



GROUP PROBLEM MANAGEMENT PLUS (GROUP PM+)

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

Generic field-trial version 1.0, 2020
Series on Low-Intensity Psychological Interventions – 4



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Organization**

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ISBN 978-92-4-000810-6 (electronic version)

ISBN 978-92-4-000811-3 (print version)

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Suggested citation. Group Problem Management Plus (Group PM+): group psychological help for adults impaired by distress in communities exposed to adversity (generic field-trial version 1.0). Geneva: World Health Organization; 2020. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo/).

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Graphic design and layout: Alessandro Mannocchi

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Preface

With the unprecedented increase in humanitarian emergencies in recent years, growing numbers of people are facing adverse living conditions and are at risk of developing mental health problems. Recently WHO has sought to meet the needs of people experiencing mental distress and impairment through the publication of the intervention *Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity*. The defining feature of this manual – which was developed to help one individual at a time – is that it was designed to support adults impaired by distress, regardless of the specific mental health problem they are experiencing. This means that more people can be helped through a single brief psychosocial intervention. Secondly, it comprises evidence-based strategies adapted so that they can be delivered by supervised non-specialist providers after brief training. This is critical if we want to bridge the gap between mental health problems and access to effective care. In many settings where mental distress is high due to adversity there is a lack of psychosocial support, including a lack of mental health professionals.

Since the publication of this manual, PM+ has been implemented in many countries. While the overall feedback has been positive, there have been requests for a group version and, as a result, WHO has developed this new manual. The provision of PM+ in a group format allows for greater reach and acceptability in many community settings. Delivering the intervention to groups of people also fosters social engagement and support, which is a critical factor in maintaining good mental health and well-being. It is expected that Group PM+ will enable more people to receive quality care.

Group PM+ is designed for adults impaired by psychological distress and can be delivered by non-specialist professionals following brief training and with ongoing supervision. It draws on the same therapeutic strategies as the individual version of PM+ and is delivered over five two-hour sessions. The effectiveness and feasibility of Group PM+ has been shown through randomized controlled trials conducted in Pakistan and Nepal.

With this manual, and following cultural adaptation, governments and civil society will be better equipped to respond to and manage common mental health problems for adults affected by adversity.

Dévora Kestel

Director

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Acknowledgements

Project coordination

The PM+ project has been coordinated by Mark van Ommeren (Unit Head of the Mental Health Unit in the Department of Mental Health and Substance Use) under the direction of Shekhar Saxena (until 2018) and Dévora Kestel (from 2019) as part of the WHO Series on Low-Intensity Psychological Interventions.

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This manual has been written by Katie Dawson (University of New South Wales (UNSW)).

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Testing

The following agencies were partners in testing Group PM+ through a feasibility study and a definitive randomized controlled trial (RCT) in Swat, Pakistan: Human Development Research Foundation, Islamabad, Pakistan; District Health Department, Swat, Khyber Pakhtunkhwa (KPK), Pakistan; Saidu Teaching Hospital, Saidu Sharif, Swat, KPK, Pakistan; Khyber Medical University, Peshawar, Pakistan; University of New South Wales; VU University Amsterdam; and the Institute of Psychiatry, WHO Collaborating Centre for Mental Health Research and Training, Rawalpindi Medical College, Rawalpindi, Pakistan.

The following agencies were partners in testing Group PM+ through a feasibility study and a definitive RCT in Sindhuli and Morang, Nepal: TPO Nepal, Kathmandu, Nepal; George Washington University, Washington, DC, USA; King's College London, London, UK; University of New South Wales, Sydney, Australia; Duke University, Durham, USA; WHO Country Office, Nepal.

Acknowledgements of the contributions of colleagues involved in the testing of Group PM+ will be included in articles describing its evaluation.

Funding

The development and testing of Group PM+ is funded by USAID OFDA.

Document production

We thank David Wilson for text editing and Julie Smith for artwork.

Administrative support

Evelyn Finger and Ophel Riano (WHO).

Note on translation of this guide

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Chapter 1

BACKGROUND

Problem Management Plus (PM+) was developed in 2013 as a five-session individual intervention for adults affected by adversity (e.g. poverty, natural disasters, war, etc.). There is a lack of scalable, evidence-based psychological interventions, despite the widespread existence of prolonged disabling distress. PM+ represents one scalable psychological intervention that is aimed at mental health-care professionals who have never been trained in these techniques before, as well as a wide range of people without professional training in mental health care (ranging from people with a degree in psychology but without formal training and supervision in counselling to community workers and other lay helpers).

Who is PM+ for?

PM+ helps people better manage their practical problems (e.g. employment, conflict, housing, etc.) and emotional problems (e.g. feelings of stress, hopelessness, intense sadness, etc.).

Although PM+ has been developed for application to people affected by adversity, it has been developed in such a way that it can help people with depression, anxiety and stress, whether or not adversity has caused these problems. It can be applied to improve most common mental health problems.

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 participants 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)¹ and refer the person to a trusted protection agency.² Once these risks have been adequately responded to and the person is able to engage in the intervention, such participants may also receive PM+.

¹ 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*. (https://www.who.int/mental_health/publications/guide_field_workers/en/) WHO: Geneva; and World Health Organization, War Trauma Foundation and World Vision International (2013). *Psychological first aid: Facilitator's manual for orienting field workers*. (<https://apps.who.int/iris/handle/10665/102380>) WHO: Geneva.

² See also: *How to support survivors of gender-based violence when a GBV actor is not available in your area: A step-by-step pocket guide for humanitarian practitioners* (2018). https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gbv_pocket_guide.pdf

Group format

This manual represents a version of the original PM+ intervention for application in groups of adults. Providing a group version of PM+ will likely offer a more suitable option for many contexts.

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

This Group PM+ manual may be for you if you:

- work in an organization that offers help to people affected by adversity;
- have a genuine motivation to help others and are based in a work setting that allows you to spend enough time with your participants;
- have preferably at least completed high school education;
- have completed training in how to use Group PM+;
- work in a team with others; and
- 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 facilitators who are not mental health professionals should involve classroom and in-field training. The classroom training should be at least 96 hours (12 full days). This should be conducted by a mental health professional who is competent and experienced in all the strategies included in Group PM+ (i.e. problem-solving therapy, stress management, behavioural activation and strengthening social support).

Classroom training includes:

- information about common mental health problems (i.e. depression, anxiety, stress);
- the rationale for each of the Group PM+ strategies and how to deliver them;
- basic helping skills;
- skills to lead and manage a group;
- role-play (trainer demonstrations and trainee participation) on delivering strategies and basic helping skills. Towards the end of the training, one full day is devoted to role-playing;
- helper self-care.

In-field training is required. Knowing the theory of Group PM+ does not make someone skilled in delivering it. Supervised practice strengthens facilitators' knowledge of and skills in Group PM+ and is essential to build the necessary confidence. Following classroom training, at least two groups should be conducted for five sessions (i.e. 20 hours) of supervised practice of Group PM+. The five sessions may occur over a two-week period (minimum). The in-field practice sessions should happen with participants who have less severe presentations (e.g. not with severe depression) and under close supervision (1–2 supervision sessions per week). After training in the intervention, Group PM+ should be implemented under routine supervision. The frequency of supervision (e.g. weekly or fortnightly) depends on the skill levels of the facilitators, which may change over time.

Mental health professionals without formal clinical training in CBT may also seek to learn Group PM+. Their training should be completed in 40 hours (five full days), followed by two groups of closely supervised practice. Routine supervision (weekly or fortnightly, depending on the skill levels of the facilitators) 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 facilitators per group. Supervisors should have experience in mental health care. They should have completed the Group PM+ training and an additional two days of training in supervision. All supervisors should have or should gain experience in delivering Group PM+ themselves.

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

Supervision involves:

- discussion about participants' progress;
- discussion about difficulties experienced with participants or when delivering strategies;
- discussion about difficulties managing group dynamics;
- discussion about positive experiences with participants or the intervention;
- role-playing how to manage difficulties or to practise skills (to improve facilitators' skills in Group PM+ and skills in group management);
- facilitator self-care.

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

How are Group PM+ sessions structured?

Group PM+ is structured in the following way:

- Pre-intervention, during-intervention³ and post-intervention assessments;
- Family engagement session (optional);
- Five group sessions;
- Sessions happen once a week;
- Sessions last approximately two hours, including time to arrive, teaching and activities and an optional refreshment break.⁴

Each session includes the following:

1. Group teaching and activity time
 - Introduction of a PM+ strategy, including:
 - education about the strategy;
 - discussion on why each strategy is important;
 - activities (e.g. role-plays, rehearsals, partner and group exercises) and discussions to help apply each strategy to one's life;
 - steps to complete each strategy.
 - Case example booklet (Appendices I and J)
 - To demonstrate how each PM+ strategy can be applied in one's life.
 - The same case is used throughout the entire intervention.
 - Separate male and female versions are provided.
 - It is recommended that you print the case example separately and use it as a standalone booklet.
 - Another version of the booklet that presents images and text on different pages (i.e. to use like a flip book) is available from psych_interventions@who.int.

³ This is optional. It is recommended that you consider how you can conduct the during-intervention assessments with individual participants in private and so that the intervention sessions are not prolonged. Some research sites decided not to administer these assessments as they were unable to maintain confidentiality or complete them in sufficient time (e.g. sessions were three hours long).

⁴ It is important that you prepare how to manage refreshment breaks ahead of starting a group. You should prevent participants from leaving the building where the group is taking place (e.g. to go home). Some ideas for keeping them in the vicinity are doing group activities, continuing activities and discussions to complete PM+ strategies and speaking with individual participants to support them.

2. Group discussions

- Sharing of personal stories and experiences of using each strategy;
- Discussion about common problems faced with the strategy and how to overcome these.

3. Individual–facilitator discussions

- Participants will have the chance to speak with group facilitators about how to apply a PM+ strategy to their personal lives.
- This will happen when facilitators are checking participants' plans for their home practice.
- Facilitators may need to make time after the session if participants require more support.

4. Group rituals and activities

- During teaching sessions and breaks, group rituals and activities will be included.
- Aim to support participants in learning PM+ strategies and how to use them to better manage their emotional and practical problems.

See below for a session-by-session overview.

PM+ assessments

Three assessments will take place. All assessments will be completed with participants individually and face-to-face.

1. Before-Group PM+

- This is called the *pre-intervention assessment*.
- It is completed before the group starts.
- The aim is to find out whether the Group PM+ approach is appropriate for certain individuals and, if so, to gather information about their needs and main concerns.

2. During-Group PM+ (optional)

- A brief assessment or informal check-ins to assess how participants are doing will be done during Group PM+ sessions.
- If you decide to complete this assessment you will need to do it:
 - with every participant in your group;
 - individually (make sure you can find a quiet area to maintain confidentiality);
 - in every session.

3. After-Group PM+

- This is called the *post-intervention assessment*.
- It is done after a participant has completed Group PM+ or after a participant has dropped out of the group (i.e. they may not have finished all five sessions).
- The aim is to see whether the participant has improved after the five sessions and, if not, to find ways to help them improve their mood and well-being in other ways.

Please see Chapter 4 for more information on assessments.

Group PM+ facilitators

To effectively run a group, it is advised that one facilitator leads no more than six participants at a time. When more participants are included in a group, seek to include additional facilitators.

1) Role of group facilitators

- To lead the group through Group PM+;
- To support individual participants as they learn to practise PM+ strategies.

When there are two facilitators, one will be in charge of leading the session while the other monitors time and provides assistance to individual participants.

2) Qualities of group facilitators

Good facilitators of Group PM+ are likely to share the following qualities:

- passionate about helping people affected by adversity;
- have a good understanding of PM+ (i.e. from completing Group PM+ training);
- good at communicating information in simple, interesting and creative ways;
- comfortable using basic helping skills (see Chapter 3);
- have an understanding of and respect for diversity of cultures and beliefs of their participants;
- have lots of energy to manage groups of people.

How to use this manual

This manual is used to guide facilitators through each session. You should be familiar with what will happen in each session before you lead that session. You may also have this manual with you in the session to remind you what you should be doing or to read the suggested questions, prompts or scripts (included *in italics*).

Be familiar with the case example before leading a group. Check that the case example is appropriate for the participants included in your group.

To better understand the theory behind each PM+ strategy or the rationale for developing PM+, refer to the Individual PM+ Manual: https://apps.who.int/iris/bitstream/handle/10665/206417/WHO_MSD_MER_16.2_eng.pdf;jsessionid=4EE0D317DCE76AA1693699AE438080B6?sequence=1

This manual helps facilitators to:

- *describe strategies* – by listing key points to tell participants and giving suggested scripts to follow;
- *describe how to use each strategy* – by giving a case example that describes how each strategy can be used in an individual's life to help them manage their problems;
- *encourage group discussion* – by suggesting questions and prompts;
- *facilitate active learning* – by describing how to lead group activities;
- *manage time* – by giving estimated time limits for each session.

Facilitators should try to stick as closely as possible to what is described in this manual. All the key points, suggested scripts (presented *in italics*) and activities have been included here because they give all the information you need to help participants understand Group PM+. If you include things that are too different from what is in this manual or ignore parts of it, you may be doing something different from PM+.

It is important for you to be *flexible* when:

- there is a *more sensitive way* of describing a topic or strategy to the group than what is in this manual (e.g. through metaphor);
- sections of the manual have been altered when it is culturally adapted (see below);
- the *group dynamics/relationships* do not permit you to deliver a part of Group PM+ as described in this manual (e.g. the group has become very distressed so you decide to include Managing Stress earlier in a session).

Cultural and contextual adaptation and translation

This generic manual is written in a way that aims to be suitable for all cultures and contexts. However, parts of the manual, in particular the case examples, may require some adaptation to suit the context in which you are implementing the programme. Any adaptations should be considered carefully and discussed in training and prior to implementing the programme with participants.

In most cases, you will need only to make small changes to the case examples. For instance, you could make any of the following changes:

- Include references to religion (e.g. the person in the case example could choose prayer or meditation as a pleasant activity for Get Going, Keep Doing).
- Choose more relatable problems for Managing Problems or activities for Get Going, Keep Doing.
- Choose a more appropriate example of seeking social support.
- Choose more appropriate solutions for Managing Problems (e.g. depending on the resources available to your participants).

It is not expected that all participants will be experiencing the same problems as in the case examples. Participants should be told that the story describes how PM+ strategies can be used to manage problems. These problems may be relevant to the types of problems they and others in their community are experiencing, but they could also be experiencing different problems.

As part of the adaptation phase you may decide to have new pictures drawn: for example, to show people in more appropriate clothing or in more appropriate homes or other settings. However, you should not make major changes to the case examples or the pictures as these have been tested in randomized controlled trials. This manual includes pictures drawn for the following settings, in which Group PM+ has been tested: Pakistan (female only), Nepal (male and female) and Syrian refugees living in different countries (male and female). You can choose to use these pictures, or a local artist should use them as a guide to draw new pictures.

The adaptation process also includes correct and understandable translation into the local language. The intervention manual should be translated into a language that intervention providers can read. Text in the manual that needs to be communicated to people directly (e.g. hand-outs or speech bubbles in the manual) should be translated into informal, day-to-day language. More information on adaptation and translation can be found in WHO's forthcoming *Psychological interventions operational manual* (draft available upon request).

Structure of this manual

This manual is divided into 10 chapters, each of which deals with a separate step of the Group PM+ process, including a separate chapter for each of the five Group PM+ sessions (see below for a session-by-session overview). A checklist of materials needed for each session is also included at the beginning of each chapter.

Each session includes all the information you will need to lead a group. The manual guides you on when to read the case example, begin group discussions and start an activity. There are steps for how to introduce each PM+ strategy, including key points that must be covered. *In italics*, there are also suggested questions or scripts for starting a discussion or for explaining a strategy when you get stuck.

Appendices: At the back of the manual are a number of appendices containing important information. You should be familiar with these sections before leading a group.

Appendix	What it includes
A: Pre-Group PM+ Assessment	The pre-intervention assessment protocol. You can print and copy this protocol to take to the assessment.
B: During-Group PM+ Assessment	The during-intervention assessment. You can print and copy this protocol to take to the sessions.
C: Post-Group PM+ Assessment	The post-intervention assessment protocol. You can print and copy this protocol to take to the assessment.
D: Assessing and Responding to Thoughts of Suicide in Group PM+	A form that can be taken into an assessment and intervention sessions to guide you on how to assess and respond to participants who have thoughts of suicide.
E: Helpful Hints and Facilitators' Notes	Each strategy has Helpful Hints and/or Facilitators' Notes. These describe common difficulties that participants can have with each strategy. They also give you suggestions on how best to manage these difficulties.
F: Group PM+ Posters	Posters to be displayed in different sessions to help participants understand specific concepts.
G: Participant Handouts	Pictorial handouts are given to participants to remind them of the Group PM+ strategies. Relevant handouts can be given to participants at the end of each session.
H: Helping Others – Case Examples	Describes the Helping Others case examples that you will use in Session 5.
I: Case Example – Female	The female case example booklet.
J: Case Example – Male	The male case example booklet.

Session-by-session overview

Session	Content	Time	Activities/materials
Pre-Intervention Assessment	Conduct with individual participants before starting Group PM+	60 minutes	Pre-Intervention Assessment Protocol (Appendix A)
Family Engagement Session (optional)	If the participant thinks it is helpful, the facilitator meets members of their family and provides information about Group PM+	45 minutes	
1 Understanding PM+ and Managing Stress	Arrive and settle into the group	20 minutes	Refreshments
	Welcome and introductions	10 minutes	Name tags if available
	Group Guidelines	10 minutes	Large sheet of paper and markers Group Guidelines poster (optional)
	What is PM+? Individual Goals	25 minutes	What is PM+? poster Reasons For and Challenges To Joining Group PM+ handout (optional) Ball of wool
	Break		
	What is Adversity?	20 minutes	Four What is Adversity? posters
	Managing Stress	25 minutes	Large sheet of paper and markers Ball of wool, balloons, timer or watch
	Ending the session	10 minutes	Individual action plans Managing Stress handout
2 Managing Problems	Arrive and settle into the group	10 minutes	Refreshments
	Welcome and general review	5 minutes	Name tags if available
	Review Managing Stress	10 minutes	
	Managing Problems – education and example	30 minutes	Managing Problems poster Case example booklet
	Break		
	Managing Problems – participant problems	35 minutes	Managing Problems poster and handout (optional)
	Managing Stress	10 minutes	
	Ending the session	10 minutes	Individual action plans Managing Problems handout

3 Get Going, Keep Doing	Arrive and settle into the group	10 minutes	Refreshments
	Welcome and general review	5 minutes	Name tags if available
	Review Managing Stress	10 minutes	
	Review Managing Problems (and continue with same or new problem)	30 minutes	Managing Problems poster
	Get Going, Keep Doing – education and example	25 minutes	Case example booklet Inactivity Cycle poster
	Break		
	Get Going, Keep Doing – participant activity	35 minutes	
	Managing Stress	5 minutes	
	Ending the session	10 minutes	Individual action plans Get Going, Keep Doing handout
4 Strengthening Social Support	Arrive and settle into the group	10 minutes	Refreshments
	Welcome and general review	5 minutes	Name tags if available
	Review Managing Stress	10 minutes	
	Review Managing Problems (and continue with same or new problem)	20 minutes	Managing Problems poster
	Review Get Going, Keep Doing (and continue with same or new activity)	20 minutes	
	Break		
	Strengthening Social Support – education and example	20 minutes	Case example booklet
	Strengthening Social Support – participant Support	25 minutes	
	Managing Stress	5 minutes	
Ending the session	10 minutes	Individual action plans Strengthening Social Support handout	

5 Staying Well and Looking Forward	Arrive and settle into the group	15 minutes	Refreshments
	Welcome and general review	5 minutes	Name tags if available
	Review Managing Stress; Managing Problems; Get Going, Keep Doing; Strengthening Social Support home practice (and help set up continuation of strategies)	25 minutes	Managing Problems poster
	Review PM+	15 minutes	Helping Others case examples PM+ Strategies poster
	Break		
	Staying Well	20 minutes	
	Looking Forward	20 minutes	Materials for reminder cards (optional) or handout of all the strategies
	Closing ceremony	15 minutes	Meal (optional)
	Post-Intervention Assessment Conduct with individual participants after completing Group PM+		40 minutes

What you need to know about working with groups

Leading groups in a psychological intervention is very different from working with individuals. There are a number of things you should think about before working with a group.

Practical things to consider

1. Number of participants

- Having two facilitators is ideal. This allows for one facilitator to lead a session while the other can watch the time, monitor group relationships and identify individuals who might be having difficulties understanding the information or who are feeling especially distressed.
- It is recommended that for every six participants you have one facilitator.
- Twelve participants in one group is the recommended maximum number.

2. Gender

- If possible, groups of the same gender are recommended.

3. Age

- Group PM+ has only been tested with adults (i.e. people over 18 years). Therefore, we do not know if Group PM+ would be effective for people younger than 18 years of age.
- It is possible that Group PM+ would be effective for older adolescents (above 16 years). If facilitators choose to include older adolescents, they should make appropriate (age-related) adaptations to the manual (e.g. simplify the language, make adaptations to the case examples, etc.).

4. Cultural and political issues

- If possible, include participants of the same cultural, religious and political background.
- When this is not possible, you should be aware of these differences in the group and consider how they might interfere with the group dynamics. For instance, you may need to discuss these differences openly with the group during the group rules discussion in Session 1. At other times, you may need to make sure that participants from the same background are not always sitting together. Finally, you might need to monitor group discussions to make sure that participants are respecting others from different backgrounds or with different beliefs.

How to manage a group

How to manage a group is an important topic covered in Group PM+ Training. The following are necessary skills you should feel confident in. Using your basic helping skills is very important when managing a group. Please read about these skills first in Chapter 3.

1. Keeping to time without cutting short valuable group discussion

- Reminding participants about time schedules throughout the intervention is helpful.
- Break times can be used to return to group discussions that you have needed to cut short.
- Sometimes you might decide that a group discussion is very important to continue with and so you decide to shorten another section of the session (see example in point below). If you decide to do this, think about how you can make time to cover the topic you have skipped (e.g. ask the group to stay longer, ask the group to arrive earlier the next time, make the breaks shorter, etc.). Always talk with your supervisor about these decisions to make sure that you have not skipped important information.
 - For example, a discussion about how one participant is applying a strategy is going on for longer than expected. You decide to continue this discussion because you can see that other participants are also learning about the strategy and how they can apply it to their own lives.

2. Managing participants who dominate sessions

- A 'dominant' participant might be someone who talks a lot in the discussion, does not let other participants share their stories, talks over the top of others or rejects other participants' opinions. They can try to force the group to help manage their own personal problems too.
- Be sure always to use your basic helping skills when managing dominant participants.
- When a participant is being dominating, use your skills to manage them during the group session and also on their own.
- During the group session, you can thank the person for their contribution and then invite others to share.
 - For example: *"Thank you (name). What you are saying is very interesting but I'd also like to hear from others in the group. Has anyone else had a similar or a different experience?"*
- If a participant is causing problems in the group and not responding to your management, you should speak to them on their own during a break or at the end of a session. Explain to them that it is important that everyone has a turn to talk or have their problems managed in the group. Be careful not to start by saying something negative to the person as they may not listen to your suggestion.
 - For example: *"You have been very engaged in the programme, which is good. However, it is very important that everyone in the group has an opportunity to speak. And I have noticed that this is not happening. So, would you try to respect everyone in the group by not talking over the top of others and by giving everyone a chance to talk? This might mean waiting and letting someone else talk first when there is a discussion. Does this sound okay to you?"*

- There can be reasons why the person is being dominant in the group (e.g. they do not like other participants from different backgrounds, they believe they need the most help in the group, they or other participants believe that they should be dominant or speak for others because of their position in the community or their age). It would be helpful to understand what these reasons are and to help the participant and the group to manage them.
- Consider asking the individual this question in private: *“Are there any problems you are having in the group that are causing you to talk over the top of other participants? I would like to be able to help you manage these if this is possible.”*

3. Managing distressed individuals

- Communicating concern and validating a participant’s distress is the best first response (see Chapter 3 for tips on how to do this). For participants 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). You may also refer the person to another service who can provide more appropriate assistance.
- Giving the participant time to calm down is also important. Being quiet and not moving the discussion on or moving on to another topic is one way of doing this. Often, other participants will help the distressed person (e.g. by putting an arm around them, acknowledging their distress).
- If the participant is having difficulties calming down by themselves, a good idea is to practise Managing Stress as a group.
 - For example: *“Would you find it helpful if we practised Managing Stress as a group?”*
- If a participant’s distress is very strong and is interfering with the group and you have a second facilitator, ask this person to take the participant out of the group and manage their distress together. This way you can continue with leading the group. If you are on your own, ask the group to take a 10-minute break, and sit with the participant on their own. After 10 minutes the participant might decide to rejoin the group or take some time away from the group to calm down on their own. If you do this, be sure to encourage them to come back to the group, or check on them after 10 minutes if they have not returned.

4. Encouraging discussion in a quiet group

- Case examples are helpful for encouraging group discussion. You can ask the group to talk about the case example if they are not talking about personal problems.
- Sharing other examples you are familiar with (e.g. from the community, from previous groups you have led) can help participants feel more comfortable about joining discussions. When giving examples, be sure not to include real people’s names or stories that might identify who they are (this would break confidentiality; see Chapter 3).
- Talking individually to participants to help them participate in the group can be helpful.
 - For example: *“I have noticed you are very quiet in the group. Is there anything I can do to help you engage more in the discussions?”*

5. Managing group discussions that go off-topic or identify unhelpful strategies or strategies outside of PM+

- You will need to be firm when redirecting group discussions. Also be sure to use your basic helping skills.
 - For example: *“I can see this is an interesting discussion, but we have moved away from the focus of this session. Let’s come back and we can discuss this topic during the break.”*
 - For example: *“This strategy sounds like it was helpful for you, but it is not part of PM+ and so we will not talk about it in this session. You are welcome to discuss it with me outside of the session.”*

6. Participants disclosing too much information

- Sometimes participants will share very personal information. This can make other participants uncomfortable. It will be your job as facilitator to decide if the information being shared in the group is not appropriate or is too personal.
- If you decide that a participant is sharing too much information or it is too personal, you can do one or all of the following:
 - Ask the participant to monitor how much they are sharing and try to reduce it by themselves.
 - Decide on a secret sign you can give to the participant if they are sharing too much information so they can stop (e.g. raising your hand).
 - Agree that you will gently cut them off when they are sharing too much information (e.g. *“Thank you (name) for sharing this. It sounds like it has been very difficult for you. Would others like to share their experiences?”*)
 - Ask the participant to stop themselves from sharing too much, but instead they can tell you what they would like to say on their own during the break or at the end of the session.

7. What to do if a participant drops out or attends late or irregularly, etc.

- As best you can, try to prevent anyone from dropping out of the group (without forcing them to stay against their will).
- Be sure to speak with participants who are not engaging in the intervention by regularly showing up late or leaving early or missing sessions.
- Find out the reason(s) for their disengagement.
- You can review the discussion about reasons for and challenges to joining the group and the participants’ individual goals. This discussion can motivate them to be more engaged in the group or help them decide to drop out of it.

- If a participant drops out, this is okay. Group PM+ will not be suitable for everyone and participants should not be forced to stay if they do not want to. If this happens, write in your notes the reason for their dropping out and try to arrange the post-intervention assessment as soon as possible.
- You should not ask a participant to leave the group. If you believe that a participant is disrupting the group a lot, talk with your supervisor about this.

8. Participants experiencing ongoing violence

- You might discover that a participant is being physically harmed by someone (e.g. gender-based violence (GBV) perpetrated by a partner). A participant could tell you during the group, or another participant could tell you that it is happening to someone in the group.
- It is important, if you learn from others that a participant is experiencing violence, that you ask the participant if this is happening to them.
- Use your basic helping skills when talking with participants who have experienced or are currently experiencing violence.
- If the participant is willing to tell you more about what is happening, ask them how often they are being hurt, who is harming them and whether they are fearful for their safety or the safety of others in their home (e.g. children).
- If the participant is fearful for their own or someone else's safety, you must contact your supervisor immediately so that appropriate action can be taken. This depends on the setting and national laws, but could involve reporting the abuse to police, a specific protection agency or informal network or local authorities. It is important that you inform the participant of the actions that you will take to keep them safe.
- Always talk to your supervisor about participants who are experiencing ongoing violence or those who have experienced violence in the past to help you decide what further action needs to be taken.
- For participants who are not currently being harmed or tell you they are not fearful for their safety, it is important that you tell them who they can contact if they do become fearful for their safety (e.g. authorities or agencies, specific protection agency or informal network, yourself or your supervisor).

Chapter 2

THE GROUP PM+ INTERVENTION

PM+ was originally developed as an individual intervention. This manual describes a group version of the same intervention. PM+ is a scalable psychological intervention programme that includes the well-known strategy of Managing Problems (or problem-solving counselling) plus selected behavioural strategies. 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, etc.).

PM+ aims to reduce problems that participants present with and identify as being of concern to them. Given the briefness of this programme, it does not deal with the full range of difficulties that someone may experience following adversity.⁵ As a result, it may be best to use PM+ in addition to other appropriate services, supports or community programmes. You can find details of other relevant support and services applicable in emergency settings in the IASC (2007) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Nonetheless, this programme can also be provided when these services are not available. The programme does not involve diagnosing mental disorders, even though it is likely to help people with a variety of mood and anxiety disorders, including post-traumatic stress disorder and adjustment disorder. Because of this, PM+ is useful for a range of mental health problems.

Below is a brief description of and rationale for each of the strategies included in Group PM+. All the strategies are introduced to the whole group in different sessions.

1. Managing Stress

Teaching participants a brief stress management strategy will help them better manage problems related to anxiety and stress. It can prevent states of extreme stress by practising daily. It can help a person to calm down at moments of stress. The strategy involves slow breathing. Although we expect slow breathing to be appropriate in most settings, effective local relaxation methods (e.g. techniques drawn from yoga or meditation) may also be used.⁶ Managing Stress is introduced very early on in Group PM+ (Session 1) and should be practised at the end of every session.

⁵ In communities with high levels of substance use problems, you may need to complement the programme with brief interventions for such problems.

⁶ This is an issue for consideration when adapting the Group PM+ manual for the local sociocultural context.

2. Managing Problems

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

3. Get Going, Keep Doing

This strategy targets depression and inactivity. Depression can look different in different people but it 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 physical complaints (e.g. they can get headaches or backache). People with depression often stop doing things that they used to do. Get Going, Keep Doing aims to increase participants' activity levels (e.g. social activities or carrying out necessary tasks or jobs), which has a direct impact on their mood. This strategy is introduced in Session 3.

4. Strengthening Social Support

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

Chapter 3

BASIC HELPING SKILLS

Before covering specific Group PM+ strategies, this chapter discusses basic helping skills, which focus on communication in the sessions and building relationships with your participants. 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 Group PM+, and the formal Group PM+ strategies are unlikely to be successful without you always using them.

Respecting participants

You should have a genuine wish to help each participant, 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, is culturally sensitive and appropriate, and 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 relationships with your participants. Without a good relationship, the intervention is unlikely to benefit your participants.

Cultural, gender and linguistic understanding

Before conducting the group intervention, 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. However, 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 participants. At times, you may need to learn more about a person's cultural belief system. You can do this by asking participants about their beliefs and the customs of their group, religion or culture. By asking these questions, you express respect for possible differences and help reduce the chances that you are offending a participant or are missing important information.

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

Some participants may feel more comfortable being in a group with facilitators and other participants of the same gender. Where possible, you should arrange this. You may also consider the preferred language or dialect of the participants. Again, where possible, participants should be matched with facilitators and other participants who are confident speaking the relevant language or dialect.

Basic helping skills

To promote a healthy relationship with your participants, 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 when you were listening to them. These skills can be very natural and they show participants that you are listening and are willing to support them.

1. Confidentiality

Trust and confidentiality are important in your relationship with all participants. Participants need to know that when they speak openly about personal things, that information is going to remain confidential or private. This is especially important 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 participants 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 participant appears to be at risk of ending their life or of harming someone else, or if they disclose child abuse.⁷ If a participant tells you that they are experiencing ongoing violence (e.g. GBV), this must also be discussed with your supervisor so that appropriate action can be taken. This action will depend on the severity of the violence, the willingness of the participant for action to be taken and the services available to support the person in the local setting.

Ongoing supervision is another limit to confidentiality. Through supervision, you will be discussing your participants' problems and progress throughout the intervention with your supervisor and possibly with a team of facilitators (i.e. if you are receiving group supervision). Supervision makes the most of the positive effect of the intervention and you should let the participants know about this limit of confidentiality.

As part of confidentiality, it is important that all information about participants (e.g. their assessment results, personal details and so on) is kept in a safe and locked place (e.g. a filing cabinet).⁸

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 recording personal details (the participant's name and contact details) on the assessment forms. Instead, you can use a code to identify each participant on these forms. You would then need to store all personal details of the participants and their specific codes in a separate document. You should keep this document separate from the assessment and intervention information in another (different) place that should also be locked.

2. Communicating concern

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

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.*

3. Non-verbal skills

Non-verbal skills also communicate to participants that you are listening to them and can also be a way of communicating concern. They 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 participant). Sometimes showing emotions similar to those of your participants 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.

4. Praising openness

To help a participant feel comfortable when 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 a participant's effort to engage in the Group 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 or sayings: e.g. *You double happiness and halve sorrow by sharing what's on your mind.*

5. Validating

Many participants will feel embarrassed talking about their problems with strangers. They might think that no one else feels the same way as they do. They may also think that talking about emotions or personal problems is a sign that they are becoming ill or going crazy, or that they are weak. Some participants might even blame themselves for how they feel. It is important that throughout the intervention you help participants to dispel these myths. You can do this by normalizing their problems by helping them to understand that many other people experience the same reactions and difficulties. This might occur naturally in the group, if other participants share similar difficulties. This is “validating” participants' 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 participants that you know what they are going through. Although you might be trying to validate their experience, it can have the opposite effect for participants, as they might 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.*
- Asking the group whether they have experienced similar things.

6. Putting aside your personal values

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

7. Giving advice

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

All facilitators will feel tempted to give advice at some time. This is a very normal temptation. For example, a participant 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 this participant what solutions would be good to try. However, you should avoid giving direct advice. If the participant has been relying on your advice, they are unlikely to be able to manage their own problems in the future when they have completed the Group PM+ intervention. Other participants may give advice to each other during the intervention, and this is okay. As a facilitator you do not need to tell other participants not to give advice.

One strategy that can be helpful to use in situations where you are very tempted to give advice is to ask participants what they would suggest or say to a close friend or family member who was in a similar situation. For instance, a participant who is very withdrawn and depressed might not seek out social support because they do not want to burden others. Rather than giving advice that they should ask for support 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 participant 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 Group PM+, you will be advising participants to become more active, seek social support and practise stress management, as these strategies are part of Group PM+.
2. When you are teaching the strategy Managing Problems, your aim is to help the participant decide how helpful the potential solutions are in managing the problem. At this stage, participants 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 participants consider whether solutions are helpful or unhelpful. To discourage participants from focusing on an unhelpful solution, you can ask what they would have advised a close friend or family member experiencing this problem to do (e.g. “*Would you have advised them to use this solution?*”). If a participant continues to focus on a solution that is obviously unhelpful (e.g. isolating themselves from others, breaking things, beating their children, getting drunk, doing something illegal), you can be direct and identify these solutions as unhelpful. It will be important for you to give good reasons why a solution is not considered helpful (in other words, by commenting on the problematic or harmful consequences), but these should not be related to your own values.

The participant–facilitator relationship

1. The role of the facilitator

Some participants may worry that attending a group is seen by others as admitting weakness. Because of this, they may have a difficult time getting involved in the intervention as a whole or in 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 Group PM+ you normalize participants’ feelings as well as educate them about your role.

In Group 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 student will sit. You will be responsible for how well you apply the strategies in your everyday life. Nevertheless, I will support you and help prepare you to do the best you can.

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

Alternative metaphors to explain the participant–facilitator relationship

- **Adult education metaphor:** Group 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. However, 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 intervention, it is the patient who is ultimately responsible for their recovery. They need to follow the intervention 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 PM+ facilitator. 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 an athlete and support their 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 participant. Your role is to teach the participant the strategies and coach them as they practise the strategies in real life. However, the participant must ultimately use them in their everyday life. You cannot do this for them.

2. The reluctant participant

Some participants will initially feel hesitant about talking in the group. This may be for a range of different reasons, such as:

- lack of trust in you or others in the group;
- mental health problems being taboo;
- psychological counselling being unknown in the culture;
- a lack of understanding or misperceptions about what Group PM+ actually is;
- a lack of understanding of your role as a facilitator;
- being forced to attend Group 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 participants will begin to relax and open up. However, some participants may remain quite reluctant or shy. As a facilitator, it is important that you discuss this with your supervisor. You should respect the fact that a participant may not be ready to be completely open at the time of receiving Group PM+. There may be unknown reasons that contribute to this, and you may never know these reasons. These participants can be somewhat challenging to work with, as they may not give you a lot of information. While you may want to gently and respectfully encourage participants to talk, you should never pressure them. This is especially true of participants 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 participant 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.”* If possible, you may offer them an opportunity to talk with you privately at the beginning or end of a group session.

Or, you may find that a participant 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 participants 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 want to 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.”*

3. Physical contact

In some cultures using physical touch, such as laying a hand on a friend’s arm 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 encourage you *not* to use physical contact or touch to express support and concern to participants. This avoids any problems associated with participants misinterpreting the meaning of this contact or feeling uncomfortable as a result. You may notice that other participants in the group will use physical touch. This is okay if the participants are comfortable with it. You can discuss how participants can tell each other if they are uncomfortable with physical touch during the group guidelines discussion in Session 1.

4. The setting

You should try to find a private, comfortable setting in which to carry out the group sessions. Give participants the opportunity to suggest particular settings in which to meet. For instance, you could ask about this during the pre-assessment or family engagement session prior to the start of the group. The chosen setting should be comfortable for all participants in your group.

5. 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 facilitators to feel affected by or even overwhelmed by repeatedly hearing about adversity. To prevent feeling overwhelmed or even experiencing excessive feelings of distress (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 groups (breaks might include talking with your colleagues, doing some slow breathing or a similar strategy to manage stress yourself, or doing an enjoyable activity).
- Do not lead too many groups at one time.
- 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 participant when you are trying to sleep).

Challenging presentations or contexts

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:

- The survivor may not be safe, and the experiences may reoccur.
- The psychological experience of these events is usually extremely threatening or horrific. The survivor may experience traumatic stress and may avoid reminders of the event.
- These events are often private and culturally taboo, making it difficult for survivors to share them with others and get support.
- 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 if 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, isolation, etc.). In many societies, the situation can be made worse when participants openly discuss sexual violence. So, when a participant 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 facilitators who have received brief training. In many cases, these general psychological strategies should help your participants a lot. In other cases, participants presenting with these issues will need advanced treatments that are beyond the scope of this manual. For many participants, these events may not be revealed to you because of the personal nature and stigma possibly attached to them.

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

Whenever participants 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 participants 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.

When a participant 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 participant 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 participant 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. Once you believe that the participant 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 a participant may have experienced a history of sexual assault?

Sometimes you may become aware of information (e.g. rumours in the community) that suggests that a participant has been sexually assaulted. However, the participant does not share this information with you. 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 participant's ongoing safety, you may believe that it is best to ask the participant 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 not going to judge you if this has happened to you. Remember I am also not going to 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 participant. However, it may be helpful for the participant 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 Session 1: 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 participants that you are comfortable talking about such a difficult and taboo topic. This might help the participant to open up later to you about the sexual assault.

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

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 participants find it difficult to trust you as a facilitator, and they might find answering questions in the assessment very stressful. At all times, you should respect any participant's 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 participants.

Chapter 4

GROUP PM+ ASSESSMENTS

Summary of Pre-PM+ Assessment

- This assessment helps you decide if an individual is suitable for Group PM+.
- It happens before you start Group PM+.
- It happens with people individually and face-to-face.
- It takes about one hour.

Checklist of materials

- Pre-PM+ and During-PM+ Assessment Protocols (Appendices A and B)¹⁰
- Guidelines for suicide assessment (Appendix D)
- Contact information for supervisor, main referral services, etc.

Why do an assessment?

Doing an assessment before PM+ is very important. The assessment is used to decide if a participant is suitable and ready for PM+ and is also used to gather specific information about the practical and emotional problems the person is facing. It is also a good time to meet your participants and hear their stories.

Using informal check-ins to assess how participants are doing during PM+ is helpful to check on their progress and better support their emotional recovery. Participants may not improve immediately. Assessments during PM+ sessions will help you and your supervisor decide how to improve the care offered.

¹⁰ Visual aids (or flashcards) that use pictorial rating scales are recommended when completing an assessment. These are developed in the cultural adaptation phase.

When will you complete assessments?

All assessments are completed with participants on their own. There are three types of assessment:

1. Pre-PM+ Assessment: this happens before you start PM+;
2. During-PM+ Assessment: this is a brief assessment to monitor each participant's progress;
3. Post-PM+ Assessment: this happens within a few weeks of participants completing PM+.

You can also arrange to follow up your participants several months after they have completed Group 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.

How to do an assessment

Good assessors will always use their basic helping skills. Make sure that you can use the skills described in Chapter 3 when doing an assessment. Important things for you to consider include the following:

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

Steps to follow to complete the pre-intervention assessment

1. Introduce yourself

2. Tell the person what the purpose of the assessment is and what will happen

- Tell them:
 - the assessment is to find out if Group PM+ might be helpful for the types 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 participants that they should not feel forced to share personal information if this makes them feel uncomfortable.
 - For example: *“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. Confidentiality

- Make sure that participants understand what information will be kept private and who this information will be shared with:
 - All information is kept private unless the participant gives you permission to share it with someone else.
 - During the group sessions, other participants will be told to keep information about others private within the group.
 - All information will be shared with your supervisor so they can make sure that the participant is being looked after and receiving the best care.
 - During assessment or the intervention, if the participant is believed to be at risk of ending their life or harming someone else, or tells you about child abuse (e.g. physical or sexual abuse or neglect), you will have to let someone know,¹¹ even if the person does not consent to this.



Before we begin today, I want you to understand that everything that is discussed in the group 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 the group sessions without your permission. One of the group rules that all participants must follow is not to talk about what happens in the programme, including information about other group members, outside of the group.

However, there are some limits to this privacy that I want you to understand. If I am concerned that you plan to end your life in the near future, you tell me you are planning on harming someone else or you tell me about ongoing child abuse, I will talk with you about how we can come up with a plan to keep you and others safe.¹² 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 job is to care about your welfare and safety.

I will also be speaking regularly with my supervisor about your progress. This supervisor has received special training in helping participants 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?

¹¹ 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.

¹² Please review and adapt limits to confidentiality based on local laws and regulations.

4. Give brief information about Group PM+

- Tell participants that PM+:
 - can help adults with practical and emotional problems;
 - is a group programme (there will be other men or women with similar problems);
 - happens once a week for five weeks (each session lasts for two hours).
- Make sure that the participant knows what Group PM+ is not:
 - Participants will not receive any materials or money or medication.
- Be very honest about what participants will and will not receive from Group PM+.

5. Get permission to conduct the assessment

- After giving the participant information about Group PM+ and the assessment, ask them if they are happy to continue with the assessment.
- Participants should not feel pressured to complete the assessment.

6. Begin the assessment

- Ask all the questions as directed in the Pre-PM+ Assessment Protocol (Appendix A).

During-PM+ assessment

In every Group PM+ session, you should complete the during-intervention version of the PSYCHLOPS assessment (Appendix B) with each participant. This is a brief interview (taking 5–10 minutes to complete) and gives you an idea of how your participants are progressing.

When completing this assessment, make sure that you maintain the participant's confidentiality. This means finding an area away from others so they will not hear the participant's responses. Be sure to explain to participants why you are asking them to answer the same questions at every session.



It is important that we check how you are getting on throughout Group PM+. To help us understand this better, we will be completing the same assessment with each of you in every session. Please answer these questions honestly, even if you feel you are not improving. Your responses to these questions will not change your care in any way.

Monitor plans to end one's life

In the during-intervention PSYCHLOPS assessment, you will also be monitoring thoughts of suicide of some participants:

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

By monitoring participants' thoughts of suicide, you can help them to 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 Group PM+ would not be suitable for them at this time. Group PM+ will also not be enough for a person who has made a suicide attempt during the intervention, because the person will need more specialized help. Participants who have thoughts of suicide but do not plan to carry out this act can be helped through Group PM+.

Assessment of thoughts of suicide¹³

You will have to ask participants 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 participant has a plan to end their life in the near future and respond appropriately.

Throughout the intervention, you will need to monitor participants' 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 that 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 facilitator, it is important for you to feel comfortable talking openly about suicide and to show your participants 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 it and communicate very clearly that you do not judge a participant for their thoughts, plans or any previous attempts at ending one's life. This can be challenging!

¹³ Printable guidance with the same information is also included in Appendix D. Facilitators are encouraged to bring photocopies of this to sessions so they feel confident about responding appropriately to participants with thoughts or plans of suicide.

Guidance when assessing thoughts of suicide

Ask direct, clear questions:

- Ask the questions as they are written in the assessment (pre-, during- and post-intervention).
- When asking questions about suicide, avoid using less direct words that could be misunderstood.
- Direct questions help participants feel that they are not being judged for having suicidal thoughts or plans or for 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 participant 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 manage people in need of additional attention during the assessment.

1. When a participant is shy or reluctant to share information

It is important to respect the participant at all times and for them to feel in control of the assessment. Therefore, the participant should be told at the beginning of the assessment that they do not need to answer any questions or provide personal information if they do not wish to.



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

2. When you need to stop a participant talking

There will be times when you need to redirect a participant 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 participant to move on.

The following prompt is a suggestion for how you might sensitively change topics:



It sounds like you are experiencing 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 participant, especially if you are running out of time. It is important to 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?

Family engagement

In some settings it might be helpful for you to talk with family members about Group PM+. Participants may ask for the agreement of parents, spouses or other family members (e.g. a brother) to attend the group. In this case it is important that facilitators meet with the participant and their family members before the group starts. This might happen in the same session as the pre-PM+ assessment or it might happen in a second visit after the participant has had time to consider whether they wish to attend the programme.

Make sure you talk with family members about the following:

- what problems Group PM+ addresses;
- what benefits you hope the participant will receive from being involved;
- what the participant and their family will *not* receive from Group PM+ (i.e. any materials, money or medication);

- what is required of the participant to be involved (i.e. attending five sessions for approximately two hours each week, practising strategies between sessions);
- that Group PM+ is voluntary;
- answer any questions they have about the programme.

The following dialogue is a suggestion for how you might engage the family members of a female participant in a conservative society where women may have difficulties gaining agreement to leave the home for their own well-being (note: this should be adjusted if the dialogue is about a male participant).



Women play an important part in family life. They fulfil many important responsibilities related to children, siblings and elderly family members. Their personal health is vital for a fully functioning family. Their health can be affected by emotional and practical problems of daily life, especially while living in a setting that is exposed to a number of adversities like Insecurity, attacks, violence, death of loved ones and unemployment (mention only those relevant to your setting).

Group PM+ is a programme that helps participants to manage these emotional and practical problems in a better way. If a woman is better able to deal with these problems, she will be able to give more time to her family and contribute more to the community and/or work. Once she learns ways of managing her problems, she can apply these in her daily life, even after the programme ends. She can also tell others around her about these strategies and hopefully improve the life of the family as a whole.

Your cooperation in this regard is very important. She (use the woman's name) will be coming to the group sessions once a week, for the next five weeks. Sessions will take approximately two hours each. At the beginning, you may feel that her family responsibilities are being affected, but hopefully you will notice a positive change in her mood and functioning after becoming a part of this programme.

See Chapter 10 for information about the Post-PM+ Assessment.

Chapter 5

UNDERSTANDING PM+ AND MANAGING STRESS (SESSION 1)

Content	Time	Materials
Arrive and settle into the group	20 minutes	Refreshments
Welcome and introductions	15 minutes	Name tags if available
Group guidelines	10 minutes	Large sheet of paper and markers Group Guidelines poster (optional)
What is PM+?	15 minutes	What is PM+? and Four Strategies posters Ball of wool Reasons and Challenges handout (optional)
Individual goals	10 minutes	Case example booklet
Break		
What is Adversity?	20 minutes	Four What is Adversity? Posters
Managing Stress	25 minutes	Large sheet of paper and markers Ball of wool, balloons
Ending the session	10 minutes	Individual action plans Managing Stress handout
During-Intervention Assessment	10 minutes (completed any time in the session)	Measure to check in with participants during the session (e.g. during-intervention PSYCHLOPS)

Preparing for Session 1

- Make sure that the case example is appropriate for the group you are leading and make any necessary changes.
- Decide on what introduction activity you will do.
- Have participant name tags if available or appropriate.
- Make sure you bring:
 - the Group Guidelines poster (Appendix F)
 - the What is PM+? and Four Strategies posters (Appendix F)
 - two balls of wool for Reasons For And Challenges To Joining and Managing Stress
 - four What is Adversity? posters (for What is Adversity? – Appendix F)
 - paper and pens for participants in case they want to write down their intervention goals
 - large sheet of paper, markers and a timer (or watch) for Managing Stress
 - balloon (or balloons) for Managing Stress.
- Read Helpful Hints for Managing Stress (Appendix E).

Welcome and Introductions 15 minutes

1. Welcome group

2. Group facilitators introduce themselves

- Say something about yourself that you feel comfortable sharing with the group.

3. Ask each person in the group to introduce themselves

- Suggest that they say their name and something about themselves.
- Participants should only share information they feel comfortable sharing.

Optional introduction activities

- Have individuals introduce themselves in pairs first. Give pairs three minutes to talk about themselves to each other (e.g. name, family, where they come from, etc.). Then in the larger group, each person introduces their partner to the group by saying their name and one thing they have learned about them.
- “If I could be...” game: Before the activity, facilitators decide on a category (e.g. animals, colours, celebrities, cartoon characters) and invite participants to say their name and then say, e.g. “If I could be an animal, I’d be a....” You can also encourage participants to share their reasons for choosing that particular animal/colour, etc.
- Have participants form two lines. Tell them they have one minute to introduce themselves to each other. After one minute ring a bell or call out “Change” and one line will move down one place. The person on the end of the line has to move round to the other end of the line. Participants will have one minute to introduce themselves to their new partner. Continue to do this until everyone has introduced themselves to everyone else in the line.
- Appropriate ceremonial/cultural activity (e.g. a song or prayer) that you have prepared in advance.

4. Provide name tags if this is appropriate and they are available

5. Provide information about logistics

- Directions to the toilets
- When break times occur and what will happen (i.e. participants should not leave the room, go home, etc.)
- What food/drinks will be provided
- Respond to any problems people have had in attending today.

6. Provide information about how the sessions will run

- What day and at what time sessions will occur
- In each session, 10–15 minutes for everybody to arrive and for you to start activities
- Two sessions of approximately 45–50 minutes with an optional refreshment break in the middle (note: a 10-minute break will keep the sessions under 2 hours; however, you can skip the break altogether if all participants agree).
- Remind participants of the During-PM+ Assessment (at every session).



It is important that we check how you are getting on throughout Group PM+. To help us understand this better, we will be completing the same assessment with each of you every session. Please answer these questions honestly, even if you feel you are not improving. Your responses to these questions will not change your intervention in any way.

7. Provide brief information about your role

- To support the group so that everyone learns how the PM+ skills can be helpful for them
- As a facilitator, you have experience of helping people who are having emotional and practical difficulties.

8. Describe today's session plan

- To learn about the programme and how it can be helpful for everyone present
- Introduce the first strategy, which helps to manage stress.

Group guidelines 10 minutes

1. Provide a brief introduction to group discussions

- Everyone will have the opportunity to discuss their practical and emotional difficulties and to learn some new strategies for managing these.
- It is helpful for members of the group to support each other as they try new things and learn from each other.
- Sometimes discussions might not focus on problems that everyone is experiencing, but it is still important to stay involved.
- It is important to decide on group rules to help everyone feel comfortable about participating in group discussions.

2. Encourage open discussion about group rules/expectations

- All personal information about participants must stay in the group.
- Tell participants the three limits to confidentiality:
 - If someone's life is believed to be at risk: e.g. a participant has plans to end their life in the near future, instances of child abuse, or a participant is being seriously harmed by someone else.
 - The intervention team, including your supervisor, will know information about participants and what happens in the group. Explain that the supervisor is a trained professional and their role is to make sure that participants are receiving the best care.
 - The whole group is responsible for keeping confidentiality, including group facilitator(s) and participants (e.g. participants should not talk to each other about other participants outside of the group, they should not talk to family or friends about participants in the group).
- Ask participants to suggest rules:
 - *"What are other important rules to help you feel comfortable participating in the group?"*

3. Display rules on a large sheet of paper (e.g. stick up symbols, draw or write)

- Show this poster in each session so you can refer to the rules at any time (e.g. when you believe a rule is being broken).
 - The Group Guidelines poster (Appendix F) may include many of the rules relevant to your group.
- Be sure that the following guidelines are included:
 - Support and respect everyone’s different experiences with adversity.
 - It is OK to get upset in the group.
 - Listening and contributing are equally important.
 - Attend the sessions on time (or let facilitators know if you cannot attend or will be running late).
 - Practise Group PM+ strategies between sessions.
- Discuss what participants should do if they see each other outside of the group.
 - Encourage participants to decide on what they all feel comfortable with.

What is PM+? 15 minutes



Materials

- Optional posters: What is PM+? and Four Strategies posters (Appendix F)
- Optional handouts: Reasons For and Challenges to Joining Group PM+ (Appendix G)



Purpose of What is PM+?

- To help participants (accurately) understand the programme.
- To give participants hope that there are good strategies to help them with their problems.

Steps to What is PM+?

1. Give an overview of PM+

- Optional: Use What is PM+? and Four Strategies posters (Appendix F) as you describe these points.

Key points to include

- PM+ strategies help people manage both practical problems (e.g. unemployment, housing problems, family conflict) and emotional problems (e.g. feelings of sadness, hopelessness, worry, stress, etc.).
 - Give examples of problems that you know many participants are experiencing (i.e. information from the pre-PM+ assessment).
- Four strategies are taught in Sessions 1–4.
- A case example is read to describe each strategy and how it can help someone in their daily life.
- PM+ works best if participants come to every session.
- To get the most out of PM+, participants should practise strategies between sessions.
- If a participant cannot attend, they should tell you in advance.

2. Introduce participants to the case example by reading the following script

- Encourage participants to change any background information about the man/woman in the case example to help them identify with him/her:
 - e.g. choose what area she comes from, her cultural background, her children's names, etc.
 - participants can change the name of the character if they wish to.



As I mentioned earlier, in every session we are going to hear about a man/woman who has experienced many of the difficulties you are likely to be experiencing. Whenever we introduce a new strategy, we are going to first hear how this man/woman practised this strategy. This will help you see how each strategy can be used to deal with your own problems. Before we start, we need to make him/her suit our group. In this story his/her name is Ben/Ezira. Are you happy with this name or can someone suggest a different name? Okay, great. Let's decide on some other things about him/her. Where does he/she come from? And what ethnic background would he/she have? Are there any other details you would like to include so he/she can be part of our group?

Let me tell you a little about him/her now.

- Refer to case example pictures 1, 2, 3 and 4 and accompanying text (see Appendix I/J).

3. Discuss reasons why participants have come to Group PM+

- Discourage too much personal disclosure in this activity, as it is only brief and introductory.
- Encourage participants to share only what they feel comfortable with. It is okay if participants do not want to share anything.
- Be prepared for the fact that some participants may express some distress in this activity.

Suggested script:



We are all here because we are facing many difficulties in our lives that are causing us to feel stressed, unhappy or maybe hopeless. These reactions are understandable and you do not need to feel ashamed here. Let's talk a little now about some of the reasons we have joined the group. In this activity, we will only share general information, so nothing too specific about our problems.

- **Instructions:** Holding a ball of wool, the facilitator first says their own name and gives an example of a reason for attending Group PM+ (*"So, for instance, you might say I am here to reduce my stress and improve my relationships with my family"*). The facilitator holds onto the end of the wool, then calls out someone's name and throws the ball of wool to them, without letting go of the end. This forms a physical connection between the participant and the facilitator. The new person then repeats their name to the group and gives one reason why they have come to Group PM+. They then call out someone else's name and throw the ball of wool to this person, while still holding onto the strand of wool. Repeat until everyone has had a turn and there is now a web of wool between the group members.
- Give a clear and brief conclusion to the activity.

Suggested script:



While all the participants in the group are different and bring unique personalities and experiences, we are all connected by the difficulties we have faced in this life and by our desires to improve our well-being by coming to this group.

4. Discuss reasons for and challenges to joining Group PM+ (see Reasons and Challenges Table below)

Discussing participants' reasons for joining Group PM+ is helpful for a number of reasons:

- You can use these reasons to increase participants' motivation and engagement in the programme.
 - E.g. if a participant is not putting in effort to practise PM+, you can remind them of the reasons why they joined in the first place.
- You can correct any wrong expectations a participant might have about the programme (e.g. PM+ will fix all my problems, PM+ will get me a job, etc.).

Discussing the difficulties in coming to Group PM+ is also helpful:

- It might be possible to resolve these difficulties.
 - E.g. someone with transport problems could travel with another participant; the group could think of solutions to someone's child-minding problem.
- It is helpful for you as a facilitator to be aware of these difficulties in case they affect participants' motivation.
- It helps to build a good relationship with participants if they see that you are trying to understand what they have to give up in order to come to the group.

- Refer to case example picture 5 and accompanying text.
 - Do this before asking participants for their reasons and challenges.

Suggested script for starting the discussion:



There can be different reasons for and challenges to coming to Group PM+ for all of us. It is important that we discuss these together and find solutions to the challenges when we can. Let's look at some of (case example's name) reasons for and challenges to joining first.

- Decide whether the next discussion will be a large group discussion or a smaller one (e.g. with 2–3 participants per group).
 - Choose small groups if many participants seem shy (not talking very much).
- Ask the group what their reasons are for joining Group PM+ and the challenges they face.
- Refer to the Reasons and Challenges table below for ideas about questions to encourage discussion.

Note: You only need to choose 1–2 questions from the table. Below is a suggested script for examples of how to use the questions to encourage discussion:



Lots of people have benefited from this programme. What do you think you will personally get out of it?

I also understand that it can be challenging for some people to join a programme like this. What are some of the problems for you in joining the programme?

Reasons for and Challenges to Joining Group PM+

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

- If participants are shy about giving responses, you may need to:
 - ask them to work in pairs;
 - refer back to the case example and ask them if they have any reasons for or challenges to joining PM+ similar to those of the person in the story.
- Optional activities:
 - If participants are literate: participants think of one reason for attending and one challenge to attending and write these down on the handout (Appendix G).
 - If participants are illiterate: participants think of one reason for attending and one challenge to attending and share these with the group if they feel comfortable about it.
- Summarize the group’s responses and emphasize the reasons for coming to Group PM+ over the challenges.

Suggested script:



So there may be some difficulties in coming to Group PM+, such as... (insert common/frequently mentioned challenges to joining Group PM+). However, many of you think that coming to Group PM+ is good because... (insert common advantages). These reasons are very important. I hope these good reasons will motivate you to continue coming to the group even when it is hard to do so.

Individual goals 10 minutes



Purpose of individual goals

- To help PM+ facilitators understand what participants want to get from the programme
- To help participants commit to Group PM+
- To build group relationships between facilitators and participants.

Steps to individual goals

- **Note:** Participants’ goals can be chosen from the reasons for joining Group PM+ that were identified in the previous discussion.

1. Introduce discussion on individual goals

- Define goals: they are things that participants would like to change (i.e. good things they want to improve or problems they want to reduce) by the end of the programme.
- Explain to participants that achieving their goals might be a reason for joining Group PM+.
- Defining goals is helpful so that participants can look at how they are improving throughout the programme.
- The group will look at these goals in the last session to see how they have been met.



2. Refer to case example picture 6 and accompanying text

3. Invite participants to decide on their personal goals for the group

- This can be completed as a group discussion.
- Limit it to five goals per participant (it is okay if participants have fewer than five goals).
- You may choose to write participants' goals on a large sheet of paper if everyone is comfortable with this.
- Goals should relate to participants' emotional and practical difficulties.
- Goals should be specific.
- Goals should be modest so that participants can achieve them in five weeks.

Examples of goals that are too general or too broad:

- Get back on my feet again
- Feel better; not feel sad.

Examples of more specific goals:

- Find time to relax
- Walk the children to school each day again
- Start to feel more relaxed
- Fall asleep more quickly
- Not worry as much about things.

Questions to help participants set more specific goals:



What would be different in your day-to-day life if you achieved this goal? Would your feelings have changed? Would you act differently, would you do more things around the house or more enjoyable activities?

FACILITATORS' NOTE ON UNREALISTIC GOALS



Be sure to correct unrealistic goals and expectations (e.g. never feeling anxious or depressed again, solving all my practical problems, not living in poverty anymore). You might say to the participant: *"We will all have things we would like to change in our lives. However, Group PM+ may not be able to change everything. Remember it is a programme to help you manage practical and emotional problems. I do not think PM+ will be able to change this problem."*

If a participant has suggested an unrealistic goal, you could identify a related goal that could help them to work towards their (currently) unrealistic goal. For example, not living in poverty is an unrealistic goal. Learning how to manage financial or employment problems and improving their emotional well-being could help the participant work towards not living in poverty in the future. However, Group PM+ will not directly change living in poverty.

4. Summarize common goals

- Tell participants that Group PM+ is designed to help them reach their goals.
- Participants may not completely reach these goals until after the group has finished.
 - This is because the programme is very brief.
 - The programme is designed to give them strategies so they can achieve their goals even when the group has finished.

BREAK

Before starting *What is Adversity?*, give a brief summary of the session so far. Participants have:

- discussed what is involved in Group PM+
- identified personal reasons for and challenges to coming to Group PM+
- chosen personal goals – things that each person would like to change in their lives by the end of the programme.

What is Adversity? 20 minutes



Materials

- Optional posters: four *What is Adversity?* posters (Appendix F)



Purpose of *What is Adversity?*

- To help participants understand common reactions to adversity
- To help participants feel that their reactions are understandable and not a sign that they are crazy or sick
- To give participants hope that these reactions are not permanent (i.e. they can be influenced through use of PM+ strategies)
- To build group relationships by sharing similar stories.

Steps to What is Adversity?

1. Define “adversity”

- Adversity = any very difficult, stressful or negative life event
- Examples:
 - Death of a loved one
 - Poverty
 - Unemployment

- Relationship difficulties e.g. with partner, family members, friends, people in the community
 - Insecurity/attacks/violence
 - Physical problems e.g. traumatic childbirth, illness and disease, injuries and disabilities
 - Caring for a physically or mentally disabled family member.
- Tell participants that people can have many different reactions to adversity.

Optional activity

- Hang the four What is Adversity? posters (Appendix F) around the room.
- Each poster shows an image of a person experiencing a problem, practical or emotional.
- Ask participants to form pairs – each pair will go to one of the posters.
- Invite pairs to create a story about what they think is happening in the picture. Give them the following questions to answer:
 1. *What problem is the person in the picture facing – a practical or an emotional problem?*
 2. *What might have caused this problem?*
 3. *How might this problem cause other problems in their life e.g. negative feelings, inability to carry out particular tasks, problems with different relationships?*
 4. *Is this story something that you have seen people in your family or community face? Or if you are willing to disclose, is this something you have faced before/are facing now?*
- Give pairs five minutes to create a story.
- One person from each pair will have one minute to tell the story they have created to the rest of the group (i.e. answering the four questions above).

2. Group discussion on common reactions to adversity

- Continue the discussion on common reactions to adversity (from the previous activity).
- Refer to the case example, stories that pairs have created and more personal stories.

Suggested prompt questions:



What were some of the problems (case example name) was experiencing as a result of adversity?

Many of you have said that you want to deal with problems of depression and be more

involved in activities with your families and community. Do you feel that depression and inactivity are problems for many people in your community?

How do you see these problems (i.e. identified by participants) affecting people in the community (e.g. people not participating in community events, high rates of unemployment, people isolating themselves or not caring for themselves, increase in community violence, etc.)?

Do these problems (i.e. identified by participants) affect everyone in the community or particular groups of people (e.g. men, women, older or younger people, etc.)?

3. Summarize information about common reactions to adversity

- Provide an opportunity for participants to ask questions about this information.

Key points to include

- By adversity we mean any stressful or difficult life experiences.
 - E.g. living in poverty, having someone close to you become sick or die, having relationship difficulties, 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, unable to take care of themselves, difficulties completing daily routines like housework, conflict with family, not going out or enjoying pleasant activities anymore.
- For most people these reactions reduce over time.
- For some people these feelings get stuck.
- Learning strategies to manage these feelings can be helpful.

Managing Stress 25 minutes



Materials

- Four Strategies Poster (Appendix F)
- Ball of wool (optional)
- Large piece of paper and a marker
- Balloon (optional)
- Managing Stress handout (Appendix G)



Purpose of Managing Stress

- To inform participants about how adversity causes stress
- To help participants understand how stress affects the body
- To introduce a basic strategy to manage stress through calming the body.

Steps to Managing Stress

1. Introduce Managing Stress as the first strategy of PM+

- Point to Managing Stress image on Four Strategies Poster

2. This strategy focuses on Managing Stress through our bodies

3. Talk about what stress is and how it affects the body

- Ask participants to give their definitions of stress.
- Remind participants of the case example: stress caused (name) to have severe headaches.
- Ask participants how stress affects their body (if they have not stated this in their definition previously).
 - E.g. headaches, pains in the body, stomach aches, tingling, dizziness, racing heart, difficulties breathing.
- Ask participants (if they are comfortable) to share examples of times they have felt stressed and what happened.
- Sometimes people experience physical problems and this can increase their stress. Regardless of whether the physical problems are or are not caused by stress, learning ways to reduce stress may also help alleviate the physical problem.

Key points to include

- Stress is a common reaction to adversity.
- 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) 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 metaphor (e.g. a ball of wool).



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.

Alternatives include thread, fishing line or a coiled spring:

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.

4. Breathing activity

- Invite all participants (including group facilitators) to count the number of breaths they take in *one minute* (one facilitator will keep time). One breath = breathing in and out. Tell participants not to change their breathing.
- Start timing for one minute and participants count their breaths in their heads.
- After one minute, invite participants to tell you their number of breaths and write these on a board or a large sheet of paper.
 - **Note:** Do not be concerned about the differences in these numbers or if any seem unusual.
- 10–12 breaths per minute is the optimal number for feeling relaxed – you may comment on this given participants' scores.

5. Teach Managing Stress

Steps to follow

1. Managing Stress helps relax the body and calm the mind to reduce stress.
2. Ask participants to stand up to complete this exercise.
3. Invite participants to release any tension in their bodies (shake arms and legs, roll shoulders back, rock head from side to side, etc.).
4. You will teach them a slow breathing exercise.
5. Imagine a balloon inside the stomach, and their job is to blow the balloon up (demonstrate with a real balloon).
 - That is, when they breathe in the stomach will expand.
 - 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 participants make sure they are breathing from the stomach and not the chest.
6. The facilitator demonstrates stomach breathing and then asks participants to try for one minute.
7. Invite participants to focus on slowing their breathing down once they can breathe from their stomachs.
 - Count 1, 2, 3 (timed with seconds) to breath in and 1, 2, 3 to breath out.
8. Practise for one minute while counting aloud for the group.
9. Continue to practise for two minutes without counting aloud (ask participants to count in their heads or follow the sound of a clock or other rhythm).

6. Discuss participants' experiences of trying Managing Stress

- Refer to case example picture 7 and accompanying text.
- Ask the group what they found good about Managing Stress.
- Ask them what they found difficult about Managing Stress.
- Problem-solve any difficulties that participants had (see Appendix E: Helpful Hints and Facilitators' Notes).

Ongoing practice

1. Discuss practising Managing Stress between sessions:
 - *“In Group PM+ we encourage participants to practise strategies between sessions. Why might this be important?”*
 - Prompt: *“Do you encourage your children to practise new things so they can improve in them?”*
 - Ask them to think about what times and in what situations Managing Stress would be helpful:
 - E.g. regular practice every day, at times when they feel stressed, anxious, etc.
 - Ask the group to think of ideas about how they can remember to practise Managing Stress daily (discuss using aides to remind themselves, practising at a regular time).
 - Participants can use music to help them breathe slowly (if needed).
2. Tell participants that at any time in the programme that you notice someone is experiencing strong emotions (e.g. anxiety, stress, sadness, etc.), you may lead the group (or participant) in Managing Stress as the first response. This will help participants to know when to use this strategy and will improve their abilities to use it when feeling overwhelmed by distressing emotions.

Ending the session 10 minutes

1. Give a summary of the session. The group has:
 - learned about the programme and how it can help them;
 - learned about adversity and how it affects the body;
 - learned Managing Stress, a strategy to help reduce stress in the body.
2. Ask participants to say one thing that has been helpful for them in today’s session.
3. Remind participants to regularly practise Managing Stress.
 - Ask participants to call out the days/times they are going to practise Managing Stress.
4. Remind them about the next session – time and location – and tell them the topics that will be discussed (i.e. how to manage practical problems).

Chapter 6

MANAGING PROBLEMS (SESSION 2)

Content	Time	Materials
Arrive and settle into the group	10 minutes	Refreshments
Welcome and general review	5 minutes	Name tags if available
Review Managing Stress	10 minutes	Case example booklet
Managing Problems – education and example	30 minutes	Case example booklet Managing Problems poster
Break		
Managing Problems – participant problems	50 minutes	Managing Problems handout and pens (optional)
Managing Stress	5 minutes	
Ending the session	10 minutes	Individual action plans Managing Problems handout
During-Intervention Assessment	10 minutes (completed any time in the session)	Measure to check in with participants during the session (e.g. during-intervention PSYCHLOPS)
Preparing for Session 2		
<ul style="list-style-type: none"> • For each group discussion, decide whether it will be done as a large group, in small groups or in pairs. • Read through the Facilitators' Notes on Managing Problems (Appendix E). • Bring the Managing Problems poster (Appendix F). • Distribute participant handouts (optional): Managing Problems (Appendix G) and pens. • Read the Helpful Hints for Managing Stress (Appendix E). 		

Welcome 5 minutes

1. Welcome the group back

2. Tell participants the plan for today's session:

- review of Managing Stress practice
- introducing next PM+ strategy to deal with practical problems
- practising Managing Stress to end the session.

Managing Stress practice review 10 minutes



1. Refer to case example picture 8 and accompanying text

2. Review Managing Stress home practice

- Before asking for experiences, educate participants about home practice.
 - There are three possible experiences that people will have with any home practice:
 - successfully completed their action plan
 - tried to do action plan but it was unsuccessful
 - unable to do action plan.
 - All these experiences are okay and it is important to share them (especially normalize experiences two and three above).
 - Everyone can learn from other participants' experiences, especially experiences that were unsuccessful.
- Then invite participants to share their experiences of practising Managing Stress during the past week.
 - This discussion can be done as a large group, in small groups or in pairs.



How did people go about practising Managing Stress?

What happened when you practised Managing Stress?

3. Respond to and manage any difficulties that participants had in practising Managing Stress

- See Helpful Hints for Managing Stress (Appendix E).
- Encourage other group members to suggest ideas about how to overcome problems.



Does anyone else have any ideas about what (name) could do to overcome this problem?

Have others had similar problems? And what did you do?

Managing Problems – education and case example 30 minutes



Materials

- Four Strategies and Managing Problems posters (Appendix F).



Purpose of Managing Problems

- To help people better *manage* practical problems (i.e. not all problems will be solved).
- Practical problems include problems with household chores, raising children and caregiving, employment or conflict with others, etc.
- Teach participants the seven steps to follow to manage a problem.
- Managing practical problems can help people feel more positive and more hopeful.

Note: Be familiar with the Facilitators' Notes for Managing Problems (Appendix E).

Steps in Managing Problems

1. Introduce the second strategy of PM+, which is called Managing Problems

- Point to Managing Problems strategy on the Four Strategies poster.

2. Tell participants that Managing Problems focuses on managing practical problems

- Define practical problems by giving two examples (e.g. problems with managing household chores, finding a job, raising children).
- Then ask participants to call out other examples of practical problems.
- If a participant identifies an emotional problem (e.g. feeling sad or stressed, etc.) for which other PM+ strategies are well suited, tell them that this is an emotional problem and one that PM+ will deal with through other strategies. Emphasize that the Managing Problems strategy is especially good for practical problems.
 - Tell participants that emotional problems might improve once practical problems have been solved or managed.

3. Discuss the differences between solvable and unsolvable problems

- First tell participants that Managing Problems aims to see what parts of the problem can be solved or influenced. This means that you might not always be able to solve the whole problem.
- Give an example of a problem that cannot be solved by the participant (e.g. war).
- Invite participants to give other examples of problems that cannot be solved.
 - If they give a problem that could be partly solved, help them to understand how this could be done.



I can see how this problem looks unsolvable, but I think you could solve this problem if you were able to....

- Participants could identify problems that are partly solvable. Discuss the idea that Managing Problems can be used to solve part of a problem or to influence it.



While we cannot completely solve the problem of poverty, we might be able to do things to improve the situation, such as looking for work.

Optional activity

To make sure that participants understand the difference between solvable and unsolvable problems:

- Have participants stand up in the middle of the room.
- Tell them that you will read them a problem.
- Participants decide if the problem or part of it is solvable or unsolvable.
- If they believe it is solvable, they move to the left-hand side of the room.
- If they believe it is unsolvable, they move to the right-hand side of the room.
- Read the following problems in random order (or six problems that you have decided are more appropriate):
 1. *Solvable*: unemployment, conflict with partner, child refuses to go to school
 2. *Unsolvable*: death of a loved one, power outages, family member has AIDS or cancer (or other common disease).

4. Read each of the steps for Managing Problems

- Refer to the Managing Problems poster and name each step (do not explain each step yet).
 1. List problems as solvable or unsolvable.
 2. Choose one problem.
 3. Define it with as much information as you can.
 4. Think of all the possible solutions to solve or influence this problem.
 5. Choose the best solution that it is possible to implement.
 6. Make an action plan to carry out (do) the solution.
 7. After you have completed the action plan, review how successful it was in terms of solving or influencing your problem.



5. Refer to case example pictures 9, 10, 11, 12 and 13 and accompanying text

- Refer to each Managing Problems step as you read the case example (e.g. by pointing to the Managing Problems poster).
 - For example, Step 4 is only about thinking of all the possible solutions regardless of how good they might be.
- To engage the group, ask them to:
 - think of any additional potential solutions to the case example's list of problems as you read through them (or beforehand);
 - consider which solutions they would have chosen if they had this problem.

Note: If you have time remaining, decide whether to go to the break early or start the next section.

BREAK

Before starting the next activity, give a brief summary of the session so far. You have:

- reviewed Managing Stress
- introduced Managing Problems (test participants' knowledge about this strategy by asking the group questions e.g. what problems are dealt with by Managing Problems, how many steps are there to Managing Problems, etc.).

Managing Problems – participant problems 50 minutes



Materials

- Managing Problems poster (Appendix F)
- Handouts (optional): Managing Problems (Appendix G)

Note: Make sure that the Managing Problems poster is visible to all participants. To deliver Managing Problems well, you must be familiar with the Facilitators' Notes (Appendix E).

Options for leading the following discussion (decide before the session what you plan to do):

- When all participants are literate: they can use the Managing Problems handout to write their responses.
- When there are any illiterate participants: keep the following activities as a verbal discussion. As the facilitator, you can complete the Managing Problems handout for each participant so that you have a record of their responses. You should repeat these so that participants can remember what has been discussed.

1. Large group discussion (20 minutes)

Note: There is limited time to cover everything in Managing Problems. If you find that you are running out of time, complete the session as a large group. It is important that you do this well so that participants understand Managing Problems. If participants do not get the chance to go through Managing Problems with their own problems, make sure that you allow time to do this next week.

- As a large group, work through the first six steps of Managing Problems. Point to each picture on the Managing Problems poster as you do so.
 - See the Facilitators' Notes for Managing Problems (Appendix E).
 - Refer to the case example to help you emphasize a point.
 - Optional: The facilitator can write the group's responses down on the Managing Problems handout or on a large piece of paper for all to see.
- Select a problem to work through as a group.
 - Try to choose a problem that is common to many participants (e.g. difficulty finding work, a small argument with a neighbour) if possible.
 - **Note:** Choose a *small* (easy) problem, so participants have an opportunity to solve it quickly.
- Before moving on to the next step, ask participants to tell you what the next step is (e.g. "Okay, so we have just chosen the problem, which is Step 2. What is the next step?")
 - This will help all participants to understand the steps for Managing Problems.

- **Note** for Step 4: Make sure that every participant gets an opportunity to suggest one or more possible solutions to the chosen problem.

Suggested script:



Can you think of any solutions that might solve or influence this problem? Remember, at this stage, it doesn't matter how good or bad the solution is. We'll decide that later.

- **Note** for Step 6:
 - Be sure to break the action plan down into very small, manageable steps (the smaller the steps, the more likely it is that the participant will complete them).
 - The action plan can be completed in one attempt or over several days.



Let's all imagine carrying out this action plan today. What would you be doing in order to carry it out?

2. Smaller group discussions (20 minutes)

- Decide beforehand the size of small groups (e.g. split the group into two, have participants work in groups of two or three, etc.).
 - Put participants who have similar problems into the same group.
 - If participants do not have similar problems, the whole group will work on one problem together at a time.
 - Ask one participant to volunteer their problem or choose which participant's problem the group can start with. Make sure that this participant is comfortable talking about their problem in front of the group.
 - The group will help complete each step.
- Tell groups to work through the first six steps of Managing Problems, like you just did, with their chosen problem.
- Tell groups they have only 20 minutes. Be sure to tell them regularly how much time is remaining.
- The problem should be one that a participant in the group is experiencing.
 - Ask one participant to volunteer their problem or choose which participant's problem the group can start with. Make sure that this participant is comfortable talking about their problem in front of the group.

- Walk around each group and help individuals to complete each step.
- If the group finishes working on the first problem, tell them to start again with another participant's problem.
- Return to the larger group and review each group's progress and, if participants feel comfortable, ask them to share their attempts at Managing Problems.
 - To manage time, only ask participants to tell you what problem they chose (Step 2), what solutions they chose (Step 5) and the action plan (Step 6).
- If there is time, encourage smaller groups who were unable to complete Managing Problems to share so that the larger group can help them finish or overcome the problems they had.



Would someone like to share their steps to Managing Problems with the group?

Managing Problems is not always easy to do. Is there a group that had difficulties completing any of the steps? Would you please share what you have been able to do, and we can help you finish it as a group?

3. Discuss each participant's action plan (10 minutes)

- Go around the group and ask participants to tell the group what they plan to do in the next week.
 - There is space on the Managing Problems handout to record their action plan (i.e. write or draw, depending on the participant's literacy).
- The facilitator should write down each participant's action plan so that they can remember what each participant planned to do when it comes to reviewing their home practice in Session 3.
- If you believe that an action plan is not detailed enough, work as a group to make it more specific. See the suggested script below:



That's a great attempt at writing an action plan, but I think we can make it more detailed. This will make it much easier for you when you come to carrying it out. Does anyone in the group have any suggestions for what (name) can include in the action plan?

Imagine carrying out this action plan right now. What would you be doing so you could carry it out?

- Ask participants to suggest ways they can remind themselves to complete the steps of their plan.
 - E.g. setting mobile phone alerts, using meal times as a reminder, arrange for participants to remind each other.

Managing Stress 5 minutes

1. Remind participants why this strategy is helpful

- It helps to relax the body, which can help participants feel less stressed.

2. Lead the group in Managing Stress

Steps to follow

1. Participants relax their bodies (move arms and legs, rock head from side to side, roll shoulders back).
2. Instruct participants to breath from their stomachs (balloon in their stomach).
3. Once everyone is comfortable with Step 2, begin counting three seconds for the in-breath and three seconds for the out-breath. Continue for one minute.
4. Stop counting and encourage participants to count themselves or to keep the rhythm of slow breathing going (if you have a clock, you could encourage participants to follow the ticking of the seconds to keep the rhythm slow).
5. Continue for at least three minutes.

Ending the session 10 minutes

1. Give a summary of the session. The group has:
 - reviewed Managing Stress (refer to specific problems that were discussed or solved);
 - learned about the strategy Managing Problems, to help manage practical problems.
2. Ask participants to mention one thing that has been helpful for them in today's session.
3. Remind participants to regularly practise Managing Stress.
4. Remind participants to complete their Managing Problems action plan (this will be reviewed in the next session).
5. Remind them of the next session – time and location – and tell them the topics that will be discussed (i.e. improving their mood and activity levels).

Chapter 7

GET GOING, KEEP DOING (SESSION 3)

Content	Time	Materials
Arrive and settle into the group	10 minutes	Refreshments
Welcome and general review	5 minutes	Name tags if available
Review Managing Stress	10 minutes	Case example booklet
Review Managing Problems (and continue with same or a new problem)	30 minutes	Case example booklet Managing Problems poster Managing Problems handout and pens (optional)
Get Going, Keep Doing – education and example	25 minutes	Case example booklet Large sheet of paper and marker Four Strategies and Inactivity Cycle posters
Break		
Get Going, Keep Doing – participant activity	35 minutes	
Managing Stress	5 minutes	
Ending the session	10 minutes	Individual action plans Get Going, Keep Doing handout
During-Intervention Assessment	10 minutes (completed any time in the session)	Measure to check in with participants during the session (e.g. during-intervention PSYCHLOPS)
Preparing for Session 3		
<ul style="list-style-type: none"> List of participants' problems you wrote down in the last session. Read the Helpful Hints for Managing Problems (Appendix E). Decide where smaller groups can sit without disturbing each other for the Managing Problems review. Hang up the Four Strategies and Managing Problems posters (Appendix F). Distribute participant handouts (optional): Managing Problems handout (Appendix G) and pens. Hang up the Inactivity Cycle poster (Appendix F). Decide the group sizes for Get Going, Keep Doing discussions. Distribute participant handouts (optional): Inactivity Cycle (Appendix G). 		

Welcome 5 minutes

1. Welcome the group back

2. Tell participants the plan for today's session:

- review of Managing Stress practice
- review Managing Problems and continue with the same or a new problem
- introduce next PM+ strategy to deal with feelings of low mood and inactivity
- practise Managing Stress to end the session.

Managing Stress practice review 10 minutes



1. Refer to case example pictures 14 and 15 and accompanying text

2. Review Managing Stress home practice

- Invite participants to share their experiences of practising Managing Stress during the past week.
 - This discussion can be done as a large group, in small groups or in pairs.



How did people go about practising Managing Stress?

What happened when you practised Managing Stress?

3. Respond to and manage any difficulties participants had in practising

Managing Stress

- See Helpful Hints for Managing Stress to assist you (Appendix E).
- Encourage other group members to suggest ideas about how to overcome problems (i.e. before offering your suggestions).



Does anyone else have any ideas about what (name) could do to overcome this problem?

Have others had similar problems? And what did you do?

Managing Problems review 30 minutes



Materials

- Managing Problems poster (Appendix F)
- Participant handouts (optional) (Appendix G): Managing Problems i.e. the handouts the facilitator completed for each participant's action plan in the last session and new blank handouts



1. Refer to case example picture 16 and accompanying text

Note: Remember to give attention to any participants who did not get to focus on their problem last week. One of the facilitators might sit with them individually to work through their problem while the group continues. Alternatively, you might have the whole group help the participant as part of the Managing Problems review.

2. Invite participants to share their experience of completing their Managing Problems action plan during the week

- Before asking for experiences, tell participants that there are three possible experiences people will have with any home practice:
 - successfully completed their action plan
 - tried to do action plan but it was unsuccessful
 - unable to do action plan.

- All experiences are okay and it is important to share them (especially normalize experiences two and three above).
- Everyone can learn from other participants' experiences, especially from experiences that were unsuccessful.
 - If possible, review at least three participants' action plans in the larger group.



Did anyone manage all or part of their problem this week?

Of those of you who completed your action plan for Managing Problems, would you like to share what happened?

- Be sure to watch the time, so ask participants to be brief so that everyone can have a turn at sharing.

3. Respond to and manage any difficulties participants had in completing their action plan

- See Helpful Hints for Managing Problems (Appendix E).



At some point in this programme, all of you will probably encounter a problem in completing your action plan. Perhaps the action plan was unsuccessful in managing your problem or maybe you were unable to carry out your plan. These experiences are okay and do not mean that you have failed in any way. They are also important learning opportunities for us all. So did anyone have any problems doing their action plan in the last week?

What kind of difficulties did people have completing their Managing Problems action plan over the last week?

Of those of you who had difficulties completing your action plans, would you like to share what happened so we can work through the problems as a group?

4. Small groups continue with Managing Problems

- You have two options for this part of the session: split the group into A. two groups or B. pairs.
- Be sure to have the Managing Problems poster visible to participants.

A. Split the participants into two groups

- Decide beforehand where the two groups can sit so they do not disturb each other.
 - If you have two facilitators, make sure that one of you sits with each group to support participants.
- If you have a large number of participants, you can divide them into smaller groups of three or four people. Be sure to split the groups up only after you have given them instructions on what to do.
- Be aware of limited time, as participants can often be slow to move into smaller groups.
 - Group 1 could include participants who wish to continue managing the *same problem*.
 - Group 2 could include participants who wish to start managing a *new problem* (i.e. the first problem has been solved or managed, or the participant has decided that the first problem is not solvable).

Suggested script:



We are going to work in small groups now. Those participants who would like to continue Managing Problems with the same problem from last week will sit (say place/area). Those of you who would like to start Managing Problems with a new problem can sit over (say place/area). Please begin to move to your areas now so we can start straight away.

B. Pairs

- Ideas for pairing participants:
 - One partner could be someone whose action plan was discussed in the larger group and the other partner someone whose action plan has not been discussed yet. The first partner could work with and support the second to review their action plan and either continue to solve the same problem or begin Managing Problems with a new problem.
 - Partners could be participants with similar problems.
- Facilitators should walk around the room and support all participants.

5. Lead each group or pairs as follows

Group 1: Managing the same problem

- Help participants continue with managing this problem.
- Begin by reviewing Steps 2 and 3 of the Managing Problems strategy.
 - Ask each participant to say aloud the problem they have chosen to solve.
 - Remember you should have written these down the previous week (or participants may have completed the Managing Problems handout).
 - Check whether these problems are still considered solvable.
- Start Step 4 of Managing Problems:
 - You will need to choose one participant to talk through their problem first. Make sure that this participant is comfortable with the group hearing about their problem.
 - Ask the participant to remember any solutions from the week before (or refer to their handout).
 - Then ask the participant to first think of as many new solutions as possible.
 - Then invite the group to suggest more possible solutions.
 - Some of the old solutions (from last week) might be kept and some new solutions might be added.
- Continue with Step 5 of Managing Problems with the same participant's problem.
 - Ask the participant which solution(s) they think would be the most helpful and practical.
- Step 6 of the same participant's problem:
 - Help the participant to develop an action plan for the next week.



What would be the first step to carrying out this solution?

Imagine you are completing this solution right now. Tell me in as much detail everything you would do in order to carry it out.

- Repeat Steps 2–4 of the Managing Problems strategy (i.e. choose a problem, define the problem, suggest possible solutions) with the next participant's problem.

Group 2: Managing a new problem

1. Go through Managing Problems from the beginning.
 - Begin with Step 1: review the problems that participants listed last week and either keep these problems or add new ones to the list.
 - Move to Step 2: ask each participant in the group to say aloud the problem they would like to choose.
 - Before moving to the next participant, help each person to do Step 3 (define the problem as specifically as possible).
 - Make sure that you write the problem down so you can remember the problem that every participant has selected.
 - Choose one participant's problem that you can start working on as a group. Make sure that this person is comfortable talking about their problem in front of the group.
 - Continue with Step 4:
 - Ask the participant to first think of as many solutions as possible to the problem.
 - Then invite the group to suggest more possible solutions.
 - Before moving on to the next step, ask participants to tell you what it is (e.g. "Okay, so we have just chosen the problem, which is Step 2. What is the next step?")
 - This will help all participants understand the steps for Managing Problems.
 - Step 5 of the same participant's problem:
 - First ask the participant which solution(s) they think would be the most helpful and practical.
 - Step 6 of the same participant's problem:
 - Help the participant to develop an action plan for the week ahead.
 - There is space on the Managing Problems handout to record their action plan (i.e. write or draw, depending on the participant's literacy).



What would be the first step to carrying out this solution?

Imagine you are completing this solution right now. Tell me in as much detail as you can everything you would do in order to carry it out.

- Repeat Steps 2–4 of the Managing Problems strategy (i.e. choose a problem, define the problem, suggest possible solutions) with the next participant's problem.

Get Going, Keep Doing – education and case example 25 minutes



Materials

- Four Strategies and Inactivity Cycle posters (Appendix F).



Purpose of Get Going, Keep Doing

- Teach participants that adversity can cause people to become stuck in low mood and inactivity.
- Reassure participants that problems with low mood and inactivity are not uncommon (i.e. they are not a sign that they are going crazy, etc.).
- Teach participants that becoming active (e.g. engaging in hobbies, doing things that the person finds pleasurable) 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.

Steps for Get Going, Keep Doing



1. Refer to case example picture 17 and accompanying text

2. Introduce Get Going, Keep Doing as the third PM+ strategy

- Point to Get Going Keep Doing on the Four Strategies poster.

Key points to include

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

3. Show and explain the inactivity cycle

- Show participants the Inactivity Cycle poster (Appendix F).
- Explain each part slowly as you point to the picture: low mood can cause a person to stop doing things they used to do, which can cause their mood to worsen. When their mood worsens, it makes it harder to do things, so they withdraw more.
- Go through the inactivity cycle again using the case example.



Female case example: *Ezria felt sad after her mother died (point to top image), so she started to withdraw from activities like handicrafts and visiting her neighbours (point to image on right). Over time her mood worsened (point to bottom image) and she found it harder to do things again (point to image on left).*

Male case example: *Ben's mood was low after he lost his job (point to top image), so he started to withdraw from others, like his friends and neighbours (point to image on right). Over time his mood worsened (point to bottom image) and he found it harder to do things again (point to image on left).*

- Invite participants to share their own stories of low mood, lack of motivation, being stuck in this cycle, etc.



Does this cycle or what I described about Ezria/Ben sound familiar to any of you? Would anyone like to share their experiences of feeling sad and not being able to do activities?

Prompt questions to emphasize the inactivity cycle in the person's story:



So when you felt sad, what specific activities or hobbies did you find hard to do or no longer enjoyed doing?

Were you still able to do activities that you used to enjoy or able to socialize with friends?

When you stopped doing these things, what happened to your mood?

4. Discuss how the inactivity cycle can be broken

- If there is time, you can invite participants to suggest ideas about how this cycle can be broken.

Suggested discussion questions:



Does anyone have any ideas about how the inactivity cycle can be broken?

Has anyone been stuck in this cycle themselves and been able to break it?

Do you know someone who was stuck in this cycle, but they were able to break it? What did they do?

- Summarize the common themes or points in participants' stories. Look for the following points to emphasize:
 - It is hard to do things when your mood is low.
 - Many people do not enjoy things as much when their mood is low.
 - When you are inactive for long periods of time (e.g. do not do chores, work or pleasant activities), your mood usually worsens.
- Tell participants that being active breaks the cycle.



Often people will think, "I will start doing things again when I feel better". Or, they think that you need to feel energetic first to be active. Actually, the reverse is true: being active makes you feel energetic. So, to break this cycle you need to start doing things again, even though you may not feel like it.



5. Refer to case example pictures 18, 19 and 20 and accompanying text

BREAK

Before you start Get Going, Keep Doing, give a brief summary of the session so far. You have:

- reviewed Managing Stress;
- reviewed Managing Problems (specify any points that were taught while doing the review);
- introduced Get Going, Keep Doing (you can test participants' knowledge by asking questions about Get Going, Keep Doing e.g. "What types of problem does Get Going, Keep Doing help improve?")

Get Going, Keep Doing – participant activity 35 minutes



Materials

- Participant handouts (optional): Inactivity Cycle and Get Going, Keep Doing (Appendix G)

1. Briefly review the education for Get Going, Keep Doing

- Refer again to case example pictures 18, 19 and 20 and accompanying text.

Key points to include

- Get Going, Keep Doing helps people to start doing activities again.
- Being active will improve mood.
- We will choose one simple activity that participants would like to start doing again.
- This week the activity is a pleasant one.
- In the next session, the activity chosen can be a task or a chore.

2. Large group discussion: help participants to select an enjoyable activity they would like to start doing

- Invite participants to suggest one enjoyable activity that they would like to start doing again.
 - Enjoyable activities are those that give them pleasure or make them feel happy, relaxed or content.
 - The activity should be either something they are not currently doing or something they would like to do more often.
 - Give participants time to think about an activity and invite them to raise their hand to share it with the group.
 - Select participants to share their activity if it is taking too long for people to respond.
 - Help participants who are unsure of what to do.



Is there anything you would like to do that others have already mentioned?

Tell me what you used to enjoy doing a year ago.

- If a participant cannot think of an enjoyable activity after using these questions, ask other participants to give examples of things the person might enjoy. Ask the participant to think about these things. Then come back to them at the end of the discussion and ask them to choose one activity.

Suggested script:



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?

Note: The activity chosen can be something that the participant completes as part of attending Group PM+. For example, they could talk to someone in the break time, walk to the group with another participant who lives nearby or invite another participant for tea after the group. If participants decide to meet outside of the group, remind them about confidentiality and not to talk about other participants.

- It is recommended that you begin with an activity that is not too big and is relatively easy to complete.
 - Ask participants what they would need to do in order to complete this activity (i.e. all the steps involved).
- For example, meeting a friend might mean getting dressed, getting a baby ready to take out and walking to meet her, etc., before actually doing the activity. This might be too hard to do for someone who is feeling very depressed, and an easier activity should be chosen first.
 - Simple and easier activities can include things that can be done in the home or that do not need a lot of resources or other people.
- Examples: listening to music, singing, dancing, playing with their child, walking around the neighbourhood, going to a park, looking at nature in their neighbourhood, taking a bath, brushing one's hair, etc.
 - If participants want to complete a task rather than an enjoyable activity, remind them that this will happen next week.

3. Help participants to break down the selected activity into small, manageable steps

- This discussion can be done as a large group or, if you have enough facilitators, in smaller groups.

Prompt questions:



What would be the first step to carrying out this activity?

Imagine you are completing this activity right now. Tell me in as much detail as you can everything you would do in order to carry it out.

What are the material things you will need in order to complete the activity? (e.g. shoes, furniture, people, food, etc.)

FACILITATORS' NOTE ON GET GOING, KEEP DOING

If participants are feeling low mood, lack of energy or stress, it is important to break down the overall activity/task into smaller and more manageable steps. Remember, this is so that the participants do not feel overwhelmed with the activity/task. It helps to make sure that they experience some success in completing it. This will encourage self-confidence and begin to improve their mood.

For example, “doing crafts” might feel overwhelming for a participant. So you can break this task down and start with just getting all the materials out and putting them in a place where they would feel comfortable to do their crafts. The participant does not need to start doing any craftwork yet. Then, on another occasion, they might just spend 10 minutes on the craftwork and build up from there.

Another example is the task, “cleaning your home”. Breaking this task down by choosing small sections of the home to clean (e.g. cooking area, sleeping area and so on) makes it more manageable and achievable for the participant.

4. Help participants to schedule in the steps to complete the activity

- Discuss what each participant can do, on what day and at what time (get participants to be as specific as possible).
 - There is space on the Get Going, Keep Doing handout to record their action plan (i.e. write or draw, depending on the participant’s literacy).
 - The facilitator should write these plans down so they can remember them for the Session 4 home practice review.
- As with Managing Problems, discuss with the group how participants can remind themselves to complete the steps over the week ahead.

5. Remind participants that it might be difficult starting the activity

- Encourage them to keep going with it even if they do not feel like it.
- Tell them that their mood will improve gradually (i.e. not straight away) if they keep doing their activities.



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

Optional activity: Slap, Clap, Click, Name Game

This game demonstrates how it can be difficult to start an activity, but when you get going it is easier to keep doing!

Step 1: Practise a clapping rhythm, which should follow this sequence:

1. Slap your knees with both hands.
2. Clap your hands together.
3. Click fingers of right hand.
4. Click fingers of left hand.
5. Practise until the entire group can follow the rhythm.

Step 2: The facilitator begins the game

1. They call out their own name when clicking the fingers of their right hand, followed by the name of another person in the group when clicking the fingers of their left hand.
2. The second name is called at random.
3. The person whose name has been called follows the same sequence i.e. they call out their own name when clicking the fingers of their right hand, followed by the name of someone else in the group when clicking the fingers of their left hand.
4. The sequence is followed until a mistake is made. Begin a new game by practising the rhythm again for a little while and then start calling out names again.

Be sure to end the game by relating it back to Step 5 of Get Going, Keep Doing:



Starting an activity can be challenging when you feel depressed or without energy. It can be helpful to break the activity down into small steps and start with the easy steps until you feel comfortable enough to add more steps, just like we did in this game. Then you can get into a rhythm and continue without difficulty. Get Going, Keep Doing is just like this.

Managing Stress 5 minutes

1. Remind participants why this strategy is helpful

- It helps to relax the body, which can help you feel less stressed.

2. Lead the group in Managing Stress

Steps to follow:

1. Participants relax their bodies (move arms and legs, rock head side to side, roll shoulders back).
2. Instruct participants to breath from their stomach (balloon in their stomach).
3. Once everyone is comfortable with Step 2, begin counting three seconds for the in-breath and three seconds for the out-breath. Continue for one minute.
4. Stop counting and encourage participants to count themselves or keep the rhythm of slow breathing going (if you have a clock, you could encourage participants to follow the ticking of the seconds to keep the rhythm slow).
5. Continue for at least three minutes.

Ending the session 10 minutes

1. Give a summary of the session. You have:
 - reviewed Managing Stress (refer to specific problems that were discussed or solved);
 - reviewed Managing Problems (refer to specific problems that were discussed or solved);
 - learned about Get Going, Keep Doing, a strategy that helps to improve mood and activity.
2. Ask participants to say one thing that has been helpful for them in today's session.
3. Remind participants to regularly practise Managing Stress.
4. Remind participants to complete their Managing Problems action plan (this will be reviewed in the next session).
5. Remind participants to complete their Get Going, Keep Doing activity (this will be reviewed in the next session).
6. Remind participants of the next session – time and location – and tell them the topics that will be discussed (i.e. how to strengthen social support).

Chapter 8

STRENGTHENING SOCIAL SUPPORT (SESSION 4)

Content	Time	Materials
Arrive and settle into the group	10 minutes	Refreshments
Welcome and general review	5 minutes	Name tags if available
Review Managing Stress	10 minutes	Case example booklet
Review Managing Problems (and continue with same or a new problem)	20 minutes	Case example booklet Managing Problems poster Managing Problems handouts (optional)
Review Get Going, Keep Doing (and continue with same or new activity)	20 minutes	Case example booklet Inactivity Cycle poster Get Going, Keep Doing handout (optional)
Break		
Strengthening Social Support – education and example	20 minutes	Case example booklet
Strengthening Social Support – participant support	25 minutes	
Managing Stress	5 minutes	
Ending the session	10 minutes	Individual action plans Strengthening Social Support handout
During-Intervention Assessment	10 minutes (completed any time in the session)	Measure to check in with participants during the sessions (e.g. during-intervention PSYCHLOPS)
Preparing for Session 4		
<ul style="list-style-type: none"> • Hang Four Strategies, Managing Problems and Inactivity Cycle posters on the wall (Appendix F). • Read Helpful Hints for Get Going, Keep Doing (Appendix E). • Distribute participant handouts (optional): Managing Problems; Get Going, Keep Doing; Strengthening Social Support (Appendix G). 		

Welcome 5 minutes

1. Welcome the group back
2. Tell participants the plan for today's session:

- Review of Managing Stress practice
- Review Managing Problems and Get Going, Keep Doing
- Introduce final PM+ strategy to improve social support
- Practise Managing Stress to end the session.

Managing Stress practice review 10 minutes



1. Refer to case example picture 21 and accompanying text

2. Invite participants to share their experiences of practising Managing Stress during the past week

- This discussion can be done as a large group, in small groups or in pairs.



How did people go about practising Managing Stress?

What happened when you practised Managing Stress?

3. Respond to and manage any difficulties that participants had in practising Managing Stress

- See Helpful Hints for Managing Stress to assist you (Appendix E).
- Encourage other group members to suggest ideas about how to overcome problems.



Does anyone else have any ideas about what (name) could do to overcome this problem?

Have others had similar problems? And what did you do?

Managing Problems review 20 minutes



Materials

- Managing Problems poster (Appendix F)
- Participant handout (optional): Managing Problems (Appendix G)



1. Refer to case example picture 22 and accompanying text

- Encourage participants to think of potential solutions for the case example's new problem.
- Possible solutions you can suggest to encourage discussion:
 - Practise slow breathing before going to sleep
 - Listen to relaxing music
 - Read a book/recite a story to herself.

2. Review Managing Problems home practice

- Invite participants to share their experiences of completing their Managing Problems action plan during the week.
- Before asking for experiences, educate participants about home practice.
 - There are three possible experiences people will have with any home practice:
 - successfully completed their action plan
 - tried to do action plan but it was unsuccessful
 - unable to do action plan.
 - All experiences are okay and it is important to share (especially normalize experiences two and three above).
 - Everyone can learn from other participants' experiences, especially from experiences that were unsuccessful.
- If possible, review each participant's action plan in the larger group.



Did anyone solve all or part of their problem by completing their action plan this week?

Of those of you who completed your action plan for Managing Problems, would you like to share what happened?

- Be sure to watch the time, so ask participants to keep their stories short so that everyone can have a turn at sharing.

3. Respond to and manage any difficulties that participants had in completing their action plans

- See Helpful Hints for Managing Problems (Appendix E).



At some point in this programme, all of you will probably encounter a problem with doing your action plan. Perhaps it was unsuccessful in managing your problem or maybe you were unable to carry out your plan. These experiences are okay and do not mean that you have failed in any way. They are also important learning opportunities for us all. So, did anyone have any problems doing their action plan in the last week?

What kinds of difficulties did people have completing their Managing Problems action plan over the last week?

Of those of you who had difficulties completing your action plan, would you like to share what happened so we can work through the problems as a group?

4. Small groups continue with Managing Problems

- You have two options for this section: splitting the group into A. two groups or B. pairs.
- Be sure to have the Managing Problems poster visible to participants.

A. Split the participants into two groups

- Decide beforehand where the two groups can sit so they do not disturb each other.
 - If you have two facilitators, make sure that one of you sits with each group to support participants.
- If you have a large number of participants, you can divide them into smaller groups of three or four people. Be sure to split the groups up only after you have given them instructions on what to do.
- Be aware of time, as participants can often be slow to move into smaller groups.
 - Group 1 includes participants who wish to continue managing the *same problem*.
 - Group 2 includes participants who wish to start managing a *new problem* (i.e. the first problem has been solved or managed, or the participant has decided that it is not solvable).

Suggested script:



We are going to work in small groups now. Those participants who would like to continue Managing Problems with the same problem from last week will sit (say place/area). Those of you who would like to start Managing Problems with a new problem can sit over (say place/area). Please begin to move to your areas now so we can start straight away.

B. Split the participants into pairs

- Ideas for pairing participants:
 - One partner could be someone whose action plan was discussed in the larger group and the other partner will be someone whose action plan has not yet been discussed. The first partner could work with and support the second to review their action plan and either continue to solve the same problem or begin Managing Problems with a new problem.
 - Partners could be participants with similar problems.
- Facilitators should walk around the room and support all participants.

5. Lead each group or pairs as follows:

Group 1: managing the same problem

- Help participants to continue with managing this problem.
- Begin by reviewing Steps 2 and 3 of the Managing Problem strategy:
 - Ask each participant to say aloud the problem they have chosen to solve.
 - Remember you should have written these down from last week (or participants may have completed the Managing Problems handout).
 - Check that participants are happy with their responses here.
 - Check that these problems are still solvable.
- Start Step 4 (possible solutions):
 - You will need to choose one participant to talk through their problem first. Make sure that this participant is comfortable with the group hearing about their problem.
 - Ask the participant to remember any solutions from the week before (or refer to their handout).
 - Ask the participant to first think of as many new solutions as they can.
 - Then invite the group to suggest more possible solutions.
 - Some of the old solutions (from last week) might be kept and some new solutions might be added.
- Continue with Step 5 of the same participant's problem:
 - Ask the participant which solution(s) they think would be the most helpful and practical.
- Step 6 of the same participant's problem:
 - Help the participant to develop an action plan for the next week.
 - There is space on the Managing Problems handout to record their action plan (i.e. write or draw, depending on the participant's literacy).



What would be the first step to carrying out this solution?

Imagine you are completing this solution right now. Tell me in as much detail as you can everything you would do in order to carry it out.

- Repeat Steps 2–4 of the Managing Problems strategy (i.e. choose a problem, define the problem, possible solutions) with the next participant’s problem.

Group 2: managing a new problem

1. Go through Managing Problems from the beginning:
 - Begin with Step 1: review the problems that participants listed last week and either keep these problems or add new ones to the list.
 - Move to Step 2: ask each participant in the group to say aloud the problem they would like to choose.
 - Before moving to the next participant, help each person to do Step 3 (define the problem as specifically as possible).
 - Make sure you write the problem down so you can remember the problem that every participant has selected.
 - Choose one participant’s problem that you can start working on as a group. Make sure that person is comfortable talking about their problem in front of the group.
 - Continue with Step 4:
 - Ask the participant to first think of as many possible solutions to the problem as they can.
 - Then invite the group to suggest more possible solutions.
 - Before moving on to the next step, ask participants to tell you what the next step is (e.g. *“Okay, so we have just chosen the problem, which is Step 2. What is the next step?”*)
 - This will help all participants to understand the steps for Managing Problems.
 - Step 5 of the same participant’s problem:
 - First ask the participant which solution(s) they think would be the most helpful and most practical.
 - Step 6 of the same participant’s problem:
 - Help the participant to develop an action plan for the week ahead.
 - There is space on the Managing Problems handout to record their action plan (i.e. write or draw, depending on the participant’s literacy).



What would be the first step to carrying out this solution?

Imagine you are completing this solution right now. Tell me in as much detail as you can everything you would do in order to carry it out.

- Repeat Steps 2–4 of the Managing Problems strategy (i.e. choose a problem, define the problem, possible solutions) with the next participant's problem.

Get Going, Keep Doing review 20 minutes



Materials

- Inactivity Cycle poster (Appendix F)
- Participant handouts (optional): Get Going, Keep Doing (Appendix G)



1. Refer to case example pictures 23 and 24 and accompanying text

2. Review Get Going, Keep Doing home practice

- Invite participants to share their experiences of completing their Get Going, Keep Doing activity during the week.



Did anyone start or complete their Get Going, Keep Doing action plan this week?

Of those of you who completed your Get Going, Keep Doing activity, would you like to share what happened?

Be sure to watch the time, so ask participants to keep their stories short so that everyone can have a turn at sharing.

- Respond to and manage any difficulties that participants had in completing their activity.
 - See Helpful Hints for Get Going, Keep Doing (Appendix E).



What kinds of difficulties did people have completing their Get Going, Keep Doing activity over the past week?

Of those of you who had difficulties completing your activities, would you like to share what happened so we can work through the problems as a group?

- Make sure that those participants who had difficulties completing their activities have a clear idea of what they are going to try differently this week (i.e. their new action plan).
 - Ask participants to share aloud what they are going to try differently this week to help them complete the activity (i.e. a new first step that is smaller, a new activity entirely). Repeat this back to the participant or discuss any parts that they may have missed or are unsure about.
 - Write down participants' new plans for the week so you can review them in the next session (or have participants complete the Get Going, Keep Doing handout).
- Encourage those participants who were able to complete their activities to continue doing them this week.
 - Participants can also introduce new, pleasant activities if they feel confident doing this by themselves.

3. Introduce Get Going, Keep Doing for a task-oriented activity

- This is a large group discussion.
- Explain that it will follow the same structure as in Session 3 (i.e. when it was completed with a pleasant activity).
- Tell participants that you are now going to practise Get Going, Keep Doing with tasks and chores.

Key points to include

- Remind participants that Get Going, Keep Doing helps people to start being active again.
- When we feel low we often lose motivation to do chores, work, self-care activities and other tasks that we need to get done.
- Being active with these tasks helps people feel a sense of achievement, which can improve mood.
- Today, participants will choose one task-oriented activity to start doing again.

4. Large group discussion

- Help participants to select a chore or a self-care or work-related activity they would like to start doing.
- Invite participants to suggest one task that they would like to start doing again.
 - Give participants time to think about an activity and invite them to raise their hands to share it with the group.
 - Begin to select participants to share their activity if it is taking too long for people to respond.
 - Help participants who are unsure of what to do.

Prompt questions:



Is there one thing that is not too hard that you could do around the house, for your family or yourself or to do with work?

Is there anything you would like to do that others have already mentioned?

Tell me what you used to do a year ago.

- If a participant cannot think of a task after using these questions, ask other participants to give examples of things the person could do. Ask the participant to think about these things. Then come back to them at the end of the discussion and ask them to choose one activity.
- Examples:
 - Cleaning a small area of their home
 - Washing clothes
 - Collecting wood, water or fuel
 - Washing oneself
 - Cooking a meal
 - Washing the dishes
 - Going to work
 - Helping a relative.

Suggested script:



Thinking about the things you used to do before you were feeling this way, what is one task, chore or self-care activity that you could start doing again or do more often?

Note: The activity chosen can be something that the participant completes in the group time e.g. helps clear up the cups or glasses at the end of the session.

- It is recommended that you begin with an activity that is not too big and is relatively easy to complete (as shown in the case example).
 - Ask participants what they would need to do in order to complete this activity (i.e. all the steps involved).
 - Examples: getting up on time and getting dressed; going to work might mean organizing childcare and organizing transport to get to work.
 - Note that work-related tasks can be too hard to do for someone who is feeling very depressed, and an easier activity should be chosen first.
 - Simple, easier tasks might include those that can be done in the home or do not need a lot of resources or the involvement of other people.
 - Examples: washing only some of the laundry, sweeping an area in the kitchen, cleaning the kitchen bench, etc.
- Help participants to break down the selected activity into small, manageable steps.
 - Use one participant's activity as an example to remind the other participants how to break down their activity into smaller steps.
 - Then ask participants to break down their activity into smaller steps, on their own.
 - There is space on the Get Going, Keep Doing handout to record their action plan (i.e. write or draw, depending on the participant's literacy).

Prompt questions:



Sit quietly and imagine when you last did this activity. Can you tell me in as much detail as you can all the things you did, and I will write these down. These will be the steps you need to take to complete the activity.

What are the material things you will need in order to complete the activity/task? (e.g. shoes, furniture, people, food, etc.)

BREAK

Before starting Strengthening Social Support, give a brief summary of the session so far. You have:

- reviewed Managing Stress;
- reviewed Managing Problems (specify any points that were taught while doing the review);
- reviewed Get Going, Keep Doing (specify any points that were taught while doing the review).

Strengthening Social Support – education and case example 20 minutes



Materials

- Four Strategies poster (Appendix F).
- Participant handouts (optional): Strengthening Social Support (Appendix G)



Purpose of Strengthening Social Support

- Having good support helps people cope better in adversity.
- Support can prevent people from becoming very stressed, depressed, etc.
- Support can help people better manage practical problems.
- Support helps people feel that they are not alone in the problems they are experiencing.

Steps to Strengthening Social Support

1. Give a brief definition of Strengthening Social Support

- Point to the Strengthening Social Support strategy on the Four Strategies poster.

Suggested script:



Strengthening social support is all about connecting with others to be more supported and able to manage problems better.



2. Refer to case example pictures 25 and 26 and accompanying text

3. Introduce Strengthening Social Support as the final PM+ strategy

- Refer to previous discussions of other strategies that included social supports (e.g. a solution for Managing Problems may have included getting support from someone or an organization; a Get Going, Keep Doing activity may have involved socializing with others).

4. Encourage a discussion about what social support is and how it can be helpful

- Ask participants to give examples of times when social support has been helpful for them.

Suggested prompt questions:



When you think about social support, what comes to mind (what do you think of)?

Would anyone like to share a time that they received support from someone or an organization (give name of a local organization) to deal with a problem? And did it help? How so?

What has been people's experience coming to this group and sharing their problems with others? Have people found it helpful? How so?

How did Ezria/Ben say that seeking support has helped her/him in the past?

- *Ezria/Ben said that it helped her/him feel that her/him problems were not as big. She/he said that she was feeling more confident after getting support from group participants.*

Are there other ways you think that strengthening social support might help people affected by adversity?

How do you think it might help you?

Key points to include

- There are many forms of social support:
 - having a friend or family member listen and validate a person’s concerns and emotions rather than be dismissive and not show any care;
 - connecting with an agency that provides appropriate information and support to a person;
 - getting help to complete a difficult task or providing a way of completing a task (e.g. driving a person somewhere, borrowing something from them, etc.);
 - 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 people feel less burdened.
- Hearing other people’s problems can help people feel they are not alone in their suffering.

Consider sharing a local or well-known proverb or saying that reflects the idea of social support. Examples include: *United we stand, divided we fall; If my neighbour is okay I am okay; One hand alone cannot clap; A problem shared is a problem halved; Shared joy is a double joy, shared sorrow is half a sorrow.*

5. Discuss obstacles to strengthening social support

- Tell the group that it can be difficult to seek out support, for different reasons.
- Refer to case example picture 27 and accompanying text to highlight some of these obstacles.
- Ask the group what were Ezria’s/Ben’s difficulties in strengthening their social support.
- Invite participants to share their personal difficulties in seeking support.

Suggested questions:



What has made it hard for you to get support from others in the past?

What do you think might make it hard for you to strengthen your social supports this week?

- Give examples to help participants identify personal obstacles if needed:
 - Personal feelings: shame, embarrassment, low mood, anxiety or worry.
 - Negative expectations: it won't work; there's no point; I'll burden others.
 - Isolation: some participants might not have many people they can get support from.
 - Difficulties trusting others (this is likely to be an obstacle for people who have experienced intimate forms of trauma, such as sexual assault or torture).

Suggested dialogue if a participant is very unsure about strengthening their social supports:



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. However, this is often not true. People will often share problems when their friend tells them about their own problems. Or they might ask for help in return. It can also be helpful hearing other people's difficulties so you get perspective about 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 do not have anyone you can trust, shall we discuss more together on finding someone that you can trust?



6. Refer to case example picture 27 and accompanying text to show participants how these obstacles can be overcome

Strengthening Social Support – participant support 25 minutes

1. Tell participants that the next half-hour will be spent helping them plan to strengthen their social support



2. Refer to case example pictures 28 and 29 and accompanying text

3. Large group discussion

- Invite participants to choose one way that they can strengthen their social support in the next week.
- Remind participants of the different ways that they can strengthen social supports (see “Key points to include” box above).

Suggested questions:



Does anyone have an idea of how they would like to strengthen their social support?

Is there a social support you had in the past that you could start to strengthen again?

Is there someone or an organization you could get support from?

4. Begin helping participants to plan exactly what they are going to do

- To make this discussion easier, discuss actions for each different type of social support:
 - You can begin by just talking about participants who wish to strengthen support by talking to someone.
 - Then talk about plans for those participants who wish to strengthen support with an organization.
 - Then talk about plans for those participants who wish to ask for practical help.
- Be sure to break this plan down into small, manageable steps as you have done with Managing Problems and Get Going, Keep Doing.

Suggested questions:



What would be the first step to strengthening your social support?

Imagine you are completing this action right now. Tell me in as much detail as you can everything you would do in order to carry it out.

5. Rehearsing (role-playing) what to do

- Participants form pairs and practise what they are going to say to the person or organization.
- If you do not have time, encourage participants who feel comfortable to meet with each other outside of the group, to practise what they are going to say or do this on their own.
- Tell participants that the more confident they feel in completing the task, the more likely it is that they achieve it.
- For example, role-play:
 - talking about a practical problem and how that makes them feel
 - talking about being involved in this programme
 - talking about any specific problem
 - asking to meet with a friend/family member/other person
 - asking for help with a practical problem.

6. Help participants to schedule in the steps to complete the social support activity

- Discuss what each participant can do, on what day and at what time (get participants to be as specific as possible).
 - The facilitator should write these plans down for the review in the next session (or participants can use the Strengthening Social Support handout to write or draw their action plan).

As with Managing Problems and Get Going, Keep Doing, discuss with the group how participants can remind themselves to complete the steps over the week ahead.

Managing Stress 5 minutes

1. Remind participants why this strategy is helpful

- It helps to relax the body, which can help you feel less stressed.

2. Lead the group in Managing Stress

Steps to follow

1. Participants relax their bodies (move arms and legs, rock head from side to side, roll shoulders back).
2. Instruct participants to breath from their stomach (balloon in their stomach).
3. Once everyone is comfortable with Step 2, begin counting three seconds for the in-breath and three seconds for the out-breath. Continue for one minute.
4. Stop counting and encourage participants to count themselves or keep the rhythm of slow breathing going (if you have a clock, you could encourage participants to follow the ticking of the seconds to keep the rhythm slow).
5. Continue for at least three minutes.

Ending the session 10 minutes

1. Give a summary of the session. You have:
 - reviewed Managing Stress (refer to specific problems that were discussed or solved);
 - reviewed Managing Problems (refer to specific problems that were discussed or solved);
 - reviewed Get Going, Keep Doing (refer to specific problems that were discussed or solved);
 - learned how to apply Get Going, Keep Doing to start doing tasks again;
 - learned how to strengthen one's social supports, through the strategy Strengthening Social Support.
2. Ask participants to name one thing that has been helpful for them in today's session.
3. Remind participants to regularly practise Managing Stress.
4. Remind participants to complete their Managing Problems action plan (this will be reviewed in the next session).
5. Remind participants to complete their Get Going, Keep Doing activity (this will be reviewed in the next session).
6. Remind participants to complete their Strengthening Social Support action plan (this will be reviewed in the next session).
7. Remind participants of the next session – time and location – and tell them the topics that will be discussed (i.e. reviewing the strategies and preparing for the future).

Chapter 9

STAYING WELL AND LOOKING FORWARD (SESSION 5)

Content	Time	Materials
Arrive and settle into the group	10 minutes	Refreshments
Welcome and general review	5 minutes	Name tags if available
Review home practice of Managing Stress, Managing Problems, Get Going, Keep Doing, Strengthening Social Support (and help set up continuation of strategies)	25 minutes	Case example booklet Managing Problems poster Inactivity Cycle poster
Review PM+	15 minutes	Helping Others – Case Examples (Appendix H)
Break		
Staying Well	20 minutes	Case example booklet Materials for PM+ reminders
Looking Forward	20 minutes	
Closing ceremony	15 minutes	Meal (or other materials)
During-Intervention Assessment	10 minutes (completed any time in the session)	Measure to check in with participants during sessions (e.g. during-intervention PSYCHLOPS)
Preparing for Session 5		
<ul style="list-style-type: none"> • Read Helpful Hints for Strengthening Social Support (Appendix E). • Have the Helping Others case examples ready to read (you might choose to print these separately so you do not have to keep flipping to the back of this manual) (Appendix H). • Bring materials (posters, cards, markers, etc.) for making PM+ reminders. • Prepare closing ceremony materials and food (depending on what you have organized). 		

Welcome 5 minutes

1. Welcome the group back

2. Congratulate participants for reaching the end of the programme

- Give a positive message about participants' achievements and efforts.

3. Tell participants the plan for today's session:

- review of Managing Stress practice;
- review participant practice of Managing Stress, Managing Problems, Get Going, Keep Doing and Strengthening Social Support;
- review the aims of all PM+ strategies;
- discuss how to stay well and plan for the future;
- closing ceremony/meal.

Review of home practice tasks 25 minutes



1. Refer to case example picture 30 and accompanying text

2. Review all home practice tasks for all strategies

- Managing Stress (if you haven't already reviewed this); Managing Problems; Get Going, Keep Doing; and Strengthening Social Support.
- Review the practice of each of these strategies separately; be sure to manage the time spent on each (e.g. 10 minutes for each strategy or five minutes for Managing Problems, 10 minutes for Get Going, Keep Doing and 15 minutes for Strengthening Social Support).

Suggested question:



Would people like to share what steps they were able to complete for Managing Problems this week?

Ask the same question for each strategy separately.

- Be sure to watch the time, so ask participants to keep their stories short so that everyone can have a turn at sharing.

3. Respond to common problems that participants have experienced and ways to overcome these



What kind of difficulties did people have completing their (name PM+ strategy) action plan over the last week?

Of those of you who had difficulties completing your activities, would you like to share what happened so we can work through the problems as a group?

- See Helpful Hints for each strategy (Appendix E):
 - Managing Stress
 - Managing Problems
 - Get Going, Keep Doing
 - Strengthening Social Support.

PM+ review 15 minutes



Materials

- List of participants' goals from Session 1
- Helping Others case examples (Appendix H)



Purpose of the PM+ review session

- It helps participants to confirm and strengthen what they have learned in Group PM+.
- The more participants talk about the PM+ strategies, the more likely they will be able to remember them after the group has finished.
- It provides an opportunity for facilitators to correct any misunderstandings about PM+ strategies.

Steps to PM+ review

1. Tell participants that we are going to review PM+ strategies

- so they can remember them when the group has finished;
- so they feel confident in knowing how to practise each strategy.

Suggested script:



What we are going to do now is work together as (imaginary) PM+ facilitators so you can feel confident that you understand all the strategies in this programme and when it is best to use them. I will read some examples of different people and I want you to pretend that each 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 in Group PM+.

2. Read Helping Others case examples (Appendix H)

1. The facilitator reads the first case example to the whole group

- The facilitator tells participants which PM+ strategies would be helpful for this person (read the responses below the case example to help you).
- Ask participants if they agree with the suggestions made for this person.

2. Read case examples 2, 3 and 4 and invite the whole group to decide how each PM+ strategy would be helpful for this person



Does anyone want to suggest a PM+ strategy that would be helpful for this person? Can you explain how this strategy would be helpful?

Ask participants to give a reason for their choice of strategy i.e. *“How might this strategy be used to help this person?”*

3. Allow for time to correct any incorrect beliefs about each of the strategies or to answer any questions

- You must be familiar with the purpose of each PM+ strategy and how it is carried out so that you can identify any incorrect beliefs.
- Examples of common *incorrect* beliefs:
 - Managing Stress is only used when you feel scared or stressed.
 - Managing Problems helps to solve emotional problems.
 - Get Going, Keep Doing is only about doing more things around the house.
 - Strengthening Social Support is only about telling other people about your problems or socializing with friends.

BREAK

Staying Well 20 minutes



Materials

- Materials (posters, cards, markers, etc.) for making PM+ reminders



Purpose of Staying Well session

- Participants can look back and feel proud of their achievements.
- Opportunity to tell participants what to expect when finishing the group.
- Help participants to continue to stay well after Group PM+ finishes by preparing the best response to future problems.

Steps to Staying Well

1. Begin by again congratulating participants for their efforts and achievements

Suggested script:



As you are aware, today is our last session and I wanted to congratulate you on reaching this stage. You have shown a lot of courage and effort to talk about some difficult topics and learn new strategies to manage difficulties. Are there areas that you think have improved since starting the programme?

2. Review participants' original goals for the programme

Suggested script:



Can anyone remember what they hoped to get out of Group PM+ at the very beginning?

What did you want to change in your mood, your behaviour, your life, etc.?

- If you wrote down participants' goals in Session 1, you can read their goals out to them.
- Discuss goals that participants have achieved (whether they are ones they suggested in Session 1 or not).

Suggested script:



Have you been able to achieve these goals, either partly or completely?

Can you tell me what has changed in your life as a result of Group PM+?

3. Emphasize the importance of practising strategies, even when participants are not having problems

Key points to include

- Group 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.
- Participants have 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 group to suggest ideas on how to do this).
- Many participants will face problems in the future.



4. Refer to case example pictures 31, 32 and 33 and accompanying text

- The case example is about a time when Ezria/Ben faces a difficulty a few months after completing Group PM+, and how she/he manages it.

5. Invite participants to discuss this case example



Does anyone have any thoughts about this case example and how Ezria/Ben managed her/his problems after the group?

6. Discuss potential future stressors or problems that participants might face

Suggested questions:



What are some difficulties or problems that you could experience in the future?

- Prompts: ...such as money problems, problems with your physical health, problems with family?

What kinds of problems have you experienced in the past that you could experience again?

- Give examples to prompt them if needed:
 - anniversary of the death of a loved one
 - family disagreements
 - physical health problems
 - emotional health problems, such as depression or stress
 - droughts or floods in the coming seasons
 - community violence or war
 - problems with employment or money
 - problems with the surrounding environment
 - being forced to leave one's home or having to settle in a new area/country.

Suggested script:



It is not uncommon for participants to experience difficulties in the future. In fact, we will all experience some kind of stress or difficulties in life. However, it is important to respond to these difficulties in helpful ways so that they do not become overwhelming. What did Ezria/Ben do to manage her/his difficulties after Group PM+ finished?

7. Help participants to identify which strategies they could use for each potential future stressor they might face

- Refer to examples of future stressors that participants have already identified.
- For example:
 - feelings of stress, anger, anxiety and physical problems suited to Managing Stress
 - unemployment problems suited to Managing Problems
 - feelings of depression, low motivation or hopelessness, or inactivity suited to Get Going, Keep Doing
 - all problems are suited to Strengthening Social Support.
- Also, make sure you mention that if problems continue even after they have tried to practise the PM+ strategies, then they should seek further help (e.g. visit their doctor or health care clinic).

Suggested script:



What do you think you can do if you experience a very difficult situation or notice negative feelings in the future?

8. Suggest the group as ongoing support for participants

- Suggest that relationships formed in the group can be helpful for participants afterwards:
 - It can help them remember PM+ strategies.
 - It is a good source of social support.
 - Other participants can help watch out for signs that someone is not staying well.
- Tell participants that if they want to continue to meet with others from the group, they should organize this at the end of today's session.

9. Discussion: how to remember to practise PM+ strategies

- Discuss what participants can do to remember to continue practising PM+.
- As a group, spend some time designing and making PM+ reminders that participants can take home with them (optional).
 - For example, small cards, rocks or beads with pictures or symbols of the PM+ strategies on them, photos, a piece of jewelry etc.
 - If there is not enough time, you can do this activity during the closing ceremony.
 - Provide participants with posters, small cards, markers, etc.
- Alternatively, you can give each participant a copy of the PM+ handouts (Appendix G) to act as reminders of the strategies.

Looking Forward 20 minutes



Purpose of this Looking Forward session

- Help participants prepare for the future.
- Help participants review old personal goals not achieved in Group PM+.
- Help participants think about what ways they would like to keep improving (i.e. name new goals).

Steps to Looking Forward

1. Review participants' goals that were not achieved during Group PM+

- Decide whether these goals are realistic.
 - Can these goals be achieved in a short timeframe?
 - Could these goals have been achieved through this programme? Or are they goals that are not suited to PM+ strategies?
 - Many medical/physical problems cannot be helped with Group PM+.

- Some goals that require another person to change their beliefs or behaviours cannot be achieved if this person does not want to change.

2. Ask participants if they have any new goals that they would like to set for themselves

- Help participants identify which strategies would be helpful to achieve all goals (i.e. goals that were not achieved in Group PM+ and new ones).
 - “Which PM+ strategy would be best suited to dealing with this problem?”
 - If you disagree with their response, suggest a strategy that you think is better and give reasons for this.
- Help the participant to decide what steps they could take to begin to achieve these goals.

Suggested questions:



When can you start completing this (name of PM+ strategy) to help achieve your goal?

What resources do you need? For example, people you need to talk to, equipment or information?

What is the first thing you can do to start to achieve this goal, and when can you do this?

3. Prepare participants for Post-PM+ assessment

- At the end of the session, remind participants that you will contact them (or name the person if someone else 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.
- See Chapter 10 on how to conduct the post-PM+ assessment.

Closing ceremony 15 minutes

As a way of celebrating the end of the programme, it is good to share a meal and/or a ceremony. You can also choose to provide participants with a memento or certificate.

Chapter 10

POST-PM+ ASSESSMENT

Summary

- This assessment will tell you how much the participant has improved after Group PM+.
- It happens after the participant has finished Group PM+ (or has dropped out of the group).
- It happens with people individually and face-to-face.
- It takes about 40 minutes.

Checklist of materials

- Post-PM+ Assessment Protocol (Appendix C): PSYCHLOPS post-intervention version only¹⁴
- Contact information for supervisor and main referral services, etc.

Who does the assessment?

If you are completing the Post-PM+ Assessment with a participant who you have also facilitated through Group PM+, you are encouraged to be as objective and unbiased as possible. As their PM+ facilitator, you will no doubt want your participant to have improved. However, not all participants will improve with Group PM+. This is not necessarily because you have not done a good enough job of helping the participant. Participants may not improve because of different reasons, such as other stresses occurring in their lives at the time of completing Group PM+, or they were not motivated to engage in Group PM+, or their problems were too complex or not well suited to Group PM+. Sometimes things have changed for the better for the participant, but the assessment does not ask questions about this. For example, a participant might feel that their self-esteem has improved but there are not any assessment questions about self-esteem.

¹⁴ Visual aids (or flashcards) that use pictorial rating scales are recommended when completing an assessment. These are developed in the cultural adaptation phase.

How to do an assessment?

Refer to Chapter 4: Group PM+ Assessments.

Complete the Post-PM+ Assessment as per the protocol in Appendix C.

Tips to keep in mind:

- Tell the participant what the purpose of the assessment is:
 - To find out how they are getting on after completing Group PM+.
- Tell the participant what will happen in the assessment:
 - You will ask them some questions about their feelings and practical problems.
 - The assessment should take 40 minutes.
- Remind the participant about confidentiality:
 - Unless the participant is at risk of ending their life in the near future, tell you they are planning to harm someone else or tell you about ongoing child abuse, all the information they share in the assessment is kept private.
 - Tell them that this privacy includes your supervisor, whose job it is to make sure that they are being looked after.
- Use all your basic helping skills (see Chapter 3).
- After you have completed the assessment, you can give general feedback to the participant. This might include:
 - Improvements on an assessment (*“Compared with the first assessment, your mood has improved quite a bit”*);
 - Areas that have not improved or have worsened (*“From your responses, it seems that you are having more difficulties doing daily activities. Can you explain why this might be?”*).
- The completed assessment should be filed in a locked cupboard or drawer, to maintain confidentiality.

What to do if a participant has not improved

You should discuss the participant's progress with your supervisor. If you and your supervisor decide that a participant 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 to consider (see below). You and your supervisor may decide this either between Sessions 4 and 5 or after you have seen the participant in Session 5.

1. Based on discussions with your supervisor, you may encourage the participant to continue practising Group PM+ strategies independently and arrange to follow up with them at an agreed time in the future (e.g. three months after Session 5). This would only be recommended if the participant'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 participant to a (mental) health professional for assessment and further care. This would be recommended for participants in severe distress or with thoughts or plans of suicide at the end of Group PM+ (or at the follow-up assessment if you choose to conduct this assessment). This would also be recommended if the participant has engaged well in Group PM+ but there has been little change in their distress.
3. Based on discussions with your supervisor, you may offer additional sessions of PM+, using the same strategies: for instance, with a participant who has only started to feel comfortable trusting you as a facilitator by the end of the programme or did not feel comfortable in a group setting. These sessions could be delivered to the participant individually or in a group setting if you are offering additional sessions to several participants.

For most participants, it is important that they practise PM+ strategies on their own in their daily lives for a few months after completing Group PM+. Often, changes in distress and coping occur in this time after the programme. It is important to encourage participants to try to do this without further psychological assistance, if this is safe for them. You can arrange to follow up with the participant after a period of time (e.g. three months after completing the programme). At that time, if they are continuing to experience problems, they can receive further assistance.



GROUP PROBLEM MANAGEMENT PLUS (GROUP PM+)

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

APPENDICES A-J

APPENDIX A

PRE-GROUP PM+ ASSESSMENT

The pre-assessment should be completed in a separate session from the first group session. It is usually completed 1–2 weeks before the start of Group PM+ sessions.

Your name: _____ Today's date: _____

Participant's name: _____

Participant's contact information: _____

Section	Contents
1	Introduction and verbal consent
2	Demographic information
3	PSYCHLOPS (before-intervention version)
4	Measure of functioning
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 participant.*

1. INTRODUCTION AND VERBAL CONSENT



Hello, my name is I am from (name of organization), 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 difficulties¹⁵ 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 is a group programme. It will take five weeks and I will be teaching you these skills.

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

If you are interested in this programme, I'd like to interview you now about how you are feeling and doing to see whether the programme 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 plan to end your life in the near future, if you are being badly hurt by someone else, if you are hurting someone else or if you tell me that a child is being abused. This is because it is my job to keep you (and others) 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 experiencing these kinds of difficulties.

Would you like to continue?

¹⁵ 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	<i>How old are you?</i>	_____ years	
3	<i>How many years in all did you spend <u>studying in school, college or university?</u></i>	_____ years	
4	<i>What is your <u>current marital status?</u></i> (Select the single best option)	Never married	1
		Currently married	2
		Separated	3
		Divorced	4
		Widowed	5
		Cohabiting	6
5a	<i>Which describes your <u>main work status</u> best?</i> (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 participant is in paid work or self-employed, ask: <i>What is your job? (What do you do for work?)</i> (Write answer in space provided)		

3. PSYCHLOPS (before-intervention version)¹⁶

Instructions in *italics* are to be read to the participant. 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 participant'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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severely affected

Question 2

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

¹⁶ This questionnaire, reproduced with permission, is an adapted version of Version 5 of the Psychological Outcome Profiles Questionnaire (PSYCHLOPS). See www.psychlops.org. All rights reserved © 2010, Department of Primary Care and Public Health Sciences, King's College London. 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".

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severely affected

Question 3

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very hard

Question 4

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

	0	1	2	3	4	5	
Very good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 score for each question is 5.
- The maximum PSYCHLOPS score is 20.
- 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: $(Q1b \times 2) + Q3b + Q4$. In other words, the score for Q1b (Problem 1) is doubled. This ensures that the maximum PSYCHLOPS score remains 20.

Total PSYCHLOPS before-intervention score: _____

4. MEASURE OF FUNCTIONING (e.g. WHODAS 2.0)

A measure of functioning should be included. The choice of measure depends on what measure has been locally validated. A good choice is often the 12-item interviewer-administered version of the WHO Disability Assessment Schedule 2.0 (WHODAS 2.0).¹⁷

¹⁷ The WHODAS can be found at <http://www.who.int/classifications/icf/whodasii/en/>. This website also gives access to the WHODAS user manual, various translations and user agreement form.

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)¹⁸ 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).¹⁹

¹⁸ See *A User's Guide to the Self Reporting Questionnaire (SRQ)*. WHO, Geneva, 1994.

¹⁹ 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?

1. <i>In the past month, have you had serious thoughts or a plan to end your life?</i>	YES	NO	
	If yes, ask the participant to describe their thoughts or plans. Write details here:		
<p>If the participant responded “no” to Question 1, thank them for answering your questions and you can end this part of the assessment.</p> <p>If the participant responded “yes” to Question 1, please continue with Question 2.</p>			
2. <i>What actions have you taken to end your life?</i>	Please write details here:		
3. <i>Do you plan to end your life in the next two weeks?</i>	YES	NO	UNSURE
	If yes or unsure, ask participant to describe their plan to you. Write details here:		
<p>If the participant 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)</p> <p>If you are unsure whether the participant will end their life in the near future, tell them you would like to contact your supervisor to ask them follow-up questions.</p>			

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 participant's behaviours. Do *not* ask the participant any questions here. Circle yes or no to indicate your judgment and give details if needed.

Behaviour	Details
<p>1. Does the participant understand you (even though they speak the same language or dialect)?</p> <p>(E.g. can they understand basic words, questions or follow instructions?)</p>	<p>YES / NO</p> <p>If no, give details:</p>
<p>2. Is the participant able to follow what is happening in the assessment to a reasonable extent?</p> <p>(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 participant is so confused or drunk or high they cannot follow what is happening – then circle the response.)</p>	<p>YES / NO</p> <p>If no, give details:</p>
<p>3. Are the participant's responses bizarre and/or highly unusual?</p> <p>(E.g. uses made-up words, long periods of staring into space, talks to him/herself, stories are very bizarre or unbelievable.)</p>	<p>YES / NO</p> <p>If yes, give details:</p>
<p>4. From the participant's responses and behaviours, does it appear that they are not in touch with reality or what is happening in the assessment?</p> <p>(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, or unrealistic paranoia, such as a highly unrealistic belief that someone is trying to harm them.)</p>	<p>YES / NO</p> <p>If yes, give details:</p>

Consider excluding a participant 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 PARTICIPANTS	DATA ENTERED (SIGN/DATE)
PSYCHLOPS total score				
Total score on MEASURE OF FUNCTIONING (e.g. WHODAS 2.0) ²⁰			Low scores on one of these two measures mean that PM+ is not indicated	
Total score on MEASURE OF EMOTIONAL DISTRESS ²¹				
Is the participant 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 participant have a plan to end their life in the next two weeks?	YES / NO		Call your supervisor. Link with appropriate care	
Does the participant possibly have a severe mental, neurological or substance use disorder? (From observation – items 7.1–7.4)	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

²⁰ The person needs to score 17 or higher on WHODAS 2.0 to be included.

²¹ 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 participants who are excluded

For participants with problems not suited to Group 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 programme 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 difficulties²² in future, please let (name of relevant person) know, and I may be able to help.

For participants with problems not suited to Group 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 Group 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 participant now or later, talk with your supervisor, call or revisit the participant at a different time, etc. See script in Appendix D for responding to a participant with a plan to end their life in the near future.

Feedback for participants who are included (i.e. participant 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 participant has mentioned) at the moment, and so Group PM+ may help you. I would like to tell you more about Group PM+ so you can decide if you would like to take part in this programme. Is this okay? (Continue if participant says it is okay.)

Group PM+ involves meeting with me every week for five weeks. The sessions will be approximately two hours long. Other participants with similar problems to yours will also be in the group. (If possible, give some information about how many other participants will be in the group and their ages and gender.) I hope that from the programme you will learn skills to deal with (list some of the problems the participant mentioned, e.g. stress, low mood, practical problems). Group PM+ is not about providing direct material support or money, but teaching important skills.

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

²² The way that these problems are described to participants is likely to vary by context (adaptation issue).

APPENDIX B

DURING-GROUP PM+ ASSESSMENT

A brief assessment or informal check-in to assess how participants are doing should be done during Group PM+ sessions. You can decide which way of checking in with each participant individually will fit best in your context. An example of a measure you can use is the PSYCHLOPS during-intervention version.

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

Name of facilitator: _____	Today's date: _____
Participant's name: _____	Session number: _____

PSYCHLOPS (during-intervention version)²³

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.*

(Facilitator: 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severely affected

²³ This questionnaire, reproduced with permission, is an adapted version of During-Therapy Version 5 of the PSYCHLOPS. See www.psychlops.org. All rights reserved © 2010, Department of Primary Care and Public Health Sciences, King's College London.

Question 2

- a. *This is the other problem you said troubled you when we first asked.*
(Facilitator: 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severely affected

Question 3

- a. *This is the thing you said was hard to do when we first asked.*
(Facilitator: 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very bad

b. Assessment of thoughts of suicide

NOTE: If the participant indicated 4 or 5 on Question 4a, or if they have a history of suicidal thoughts or plans while in Group PM+, complete the assessment of thoughts of suicide. For all other participants, 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 participant to describe their thoughts or plans. Write details here:		
<p>If the participant responded “no” to Question 1, you can end this part of the assessment.</p> <p>If the participant responded “yes” to Question 1, please continue with Question 2.</p>			
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 participant to describe their plan to you. Write details here:		
<p>If the participant answered “yes” to Question 3, they have a plan to end their life in the near future and you must contact your supervisor immediately.</p> <p>If you are unsure whether the participant is at risk of harm, tell them you will contact your supervisor to ask them follow-up questions.</p>			

Question 5

- a. *Now that you are doing this programme, 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?*

(Facilitator: 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severely affected

Comments (to be completed by the assessor)

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

Total PSYCHLOPS during-intervention score: _____²⁴

²⁴ 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 for Q1b (Problem 1) is doubled.

APPENDIX C

POST-GROUP PM+ ASSESSMENT

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

Your name: _____ Today's date: _____

Participant's name: _____

Participant's contact information: _____

Section	Content
1	Introduction
2	PSYCHLOPS (post-intervention version)
3	Measure of functioning
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 Group 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 or if someone else is seriously hurting you, or if you tell me about child abuse, I must tell my supervisor and link you in with people who can help you. This is because it is my responsibility to help keep you and others safe. Does that make sense?

2. PSYCHLOPS (post-intervention version)²⁵

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.*

(Assessor: please write the first problem the participant identified in the before-intervention PSYCHLOPS in the box below before the assessment)

²⁵ This questionnaire, reproduced with permission, is an adapted version of Post-Therapy Version 5 of the PSYCHLOPS. See www.psychlops.org. All rights reserved © 2010, Department of Primary Care and Public Health Sciences, King's College London.

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severely affected

Question 2

a. This is the other problem you said troubled you when we first asked.

(Assessor: please write the second problem the participant 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severely affected

Question 3

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

(Assessor: please write the participant’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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6

Total PSYCHLOPS post-intervention score: _____²⁶

²⁶ 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 for Q1b (Problem 1) is doubled.

4. MEASURE OF FUNCTIONING

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

5. MEASURE OF EMOTIONAL DISTRESS

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

6. 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 GROUP 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 selected pages and take them with you to assessment and intervention sessions. We encourage you to do this, so you do not forget how to assess and respond to suicidal participants.

Guidance when assessing thoughts of suicide in participants

1. Two types of suicide risk:

- **Plans to end their life in the near future:** These participants should not be included in Group 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 participants 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 or plans of suicide or of making attempts at suicide. These participants can be included in Group PM+. In case of doubt, talk to your supervisor.

2. How to ask questions:

- Ask questions about suicide to all participants who are currently depressed or feel hopeless.
- Avoid using less direct words that could be misunderstood by the participant.
- If participants 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 participant 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 participants with suicidal thoughts in PM+

During PM+, some participants might have thoughts about ending their life, but have no plans to act on these thoughts in the near future. The “Reasons For And Challenges To Joining PM+” table (see Chapter 5 of the manual) is a good way of helping the participant 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 participant 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 participant 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 use 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 participant’s responses, summarize the main reasons to live and not to live, emphasizing their reasons to live. You can then repeat the participant’s reasons for joining PM+ from the first ‘Reasons To And Challenges For To Joining PM+’ table you completed. Remember that this table can be referred to at any time throughout the programme.

APPENDIX E

HELPFUL HINTS AND FACILITATORS' NOTES

Helpful Hints for Managing Stress



Participants might have a range of different problems when trying to practise Managing Stress on their own. Below is a list of common problems and possible solutions you can try.

Always discuss how to manage any problems or complaints a participant raises when practising any strategy in your supervision sessions.

Problem	Solution
The participant is too concerned about breathing correctly (e.g. keeping to the three seconds in and out, breathing from their stomach).	<ul style="list-style-type: none"> • Encourage the participant not to worry about following the instructions exactly. • Help them to understand that the main aim is 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 participant cannot slow their breathing down when they are at the peak of their anxiety or stress.	<ul style="list-style-type: none"> • Tell the participant that this would be very hard for anyone to do immediately. • Help the participant 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 participant speed up their breathing and feel more anxious.	<ul style="list-style-type: none"> • Help them to focus on a ticking clock (or a musical beat in a song, or other regular beat) and breathe to the count of the clock rather than focus only on the breathing.
Participants can experience feelings of light-headedness or dizziness, or feel that they are losing control.	<ul style="list-style-type: none"> • 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).



FACILITATORS' NOTES ON MANAGING PROBLEMS

Step 1: Listing problems

In the first assessment, you asked each individual to **name** two problems. The first step of Managing Problems involves reviewing these problems, asking if the participant has other problems, and deciding whether these are solvable or unsolvable problems.²⁷

Beware of participants who feel 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 solvable.

Unsolvable problems are those that you cannot change or have any influence or control over, such as widespread poverty or having an untreatable physical illness or disability. However, sometimes there are parts of an unsolvable problem that can be changed, such as how the participant views the problem.

- E.g. 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 related to accessing medical treatment. Your role is to explore with participants whether there are any parts of the problem that can be changed or influenced.

Step 2: Choose a problem

The second step of Managing Problems is to **choose** which problem the participant would like to focus on.

The participant should choose an *easy or small problem first*. It does not have to be the same problem the participant mentioned in the first assessment. Choosing a small problem will give the participant the opportunity to experience early success in the programme.

However, you should try to help participants use Managing Problems to tackle a bigger or more difficult problem as you progress with the programme (e.g. in Session 3). This is because it may be more challenging for them to properly use Managing Problems without your support after completing Group PM+. However, as with other decisions, you should discuss this with your supervisor, as this may not be an appropriate decision to make with some participants who feel very hopeless, or due to the group setting.

²⁷ Source: Bowman, D., Scogin, F. & Lyrene, B. (1995). *The efficacy of self-examination therapy and cognitive bibliotherapy in the intervention of mild to moderate depression. Psychotherapy Research*, 5, 131–140.

Step 3: Define the problem

Next, you will help the participant to **define** the problem as specifically as you can.

There are a few reasons for this:

- More specific problems are easier to solve (because it is easier to think of solutions that will help solve the problem).
- The person can better judge whether their problem has been solved or influenced.
- More specifically defined problems do not seem so large and overwhelming for the participant (e.g. compare “problems with my marriage” with “being irritable with my husband when he gets home from work”).

Problems that are best suited to Managing Problems are those that are *practical* and that can be changed or influenced to some degree. A participant could say that “poverty” is a problem that they want to change. This problem is too big and too vague. You need to help the participant make it more specific and practical. Getting more information about the problem is a good way of doing this.

Suggested questions to help define the problem:

- *When is this a problem for you? In what situations does this problem happen?*
- *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?*
- *If you did not have this problem, how would you or I know? What would be different in the way you felt, behaved, etc.?*

This step can be the most challenging for a facilitator. It is also very important to do this well, as it affects how you will teach the rest of the strategy. Therefore, it is important for you to prepare between Session 1 and Session 2 how you might define some of the problems that participants have identified at the first assessment. It is useful to discuss this during supervision. For many problems, a participant might not choose the problem that you have practised defining, but at least you have had some practise defining problems as specifically as you can.

Step 4: Possible ways of managing the problem

Once the problem is defined, encourage the participant to think of as many **solutions** as possible to solve or manage all, or parts of, this problem. Also, help participants to think about their personal strengths, resources and support that they might be able to use.

This step is *not* about giving advice

Many participants will need some help thinking of possible solutions, particularly if they are feeling hopeless. The temptation for you will be to tell participants different solutions, especially if you are feeling impatient because you are concerned about time.

However, since PM+ acts like a training programme for participants, it is important that you guide the participant by suggesting general ideas that can help them generate more specific solutions. This will help empower participants so they are not dependent on you to manage problems in the future. This would become a problem once Group PM+ ends.

- For example, a participant is feeling overwhelmingly stressed about a problem with her children. The facilitator encourages her to think about seeking support from someone she trusts. This would be a preferred method of encouraging the participant to think of people she can get support from instead of telling her to talk with a specific person, such as her mother, about the problem. The aim of this step is to help the participants come up with their own ideas (see “Feelings of Hopelessness” below for more ideas to encourage possible solutions).

Be aware of personal values

This is also a time when you need to be careful that you are not allowing your personal values to interfere.

For instance, you may disagree with the values of the possible solutions that participants are considering (e.g. talking with a specific religious leader, cheating to complete a work-related task, refusing to help someone), or you might want to suggest a solution that is based on your own value system and not the participant's.

It is very important that during the programme you put aside your personal values and help participants make decisions based on their personal values and beliefs. Be reassured that this is difficult to do for facilitators! However, it is very important for you to respect participants and not argue with their personal values.

When you find yourself disagreeing with a participant's solutions, it is okay to talk about this in supervision.

Solutions that fix the entire problem

At this stage, it is also important that the participant does not become too concerned about coming up only with solutions that will completely fix the problem. This is often where participants get stuck when they try to deal with an issue by themselves. The aim at this stage is to think of any solution, no matter how effective it is in solving the entire problem or even just part of it.

Remind participants that they are not deciding if the solutions are good or bad in this step. Participants are only required to think of as many solutions as possible, regardless of how good they are. You might even use humour and offer silly suggestions to demonstrate this point.

Feelings of hopelessness

Participants who are depressed or who are feeling excessively hopeless may have a lot of difficulty thinking of possible solutions. 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 different questions to encourage responses from the participant, including:

- Asking them to think of solutions that might work for a friend in a similar situation, but who does not feel depressed.
- Asking them what they have tried in the past (regardless of whether it has worked or not).
- Giving 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?”*

Step 5: Decide and choose

Once you have exhausted all the possible solutions with participants, this is when you help them to **evaluate** each solution. This means considering how effective and helpful each solution might be. You will help the participant choose only those solutions that are helpful in managing the problem.

Short- and long-term consequences

In evaluating solutions, think about both the short- and long-term consequences of different ideas. For instance, choosing to not go out (isolate oneself) to deal with difficult memories of a loved one who has died might help with a participant's emotions in the short term. However, this is an unhelpful long-term solution as it can cause other problems, such as depression.

Unhelpful solutions

When the participant chooses a solution that is clearly unhelpful, you can be more direct with them. An unhelpful solution would be one that causes significant problems for their physical and/or emotional well-being, for their friends and family members or for their work and/or social life. For instance, regularly getting drunk to manage stress is likely to cause more difficulties (e.g. it keeps people feeling depressed; it can lead to liver and kidney problems), and it might upset family and friends. It might also affect their 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:

- Isolating yourself
- Breaking things
- Beating your children
- Becoming physically aggressive
- Using drugs
- Carrying out illegal or very dangerous activities.

Achievable solutions

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

- For example, a participant identifies not having a job as his major problem. At Step 5, he mentioned that he was offered a job recently with a good wage. Although this would have been a very good solution to his problem, after further discussion he realised that the job was actually very risky – he would have to work at night in a very dangerous area of the city. The participant 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 taking this job was an unhelpful solution to his problem. However, together the facilitator and the participant decided that he could speak with the manager and ask whether there were other jobs in less dangerous areas of the city.

The participant will then **choose** the best solution (one solution or a combination of them).

Step 6: Action plan

Spend a good amount of time helping participants to design an **action plan** to carry out the solution.

This includes:

- Breaking 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.
 - Ask: *“What would be the first step to carrying out this solution?”*
 - *“Sit quietly and imagine as vividly as you can that you are completing this solution now. Tell me in as much detail as possible everything you would do in order to carry it out.”*
- Helping participants choose a specific day and time to carry out each task:
 - Suggesting reminders to help make sure that participants complete the desired tasks (this can be a group discussion as other participants may have some good ideas).
 - E.g. using alerts on a mobile phone, doing tasks at the same time as community activities, meal times, or having a friend or family member remind them are all good ways of helping the participant to complete the tasks.

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

Step 7: Review

In the next session of the programme, you will spend time **reviewing** how things went with completing the planned tasks. Discuss and manage any difficulties that arose so that participants can spend the following week trying to carry out the desired tasks again. If participants managed to complete the tasks, you may talk about what next steps they need to carry out to continue managing the problem, if applicable.

Reviewing is also important in increasing the participant's self-confidence, as well as showing them that you believe that completing these tasks is important and you care about whether the participant can get them done. This helps to build the relationship and keeps participants responsible for making efforts to practise the strategies outside of the group sessions.

It is important for facilitators to know that not all problems will be solved through Managing Problems. If a participant's problem has not been solved, it might be for a number of reasons (e.g. the problem is not solvable, the problem is too big, Managing Problems is not the right strategy for this problem).

Helpful Hints for Managing Problems



Participants might face challenges when trying to carry out their action plan for Managing Problems.

During supervision, always discuss how to manage issues that a participant raises with practising any strategy.

Problem	Solution
<p>The participant forgot to carry out their plan or they were unable to for other reasons (e.g. they were busy, they got work, other problems came up).</p>	<p>This is probably the most common difficulty that participants will have.</p> <p>Invite the group to suggest ideas for remembering to do action plans.</p> <ul style="list-style-type: none"> • What did participants who did complete their action plans do to remind themselves? • What has worked in the past if they have had to remember to do something? • What might they suggest to a friend who needs to remember to do something? <p>If other things distracted the participant from doing their action plan, tell them the following in a gentle but firm way:</p> <ul style="list-style-type: none"> • This is normal and happens to many participants. • Distractions will often come up. • Remind them that in Session 1 they discussed the reasons for and challenges to joining PM+, and they decided to do their best to engage in PM+. • In order to improve their mood, they will have to do their best to practise as much as possible between sessions. • Discuss ways they might be able to make practising PM+ important in their daily life.
<p>The participant was unable to talk to someone because they did not know what to say or felt nervous.</p>	<p>Help the participant decide exactly what they want to say to the person. Invite the group to help them decide what to say if they are unsure.</p> <p>Then have the participant rehearse this with you or another participant. You may have them do this several times until they feel confident.</p>

<p>The participant's problem did not change or worsened after they carried out their action plan.</p>	<p>In this situation, first let the participant know that sometimes this can happen, but it might not be because they did anything wrong or because Managing Problems does not work.</p> <p>Then do the following,</p> <ul style="list-style-type: none"> • Get as much information about what the participant did (their action plan) and what happened. <ul style="list-style-type: none"> – You might be able to identify what went wrong from listening to the details. – You might find out that the problem they are wanting to solve is not solvable and they need to choose another problem (e.g. if the solution to the problem relies on another person changing their behaviour, such as drinking). • Invite the participant to first suggest what they think went wrong. • Then invite other participants to suggest what might have gone wrong. • Decide whether the problem is still solvable or unsolvable. • If it is still solvable, go back to Step 3 and make sure that the problem has been defined as specifically as possible. • Go to Step 4 and ask the group to think of as many solutions to the problem as they can. • Ask the participant and the group to choose the best solution (Step 5). • Have everyone help the group to develop a new action plan (Step 6). • Help the participant to decide when they will carry it out. <p>Sometimes Managing Problems is not the best strategy to address the problem. It can be helpful to wait and see if any of the other PM+ strategies help to manage it.</p>
<p>The chosen problem was too big.</p>	<p>Big problems are hard to manage!</p> <p>It is important to help participants choose a problem that is manageable. Sometimes this means breaking down the problem into smaller parts and choosing just one of these parts to work on.</p> <p>Big problems that should be broken down further include the following:</p> <ul style="list-style-type: none"> • "Time management" can be broken down into: scheduling time, regular lunch breaks, not bringing work home, etc. • "Relationship with husband" can be broken down into: argue less with husband, plan quality time with husband, etc. • "My child's behaviour" can be broken down into: reducing the child's hitting others, reducing the child's yelling, child to be more helpful around the house, etc. <p>See Facilitators' Notes for Step 2 (above) for more information.</p>



FACILITATORS' NOTES ON GET GOING, KEEP DOING

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

For example, "doing crafts" might feel overwhelming for a participant. You can break this task down and start with "getting all your materials out and putting them in a place where you would feel comfortable to do your crafts". The participant does not need to even start doing any crafts yet. Then on another occasion they can spend 10 minutes on the crafts and build up from there.

Another example is with the task "cleaning your home": breaking this task down by choosing small sections of the home to clean (e.g. cooking area, sleeping area and so on) is more manageable and achievable for the participant.

Helpful Hints for Get Going, Keep Doing



Participants might have a range of different problems when trying to carry out their action plan for Get Going, Keep Doing.

During supervision, always discuss how to manage any problems or complaints a participant raises when practising any strategy.

Problem	Solution
<p>The participant did not feel like doing the activity/task when it came time to do it.</p>	<p>This is probably the most common difficulty that participants will have.</p> <p>First, let participants know that this is a very common problem for people to have when they first start Get Going, Keep Doing.</p> <p>Then do the following:</p> <ul style="list-style-type: none"> • Show them the Inactivity Cycle poster. • Remind them that they will probably never feel like doing the activity while they feel depressed, but this is what keeps the inactivity cycle going. • Remind them that they have to start doing some activity in order for their mood to improve. Once they do this, they will start to feel like doing these things again. • It can take time to break the inactivity cycle (a participant might need to practise their activity for several weeks before their mood improves). • Review the activity that was chosen. <ul style="list-style-type: none"> – Ask the participant what was difficult about starting this activity. Listen for clues that tell you that the activity is too big or that it wasn't broken down into small enough steps. • You can either break this activity down into smaller steps to help them get started or you can choose an easier activity they can do. • Note: The activity/task can be something that is completed during the group session (e.g. talk to someone in the break time, help set up the room before the session starts, etc.).

<p>The participant forgot to carry out their plan or they were unable to for other reasons (e.g. they were busy, they got work, other problems came up).</p>	<p>This is probably the second most common difficulty that participants will have.</p> <p>Invite the group to suggest ideas for remembering to do action plans.</p> <ul style="list-style-type: none"> • What did participants who did complete their action plans do to remind themselves? • What has worked in the past if they have had to remember to do something? • What might they suggest to a friend who needs to remember to do something? <p>If other things distracted the participant from doing their action plan, tell them the following in a gentle but firm way:</p> <ul style="list-style-type: none"> • This is normal and happens to many participants. • Distractions will often come up. • Remind them that in Session 1 they discussed the reasons for and challenges to joining PM+ and they decided to do their best to engage in PM+. • In order to improve their mood, they will have to do their best to practise as much as possible between sessions. • Discuss ways they might be able to make practising PM+ important in their daily life.
<p>The participant was unable to talk to someone because they did not know what to say or felt nervous.</p>	<p>Help the participant decide exactly what they want to say to the person. Invite the group to help them decide what to say if they are unsure.</p> <p>Then have the participant rehearse this with you or another participant. You may have them do this several times until they feel confident.</p>
<p>Participants complain that their mood has not improved.</p>	<p>This is very normal. Participants should not expect their mood to change dramatically in one week.</p> <p>Tell participants that feelings often take time to change. However, they will eventually change with Get Going, Keep Doing.</p> <p>It is important that you encourage participants not to give up, because this will certainly cause their mood to stay the same or worsen.</p>

Helpful Hints for Strengthening Social Support



Participants might have a range of different problems when trying to carry out their action plan for Strengthening Social Support.

Always discuss how to manage any problems or complaints that a participant raises with practising any strategy in your supervision sessions.

Problem	Solution
<p>The person or organization the participant tried to seek support from was not available or was unhelpful.</p>	<p>Sometimes this will happen. It is important that participants do not feel hopeless about this and that they do not give up on seeking support.</p> <ul style="list-style-type: none"> • If availability is an issue: try to get as much information as possible from the participant about why the social supports were not available. <ul style="list-style-type: none"> – You might decide together that if the participant keeps trying at different times the person might be available. • If helpfulness is an issue: try to get as much information as possible from the participant about why the social supports were not helpful. <ul style="list-style-type: none"> – Was it because the participant did not communicate clearly what they wanted? If so, rehearse a better way of saying what they need. – Was it because the support person was unable at that time to give them support? If so, the participant might be able to try again at a different time. – Was it because the support person is not able to provide that kind of support? If so, decide on someone else the participant can seek support from. Also, this person might be able to offer a different kind of support (e.g. someone might not be able to give support about emotional problems but can be very helpful with practical problems). • From the information you have gathered, decide with the participant (and group) what the new action plan is for Strengthening Social Support.

<p>The participant forgot to carry out their plan or they were unable to for other reasons (e.g. they were busy, they got work, other problems came up).</p>	<p>This is a common difficulty that participants will have.</p> <p>Invite the group to suggest ideas for remembering to do action plans.</p> <ul style="list-style-type: none"> • What did participants who did complete their action plans do to remind themselves? • What has worked in the past if they have had to remember to do something? • What might they suggest to a friend who needs to remember to do something? <p>If other things distracted the participant from doing their action plan, tell them the following in a gentle but firm way:</p> <ul style="list-style-type: none"> • This is normal and happens to many participants. • Distractions will often come up. • Remind them that in Session 1 they discussed the reasons for and challenges to joining PM+ and they decided to do their best to engage in PM+. • In order to improve their mood, they will have to do their best to practise as much as possible between sessions. • Discuss ways they might be able to make practising PM+ important in their daily life.
<p>The participant was unable to talk to someone because they did not know what to say or felt nervous.</p>	<p>Help the participant decide exactly what they want to say to the person. Invite the group to help them decide what to say if they are unsure.</p> <p>Then have the participant rehearse this with you or another participant. You may have them do this several times until they feel confident.</p>

APPENDIX F

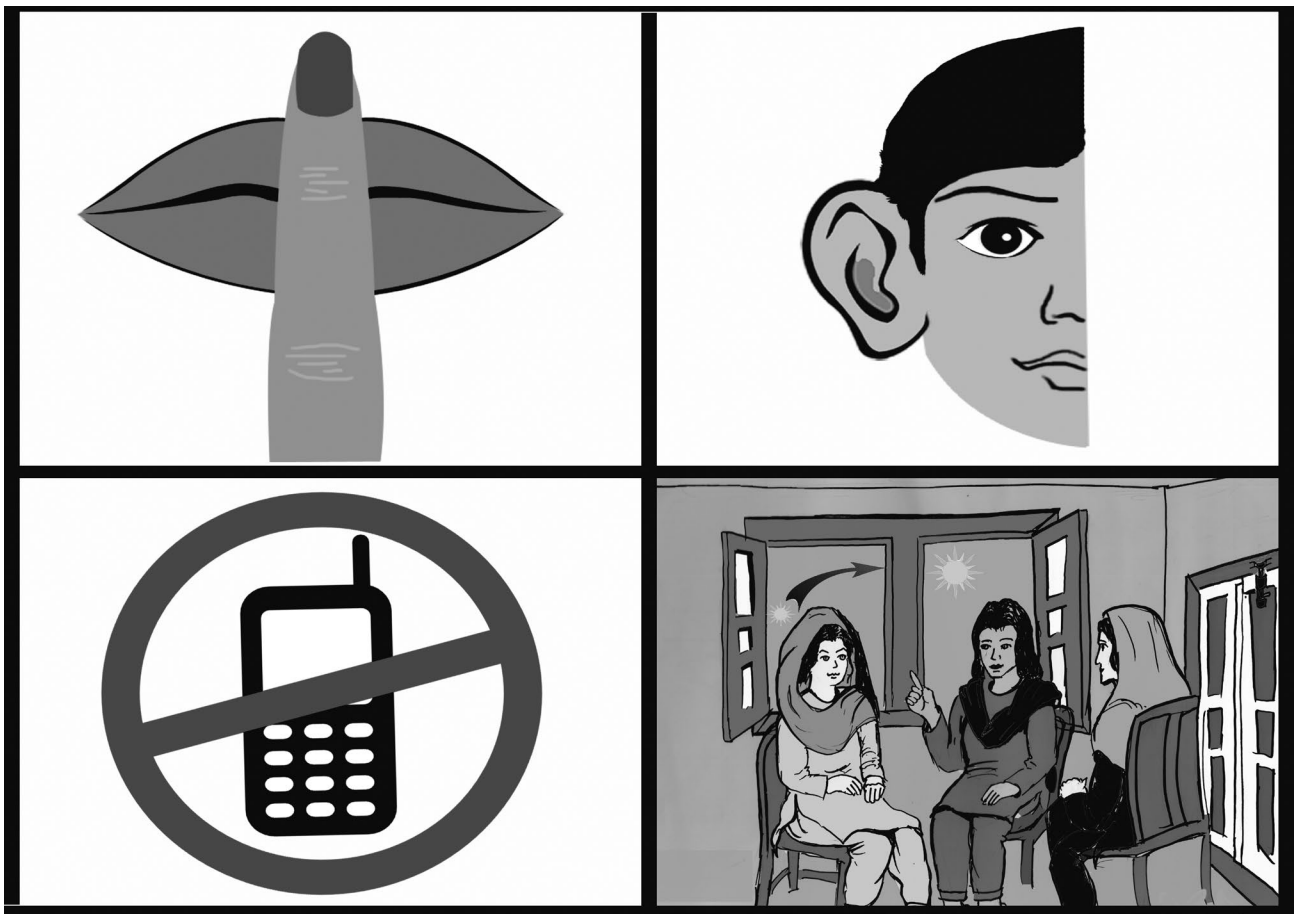
GROUP PM+ POSTERS

The following are posters to be displayed in different sessions to help participants understand specific concepts. Please refer to the materials needed for each session to see when each poster is required.

GROUP GUIDELINES POSTERS

The following pages include examples of posters showing group guidelines from Pakistan and Nepal (male and female groups). These posters can be used as a guide for facilitators. It is recommended that facilitators develop (draw) their own group guidelines posters that include rules for their specific group.

GROUP GUIDELINES PAKISTAN



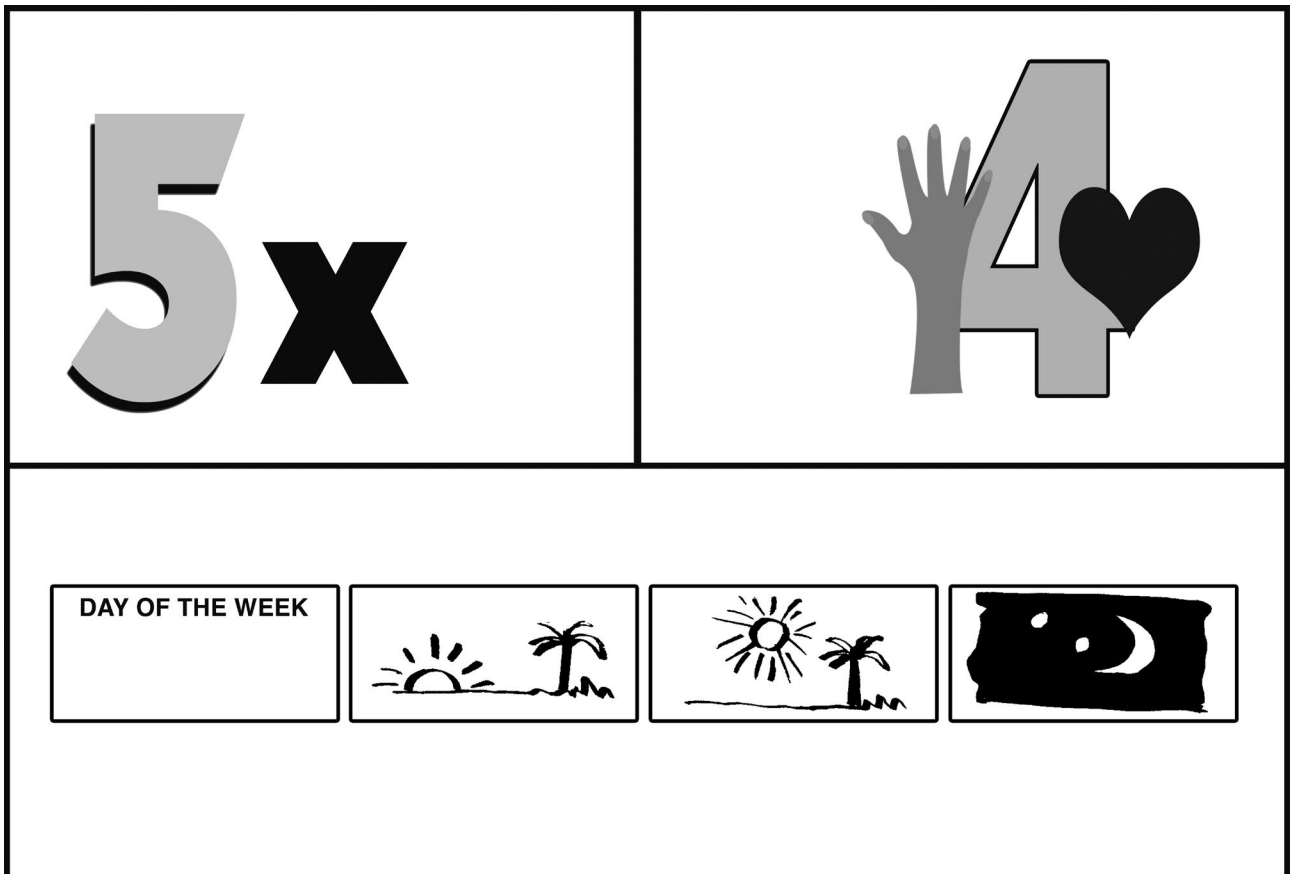
GROUP GUIDELINES NEPAL (MALE)



GROUP GUIDELINES NEPAL (FEMALE)



WHAT IS PM+? POSTER (OPTIONAL)



FOUR STRATEGIES POSTER (OPTIONAL)



WHAT IS ADVERSITY? POSTERS

The following are generic posters for the What is Adversity? optional activity.

WHAT IS ADVERSITY? POSTER 1 (GENERIC)



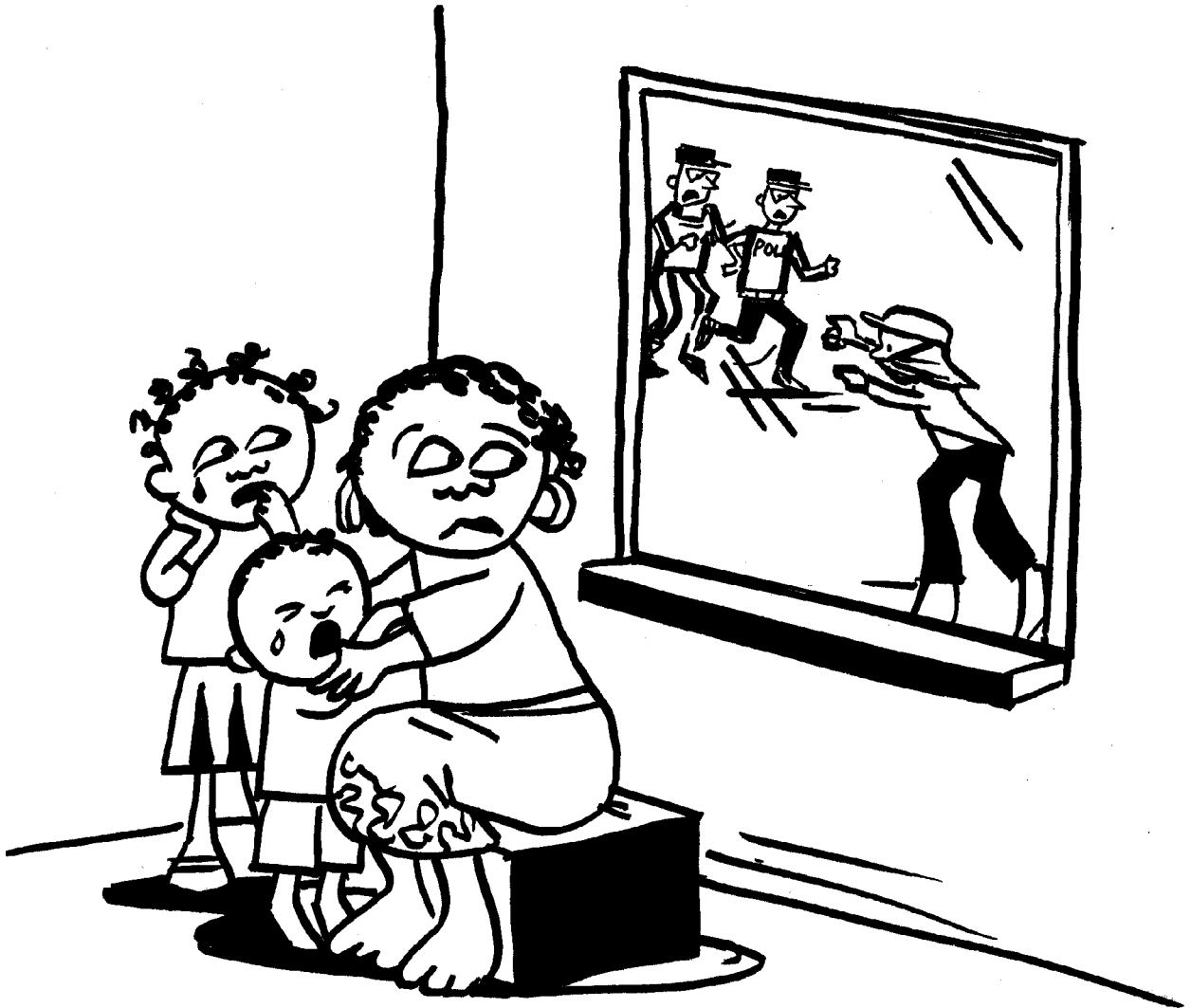
WHAT IS ADVERSITY? POSTER 2 (GENERIC)




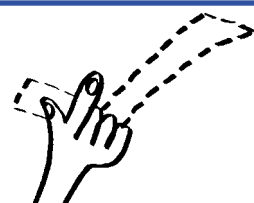
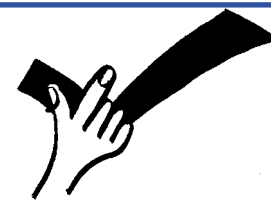



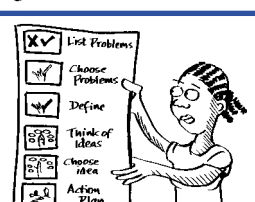
WHAT IS ADVERSITY? POSTER 3 (GENERIC)



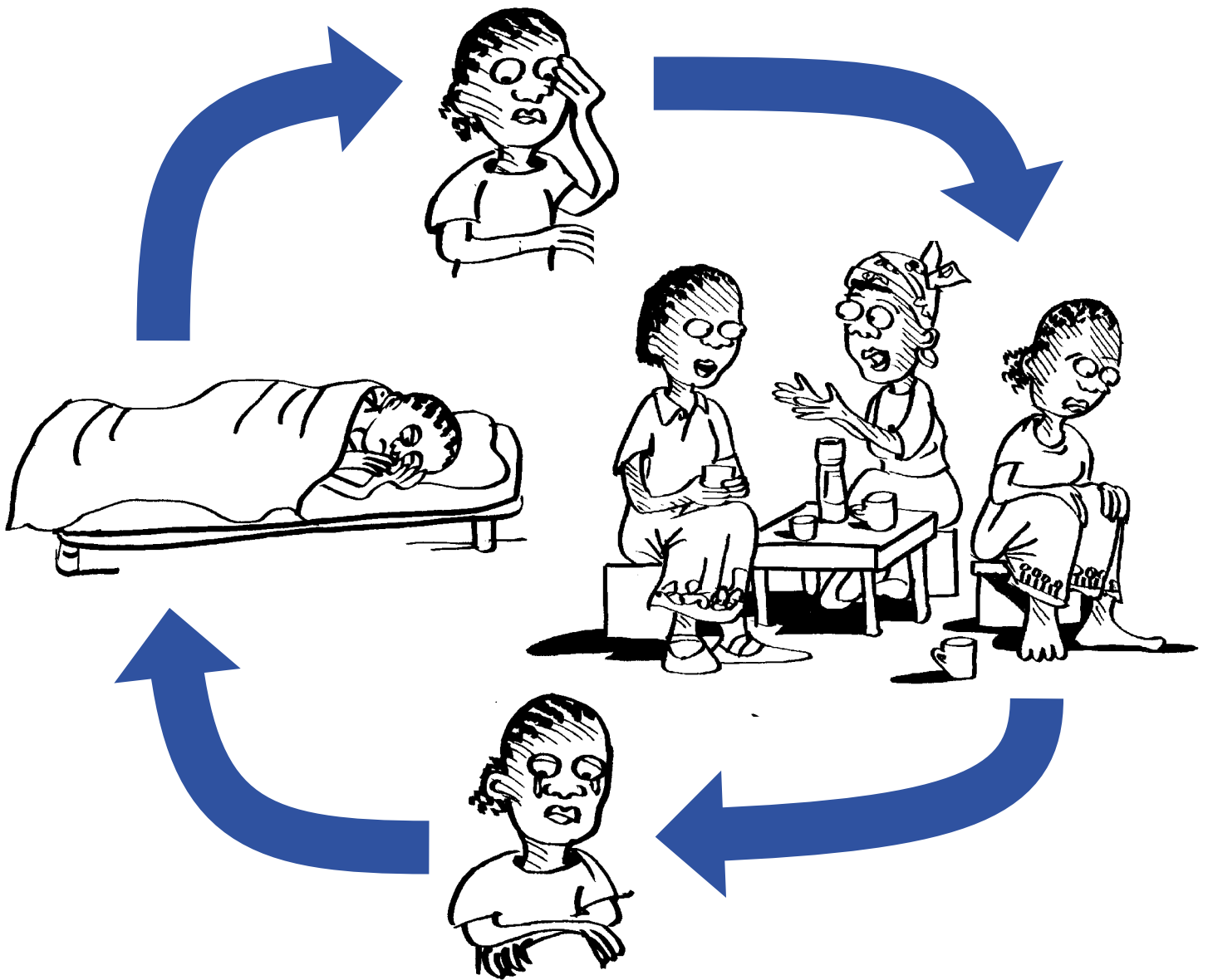
WHAT IS ADVERSITY? POSTER 4 (GENERIC)



MANAGING PROBLEMS POSTER

	<p>1. LIST PROBLEMS</p>
	<p>2. CHOOSE A PROBLEM</p>
	<p>3. DEFINE THE PROBLEM</p>
	<p>4. POSSIBLE SOLUTIONS</p>
	<p>5. DECIDE</p>
	<p>6. PLAN</p>
	<p>7. REVIEW</p>

INACTIVITY CYCLE POSTER



APPENDIX G

PARTICIPANT HANDOUTS

These following pages include the following participant handouts:

- Reasons For And Challenges To Joining Group PM+ table
- Managing Stress
- Managing Problems
- Inactivity Cycle
- Get Going, Keep Doing
- Strengthening Social Support

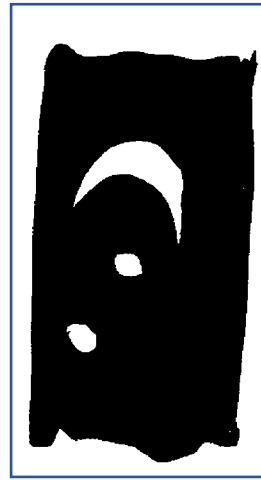
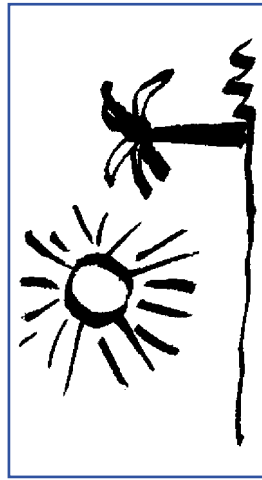
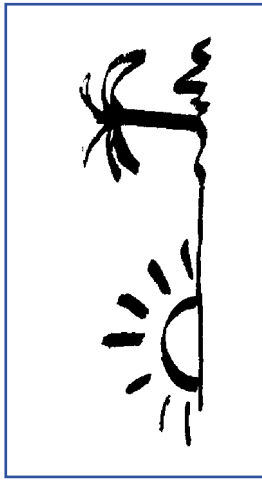
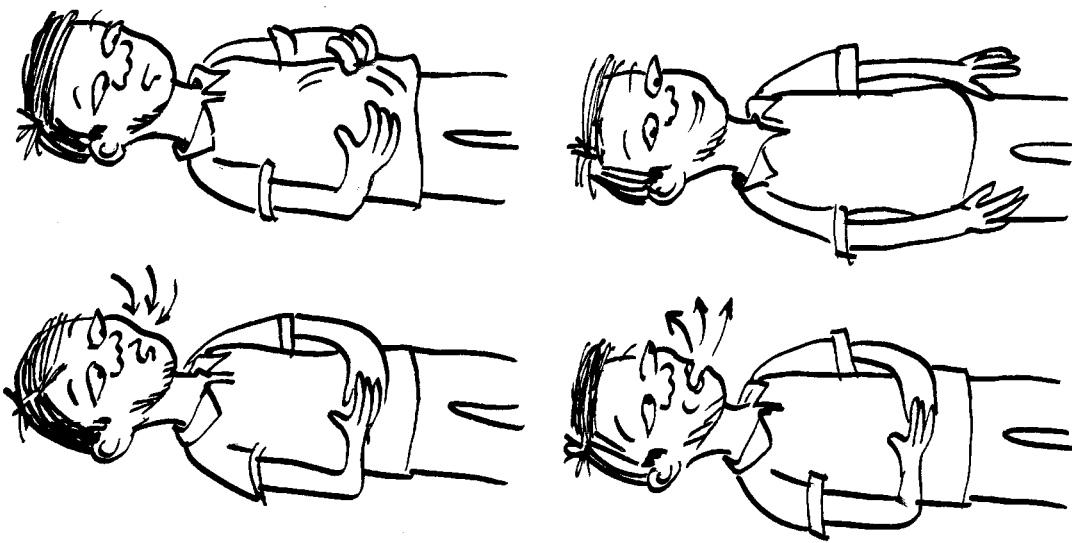
The participant handouts that require a participant to read and write are optional. It is advised that you use these with participants who are literate and who feel comfortable completing them. Each handout is one page so you can print as many copies as you need for each group. These handouts can be used during the session when completing a strategy (e.g. participants can use the Managing Problems handout to write down their responses to each step). Other handouts will be given to participants at the end of the session (e.g. Group PM+ strategies).

The pictorial handouts can be distributed to all participants. These handouts serve as reminders of the strategies the participants have learned in Group PM+. They also include a calendar (right-hand side of each handout) for participants to record when they plan complete various activities (e.g. practise Managing Stress, activities from the actions plans of Managing Problems, Get Going, Keep Doing and Strengthening Social Support).







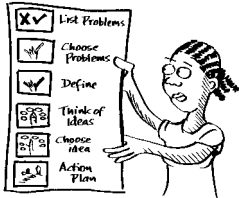
REASONS FOR AND CHALLENGES TO JOINING GROUP PM+

<p>What are my reasons for coming to Group PM+?</p>	<p>What are some of my challenges to coming to Group PM+?</p> <p>Can any of these be solved or managed?</p>

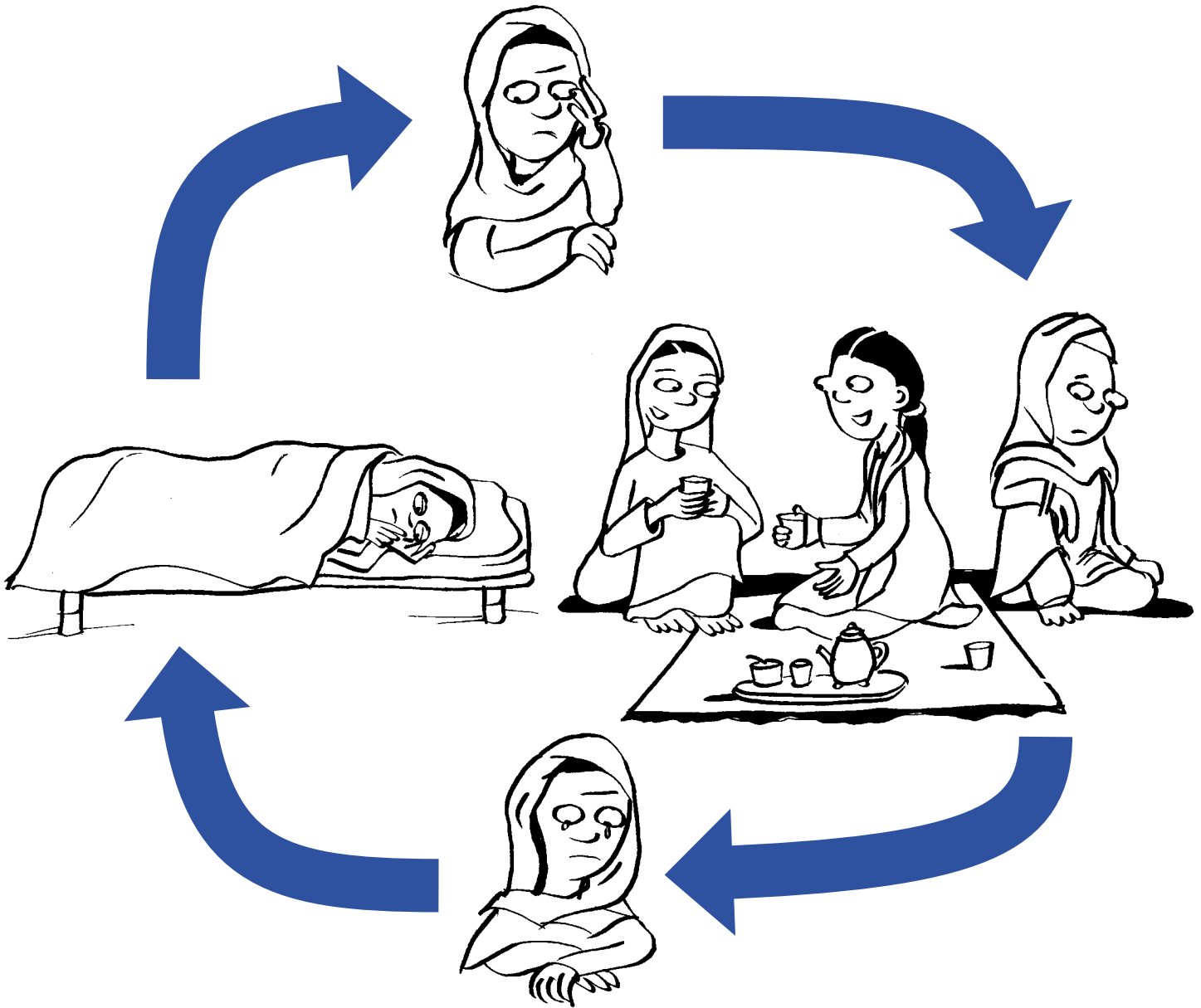
PRACTISE MANAGING STRESS



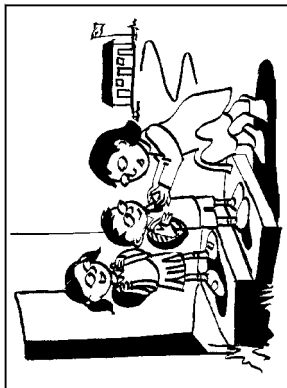
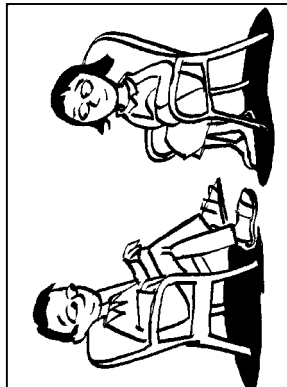
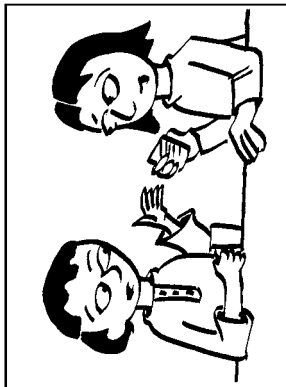
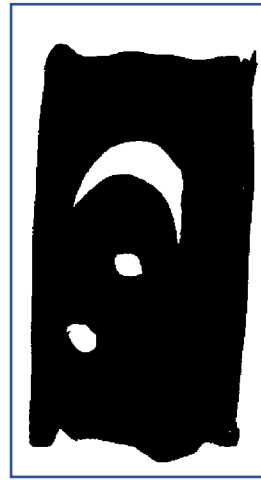
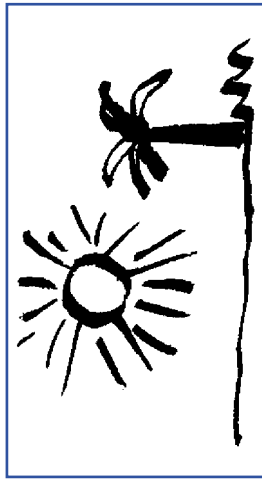
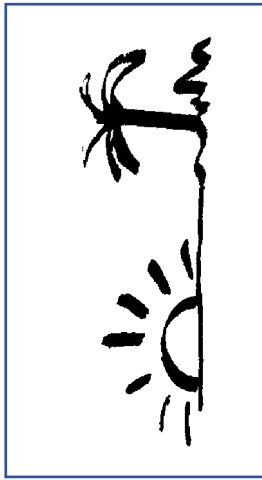
MANAGING PROBLEMS

	<p>1. LIST PROBLEMS</p>
	<p>2. CHOOSE A PROBLEM</p>
	<p>3. DEFINE THE PROBLEM</p>
	<p>4. POSSIBLE SOLUTIONS</p>
	<p>5. DECIDE</p>
	<p>6. PLAN</p>
	<p>7. REVIEW</p>

INACTIVITY CYCLE

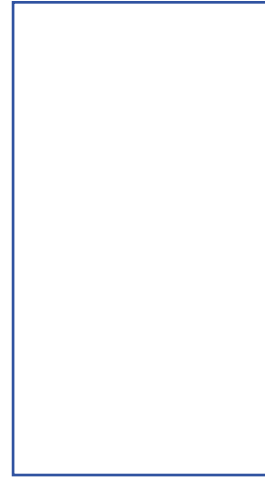
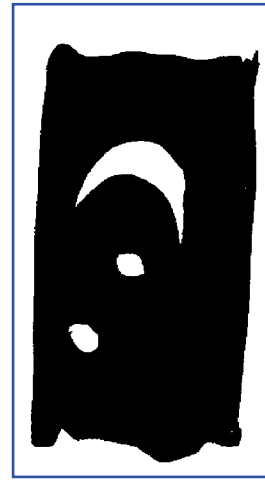
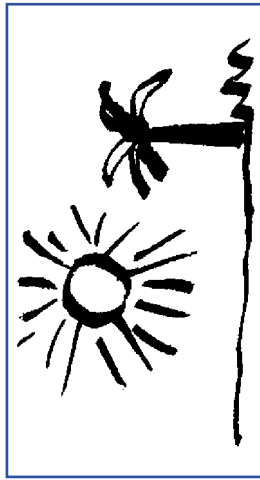
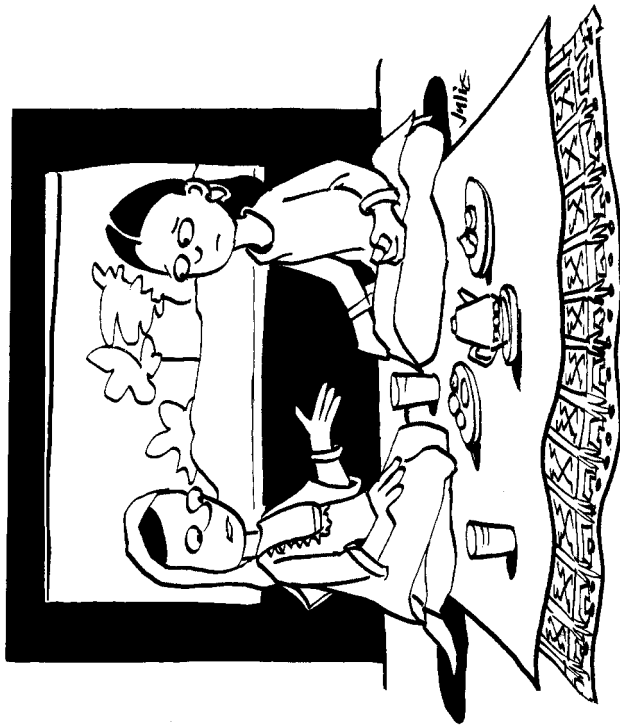


GET GOING, KEEP DOING



ACTIVITIES

STRENGTHENING SOCIAL SUPPORT



ACTION PLAN

APPENDIX H

HELPING OTHERS – CASE EXAMPLES

The following are case examples and answers for the Helping Others component of Session 5. These case examples can be adapted according to the context and culture (including the names) during the cultural adaptation phase.

1. Facilitators read the first case example to the whole group:
 - Facilitators tell the group how the PM+ strategies would be helpful for this person (read the suggestions below the case example to help you).
 - Ask participants if they agree with the suggestions made for this person.
2. Read case examples 2, 3 and 4 and invite the whole group to decide how each PM+ strategy would be helpful for this person:
 - *“Does anyone want to suggest a PM+ strategy that would be helpful for this person? Can you explain how this strategy would be helpful?”*
 - Ask participants to give a reason for their choice of strategy (e.g. *“How might this strategy be used to help this person?”*)

Case example 1

NAME is a man in his 30s and lives in a very dangerous area with a lot of violence. His wife died six months ago and he is now left to care for their 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 doesn't get out of bed and he has lost weight from not eating regularly. He feels very lonely. But he doesn't know how to go about helping himself.

The most helpful strategies include:

1. Get Going, Keep Doing

Remind participants 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 emotional problems and Get Going, Keep Doing will be most effective for him.

Ask participants to tell you as much as they know about Get Going, Keep Doing. Encourage them to identify any of 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.
- Starting with only one or two activities and building up activity over time.
-

If participants do not mention a point above, try and prompt them by asking them 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 is the second main strategy that would be helpful for NAME. Ask participants to think about why this might be a helpful strategy. Listen for an answer like this: “*Because he has isolated himself and is not coping with his problems very well on his own.*”

Ask participants to tell you as much information about that strategy as they can. Encourage them to identify any of 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 but not necessarily talking about problems.
- Choosing someone they trust.
- Building trust by sharing small pieces of information first.

If participants do not mention a point above, try and prompt them by asking them something like, “*And how might NAME know if he can trust that person?*”

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

Case example 2

NAME is a 30-year-old woman, complaining of an ongoing argument with her mother-in-law about sharing housework between them. She is worried about the disagreement getting worse and causing problems in her marriage. She complains of pain throughout her body and that she cannot sleep. She says she can't stop thinking about the problem and she doesn't know what to do.

The most helpful strategies include:

1. Managing Problems

Encourage participants to think about why this strategy would be helpful for NAME. Listen for a response such as, *"The woman is experiencing a practical problem (disagreement with her mother-in-law) and Managing Problems is a strategy to help deal with these types of problems."*

Ask participants to describe the strategy in as much detail as they can. Encourage them to identify any of the following steps:

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

2. Managing Stress

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

Ask participants to describe the strategy in as much detail as they can. Encourage them 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 slow breathing regularly and whenever NAME 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.

The most helpful strategies include:

1. Strengthening Social Support

Encourage participants to think about why this strategy would be helpful for NAME. Listen for a response such as, “*Since NAME is isolating herself, Strengthening Social Support would be a helpful strategy for her.*”

Ask participants to tell you as much information about that strategy as they can. Encourage them to identify any of the following steps:

- 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 but not necessarily talking about problems.
- Choosing someone they trust.
- Building trust by sharing small pieces of information first.

If participants do not mention a point above, try and prompt them by asking them something like, “*And how might NAME know if she can trust that person?*”

2. Managing Problems

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

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

When discussing managing the problem of visiting her mother, participants might suggest that NAME strengthen her social supports (e.g. have a trusted friend accompany her when she visits her mother). This would be very helpful.

3. Managing Stress

Managing Stress would be helpful for NAME's anxiety, especially when she starts to go out again (or while doing her Managing Problems action plan). This will help her to stay calm in situations that cause her stress. Encourage participants 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 slow breathing regularly and whenever NAME notices signs of stress or physical discomfort.

Case example 4

NAME is a young man who was forced to flee his country with his family for safety reasons. Since arriving in the new country his mood has been low. Even though he knows he made the right decision because he and his family are now safe, he feels sad most days. He finds it difficult to look for work and no longer enjoys spending time with his family and friends. He feels hopeless about his situation and doesn't know what to do to improve it.

The most helpful strategies include:

1. Get Going, Keep Doing

In this example, participants should identify Get Going, Keep Doing as one of the strategies suited for this person's problems. Ask them to describe how this strategy could be helpful. Listen for answers such as, *"Get Going, Keep Doing addresses some of the problems that NAME is experiencing, such as feeling sad most days and not being able to enjoy things he used to enjoy doing, such as spending time with his family."*

Ask participants to tell you as much as they know about Get Going, Keep Doing. Encourage them to identify any of the following steps:

- 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 activity over time.

If participants do not mention a point above, try and prompt them by asking them something like, *"And can you remember whether we started with getting you to do the whole task, such as looking for work, or just small specific tasks?"*

2. Strengthening Social Support

Strengthening Social Support could also help NAME manage his problems. Ask participants to think about why this could be a helpful strategy. Participants may have mentioned this strategy as part of Get Going, Keep Doing (e.g. they suggested that NAME's chosen activity is spending time with his family or seeing his friends). If this happens, tell participants that this is a good idea, but remind them that NAME could also do this as part of Strengthening Social Support and he could choose a different enjoyable activity for Get Going, Keep Doing.

Ask participants to tell you as much information about that strategy as they can. Encourage them to identify any of the following steps:

- 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 but not necessarily talking about problems.
- Choosing someone they trust.
- Building trust by sharing small pieces of information first.

APPENDIX I

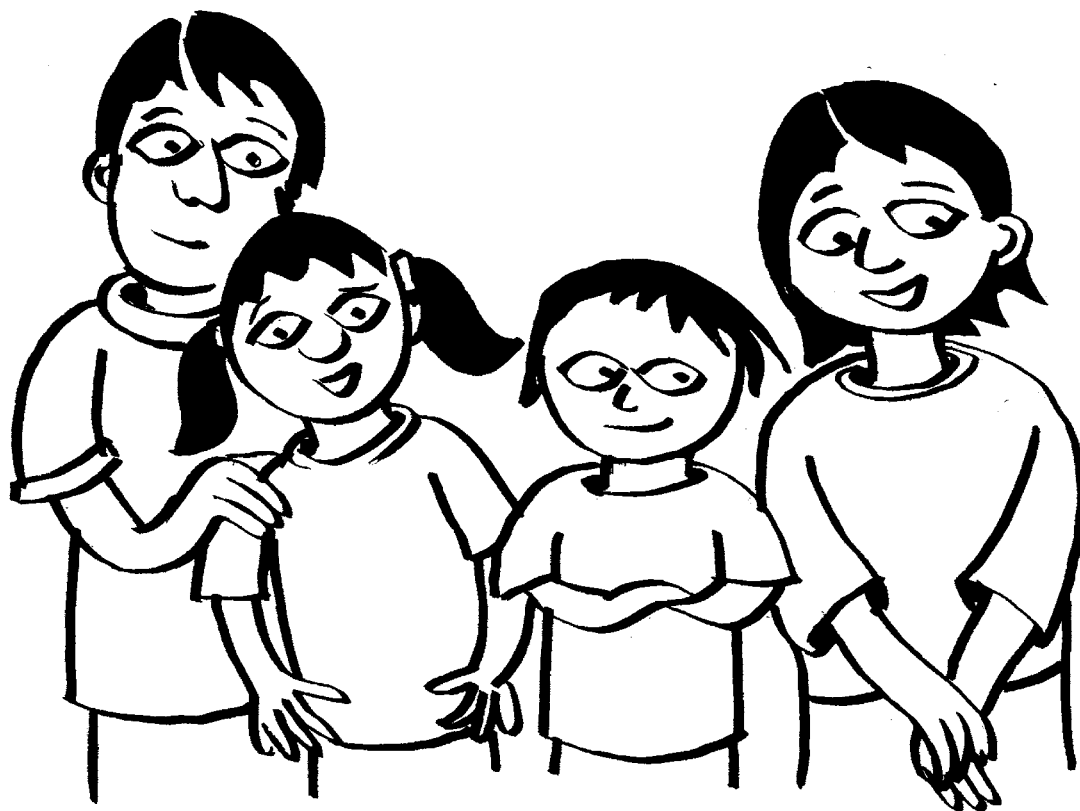
FEMALE CASE BOOKLET

A FLIP BOOK VERSION OF THE BOOKLET WHICH HAS IMAGES AND TEXT ON SEPARATE PAGES IS AVAILABLE FROM
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STORY OF EZRIA

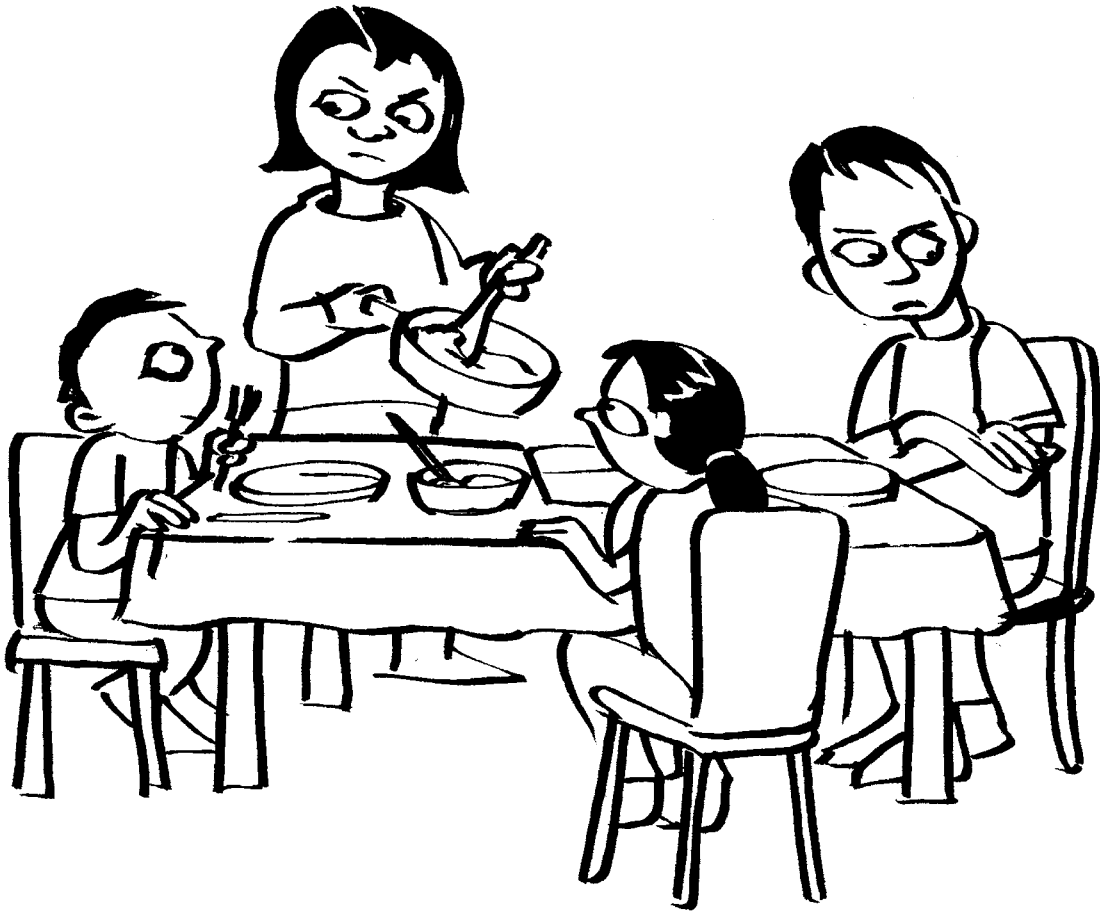


Meeting 1



Ezria is a 34-year-old married woman. She has two young children.

She saw a health worker recently because she had bad headaches and little appetite. She told the health worker that she was not sleeping well and always felt tired. After talking more with her, the health worker told Ezria that she had symptoms of stress and depression. She suggested that PM+ might help her. Ezria agreed to meet with a Group PM+ facilitator for an assessment.



At the assessment, Ezria shared that her two main problems were headaches...

3



... and arguing with her husband, Ali. Both of these problems made her feel stressed and sad.



Ezria said that her problems started when her mother died. Ezria was very close to her mother. When her mother became sick, Ezria was unable to visit her because it was too difficult for her to travel with her baby. Her mother died without her saying goodbye. This was almost two years ago. Ezria feels so low and sad that she finds it difficult to be with other people.

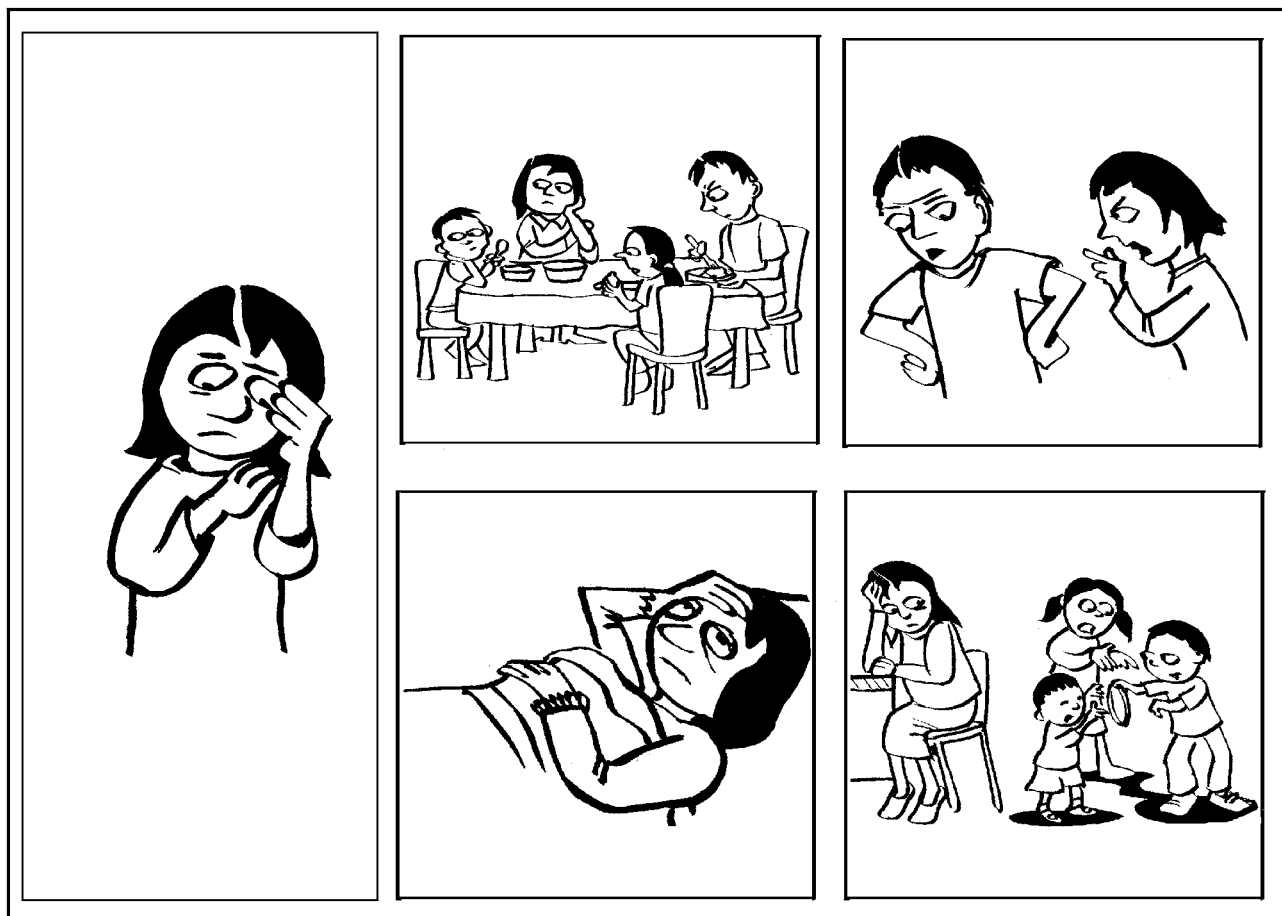
At the end of the assessment the facilitator said that Group PM+ would be suitable for Ezria and invited her to attend. Ezria agreed.



At the first meeting, Ezria shared that her main reasons for joining the group were that she hoped this would help to improve her energy, appetite and sleep and reduce her headaches. She also wanted to address the problem of arguing with her husband, Ali. She wanted to feel better so that she could enjoy playing with her children and seeing her friends again.

Ezria thought that it would be difficult for her to attend the group meetings as she felt so tired and had no energy. The facilitator said she understood. They discussed it in the group and decided that Ezria and another group member, who lived near her, would arrange to walk together to the meetings.

Despite this challenge, Ezria felt motivated to come to the group meetings so that her problems might improve.



Ezria decided on five specific things that she wanted to change by the end of the group meetings. She wanted to:

- improve her appetite and eat more regularly
- improve her sleep and especially find ways to fall asleep more quickly
- have fewer or no headaches
- reduce arguments with Ali
- improve her mood so that she felt happier and could enjoy playing with her children and seeing friends again.

We are going to follow Ezria's story to hear how she used PM+ to work towards these goals.

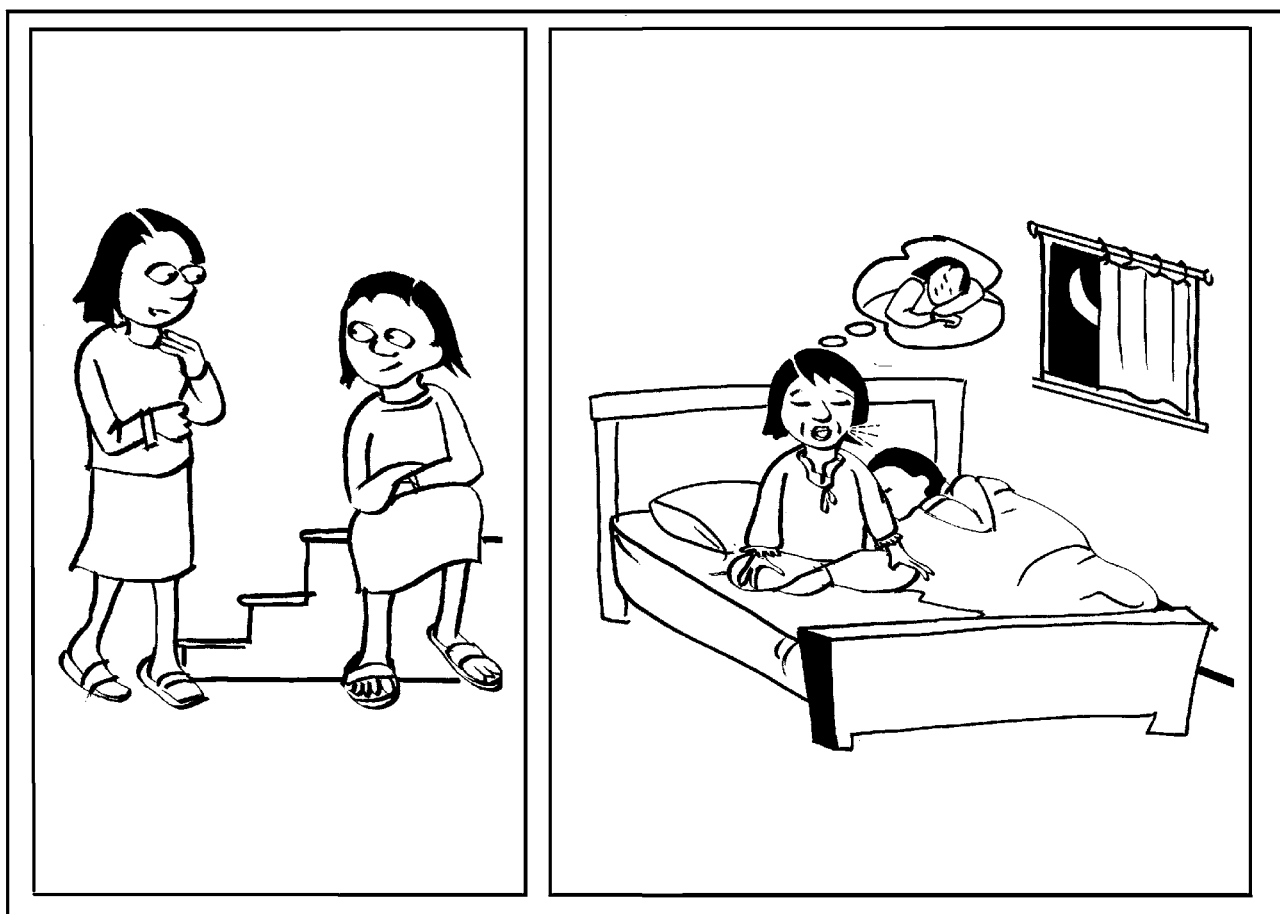
7



When Ezria heard about Managing Stress, she was eager to practise to help herself feel calmer. When she first counted her breathing with the group, it was at a rate of 18 breaths per minute. She did not realize how fast she was breathing.

When it was time to practise, Ezria found it hard breathing using her stomach. So, she started by just pushing her stomach in and out to get used to this feeling. She was able to slow her breathing down by following the facilitator's counting, but it felt too slow. She felt as if she wasn't getting enough air in. After some more practise she felt a bit more comfortable, but not completely. She planned to practise this over the next week.

8 (Meeting 2)

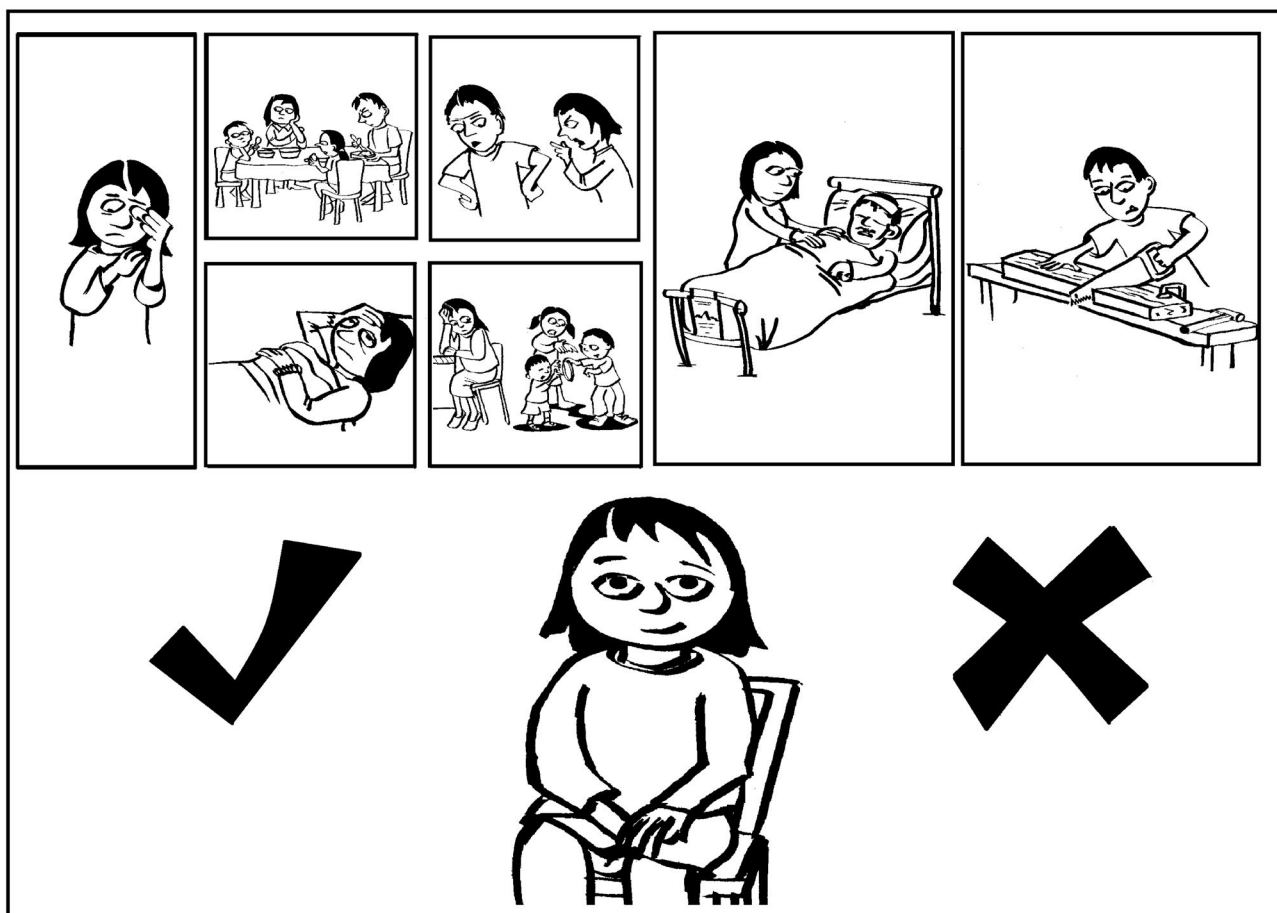


Ezria forgot to practise Managing Stress for a few days, so she decided to put a reminder next to her bed. She planned to practise Managing Stress before going to sleep. When she did it the first two nights, she still had problems breathing using her stomach, but she remembered not to worry and instead to focus on breathing slowly. She noticed that afterwards she felt more relaxed and was able to fall asleep a little more easily.



Ezria had many problems she wanted to solve. This overwhelmed her and made her feel stressed and tired. Some days were worse than others. Ezria needed some help in doing Step 1: dividing all the problems into solvable and unsolvable problems.

Ask participants: Do you remember what all of Ezria's problems were?



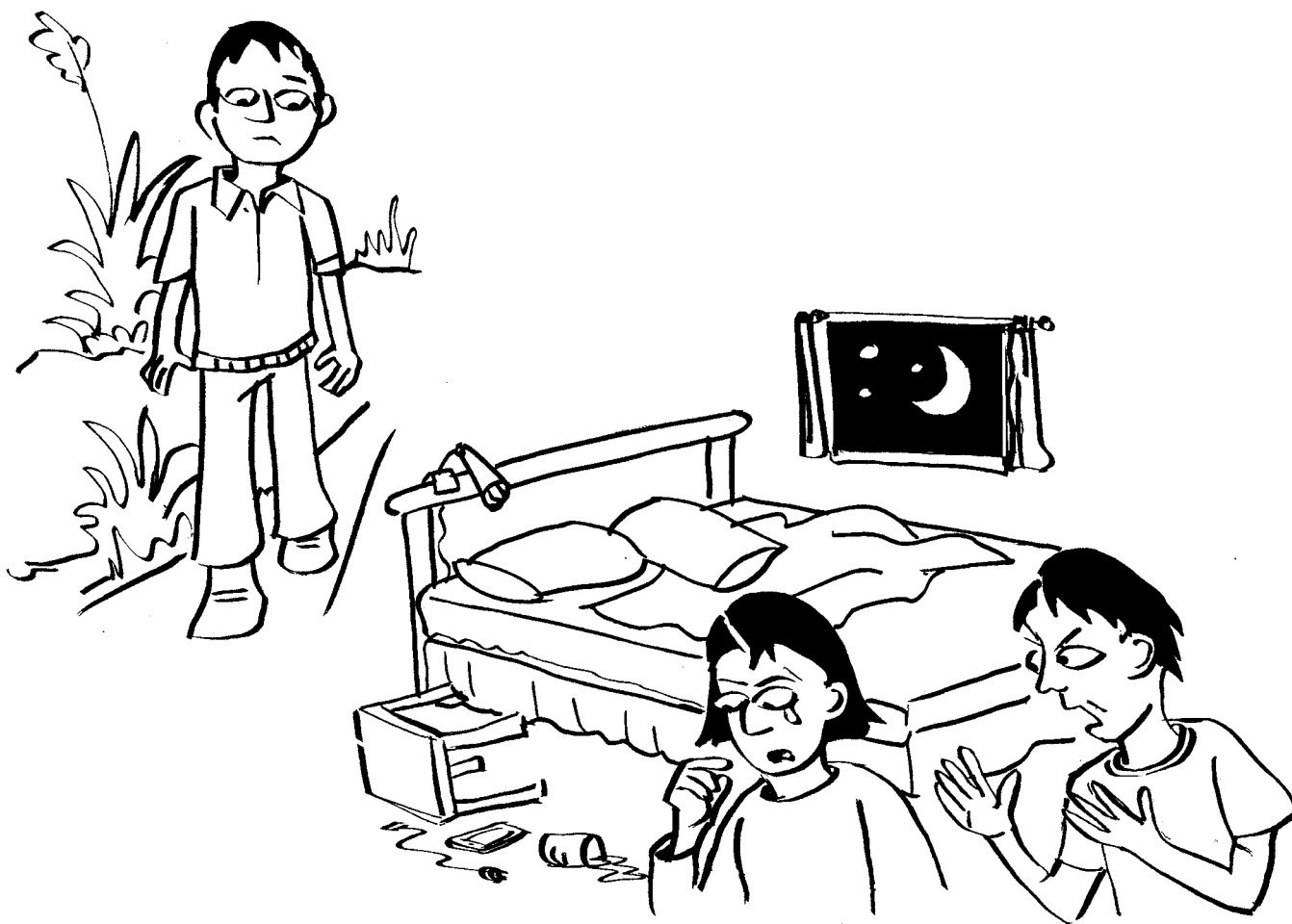
After listing her problems, she decided which were solvable and unsolvable.

Ask participants: Which problems do you think were solvable and which ones were unsolvable? Use the picture to show them the answer.

The problems Ezria thought were solvable were her

- low appetite
- difficulty sleeping and falling asleep
- bad headaches
- arguments with Ali
- low mood and not wanting to be with others.

The problems that she thought she could not solve were that her mother was not there anymore, and that her husband Ali could not find work.



At Step 2, choosing one problem to focus on, Ezria chose arguing with Ali.

Ali recently lost his job and he had been stressed and angry about it. This put a lot of pressure on their relationship. They argued nearly every day. It made her feel sad and she found it difficult to do the things she used to do. She had not seen her friends for a while, partly because she didn't feel like it, but also because she was embarrassed about her problems.

Ask the group: Do you notice that practical problems can cause emotional problems in our lives as well?

Step 3 is to define the problem as specifically as possible. Ezria said that she and Ali mainly argued about money and the fact that he was sitting around doing nothing all day.



Ezria then began step 4.

Ask the group what Step 4 is. It is to think of all the possible solutions to the problem.

Ezria got stuck at this step. She said that the problem could only be solved if Ali got a job. She could only think of two possible solutions: “Do nothing, and wait for him to get a job” or “Tell him to try harder to look for a job”. Even though Ezria did not think that either of these solutions would work, she wrote them down.

Another group member shared that she had been in a similar situation and had found it helpful to talk with others. Ezria said that she could not see how this would solve the problem. The facilitator reminded Ezria that this strategy is about *managing* the problem better, not fixing it with one solution.

The facilitator asked Ezria to think of different people she could talk to. Ezria said that she felt embarrassed talking to her friends about this, but she could talk to her aunt or to people in the group.



Sometimes, when it is hard to think of possible solutions it can be helpful to ask yourself, “What have you done in the past to manage similar problems?” or “What would you suggest to a friend in a similar situation?”.

The facilitator asked Ezria what she would advise a friend in a similar situation to do. Ezria’s ideas were to talk to Ali, family or other people in the area about ideas for work. One of the group suggested that she could put up a sign at the local shop. When some of the others in the group laughed, the facilitator said that this was a good idea and explained that Step 4 is about coming up with as many solutions as possible.

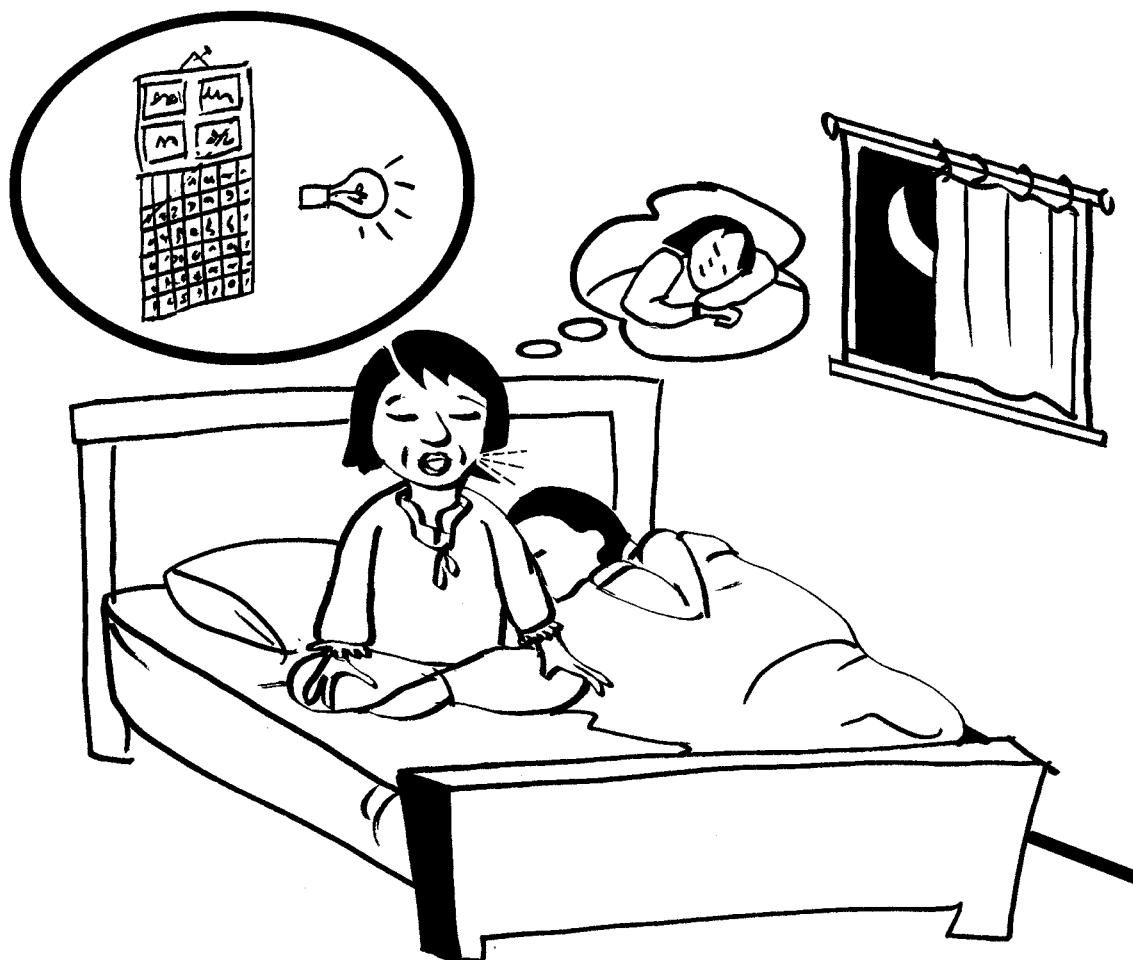
As she came up with different solutions, Ezria began to feel more confident about dealing with the problem. She remembered that the aim was not to solve the problem with one solution, but to begin to manage the problem better.

At Step 5: choosing solutions, Ezria decided on two solutions:

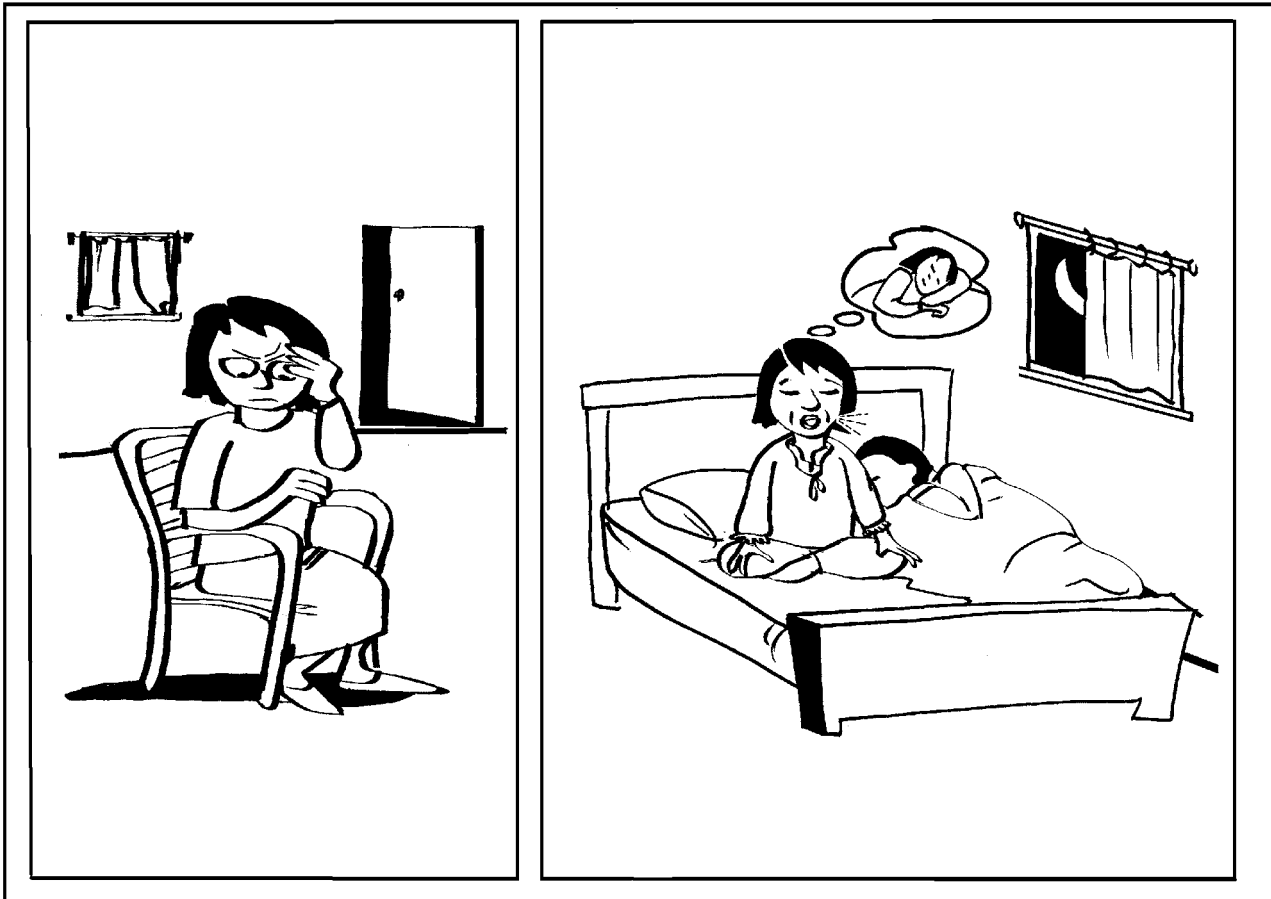
- Ask her aunt for advice. Explain the problem briefly and ask her what she would do.
- Talk to Ali and tell him that she wished they did not argue so much.

She then planned when to do each task. This was Step 6.

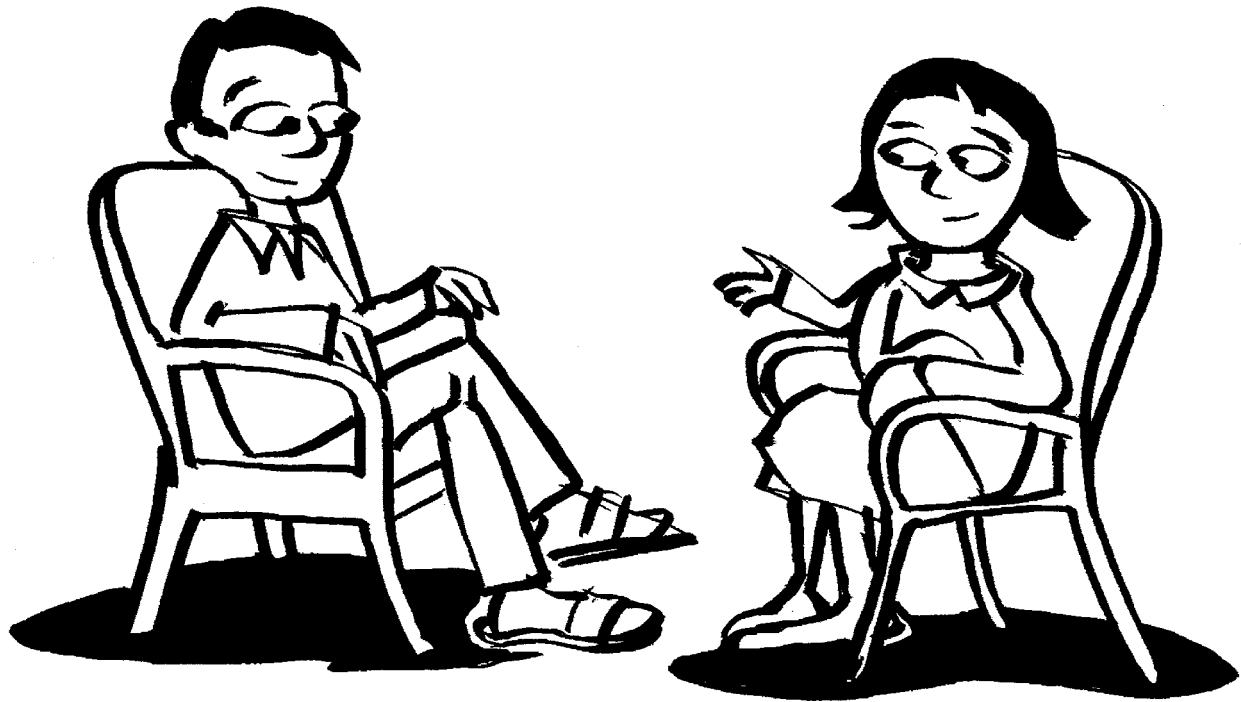
14 (Meeting 3)



In the third meeting, Ezria shared that she now practised Managing Stress every night before sleeping. Some nights it helped her to fall asleep quickly, but even when it didn't, she felt more relaxed. She noticed that she was breathing more comfortably using her stomach.

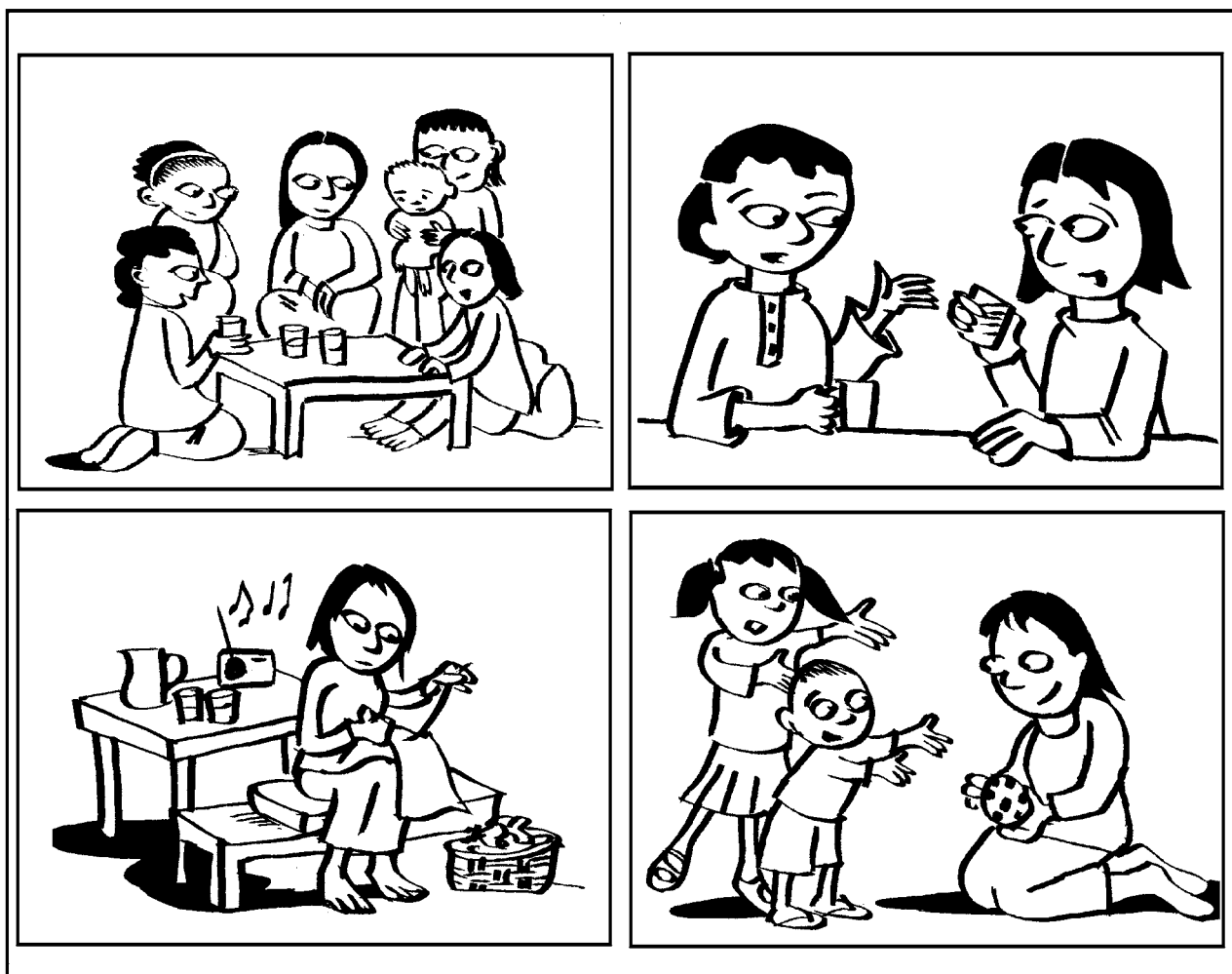


Ezria also tried to start practising Managing Stress whenever she felt that she was about to get a headache or when she felt stressed. She said that it was harder to slow her breathing when she felt like this, but it did make her feel calmer.

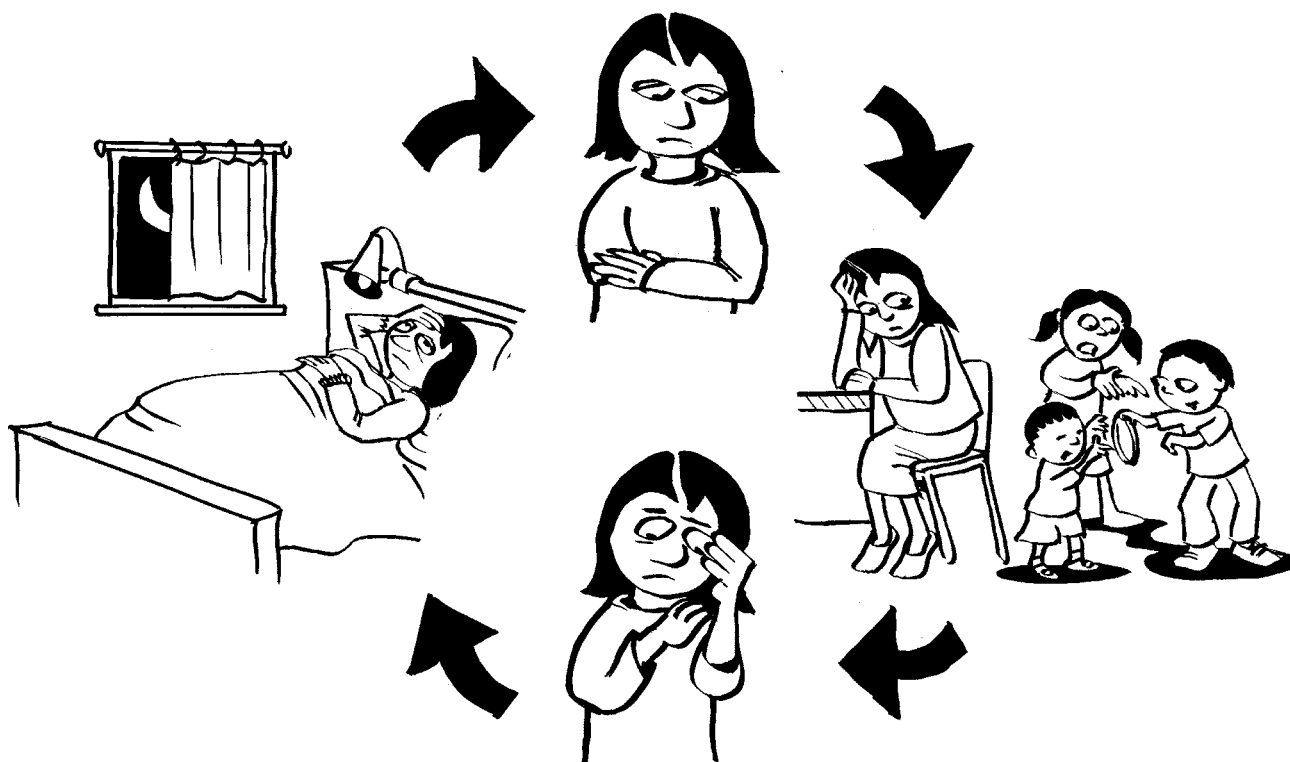


Ezria did not solve her problem of arguing with Ali, but she was more hopeful about managing it. As planned, she spoke with Ali. He said that he also did not like arguing with her, but they could not agree on ideas about how to manage it. She also talked with her aunt about the problem, who came up with ideas for people he could talk to about work, and she thought that this improved her mood and stress.

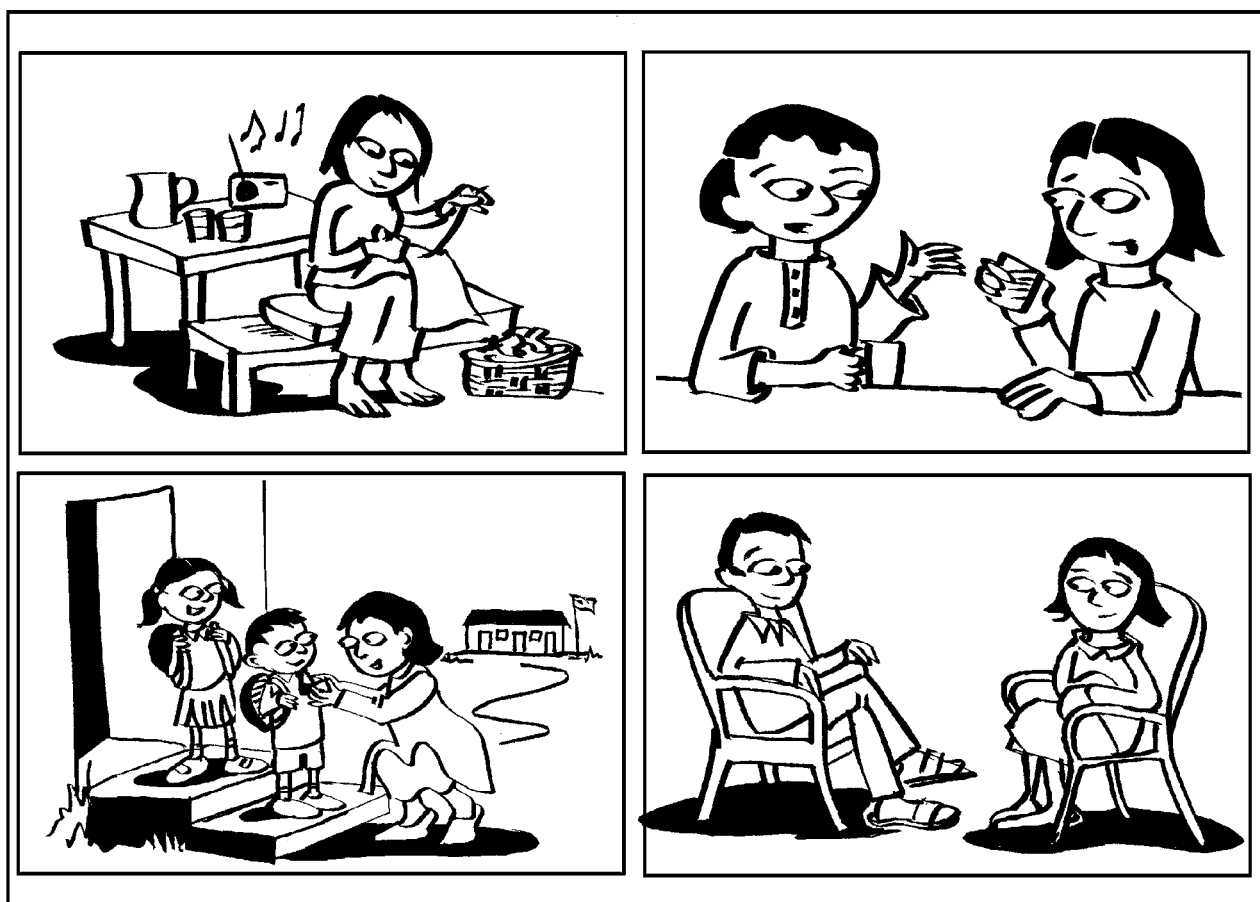
Ezria and the facilitator discussed what more she could do to manage this problem. They looked at her list of solutions from Step 4. Ezria decided that she would talk more with Ali, to see if they could practise the Managing Problems strategy together. She would suggest that they could try to think of all the possible solutions to their problem of arguing so much. This way they would share the problem, rather than Ezria trying to manage it on her own. She planned when to do this in the following week.



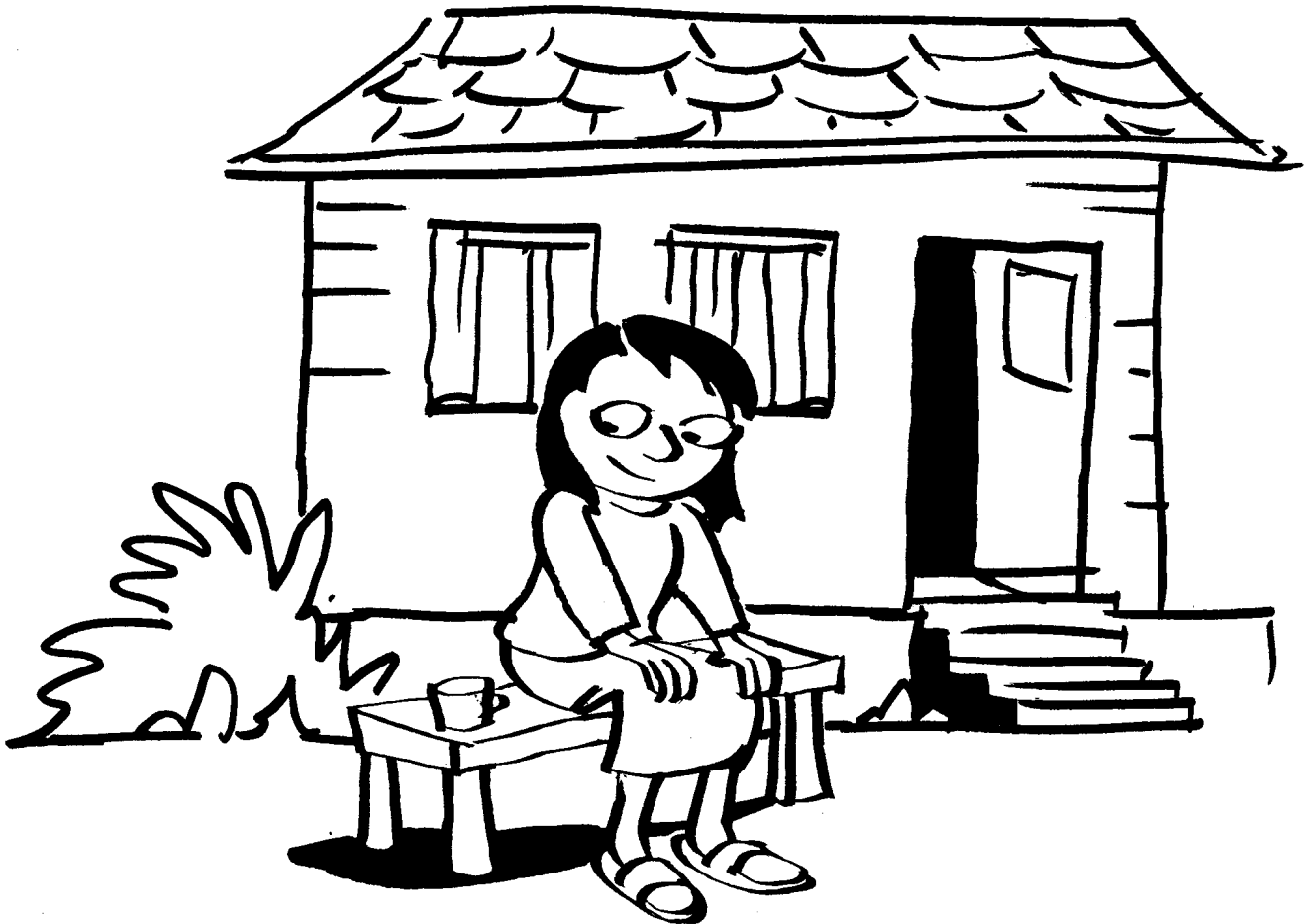
Ever since Ezria's mother died, she had not felt like herself. She used to be a very happy and sociable person. She liked seeing her friends *[point to image]* and visiting her neighbours *[point to image]*. She loved doing handicrafts, and spending time with her children. However, she had stopped doing many of these things after her mother died. As time went on, her mood had worsened and she found it harder and harder to do these things again. She managed to do the chores in the home, but sometimes she also found this difficult. By the time Ezria started attending the Group PM+ meetings, she was beginning to feel hopeless. She also felt ashamed that she could not do things that she believed everyone else could do easily.



As Ezria learned about Get Going, Keep Doing, she realized that she was stuck in the inactivity cycle. However, she did not know how she could get active again because she felt so tired all the time and her headaches often stopped her from doing things.

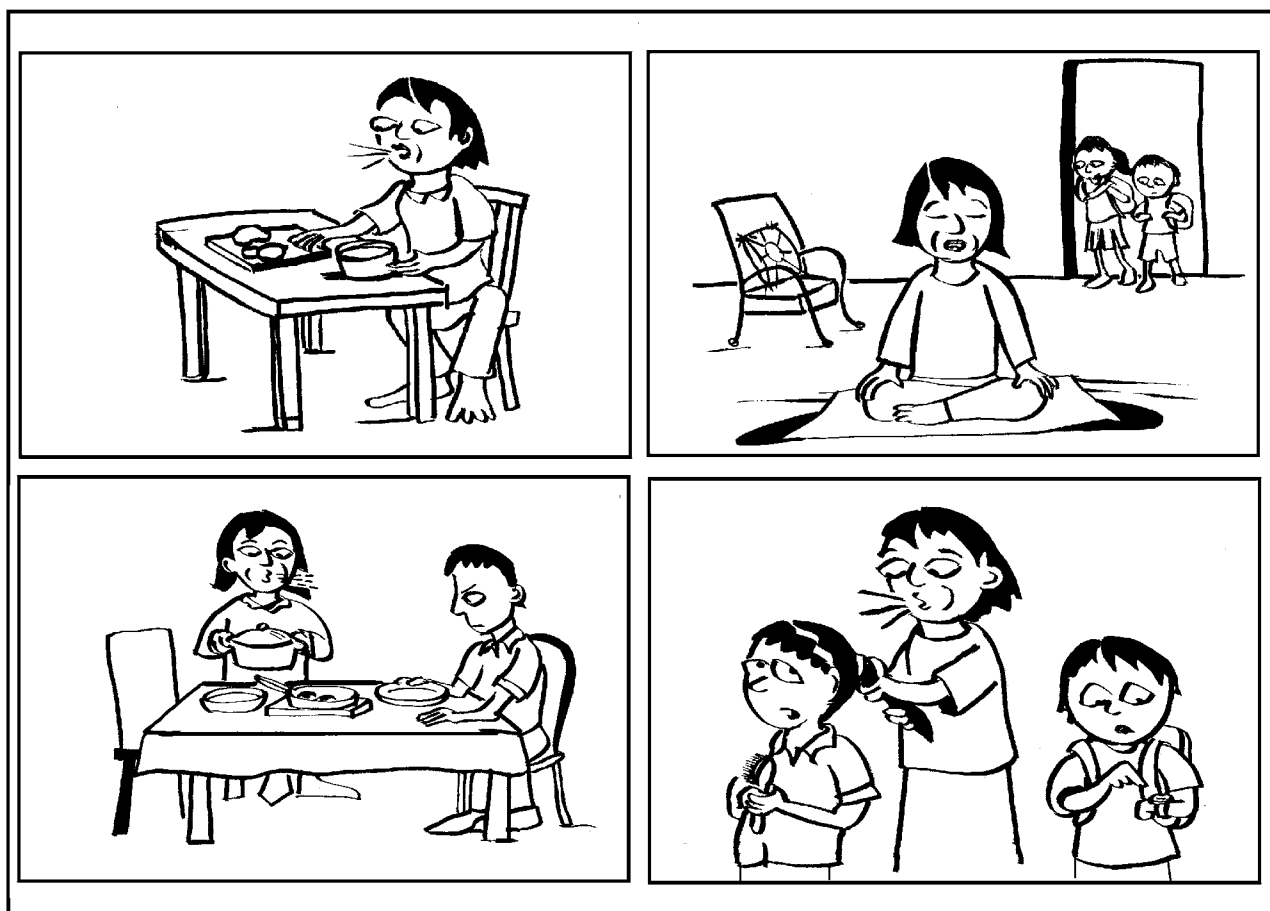


In the group, Ezria talked about some of the activities she used to do that she no longer did because of the tiredness and headaches. These were doing handicrafts, like sewing and knitting, sitting on the bench near her home, visiting her neighbours, walking the children to and from school, and preparing lunch every day. The facilitator encouraged her to think about relaxing activities too and she mentioned that she used to spend time outside her home, having tea on her own or with a friend.

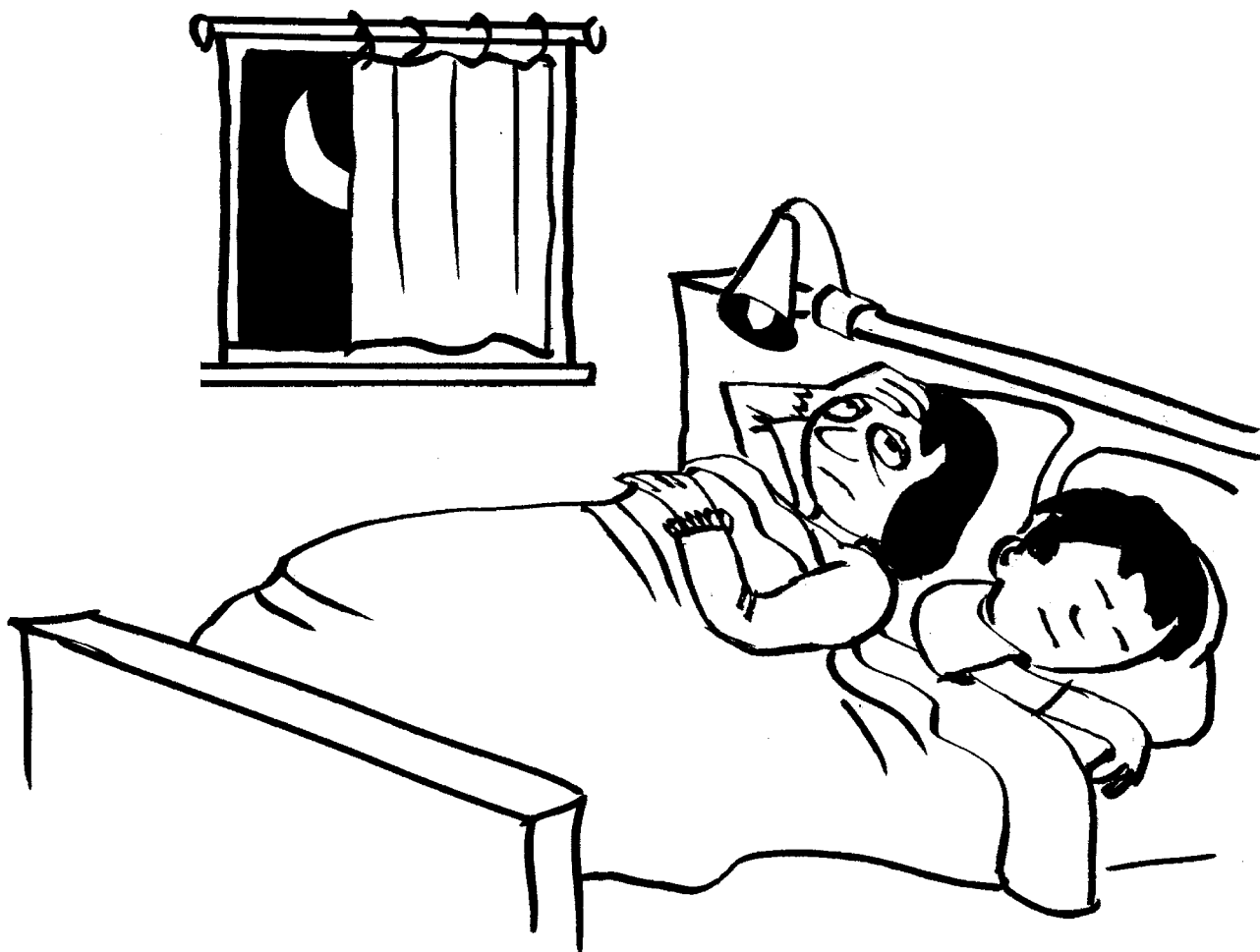


Ezria chose sitting on the bench by her home as the first pleasant activity she would start doing again. She thought that this would be easy for her to do even when she lacked energy or had a headache. At first Ezria felt guilty, as she felt she did not deserve to be doing a pleasant activity because she was not doing enough around the home. The facilitator explained that in the next meeting they would choose another activity, which could be work in the home. She explained that it was better for Ezria to start with something easy and likely to improve her mood before trying more difficult activities.

21 (Meeting 4)



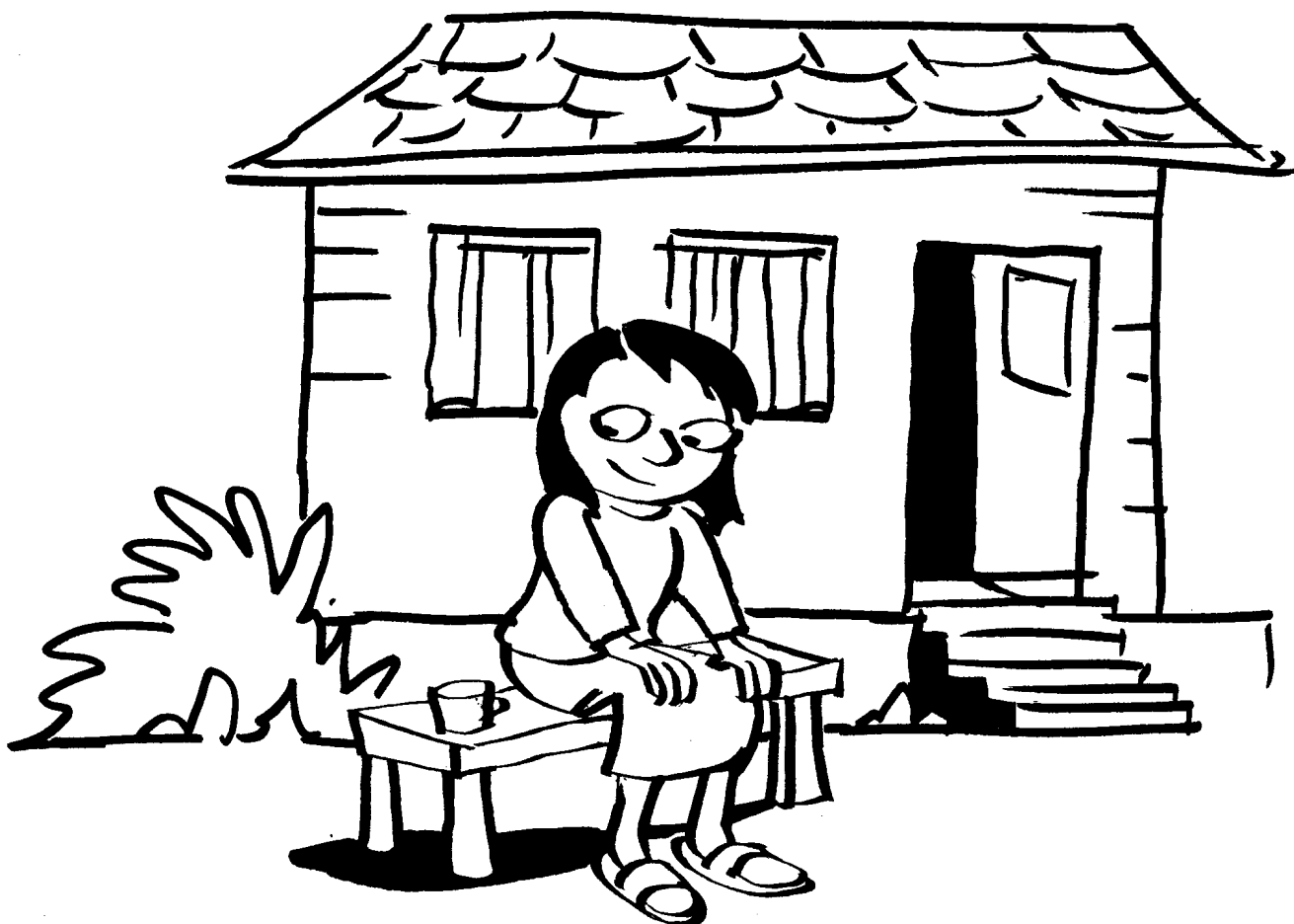
By the fourth meeting, Ezria was using Managing Stress regularly. She used it before and during stressful times, such as in the mornings getting her children ready to go to school, when they got home and if she argued with Ali. She felt less stressed and not as easily irritated by her children or her husband anymore. Her appetite was improving and she had fewer headaches.



Ezria felt that she was making good progress and was ready to choose another problem to focus on.

She was still finding it hard to fall asleep at night, so she chose this problem. She thought of two solutions: go to bed earlier and listen to relaxing music.

Ask the group: Can you think of any other possible solutions to manage this problem?



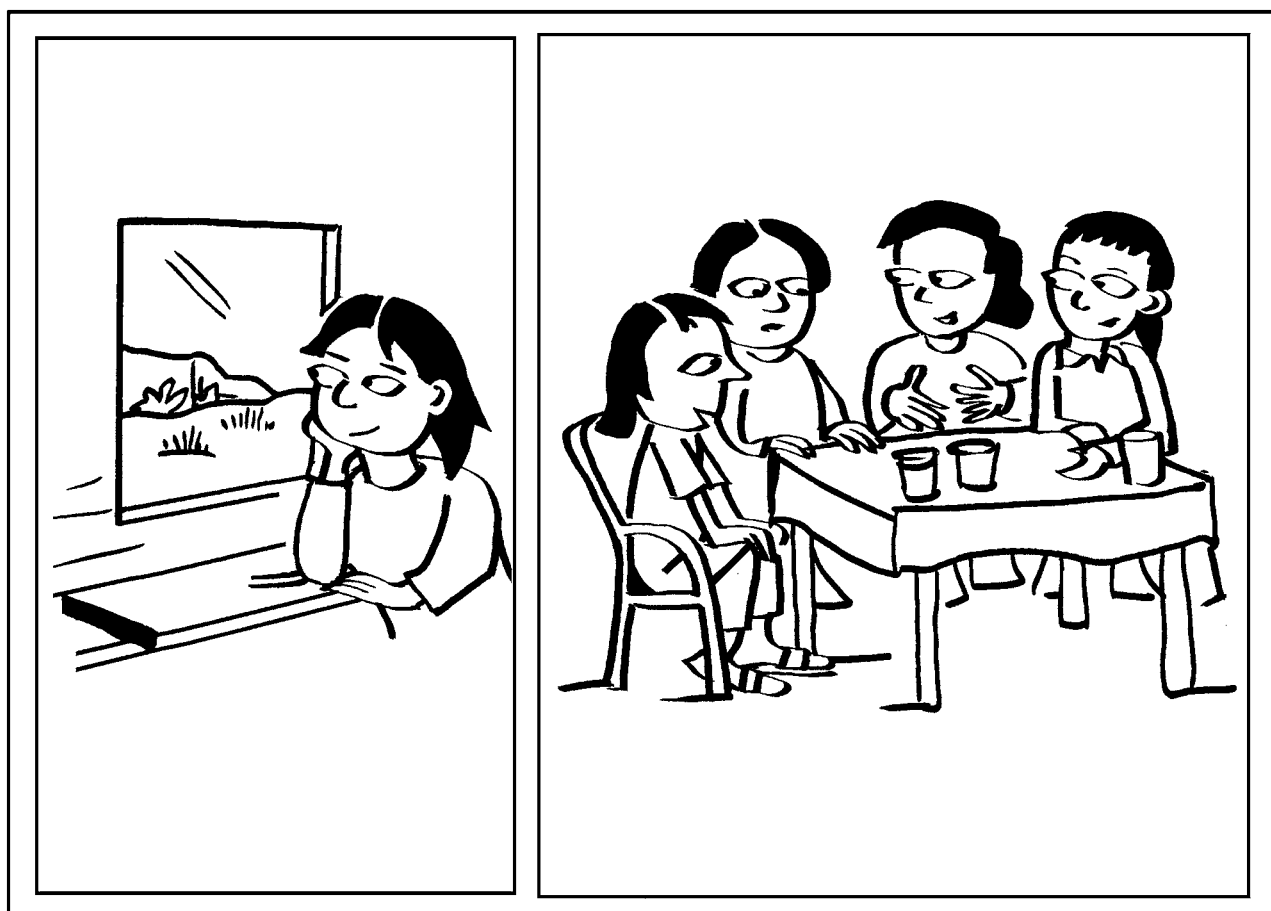
Ezria completed her Get Going, Keep Doing exercise for the week.

Ask the group: What was the pleasant activity Ezria was going to do? It was sitting in her back garden.

Even though Ezria did not feel like sitting on the bench the first few days, she made herself do it. By the end of the week, she felt that she was beginning to enjoy it the way she used to.



Although Ezria enjoyed sitting on the bench, she also felt that she needed to do more chores in the home. It was time for her to choose another activity to start doing again. Ezria decided to do household chores every day. To break this task down, she decided to first make a list of what needed doing, and to choose just one thing each day. She would first choose something easy to do that would take about 10 minutes or so, such as washing the dishes. If she had more energy, she could do another thing, but she did not want to set high or unrealistic expectations.



Ezria had been feeling low for many months, and she had stopped seeing her friends. She wondered if maybe her problems seemed so much bigger because she was trying to deal with them on her own. She remembered that in times when she had had problems in the past, speaking to her friends or her mother had made them easier to manage. They supported her, and gave her advice and sometimes even practical support.



Ezria felt guilty that she had stopped seeing her friends. She was concerned that they would be angry or disappointed with her if she sought support from them again.



Ezria's obstacle to Strengthening Social Support was thinking that others would be angry with her for asking for help. The facilitator reminded Ezria that her aunt had not been angry with her when they talked about the arguments with Ali, as part of Managing Problems. Her aunt had also given her some very helpful advice about talking to other people about opportunities for work for him. Ezria agreed and said it was possible that other family members may also not be angry with her. She decided to meet her cousin and spend some time with her.



Ezria decided to arrange to meet her cousin. The group helped her to break this task down into small steps:

- Call her cousin on the phone to say hello and say that she wanted to come for a visit.
- Arrange a day and a time to visit.
- Take the bus to where her cousin lives.
- Talk with her cousin about what is happening in both their lives.

Ask the group: How would you suggest she start the conversation on the phone? (Invite participants to role-play or act out this scene of talking to the cousin.)

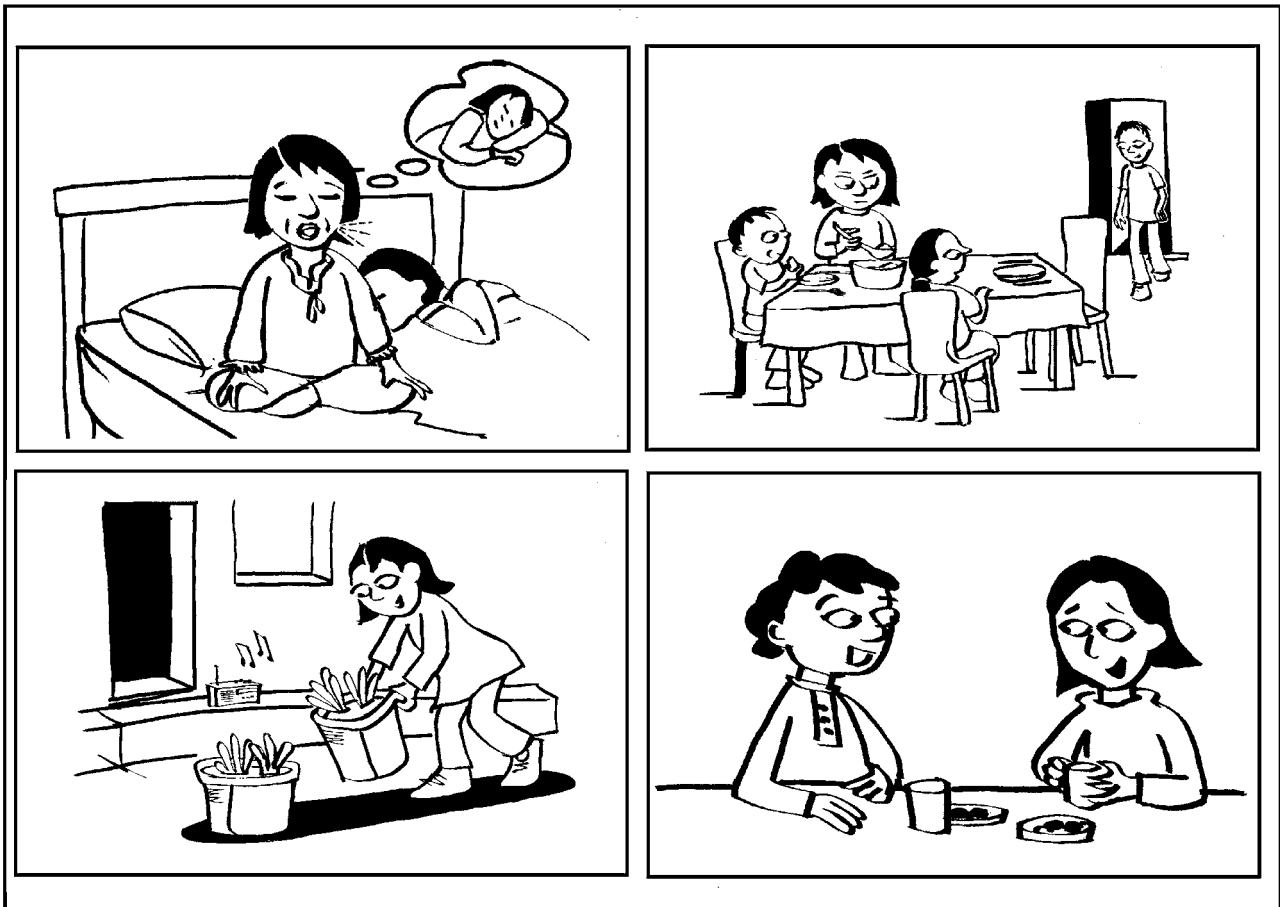
If she felt comfortable, Ezria planned to share with her cousin the problem of her husband not having any work.



Ezria also wanted to help her husband find a job. Remember that helping others is another example of Strengthening Social Support? Ezria discussed this with the group and someone suggested that Ali approach the head teacher at a local school, as he knew many people in the community. Ezria thought that this was a good idea. Her plan for the following week was to:

- Encourage Ali to go and see the head teacher so he could ask him for advice about finding employment.
- Ask her friends if anyone knew of other places Ali might be able to find work.

30 (Meeting 5)



Point to picture in top left-hand corner. Managing Stress. Ezria practised calm breathing before going to sleep, when she woke up and whenever she noticed that she was starting to feel stressed.

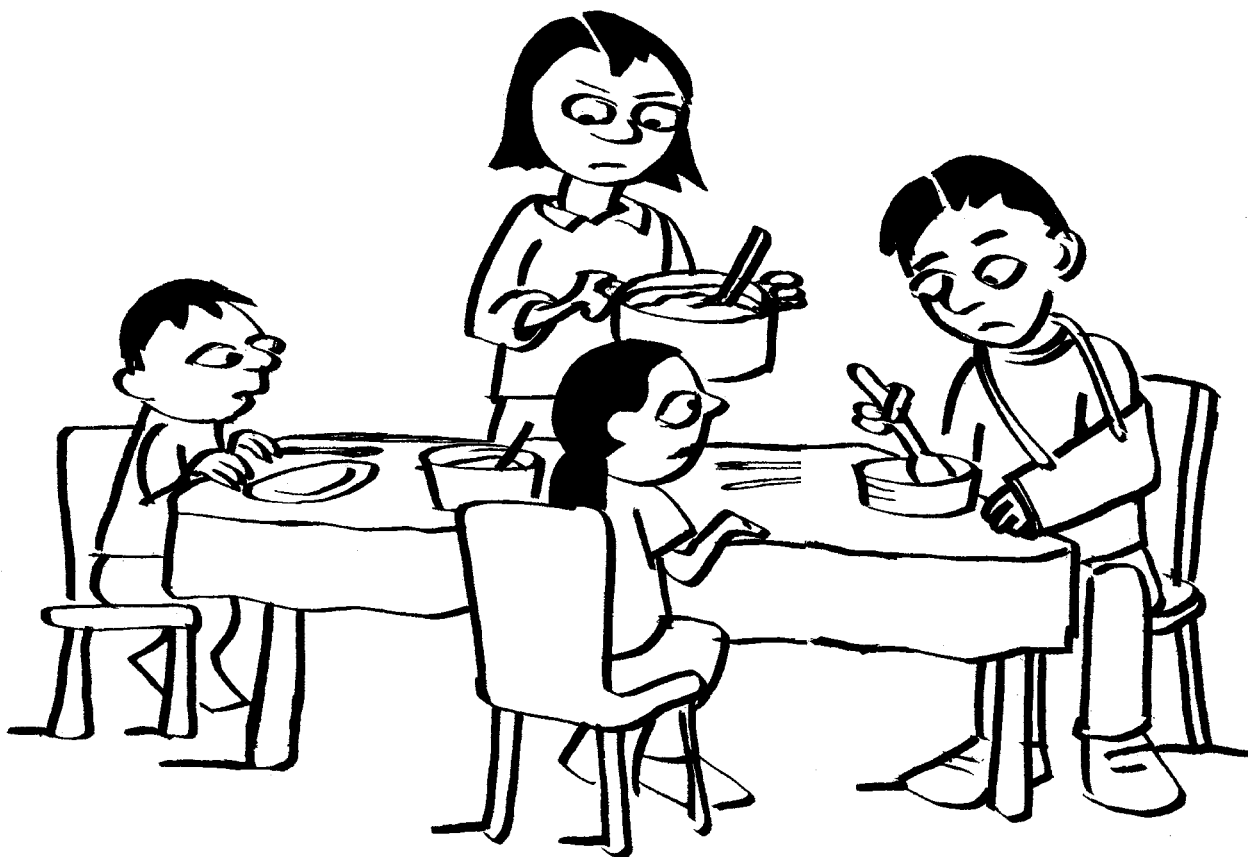
Point to picture in top right-hand corner. Managing Problems. Ezria and Ali were arguing much less and talked more about their problems and how to solve them together. Ali had already managed to get some temporary work through the head teacher at the school.

Point to picture in bottom left-hand corner. Get Going, Keep Doing. Ezria was enjoying sitting in her back garden each day. She still found it difficult to keep up with all the things that needed doing in the home, but she felt that she was doing better. She felt a sense of achievement in doing even some of the chores.

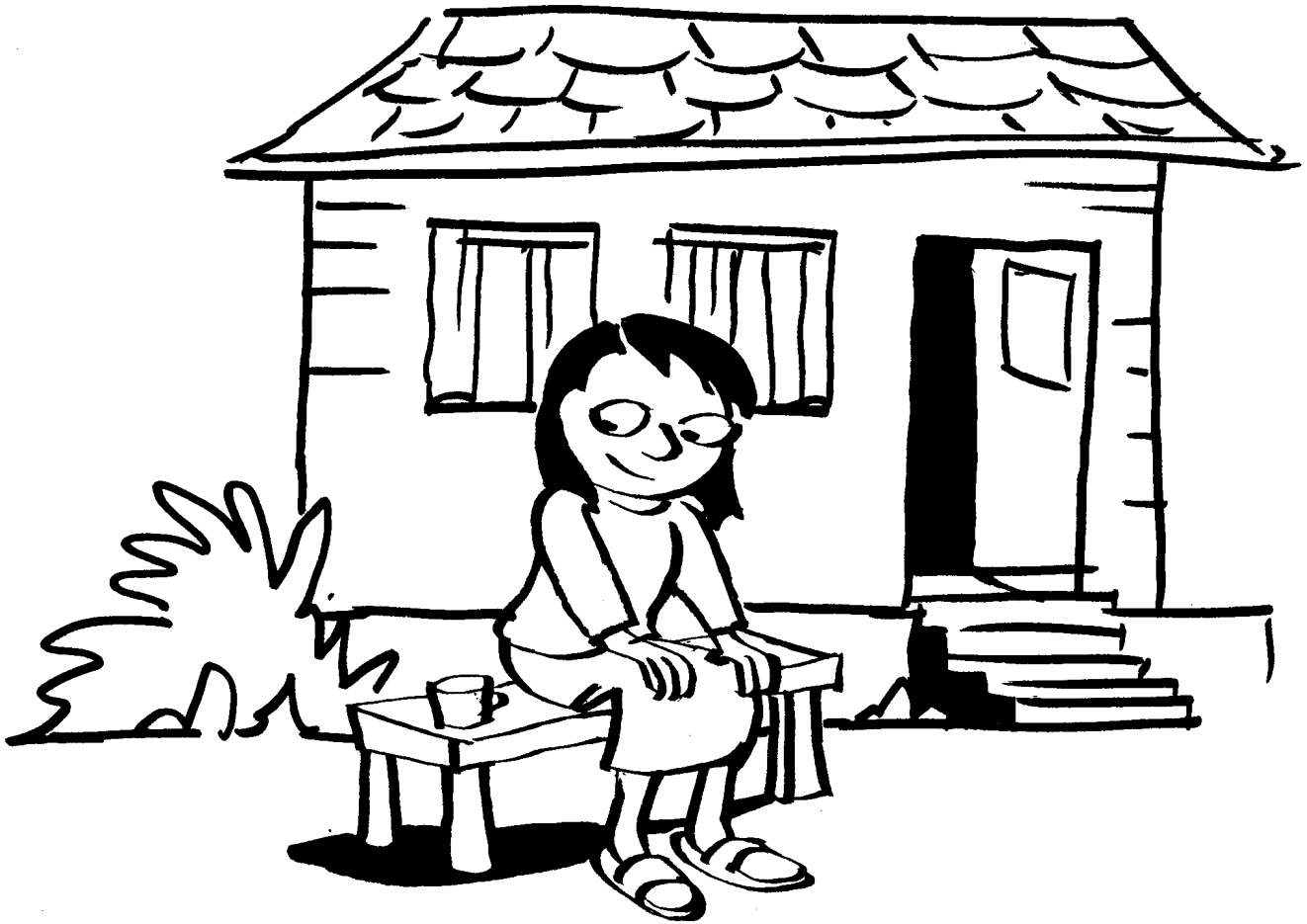
Point to picture in bottom right-hand corner. Strengthening Social Support. Ezria arranged to meet her cousin. They talked about what was going on in their lives and Ezria shared some of her difficulties. She found this very hard. However, her cousin did not say anything to make her feel guilty about having problems or having withdrawn from her family and friends. They arranged to meet again.



It is now three months since Ezria finished attending Group PM+ meetings. She missed the meetings as she found the support very helpful. She also found it difficult to practise the PM+ strategies when she did not have to report back to the group. She decided to use Managing Problems to address this. She contacted the PM+ facilitator and discussed meeting with others from the group to socialize and continue supporting each other. They now meet once a month to share a meal and talk about how they are doing.



Four months after Ezria finished Group PM+, her husband was in an accident and broke a bone in his arm, which meant that he had to be off work again. This affected both Ezria's and Ali's moods. Ezria found it hard to sleep and she started having headaches again. When she noticed these problems, she remembered the PM+ strategies and made a plan for how she and Ali could use them to manage their difficulties.

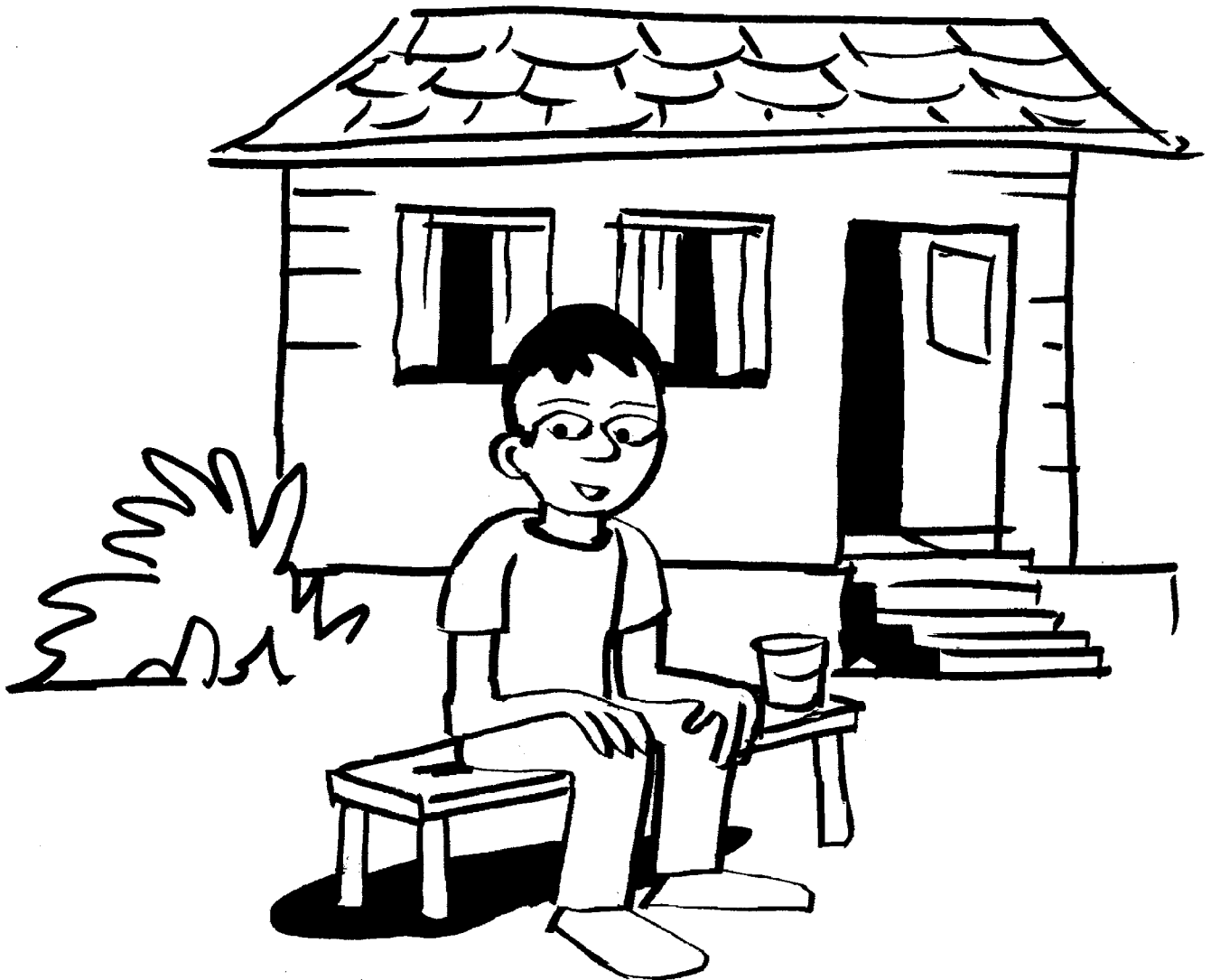


Ezria's reactions to this new stressor were understandable and common. However, she managed to stop her emotional health from worsening and affecting her daily life by using the PM+ strategies and finding practical solutions to the problems. Ezria found a part-time job at a childcare centre. Within a few weeks, her mood, sleep and headaches had all improved.

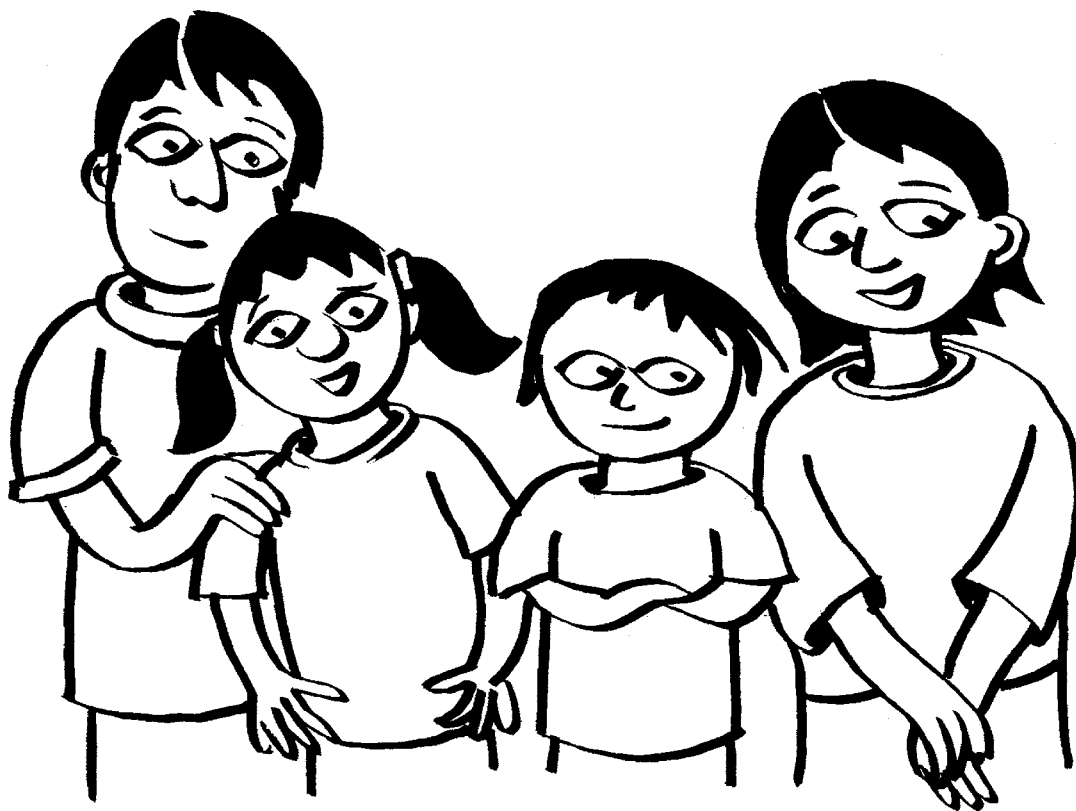
APPENDIX J MALE CASE BOOKLET

A FLIP BOOK VERSION OF THE BOOKLET WHICH HAS IMAGES AND TEXT ON SEPARATE PAGES IS AVAILABLE FROM
PSYCH_INTERVENTIONS@WHO.INT

STORY OF BEN

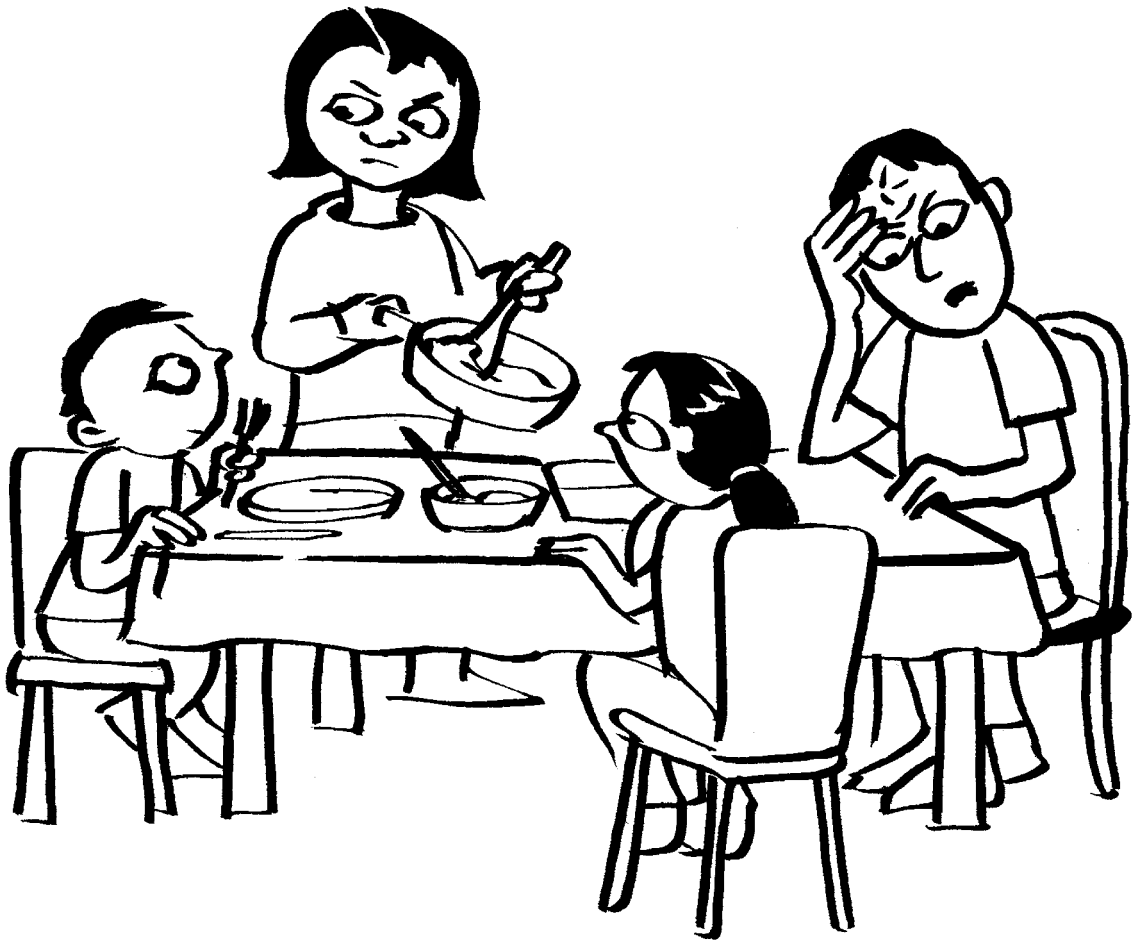


1 (Meeting 1)



Ben is a 38-year-old married man. He has two young children.

He saw a health worker recently because he had bad headaches and little appetite. He told the health worker that he was not sleeping well and always felt tired. After talking more with him, the health worker told Ben that he had symptoms of stress and depression. The health worker suggested that PM+ might help him. Ben agreed to meet with a Group PM+ facilitator for an assessment.

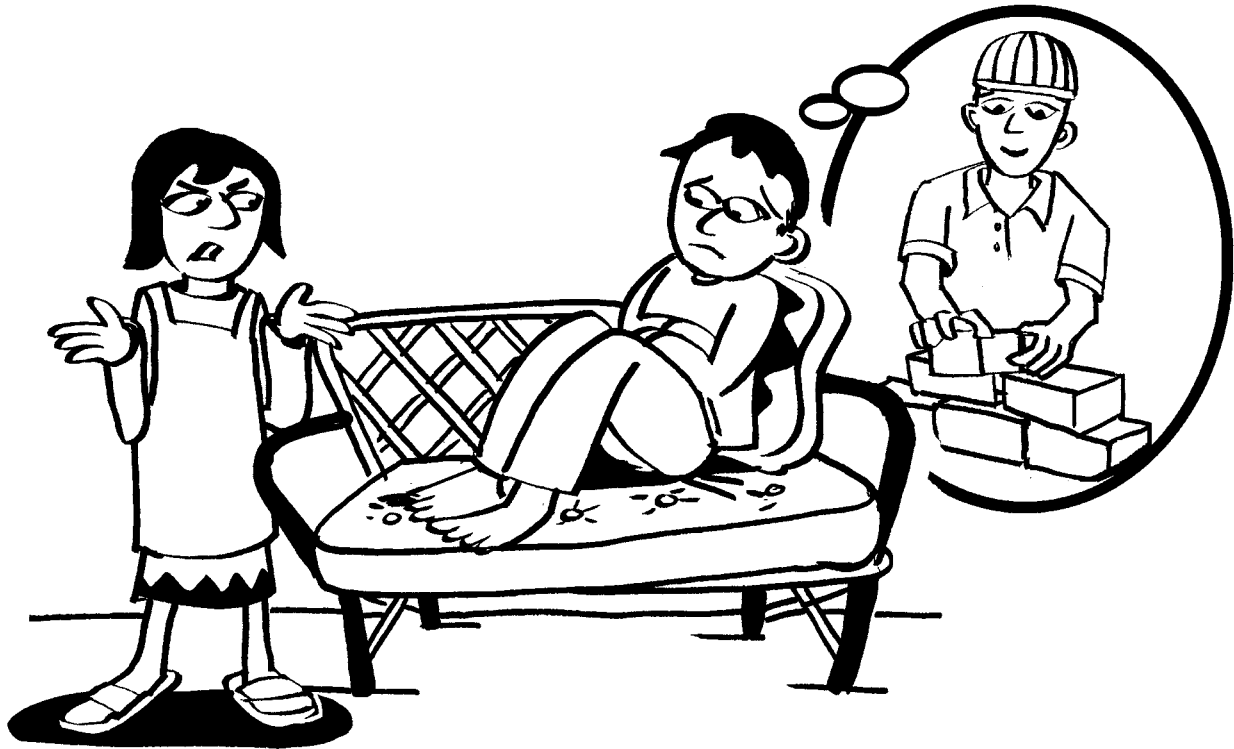


At the assessment, Ben shared that his two main problems were headaches...

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...and arguing with his wife, Hana. Both of these problems made him feel stressed and sad.



Ben said that his problems started when he took a job away from home. He had to work for many extra hours without pay and started to have health problems. He decided to leave the job and return home. After being home for several months without work, his wife, Hana, became annoyed and started telling him that he had come home for no reason. He began to feel more and more angry towards others, especially Hana. This made it hard for him to be around others.

At the end of the assessment, the facilitator said that Group PM+ would be suitable for Ben and invited him to attend. Ben agreed.

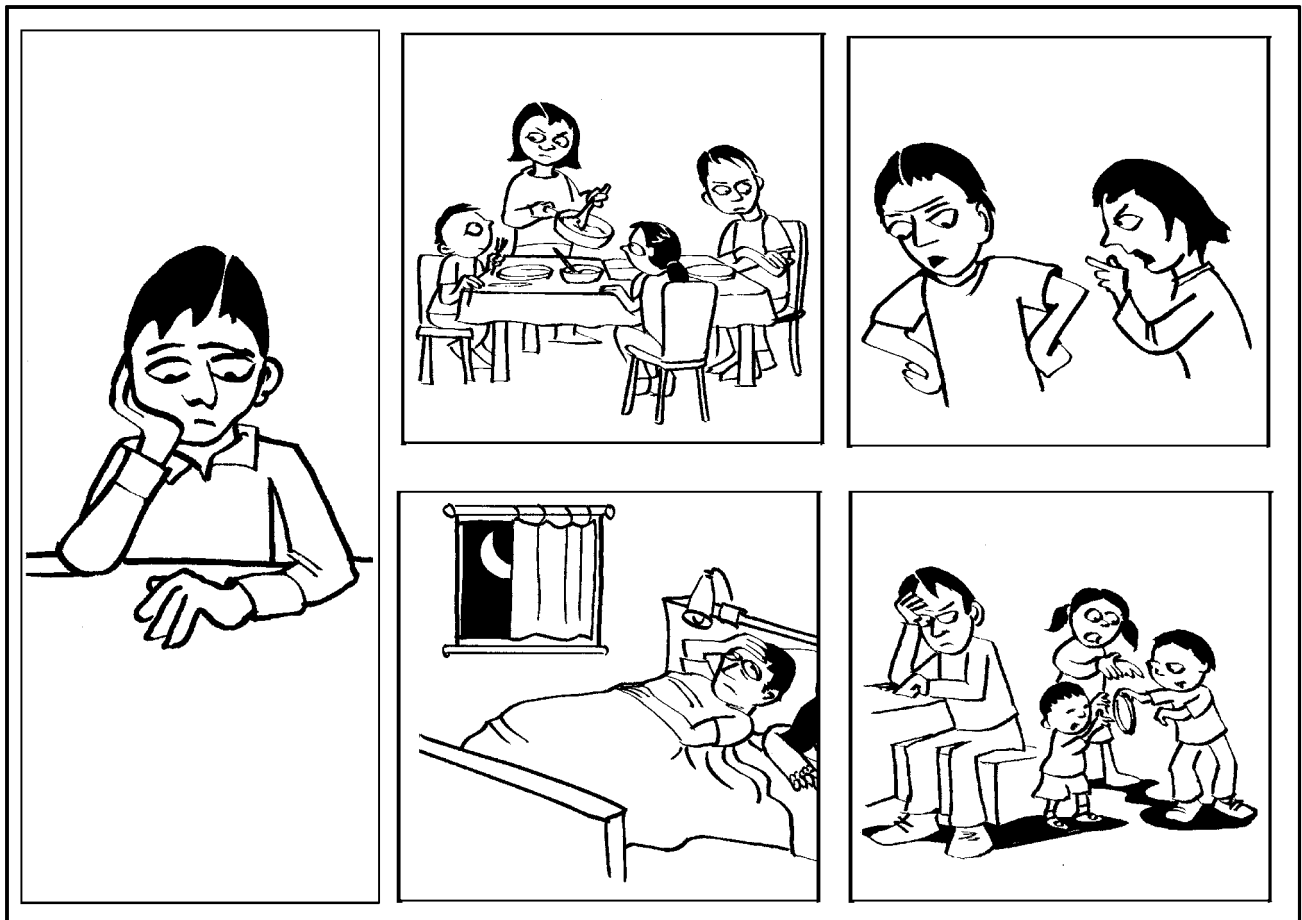


At the first meeting, Ben shared that his main reasons for joining the group were that he hoped this would help to improve his sleep and appetite and reduce his headaches. He also wanted to address the problem of arguing with Hana. He wanted to feel better so he could enjoy spending time with his children and seeing his friends again.

Ben thought that it would be difficult for him to attend the group meetings as he felt so tired and had no energy. The facilitator said he understood. They discussed it in the group and decided that Ben and another group member, who lived near him, would arrange to walk together to the meetings.

Another challenge for Ben was that he was worried about other people knowing his problems. The group discussed confidentiality and Ben was reassured that he did not have to share anything he did not want to.

Despite the challenges, Ben felt motivated to come to the group meetings so that his problems might improve.



Ben decided on five specific things that he wanted to change by the end of the group meetings. He wanted to:

- improve his appetite and eat more regularly
- improve his sleep and especially find ways to fall asleep more quickly
- have fewer or no headaches
- reduce his feelings of anger and especially arguments with Hana
- improve his mood so that he feels happier and can enjoy playing with his children and seeing friends again.

We are going to follow Ben's story to hear how he used PM+ to work towards these goals.

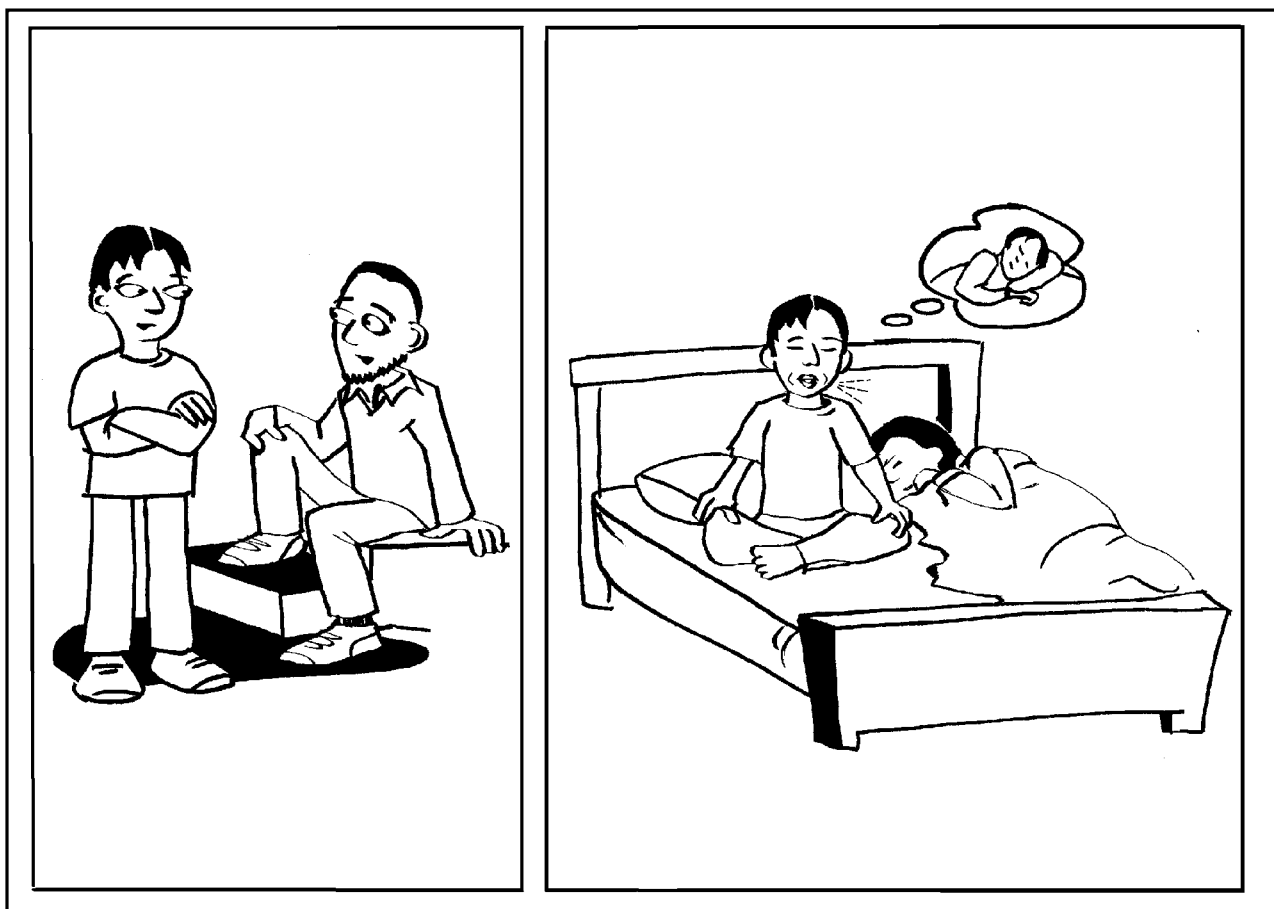
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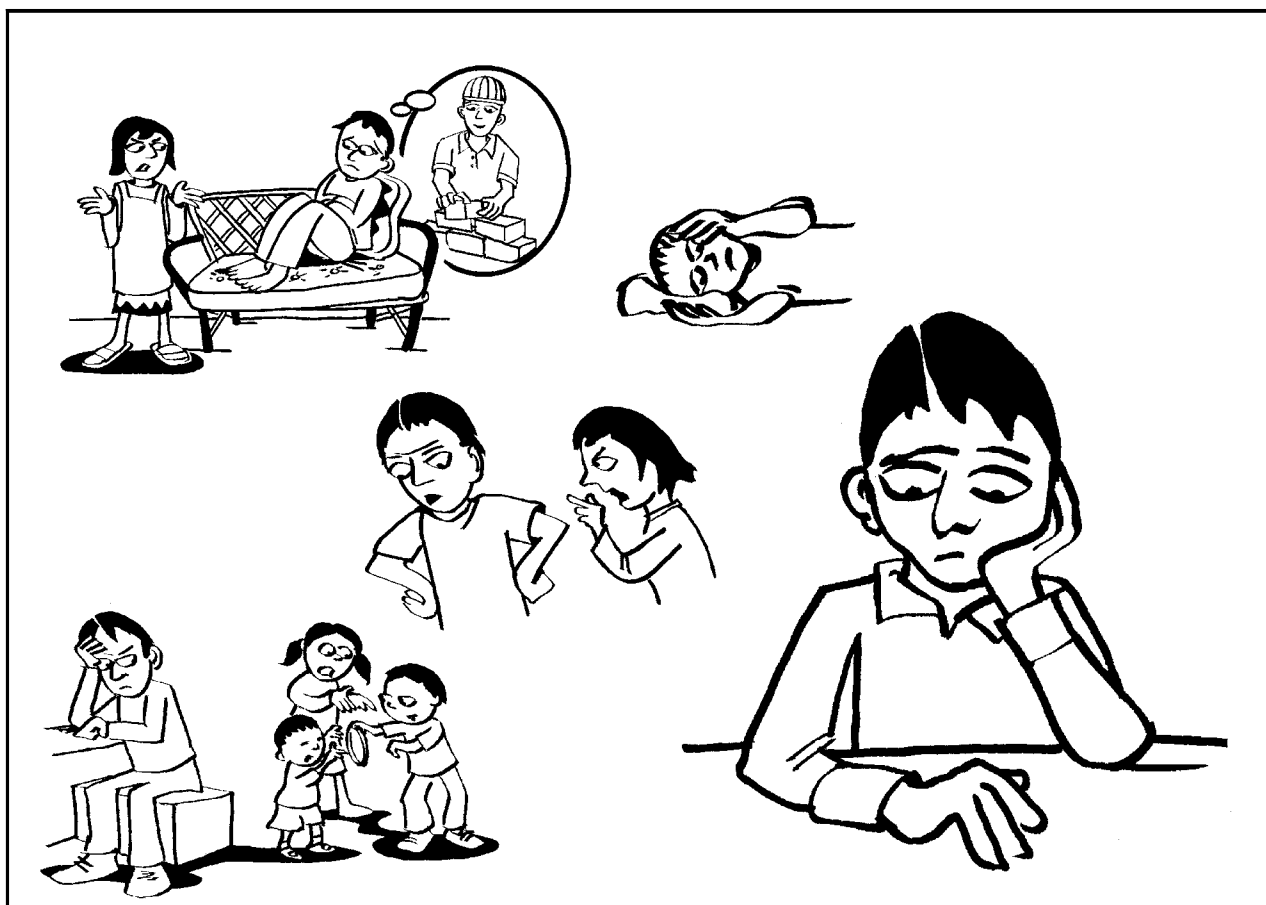
When Ben heard about Managing Stress, he was eager to practise to help himself feel calmer. When he first counted his breathing with the group, it was at a rate of 18 breaths per minute. He did not realize how fast he was breathing.

When it was time to practise, Ben found it hard breathing using his stomach. So, he started by just pushing his stomach in and out to get used to this feeling. He was able to slow his breathing down by following the facilitator's counting, but it felt too slow. He felt as if he wasn't getting enough air in. After some more practise he felt a bit more comfortable, but not completely. He planned to practise this over the next week.

Picture 8 (Meeting 2)

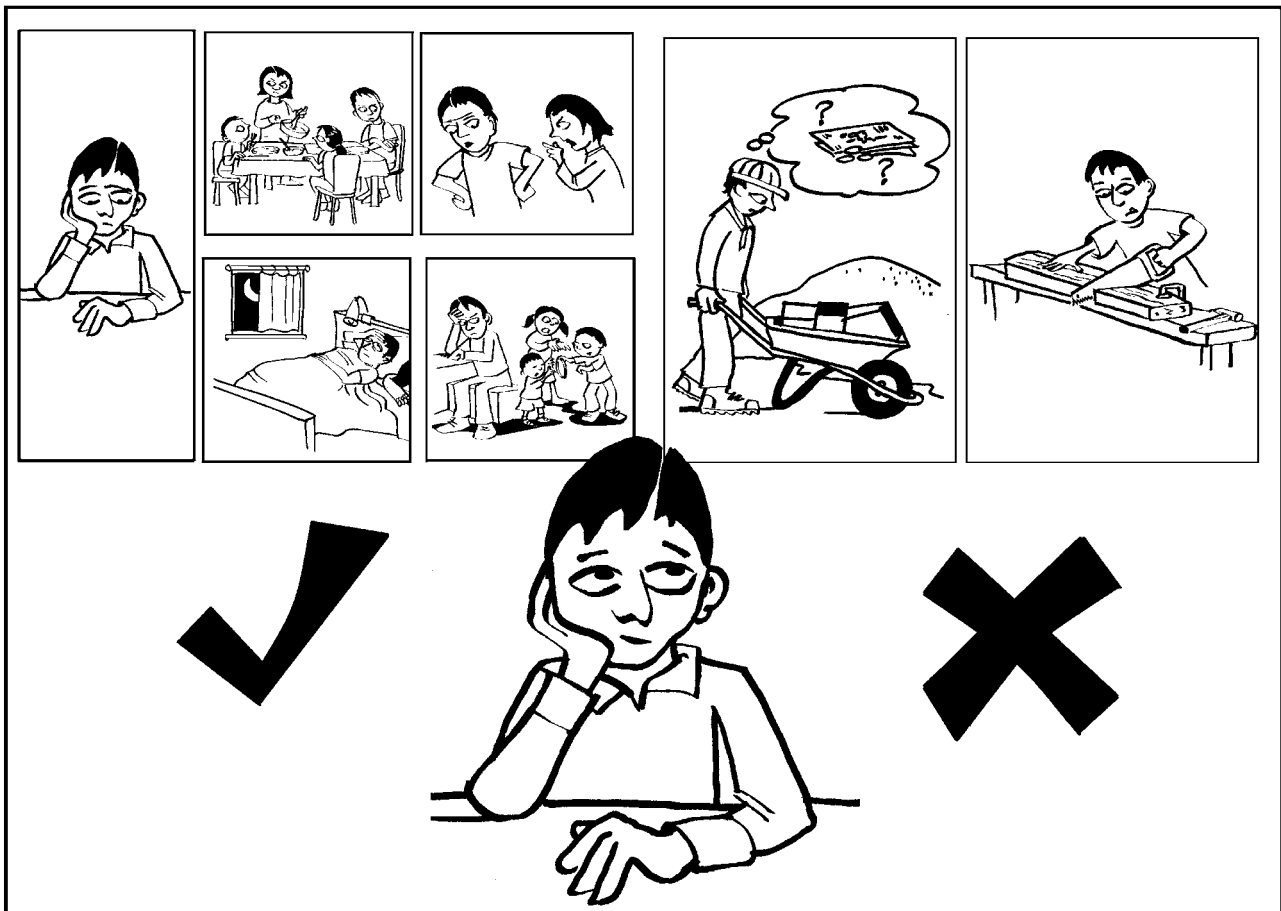


Ben forgot to practise Managing Stress for a few days, so he decided to put a reminder next to his bed. He planned to practise the strategy before going to sleep. When he did it the first two nights, he still had problems breathing using his stomach, but he remembered not to worry and instead to focus on breathing slowly. He noticed that afterwards he felt more relaxed and was able to fall asleep a little more easily.



Ben had many problems he wanted solved. This overwhelmed him and made him feel stressed and tired. Some days were worse than others. Ben needed some help in doing Step 1: dividing all the problems into solvable and unsolvable problems.

Ask participants: Do you remember what all of Ben's problems were?



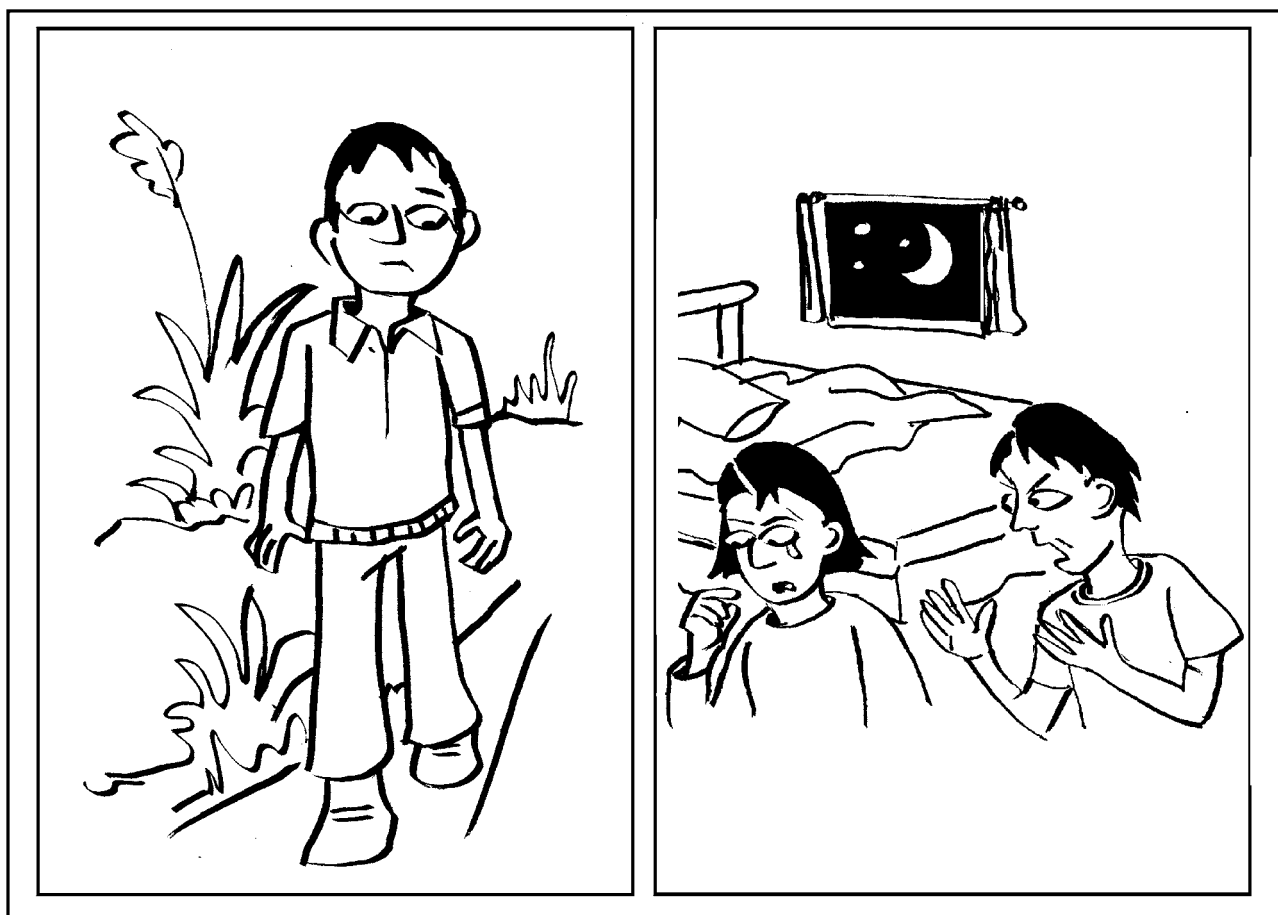
After listing his problems, he decided which were solvable and unsolvable.

Ask participants: Do you remember what all of Ben's problems were? Which ones do you think were solvable and which ones were unsolvable? Use the picture to show them the answer.

The problems that Ben thought were solvable were his

- low appetite
- difficulty sleeping and falling asleep
- bad headaches
- feelings of anger and arguments with Hana
- low mood and not wanting to be with others.

The problem he thought he could not solve at this time was finding work.



At Step 2: choosing one problem to focus on, Ben chose arguing with Hana.

Ben had been stressed because he had no work. He and Hana argued a lot about money and about him finding work. This made him both sad and angry and he found it hard to do things he used to do. He had not seen his friends for a while, partly because he didn't feel like it but also because he was embarrassed about his problems.

Ask the group: Do you notice that practical problems can cause emotional problems in our lives as well?

Step 3 is to define the problem as specifically as possible. Ben said that he mainly argued with Hana over money and not having a job.



Ben then began Step 4.

Ask the group what Step 4 is. It is to think of all the possible solutions to the problem.

Ben got stuck at this step. He said the problem could only be solved if he got a job. He could only think of two possible solutions: “Do nothing, and wait to get a job” or “Try harder to look for a job”. Even though Ben did not think that either of these solutions would work, he wrote them down.

Another group member shared that he had been in a similar situation and had found it helpful to talk with others. Ben said that he could not see how this would solve his problem. The facilitator reminded Ben that this strategy is about *managing* the problem better, not fixing it with one solution.

The facilitator asked Ben to think of different people he could talk to. Ben said he felt embarrassed talking to his friends about this, but he could talk to his uncle or to people in the group.

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Sometimes, when it is hard to think of possible solutions, it can be helpful to ask yourself “What have you done in the past to manage similar problems?” or “What would you suggest to a friend in a similar situation?”.

The facilitator asked Ben what he would advise a friend to do in a similar situation. Ben’s ideas were to talk to Hana, family or other people in the area about ideas for work. One of the group suggested that he could put up a sign at the local shop. When some of the others in the group laughed, the facilitator said that this was a good idea and explained that Step 4 is about coming up with as many solutions as possible.

As he came up with different solutions, Ben began to feel more confident about dealing with the problem. He remembered that the aim was not to solve the problem with one solution, but to begin to manage the problem better.

At Step 5: choosing solutions, Ben decided on two solutions:

- Ask his uncle for advice. Explain the problem briefly and ask what he would do.
- Talk to Hana and tell her that he wished they did not argue so much.

He then planned when to do each task. This was Step 6.

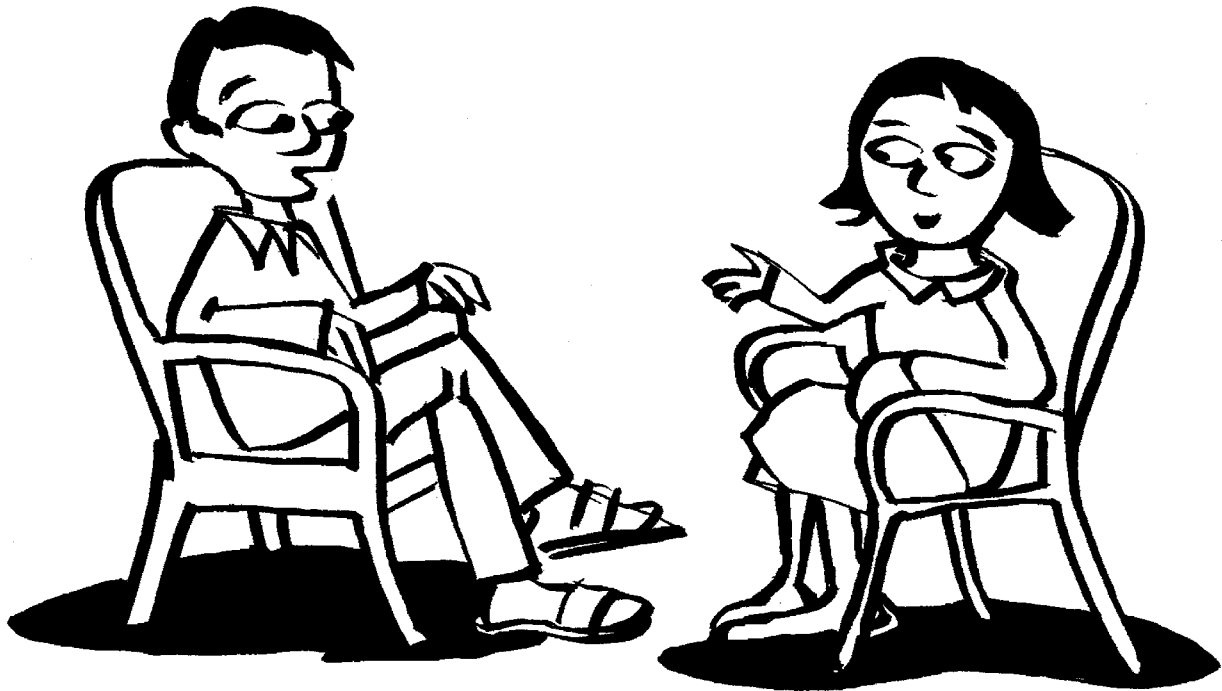
14 (Meeting 3)



In the third meeting, Ben shared that he now practised Managing Stress every night before sleeping. Some nights it helped him fall asleep quickly, but even when it didn't he felt more relaxed. He noticed that he was breathing more comfortably from his stomach.

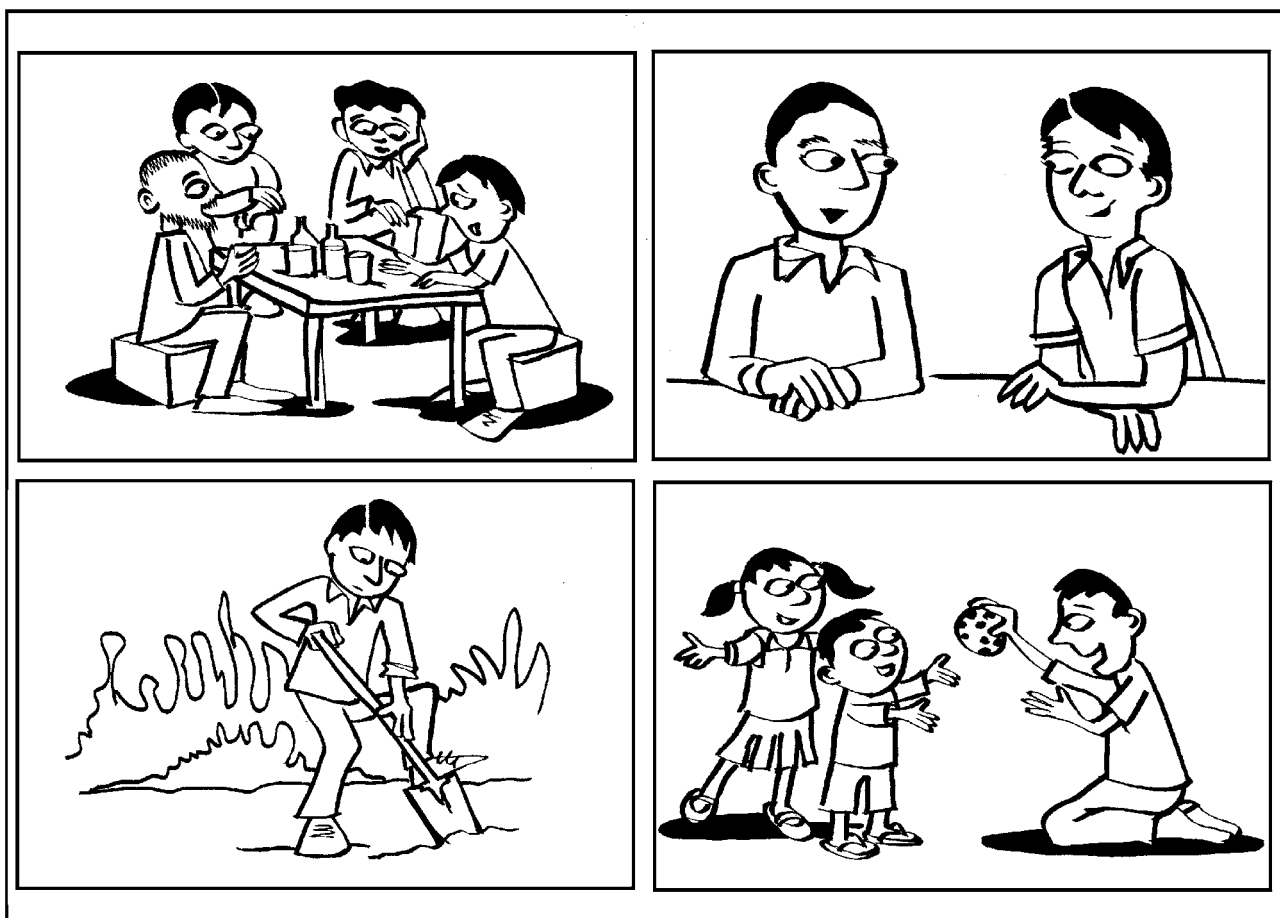


Ben also tried to practise Managing Stress whenever he began to feel stressed or angry. He said it was harder to slow his breathing down when he felt like this, but it did help to make him feel calmer.



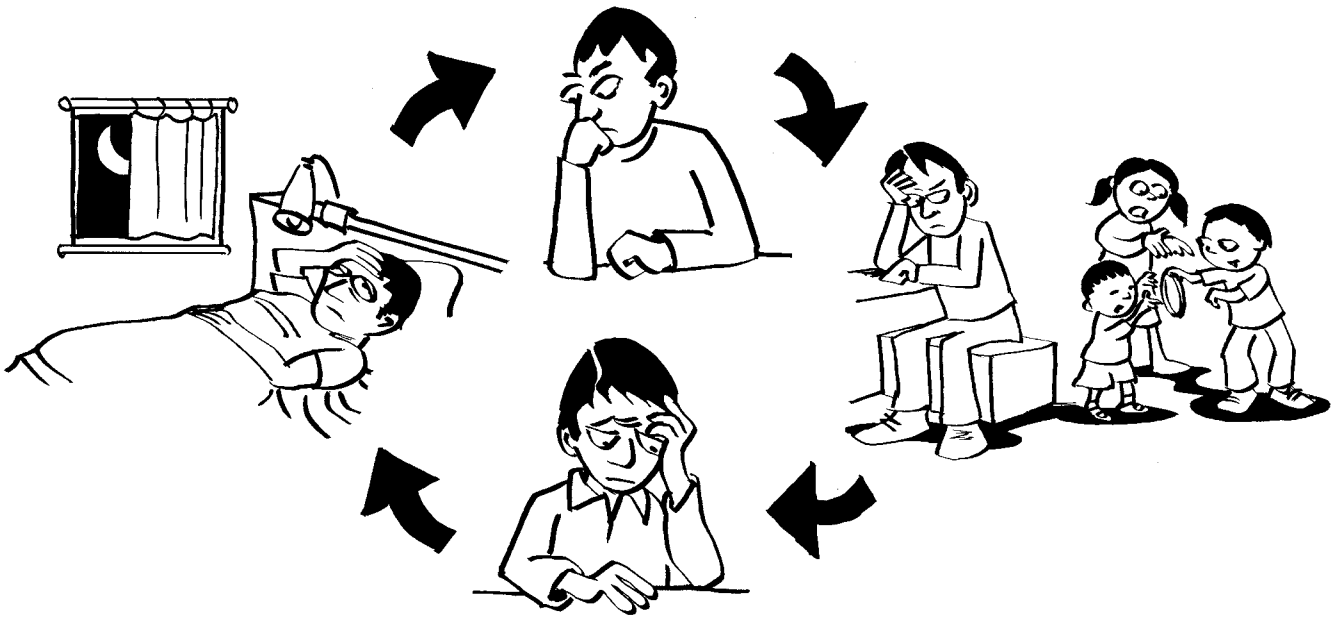
Ben did not solve his problem of arguing with Hana, but he was more hopeful about managing it. As planned, he did talk with Hana. She said that she also did not like arguing with him, but they could not agree on ideas about how to manage it. He also talked with his uncle, who came up with ideas about people he could approach for work. This improved his mood and reduced his feelings of stress.

Ben and the facilitator discussed what more he could do to continue managing his problem. They looked again at his list of solutions from Step 4. Ben decided to talk more with Hana, to see if they could practise the Managing Problems strategy together. He would suggest that they try to think of all the possible solutions to their problem of arguing so much. This way they would share the problem, rather than Ben trying to manage it on his own. He planned when to do this in the following week.



Since Ben had returned from working away from home, he had not felt like himself. He used to be a happy and sociable person. He liked seeing friends, visiting neighbours and spending time with his children. However, he had stopped doing these things since he had returned. As the months passed, his mood worsened, and he found it harder and harder to be active and to be with other people. He managed to do chores in the home, but also found this difficult.

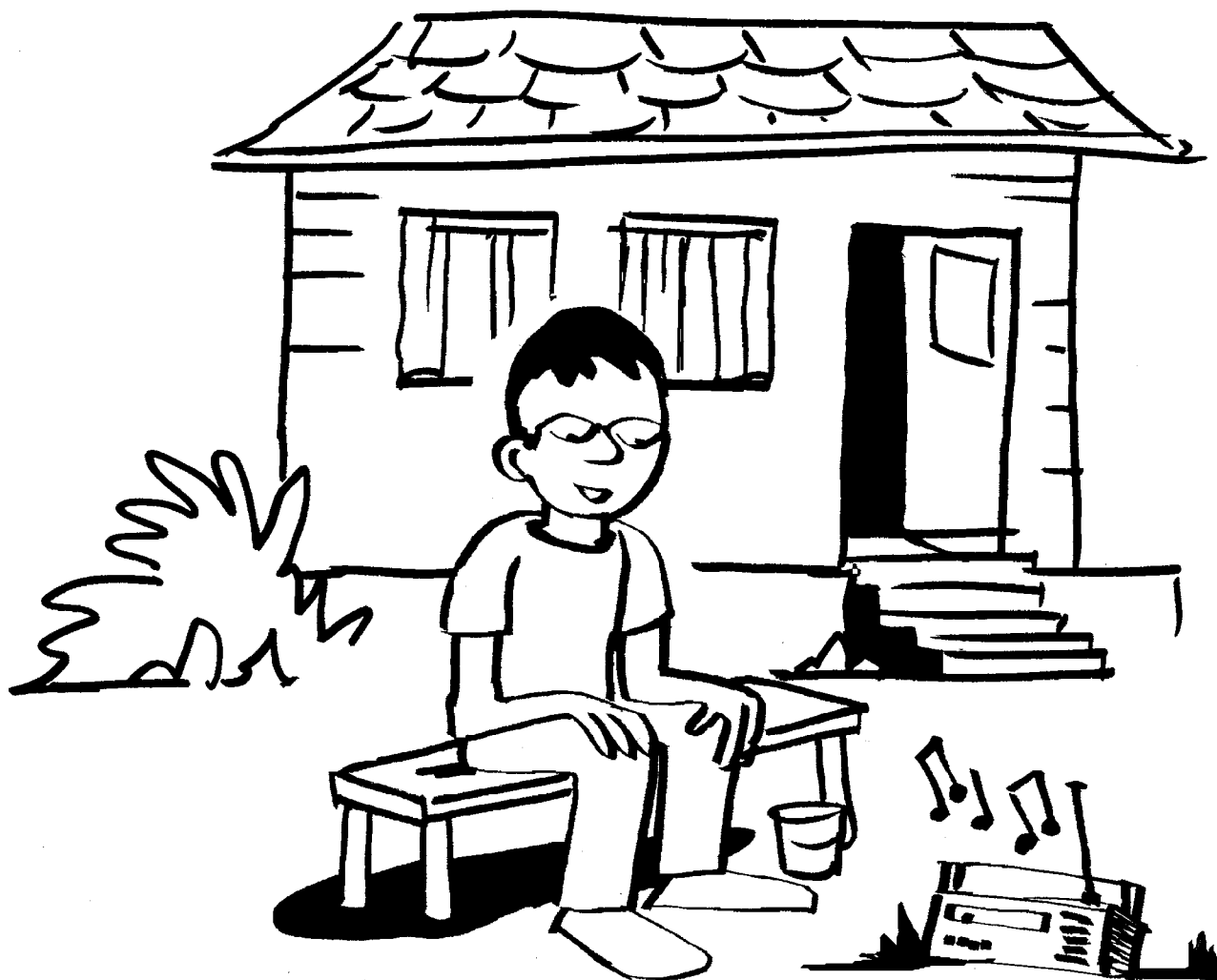
By the time Ben started attending the Group PM+ meetings, he was beginning to feel hopeless. He also felt ashamed that he was unable to do things he believed everyone else could do easily.



As Ben learned about Get Going, Keep Doing, he realized that he was stuck in the inactivity cycle. However, he did not know how to get active again because he felt so tired all the time, and his headaches often stopped him from doing things.

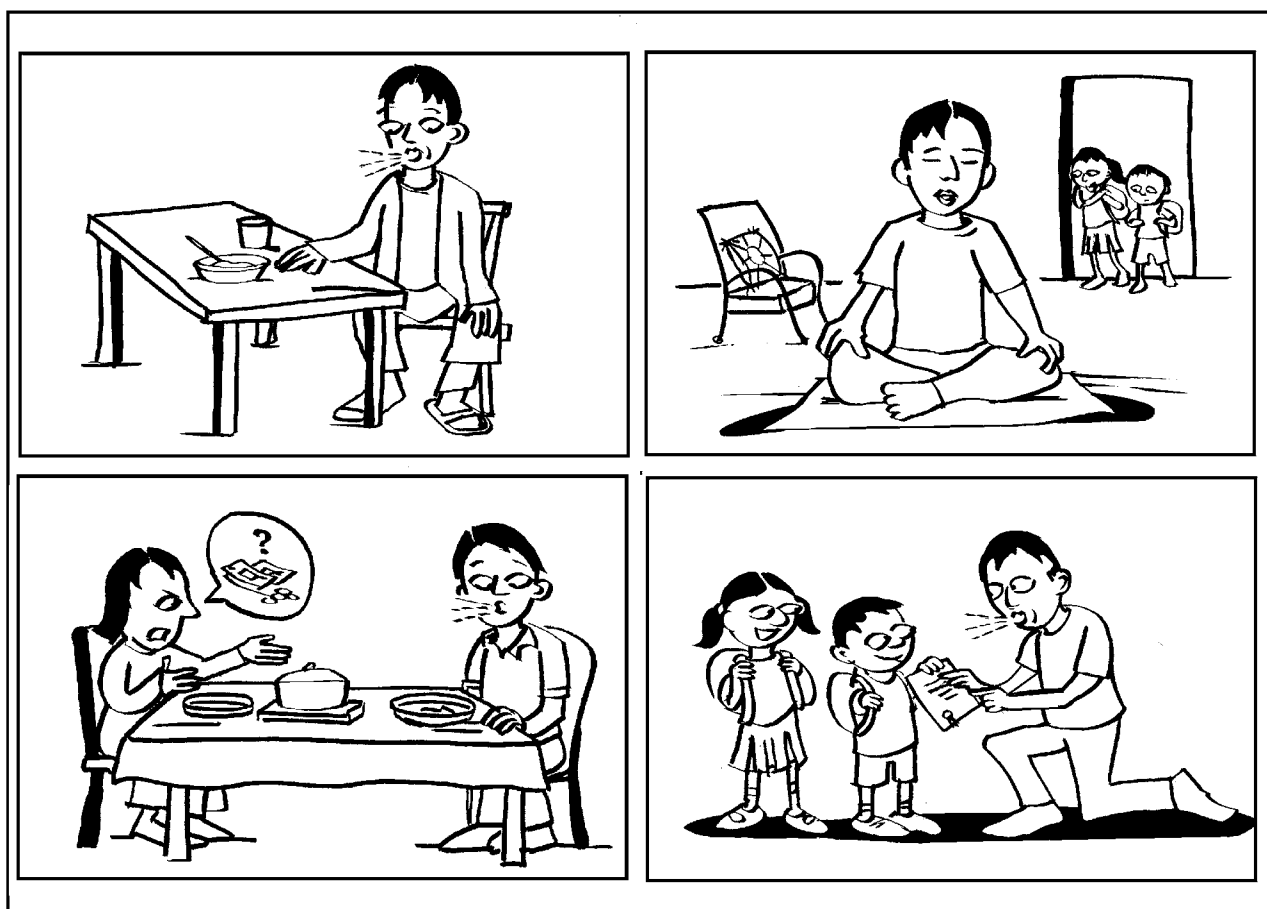


During the meeting, Ben shared the things that he used to do but had stopped because of the tiredness and headaches. These were visiting his neighbours and friends, walking with the children to and from school and listening to music to relax while doing the gardening.

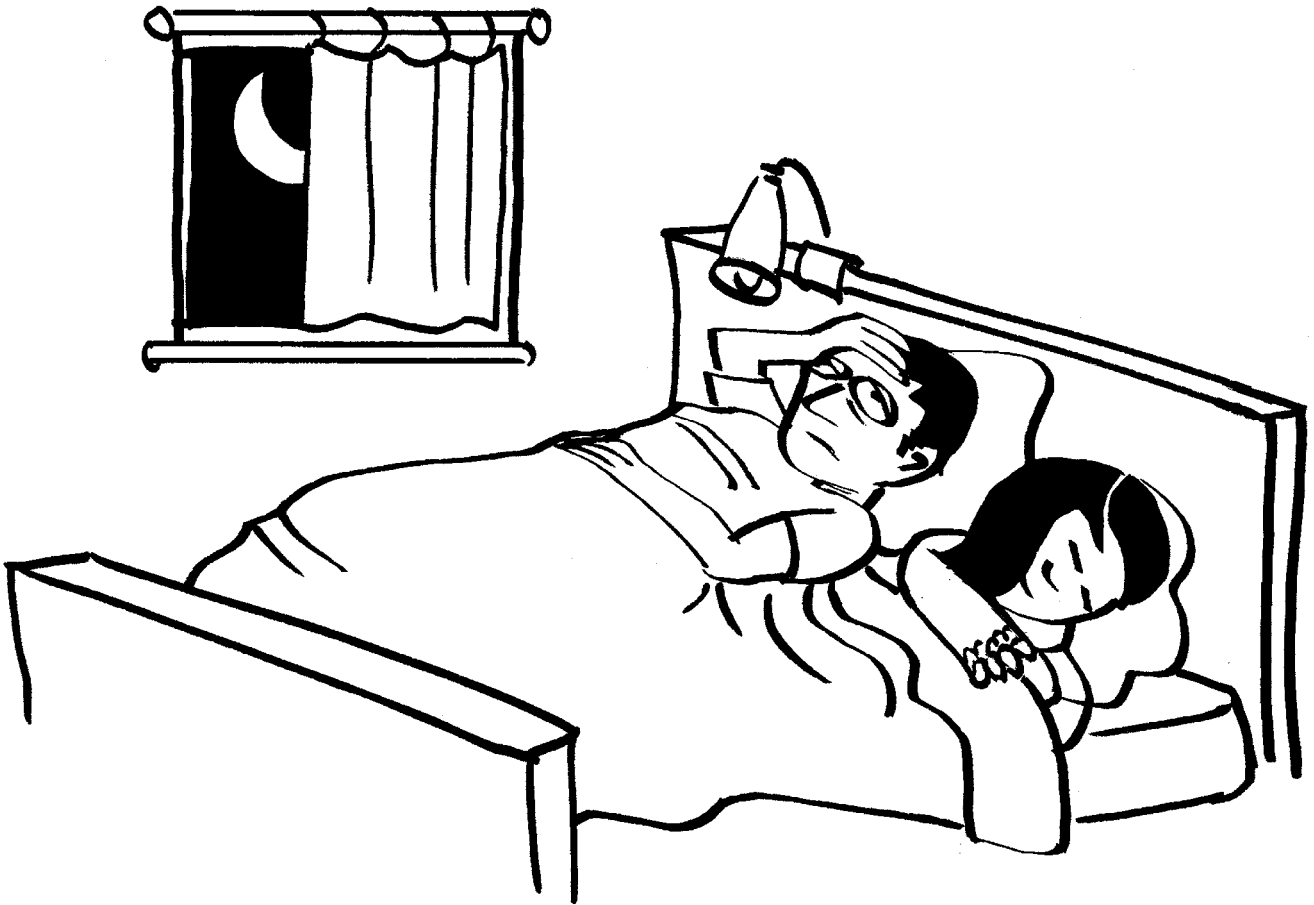


Ben chose listening to music with his morning tea as the first pleasant activity he would start doing again. He thought that this would be easy even if he felt tired. At first Ben felt guilty as he felt he did not deserve to be doing a pleasant activity when he was not doing enough around the home. The facilitator explained that in the next meeting they would choose another activity, which could be work in the home. He explained that it was better for Ben to start with something easy and likely to improve his mood before trying more difficult activities.

21 (Meeting 4)

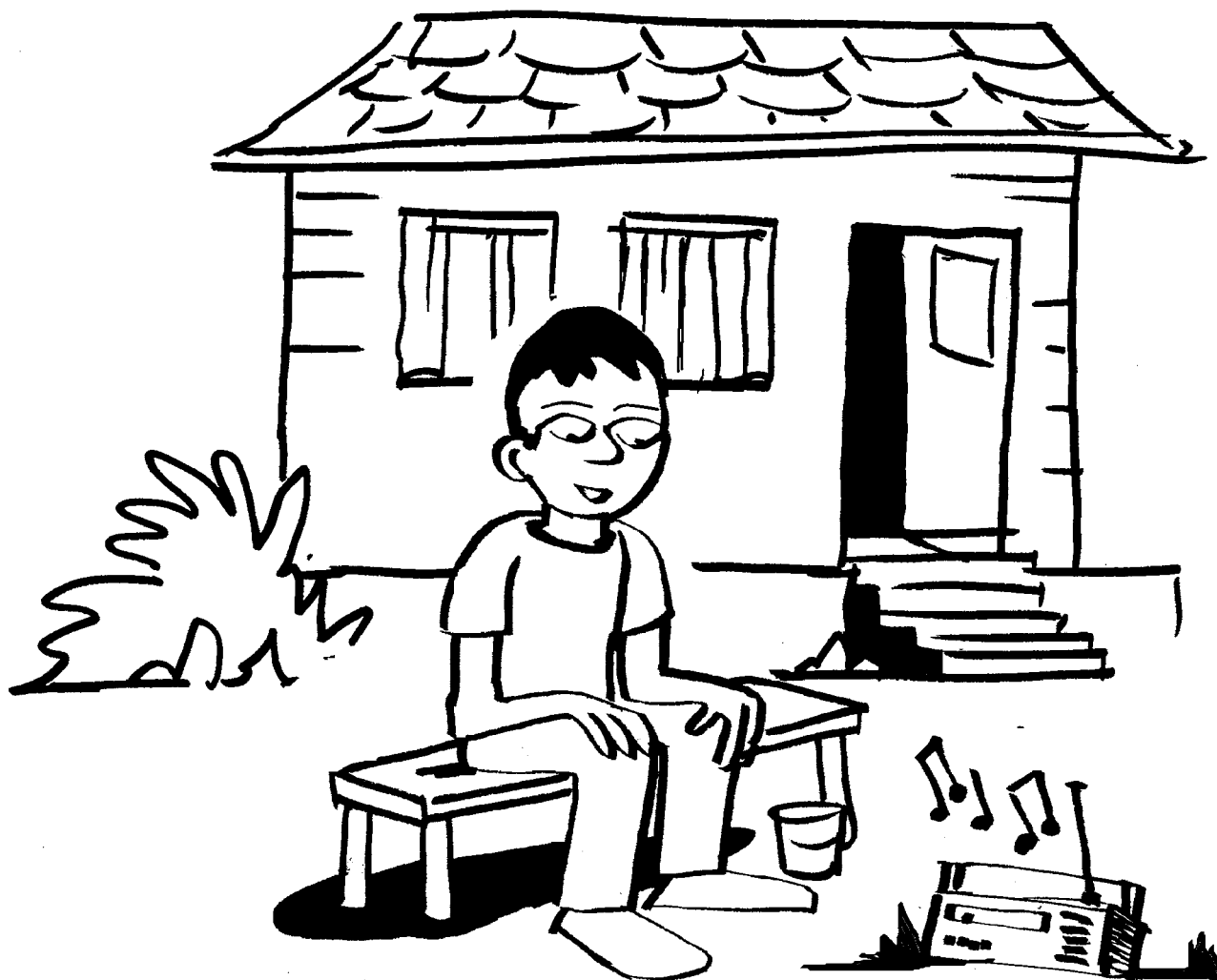


By the fourth meeting, Ben was using Managing Stress regularly. He used it before and during stressful times, such as in the mornings before everyone else woke up, when his children got home from school and if he argued with Hana. He felt less stressed and was not as easily irritated by his children or wife anymore. His appetite was improving and he had fewer headaches.



Ben felt that he was making good progress and was ready to choose another problem to focus on. He was still finding it hard to fall asleep, so he chose this problem. He thought of two solutions: go to bed early and listen to relaxing music.

Ask the group: Can you think of other solutions to manage this problem?



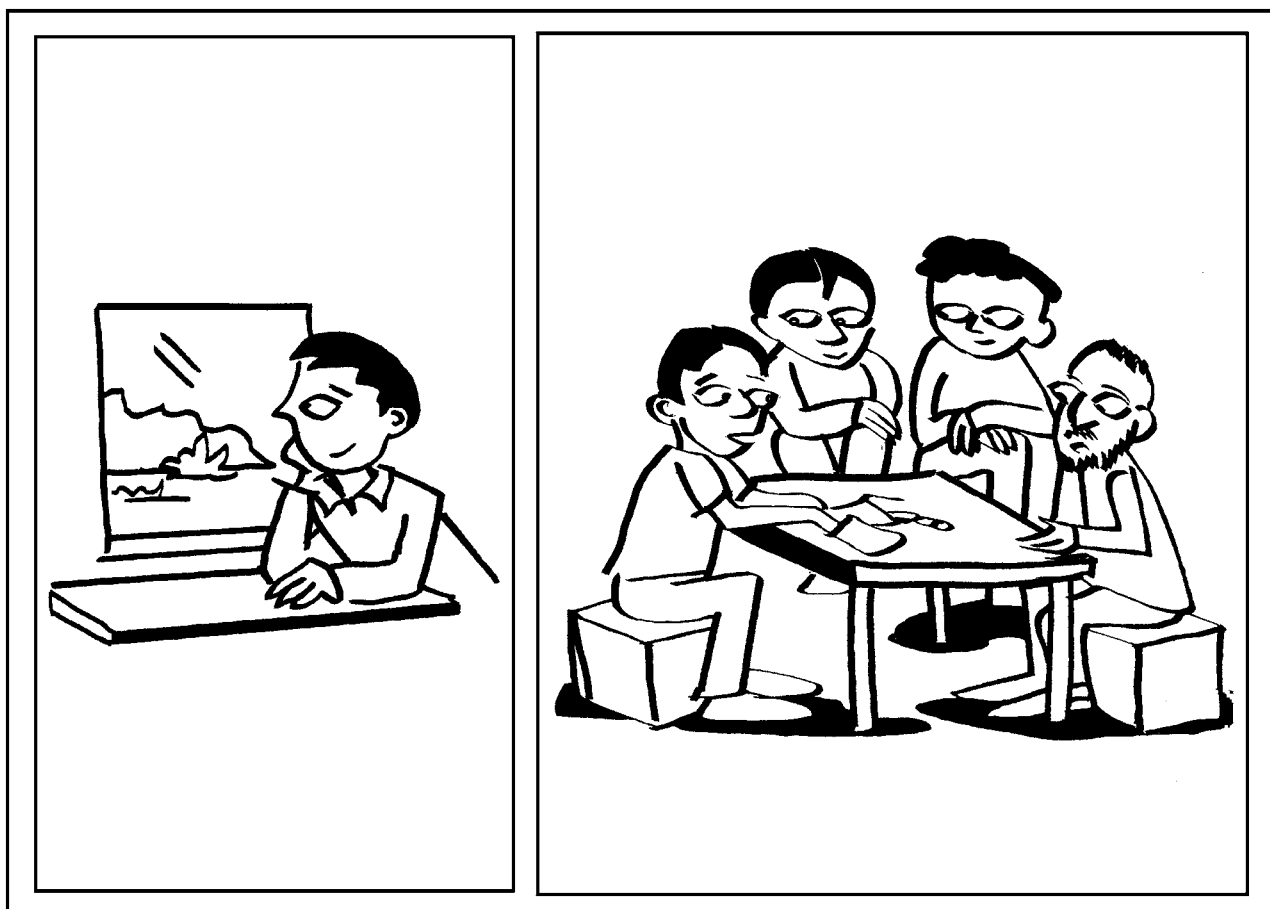
Ben completed his Get Going, Keep Doing exercise for the week.

Ask the group: What was the pleasant activity Ben was going to do? It was listening to music while having his morning tea.

Even though Ben did not feel like listening to music the first few days, he made himself do it. By the end of the week, he felt he was beginning to enjoy it the way he used to.



Although Ben was enjoying sitting and listening to music, he also felt he needed to do more chores in the home. It was time for Ben to choose another activity to start doing again. He decided to fix some things around the home every day. To break this task down, he decided to first make a list of what needed fixing, and to choose just one thing per day. He would first choose something easy to do that would take about 10 minutes or so. If he had more energy, he could do another thing, but he did not want to set high or unrealistic expectations.



Ben had been feeling low for many months, and he had stopped seeing his friends. He wondered if maybe his problems felt so big because he was trying to deal with them on his own. He remembered that when he had problems in the past, speaking to his friends made them easier to manage. They supported him and gave him advice, and sometimes even practical support.



Ben felt guilty that he had stopped seeing his friends. He was concerned that they would be angry and disappointed with him, if he sought support from them again.



Ben's obstacle to Strengthening Social Support was worry that others would be angry if he asked for help. The facilitator reminded Ben that his uncle had not been angry with him when they talked about the arguments with Hana, as part of Managing Problems. His uncle also gave him helpful advice about who to talk to about possible work. Ben agreed and said it was possible that his friends might also not be angry with him. So he decided to meet his closest friend and spend some time with him.



Ben decided to arrange to meet his friend. The group helped him to break this task down into small steps:

- Call his friend to say hello and invite him over to his house.
- Arrange a day and a time to visit.
- Take the bus to where his friend lives.
- Talk with his friend about what is happening in both of their lives.

Ask the group: How would you suggest that he start the conversation on the phone? (Invite participants to role-play or act out this scene of talking to the friend.)

If he felt comfortable, Ben planned to share the problem of not being able to find work with his friend.



Ben wanted to make his wife happy. Remember that helping others is another example of Strengthening Social Support? Since he had returned home, Hana had taken on extra work. She had started to sell vegetables but was finding it difficult to make enough profit.

Ben discussed this with the group and someone suggested that Hana should talk to the manager at the market in the centre of the village to see if she could set up a stall there. Ben thought this was a good idea. His plan for the following week was to:

- go with Hana to talk to the manager at the market in the village.
- ask his friends if anyone wanted to buy vegetables.

30 (Meeting 5)



Point to picture in top left-hand corner. Managing Stress. Ben practised calm breathing regularly before going to sleep, when he woke up and whenever he noticed he was starting to feel stressed.

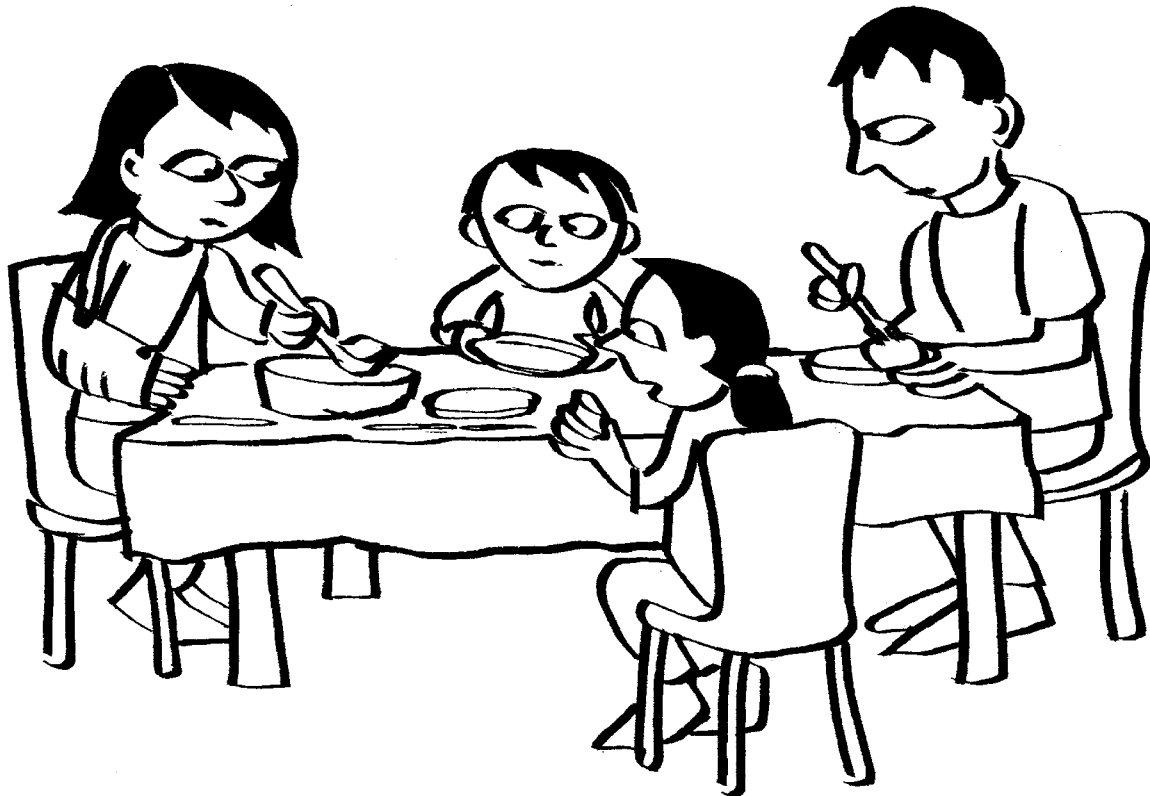
Point to picture in top right-hand corner. Managing Problems. Ben and Hana were arguing much less and talked more about their problems and how to solve them together. Hana had managed to get a stall at the market in the centre of the village and was selling many more vegetables.

Point to picture in bottom left-hand corner. Get Going, Keep Doing. Ben was enjoying listening to music when drinking his tea in the morning. He still found it difficult to keep up with all of the things that needed doing in the home, but he felt he was doing better. He felt a sense of achievement in doing even some of the chores.

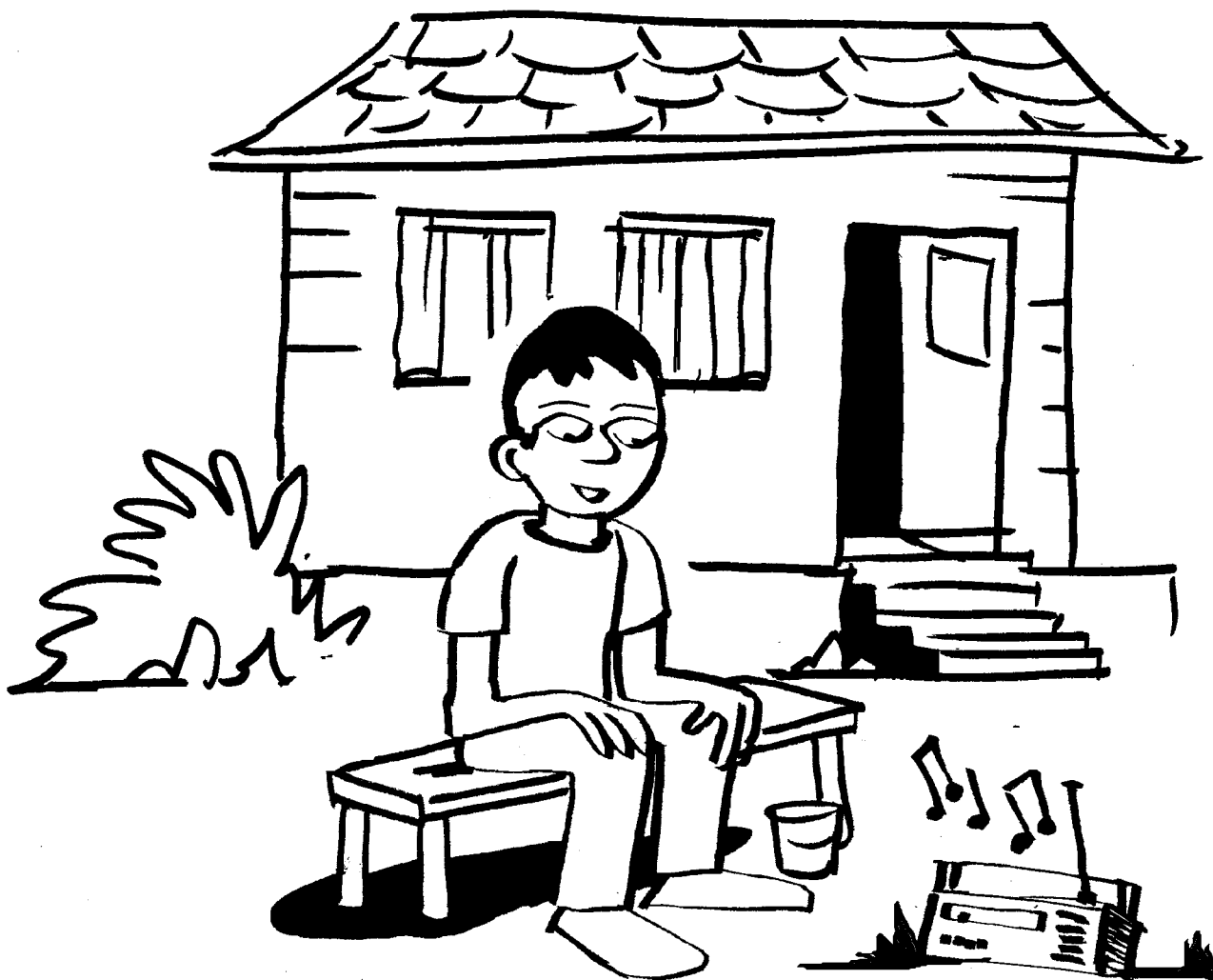
Point to picture in bottom right-hand corner. Strengthening Social Support. Ben arranged to meet with his friend. They talked about what was going on and Ben shared some of his difficulties. He found this very hard. However, his friend did not say anything to make him feel guilty about having these problems or having withdrawn from his circle of friends. They arranged to meet again.



It is now three months since Ben finished attending Group PM+ meetings. He missed the meetings, as he found the support very helpful. He also found it more difficult to practise the PM+ activities when he did not have to report back to the group. He decided to use Managing Problems to address this. He contacted the PM+ facilitator and discussed meeting with others from the group to socialize and continue supporting each other. They now meet once a month to share a meal and talk about how they are doing.



Four months after Ben finished Group PM+, his wife had an accident at home. She broke a bone in her arm, making it difficult for her to sell vegetables and do housework. This affected both Ben's and Hana's moods. Ben found it hard to sleep and started having headaches again. When he noticed these symptoms, he remembered the PM+ strategies and made a plan for how he and Hana could use them to manage their difficulties.



Ben's reactions to this new stressor were understandable and common. However, he managed to stop his emotional health from worsening and affecting his daily life by using the PM+ strategies and finding practical solutions to the problems. Ben took over Hana's work of selling vegetables. Within a few weeks, his mood, sleep and headaches had all improved.

GROUP PROBLEM MANAGEMENT PLUS (GROUP PM+)

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

Generic field-trial version 1.0, 2020
Series on Low-Intensity Psychological Interventions – 4

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