. If you do feel that you require some help with psychological difficulties[23] *in future, please let your* (name of relevant person) *know, and I may be able to help.*

For clients with problems not suited to PM+ due to impairment possibly related to severe mental, neurological or substance use disorder:

Thank you for your time and honest answers.

It seems you are experiencing difficulties that PM+ would not be able to help you with (name difficulty – e.g. unusual behaviours, fits, severe problems with drinking or drugs). *I would like to link you in with a service that would be better suited to helping you with these problems. Would that be okay?*

Explain clearly what you will do e.g. call the service to make an appointment for the client now or later, talk with your supervisor, call or revisit the client at a different time, etc. See script in Appendix D for responding to a client with a plan to end their life in the near future.

Feedback for clients who are included (i.e. client meets all inclusion criteria):

Thank you for these answers. It seems that you are having some problems in coping with (say the situations or problems the client has mentioned) *at the moment, and so PM+ may help you. I would like to tell you more about PM+ so you can decide if you would like to receive this intervention. Is this okay?* (Continue if client says it is okay.)

PM+ involves meeting with me every week for five weeks. Our sessions will be approximately 90 minutes. What I hope you will get out of the intervention are skills to deal with (list some of the problems the client mentioned, e.g. stress, low mood, practical problems). *So PM+ is not about providing direct material support or money, but teaching important skills.*

You are free to decide to do the intervention or not, and you may decide to stop at any stage. Everything you tell me during the intervention is kept confidential, as I mentioned at the beginning of today.

[23] The way these problems are described to clients is likely to vary by context (adaptation issue).

APPENDIX B:

DURING-PM+ ASSESSMENT

NOTE: This assessment should be completed at the beginning of every PM+ session.

Name of helper: _____	Today's date: _____
Client's name: _____	Session number: _____

PSYCHLOPS (during-intervention version)[24]

The following is a questionnaire about you and how you are feeling.

Question 1

a. *This is the problem you said troubled you the most when we first asked.*
(Helper – please write it in the box below before the session.)

b. *How much has it affected you over the last week?* **(Please tick one box below.)**

	0	1	2	3	4	5	
Not at all affected	☐	☐	☐	☐	☐	☐	Severely affected

Question 2

a. *This is the other problem you said troubled you when we first asked.*
(Helper – please write it in the box below before the session.)

b. *How much has it affected you over the last week?* **(Please tick one box below.)**

[24] This questionnaire, reproduced with permission, is an adapted version of During-therapy Version 5 of the PSYCHLOPS. See www.psychlops.org.

	0	1	2	3	4	5	
Not at all affected	☐	☐	☐	☐	☐	☐	Severely affected

Question 3

a. *This is the thing you said was hard to do when we first asked.*
(Helper – please write it in the box below before the session.)

b. *How hard has it been to do this thing over the last week?* **(Please tick one box below.)**

	0	1	2	3	4	5	
Not at all hard	☐	☐	☐	☐	☐	☐	Very hard

Question 4

a. *How have you felt this last week?* **(Please tick one box below.)**

	0	1	2	3	4	5	
Very good	☐	☐	☐	☐	☐	☐	Very bad

b. Assessment of thoughts of suicide

NOTE: If client indicated <u>4 or 5</u> on Question 4a, or if they have a history of suicidal thoughts or plans while in PM+, complete assessment of thoughts of suicide. For all other clients, go to Question 5.

Now I need to ask you some questions about your safety.

1. *In the past week have you had serious thoughts or a plan to end your life?*	YES	NO
	If yes, ask the client to describe their thoughts or plans. Write details here:	

If the client responded "no" to Question 1, you can end the assessment. **If the client responded "yes" to Question 1, please continue with Question 2.**			
2. *What actions have you taken to end your life?*	**Please write details here:**		
3. *Do you plan to end your life in the next two weeks?*	YES	NO	UNSURE
	If yes or unsure, ask the client to describe their plan to you. Write details here:		
If the client answers "yes" to Question 3, they have a plan to end their life in the near future and you must contact your supervisor immediately. **If you are unsure whether the client is at risk of harm, tell them you will contact your supervisor to ask them follow-up questions.**			

Question 5

a. *Now that you are doing this intervention, you may have found that other problems have become important. If so, please tell me the one that troubles you most, or tell me if no other problems have become important*.

b. *How much have these other problems affected you over the last week?*
(Helper – please tick one box below, or leave blank if no other problems have become important.)

	0	1	2	3	4	5	
Not at all affected	☐	☐	☐	☐	☐	☐	**Severely affected**

Comments (to be completed by the helper)

Please provide any comments you may want to record about the client, such as how they presented/acted in this session.

Total PSYCHLOPS during-intervention score: _____[25]

[25] If both Q1 (Problem 1) and Q2 (Problem 2) have been completed, the total score is: Q1b + Q2b + Q3b + Q4.
If Q1 (Problem 1) has been completed and Q2 (Problem 2) has been omitted, the total score is: (Q1b x 2) + Q3b + Q4. In other words, the score of Q1b (Problem 1) is doubled.

APPENDIX C:

POST-PM+ ASSESSMENT

NOTE: This assessment should be completed if possible within a few weeks of the client completing PM+. You may also use it as a follow-up assessment several months after the client has completed PM+.

Your name: _____ Today's date: _____

Client name: _____

Client's contact information: _____

_____

Section	Content
1	Introduction
2	PSYCHLOPS (Post-intervention version)
3	Measure of functioning (WHODAS 2.0)
4	Measure of emotional distress
5	Scoring summary form

1) INTRODUCTION

1. Reason for assessment:

Thank you for speaking with me today. The questions I have for you today will sound familiar to you, as they are the same questions I asked you before the intervention started. However, now we are interested in how you are doing after completing PM+.

2. Confidentiality:

I would also like to remind you that, just as in our other sessions, everything you tell me remains private between my supervisor and me. If I believe you are at serious risk of harming yourself or someone else, I must tell my supervisor and link you in with people who can help you. This is because it is my responsibility to help you keep yourself safe. Does that make sense?

2) PSYCHLOPS (post-intervention version)[26]

Instructions in *italics* are to be read to the client. Other instructions are for the assessor only.

The following is a questionnaire about you and how you are feeling.

Question 1

a. *This is the problem you said troubled you the most when we first asked.*
(Helper – please write the first problem the client identified in the before-intervention PSYCHLOPS in the box below before the assessment.)

b. *How much has it affected you over the last week?* **(Please tick one box below.)**

	0	1	2	3	4	5	
Not at all affected	☐	☐	☐	☐	☐	☐	Severely affected

Question 2

a. *This is the other problem you said troubled you when we first asked.*
(Helper – please write the second problem the client identified in the before-intervention PSYCHLOPS in the box below before the assessment.)

b. *How much has it affected you over the last week?* **(Please tick one box below.)**

	0	1	2	3	4	5	
Not at all affected	☐	☐	☐	☐	☐	☐	Severely affected

Question 3

[26] This questionnaire, reproduced with permission, is an adapted version of Post-therapy Version 5 of the PSYCHLOPS. See www.psychlops.org.

a. *This is the thing you said was hard to do when we first asked.*

(Helper – please write the client's answer to this question from the before-intervention PSYCHLOPS in the box below before the assessment.)

b. *How hard has it been to do this thing over the last week?* **(Please tick one box below.)**

	0	1	2	3	4	5	
Not at all hard	☐	☐	☐	☐	☐	☐	Very hard

Question 4

a. *How have you felt this last week?* **(Please tick one box below.)**

	0	1	2	3	4	5	
Very good	☐	☐	☐	☐	☐	☐	Very bad

Question 5

During the intervention, you may have found that other problems have become important. If so, how much have these problems affected you over the last week?

(Please tick one box below, or leave blank if no other problems have become important.)

	0	1	2	3	4	5	
Not at all affected	☐	☐	☐	☐	☐	☐	Severely affected

Question 6

Compared with when you started the intervention, how do you feel now? **(Please tick one box below.)**

Much better	Quite a lot better	A little better	About the same	A little worse	Much worse
☐	☐	☐	☐	☐	☐
1	2	3	4	5	6

Total PSYCHLOPS post-intervention score: _____[27]

[27] If both Q1 (Problem 1) and Q2 (Problem 2) have been completed, the total score is: Q1b + Q2b + Q3b + Q4.
If Q1 (Problem 1) has been completed and Q2 (Problem 2) has been omitted, the total score is: (Q1b x 2) + Q3b + Q4. In other words, the score of Q1b (Problem 1) is doubled.

3) MEASURE OF FUNCTIONING (WHODAS 2.0)

The same measure should be used as during the pre-assessment.

4) MEASURE OF EMOTIONAL DISTRESS

The same measure should be used as during the pre-assessment.

5) SCORING SUMMARY FORM

Checklist to ensure that you have completed all the measures.

MEASURE	SCORE	DATA ENTERED (SIGN/DATE)
PSYCHLOPS total score		
MEASURE OF FUNCTIONING total score		
MEASURE OF EMOTIONAL DISTRESS total score		

APPENDIX D:

ASSESSING AND RESPONDING TO THOUGHTS OF SUICIDE IN PM+

The following pages include information about suicide risk. The guidance is repeated from the manual but is presented in a way that allows you to photocopy or print selected pages and take them with you to assessment and intervention sessions. We encourage that you do this, so you do not forget how to assess and respond to suicidal clients.

Guidance when assessing thoughts of suicide in clients

1. Two types of suicide risk:

- **Plans to end their life in the near future**. These clients should not be included in PM+. They should be immediately brought to specialist care.
- **No plans to end their life in the near future, but suicide risk may exist**. These clients may have thoughts of suicide but indicate that they do not plan to act on these thoughts in the near future. They may or may not have a history of thoughts, plans or attempts of suicide. These clients can be included in PM+. In case of doubt, talk to your supervisor.

2. How to ask questions:

- Ask questions about suicide to all clients who are currently depressed or feel hopeless.
- Avoid using less direct words that could be misunderstood by the client.
- If clients feel uncomfortable with the questions, tell them you have to ask everyone these questions because it is very important that you clearly understand their level of safety.

3. Responding to a client with a plan to end their life in the near future:

- Always contact your supervisor.
- Create a secure and supportive environment.
- Remove means of self-harm if possible.
- Do not leave the person alone. Have carers or staff stay with the person **at all times**.
- If possible, offer a separate, quiet room while waiting.
- Attend to the client's mental state and emotional distress (i.e. with basic helping skills).

Managing clients with suicidal thoughts in PM+

During PM+, some clients might have thoughts about ending their life, but have no plans to act on these thoughts in the near future. The "Good and Less Good Reasons" table (see Chapter 5 of the manual or Session 1 in the Intervention Protocol in Appendix G) is a good way of helping the client manage these thoughts and think about the reasons for staying alive. Here the focus should be on discussing reasons to live and reasons not to live. Your task will be to *gently* help the client come up with important reasons to stay alive and realize that their reasons to die are most likely only temporary (e.g. their depression, which is causing them to want to die, can improve).

Begin by asking the client the reasons they think it would be better if they were dead. Then discuss their reasons for living.

Example questions:

- *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?*
- *PM+ is designed to help you better manage and reduce these problems. If you stayed in the intervention and these problems decreased, would this be a good reason to stay alive now?*

After hearing the client's responses, summarise the main reasons to live and not to live, emphasizing their reasons to live. You can then repeat the client's reasons for joining PM+ from the first "Good and Less Good Reasons" table you completed. Remember that this table can be referred to at any time throughout the intervention.

APPENDIX E:

CLIENT HANDOUTS

The following pages include handouts for each of the PM+ strategies:

- Managing Stress
- Managing Problems
- Get Going Keep Doing
- Strengthening Social Support
- Weekly Calendar

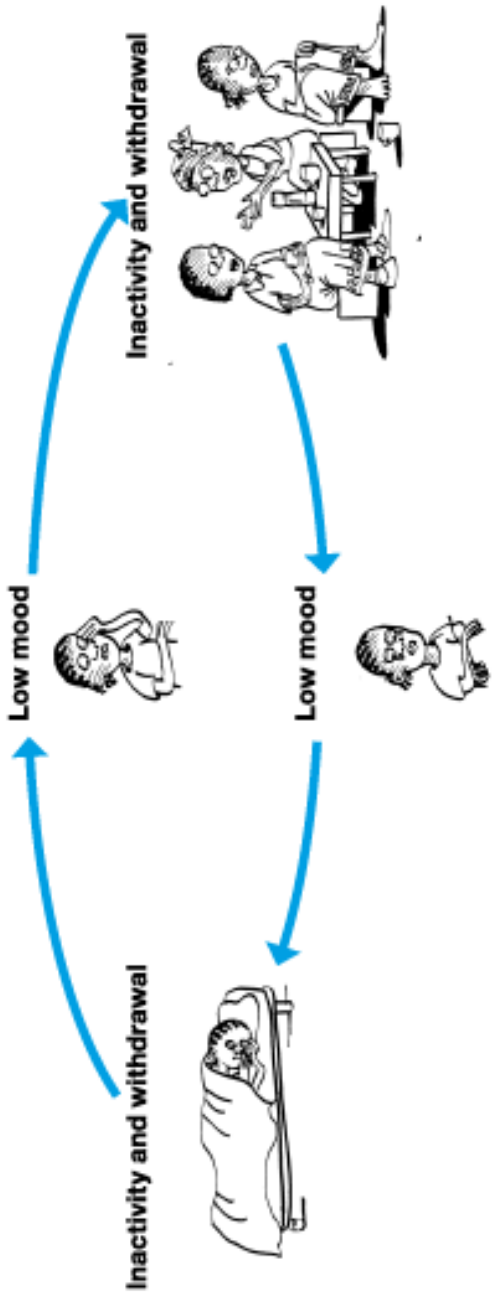
You should use them while teaching a client a new strategy (e.g. when teaching Managing Problems, show them the corresponding handout). The Calendar can be used to record when a client will complete various activities (e.g. Managing Stress practice, activities from the Action Plans of Managing Problems, Get Going Keep Doing and Strengthening Social Support). Be sure to give the client the relevant handout at the end of each session so they can use them as reminders of the strategies between sessions and after PM+ has finished.

Practise Managing Stress

Steps to Managing Problems

	List Problems
	Choose a Problem
	Define the Problem
	Think of Ideas
	Choose Ideas
	Action Plan
	Review

Get Going Keep Doing: The Inactivity Cycle



Strengthening Social Support

Weekly calendar

Time	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
 Early morning 7am to 10am							
 Mid-morning 10am to 12noon							
 Lunchtime 12noon to 2pm							
 Afternoon 2pm to 5pm							
 Evening 5pm to 8pm							
 Late evening 8pm to 11pm							

APPENDIX F:

IMAGINING HOW TO HELP OTHERS – CASE EXAMPLES

The following are case examples to be used in Session 5 on imagining how to help others.[28] We suggest that you choose a few different examples to go through and ones that are similar to the client's own experiences. You may also use examples that the client identifies (e.g. friends or family).

Case example 1

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.

Most helpful strategies include:

1. Get Going, Keep Doing

Remind your client that Get Going, Keep Doing is a strategy suited for problems of low mood, feeling very tired and inactivity. In this case NAME is experiencing these types of emotional problems (i.e. feelings of loneliness, frequent crying, withdrawal or isolation, not eating regularly and inability to look after children) and Get Going, Keep Doing will be most effective for him.

Ask your client to tell you as much as they know about Get Going, Keep Doing. Listen for the following:

- Increasing people's activity by doing more of the things they are already doing or introducing new activities.
- Different types of activities – enjoyable and task-oriented.
- Examples of different activities.
- Breaking activities down into small tasks so they are more manageable.
- Starting with only one or two activities and building up their activity over time.

If they do not mention a point above, try and prompt them by asking something like, *"And can you remember whether we started with getting you to do all the housework or just small specific tasks?"*

[28] Case examples may be adapted to make them more appropriate to the local context.

2. Strengthening Social Support

Strengthening Social Support is the second main strategy that would be helpful for NAME.

Ask your client to think about why this might be a helpful strategy. You are listening for an answer like this: *"Because he has isolated himself and is not coping with his problems very well on his own."*

Ask your client to tell you as much information about that strategy as they can. Listen out for the following:

- The different types of support, including sharing problems with others, asking for practical help, connecting with a specific agency to get support or information, and spending time with others not necessarily talking about problems.
- Choosing someone they trust.
- Building trust by sharing small pieces of information first.

If the client does not mention a point above, try and prompt them by asking something like, *"And how might NAME know if he can trust that person?"*

You can also tell the client that NAME is also likely to have practical problems as a result of isolating himself and not leaving the house. So the strategy Managing Problems may also be helpful. You may discuss the Managing Problems strategy in this case as well.

Case example 2

NAME is a 30-year-old woman, complaining of an ongoing fight with her mother-in-law 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.

Most helpful strategies include:

1. Managing Problems

Encourage the client to think about why this strategy might be helpful for NAME. Listen for a response such as, *"The woman is experiencing a practical problem and Managing Problems is a strategy to help deal with these types of problems."*

Ask the client to describe the strategy in as much detail as they can. Listen for the following:

- Decide if the problem is solvable, unsolvable or unimportant.
- Define the (solvable) problem as specifically as possible.
- Think of as many possible solutions as you can.

- Choose the most helpful solutions.
- Plan what to do.
- Review how effective the chosen solutions were and go through steps again to continue solving the problem.

2. Managing Stress

Encourage the client to think about why this strategy might be helpful for NAME. Listen for a response such as, *"The woman is experiencing stress and physical problems and this strategy might help her better manage these symptoms."*

Ask the client to describe the strategy in as much detail as they can. Listen for the following:

- Relaxing the body if it is tense (shake the body and limbs, roll shoulders, gently move head from side to side).
- Breathing from the stomach (pushing it in and out while breathing).
- Slowing the rate of breathing (three seconds in and three seconds out).
- Practising the strategy regularly and whenever the client notices signs of stress or physical discomfort.

Case example 3

NAME, a woman in her 50s, was attacked by a gang of youths while visiting her elderly mother. Violence is very rare in this area and the police told her she was "just very unfortunate". However, the woman is feeling very frightened of being attacked again and for the last month has avoided visiting her mother. She is also starting to isolate herself and not see her friends.

Most helpful strategies include:

1. Strengthening Social Support

Ask the client to think about why they believe this might be a helpful strategy. Listen for a response such as, *"Since NAME is isolating herself, Strengthening Social Support would be a helpful strategy for her."*

Ask your client to tell you as much information about that strategy as they can. Listen out for the following:

- The different types of support, including sharing problems with others, asking for practical help, connecting with a specific agency to get support or information, and spending time with others not necessarily talking about problems.
- Choosing someone they trust.
- Building trust by sharing small pieces of information first.

If the client does not mention a point above, try and prompt them by asking something like, *"And how might NAME know if she can trust that person?"*

2. Managing Problems

This would also be helpful for addressing NAME's problem of visiting her mother. Encourage the client to identify any of the following steps:

- Decide if the problem is solvable, unsolvable or unimportant.
- Define the (solvable) problem as specifically as possible.
- Think of as many possible solutions as you can.
- Choose the most helpful solutions.
- Plan what to do.
- Review how effective the chosen solutions were and go through steps again to continue solving the problem.

When discussing managing the problem of visiting her mother, your client might suggest that NAME strengthens her social supports (e.g. have a trusted friend visit her mother with her). This would be very helpful. Encourage the client to describe this strategy in detail.

3. Managing Stress

Managing Stress may be helpful for when NAME starts to go out again (or while making or doing her Managing Problems action plan). This will help her to stay calm in situations that are causing her stress. Encourage your client to identify any of the following steps:

- Relaxing the body if it is tense (shake the body and limbs, roll shoulders, gently move head from side to side).
- Breathing from the stomach (pushing it in and out while breathing).
- Slowing the rate of breathing (three seconds in and three seconds out).
- Practising the strategy regularly and whenever she notices signs of stress or physical discomfort.

Case example 4

NAME is a young woman whose husband was imprisoned for several years. Since this time 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 looking after poultry 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.

Most helpful strategies include:

1. Get Going, Keep Doing

In this example you or your client should identify Get Going, Keep Doing as one of the strategies suited for this person's problems. Invite them to explain why this strategy might be helpful, listening for answers such as, *"Get Going, Keep Doing addresses some of the problems that NAME is experiencing, such as feeling sad most days, feeling very tired and not being able to do things like she used to, including going to work or enjoyable activities."*

Ask the client to tell you as much as they know about Get Going, Keep Doing. Listen for the following:

- Increasing people's activity by doing the things they are already doing or introducing new activities.
- Different types of activities – enjoyable and task-oriented.
- Examples of different activities.
- Breaking activities down into small tasks so they are more manageable.
- Starting with only one or two activities and building up their activity over time.

If your client does not mention a point above, try and prompt them by asking something like, *"And can you remember whether we started with getting you to do all the housework or just small specific tasks?"*

2. Strengthening Social Support

Strengthening Social Support might also help NAME manage her problems. Ask the client to think about why this might be a helpful strategy. Your client may have mentioned this strategy as part of Get Going, Keep Doing (e.g., they suggested that the client does a pleasant activity like seeing friends again). If this happens, tell the client that this is a good idea, but remind them that it might be better to discuss that activity as part of Strengthening Social Support and choose a different activity for Get Going, Keep Doing.

Ask the client to tell you as much information about Strengthening Social Support as they can. Listen out for the following:

- The different types of support, including sharing problems with others, asking for practical help, connecting with a specific agency to get support or information, and spending time with others not necessarily talking about problems.
- Choosing someone they trust.
- Building trust by sharing small pieces of information first.

You may also identify that once NAME starts to feel she is coping with her problems better, she may be able to respond with support to her husband.

APPENDIX G:

PM+ INTERVENTION PROTOCOL

The PM+ Intervention Protocol is a session-by-session guide that helpers can use while in session with clients. It includes all the information a helper needs to complete each session, including what key points need to be communicated to teach a strategy, as well as helper scripts. Helper scripts are suggestions for how to explain or teach a strategy. While you do not have to say exactly what is in the scripts, it is recommended that you stick closely to them as they were written in a way that is intended to help clients understand strategies.

NOTE: The pre-PM+ assessment should have been completed at a separate appointment approximately 1–2 weeks before the first PM+ session.

SESSION 1

Session aims:

1. Introductions and confidentiality (5 minutes)
2. During-intervention PSYCHLOPS assessment and general review (10 minutes)
3. What is PM+? (20 minutes)
4. Understanding adversity? (30 minutes)
5. Managing Stress (20 minutes)
6. Set practice tasks and ending the session (5 minutes)

1. Introductions and confidentiality (5 minutes)

Introduce yourself to the client.

Remind them about confidentiality.

For example, you might say:

My name is (name)*, and I am a* (give title of your role, such as health or social worker)*. I will be working with you over the next five weeks as I guide you through this intervention. Before we begin talking about PM+ or some of your personal difficulties, I would like to remind you that everything you say in our sessions will be kept private. I cannot tell anyone, including your family, anything about what you say in sessions. The only time I can talk to someone about you is with my supervisor. They are someone who is specially trained and their task is to make sure that you are getting the best help from me. Secondly, if you are at very serious risk of ending your life I must talk with my supervisor so we can keep you safe.*

Additional dialogues for responding to specific client questions

- Explaining what the intervention is (what problems it will address):

PM+ is a brief intervention that aims to help you manage emotional problems, such as feelings of hopelessness, fear or sadness that are common for people living in difficult circumstances. It will also help you to manage practical problems, like looking for work, managing conflict with others, etc.

- What is expected of them: assessments (specify the number of assessment you will be conducting e.g. pre-, post- and follow-up assessments), attending five sessions, home practice tasks (i.e. practising the strategies between sessions).

- Explaining that you will not be supplying them with medication:

In PM+ we will not be giving you any medication. We are interested in teaching you how to use strategies to help you with your emotional and practical problems that mean you do not need to take medication.

- Explaining that they will not receive any compensation/material gains from participating:

In PM+ you will be receiving help from me to improve your emotional and practical problems. We will not be giving you money or any other form of compensation for being involved. Is PM+ something you would still be interested in?

Note: If you are able to provide the client with some form of compensation (e.g. travel costs), then specify this to them.

2. **Conduct during-intervention PSYCHLOPS assessment protocol** (Appendix B; 5–10 minutes)

3. **What is PM+?** (20 minutes)

Key points to include:

- PM+ strategies help to manage practical problems (e.g. unemployment, housing problems, family conflict) and emotional problems (feelings of sadness, hopelessness, worry, stress and so on).
- Five weekly sessions.
- 90 minutes for each session.
- Four strategies are taught.
- PM+ works best if clients complete every session
- To get the most out of PM+, clients should practise strategies between sessions.

We will work together to learn some strategies that can help you to overcome the difficulties you have told me about today. Including today's session, there are five sessions. Sessions will happen once a week and will last up to 90 minutes. In these sessions I will teach you the different strategies and we will have time to practise them as well. Between our meetings I will encourage you to practise these strategies so you can start making changes to problems in your life and learn how to become your own helper.

The strategies I will teach you will help you to reduce and manage the problems you have told me are causing you the most distress. (Specify what these problems are for the client.) *I will teach you strategies to help manage practical problems, improve your activity, reduce your feelings of stress and anxiety and improve your support. Each of these strategies has been found to be very helpful for people in situations similar to your own.*

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 are feeling very anxious or depressed, or maybe you are physically unwell or you have family or community obligations. I would like to make an agreement with you that you will talk with me about this[29] *instead of not showing up or avoiding sessions. This is because 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?*

- If the client has said they may have problems coming to all the sessions, spend some time managing these problems, e.g. choose a better location, time, day and so on.

Good and Less Good Reasons for Joining PM+

Choose 1–2 questions from the table below to help the client think about the good and less good reasons for joining PM+.

[29] 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.

Good Reasons to Join PM+ (Advantages)	Less Good Reasons to Join PM+ (Disadvantages)
"Lots of people have benefited from this intervention."	***"I also understand that it can be challenging for some people to join a programme like this."***

• What do you think you will personally get out of this intervention?
• 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?
  o Household tasks (e.g. cleaning, cooking)
  o Self-care (e.g. getting out of bed, washing yourself, getting dressed)
  o Pleasant activities (e.g. spending time with friends, embroidery, rearing poultry)
• If your emotional problems decrease, how might this be good for other areas in your life?
  o E.g. your relationships, your work, your other duties
• How might your everyday life look if your emotional well-being improved?
	• What are some of the problems for you in joining PM+?
	• 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?
	
	Examples:
	• Time away from housework
	• Having to organize care for children
	• Could be doing casual work
	• Giving up personal time
	• Having to travel a distance to get to the PM+ sessions

Summarize the good and less good reasons for joining PM+:

So while there might be some less good reasons for joining this intervention (list the specific examples given by the client from the "Good and Less Good Reasons" table)*, it sounds like there are more benefits for you right now* (specify client examples). *Is this right? So now that you understand the intervention a little more, is it something that you would like to commit to today? I will also emphasize that even if you commit to it today, it is voluntary. This means that you can drop out of the intervention at any time if you choose to.*

4. **Understanding Adversity** (30 minutes)

Aims:

1. Provide information about common reactions to adversity.
2. Normalize client's reactions in the context of their situation, as many clients worry that their reactions are a sign of weakness or that they are ill or are going crazy.

3. Discuss how PM+ is designed to help the client manage and overcome these problems by learning effective strategies.

Key points to include:

1. By adversity we mean any stressful or difficult life experience.
   – E.g., living in poverty, having someone close to you become sick or die, being affected by natural disasters or war

- People will experience a range of different reactions to adversity.
  – E.g., intense fear, hopelessness, extreme sadness, tiredness, severe headaches
- These feelings and reactions cause problems in peoples' lives.
  – E.g., unable to get out of bed, difficulties completing daily routines like housework, conflict with family, not going out or enjoying pleasant activities any more
- For most people these reactions decrease over time.
- For some people, though, these feelings get stuck.
- Learning strategies to manage these feelings can be helpful.

I would like to spend some time now talking to you about why you might be experiencing the problems we have just talked about and how this intervention can help you manage and overcome these kinds of problems.

When people live in difficult circumstances and experience stressful events, most will usually experience a range of different emotions, like intense fear, grief, extreme sadness or excessive hopelessness. Some people even describe not feeling any emotions at all or feeling numb. Or the feelings you have described, such as (list some of the main emotions previously named), *are also common.*

There is a reason why people react that way. Our bodies are designed to keep us alive in life-threatening situations. So when we think we are in danger, our bodies can respond by being extremely alert – this is so you can look out for danger and avoid it. Or our heart can beat very fast, our breathing might quicken, we might feel tense, etc. These reactions help us to run or fight if needed.

For many people, these problems and reactions go away over time. But for some, these feelings continue. They then can get in the way of being able to do the things we need to do in our daily lives, like work at home or on a job. For example, long-lasting feelings of severe grief can cause people to isolate themselves from family and community members. Feelings of hopelessness can stop someone doing important tasks for survival.

(If possible, give an example of how the client's problems have caused problems in their life.) *Or as you described….*

In any of these examples, it is clear to see how over time these feelings might cause many disruptions in someone's life. In PM+, we have strategies to help you feel better. I expect that the strategies I will teach you in the next few weeks will be enough to help you feel better.

So, the first piece of information I would like you to learn today is that many people in your situation experience emotional and practical difficulties. The problems you are experiencing are not a sign that you are weak, and you are not to blame for what you are experiencing. Actually, having survived very challenging experiences says something about how remarkable you are. You are also brave to discuss your experiences with me. I believe that this is not only important for helping to improve your own life, but also for the lives and futures of your family and your community. In fully taking part in PM+, you can expect that you will be likely to feel better and be able to be a part of your family's and community's lives better than you are at the moment.

5. Managing Stress (20 minutes)

Aims:

1. Invite a family member or friend into the room if the client would like them to be present.
2. Give information about why Managing Stress is useful.
3. Relate the rationale specifically to the client's problems (e.g. stress, tension, physical complaints).
4. Give instructions on how to do slow breathing.
5. Allow the client to practise.

Key points to include:

- One of the common reactions to adversity is stress.
- Stress can affect our body in the short term (e.g. our breathing and heart rate can quicken in a situation where we feel stressed or scared) and in the long term (e.g. over time stress can cause us to experience headaches, pain or discomfort in the body).
- Option of using a metaphor:

Use a prop when giving a metaphor (e.g. a ball of wool, thread or fishing line).

– *These sensations can be like a tangled ball of wool* (show). *If we ignore these sensations and continue with life, the wool can become even more tangled* (tangle the wool up a little more)*. This can cause discomfort and other physical problems. The strategy I'm going to teach you today will help you unravel the tangled ball of wool.*

– *These sensations can be a bit like a spring or a coil. Over time the spring gets tighter and tighter and this becomes uncomfortable. The strategy I'm going to teach you today will help you uncoil that tight spring.*

Steps to follow:

1. Give education: Managing Stress helps relax the body and calm the mind to reduce stress.
2. Invite the client to release any tension in their body (shake arms and legs, roll shoulders back and so on).
3. You will teach them a slow breathing exercise.
4. Imagine a balloon inside the stomach and their task is to blow the balloon up (demonstrate with real balloon if possible).

– That is, the stomach will expand when they breathe in.

– We are aiming to *not* breathe with the chest (our breaths are more shallow from the chest).

– Placing one hand on the stomach and one hand on the chest can help clients make sure they are breathing from the stomach and not the chest.

5. Demonstrate stomach breathing and then ask client to try for 2 minutes.
6. Invite client to focus on slowing down breathing once they can breathe from their stomach.

– Count 1, 2, 3 (timed in seconds) to breathe in and 1, 2, 3 to breathe out.

7. Practise for at least two minutes while counting aloud for the client.
8. Continue to practise for at least three minutes without counting aloud (ask client to count in their head or follow the sound of a clock or other rhythm).
9. Discuss the client's experiences afterwards and manage any difficulties they had.

Many people exposed to hardship, danger and stressful life events complain of feeling overwhelmed by stress and anxiety. For some this can take the form of constantly having stressful thoughts fill their head. Others may experience stress or anxiety in a very physical way – they might feel tense or uptight all the time, find themselves breathing too quickly or that their heart is beating much faster than normal. If you experience any of these sensations, it is first very important for you to know that it is safe for your body to do this. In fact, your body was designed to do this. If there was a real threat to your life, these physical reactions are meant to help you respond – in other words, you could either run away very fast or fight back. But unfortunately, for you these physical sensations are very uncomfortable and not necessary when you are not in a life-threatening situation. These sensations can be a bit like a spring or coil. Over time the spring gets tighter and tighter and this becomes uncomfortable. The strategy I'm going to teach you today will help you uncoil that tight spring. This may not happen straight away but with lots of practice the spring will gradually uncoil until you feel more relaxed and calm.

I am going to teach you how to breathe in a way that will relax your body and your mind. It will take some practice before you really feel the benefits of it, so we will be practising it at the end of every session.

The reason this strategy focuses on the breath is because when we feel stressed our breathing often shortens and quickens. This causes many of the other uncomfortable feelings I mentioned previously, like feeling tense. So to change feelings like tension, it is helpful to change your breathing.

Before we start, I want you to relax your body a little bit. Shake out your arms and legs and let them go floppy and loose. Roll your shoulders back and gently move your head from side to side.

Now, placing your hands on your stomach (belly), I want you to imagine you have a balloon in your stomach and when you breathe in you are going to blow that balloon up, so your stomach will expand. And when you breathe out, the air in the balloon will also go out so your stomach will flatten. Watch me first. I am going to exhale first to get all the air out of my stomach. (Demonstrate breathing from the stomach – try and exaggerate the pushing out and in of your stomach. Do this for at least five breaths.)

Okay, so now you try to breathe from your stomach with me. Remember we start by breathing out until all the air is out, then breathe in. If you can, try and breathe in through your nose and out through your mouth. (Practise with the client for at least two minutes.)

Great! Now the second step is to slow the rate of your breathing down. So we are going to take three seconds to breathe in and three seconds to breathe out. I will count for you.

Okay, so breathe in, 1, 2, 3. And breathe 1, 2, 3. Do you notice how slowly I count? (Repeat this for approximately two minutes.)

That's great. Now when you practise on your own, don't be too concerned about trying to keep exactly to three seconds. Just try your best to slow your breathing down, remembering that when you are stressed you will breathe fast.

Okay, so you try on your own for the next few minutes.

Allow the client to practise trying to slow down their breathing on their own for at least two minutes. Try and count their breaths in and out so you can judge whether they are doing it too quickly. Afterwards, spend some time talking about any difficulties they had.

Okay, so how was it doing it on your own? Was it more difficult trying to keep your breathing to a slower rate?

Helpful hints for Managing Stress

Clients may present with a range of different problems when they try to practise slow breathing on their own. Below is a list of common problems they might encounter. Always speak with your supervisor about how to manage any problems or complaints a client has with practising any strategy.

Problem	**Solution**
The client is too concerned about doing it right (e.g. keeping to the three seconds in and out, breathing from their stomach).	• Encourage the client not to be worried about following the instructions exactly. • Help the client to understand that the main aim is simply to slow their breathing down in the way that best suits them, even if it means they are not keeping to the three counts or even if they are not breathing from their stomach. • Once they have mastered how to slow their breathing down, they can try to use the counting or breathe from their stomach.
The client cannot slow their breathing down when they are at the peak of their anxiety or stress.	• Say to the client that this would be very hard for anyone to do straight way, even a helper. • Spend some time helping the client to identify early signs that they are beginning to feel anxious or stressed so they can start slow breathing earlier. • If this is too difficult, help them to schedule specific times throughout the day to practise slow breathing so they learn how to use it before they get too anxious.
Focusing on breathing makes the client speed up their breathing and feel more anxious.	• Help them focus on a ticking clock and breathe to the count of the clock rather than focus only on the breathing (or a musical beat in a song).
They might also experience feelings of light-headedness or dizziness, or feel they are losing control.	• Remind them that these sensations are safe and they are not losing control. • Encourage them to focus just on blowing all the air out (just the breathing out) and letting the in-

	breath come naturally (or by itself). • Then they can return to focusing on the whole process of breathing (in and out).

6. Practising strategies between sessions and ending the session (5 minutes)

Encourage the client to practise the slow breathing exercise as regularly as possible. Discuss a good time for them to practise this technique – i.e. when they will not be disturbed or have many distractions.

Talk about how the client can use reminders to do slow breathing. Some ideas include:

- using alerts on a mobile phone;
- scheduling tasks to coincide with community activities or meal times;
- having a friend or family member remind them.

SESSION 2

Session aims:

1. During-intervention PSYCHLOPS assessment and general review (5 minutes)
2. Introduce Managing Problems strategy and work through client's main problem (70 minutes)
3. Practise Managing Stress (10 minutes)
4. Set practice tasks and end the session (5 minutes)

1. During-M+ assessment and general review (5 minutes)

Give the client the PSYCHLOPS assessment (during-intervention version; Appendix B). Using their responses, spend the first few minutes reviewing the past week. Also, include a brief review of their practice of slow breathing. Discuss and try and overcome any difficulties they had with this strategy.

Review and discuss any questions they may have had about the previous session.

Review and discuss their experience with practising Managing Stress over the past week. See the "Helpful hints" table in Session 1 to respond to any difficulties they had.

2. Managing Problems (70 minutes)

Aims:

1. Provide information about how Managing Problems is useful.
2. Teach steps for this strategy.
3. Apply this strategy with the problem identified at assessment as causing most concern (use Managing Problems handout – Appendix E).
4. Set up a plan for dealing with the problem that the client can carry out during the week (use calendar handout – Appendix E).

Managing Problems steps

Step	Description
8. Listing problems	• List problems as solvable (can be influenced or changed) or unsolvable (cannot be influenced or changed).
9. Choose a problem	• Choose an easier (solvable) problem to start with.
10. Define	• Choose the elements of the problem that are practical in nature and can be controlled or influenced to some extent. • Keep the explanation of the problem as specific and as brief as possible. • Try not to include more than one problem. • If a problem has many parts, break it down and deal with each part separately.
11. Brainstorm	• First, encourage the client to think of as many possible solutions to the problem as they can. Do not worry if the solutions are good or bad at this stage. • Think of what the client can do by themselves and also think of

	people who can help them manage parts of the problem. • Consider existing personal strengths, resources or support. • Try to encourage the client to come up with ideas rather than directly giving them solutions (remember the strategy of asking what they would say to a friend first, if you are tempted to give advice!).
12. Decide and choose helpful strategies	• From the list of potential solutions, choose those that are most helpful to influencing the problem. • Helpful strategies have very few disadvantages for the client and others. • Helpful strategies can be carried out (e.g. the person has the financial means, other resources or ability to carry out the solution). • You can choose more than one solution here.
13. Action plan	• Develop a detailed plan for how and when the client will carry out the solution(s). • Help them pick the day and time when they will do this. • Help them choose which solutions they will try first if there are more than one. • Discuss what resources (e.g. money, transport, another person and so on) they might need to carry out the solution. • Suggest aids to remind the client to carry out the plan (notes, calendar, schedule activities to coincide with meals or other routine events).
14. Review	• This step happens in the next session, after the client has attempted to carry out the plan. • Discuss what they did and what affect this had on the original problem. • Discuss any difficulties they had in acting on the plan. • Discuss and plan what they can do next week to continue to influence and manage the problem, given what they completed in the last week.

Introducing Managing Problems

Today we are going to start with the problem you said is causing you the most concern. (Name it and check that the client still wants to work on this problem first.)

Our starting point with any problem is to decide which parts of it are practical. (You may need to tell the client what part is practical the first time.)

The strategy I am going to teach you today will help you with the practical parts of your problem. It is called Managing Problems. Our aim is to see what elements of the problem you can solve or influence. You might not always be able to solve the whole problem, but rather you might be able to influence it somewhat or change the

way you are responding to the problem, which can help reduce negative feelings. (Specify the client's negative feelings.)

Go through each of the Managing Problems steps with the client. Be sure to explain clearly the aim of each step (use the Managing Problems handout to help you).

3. **Managing Stress** (10 minutes)

Practise slow breathing with the client. Help them to overcome any problems they had with the strategy when practising on their own (e.g. focus on breathing from the stomach, or focus on slowing breathing down, etc.).

4. **Practising strategies between sessions and ending the session** (5 minutes)

Encourage the client to carry out the plan for Managing Problems and to continue practising Managing Stress. Give them the Managing Problems handout (Appendix E) so they can remember how to follow the steps and the calendar handout (Appendix E) to remember what they have planned to do for the coming week.

SESSION 3

Session aims:

1. During-intervention PSYCHLOPS assessment and general review (5 minutes)
2. Review Managing Problems (35 minutes)
3. Introduce Get Going, Keep Doing (35 minutes)
4. Practise Managing Stress (10 minutes)
5. Set practice tasks and end the session (5 minutes)

1. During-PM+ assessment and general review (5 minutes)

Give the client the PSYCHLOPS assessment (during-intervention version; Appendix B). Using their responses, spend the first few minutes reviewing the past week. Discuss progress on any of the strategies.

Review and discuss any questions they may have had about the previous session.

Review and discuss their experience with practising Managing Stress over the past week. See the "Helpful hints" table in Session 1 to respond to any difficulties they had.

The majority of this session will be spent reviewing the client's attempts to carry out plans from Managing Problems (about 35 minutes) and introducing Get Going, Keep Doing (about 35 minutes).

2. Review Managing Problems (35 minutes)

When reviewing Managing Problems, consider the following:

- If the client did not complete their action plan, discuss what stopped them from doing it and ways they could overcome this problem and complete the tasks the following week (e.g. planning to allocate time to sit down and complete the task, completing the task with a trusted person to help them think of different solutions and so on).
- Discuss any difficulties or obstacles they faced that changed how they could complete their action plan.
- For clients who did complete all or part of the action plan, discuss the outcomes. Talk about how these outcomes change the original problem. Go back through the Managing Problems strategy to decide on more helpful solutions (Step 3 onwards) to continue influencing the problem.
- Encourage the client to apply Managing Problems to other problems they have, either in their own time (and discuss progress in the review section of each session) or, if there is time, you can go with them through the seven steps of Managing Problems.

3. **Get Going, Keep Doing** (35 minutes)

Aims:

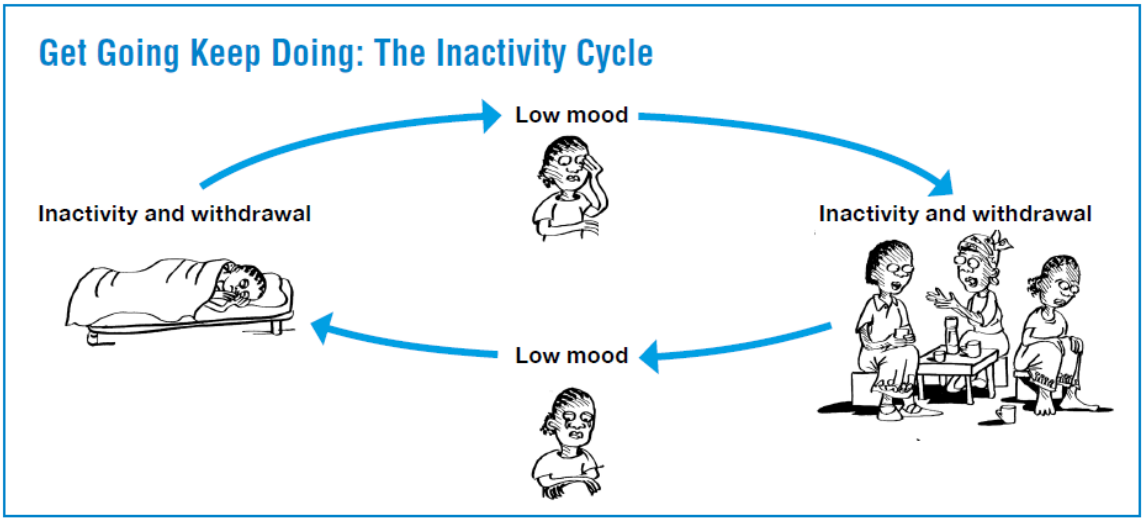
- Teach the client that adversity can cause people to become stuck in a cycle of low mood and inactivity.
- Reassure the client that problems with low mood and inactivity are not uncommon.
- Teach the client that becoming active through Get Going, Keep Doing can break this cycle of low mood and inactivity.
- Get Going, Keep Doing improves mood, which can also help people feel more confident in solving their practical problems.

Examples of activities that people often engage less in when in a low mood:

- pleasant events (e.g. activities they used to enjoy);
- social events;
- essential activities for daily living, which include:
    - household duties (e.g. cleaning, tidying the house, food shopping and preparation, child-care tasks);
    - employment duties (e.g. reduced activity at work or in extreme cases no longer going to work regularly or at all);
    - looking after oneself (e.g. getting out of bed, washing regularly, changing clothes and eating regular meals).

What does this strategy target?

It targets the cycle of inactivity that clients get stuck in when they are doing fewer activities. This inactivity causes low mood to continue, and keeps them from engaging in tasks and activities. A client will often say, "*I will do xx when I feel like doing it*."



What do you do?

Get Going, Keep Doing aims to break this cycle and improve the client's mood by getting them involved again in pleasant and task-oriented activities in spite of their mood.

Tips

- Invite a family member or friend into the room if the client would like them to be present. They might be able to provide some encouragement and support the client to start doing activities again.
- Be specific about the task or activity the client will engage in over the next week.
- Set very small goals for the client to achieve (due to their poor motivation and possibly low self-esteem, you want them to be able to achieve the goal).
- Use the list of activities as a guide if needed.
- Help the client to choose a time and day when they will be least distracted and also a time when they often feel the least tired or hopeless (e.g. mornings after the children have gone to school) to complete the activity or task.
- Use the calendar handout (Appendix E).
- Using other reminders (e.g. alerts on a mobile phone if the client has one, scheduling tasks to coincide with community activities or meal times or having a friend or family member remind them are all good ways of helping the client to complete the task).
- Focus on returning the person to a routine so that they are productive.
- Do not fall into the trap of thinking that this strategy is only about the person having fun. Many situations have little opportunity for positive experiences. Being active and productive is still very useful.
- Give the client the Get Going, Keep Doing handout (Appendix E).

Key points to include:

- Adversity can cause changes in people's mood – they can feel very sad and hopeless.
- Over time, if their mood does not improve, people can feel a lack of energy and motivation to do things.
- People might find that they do not enjoy things they used to enjoy.
- This can start a cycle, called the inactivity cycle.

Introducing Get Going, Keep Doing

When introducing the rationale behind Get Going, Keep Doing, be sure to relate the general information to the client's specific problems and presentation – i.e. talk about how you see the client's problems contributing to their current withdrawal from specific activities. Also show the client the Get Going, Keep Doing handout when explaining the cycle.

The following is a standard introduction. You may want to add information that is relevant and specific to the client. Alternatively, you may wish to include more specific information after giving this introduction (e.g. *"Now what I have become aware of from what you have told me is that you have stopped doing…"*). It is a matter of what you feel most comfortable and confident with.

It is very common for people who are exposed to hardship, loss and stressful life events to experience changes in their mood and to get easily tired. Over time, if a person's mood does not improve, they often begin to feel a lack of energy and motivation to do things they used to do quite easily. They may also start to find that they no longer enjoy activities that used to give them pleasure. This can start a cycle where the person's mood gets lower, which leads to more withdrawal from activities, which results in a further lowering of mood and so on. (Draw the inactivity cycle, as above, for the client.)

We call this cycle the inactivity cycle. Unfortunately, this cycle of inactivity keeps you stuck in your low mood or grief. Often people will think, "I will start doing things again when I feel better." Or they think that feeling energetic leads to getting active, but actually getting active leads to feeling energetic. So many people do not start feeling better until they get active. To break this cycle you need to start doing things again, even though you may not feel like it. Remember that many people do not start feeling better until they get active.

For many people it is starting the activity that is the hardest. But I can assure you that many people find that once they start doing activities it gets easier to keep going.

Thinking about the things you used to do before you were feeling this way, what is one pleasant or enjoyable activity that you could start doing again or

do more often? And thinking about when you were feeling better, what is one task, at home or at work, that you were doing regularly that you are no longer doing or that you do less? Great, so we will spend some time now scheduling in these tasks for you to start doing them again over the next week.

Steps to completing Get Going, Keep Doing:

1. Help the client to choose an enjoyable activity or task that is possible for them to do in the next week.
2. Help the client to break down the activity or task into very small and manageable steps.
3. Help the client to schedule when (days and times) they will complete the activity or task in the next week.
4. Discuss reminders the client can use to help them complete their activity.

4. Practise Managing Stress (10 minutes)

Practise slow breathing with the client. Help them to overcome any problems they had with the technique when practising on their own (e.g. focus on breathing from the stomach, focus on slowing breathing down and so on).

5. Practising strategies between sessions and ending the session (5 minutes)

Encourage the client to carry out the plans for Managing Problems and their chosen activity for Get Going, Keep Doing. Be sure that the client has copies of all the Managing Stress, Managing Problems and Get Going, Keep Doing handouts (Appendix E). If helpful, complete the calendar to help the client remember when to do their tasks.

SESSION 4

Session aims:

1. During-intervention PSYCHLOPS assessment and general review (5 minutes)
2. Review Managing Problems (20 minutes)
3. Review Get Going, Keep Doing (20 minutes)
4. Introduce Strengthening Social Support (30 minutes)
5. Practise Managing Stress (10 minutes)
6. Set practice tasks and end the session (5 minutes)

1. During-PM+ assessment and general review (5 minutes)

Give the client the PSYCHLOPS assessment (during-intervention version; Appendix B). Using their responses, spend the first few minutes reviewing the past week. Discuss progress on any of the strategies.

Review and discuss any questions they may have had about the previous session.

Review and discuss the client's experience with practising Managing Stress over the past week. See "Helpful hints" table in Session 1 to respond to any difficulties they had.

2. Review Managing Problems (20 minutes)

See notes from Session 3 for reviewing and continuing Managing Problems.

3. Review Get Going, Keep Doing (20 minutes)

When reviewing Get Going, Keep Doing, consider the following:

- If the client did not complete planned activities, discuss what stopped them doing this and discuss ways they could overcome this problem and complete the tasks the following week (e.g. planning to allocate time to complete the task, arranging for a supportive person to go with them, arranging for a family member to look after children while completing the task and so on).
- Discuss any difficulties or obstacles they faced that changed how they could complete their plan.
- For clients who did complete any of the activities, discuss the outcomes. Ask specifically about how this affected their mood, self-confidence and so on.
- Review the Get Going, Keep Doing strategy and decide on new activities or tasks that the client could include in their week or increase the number of times they are engaging in the activity they have already started doing. Try to help the client select a range of different types of tasks and activities (e.g. not just all self-care activities).
- Be sure they have a copy of the Get Going, Keep Doing handout (Appendix E).

4. Strengthening Social Support (30 minutes)

Aims:

1. Provide information about the importance of having and using good social support.
2. Help the client to identify at least one person or organization from whom they could get support.
3. Plan how the client can strengthen their social support with the chosen person or organization.

Key points to include:

- There are many forms of social support.

  – Having a friend or family member listen and validate the person's concerns and emotions rather than be dismissive and not show any care

  – Connecting with an agency that is providing needed and appropriate information and support to the person

  – Getting help to complete a difficult task or providing a way of completing a task (e.g. driving them somewhere, borrowing something from them and so on)

  – Spending time with others but not necessarily talking about problems (e.g. sharing a meal)

  – Helping other people (while not forgetting to take care of oneself)

- People feel more confident and hopeful about dealing with problems and adversity when they are supported.
- Problems can feel more manageable when people are supported.
- Sharing problems with others can help them feel less burdened.
- Hearing other people's problems can help people feel they are not alone in their suffering.
- You may share a proverb that reflects the idea of social support: e.g. *"A problem shared is a problem halved." " Shared joy is a double joy; shared sorrow is half a sorrow."*

Introducing Strengthening Social Support

You may show your client the Strengthening Social Support handout while explaining the strategy.

Strengthening social support can mean different things to different people. For some people, it means sharing their difficulties and feelings with other people they trust. Or it might just be helpful spending time with friends or family and not talking about problems. For others, it might be asking to use resources from trusted people such as tools or even knowledge that is needed to get something done. And for others still, it might mean connecting with community organizations or agencies to get support. These forms of social support can be very powerful in reducing difficulties and distress. Is

there some way you think you might be able to strengthen your social support?

Help the client to decide in what way they want to strengthen their social support.

- For example, by talking to someone, by getting more practical help, such as borrowing something, or connecting with another agency or community organization.

If the client is not sure about strengthening their social support even though you have reason to believe they need to, you may want to discuss this further:

Many people feel unsure about talking with others about their problems or asking others for help. One reason is because they are worried they will burden the other person with their problems. This is often not true. People will often share problems when they hear their friends tell them about their own problems. Or they might ask for help in return. This might be because that friend is also experiencing similar problems. Rarely will one person only talk about their problems or only ask for help. It can also be helpful hearing other people's difficulties so you get some perspective on your own issues, especially if you think you are the only one experiencing a problem.

Another reason why people do not get support from others is because they have no one they can trust. If you think you don't have anyone you can trust, shall we discuss more together on finding someone that you can trust?

Plan how the client will strengthen their social support

Once the client has identified at least one person, community organization or more formal support agency that they are willing to get support from, help them with the following:

- Plan exactly what they are going to do (e.g. call or visit the person/organization).
- Decide what day they will do this.
- Ask them what they will tell the person or agency or do with them (e.g. talk about a practical problem and how that makes them feel, about being involved in PM+, about the specific problem you are working on with them in the session). You may even make time for the client to rehearse what they will say to the person or organization.

5. **Practise Managing Stress** (10 minutes)

Practise slow breathing with the client. Help them overcome any problems they had with the technique when practising on their own (e.g. focus on breathing from the stomach, or focus on slowing breathing down and so on).

6. **Practising strategies between sessions and ending the session** (5 minutes)

Encourage the client to carry out the plans for Managing Problems, their Get Going, Keep Doing activities and their Strengthening Social Support action plan. Be sure they have all the client handouts for all of the strategies and use the calendar if this is helpful for planning when they will do these activities.

SESSION 5

Session aims:

1. During-intervention PSYCHLOPS assessment and general review (20 minutes)
2. Discussion and education about how to stay well (30 minutes)
3. Imagining How to Help Others (20 minutes)
4. Looking to the Future (15 minutes)
5. Ending the session and programme (5 minutes)

1. During-PM+ assessment and general review (20 minutes)

Give the client the PSYCHLOPS assessment (during-intervention version; Appendix B). Using their responses, spend the first few minutes reviewing the past week. Discuss their experiences of completing their action plans for all of the strategies. Make sure that you spend some additional time reviewing Strengthening Social Support, as this was only introduced in the last session.

Review and discuss any questions they may have had about the previous session.

2. Introducing Staying Well (30 minutes)

Begin by congratulating or praising your client for participating in PM+ and for their efforts:

As you are aware, today is our last session and I want to start by congratulating you on reaching this stage. You have shown a lot of courage and effort to talk about some difficult topics and to face these head-on. How do you feel about this being the last session? Are there areas that you think have improved since starting PM+? What about areas that have not improved? Do you have any ideas about what you can do to try to improve those areas?

Key points to include:

- PM+ is like learning a new language – you need to practise it every day if you want to speak it fluently.
- The more you practise PM+ strategies, the more likely you will stay well.
- If you face a difficult situation in the future, you will have a better chance of managing it well if you have been practising PM+ strategies regularly.
- The client has all the information they need to use PM+ strategies on their own.
- Sometimes putting reminders of the PM+ strategies around one's house can be helpful (you can invite the client to suggest ideas on how to do this).
- Many clients will face problems in the future.

Encourage your client to continue practising the strategies to stay well. You might start by asking the client to think about what they can do to stay well. You can also emphasise to the client that they have the handouts, which they can use to remind themselves of the strategies (Appendix E).

For example:

So, we are going to talk about how you can stay well after finishing this intervention. Do you have any ideas about what you can do to stay well?

An example where you might be clearer about what the client can do to stay well:

I like to think that this intervention is similar to learning a new language. I have coached you in learning some strategies to help you deal with different problems in your life. Just like learning a new language, though, you need to practise it every day if you want to speak it fluently. In the same way, if you practise these strategies as often as possible, you will have a better chance of staying well. Also, if you face a difficult situation in the future, you will have a better chance of managing it well if you have been practising the strategies regularly.

There is nothing magical about this intervention – you have learned it all and can apply it to your life by yourself. You are your own helper now. And if you need any help remembering how to use the strategies, you have these handouts you can look back over. You might want to use these pictures or something else to put around your house to help remind you of the things you have learned. Some people have stuck notes on their walls or put them in areas of the house where they spend most of their time so they never forget the strategies.

Spend some time then talking about what specifically the client could do if they experienced a severe stressful event or negative feelings in the future. Give the client the opportunity to tell you what they would do first. Help them to be as detailed as possible in describing how they would respond (e.g. ask them for suggestions of ways they could improve their social support rather than just saying, "*I will strengthen my social support"*).

It is not uncommon for clients to experience difficulties in the future. What do you think you can do the next time you experience a very difficult

situation or notice negative feelings again? (Give specific examples relevant to the client, e.g. losing a job, conflict with a partner, feeling depressed and so on).

3. Imagining How to Help Others (20 minutes)

For many clients, it is helpful to make sure that they understand each of the strategies you have taught them. Using the case examples in Appendix F, ask the client to imagine that each of these people were a close friend and think about what strategy they would suggest their friend should practise. If clients find this task difficult, use it as an opportunity to teach them what strategies suit which problems. If clients prefer to talk about a real friend who is experiencing problems, use their example instead.

What we are going to do now is work together as helpers so you can feel confident that you understand all the strategies and when it is best to use them. So, I have some examples of different people here and I want you to imagine that this is a close friend or family member of yours. Once I have read the example, we will spend some time talking about how you might help them deal with their problems using any of the strategies you have learned. (Read the first example in Appendix F.)

Can you make some suggestions as to which of the strategies you have learned might be most helpful to them?

4. Looking to the Future (15 minutes)

Aims:

1. Help the client prepare for the future.
2. Help the client review goals not achieved or problems not improved in PM+.
3. Help the client think in what ways they would like to keep improving (i.e. name new goals).

Finally, I would like to spend a little bit of time talking about how you might continue to practise the strategies you have learned to achieve some goals you might have. Are there any current problems that you would like to deal with in the short term with any of the strategies?

If the client is having difficulties identifying any goals or problems they would like to deal with, you may want to refer back to their original list of problems from the assessment.

So thinking about this problem, what is the first thing you might be able to do to start solving or reducing the problem? When could you do this?

Help the client to develop an action plan – i.e. what they can start doing to continue to improve their well-being or manage their problems.

5. **Ending the session and PM+** (10 minutes)

To end the session, thank and congratulate the client again. Wish them luck with their recovery and remind them to keep working on their strategies. We recommend that you arrange to follow up with the client in several months' time to check on their progress. It may be helpful to check at this point whether the client is planning to relocating or move out of the area.

What if the client has not improved by the end of the intervention?

You should discuss the client's progress with your supervisor. If you and your supervisor decide that a client has not improved enough by Session 5 (e.g. there is little or no change in emotional problems such as mood, anxiety or stress), there are several options below that you may consider. You and your supervisor may decide this either (a) between Sessions 4 and 5 or (b) after you have seen the client in Session 5.

4. Based on discussions with your supervisor, you may encourage the client to continue practising PM+ strategies independently and arrange to follow them up at a specified time in the future (e.g. three months after Session 5). This would only be recommended if the client's level of distress is not severe and they do not have thoughts of suicide.

5. Based on discussions with your supervisor, you may refer the client to a (mental) health professional for assessment and further care. This would be recommended for clients in severe distress or with thoughts or plans of suicide at the end of PM+ or at the three-month follow-up assessment. This would also be recommended if the client has engaged well in PM+ but there has not been much change to their distress.

6. Based on discussions with your supervisor, you and your supervisor may offer additional sessions of PM+, using the same strategies. For instance, a client who has taken longer to feel comfortable trusting you as a helper but begins to show improvement in later sessions may benefit from this option.