Foundational helping skills training manual

A competency-based approach for training helpers to support adults

World Health Organization

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EQUIP: Ensuring Quality in Psychosocial and Mental Health Care

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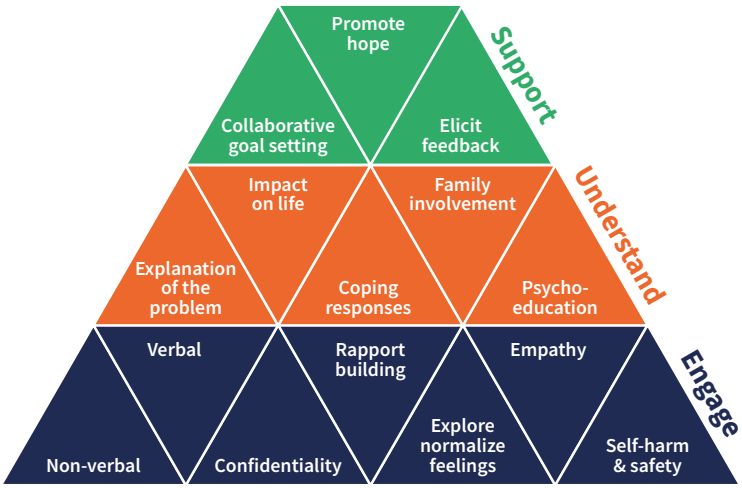
Replace the figure repeated throughout the manual [Page 6, Fig. 1; Page 22, Fig. 3; Page 36, Fig.5; Page 48, Fig. 7; Page 61, Fig. 9; Page 84, Fig. 11; Page 99, Fig. 13; Page 108, Fig. 15; Page 117, Fig. 17; Page 133, Fig. 19] with the corrected version below.



This correction has been incorporated into the electronic file.

Contents

Acknowledgements viii

About this training manual 1

Approach to development 2

Section 1. Foundational helping skills and a competency-based training approach 5

Foundational helping skills 6

Competencies, competency-based training, EQUIP and ENACT 7

Competencies and competency-based training 7

The EQUIP initiative 7

EQUIP and foundational helping skills training 7

Assessing competencies using the ENACT tool 8

Giving personalized individual and group feedback 10

Section 2. Preparing and setting up the training 11

Trainers' qualifications and responsibilities 12

Preparing for this training 12

Course duration and structure 12

Modular structure 13

Planning for the training 14

Adapting this training 14

How foundational helping skills training can be used alongside existing training 16

Section 3. The training modules 17

Introductory session 18

Introducing this foundational helping skills training 18

Module 1. Non-verbal (ENACT #1) and verbal communication (ENACT #2) 22
Non-verbal communication 23
Verbal communication 27
Informally-assessed role-play for verbal and non-verbal 32

Module 2. Rapport-building (ENACT #4) and confidentiality (ENACT #3) 36
Rapport-building 37
Confidentiality 38
Informally-assessed role-play demonstrating rapport and confidentiality skills 44

Module 3. Empathy (ENACT #6) and exploring and normalizing feelings (ENACT #5) 48
Showing empathy 49
Exploring and normalizing feelings 52
Informally-assessed role-play to practise empathy and exploring and normalizing feelings 57

Module 4. Assess risk for self-harm/suicide and promoting safety (ENACT #7) 61
Self-harm/suicide: what it is and what it is not 63
Managing imminent risk of self-harm/suicide 68
Informally-assessed role-play for assessing self-harm/suicide and promoting safety 72

Mid-training reflection. Could help, should help and ready to help 75
Introducing the three strategies 76
Could help 77
Should help 78
Ready to help 81

Module 5. Explanation of the problem (ENACT #9), impact on daily life (ENACT #8) and coping strategies (ENACT #13) 84
Explanatory models, impacts on daily life, and coping strategies 85
Informally-assessed role-play for using explanatory models, assessing impacts on daily life and coping strategies 93

Module 6. Involving a family member or other trusted person (ENACT #10) ...99
Family involvement 100
Informally-assessed role-play on how to involve family members or other trusted persons 105

Module 7. Psychoeducation (ENACT #14) 108
Delivering psychoeducation 109
Informally-assessed role-play demonstrating psychoeducation 114

Module 8. Collaborative goal-setting (ENACT #11), promoting hope for change (ENACT #12) and eliciting feedback (ENACT #15) 117
Collaborative goal-setting 118
Promoting hope for change 121
Eliciting feedback 126
Informally-assessed role-play setting goals collaboratively, promoting hope and asking for feedback 128

End of training role-plays and assessments of foundational helping skills 133
Instructions to trainers (prepare in advance) 134
Individual assessed role-plays and feedback 138
Group feedback and reflection 139
Close the training 139

References 140

Annexes 142
Annex 1: Enhancing Assessment of Common Therapeutic factors (ENACT) scoring templates 142
Annex 2: An example timetable for teaching foundational helping skills over three days 157
Annex 3: Training preparation checklist 159

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About this training manual

This training manual is a resource from the joint WHO/UNICEF initiative on Ensuring Quality in Psychosocial and Mental Health Care (EQUIP). The manual is for trainers and supervisors (*1*, *2*).[a] and explains how – using the EQUIP competency-based approach – you can teach foundational helping skills to helpers working with adults.

Foundational helping skills include communication skills, empathy, collaboration, promoting hope, and other behaviours that are relevant to any helping role. Competency refers to how well each skill is performed. The purpose of the manual is to train observable helping behaviours (skills) and evaluate the competency levels achieved. The manual covers 15 competencies and each of the helping skills needed to demonstrate these competencies. For each skill taught in this training, the competency level is assessed to ensure that a helper can act in an effective and non-harmful way.

Everyone who is in a role in which they help others can benefit from developing their foundational helping skills – including specialist and non-specialist health and social care professionals, community workers, case managers, counsellors, volunteers, teachers and many others. This manual refers to these people as "helpers". Although this manual was developed primarily for people working as helpers within the mental health and psychosocial field, it can be – and has been – used for helpers working in all sectors and in different roles. For example, all helpers need good non-verbal and verbal communication skills and the ability to show empathy, while only some helpers will need other skills referred to in the manual – such as providing information about mental health (psychoeducation).

This manual differs from other training manuals on communication or helping skills as it is evidence-based and uses a standardized competency assessment tool – ENACT (Enhancing Assessment of Common Therapeutic factors) – alongside structured role-plays to assess competency in these skills. This competency-based approach assists trainers in recognizing helpful behaviours as well as unhelpful or potentially harmful behaviours that trainee helpers may be displaying. This helps trainers to see more accurately how trainees are developing, helps in structuring feedback and can be used to guide training and focus on areas where trainees need further learning. The training is modular and can be adapted for varying needs and contexts. A full training course takes around three eight-hour days, including breaks, but it is also possible to run shorter courses focusing on fewer skills.

This manual has three sections:

1. Foundational helping skills and a competency-based training approach. This section gives background information on foundational helping skills, on competency-based training, and on how to use the EQUIP competency-based approach and the ENACT tool.

[a] For some and particularly those working in health and social care, supervision is an important component of skill development. For more information on supervision, see WHO's Psychological interventions implementation manual (1) and the International Federation of Red Cross and Red Crescent Societies (IFRC) Integrated model for supervision (2).

2. Preparing and setting up training. This section discusses your responsibilities and qualifications as a trainer, and how to prepare for and run the course. The section also discusses how you can adapt the material for context, including for use within an existing training course.

3. The training modules. This section covers 15 foundational helping skills that are grouped within eight taught modules. You can choose to train in as many or as few of the skills as needed depending on the situation and context. You will also find notes for an introductory session, a mid-training reflection, and the final session in which trainees are individually assessed. Each skill is cross-referenced to its ENACT assessment item, which is reproduced at the end of each module.

Please read all three sections in preparation for delivering competency-based training or supervision, and use the manual alongside other resources that are available through the EQUIP platform: (https://equipcompetency.org/en-gb).

Approach to development

This document was conceptualized as a resource to promote competency in foundational helping skills (*3*). The development included a combination of methods including a Theory of Change (ToC) workshop, review of the relevant literature related to common factors, two phases of mixed methods testing to assess feasibility, acceptability and perceived benefit, and iterative expert review and refinement.

The ToC workshop was conducted in 2018 with a range of experts in the field of mental health and competency-based education (*4*). An outcome of the ToC was the recognized need for a a standardized, competency-based training package to equip frontline workers with core helping skills.

Next, a comprehensive literature review was conducted to identify core competencies relevant to foundational helping skills. This review was informed by the prior development of the ENACT tool, which had been designed to assess competency in non-specialist mental health providers (*5*). A second review summarized common factors for existing psychological intervention manuals for non-specialists, such as Problem Management Plus (PM+), Thinking Healthy Program (THP), and other evidence-based interventions This review identified 15 key helping competencies that were consistently emphasized across interventions (*6*). The descriptions and teaching strategies for these competencies were harmonized to create the structured FHS training program.

After the initial modules had been created and translated into relevant languages (Arabic, Nepali, Spanish and English) two phases of mixed methods research on the feasibility, acceptability and perceived benefit of the pilot curriculum were conducted in four sites: Jordan (with War Child Alliance), Nepal (with Transcultural Psychosocial Organization Nepal) Perú (with Socios En Salud), Uganda (with HealthRight International). The sites were selected based on a diversity of language, world region, and types of social, psychological, or healthcare services provided in that setting. In addition, sites were selected to achieve a diversity of types of care providers ranging from community health workers to nurses and obstetricians.

The findings from the trials indicated that the training led to increased competency scores and reduced unhelpful or potentially harmful behaviours pre-to-post training as assessed on the ENACT competency assessment tool for a range of trainees across sites. All trainees across the different sites said that they found the training helpful in building skills and confidence (7).

To finalise the training package, further feedback was obtained from diverse partners, including pre-service medical and mental health training programs, and from expert mental health trainers using the training package with stakeholders. A further review from the expert panel was also sought and minimal changes and adaptions made including an updated introductory section and increased clarity around how to run role plays to informally assess competency at the end of each module and at the end of the training.

Section 1.

Foundational helping skills and a competency-based training approach

This section:

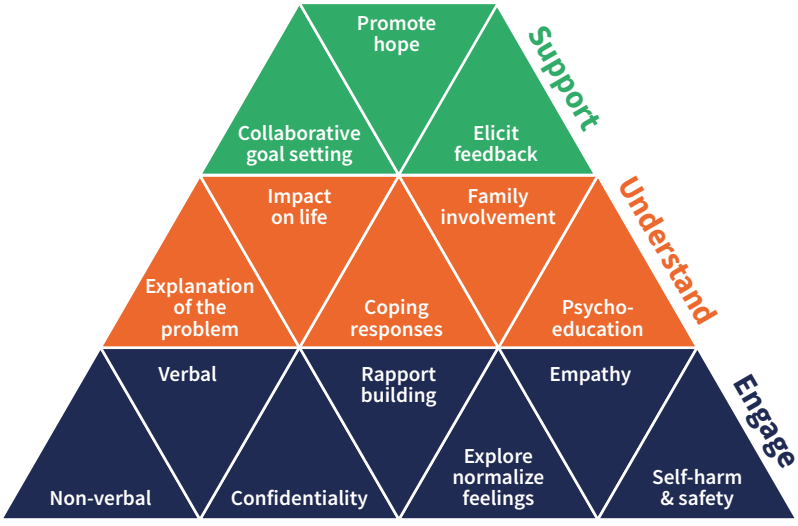
- Introduces foundational helping skills.
- Explains what competencies are and what a competency-based approach to training and supervision involves, and introduce the EQUIP competency-based training and its ENACT tool.
- Highlights some important considerations when using this manual.

Foundational helping skills

Foundational helping skills involve the use of behaviours that strengthen the relationship between helpers and the people they are helping. These skills build trust and support emotional well-being. In other contexts, such skills may be called basic helping skills, psychosocial support skills, basic psychosocial support skills, common factors, general principles of care and so on. Foundational helping skills are essential skills for helpers who are working in all sectors – including those working in health, education and social services – because they encourage helpers to take a positive and supportive approach. Fig. 1 illustrates 15 foundational helping skills organized into three tiers. Helpers may need different skills depending on the extent of the help they are providing. Most helpers will require some of the Engage tier at a minimum, while those working as helpers in mental health or psychosocial support settings may need many more. Foundational helping skills can be accompanied by more specific skills that are required for certain psychological interventions or other techniques (e.g. skills for providing stress management). These are not covered in this manual but are available on the EQUIP platform.

FIG. 1

The 15 foundational helping skills organized into three tiers (Engage – Understand – Support)



The bottom tier (represented in blue) shows the skills helpers use to engage others. The next tier (orange) shows the skills used to understand many health, mental health or social problems. The third tier (green) shows skills helpers use to provide support.

Competencies, competency-based training, EQUIP and ENACT

Competencies and competency-based training

Competency refers to how well a skill is performed. It is influenced by a number of factors, including knowledge and attitudes (*8*). In other words, competencies can be seen and observed. They are trainable, durable and measurable.

A competency-based training approach customizes training and supervision to help trainees achieve the competencies their role requires. It also assesses trainees' progress towards those competencies.

The EQUIP initiative

The joint WHO/UNICEF EQUIP initiative supports competency-based training and assessments for mental health and psychosocial helping skills. It recognizes foundational helping skills as core elements in helping interactions. The EQUIP platform (https://equipcompetency.org/en-gb) provides access to training resources and competency assessment tools for a range of foundational and treatment-specific skills. These resources and tools can also be used to establish a measure of someone's competency or to set a consistent competency requirement for newly trained helpers. They may be useful in the training and supervision of both specialists and non-specialists in all countries.

EQUIP and foundational helping skills training

In the EQUIP approach, you – the trainer or supervisor – observe trainees' behaviours in structured role-plays. This helps you to understand the skills demonstrated by the trainees and whether they are showing competency and allows you to address any gaps. Some skills may be covered quickly by the training because trainees already show competency, whereas other skills may require more training time. You build on people's existing strengths and customize what you teach so that your trainees increase their competence in relevant areas. This style of training increases engagement, helping trainer and trainee to work well together. Research has shown that EQUIP competency-based training improves trainees' foundational helping skills and makes them less likely to display behaviours that are unhelpful or potentially harmful to the help-seeker's well-being (*7*, *9*, *10*). EQUIP competency training also results in feedback that is personalized, objective and goal-specific (*11*).

Foundational helping skills training is designed to be competency-based and is aligned with the EQUIP approach. The training has several important features:

- **It is modular.** Trainers determine the number and flow of training sessions. You can use the training plan suggested in this manual or adapt it to cover the skills that are relevant to trainee or programme needs.
- **It can be matched to trainees' needs.** During training you will use the ENACT tool to assess

trainees' competency, and you can then use that information to adjust how much time to spend on various skills and to identify which activities best match your trainees' needs.

- **It incorporates time for feedback.** This ensures that you can use supportive, tailored feedback to coach trainees towards their goals.
- **It uses multiple role-plays.** This lets you focus on areas where trainees need to improve and gives them time to practise (as described in Section 3. The training resources).
- **It can be integrated into other training.** You can use sessions from this training to complement an existing training programme.
- **It is adaptable.** You can alter the training to reflect your context. Use of the ENACT assessment tool helps you to identify unhelpful or potentially harmful behaviours as well as helpful behaviours. Content (e.g. role-play scenarios) can be changed to fit the context of your trainee helpers. It can also be contextually adapted – e.g. what you teach about confidentiality may need to reflect applicable law, and training on appropriate non-verbal communication may be culturally-specific. You can also adapt the training for remote or virtual training settings.

Assessing competencies using the ENACT tool

The ENhancing Assessment of Common Therapeutic factors (ENACT) tool is the EQUIP assessment tool used with this foundational helping skills training. It helps you to assess your trainees' competency in foundational helping skills as you teach them. You do this by looking for and scoring helpful and unhelpful behaviours (see the scoring table in Fig. 2). Trainees demonstrate these behaviours during structured role-plays. Sections of the ENACT tool are reprinted throughout this training manual and in Annex 1. It is also available on the EQUIP platform for use online or for download as a PDF (see: https://equipcompetency.org/en-gb).

You can use ENACT to assess competency in single skills (e.g. non-verbal communication assessed in a role-play). You can also use ENACT to assess competency in several skills simultaneously. For instance, you could be using a role-play to assess a number of, or all of, the foundational helping skills. This training manual uses both approaches. Bear in mind that, although role-plays are integral to competency-based training, it is also possible to use ENACT in real-world settings, either through direct observation or with recordings.

ENACT groups behaviours into three categories, namely:

- Unhelpful or potentially harmful behaviours.
- Basic helping behaviours.
- Advanced helping behaviours.

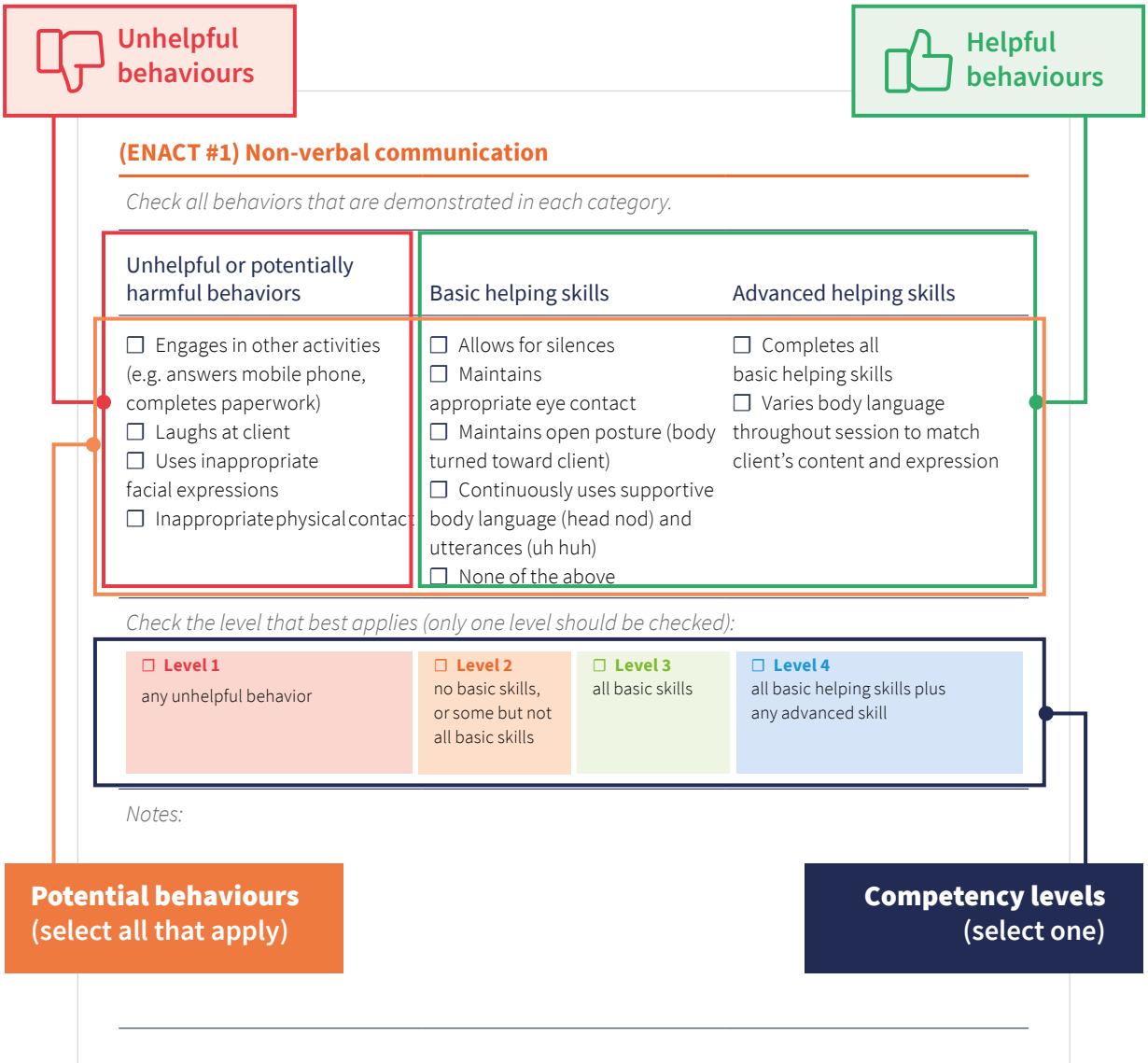
ENACT then helps you assign a competency level from one to four (see Fig. 2).

- A trainee who demonstrates any unhelpful or potentially harmful behaviours starts automatically at Level 1. It is particularly important to correct these behaviours during training and supervision.
- A trainee who does not demonstrate unhelpful behaviours, but also does not demonstrate all of the basic helping behaviours, starts at Level 2. Note that these trainees might demonstrate none or just some of the basic helping behaviours.

- Someone who demonstrates all the basic helping behaviours (and none of the unhelpful behaviours) is at Level 3.
- A trainee displaying none of the unhelpful behaviours, all the basic behaviours, plus at least one advanced helping behaviour is at Level 4.

FIG. 2

An example of an ENACT assessment table



Source: ENhancing Assessment of Common Therapeutic factors (ENACT) competency assessment tool (English, in-person) (v1.0). Geneva: World Health Organization; 2021. https://equipcompetency.org/en-gb. Licence: CC BY-NC-SA.

You can use a digital version of the ENACT tool on the EQUIP platform. This lets you easily score trainees and analyse and display the results. It can also help you track progress for the whole group and provide feedback on both the group and individuals. You can use the EQUIP platform on a computer, tablet and mobile phone. It can be used online and also offline with data uploaded once your connection is established. See https://equipcompetency.org/en-gb for more information on the EQUIP platform and how to use it.

Giving personalized individual and group feedback

EQUIP competency assessment tools do not set a pass or fail level of competency. Rather, they provide training focused on individualized feedback that helps people reflect on, and then improve, their competencies. Personalized feedback is at the heart of EQUIP competency-based training. You, the trainer, will provide specific, supportive, personalized information on a trainee's performance or progress both at the end of the training and during ongoing supervision so that they can improve their competency and reach their competency goals.

There are several key principles to follow when giving individual feedback:

1. Focus on areas of strength before addressing any areas for improvement.
2. When focusing on areas for improvement, be specific about how the trainee can improve and suggest opportunities to practise.
3. Always end the feedback with something positive.

Follow the same principles when giving group feedback. However, do not identify individuals when discussing areas for improvement. Instead, focus on the trends you see across the group.

At the end of the training workshop, you can give trainees any completed competency checklists. The trainees can then use these in further training and supervision to provide opportunities to continue to develop competency.

The EQUIP platform can help you to give useful feedback. The platform automatically displays results so that you can identify your trainees' strengths and areas for improvement. More detailed information and ideas on providing feedback can be found on the EQUIP platform in the section on "feedback in competency-based training course".

Section 2.

Preparing and setting up the training

This section covers:

- Trainers' qualifications and responsibilities.
- How to prepare for and run the training.
- How to adapt the training.
- How to use this training in an existing training programme or course.

Trainers' qualifications and responsibilities

There is no formal certification or process to become a foundational helping skills trainer. Ultimately, you and the organization implementing the training must decide whether you are prepared for the role. However, as a trainer you should ideally:

- be demonstrably competent in using all the skills that you are helping the trainees to use (e.g. by using the foundational helping skills in your normal roles);
- be competent in training others (e.g. you should be able to deliver effective presentations, lead group discussions, provide helpful feedback and set up role-plays);
- be experienced in delivering training workshops; and
- speak the same language as the trainees, or use an interpreter during the training workshop.

Your main responsibilities are:

- to plan and deliver training activities, taking into account your trainees' needs and previous experience;
- to help trainees to develop foundational helping skills and to use these safely and competently; and
- to give trainees confidence in their ability to use foundational helping skills well, including by offering constructive feedback.

Note that experience thus far shows that this training is usually delivered to trainees working in a mental health or social care context, where they work with people with mental health conditions and people at imminent risk of suicide. In such contexts, training should be delivered by, or in collaboration with, a mental health professional.

However, this training has also been delivered in settings that do not have a mental health or social care context. Examples of this may include training that is focused primarily on engagement skills such as verbal and non-verbal communication, empathy, rapport-building and coping resources for community workers covering a wide range of topics. If in such cases there is no planned work with people with mental health conditions, the relevant modules can potentially be delivered by someone without a mental health background after appropriate adaptation of the role-plays and other content.

Preparing for this training

Course duration and structure

This training has been designed so that, when covering all 15 competencies, two trainers can deliver the training to a group of 12 participants over approximately three eight-hour days (approximately 24 hours in total). However, you can adapt the timetable according to the number of trainers, number of trainees and the time you have available.

One important constraint is the time it takes to run individual role-plays and competency assessments with participants at the end of the training, and to provide them with individual feedback to support further competency. You could train more participants if you have more time available to run the end-of-training competency assessments (e.g. remotely or in later supervision sessions). Or, if you have more than two trainers available for the competency assessments, you may also be able to accommodate more participants by carrying out several assessments simultaneously.

Annex 2 provides an example of the agenda for a three-day training course that covers all foundational helping skills described in this manual. Note that you will need to adapt this agenda on the basis of your context, the modules you plan to cover and trainees' existing familiarity with the concepts covered. Some role-plays may take longer than outlined in the agenda for people with less experience, or when doing them for the first time.

It is important to introduce the idea of competency assessments to trainees, explain how they work and emphasize that the focus is not on passing or failing, but on understanding trainees' strengths and identifying areas for improvement so that trainees can develop.

The aim of the training is for participants to receive basic instruction in foundational helping skills, an opportunity to practise and experience the skills, and individual feedback to guide reflection and improvement. There is no fixed level of pass or fail in competency. It is important to address unhelpful or potentially harmful behaviours (Level 1 competencies), but this should be balanced with feedback on areas of strength to ensure that trainees understand that the aim of competency assessment is to support their ongoing development.

Modular structure

This manual suggests an introductory session followed by various training modules covering one or more of the 15 foundational helping skills. Most modules will include text for you as the trainer to read to the trainees (shown in italics), role-play demonstrations by you, discussion sessions, and role-plays by the trainees. Each module ends with a practise role-play (called an informally-assessed role-play) between pairs of trainees. This is an opportunity for trainers to rate the skills of some of the trainees using the ENACT tool.

There is a mid-training reflection session which is designed for you to help trainees reflect on skills learned and to discuss attitudes and readiness to help others. Attitudes and readiness to help others influence how people use foundational helping skills. Discussing these attitudes supports trainees in reaching their competency goals. There is no assessment or observation for this reflection session. Instead, you can use the session to support trainee helpers to think through their motivation, their readiness to empathize, and how their own well-being affects their competency to help others.

During the final end of training role-plays assessment session, you will assess trainees individually on all the skills taught, assigning a competency level for each skill and giving feedback for further development. This session needs a little more advance preparation than the others; therefore give yourself time to do this before the session.

Planning for the training

- Decide on the size of your group for the training. The plans in this manual have been designed for two trainers and 12 trainees. This can be adapted according to available resources.
- Select an appropriate and accessible venue.
- Identify the trainees. Give them information about the training. Tell them that their skills will be assessed both during and at the end of the training to support and monitor their development.
- Ensure that you prepare together with your co-trainer. Advance planning and communication are essential. This includes deciding how long the training will last (possibly with extra time that can be scheduled if needed) and practising demonstrations. You will also need to agree adaptations (which may be particularly necessary for Module 4 on self-harm/suicide) and decide who will present various sections.
- Try to ensure that at least two trainers are available. However, if you do not have a co-trainer, consider how to adapt the training so you can manage alone.
- Prepare all materials (see the materials checklist in Annex 3). If training is in a language other than English, make sure that you have the ENACT tool available in your desired language. It is available in many languages from the EQUIP platform. If it is not available in your target language, you should have it translated. You can email the EQUIP team for further information: psych_interventions@who.int.

For a detailed list of preparations and materials required for the training see the training preparations checklist in Annex 3.

Adapting this training

Although this training was developed primarily for people working as helpers in mental health and social care, many of the skills are relevant for all people in helping roles. In general, you can vary how you deliver components of this training. You might choose to provide training in some or all of the skills, depending on your trainees' needs and the competencies they might need for helping others. Role-play scenarios, such as the job of the helper or the problem someone is facing, can be adapted to suit the training group and context. For settings that are not mental health or social care settings, the adaptation of role-play scenarios and descriptions may be required. For example, some modules mention a "supervisor", a term used in mental health/social care to describe a person who provides support and advice to help ensure the quality of the support being provided.

When deciding what to cover, consider the following:

- **Which main skills do your trainees need so they can deliver the support that you have planned?** For most helping interactions, helpers will need some or all of the Engage tier of skills because providing help needs some form of engagement. You can then add in skills from the Understand and Support tiers as required. It can help to list competencies in order of priority. For example, a community worker may need to engage, get a good understanding of the problem, provide psychoeducation, involve the family and promote hope, in that order. A teacher may wish to engage, understand the problem and its impact on life, and also involve the family. Base your

choice of skills to teach on what trainees need to use in their own setting.

- **What do you have time to deliver?** Ideally, you will train and assess all of the foundational helping skills relevant to your context. However, this may not always be possible. If you are short of time, you might deliver the training in stages. For example, start with training the Engage skills because without competencies in these, helpers will not be able to help. Then, once trainees have a good level of competency in these, select the next most important skills and train people in those. This might be either within the initial training or in further training or supervision. This stepped approach is not ideal but it may help to ensure that, at the very least, trainees' interventions do not potentially harm help-seekers, and that helpers can engage with people they are trying to assist. You may need to remain flexible about what you teach. You might adjust the content of your training session or schedule extra sessions, depending on what level of competency trainees demonstrate as the training takes place.
- **At the end of the training, always schedule time to run individual competency assessments for each trainee, covering all skills trained and providing individual feedback.** Individual feedback should support a trainee's development, emphasizing and building on a trainee's strengths and addressing any unhelpful or potentially harmful behaviours.

While most of the skills covered in this manual are relevant for all settings, the specifics of some skills may require adaptation to local contexts, policies, laws or culture (e.g. customs). Particularly important skills that may need fine-tuning include the following:

- **Non-verbal communication.** The non-verbal communication item of the ENACT assessment tool mentions "inappropriate physical contact". What is considered inappropriate will vary by setting and, in some cultures, limited physical contact (e.g. holding someone's hand or touching their shoulder) may be appropriate while helping. You and your organization will need to consider what is appropriate in your setting.
- **Confidentiality.** Training helpers in the confidentiality skill may need to be adapted for your specific setting. Local law may make it mandatory to report certain behaviour– such as child abuse, sexual and other violence and neglect – to authorities. However, this mandatory reporting could conflict with confidentiality and person-centred care. Similarly, mandatory reporting of suicidal behaviour could conflict with rights-based care. Helpers and helping organizations must be aware of applicable law and must explain to help-seekers any limitations to confidentiality so that the person can make an informed choice about what they disclose.
- **Self-harm and safety.** You should adjust the self-harm and safety module as necessary to your context. For example, your organization may have established procedures for responding to an imminent risk of suicide. For risk situations other than self-harm and suicide, you should seek other appropriate guidance. See Module 4 for more information.

This training can be adapted for remote or virtual delivery. For example, if an exercise asks trainees to share what they have written with another person, you can ask for a few volunteers to share information with the whole group via an online chat.

The EQUIP platform includes videos in which actors demonstrate helpful and unhelpful examples of the skills. Whether you are training in person or remotely, these videos could be used in place of the

demonstration role-plays that you are asked to perform, or as a supplement to these. The videos can be found on the platform under the Resources tab and in the Role-play video section: https://equipcompetency.org/en-gb/resources.

You can also use EQUIP competency assessments, including the ENACT tool, at different times during the training and during the supervision process.

- Use the tool before training (pre-training) to identify strengths and weaknesses. You can then tailor the training to address the main areas where skills need to be developed.
- Use the tool on an ongoing basis after training or during supervision (post-training). This can help you track changes and improvements and identify any areas where trainees require additional support and/or training, focusing on the results of competency assessments.

How foundational helping skills training can be used alongside existing training

Foundational helping skills can be incorporated into any training that involves helping. This includes courses on psychosocial skills or psychological interventions, basic communication courses, provider–client relations, practicums, clinical placements and other settings.

Many psychological intervention manuals include training on basic (foundational) helping skills tailored to a specific intervention. Often these have less time allocated than this EQUIP foundational helping skills training. This may be because the skills are reinforced throughout the training or because the intervention requires only a few helping skills. The EQUIP foundational helping skills training approach could be used to complement existing training – e.g. by using the role-plays from this manual alongside assessment with ENACT. Modules could also be used to provide top-up training when trainees need further support in specific areas.

Section 3.
The training modules

This section covers:

- The introductory session.
- **Module 1.** Non-verbal and verbal communication skills (ENACT #1, #2).
- **Module 2.** Rapport-building and confidentiality (ENACT #3, #4).
- **Module 3.** Empathy, and exploring and normalizing feelings (ENACT #5, #6).
- **Module 4.** Assessing risk of self-harm or suicide and promoting safety (ENACT #7).
- **Mid-training reflection.** Could help, should help, ready to help.
- **Module 5.** Explanation of the problem (ENACT #9), impact on daily life (ENACT #8) and coping strategies (ENACT #13).
- **Module 6.** Involving family or other trusted people (ENACT #10).
- **Module 7.** Psychoeducation (ENACT #14).
- **Module 8.** Collaborative goal-setting (ENACT #12), promoting hope for change (ENACT #11) and eliciting feedback (ENACT #15).
- End of training role-plays and assessments.

Introductory session

This session will help trainees to get to know each other, create a respectful learning environment and set training expectations.

Structure of the session 60 mins

INTRODUCING THIS FOUNDATIONAL HELPING SKILLS TRAINING

- Welcoming trainees *(5 mins)*.
- Exercise 1. Introductions *(15 mins)*.
- Exercise 2. Setting ground rules *(5 mins)*.
- Spoken introduction to foundational helping skills and competency assessment *(10 mins)*.
- Exercise 3. How are foundational helping skills important in your work? *(5 mins)*.
- Exercise 4. Exploring training expectations *(20 mins)*.

Introducing this foundational helping skills training

Welcome *(5 mins)*

Start the training by introducing yourself. Acknowledge the effort trainees have made to attend, saying that they are making an important commitment towards improving their community's emotional well-being.

Exercise 1. Introductions *(15 mins)*

Explain to your trainees that you want everyone to get to know one other in order to create an open and trusting training environment. Emphasize that everyone in the room brings their own expertise, that you will be learning from each other during the training, and that everyone's skills and experiences are equally valued and important.

Ask everyone to pick a partner, someone they don't know well. They should introduce themselves and try to find at least three things they have in common. After three minutes, have each pair introduce each other to the group and share one of the things they have in common.

Exercise 2. Setting ground rules *(5 mins)*

Give important practical information (e.g. schedule, breaks, toilets). You may need to resolve any initial difficulties. Then discuss with the group what rules you all need to follow in order to make sure that this is a good and effective training. Ask trainees to give their ideas. Write the rules on a large piece of paper and keep it displayed throughout the training.

Consider the following in your list of rules.

- We keep anything disclosed confidential.
- We give everyone an opportunity to talk.
- We each commit to being an active trainee (including in role-plays).
- We can ask questions – there are no silly ones!
- We can ask trainers to repeat something not understood.
- We do not interrupt each other.
- We are encouraging and thoughtful to each other.
- We are open about making mistakes or being corrected by others.
- We arrive and finish on time.
- We put phones on silent mode or turn them off, except for urgent calls.
- We learn and have fun!

Spoken introduction to foundational helping skills and competency assessment *(10 mins)*

Read out this description explaining what foundational helping skills are.

(Note to trainer: it is particularly important that you adapt this to your setting and the aims of the training depending on your group of trainees.)

How will foundational helping skills help me with my work?

Foundational helping skills are essential for helpers. They involve using behaviours that strengthen the relationship between helpers and the people they are helping. They also build trust and support emotional well-being. Sometimes foundational helping skills are called basic helping skills, psychosocial support skills, basic psychosocial support skills, common factors or general principles of care, among others. These skills are important for all people providing help, including people working in health, education and social services. Research has shown that these skills improve interactions and the ways in which we deliver care and support.

This training will:

- *Build your communication and emotional support skills.*
- *Build your practical support skills (e.g. helping individuals to cope or referring individuals for additional help when needed).*
- *Help you to understand some key concepts, such as confidentiality, when providing help.*
- *Provide demonstrations and then practice in how you use these skills in your work.*

This training is not:

- *A formal qualification in counselling.*
- *A course on the delivery of psychological interventions or any specific type of support or help.*

What will I learn in this training?

Display or share copies of the training schedule (see Annex 2 for an example of the training schedule) focusing on the specific competencies that you intend to cover during the training.

Explain that this training is assessed through role-plays, using EQUIP competency assessment resources. Cover the following points:

- Reassure trainees that there is no pass or fail in the assessments. Rather, the aim is to ensure that trainees and their supervisors know which helping skills they are comfortable delivering and which, if any, need more practice.
- Tell trainees that each module ends with a role-play with another trainee. Say you will observe these to help you understand which areas of the training need more emphasis and to help structure your feedback to the group.
- Tell trainees that they will also role-play a situation with one of the trainers at the end of the training. These role-plays, which are not done in front of the group, will be assessed using the EQUIP competency assessment tool and there will be individual feedback.
- Ensure that trainees do not feel too pressured by the competency assessments but view them as ways to learn about their own strengths and areas for improvement so that they can refine their skills.
- Either here or later in the training, consider showing the trainees the competency assessment tool (or the items from the competency assessment tools that you plan to assess), so that they are aware of the competencies that are being assessed.
- Expect trainees to be nervous about assessments. Emphasize that the training will be adequate preparation.
- Give an opportunity for questions and discussion.

Exercise 3: How are foundational helping skills important in your work? *(5 mins)*

Ask the whole group how they think developing foundational helping skills could help them in their work. Write answers on a large piece of flipchart paper as group members provide their responses.

Exercise 4. Exploring training expectations *(20 mins)*

Divide the group into teams of three or four persons and give each team a large sheet of paper and each person a coloured marker pen.

- Ask each person in the group to draw themselves a large oval that overlaps with other people's ovals in the centre of their group's paper.
- Ask everyone *"What do you hope to learn over the course of this training?"*

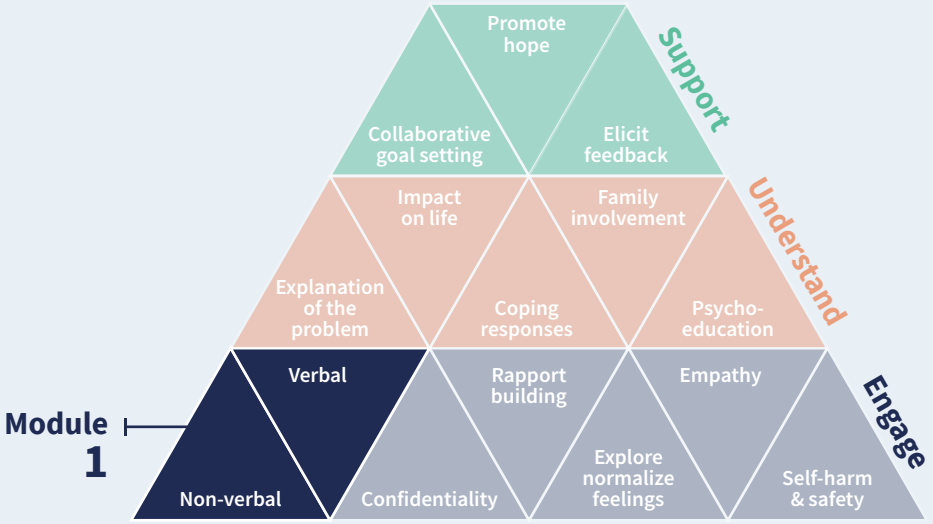
- Instruct them to each write down at least five answers in their oval. If it is a shared goal, it should go in the overlapping area.
- Give them five minutes to do this and to talk about the similarities and differences.
- Then bring everyone back together and compare results between teams and identify common themes.
- Write the common themes on a piece of flipchart paper and keep this in view during the training so you can return to it at the end of training to ensure that you have covered all points.

Module 1. Non-verbal (ENACT #1) and verbal communication (ENACT #2)

This module will help trainees become more aware of their non-verbal communication (their unspoken communication, sometimes called body language) and learn about verbal (spoken) communication styles. It will teach them why verbal and non-verbal communication are important and how to distinguish between helpful and unhelpful styles for both.

FIG. 3

Module 1 covers non-verbal and verbal communication, from the Engage tier of foundational helping skills



Structure of the module 110 mins

NON-VERBAL COMMUNICATION *(45 MINS)*

- Introducing non-verbal communication *(5 mins)*.
- Exercise 1. Trainers demonstrate unhelpful non-verbal communication *(10 mins)*.
- Exercise 2. Trainers demonstrate helpful non-verbal communication *(10 mins)*.
- Group activity 1. Pairs of trainees practise helpful non-verbal communication *(10 mins)*.
- Review of learning points *(10 mins)*.

VERBAL COMMUNICATION *(50 MINS)*

- Introducing the concept *(10 mins)*.
- Exercise 1. Trainers demonstrate unhelpful verbal communication *(10 mins)*.
- Exercise 2. Trainers demonstrate helpful verbal communication *(10 mins)*.
- Group activity 1. Trainee pairs role-play helpful verbal communication *(10 mins)*.
- Review learning points *(10 mins)*.

INFORMALLY-ASSESSED ROLE-PLAY FOR VERBAL AND NON-VERBAL SKILLS *(15 MINS)*

Preparing for the module

One trainer introduces the concept of the session, and then both trainers deliver the activities. Take notes during the activities and add trainees' suggestions to your version of the tables of unhelpful and helpful non-verbal and verbal communication (Table 1 and Table 2). You will use these in the discussion at the end of each session. You could distribute copies during these discussions, so trainees can annotate them.

Have ready the prompts for the observed role-plays at the end of the module. These are best provided as handouts so that the helper and help-seeker do not see each other's instructions.

Non-verbal communication 55 mins

Introducing non-verbal communication *(5 mins)*

Here is a sample text to introduce non-verbal communication. You can adapt the language to fit your context, but you must ensure that you cover all the points.

> ***What is non-verbal communication?***
>
> *This is a foundational helping skill that helps to build warm, trusting interactions and relationships. Helpful non-verbal communication skills show a person that you are listening supportively and actively engaging with them.*
>
> *Non-verbal communication involves a variety of behaviours, such as:*
>
> - *Sitting with an open posture.*
> - *Using body gestures such as leaning in and nodding your head, or making eye contact.*
> - *Using sounds that are not words, such as "hmmm" or "uh-huh".*
>
> *Remember that behaviours need to be ones that are normal and acceptable in the local culture.*

You will also need to discuss physical contact with trainees. Although limited physical contact can sometimes be part of non-verbal communication, inappropriate physical contact must be avoided (and automatically generates a low competency score in the ENACT tool). What is considered "inappropriate" will vary with the setting and context, and you should establish this with your trainees.

Exercise 1. Trainers demonstrate unhelpful non-verbal communication *(10 mins)*

This activity has three parts. First, you will take a couple of minutes to demonstrate unhelpful non-verbal communication in a role-play for the trainees to observe. The group then discusses the behaviours you have demonstrated and suggests other unhelpful behaviours. From this you summarize the discussion and develop a list of unhelpful non-verbal communications.

Demonstrating unhelpful behaviours will support learning while also helping trainees to relax into the session. You can refer to the sample recordings on the EQUIP platform and/or use demonstrations adapted to the context and setting.

ROLE-PLAY

Tell the trainees you will be doing a brief demonstration of unhelpful non-verbal communication. Ask them to spot the unhelpful behaviours and tell them that the group will make a list of these behaviours at the end of the role-play.

One trainer plays the role of helper. The other trainer pretends to be the person being helped. Each choose a common food word as a sound to use instead of spoken communication. Together, you role-play a brief interaction while repeating your single word. This is so that trainees can focus on what you are doing and not what you are saying.

For example, Trainer 1 says "Bread, bread, bread, bread?" instead of "Hello, how can I help? What would you like to talk about?" while also using a variety of unhelpful non-verbal behaviours such as:

- Looking at her/his telephone.
- Showing irritation or impatience with the person.
- Avoiding eye contact.
- Crossing her/his arms.
- Rolling her/his/your eyes.

Meanwhile, Trainer 2 says "Milk. Milk… milk", instead of "I had a difficult day… I missed work".

DISCUSSION

Discuss with the group what behaviours they saw and which of these were unhelpful. You might ask the group:

- What could you tell about the helper's attitude, even though she was only using a food word to communicate?
- What did the helper do with her body?
- Where was the helper looking?
- How did the person respond?
- What might happen if you used these behaviours in your work?

Trainer 2 (the person being helped) can also describe how they felt during the interaction.

SUMMARY

Summarize the different behaviours that the group points out. You can list them on a flipchart, a chalkboard/whiteboard or put them up as sticky notes. Remind your trainees that these are behaviours they should avoid.

In your summary, be sure to make these points:

- Non-verbal communication is very powerful so we need to be aware of it. By being aware we can change the messages we are communicating.

- Poor body language can make a person feel not listened to and can make them unwilling to share information.
- Interacting like that with a person will probably make your job harder.

Exercise 2. Trainers demonstrate helpful non-verbal communication *(10 mins)*

This activity has three parts. First, you will role-play helpful non-verbal communication for the trainees to observe. Then you will lead a group discussion on helpful behaviours that you demonstrated and any others that the trainees suggest. You should compare these with behaviours identified in the previous exercise. You can refer to the sample recordings on the EQUIP platform and adapt them to your context and setting.

ROLE-PLAY

Tell the trainees you will be demonstrating helpful non-verbal communication this time, and that you will again be asking them to spot the behaviours.

As before, one trainer will role-play the helper, and one will role-play the person being helped. You will each use your chosen food word as a sound, instead of spoken communication. This is so that trainees can focus on what you are doing and not what you are saying.

For example, Trainer 1 says "Bread, bread, bread, bread?" instead of "Hello, how can I help? What would you like to talk about?" while also using a variety of helpful non-verbal behaviours such as:

- Maintaining an upright but not rigid posture.
- Using appropriate eye contact.
- Using appropriate gestures such as open hands or nodding your head when the person is talking.
- Using sounds such as "mhmm" or "uh-huh".
- Leaving a short pause before responding to the person.

Meanwhile, Trainer 2 says "Milk. Milk… milk", instead of "I had a difficult day… I missed work".

DISCUSSION

Discuss with the group members the behaviours they saw and which of these were helpful. You could ask the group members:

- What could you tell about the helper's attitude, even though they were using only a food word?
- What was different about their body language compared to the previous demonstration?
- Where was the helper looking?
- How did the person respond?
- If you used these behaviours in your work, what might change?

Trainer 2 (the person being helped) can also describe how they felt during the interaction.

SUMMARY

Summarize the behaviours that group members point out from the demonstration, as well any others they suggest. As before, you can list these on a flipchart, a chalkboard/whiteboard or put them up as sticky notes. Be sure to separate them from the unhelpful behaviours. Draw out the differences between the two demonstrations and focus on the need to use helpful behaviours.

Group activity 1. Trainee pairs practise helpful non-verbal communication *(10 mins)*

As with the previous activity, this involves a role-play, discussion and brief summary. Pairs of trainees take turns in demonstrating and receiving helpful non-verbal communication. In the discussion they explore how this made them feel. Then list any additional helpful body language that a helper could use.

ROLE-PLAY

Ask pairs to take turns to role-play an interaction between a helper and a person seeking help. Both trainees should use only a food name as words, but the trainee playing the helper should use behaviours from demonstration on helpful behaviours.

After a couple of minutes, signal (with a bell, a hand clap etc.) that trainees should switch roles. Signal again to end the role-play.

DISCUSSION

Discuss with the group how they felt as the helper and how they felt as the person. You could ask:

- As the helper, how did you think the person felt?
- As the person, how did the helper's body language make you feel?
- How was it different from the unhelpful role-play? Did it feel better? Why?

SUMMARY

Add points as needed to your list of helpful non-verbal communications.

Review learning points *(10 mins)*

Take the final 10 minutes of this session to review what has been learned. Ask the trainees to recap why helpful non-verbal communication is so important. You could discuss the following reasons:

- Helpful non-verbal communication skills confirm that we are supportively listening, respecting and actively engaging with the other person.
- People will feel comfortable and safe when helpers show that they are listening with respect.
- People may share their feelings more freely and respond positively to helpful body language.

Review unhelpful and helpful behaviours your session has generated, and those listed in Table 1. You could use the table as a handout.

TABLE 1

Unhelpful and helpful non-verbal communication

Unhelpful or potentially harmful behaviours	Helpful behaviours
• Engaging in other activities (such as answering a telephone or doing paperwork). • Laughing at the person. • Using inappropriate facial expressions. • Inappropriate physical contact.	• Allowing for silences. • Maintaining an open posture (body turned towards the other person). • Maintaining appropriate eye contact. • Continually using supportive body language such as nodding your head, and agreement or encouragement sounds such as "uh-huh".

Verbal communication 50 mins

Introducing verbal communication *(10 mins)*

Here is a sample text to introduce verbal communication. You can adapt the language to fit your context, but you must ensure that you cover all the points.

What we mean by verbal communication

Verbal communication means talking. However, the way we structure what we say can be either helpful or unhelpful, especially when we are asking someone else to explain how they are feeling. Good verbal skills help to build warm, trusting interactions and relationships through clear, respectful communication.

Here are some ways to structure good verbal communication into your interactions:

Introduce yourself and ask the person what they like to be called. *You might give your full name, but then invite the person to use your first name and ask them how they prefer to be addressed.*

Use open-ended questions. *These questions leave room for a person to respond thoughtfully and explore their feelings. For instance, rather than saying "Are you sad?" which can be answered yes or no, ask "How do you feel?" Instead of saying "Can you ask your wife?" ask "How would you feel about asking your wife?" Instead of saying "Is this hard for you?" you might ask "What might make this hard for you?"*

Use closed-ended questions when you are confirming or summarizing something. *For instance, you might say, "You said that, when this happened, you were alone and none of your family members were there to help. Is that correct?" Or you might want to ask, "Is that clinic somewhere you can get to every Tuesday morning?" Closed-ended questions can help you to clarify seemingly contradictory information. For instance, you might say, "It sounds like*

you've tried a lot of different things to manage your pain. Did you complete the full course of physical therapy?"

Offer reflective statements that summarize what the person has said. *An example might be: "I heard you say you felt sad that you could not get out of bed. How do you feel when you do manage to get out of bed?" (We shall talk more about reflection in Module 3, which includes empathy).*

Allow time and space for the person to share their thoughts. *Don't feel compelled to respond immediately, or comment on what someone has said while they are still speaking. For instance, a person might say "I was so happy…" and we might want to respond immediately "That is so great, you were happy!" However, if we pause, we might hear: "I was so happy…. …. …. ….I thought they had asked to speak to me to offer me the job. But it turns out they were telling me someone else was chosen."*

Conversely, unhelpful verbal communication shuts down conversations or makes people feel awkward or unheard. To help you understand this, our next couple of activities will demonstrate unhelpful verbal communication and will let you experience it.

Exercise 1. Trainers demonstrate unhelpful verbal communication *(10 mins)*

Demonstrating unhelpful verbal communication skills for trainees will help them to become more aware of what to avoid. The demonstration can also help to keep your session informal and fun because you can exaggerate the behaviours until they are comical. This activity has three parts: 1) the role-play; 2) a discussion to identify and list unhelpful verbal communication; and 3) a brief summary. You can refer to the sample recordings on the EQUIP platform and/or use demonstrations adapted to your context and setting.

ROLE-PLAY

Ask the group to suggest scenarios for a bad day – e.g. getting stuck in traffic, losing Internet connection, waking up late, or a disagreement with a friend, family member or co-worker/boss.

Trainer 1 plays the helper. Trainer 2 is the person who is being helped and uses some of the suggested scenarios for having a bad day. Trainer 1 asks about the person's day but:

- Continually interrupts.
- Asks mostly closed-ended yes/no-type questions that could elicit a defensive response (e.g. "Do you think it was a good idea to not wake up on time? Would you have arrived on time if you had left earlier?").
- Offers direct advice or solutions (e.g. "You should leave earlier for work. You shouldn't argue with your partner").

DISCUSSION

Discuss with the group members what behaviours they saw, and which were unhelpful or helpful. If you need prompts, you might ask:

- What sort of things did the helper say? How did those things affect the person?
- What sort of questions did the helper ask?

- Was the person able to explain her thoughts and feelings? Why or why not?
- What might happen if you used these behaviours while trying to support another person?

Trainer 2, who is playing the person being helped, can also describe how they felt.

SUMMARY

List (on a flipchart, chalkboard/whiteboard, sticky notes etc.) the different behaviours that group members identify.

Briefly summarize the behaviours shown in the demonstration, including any that are mentioned by the trainees. Add these to the list of unhelpful behaviours for verbal communication (Table 2).

Exercise 2. Trainers demonstrate helpful verbal communication *(10 mins)*

In this exercise, you model helpful verbal communication behaviours for the trainees. Sample recordings are available on the EQUIP platform.

ROLE-PLAY

Use the same roles and "bad day" scenarios as before.

- Make sure to give the person time and space to explain what has happened.
- Summarize what the person has shared. For instance, say: "It sounds as if you are feeling stressed because you missed the bus."
- Use open-ended questions such as:
  - How did you feel when you missed the bus?
  - That sounds so stressful. How did you feel when all of this was going on?
  - How do you feel about the situation now?
- Use words to reflect your understanding, such as "That must have been difficult."

DISCUSSION

Discuss with the group members what behaviours they saw and which were helpful (or unhelpful). You could ask them:

- What sort of things did the helper say? How did these things affect the person?
- What sort of questions did the helper ask?
- Was the person able to explain her thoughts and feelings? Why or why not?
- Did the helper summarize the person's statements? What did the helper say to do this?
- Using these behaviours, how would daily interactions change in your work?
- How was this interaction different from the one before?

Trainer 2, who is playing the person being helped, can also describe how they felt.

SUMMARY

List (on a flipchart, sticky notes, chalkboard/whiteboard etc.) the different behaviours that group members identify.

Briefly summarize the behaviours shown in the demonstration, including any mentioned by the trainees. Add them to the list of helpful behaviours for verbal communication (Table 2).

Group activity 1. Trainee pairs practise helpful verbal communication *(10 mins)*

This group exercise involves a role-play, discussion and brief summary. Pairs of trainees take turns in demonstrating and receiving helpful verbal communication. In the discussion they explore how this made them feel and they list any additional helpful verbal styles their helper used. You can suggest they mix verbal and non-verbal communication if they wish to.

ROLE-PLAY

Divide the group into pairs and ask them to take turns to role-play an interaction between a helper and a person seeking help. Tell them the person being helped should try to explain what food they like the most, and why. The trainee playing the helper should use helpful verbal communication – such as asking open-ended questions, summarizing and reflecting.

After a couple of minutes, signal with a bell or a clap that the pairs should swap roles.

DISCUSSION

Ask the group how they felt when playing the helper and how they felt as the person being helped. You could ask:

- As the helper, what types of behaviour did you use? How did the person respond?
- Did anyone use a mix of non-verbal and verbal skills, or helpful and unhelpful behaviours? What was that like?
- How did it feel to be the person describing what food you liked and why you liked it?
- What might this be like if it happened when you were in distress?

SUMMARY

Take notes and add any new behaviours to the list of helpful verbal communication (Table 2).

Review learning points *(10 mins)*

Take 10 minutes to review what has been learned. Ask the trainees to recap why helpful verbal communication is so important. You could discuss the following reasons:

- Verbal communication shows respect.
- Pauses give people an opening to talk about difficult or complex things.
- Summarizing what you have heard confirms that you were listening and may help to clarify what was meant.

Review both unhelpful and helpful behaviours that your session has generated, as well as those listed in Table 2. You could use the table as a handout.

TABLE 2

Unhelpful and helpful verbal communication

Unhelpful or potentially harmful behaviours	Helpful behaviours
• Interrupting the person. • Asking many suggestive or leading closed-ended questions. • Correcting the person (e.g. “What you really mean is...”). • Using accusatory statements (e.g. “You shouldn’t have said that to your husband”). • Using culturally and age-inappropriate language and terms.	• Asking open-ended questions. • Summarizing statements that reflect what the person has said. • Allowing the person to complete statements before responding. • Encouraging the person to continue explaining.

Informally-assessed role-play for verbal and non-verbal

Role-play and ENACT items to be used

Module 1. Role-play, non-verbal and verbal communication

ENACT Scoring template #1. Non-verbal communication

ENACT Scoring template #2. Verbal communication

This informal assessment is expected to take 15 minutes. Trainees will work in pairs to show you their helpful skills in both non-verbal and verbal communication. During the role-plays trainers walk around the room and observe one or two pairs each as they practise. It is not necessary to score the trainees fully or to observe the full role-play. Instead, use the tool to help structure your observations.

Instructions

1. Be ready to use the ENACT rating tool for Items #1 and #2 that are reproduced as Fig. 4. You can use paper copies of ENACT, or the digital version on the EQUIP digital platform.

2. Explain to the group how this practice exercise strengthens their learning and gives you a chance to give feedback on their strengths. You might say:

> *Now we shall practise helpful behaviours. To bring together our learning from this session, in this practice you will combine your helpful non-verbal and verbal behaviours to practise effective communication in interactions. While you are practising, we shall walk around to see your skills in action. We shall take notes and see how much we have been able to progress during this communication skills session.*

3. Divide the group into pairs. If trainees have already worked in pairs, get them to work with new partners.

4. Share these role-play instructions. They can be provided on a PowerPoint slide, written on a chalkboard/whiteboard or given as paper handouts to trainees:

Instructions to the person being helped.

Think about something that was mildly stressful in the past week (e.g. a busy day, minor stress at work, something difficult while caring for children or other relatives, hearing bad news from a friend, colleague or relative). Share this experience when asked by the helper.

Instructions to helper.

The person being helped has come to see you. You have met this person before, so introductions are not needed. Start the role-play by saying: “How was your past week? Were there any stressful times over the past week?”

While the person being helped responds to your question, use helpful non-verbal and verbal skills.

5. Ask each member of the pair to take turns playing the helper and the help-seeker. Tell the pairs that they should switch roles after about five minutes. Then the pairs should switch roles and do the role-play again.

6. Make sure that each person gets a chance to practise being a helper.

7. Both trainers should walk around the room and each should observe one or two pairs as they practise. You do not need to observe all pairs or the full role-play. Use ENACT items 1# and #2 to record trainees’ helpful and unhelpful behaviours. You may wish to assign a competency level to the assessed trainees. However, it is more important to gauge how the group as a whole has understood the module, and to check on trainees’ ability to put helpful behaviours into practice. Try to determine whether anything needs to be clarified and whether you need to go over any of the training again.

8. After the role-plays, thank the trainees. You can share some general feedback on some of the helpful behaviours observed. Use your observations to structure your feedback to the group. Remember, when giving group feedback do not single out the individuals that you have observed; instead, make general comments about trends.

FIG. 4

ENACT #1 and #2 scoring templates

(ENACT #1) Non-verbal communication

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Engages in other activities (e.g. answers mobile phone, completes paperwork) ☐ Laughs at client ☐ Uses inappropriate facial expressions ☐ Inappropriate physical contact	☐ Allows for silences ☐ Maintains appropriate eye contact ☐ Maintains open posture (body turned toward client) ☐ Continuously uses supportive body language (head nod) and utterances (uh huh) ☐ None of the above	☐ Completes all basic helping skills ☐ Varies body language throughout session to match client's content and expression

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

(ENACT #2) Verbal communication

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Interrupts client ☐ Asks many suggestive or leading closed-ended questions (e.g. "You didn't really want to do that, right?") ☐ Corrects client (e.g. "What you really mean...") or uses accusatory statements (e.g. "You shouldn't have said that to your husband") ☐ Uses culturally and age inappropriate language and terms	☐ Uses open-ended questions ☐ Summarizing or paraphrasing statements ☐ Allows client to complete statements before responding ☐ None of the above	☐ Completes all basic helping skills ☐ Encourages client to continue explaining (e.g. "Tell me more about...") ☐ Clarifying statements in first person (e.g. "I heard you say", "I understood...") ☐ Matches rhythm to client's, allowing longer or shorter pauses based on client

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

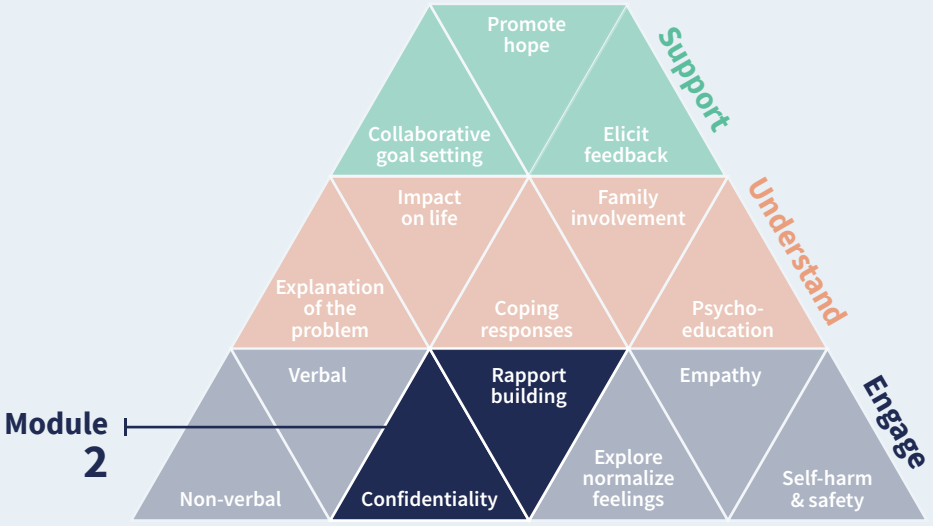
Source: ENhancing Assessment of Common Therapeutic factors (ENACT) competency assessment tool (English, in-person) (v1.0). Geneva: World Health Organization; 2021. https://equipcompetency.org/en-gb. Licence: CC BY-NC-SA.

Module 2. Rapport-building (ENACT #4) and confidentiality (ENACT #3)

This module explores what we mean by building rapport before we focus on confidentiality. It will help trainees to take a practical approach to understanding what confidentiality means when helping someone. Trainees will learn how to incorporate confidentiality into their interactions and why this is important. Rapport-building and confidentiality are part of the Engage tier of foundational helping skills.

FIG. 5

Module 2 covers rapport-building and confidentiality skills from the Engage tier of foundational helping skills



Structure of the module 100 mins

RAPPORT-BUILDING *(20 MINS)*

- Introducing rapport-building *(10 mins)*.
- Group activity 1. Three important things about building rapport *(10 mins)*.

CONFIDENTIALITY *(65 MINS)*

- Introducing confidentiality *(10 mins)*.
- Exercise 1. The trainers demonstrate confidentiality *(10 mins)*.
- Group activity 2. Trainee pairs practise confidentiality *(10 mins)*.
- How privacy affects confidentiality *(5 mins)*.
- Group activity 3. Exploring how settings affect privacy and confidentiality *(20 mins)*.
- Review learning points *(10 mins)*.

INFORMALLY-ASSESSED ROLE-PLAY FOR RAPPORT-BUILDING AND CONFIDENTIALITY *(15 MINS)*

Preparing for the module

You can use Table 3 – unhelpful and helpful behaviours for confidentiality and rapport-building – as a handout for trainees. You will need writing materials for trainees to use in the group activities. You may need to prepare the prompts used in the informally-assessed role-play at the end of the module. These may be best given to the trainees as handouts so that helpers and help-seekers do not see each other's instructions.

Rapport-building 20 mins

Introducing rapport-building *(10 mins)*

Here is a sample text that you could read to introduce rapport-building. You can adapt the language to suit your setting but you must ensure that you cover all the points.

What we mean by rapport-building

Rapport-building means putting the person you are with at ease. Rapport-building requires being polite and talking in a way that is expected and is culturally appropriate in the context, giving someone your attention without being too intrusive. Good verbal communication and welcoming and appropriate body language can help build rapport. Rapport-building is important in all helping interactions, and especially at the start. To build rapport with the person you are helping, you should:

- *Make sure you introduce yourself.*
- *Ask the person what they prefer to be called.*
- *Make some informal conversation to put the person at ease (you might comment on the weather, for instance, but try to steer clear of anything controversial such as making a political remark).*
- *Offer some general information about yourself. (This should be general rather than personal – perhaps something about where you are from, or something you think you might have in common with the person you are helping.)*

There are also things you should avoid doing:

- *Do not use disrespectful terms, such as calling a man a boy or a woman a girl.*
- *Do not dominate the interaction – e.g. by telling the person how you dealt with a similar problem to theirs.*
- *Do not minimize the person's problem by suggesting it can be solved easily.*
- *Do not ask embarrassing personal questions.*
- *Do not tell the person you are helping how other named persons have dealt with a similar problem (this would also break confidentiality).*

Group activity 1: Three important things about rapport building *(10 mins)*

Ask each person to take a couple of minutes to write down three important things that they have learned about building rapport. Then ask them to share these three things with another person in the group.

Confidentiality 65 mins

Introducing confidentiality (10 mins)

Here is a sample text for you to read to introduce confidentiality. You can adapt the language to fit your setting and also include any specific points related to mandatory reporting or other limitations on confidentiality in your context. See the section in the introduction on adapting this training for more details.

You must ensure you cover all the points.

> ***Ensuring confidentiality***
>
> *Conversations shared between the helper and the person being helped are governed by confidentiality. This means that information should not be passed on to family, friends, employers or others without the permission (sometimes called informed consent) of the person being helped. In essence, discussing confidentiality means making an agreement with the person being helped regarding what will, and what will not, be disclosed to someone else. This always needs to be established early on, instead of waiting for difficult, potentially embarrassing or sensitive situations. People have the right to share or not share their information with others – including with the helper – and this right should be respected.*
>
> *Confidentiality is important because it helps to build trusting relationships. Keeping necessary information about a person private and respecting that person's wishes regarding sensitive information will help that person to feel confident that they can talk openly with you and receive the help they need.*
>
> *There are exceptions to confidentiality because it cannot be guaranteed in all situations. Helpers must clearly explain when information may need to be shared with others. This can include with the helper's team (e.g. in supervision sessions) and in any situations in which the person or someone else is at risk of harm.*
>
> *There may be other situations you are legally required to report. These might include…*
> *(here you should include any specific situations in which your trainees could not maintain full confidentiality).*

You might introduce the topic confidentiality by saying:

- *"What we talk about is confidential. This means that I will not tell others, such as friends or family, what you say. However, there are some situations in which I will tell others, which I'll explain now."*
- *"I may share some things you tell me with my supervisor when I need to get advice on how best to support you, or when I need to identify what support or resources might be helpful for*

you. But these persons will also keep your information private and my supervisor has to follow *the same rules as I do. My supervisor is very experienced and is here to make sure that you are safe at all times. That is why it is important for me to share my progress on our sessions with my supervisor"; or*

- *"I attend group supervision with my supervisor and other helpers to ensure that I am giving the best support. In these meetings we do not use people's names, so your information stays confidential. Also, the team I* work with has to follow the same rules on confidentiality as I do."

You should also explain that you will need to share information if there is a risk of harm. You can say something like:

> *"If your safety is at risk, such as harming yourself or harming others, or if someone is harming you, I may need to discuss with my supervisor or others who could help you. This is to make sure that we can keep you and other people safe."*

If anyone has questions about the limits to confidentiality it is important to answer them as best you can. If you are unsure how to respond, discuss with your supervisor. The supervisors are there to give you support. We shall cover how to respond to some risk situations later in the training (Module 4).

Exercise 1: The trainers demonstrate confidentiality *(10 mins)*

This activity has two parts. First, you will demonstrate part of an initial session to show how to discuss confidentiality, including demonstrating the limits of confidentiality and the occasions when a helper might need to involve others to promote safety and well-being. Then you will lead a group discussion to list the helpful behaviours that your role-play demonstrated, and any others the trainees identify. Add any new ideas to the *Helpful behaviours* section of Table 3.

ROLE-PLAY

Tell the trainees that you will be demonstrating confidentiality, and that you will be asking them to spot the helpful behaviours.

The role-play represents the first meeting at which confidentiality is explained. Therefore, your demonstration should also include some rapport-building.

- Start by introducing yourself and the organization you work for and explain the reason for the meeting.
- Ask the client how they would like to be addressed.
- Make casual conversation by asking if the person managed to get to the session without difficulty and is feeling comfortable.
- Give information about the role of the meeting and how long the session will last, etc.
- Clearly explain that shared conversations will remain confidential and will not be passed on to family, friends or employers without the permission of the trainee.
- Also explain circumstances in which information will need to be shared with others – for instance, information shared without names in your supervision sessions, but also with names if the person raises concerns about their safety, about other people's safety, or about self-harm/suicide.

- Explain who will be given information and when (i.e. explain the chain of communication). For example, you might speak with your supervisor, and in serious cases your supervisor might speak with other people who can help.
- Explain why it is important to share information with others. For instance, say *"My supervisor is highly trained and experienced in keeping others safe. Because we want to make sure that you are safe and well-taken care of, it is important that I share information with others at these times."*
- Confirm that the person understands and agrees to the process of confidentiality, and ask if they have any questions.

DISCUSSION

Discuss with the group what behaviours they saw, and which were helpful (or unhelpful). Remind trainees that you will be listing their suggestions. For instance, you might ask the following:

- What did the helper say they would usually do?
- What did the helper say they might have to do, and why?
- Did the helper explain who might be told information, and when?
- How did those things affect the person?
- What aspects of confidentiality did the helper address?
- What question did the helper ask at the end?

The trainer playing the role of the person seeking help can describe how they felt during the interaction.

Take notes on the discussion and display them on a flipchart, board or sticky notes, so that the trainees will be able to refer to them in the next exercise.

Group activity 2. Trainee pairs practise confidentiality *(10 mins)*

This activity involves a role-play and then a discussion. Divide the group into pairs. Ask each pair of trainees to take turns in role-playing a helper explaining confidentiality. The setting of the role-play is the first session. To save time, the role-play starts after the helper has met the person and has done some rapport-building. Explain this to the trainees and, to emphasize it, get them to start the conversation by saying "Before we go any further, I'd like to explain confidentiality to you."

After about two minutes, signal that the trainees in each pair should swap roles and repeat the role-play.

After about five minutes, bring the group back together to discuss the activity. You might ask:

- How did it feel to have confidentiality explained to you?
- How might you use what you have learned about discussing confidentiality in your work?
- How might good confidentiality skills help you in your work?

Take notes on the discussion and add any new ideas to the list of helpful confidentiality behaviours (Table 3).

How privacy affects confidentiality *(5 mins)*

Here is a sample text you could read out in order to introduce privacy. You can adapt the language to fit your setting, but you should ensure that you cover all the points.

Privacy

Part of ensuring confidentiality is making sure there is a private, safe and comfortable space for the person to share thoughts and feelings with the helper. It can be difficult to ensure confidentiality if the location is not private (a shared office, a public space or the person's home when other people are around). In such situations, you should adjust conversation topics to avoid sensitive issues (you can discuss these later). You can also take steps to ensure privacy. For example:

- *If you are holding a session or private conversation remotely, be sure that both persons are using headphones or are in a quiet space away from others.*
- *If meetings take place with a family member or other person nearby, try to first check if you can move to a private space. If this is not possible, consider other ways to ensure confidentiality, such as not discussing any particularly difficult topics.*
- *If you are speaking with a person in a busy health-care setting, find a quiet place away from others.*

Group activity 3. Exploring how settings affect privacy and confidentiality *(20 mins)*

This activity involves discussions in small groups, and then a whole group discussion. Tell the trainees that this activity will help them to think about how the setting influences privacy, and therefore confidentiality. Your trainees will learn to consider such issues when explaining and agreeing confidentiality and when considering what information to discuss.

Divide trainees into discussion groups of about three persons.

Tell them they will be discussing a scenario and that you want them to think about privacy and barriers or challenges to confidentiality, as well as how they might address these.

Tell the discussion groups that they will briefly share their thoughts with the whole group after 10 minutes.

Give each small group the following scenario.

Scenario: Maria comes to see a helper. Maria is 20 years old and she is with her mother. Maria's mother insists that she needs to listen to everything that Maria talks about with the helper. They meet their helper at an office, but there is no electricity and it is too dark to meet inside with the door closed. What are the barriers to privacy and confidentiality? What could the helper do to ensure privacy for Maria? And how might the helper explain confidentiality to Maria's mother?

After 10 minutes, bring the whole group back together to review the answers. Each group should briefly summarize the scenario, including the barriers they identified and ways around them that they propose.

As the group shares, list their suggestions for creating private settings on a flipchart, board or with sticky notes.

Make sure that the summary covers at least these barriers:

- Allowing family members to listen.
- People overhearing you in busy locations.

Also make sure that the summary covers at least these actions:

- Changing topics of conversation when needed.
- Informing family members about service rules on confidentiality.

Review learning points *(10 mins)*

Take the last 10 minutes of this module to review both rapport-building and confidentiality skills. You can use the lists of unhelpful and helpful behaviours in Table 3 and the discussion points the group has raised. Ask the group members to help you recap their learning. You could use the following questions as prompts:

- Why is good rapport important?
- What can we do to build rapport?
- What kind of behaviours undermine rapport?
- What does confidentiality mean?
- What are the limits to confidentiality?
- What can you do to help ensure confidentiality?
- Can we describe how confidentiality can help at work?

If trainees struggle to answer the last question, give examples – such as a helper creating a confidential space so that the person being helped feels respected and able to share their feelings; or confidentiality making a person more likely to seek medical help or reveal that they are unsafe at home.

TABLE 3

Unhelpful and helpful behaviours for confidentiality and rapport-building

Unhelpful or potentially harmful behaviours

Rapport-building:

- Dominating the interaction by describing a personal experience.
- Minimizing a person's problem by describing how you have dealt with a similar situation.
- Asking unnecessary, embarrassing personal questions.
- Discussing confidential information that should not be shared with the person.

Confidentiality:

- Forcing someone to disclose information to you.
- Describing confidentiality inaccurately.
- Promising that everything will be kept confidential, without exceptions.
- Minimizing a person's concerns about confidentiality.
- Not addressing issues of privacy.

Helpful behaviours

Rapport-building:

- Introducing yourself and your role/profession.
- Asking a person what they would like to be called.
- Making informal conversation.
- Sharing a little general information about yourself.
- Asking for the person's thoughts on the information you have provided.
- Checking with the person that they are comfortable.

Confidentiality:

- Explaining confidentiality.
- Listing exceptions to confidentiality (e.g. risk of self-harm/suicide).
- Explaining why it can be important to share confidential information with others (e.g. health workers, family members etc.).
- Explaining how sharing confidential information with others will be discussed with the person and what the chain of communication will be.
- Making sure that privacy is established in your setting.

Informally-assessed role-play demonstrating rapport and confidentiality skills

Role-play and ENACT items to be used:

Module 2. Role-play, rapport-building and confidentiality

ENACT Scoring template #3. Confidentiality

ENACT Scoring template #4. Rapport-building

This assessment is expected to take 15 minutes. Trainees will work again in pairs, this time to show their skills in both rapport-building and promoting confidentiality. During the role-plays, trainers walk around the room and observe one or two pairs each as they practise. It is not necessary to score the trainees fully or to observe the full role-play. Instead, use the tool to help structure your observations. It can be helpful to observe different trainees from those observed in the previous role-plays.

Instructions

1. Be ready to use the ENACT rating tool for items #3 and #4 which are reproduced as Fig. 6. You can use paper copies of ENACT, or the digital version on the EQUIP digital platform.

2. Explain to the group how this practice exercise embeds their learning and gives the trainer a chance to provide feedback on their strengths. You might say:

   Now you will practise helpful rapport-building and confidentiality behaviours. While you all are practising, we shall be walking around to see your skills in action. We shall be taking some notes to give you all feedback on how you are doing and tips on how to improve even further.

3. Divide the group into pairs. If the trainees have already worked in pairs, get them to work with someone new.

4. Share these role-play instructions. They can be provided on a PowerPoint slide or written on a chalkboard/whiteboard. However, they might be best as paper handouts so that helpers and help-seekers do not see each other's instructions.

Instructions to the person being helped.

You have not met the helper before. Do not introduce yourself unless asked to do so. When your helper asks how you are feeling or what problems you are having, say *"I am worried that you might tell my family or other people about what we are discussing."*

Instructions to helper.

The person has come to you for help. This is your very first meeting. Put them at ease, then ask how you can help. Before they go into details, explain your approach to confidentiality and get their consent for it.

5. Ask each pair of trainees to take turns at playing the helper and the help-seeker. Tell the group that the role-play should take about five minutes. Then the pair should switch roles and do the role-play again.

6. Make sure that each person gets a chance to practise being a helper.

7. Both trainers should walk around the room and each should observe one or two pairs as they practise. You do not need to observe all pairs or the full role-play. It can be helpful to observe different trainees from those observed in the previous role-play. Use ENACT items #3 and #4 to record trainees' helpful and unhelpful behaviours. You may want to assign an individual competency level. However, it is more important to gauge how the group as a whole has understood the module, and to check on their ability to put helpful behaviours into practice. Try to determine whether anything needs to be clarified and whether you need to go over any of the training again.

8. After the role-plays, thank the trainees. You can share some general feedback on some of the helpful behaviours observed. Use your observations to structure your feedback to the group. Remember, when giving group feedback do not single out the individuals that you have observed, but instead make general comments about trends.

FIG. 6

ENACT #3 and #4 scoring templates

ENACT #4: Rapport-building and self-disclosure

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Dominates session describing a personal experience ☐ Minimizes client's problems by describing how the helper has dealt with this ☐ Asking unnecessary embarrassing personal questions ☐ Discusses confidential information of other clients	☐ Introduces self and explains role ☐ Makes casual, informal conversation ☐ Asks for client's introduction (e.g. what the client prefers to be called) ☐ Shares general experience related to the client (e.g. about one's community/region) ☐ None of the above	☐ Completes all basic helping skills ☐ Asks client's reflection on information that helper has shared ☐ Checks in on client's comfort (e.g. offers seat, preferred language)

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #3: Explain and promote confidentiality

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Forces client to disclose to helper or others ☐ Describes confidentiality inaccurately (e.g. "I will only tell your family") ☐ Promises full confidentiality without exceptions ☐ Minimizes client's concerns about confidentiality (e.g. "It doesn't matter if anyone else hears us")	☐ Explains concept of confidentiality ☐ Lists exceptions for breaking confidentiality for self-harm or harm to others ☐ Explains why it can be important to break confidentiality ☐ None of the above	☐ Completes all basic helping skills ☐ Details the referral process related to confidentiality and exceptions ☐ Asks questions to assess client's understanding of confidentiality ☐ Topics of discussion are appropriate to confidentiality of setting

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

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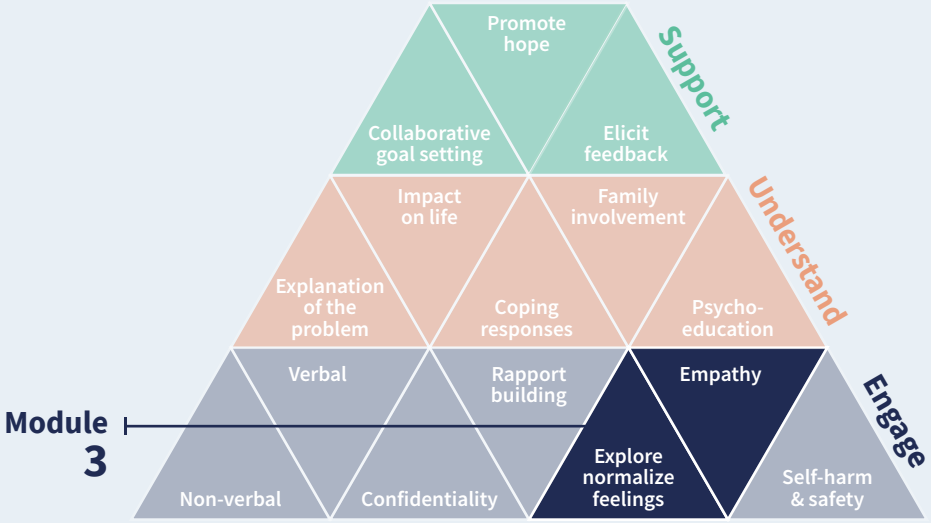
Module 3. Empathy (ENACT #6) and exploring and normalizing feelings (ENACT #5)

This module will explain why understanding and showing empathy is important. It will also help trainees to practise how to explore people's feelings, how to reassure people that their feelings and reactions are normal and understandable, and how to respond to someone when they share how they feel.

FIG. 7

Module 3 covers empathy, and exploring and normalizing feelings from the Engage tier of foundational helping skills



Structure of the module 105 mins

SHOWING EMPATHY *(40 MINS)*

- Introducing the concept of empathy *(10 mins).*
- Exercise 1. Empathy case study and discussion *(15 mins).*
- Group activity 1. Empathy exercise and discussion *(15 mins).*

EXPLORING AND NORMALIZING FEELINGS *(50 MINS)*

- Introducing validation and normalization *(5 mins).*
- Exercise 1. Validation and normalization case study and discussion *(10 mins).*
- Exercise 2. Validation and normalization demonstration *(5 mins).*
- Group activity 1. Practising validation and normalization *(25 mins).*
- Review learning points *(5 mins).*

INFORMALLY-ASSESSED ROLE-PLAY TO PRACTISE EMPATHY AND RESPONDING TO FEELINGS *(15 MINS)*

Preparing for the module

One trainer will introduce the concepts and then both trainers will deliver the activities. You may want to use Table 4 on unhelpful and helpful behaviours as handouts. You will need envelopes with emotion cards for Group activity 1. The emotions might include: afraid/fearful; angry; sad; worried/anxious; happy/joyful; envious/jealous; embarrassed; frustrated/annoyed; confused/uncertain; guilty; depressed; or disappointed.

Take notes on the discussion activities and build a list of trainees' suggestions of unhelpful and helpful behaviours for empathy and responding to feelings. Tell the trainees at the start that you will be noting down their ideas.

Showing empathy 40 mins

Introducing the concept of empathy *(10 mins)*

Here is a sample text for you to read to introduce empathy. You can adapt the language to fit your context, but please ensure that you cover all the points.

What does it mean to show empathy?

Empathy involves understanding a situation from someone else's point of view, including their thoughts and feelings. It means trying to see the world as if through another person's eyes and heart.

The first step in being empathic is to listen closely to the person we are helping without judging the person. This means putting aside our personal values. This can be difficult, particularly when we do not agree with the person we are supporting. Talking to your supervisor is very important if you are finding it difficult to be empathic with a person because of different values, beliefs or other issues. It can help you get a better understanding of how to connect with someone.

Next, it is important to show care or concern actively and continuously with the person you are helping. People often mirror each other's emotions to show understanding: for instance, facial expressions such as smiles, frowns and eyes opened wide with surprise, spread between people without us even thinking about it. The non-verbal communication skills you have already learned are important here.

We can also demonstrate care or concern and show that we are being empathic and listening through our verbal communication. We can never truly know what it is like to be another person, so we need to ask questions to improve our understanding and show the person that we are trying to understand from their perspective.

Reflective statements are an important verbal communication technique to improve our understanding of someone's perspective. When we reflect, we are repeating what someone has said in order to show that we are listening, and to clarify that we have heard/understood correctly. Reflective statements also encourage someone to talk in more depth about their experiences.

We need to be tentative when reflecting feelings as we may get them wrong, or it may be the first time that a person is understanding their feelings themselves, so they may not know. You can use phrases such as "Have I understood this correctly…?" to encourage the person to correct you and clarify your understanding.

For example, we might say:

"Have I understood correctly that this situation made you feel very scared?"

"I wonder if you felt sad or angry when that happened?"

"It sounds as if that experience made you feel very worried? Is that how you felt?"

"Having so many stresses and worries can be difficult for people. I wonder if this is making you feel anxious?"

Exercise 1. Empathy case study and discussion *(15 mins)*

Tell the trainees you will describe a situation to them and at several points you will ask them how the characters feel. This will give trainees the opportunity to empathize with someone else and to reflect on the different signals that might hint at another person's reaction to a situation. Use the following text, modified for your setting and context if needed.

One day Anita was coming home from work to meet her friend Deepa who she had invited over for dinner. Anita was planning to cook rice, lentils, vegetables and chicken. Unfortunately, that day she had to work late. She was now rushing to get to the market and then get home in time to cook. She got to the market and it was very crowded. She looked at her watch and it was already late. She looked around, unable to decide which ingredients to buy first. She kept looking at her watch.

Now ask the trainees:

- How do you think Anita felt at this time?
- What made you think she was feeling this way?

In a rush, Anita bought her ingredients and hurried home. She started cooking dinner, and began with her rice cooker. Then she got a pan to cook the chicken. But when she opened her grocery bag to get the chicken, she saw that it was goat instead. Her friend Deepa does not eat goat. She remembered how the butcher wasn't paying attention when packing her order. She thought about the butcher and threw the goat meat into the garbage.

Now ask the trainees:

- How do you think Anita felt at this time?
- What made you think she was feeling this way?

Anita cooked the food she did have. But in her rush and because things were not going to plan, some things were undercooked, and some were burned. Deepa had arrived, and Anita put the food on the plate to bring it out to her. She couldn't believe that she was going to serve this to Deepa. She wanted to go and hide. She kept moving the food around on the plate to make it look better. She slowly walked into the room, where Deepa was sitting at the table.

Now ask the trainees:

- How do you think Anita felt at this time?
- What made you think she was feeling this way?

> *Anita apologized to Deepa and explained what had happened with her evening. Deepa smiled at Anita and said not to worry about it at all. She shouldn't feel embarrassed; the same thing had happened to her a few weeks ago when she had planned a dinner party. Deepa said that a new dumpling shop had just opened nearby, which she'd be excited to try. Together they agreed to go there instead. Anita's shoulders felt lighter at this suggestion, and she said to Deepa, "Grab your coat, we're going out!"*

Now ask the trainees:

- How do you think Anita felt at this time?
- What made you think she was feeling this way?

Explain to the trainees:

> *In this story, we never hear what Anita's emotions are but, by paying attention to her actions and by looking at things from her perspective, we can try to imagine the emotions she might be feeling.*
>
> *We often need to do this as a helper. We won't always identify how someone is feeling correctly, because we are all individuals with different reactions. But it is important to try to understand the other person and show this through our verbal and non-verbal communication. This creates a meaningful interaction between the helper and the other person. So it is important to ask questions, use reflective statements and be tentative about naming emotions, checking all the time to see if your understanding is correct and to show that you are listening.*
>
> *When we use tentative statements we show that we are trying to understand. For example, with Anita we could have said, "Maybe burning the food made you feel embarrassed" or "I wonder if you felt embarrassed when burning the food?" instead of "You must have been embarrassed by that." Tentative statements will encourage the other person to describe their own experience, including their emotions.*

Group activity 1. Empathy exercise and discussion (15 mins)

This activity has two parts. In the role-play, pairs of trainees practise demonstrating empathy using non-verbal and verbal communication techniques, including tentatively reflecting feelings and asking questions. In the discussion, they reflect on the exercise.

ROLE-PLAY

Divide the trainees into pairs.

Pass around your pre-prepared envelopes with an emotion written on a card inside. Everyone receives a card but only they can look at their card.

One person role-plays their emotion while the other plays the helper and demonstrates empathy.

To simulate a person who is not fully aware of their own emotions (or at least struggles to find language to describe it), the person expressing the emotion cannot use the emotion word itself in any of their responses. For instance, if the emotion is "feeling sad", the person can say how they feel in their body or how their actions were affected – e.g. "I felt like I couldn't get out of bed", "I didn't have any energy, I just wanted to cry all the time."

Trainees playing the helper should demonstrate empathy through non-verbal and verbal communication techniques, including asking questions and tentatively reflecting feelings.

After a few minutes, signal that the pairs should swap roles, using the other emotion card.

DISCUSSION

After the role-play, lead the whole group in a discussion on demonstrating empathy. Ask what techniques seemed to work or felt more natural and what did not work. Ask people to also answer from the perspective of the person being helped. Did they feel that the helper understood them and their emotions? What showed this understanding? Take notes – perhaps with a flipchart, board or sticky notes – so that you can add suggestions to the list of helpful and unhelpful behaviours in Table 4.

Exploring and normalizing feelings 55 mins

Introducing validation and normalization *(5 mins)*

Here is a sample text to introduce how to acknowledge what a person is feeling and reassure that person that what they feel is understandable and normal. You can adapt the language to fit your context, but you should ensure that you cover all the points.

> ***Validating a person's feelings***
>
> *When a person shares their feelings with you, it is helpful to confirm and identify what they are feeling and to explicitly acknowledge these feelings so that they feel they are being heard. This is called "validating". Examples of validating statements include:*
>
> *"It is understandably sad that you [lost your loved ones]."*
>
> *"I can see that you are very distressed."*
>
> *"I can see that this is frustrating for you."*
>
> *"I hear what you are saying – that this was a tough time"*
>
> *"This seems really hard for you."*
>
> *"These memories seem to be causing you a lot of stress."*
>
> *"You have so many stresses and worries. I can see that it is difficult for you and that you are trying your best."*

Notice how these examples are very different from direct questions or statements, statements that say much more about how we ourselves might feel, or statements that make a judgement. We would not say:

"You must have felt sad when that happened."

"I know you felt angry having that happen to you."

"I would have felt very upset by that; I am sure you do too."

"I think you are overreacting to the situation."

"I remember how I felt when that happened to me."

"You did the right thing there. I would have done the same."

As much as possible, we should avoid saying, "I understand how you feel" or "I know how you feel." This is because it might cause a negative reaction (especially if someone is angry). They might answer, "How can you possibly know how I feel?" Instead, use phrases such as, "I can see this is…" or "This seems really hard for you…".

Normalizing a person's feelings

Once we have validated someone's feelings it can be helpful to reassure them that such experiences are understandable, expected and acceptable, and that others might feel the same way. This is called "normalizing". We need to normalize, but without undermining that person's own individual experience or making the situation seem trivial in any way. For example, we might say "Many other people also have fears about going out when they have seen someone being physically harmed" or "This is a terrifying experience – it is normal that you feel afraid and angry".

Exercise 1. Normalization – case study and discussion *(10 mins)*

This exercise has two parts: a role-play and a discussion. It demonstrates a community health worker who is exploring a person's emotions and normalizing them. One trainer should role-play the health worker, and one should be Rohit (the service user). You can read out the text, or adapt it (in advance) to your context and setting.

ROLE-PLAY

Rohit meets with a community health worker.

Health worker: *Hi Rohit, thanks for calling me. What did you want to talk about?*

Rohit: *I have been having headaches, but I am afraid about going to the doctor.*

Health worker: *OK. Can you tell me more about that?*

Rohit: *I am worried that if I do go, my doctor will say it is something very serious. I had an uncle who had a lot of headaches before he had to go to the hospital.*

Health worker: *Ah, I see. Thanks for explaining, Rohit. Being reluctant to see the doctor is a very common experience. It sounds like you are worried you too might have to go to hospital. Many people feel worried that, when they are sick, it could be something serious. Sometimes we think*

we might prefer not to know, especially if someone we know has had a serious illness. Does any of this sound like what you have been thinking or feeling?

DISCUSSION

Lead a group discussion on the interaction. Take notes of your trainees' ideas so you can add suggestions to the lists of unhelpful and helpful behaviours in Table 4. You might use the following questions as prompts:

- Was the community health worker being empathic to Rohit?
- What specific words or skills did they use to show empathy?
- Was the health worker able to validate and normalize Rohit's feelings? If so, how did they do this?
- When might you use empathy, validation and normalization in your work? What types of situations can you think of?
- In what other ways might you use this approach at work or in general?

Exercise 2. Validation and normalization demonstration *(5 mins)*

Explain that your co-trainer will start the role-play as Amir and will then signal when you show validation and normalization responses (perhaps by writing the words on a flipchart or chalkboard/whiteboard). Explain that this is a demonstration and that the trainees will shortly be practising making these types of responses.

Trainer Two should start the exercise by saying:

> *I keep coming home late. I am embarrassed because I lost my job and I don't want my family to know.*

Trainer One responds:

> *I see, and thanks for sharing, Amir. That sounds like a really hard situation. It can be very difficult to feel embarrassed like this, particularly around people that are close to you* ***[validation]****. Many people who lose their jobs struggle with feelings of shame or embarrassment* ***[normalization]****. How do you feel, knowing that others might have similar responses to this situation as you do now?* ***[encouraging reflection]***

Remind trainees that a **validation** response is used to acknowledge how Amir is feeling, and a **normalization** response is used to reassure Amir that many people have similar feelings in situations like his.

Highlight to the group that you also encouraged Amir to reflect on how he felt after hearing a normalization response. This was because knowing that feelings are normal can make the situation less distressing.

Group activity 1. Practising validation and normalization (25 mins)

This activity has three parts: identifying a helpful response to a comment, a discussion, and sharing of an experience.

Divide the trainees into groups with three persons in each group.

IDENTIFYING A HELPFUL RESPONSE

Assign each group one of these scenarios:

Sally is exhausted. She says she can't get out of bed. She is scared because she is not keeping up with work and thinks she might lose her job."

Luke is worried and feeling stressed about getting sick. He fears he might lose his job.

Ask each group to think of at least two helpful responses for their scenario. Each response might consist of a few sentences and should include:

- a validating response;
- a normalizing response; and
- a question for the person that helps them reflect further on their feelings.

DISCUSSION

Then bring the groups back together for a discussion. Groups can present one response to their scenario. Groups can read the response aloud, display it on a chalkboard/whiteboard or similar, or they can opt to role-play the interaction.

Take notes (on a flipchart, chalkboard/whiteboard, sticky notes etc.) on the different behaviours that the groups identify.

Briefly summarize the behaviours and how they relate to the concepts of validating and normalizing feelings.

SHARING AN EXPERIENCE

Recall the story about Anita and Deepa. One of the most helpful things for Anita was hearing Deepa say that she could understand how she was feeling about the ruined meal. Tell the trainees to re-form their groups of three. In each group, one trainee should describe a time when they made a mistake (perhaps when cooking a meal). The second trainee should respond with helpful empathy, validation and normalization. The third observes and takes notes. Then, still in their groups, the trainees should discuss the behaviours that they showed to one another, and then list helpful behaviours for empathy, validation and normalization.

After five minutes, ask one person from each group to share one or two short points on something new that they have learned about normalizing feelings and empathic behaviours. Take notes and add anything new to the lists of unhelpful and helpful behaviours in Table 4.

Review learning points *(5 mins)*

Take a few minutes to review learning points. Ask the trainees to recap why it is important to show empathy and to validate and normalize feelings in their work. If you need to, you can use the following examples:

- When a health worker or other service provider is empathic and normalizes feelings, the person using the service is likely to feel more comfortable in describing their experience and providing fuller information about their concerns.
- When a teacher is empathic and normalizes feelings, their students may feel better understood and try harder.
- When a social worker is empathic and normalizes feelings, the people they are helping may find it easier to explain their circumstances and actively take part in case plans.
- When a surgeon is empathic and normalizes feelings, their patients might feel less stressed about their surgery and may even recover faster.
- When a person has a health-care provider who is empathic, the service user will not feel they need to keep searching for a health worker who understands or listens to them.

Outline unhelpful and helpful behaviours in Table 4. Add ideas that the group suggested during the module.

TABLE 4

Unhelpful and helpful behaviours for empathy and exploring and normalizing feelings.

Unhelpful or potentially harmful behaviours	Helpful behaviours
• Stating that the person's response is unusual for a particular situation (e.g. saying "People don't usually react in this way").	• Appropriately encouraging the person to share their feelings.
• Minimizing or dismissing the person's feelings or emotions.	• Explaining that other people have similar feelings, reactions and concerns when faced with similar experiences.
• Forcing the person to describe their emotions.	• Being warm, friendly and genuine throughout the session.
• Being critical of the person's concerns.	• Actively and continuously showing concern or care for the person.
• Being dismissive of the person's concerns.	• Asking questions to help see the problem from the person's perspective.
• Saying inappropriate things or coming across as fake or acting when responding.	

Informally-assessed role-play to practise empathy and exploring and normalizing feelings.

Role-play and ENACT items to be used:

Module 3. Role-play, empathy and exploring and normalizing feelings

ENACT Scoring template #5. Exploration and normalization of feelings

ENACT Scoring template #6. Demonstration of empathy, warmth and genuineness

This informal assessment is expected to take 15 minutes. Trainees will work in pairs to show you their helpful skills in both exploring and normalizing feelings and showing empathy. During the role-plays trainers walk around the room and each observe one or two pairs as they practise. You do not need to observe all pairs or the full role-play. Instead, use the tool to help structure your observations. It can be helpful to observe trainees who are different from those observed in the previous role-plays.

Instructions

1. Be ready to use the ENACT rating tool for items #5 and #6, reproduced as Fig. 8. You can use paper copies of ENACT, or the digital version on the EQUIP digital platform.

2. Explain to the group how this practise exercise strengthens their learning and gives you a chance to feedback on their strengths. You might say:

> *Now we shall practise helpful behaviours. To bring together our learning from this session, in this practise you will combine your skills in discussing feelings and showing empathy. While you all are practising, we shall be walking around to see your skills in action. We shall be taking some notes to see how much you have developed your skills, and to give you feedback on how to improve even more.*

3. Divide the group into pairs. If possible, change the pairs so trainees can work with someone new.

4. Share these role-play instructions. They can be provided on a PowerPoint slide, or written on a chalkboard/whiteboard. However, they might be best as paper handouts, so that helpers and help-seekers do not see each other's instructions.

Instructions to helper.

Introduce yourself and ask the person what they would like to be called. Then ask them, "Please tell me about why you came to see me today." Use your skills to validate and normalize feelings and show empathy.

Instructions to the person being helped.

After the helper asks you about the reason you came to see them, tell the helper "My son just finished his schooling, and I am staying up at night worrying that he won't be able to find a good job to support himself. I'm tired every morning because of staying up at night worrying about him."

5. Ask each member of the pair to take turns playing the helper and the person being helped. Tell the group that they should switch roles after about five minutes.

6. Make sure that each person gets a chance to be the helper.

7. Both trainers should walk around the room and each should observe one or two pairs of trainees as they practise. You do not need to observe all pairs or the full role-play. It can be helpful to observe different trainees from those observed in the previous role-play. Use ENACT items #5 and #6 to record trainees' helpful and unhelpful behaviours. You may want to assign an individual competency level. However, it is more important to gauge how the group as a whole has understood the module, and to check on their ability to put helpful behaviours into practise. Try to determine whether anything needs to be clarified and whether you need to go over any of the training again.

8. After the role-plays, thank the trainees. You can share some general feedback on some of the helpful behaviours observed. Use your observations to structure your feedback to the group. Remember, when giving group feedback do not single out individuals that you have observed but instead make general comments about trends.

FIG. 8

ENACT #6 and #5 scoring templates

ENACT #6: Demonstrate empathy, warmth and genuineness

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Critical of client's concerns ☐ Dismissive of client's concerns ☐ Helper's emotional response appears inappropriate, fake or acting	☐ Is warm, friendly and genuine throughout session ☐ Continuously shows concern or care for the client (e.g. "That sounds sad. Can you tell me more about it?") ☐ Asks question to identify what emotions the client was feeling (e.g. "I wonder if you felt sad or angry when this happened") ☐ None of the above	☐ Completes all basic helping skills ☐ Asks client to reflect on empathic statements from helper (e.g. "What did you think when I said you sounded sad?")

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #5: Exploration and normalization of feelings

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Makes statements that client's response is unusual or atypical for others in similar situations (e.g. "People don't usually react this way") ☐ Minimizes or dismisses client's feelings or emotions ☐ Forces client to describe emotions	☐ Appropriately encourages client to share feelings ☐ Explains that others may share similar symptoms, reactions and concerns, given similar experiences ☐ Asks client to reflect on the experience of sharing emotions ☐ None of the above	☐ Completes all basic helping skills ☐ Explores potential reasons for hesitance to share emotions ☐ Comments thoughtfully on client's facial expression to encourage emotional expression ☐ Validates emotional responses while reframing potentially harmful emotional reactions

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

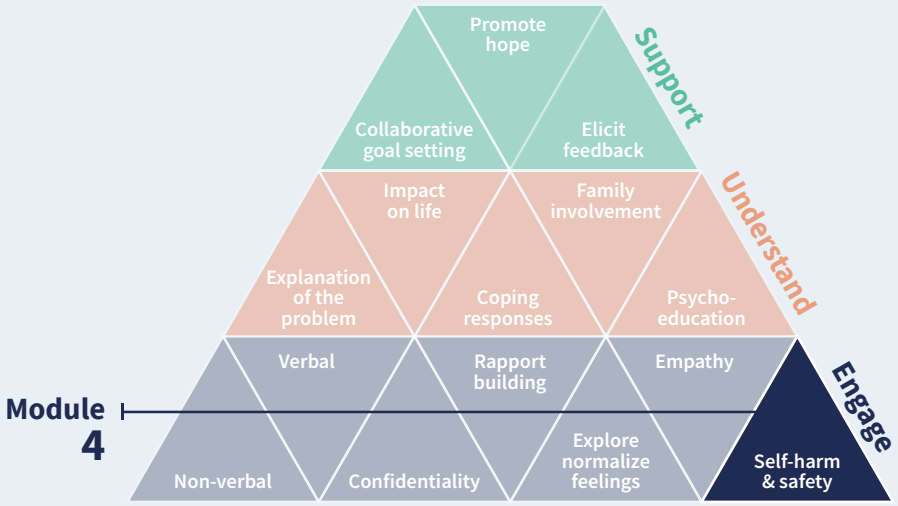
Notes:

Source: ENhancing Assessment of Common Therapeutic factors (ENACT) competency assessment tool (English, in-person) (v1.0). Geneva: World Health Organization; 2021. https://equipcompetency.org/en-gb. Licence: CC BY-NC-SA.

Module 4. Assess risk for self-harm/ suicide and promoting safety (ENACT #7)

FIG. 9

Module 4 covers assessment of risk for self-harm/suicide and promoting safety from the Engage tier of foundational helping skills



Structure of the module 110 mins

- Self-harm/suicide: what it is and what it is not *(20 mins)*.
- Self-harm/suicide warning signs *(5 mins)*.
- Asking about self-harm/suicide *(5 mins)*.
- Exercise 1. Role-play on asking about self-harm/suicide *(10 mins)*.
- Assessing risk when a person says they are having thoughts of self-harm/suicide *(10 mins)*.
- Exercise 2. Role-play on assessing risk when someone says they are having thoughts of self-harm/ suicide *(10 mins)*.
- Managing imminent risk of self-harm/suicide *(15 mins)*.
- Group activity 1. An opportunity for trainees to ask questions *(15 mins)*.
- Group activity 2. Pairs practise assessing self-harm/suicide *(10 mins)*.
- Review learning *(10 mins)*.

INFORMALLY-ASSESSED ROLE-PLAY FOR ASSESSMENT OF RISK FOR SELF-HARM/SUICIDE AND PROMOTING SAFETY (15 MINS)

Materials. You should have a timer (clock, watch, telephone, etc.) and a bell or similar device for timekeeping. A flipchart, chalkboard/whiteboard or sticky notes will be needed for recording the discussions. Note that you will need enough flipchart sheets or board space to run a group discussion (Group activity 1) by ranking issues under five headings. You can also use Table 5 on unhelpful and helpful behaviours as a handout for trainees.

A note on the module, preparing participants, language used and the ENACT tool

This module requires adaptation to both the local context, including applicable laws and policies, and the implementation organization's approach to managing the imminent risk of suicide. It has been written for people with limited or no experience in providing mental health care (e.g. non-specialists).

The module focuses on identifying people at imminent risk of suicide and taking appropriate action. It focuses on referral and the involvement of supervisors to provide further assessment and support to the person at risk. It is not expected that helpers will ask everyone in all settings about self-harm/suicide. However it is important that helpers are able to ask this if someone presents with a mental health condition, acute emotional distress, chronic pain, history of suicide attempts or any of the warning signs detailed in the training. For more information see the WHO Mental Health Gap Action Programme (mhGAP) intervention guide *(12)* and associated training materials *(13)*.

This training does not cover the assessment of harm to and from others. Concern that someone is at risk of harm from others also requires immediate action, which typically involves referring them to a relevant protection service or agency (e.g. child protection or gender-based violence services). If at any time providers are concerned that the service user may pose an immediate risk to others, they should immediately contact the relevant authorities. For more details on this topic, organizations should consult appropriate guidance (*14*, *15*, *16*).

Before starting the training, you should be clear with the group that you plan to talk about self-harm/suicide. Tell the trainees to speak with the trainers privately if they think this could be a difficult topic. Inform trainees that you will discuss the topic of self-care in the next module on mid-training reflection. If appropriate, elements of the "Ready to help" section of the mid-training module could be incorporated here. For example, you could direct trainees to WHO's *Doing what matters in times of stress: an illustrated guide (17)* as an example of a resource that could help them to manage their own stress.

Suicide is defined as the act of deliberately killing oneself. Self-harm is a broader term defined as "… intentionally self-inflicted poisoning or injury, which may or may not have a fatal intent or outcome" *(12)*. The ENACT tool (Competency item 7) uses the term "self-harm" to ensure that it can have the broadest application. In this module we focus on assessment and response to imminent risk of self-harm/suicide in line with other WHO products (e.g. mhGAP).

It is important to be aware of the impact of language when discussing self-harm/suicide. The way in which we talk about these experiences has the potential to isolate people and reinforce stigma or to increase understanding and empower people to take action. As a general principle we should be using language that reduces the risk of harm and raises awareness. Terms that imply a level of criminality (such as "commit suicide"), inaccurately imply a history of self-harm/suicide (such as "completed attempt", or other potentially stigmatizing terms (such as "successful/unsuccessful attempt") should not be used. Instead, use terms such as "died by suicide" or "took one's life" *(18)*.

Self-harm/suicide: what it is and what it is not *(20 mins)*

Use the text below to discuss self-harm/suicide and common misunderstandings with the trainees (10 mins). You might want to display key points (in bold below) as visual reminders on your flipchart or chalkboard/whiteboard.

By suicidal behaviour we mean behaviour that is ***within a range from suicidal thoughts (or ideation), to planning for suicide, making a suicide attempt, and dying by suicide. Self-harm is a broader term*** *that is defined as* ***"intentionally self-inflicted poisoning or injury, which may or may not have a fatal intent or outcome"****.*

Suicidal ideation *may include thoughts such as someone thinking "I wish I would go to sleep and not wake up" or these thoughts may be more current thoughts of suicide such as "I want to die today" or "I can't live any longer, I am going to kill myself."*

Planning for suicide *may include any plan to take one's life. This may be vague – e.g. identifying one or more methods to use – or it may be more specific with regard to when, where and how – e.g. including a place or a time frame.*

Access to means of suicide *refers to having tools or materials available to end one's life – e.g. firearms, pesticides or medications (prescribed or over-the-counter). Access to the means of suicide may be different depending on one's location and culture.*

Self harm/suicide is a complex issue that cannot be predicted accurately. Self-harm/suicide risk fluctuates over time according to a number of risk and protective factors. As a helper who is able to assess self-harm/suicide, asking about self-harm/suicide and understanding if a person is at ***imminent risk of self-harm/suicide*** *can help to keep a person safe. Your role is to then refer/connect them to appropriate help resources.*

It is important to assess self-harm/suicide in order to help. If we do not ask about self-harm/ suicide, perhaps because we worry that it is a taboo topic or that we might do more harm than good, we may miss the chance to support someone in need. By learning how to ask about self-harm/suicide, we can promote prevention and find ways to help.

It is very important that your supervisor or a mental health professional is consulted about anyone reporting thoughts of self-harm/suicide and particularly anyone who is at imminent risk. In this module we shall cover the different steps that might be involved.

FACTS ABOUT SELF-HARM/SUICIDE

This section is adapted from the WHO's suicide Q&A webpage (https://www.who.int/news-room/questions-and-answers/item/suicide) and should be used as a question and answer session. Read through the questions, asking trainees for their thoughts, and then provide the facts written below each question.

Question: How many people die by suicide every year?

Answer:
Suicide is a global public health problem. Every year more than 700 000 people die as a result of suicide. The majority of these deaths (77%) occur in low- and middle-income countries. Beyond this, suicide has a ripple effect that has impacts on societies, communities, friends and families who have lost a loved one to suicide.

Question: How many people attempt suicide every year?

Answer:
There are indications that for each person who dies of suicide there are likely to be more than 20 others who attempt suicide. This ratio differs widely by country, region, sex, age and method.

Question: Are suicides preventable?

Answer:
Yes. Suicide can be prevented by access to emotional support at the right time and restriction of access to highly lethal means of suicide to buy time while dealing with suicidal feelings. Effective interventions exist (see WHO's LIVE LIFE initiative for suicide prevention (19) for more information).

Question: Does talking about suicide lead to someone taking their own life?

Answer:
Talking openly about suicide can give a person more options or more time to rethink her/his decision, thereby preventing suicide.

Question: If someone is feeling suicidal, are they determined to end their own life?

Answer:
Studies suggest that people who are suicidal are often ambivalent about living or dying; they look for relief from their pain. Someone may act impulsively and die a few days later, even though they would have liked to live on. Access to emotional support at the right time may prevent suicide. Studies with persons who have made near-fatal suicide attempts indicate that many of them are pleased later that they survived.

Question: Is it true that only people with mental health conditions are suicidal?

Answer:
Many people who are suicidal do not have a mental health condition, and many people with mental health conditions do not have a wish to die. In suicidal crisis situations, many underlying and contributing factors need to be considered – such as acute emotional distress, chronic pain, experience of violence and social determinants.

Question: What causes people to be suicidal?

Answer:
Suicidal behaviours are not easy to explain. They are never the result of a single factor or event. The factors that lead individuals to take their own life are multiple and complex. Health, mental

health, stressful life events, and social and cultural factors need to be considered when trying to understand suicidal behaviour.

Self-harm/suicide warning signs *(5 mins)*

Use the text below to provide some examples of warning signs of self-harm/suicide.

Some self-harm/suicide warning signs might be very clear and obvious, while others might be difficult to recognize.

Warning signs can include:

- Severe mood changes.
- Social withdrawal.
- Expressing thoughts, feelings or plans about ending their life.
- Saying things such as “no-one will miss me when I’m gone” or ”I’ve got no reason to live”.
- Looking for ways to kill themselves.
- Saying goodbye to close family members and friends.
- Giving away valued possessions.

*Tell participants that **warning signs do not predict who will die by suicide and who will not**. Helpers will need to assess self-harm/suicide individually for each person who presents with a mental health condition, acute emotional distress, chronic pain, history of suicide attempts or any of the warning signs described above.*

Asking about self-harm/suicide *(5 mins)*

Remind trainees that *it is important to ask someone about self-harm/suicide if they present with a mental health condition, acute emotional distress, chronic pain, history of suicide attempts or any of the warning signs described above.* The trainees will need to *use their foundational helping skills to remind the person who may be at risk about confidentiality, learn more about their situation and build trust. Talking openly, directly and honestly about self-harm/suicide can save a person’s life. Make sure to create a safe, nonjudgemental and open environment when asking about self-harm/suicide.*

Exercise 1. Role-play on asking about self-harm/suicide *(10 mins)*

In this exercise you will demonstrate helpful behaviours for asking about self-harm/suicide. After the role-play, you will lead a group discussion. You may need to adapt the demonstration to your context and setting.

ROLE-PLAY 1. (2–3 MINS)

Introduce the role-play to the trainees. You might say:

> *Next, we shall demonstrate a helpful interaction between a helper and help-seeker. Remember, talking openly, directly and honestly about self-harm/suicide can save a person’s life. Make sure to create a safe, nonjudgemental and open environment when asking about self-harm/suicide.*

If you are a psychosocial support helper, remind the person that this is something you ask of everyone you are working with.

One trainer plays the helper and the other trainer plays the person being helped.

> ***Helper:*** *When people face challenges and feelings as you have described to me, they think about hurting themselves or taking their own life. Such thoughts can be quite common, so I ask these questions of everyone I see. Have you experienced any thoughts about hurting yourself or wanting to end your life?*
>
> ***Person:*** *No, I have never had these thoughts.*
>
> ***Helper:*** *So, just to confirm that I understood you correctly, you have just told me that you have not been having thoughts about harming yourself or attempting suicide?*
>
> ***Person:*** *Yes. I have never really thought that was an option.*
>
> ***Helper:*** *OK. Thank you for answering. I want you to know that I might ask you about this again in future just to make sure you are safe, and I can support you the best I can. If you do have any thoughts like this, please talk to me so that we can get you some help.*

DISCUSSION 1. (7–8 MINS)

Discuss with the group what they saw. You might ask them:

- What behaviours did the helper use?
- How was the helper being direct?
- How did the helper show a nonjudgemental attitude? What kind of questions did the helper use?
- What unhelpful behaviours did the helper successfully avoid?

List the trainees' answers on your flipchart, board or sticky note display. The helper role-playing the help-seeker can also describe how they felt and how they experienced the communication.

Assessing risk when a person speaks of having thoughts of self-harm/ suicide *(10 mins)*

Tell trainees that *if a person says that they have experienced suicidal thoughts, the next step is to get more information to see if there is an imminent risk of self-harm/suicide.* Share the following information with trainees, putting it on a flipchart or PowerPoint slide, and talk through it with them.

Remember: ***An imminent risk of self-harm/suicide*** *means that someone may be about to take their life.*

Seek out this information in a clear way using a caring tone of voice and empathy for how the person is feeling.

Ask about current plans and access to the means of suicide *(when, how).*

Ask about prior suicide attempts.

Persons should be considered at ***imminent risk*** *If:*

- ***They report current thoughts of self-harm/suicide****. Current thoughts of self-harm/suicide refer to thoughts such as "I want to kill myself today" or "I can't live like this any longer, I need to die soon."*

OR

- ***They have a current plan of self-harm/suicide.***

OR

- ***They are now extremely agitated, violent, distressed or lacking communication AND have any one of the following:***
  - ***Recent thoughts of self-harm/suicide in the past month*** *(e.g. having thought "i can't live like this any longer, i need to die" two weeks prior to your current contact with them) or*
  - ***Planned to self-harm in the past month*** *(e.g. having planned to drink pesticide two weeks prior to your current contact – they may or may not have acted on this plan) or*
  - ***An act of self-harm in the past year*** *(e.g. ingesting pesticide six months prior to your current contact with them).*

Note. To make identification of imminent risk of self-harm/suicide easier for non-specialists who deliver psychological interventions, WHO has developed a brief set of questions which can be used to assess the above. This can be found on in Annex 6, page 94 of *WHO's Psychological interventions implementation manual (1)*.

Exercise 2. Role-play on assessing risk when someone is having thoughts about self-harm/suicide *(10 mins)*

In this exercise you will demonstrate helpful behaviours for assessing risk when someone says they are having thoughts of self-harm/suicide. After the role-play, you will lead a group discussion. You may need to adapt the demonstration to your context and setting.

ROLE-PLAY 1. (2–3 MINS)

Introduce the role-play to the trainees. You might say:

> *Now, we shall demonstrate another helpful interaction between a helper and help-seeker when there are thoughts of self-harm/suicide.*

One trainer plays the helper, the other plays the person being helped.

> ***Person receiving help:*** *Sometimes I go to bed wishing that I won't wake up in the morning.*
>
> ***Helper:*** *I see. I heard you say that you wish you won't wake up in the morning. It is common for people to have these feelings when dealing with so much stress, and you are very brave for sharing this with me. When someone talks about feeling this way, it is important that I ask some additional questions to make sure that they are safe. I would like to know if you have ever had thoughts or made any plans to take your life.*
>
> ***Person receiving help:*** *No, I have never thought of that as an option.*

Helper: *OK, so your have just told me that you have been having thoughts about not wanting to wake up in the morning, but you have no current plans to end your life.*

Person receiving help: *Yes, I only think like that sometimes, I guess. It is how I feel sometimes.*

Helper: *Mhm, given all you've been going through. Have you ever attempted to take your own life?*

Person receiving help: *No, I would not do that. It would affect my family too much.*

Helper: *OK. So, you sometimes have thoughts about not waking up in the morning, but you do not plan to take your life and have never tried to take your life before?*

Person receiving help: *Yes, that's right.*

Helper: *Thank you so much for sharing this with me. I want you to know that I will share this information with my supervisor and I might ask you about this again in future, because I really need to know that you are keeping safe. And, of course, you can talk to me about this if your experience changes in any way. In the meantime, I would like to talk about what we might do if you ever feel that you are at risk of harming yourself or if I am concerned that you might be at risk.*

DISCUSSION 1. (7–8 MINS)

Discuss with the group what they saw. You might ask them:

- What behaviours did the helper use?
- How was the helper being direct?
- How did the helper show a nonjudgemental attitude? What kind of questions did the helper use?
- What unhelpful behaviours did the helper successfully avoid?

Make sure that you cover the fact that in this role-play the person had experienced thoughts about not being alive. The helper asked about these directly, but without judgement. The person's responses indicated that there was not an imminent risk of self-harm/suicide (i.e. there was no plan or intent); however, the helper still took care to make space for any future discussion and to explain what help might be offered if the situation worsened. Also, the helper took actions to inform their supervisor immediately.

The trainer role-playing the person can also describe how they felt.

Use your flipchart, chalkboard/whiteboard or sticky notes to summarize the discussion as it takes place.

Managing imminent risk of self-harm/suicide *(15 mins)*.

BEING PREPARED FOR REFERRALS

It is essential that the trainees know how to make referrals, and that they have appropriate resources ready to do so. Here are three key strategies to share with them. You may need to adjust the material depending on your setting. For example, an organization may not have a formal policy but there should be an agreed route for getting help.

Tell the trainees:

> *You need to be prepared to respond to people who are at imminent risk of self-harm/suicide and be able to refer them to appropriate services. Here are three simple strategies:*
>
> - *Familiarize yourself with your organization's policies and procedures for assessing and managing self-harm/suicide.*
> - *Know how to communicate with emergency services if someone has self-harmed, has made a suicide attempt or is at imminent risk.*
> - *Have a list of crisis lines and/or services that you can give to anyone struggling with self-harm/suicide.*

RESPONDING TO IMMINENT RISK

Tell trainees that *if they identify someone as being at imminent risk of self-harm/suicide they need to work with the person to ensure their immediate safety and arrange for additional care to help them stay safe.* Cover the following points and share them with trainees by writing them on flipchart paper or a slide.

- Follow your organization's procedure for dealing with the situation.
- **Immediately inform your supervisor.**
- Do not leave the person to seek help alone – create a secure and supportive environment in which they the person is safe.
- Contact someone the person trusts. For example, you could say: *"I would also like to contact someone in your community to ensure that you can be kept safe. Who would that be?"*
- Determine if the person has access to any means they could use to hurt themselves (e.g. pesticides, guns, medication).
    - If so, discuss whether or not someone can remove the means for self-harm/suicide (e.g. give them to a neighbour, tip them down a sink, or place them out of reach).
    - Ask if there is someone at home or nearby (e.g. family, neighbour, friend) who they can be with and who can remove the means of self-harm/suicide.
- Tell the person that they are not alone and that help is available. Explore reasons to stay alive, discuss the person's strengths and skills, and review past successes in coping with distress, if possible.
- Agree on the next steps in ensuring the safety of the person and agree that you as a helper will follow up within hours and over the following days.

For more on managing imminent risk of self-harm/suicide, see the materials in the WHO *mhGAP intervention guide (12)* or broader recommendations in WHO's *Live Life Initiative for Suicide prevention (19).* WHO's *Psychological intervention implementation manual (1)* has an example protocol designed for non-specialists which provides a simplified set of questions for non-specialists to help them ask about self-harm/suicide.

Group activity 2. An opportunity for trainees to ask questions *(15 mins)*

This activity gives you an opportunity to confirm your trainees' learning, and address any confusions or uncertainties. Lead the discussion of the following topics:

- Asking about self-harm/suicide.
- Normalizing asking about self-harm/suicide.
- Asking about any plans, self-harming or suicide attempts.
- Asking about previous plans, self-harming or suicide attempts.
- Contacting a supervisor or other referral services.

For each topic, list the key learning points. As you write them up, ask the group to rank the learning points in order of difficulty in terms of both understanding and putting them into practise. Position each item in the list according to the rank the trainees suggest, and note their reasons.

Then go through the learning points and address the comments (and reasons for them), focusing on how to apply each learning point.

Group activity 3. Pairs practise assessing self-harm/suicide *(10 mins)*

Divide the group into pairs. Ask the pairs to role-play the interactions you have just modelled for them. Call for a switch in roles after two minutes so that each trainee gets a chance to play the helper.

Use the final five minutes of this activity for discussion. Bring the group back together and ask how they felt as the helper and how they felt as the person being helped. You can add new suggestions of unhelpful and helpful behaviours to your notes or to the list in Table 5.

Review learning points *(10 mins)*

Take the last 10 minutes of this session to review learning on how to assess self-harm/suicide risk. You can use the lists of unhelpful and helpful behaviours in Table 5 and the discussion points raised by the group of trainees. Ask the group to help you recap their learning. You could use these questions as prompts:

- Why should we routinely assess self-harm/suicide?
- Can you remember some of the risk factors for self-harm/suicide?
- Can you remind me of any warning signs of self-harm/suicide?
- What should we avoid doing when talking with people about self-harm/suicide?
- What behaviours and skills can we use to be helpful?
- How can we apply other skills that we have learned, such as good non-verbal communication, or empathy and rapport-building?
- If you thought someone was at imminent risk of self-harm/suicide in your own work situation, would you know what to do? If not, what will you do to prepare yourself?

Review helpful and unhelpful ways of assessing self-harm/suicide in Table 5. Add any suggestions the trainees made during discussions.

TABLE 5

Unhelpful and helpful ways of assessing self-harm/suicide

Unhelpful or potentially harmful behaviours	Helpful behaviours
• Not asking about self-harm/suicide. • Lecturing a person and citing religious or legal arguments against self-harm (e.g. saying "You know this is a sin" or "This is against the law"). • Expressing disbelief (e.g. accusing the person of talking about self-harm/suicide in order to attract attention). • Encouraging the person not to tell anyone else about self-harm/suicide.	• Looking and listening for signs of self-harm/suicide. • Asking about self-harm /suicide. • Using foundational helping skills when asking about self-harm/suicide. • Asking about current intent, plans, access to means or prior attempts. • If there is imminent risk of self-harm/ suicide, keep the person safe, follow your organization's procedures and immediately inform your supervisor.

Informally-assessed role-play for assessing self-harm/suicide and promoting safety

Role-play and ENACT items to be used:

Module 4. Role-play, assessing self-harm/suicide and promoting safety

ENACT Scoring template #7. Assessment of harm and developing response plan

Trainees will work again in pairs, this time to show facilitators their skills in assessing the risk of self-harm/suicide and promoting safety. During the role-plays trainers walk around the room, with each observing one or two pairs each as they practise and rating trainees on ENACT Scoring template #7. It can be helpful to observe different trainees from those observed in the previous role-plays.

Materials needed: A timer (e.g. clock, watch) and a bell and/or other alarm for timekeeping. The two facilitators will need to use the ENACT rating tool for items #7 (Assessment of harm…) to rate the trainees. This can be done on the EQUIP digital platform (which can be used to view score summaries and the review of helpful and unhelpful behaviours at the group level) or on paper copies of ENACT. (See the scoring template for competencies #7 reproduced below.)

Instructions:

1. Be ready to use the ENACT rating tool for items #7. You can use paper copies of ENACT, or the digital version on the EQUIP digital platform. (The scoring form for competencies #7 is reproduced as Fig. 10.)

2. Explain to the group how this practise exercise embeds their learning and gives you a chance to provide feedback on their strengths. You might say:

   Now we shall practise helpful behaviours again. To bring together our learning from this session, in this role-play you will practise your skills for assessing and responding to the imminent risk of self-harm/suicide. While you all are practising, we shall be walking around to see your skills in action. We shall be taking some notes to give you all feedback and tips on how to improve your assessment of the risk of self-harm/suicide in order to promote safety as far as we can.

3. Divide the group into pairs. If possible, change the pairs so trainees can work with someone new.

4. Ask each member of the pair to take turns, with one playing the helper and the other the person being helped. After about five minutes, tell them to switch roles.

5. Make sure that each person gets a chance to practise being a helper.

6. Share these role-play instructions. They can be provided on a PowerPoint slide, or written on a chalkboard/whiteboard. They might be best as paper handouts so that helpers and help-seekers do not see each other's instructions.

Instructions to helper.

This role-play takes place after the helper and the person being helped have already met, introduced each other, and confidentiality has been explained. The helper and the person being helped already know each other's names and what they prefer to be called.

Ask how the person is feeling. When they respond, use your skills to assess the risk of self-harm/suicde and promote the person's safety.

Instructions to the person being helped.

This role-play takes place after the helper and the person being helped have already met, introduced each other, and confidentiality has been explained. The helper and the person being helped already know each other's names and what they prefer to be called.

When the helper asks how you have been feeling recently, you should reply *"There are some nights when I go to bed and I wish that I won't wake up in the morning,"* or *"Sometimes I think my family would be better off if I were not alive."*

7. Both trainers should walk around the room and each should observe one or two pairs of trainees as they practise. You do not need to observe all pairs or the full role-play. It can be helpful to observe different trainees to those observed in the previous role-play. Use ENACT #7 to record trainees' unhelpful and helpful behaviours on assessing the risk of self-harm/suicide. You may want to assign an individual competency level. However, it is more important to gauge how the group as a whole has understood the module and to check their ability to put helpful behaviours into practise. Try to determine whether anything needs to be clarified and whether you need to go over any of the training again. Use your observations to structure your feedback to the group. Remember, when giving group feedback do not single out the individuals that you have observed but instead make general comments about trends.

Important note: As the ENACT measure is designed to be used in a wide range of helping scenarios, some of the items are not relevant to Module 4 training above. **These items are safety planning and exploring risk and protective factors.** If training with Module 4, focus on the behaviours that have been taught and score the tool accordingly – i.e. you may decide that helpers who do not ask about risk and protective factors can still be scored at Level 3 if they complete all other skills. This can be adapted as required on the basis of the information covered in this module.

8. After the role-plays, thank the trainees. You can share some general feedback on some of the helpful behaviours observed. You may want to review the competency ratings after the first day's training is completed, and then provide more specific feedback the next time you meet.

FIG. 10

ENACT Scoring template #7

ENACT #7: Assessment of harm and developing response plan

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Does not ask about self-harm ☐ Lectures client with religious or legal reasons against self-harm (e.g. "This is sin" or "This is against the law"). ☐ Expresses disbelief (e.g. accuses client of discussing self-harm to get attention; states that others would not actually harm the client or the client's children) ☐ Encourages client not to tell anyone else about self-harm or harm to others	☐ Asks about self-harm or harm to others, or explores harm if raised by client ☐ Asks about current intent, means, or prior attempts ☐ None of the above	

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

Source: ENhancing Assessment of Common Therapeutic factors (ENACT) competency assessment tool (English, in-person) (v1.0). Geneva: World Health Organization; 2021. https://equipcompetency.org/en-gb. Licence: CC BY-NC-SA.

Mid-training reflection. Could help, should help and ready to help

The midpoint of the training is a good time to reflect on skills learned and to discuss willingness and readiness to help others. This reflection does not have a competency assessment. However, attitudes and readiness to help influence all foundational helping skills, and reflecting on them should support trainees in reaching their competency goals for the foundational helping skills.

Structure of the module 110 mins

INTRODUCTION *(5 MINS)*

COULD HELP *(40 MINS)*

- The concept *(10 mins).*
- Group activity 1. Turning "can't help" into "could help" *(15 mins).*
- Group activity 2. An imagined case study *(15 mins).*

SHOULD HELP *(25 MINS)*

- The concept *(10 mins).*
- Group activity 3. Turning "shouldn't help" into "should help" behaviours *(15 mins).*

READY TO HELP *(25 MINS)*

- The concept *(15 mins).*
- Group activity 4. Stress management exercise *(10 mins).*

PRACTISING COULD HELP, SHOULD HELP AND READY TO HELP *(15 MINS)*

Preparing for the module 55 mins

You will need a stress management technique that you are familiar with for the group activity in **Ready to help.** Choose an activity that you have experience of using. Choose something that the trainees can do together now, but also on their own in the future. Make sure it is an activity that does not require people to close their eyes. You can find examples in Problem Management Plus *(20)* or WHO's *Doing what matters in times of stress (17).* You may also consider giving trainees a copy of *Doing what matters in times of stress* as a resource for managing their own stress. This can also be used in supervision.

Introducing the three strategies 5 mins

Here is a text to help you introduce the concepts of could help, should help, and ready to help. You can read it to the trainees.

How our attitudes and feelings affect how well we help others

So far, the modules in this foundational helping skills training have focused mainly on how to communicate helpfully with others. However, our own feelings also influence how well we can communicate. If we do not feel like helping for whatever reason (we might be annoyed, threatened, anxious, worried or just tired) it shows through, often as unhelpful behaviours. We can feel stuck. We change the way that we ask certain types of questions and how we react and respond to people around us. For instance, we may appear annoyed, distracted or as though we are rushing to finish.

*In this reflection, we shall explore three potential blocks to helping, as well as some practical strategies to break down the blockages. Actively preparing yourself mentally can mean you give people the best help you can. We shall call the three strategies "**could help**", "**should help**" and "**ready to help**".*

- ***Could help** is when you feel that you are able to support someone with their problem or difficulty. Many situations might lead you to believe the opposite: that you cannot do anything for the person. We shall explore how to get back to "could help".*
- ***Should help** is the feeling that the person you are working with deserves your energy and attention, and that your professional and/or personal goals include supporting this person. It is important to remember that if your role is to help, then everyone deserves that help regardless of their situation or personal characteristics. This includes anyone who may be vulnerable or marginalized for a number of reasons, such as: ethnicity or nationality, gender, mental health conditions, substance use, exposure to sexual violence or intimate partner violence, child abuse, poverty, disability, sexual orientation or gender identity, legal status (such as refugee status), political affiliation, or a history of having perpetrated violence or crime, among other reasons. Nevertheless, sometimes we might feel that we should not help for various reasons. We shall explore ways to reframe such feelings.*
- ***Ready to help** refers to when you feel that you can and should help a person right now during your interaction with them. This is a good state to be in, but it can be hard to achieve. We shall explore how to foster a feeling of "ready to help", so that we have the best results when we interact with people.*

If we think of our help as water flowing through a network of channels to irrigate a dry field, then these three areas are possible blockages in the system that result in parts of the field staying dry. We need to remove each of the barriers, at least partly, to allow the water to flow in.

Could help 40 mins

Exploration *(10 mins)*

Tell the trainees you will be spending a few minutes exploring "can't help" situations before examining how to change these into "could help" situations. Explain that you will give a few examples, and then will ask the trainees for suggestions. Write the main example points (in bold below) on a flip chart or board as the session progresses. You might say:

> *Sometimes, we don't feel able to help people. If someone comes to us with an apparently overwhelming problem, we may not know how we can be helpful and this can block our actions. For example:*
>
> - *We might feel that **the problem is not something we can do anything about**. Examples might be someone needing a job, a person living in a violent situation they cannot leave, or curing a child's illness. Often, very severe health problems, such as a severe mental or neurological illness or very advanced cancer, can make us feel this way. But so too can difficult-to-address social and personal problems such as homelessness, or living in poverty.*
> - *We might feel we **don't have enough time** to provide all the help that the person might need. We might have many other people we need to work with, and we might feel that we can't listen to everything the person needs to share.*
> - *We might feel we **don't have the tools or materials** needed to help. For example, a health worker might lack the appropriate medications; a social worker might not have access to supportive resources; or a teacher might lack teaching materials for a student.*

Ask the trainees to come up with a list of other circumstances or instances where they might feel that they are unable to help, and add these to your flip chart.

Group activity 1. Turning can't help into could help *(15 mins)*

Explain that there are ways to overcome the "can't help" block, even if it is by only providing limited help. Ask the group to come up with ways they think they can move from can't help to could help, and list them on your flip chart or board. If the trainees don't suggest them, you can read out the following approaches.

> - ***Think what you can accomplish.** It is important to set a realistic goal for the help you can provide – something that is achievable. If your expectation is that you are going to cure the person's cancer, take away their grief about the death of a loved one, or get them out of poverty, you are setting yourself up for a lot of stress and failure. It is important to think about what goal you might realistically be able to achieve and to have this goal in mind for yourself. You can base this on your previous work, or helping people with similar problems. You are more likely to engage if you can come up with something that can be achieved. The goal is not something to be shared with the person, but your own understanding of what help you can provide. For example, you might decide: "I will give this person a space to talk, and connect them to support as best I can, as I know this can be helpful" or "I will aim to give this person my attention and whatever help is feasible".*

- ***Collaborate with the person on what can be achieved.*** *Knowing what you can do is helpful, but you might be able to go further if you jointly set up a realistic goal. For example, you probably can't find the person a job, but could you help them take an agreed step on the right path to meet a midway goal? Could you encourage them to apply for a job, or to research job opportunities, and offer to talk about it at your next appointment? We shall look further at creating realistic goals in a later module.*
- *Remember that* ***empathic listening is itself a form of help.*** *When people feel listened to, connected with and understood by others, they feel better psychologically and also physically.*
- ***Have the resources in place so you can support people.*** *Make a habit of knowing about possible referral pathways, such as to a health specialist or some community support. For example, if you are concerned about self-harm/suicide you might be reluctant to ask questions if you feel you are not able to help. But if you know the people and resources that you could connect the person with, then you will feel more confident about helping, and more likely to ask them. Know who you can go to for a confidential conversation. Most often this will be a supervisor or someone else whose role is to support helpers.*

Group activity 2. An imagined case study *(15 mins)*

Read this scenario to the group.

> ***Scenario:*** *Arturo has come to see health worker Juan because he needs medication for his diabetes. Arturo is also known in the community for drinking too much alcohol. When Juan asks Arturo how he is doing, Arturo says that he is unhappy because he does not earn enough money in his current job to send his children to school. He feels that he has failed his children and his family. He tells Juan that all he wants in life right now is to find another job. He asks if Juan can help him get a job.*

Ask the trainees for one or two suggestions to answer the following questions.

- How do we think Juan is feeling about Arturo right now?
- What could Juan realistically do to help Arturo at this moment?
- How could Juan talk to Arturo about coming up with a collaborative goal for something realistic that they could accomplish together?

Use a flipchart, chalkboard/whiteboard, sticky notes etc. to record and discuss their ideas.

Should help 25 mins

Exploration *(10 mins)*

Reaffirm to the group that there are many reasons why we might wrongly feel that we should not help someone. Be clear that these reasons are not helpful and that they are often a result of our own beliefs, values and past and/or present experiences. All of these block us from helping. Tell the group you will highlight a few "shouldn't help" blockages that they will probably recognize, before moving to "should help" behaviours. Read the following text, and list the main points (in bold) on your flipchart, chalkboard/whiteboard or sticky notes as you work through the examples.

Common reasons why we might wrongly feel that we should not help someone.

- *We **blame the person** for the problem. For instance, if someone has a health problem due to smoking, drinking alcohol or using substances, we might not feel that we should help them because they caused the problem themselves.*
- *We think **the person will not listen** to our advice or instructions, so we think that we should not bother, or that there is no point in trying, to help them.*
- *We think **others will disapprove of us** for helping the person. Sometimes our work colleagues, family members or members of our community might disapprove of us for helping certain types of people. This might be because the person has a disease that is considered contagious, or maybe a mental illness that is stigmatized, or perhaps their sexual orientation, religious background or other personal factor is the focus of disapproval.*
- *We see this person as **disrupting our regular work**. Sometimes we feel that we should not help a person because this might take time away from the other duties. This can happen with people who have mental health problems, because we might stereotype them as taking up a lot of time. Or working with an immigrant or other person who does not speak our language might seem likely to disrupt other work by taking more time.*
- *We think that this person is **someone else's responsibility**. We might consider that they can be helped only by a specialist, or that a social worker should handle the problem, or it is the family's responsibility.*

Group activity 3. Turning "shouldn't help" into "should help" behaviours *(15 mins)*

Tell the trainees that there are some key ideas that help us to counter the idea that we shouldn't help. These suggestions are like shovels that help us to clean out the blockages in the water channels that irrigate the field.

Tell the trainees you will talk through four key ideas, but that first you would like their own ideas. Ask the trainees to suggest ways to counter the "shouldn't help" feelings. List their suggestions on your flipchart, whiteboard or sticky note display.

Then use the text below to talk through the key points. Try to link in any ideas that the group proposed.

Remember the attitudes and characteristics we need to be a helper and why we became a helper.

- Helper attitudes include being nonjudgemental, especially towards vulnerable people.
- It can be helpful to remind ourselves why we decided to become helpers. Helping often involves working with people who lack the skills to help themselves. Part of our role is to support them in developing those skills.

We never know all the details of a person's life.

- We might blame a person for their health problem, but we can never know everything about the circumstances that contributed to their situation and what is in their control or what is beyond it.

- We should realize that if they have come to ask for help, then that is the first sign of wanting to change. We can play a major role in helping someone with that change.

Think of ways to change the circumstances to create the best possibility of helping someone.

- When we feel that we shouldn't help because we have more important things to do, or that helping them will be disruptive, we can also think about ways to change the circumstances in order to create the best possibility of helping someone. For instance, if a person needs more time, you can try to schedule them at times that will be less disruptive to other activities, or you can schedule more time in advance so that this does not interfere with your other duties. You can also consider referring them for further support, if this is available, in order to share the tasks of helping them.

Inform yourself, and possibly your organization, about what it means to help everyone regardless of problem or background.

- If you feel that colleagues, supervisors or others might disapprove of your helping someone, this might be an important opportunity to start conversations about what it means as an organization to help everyone.
- Many resources are available that outline why help should be available to all, regardless of their background or problem. Increasingly, there are advocacy organizations for different groups of people that can offer information and support on these issues. For instance, there are advocacy organizations for people with mental illness, people living with HIV, survivors of gender-based violence and human rights abuse – just a few of the groups that commonly face discrimination.
- You could consider discussing this with your supervisor or others in your organization if you feel your organization is open to this and you feel able to do so. However, even just having this knowledge for yourself will help you to feel more able to help people regardless of their background or problem.

Be careful not to over-identify or take all responsibility for the person and for resolving their problem(s) in a way that goes beyond your role.

- While we should help all people, it is important to remember that the responsibility for change lies with the person, not with you as a helper.
- As a helper, your role is to give the person the space, time and tools so that they can help themselves. Sometimes this will lead to a person making changes and sometimes it may not because of other factors that may be beyond the person's control.
- Sometimes helpers may feel they have failed if the person does not make the changes. This can lead to stress or distress in helpers, or even anger towards the person being helped. This may affect other areas of work.
- It can help to keep a compassionate and empathic state of mind towards the person, while also not taking responsibility for ensuring they make the changes. If you feel responsible, it may help to talk things through in supervision.

Ready to help 25 mins

Exploration *(15 mins)*

Remind the trainees that not being "ready to help" is a significant blockage they might face, even when they can help and feel that they should. Tell them that this session focuses on recognizing and managing our own emotional resources. You might say:

> *Our own feelings are the most common reason we do not feel ready to help. We might feel anxious, worried, afraid, annoyed, angry, or overwhelmed by our problems or the problems others face. This can drain our energy and make it difficult to recognize and empathize with other people's emotions. So, it is important to be able to recognize and manage our own emotional state and resources. Let's talk through some ways to do that so that we stay ready to help.*

Talk through the following points, writing up the main messages (in bold below) on your flipchart, chalkboard/whiteboard or sticky note display.

> ***There are several ways to manage our own emotions to help us feel ready to engage.***
>
> - ***Identify our own emotions.*** *Before working with people, we should take a moment to recognize what we are feeling and realize that this may affect how we respond.*
> - ***Actively manage stress.*** *We may need to reduce or manage our own stress actively. This can be a few moments of personal reflection. Or we might use deep breathing, or progressive muscle relaxation, or hold a calming visual image in mind. We might also use a more structured stress management guide. For instance, WHO has published a stress management guide called Doing what matters in times of stress (17). The techniques are easy to learn. They help us focus on our values and give us ways to reduce the physical sensations of stress. As helpers you can read this and use the techniques for a few minutes each day. Our next activity will be a stress management exercise.*
> - ***Sharing with colleagues.*** *It can be helpful to share difficult experiences with colleagues. However, we must remember to protect confidentiality. Supportive supervision, peer supervision and other staff support can all help. Setting up a regular time to share difficulties with colleagues can help us to feel ready to help again.*
> - ***Prioritizing self-care****. If we do not take care of ourselves, it is very difficult to help others. So it is important to look after ourselves. We can think of ourselves as like batteries. If we are run down, we have no power left. Regular self-care can include things such as having enough sleep, having a good diet, taking exercise, and doing things that are meaningful. Time with family, or making space for religious or spiritual activities, sport clubs etc. are not luxuries. They are important elements in keeping us ready to help.*

Group activity 4. Stress management exercise *(10 mins)*

Tell the trainees that you will now do a stress management exercise to demonstrate one aspect of self-care. Take up to 10 minutes to run the stress management exercise that you have selected, remembering that it should be something that the trainees can do together, but also alone, and that it does not require them to close their eyes. You can always say "close your eyes if you would like

to" or "if you do this on your own later it can help to close your eyes". But do not insist that trainees should close their eyes in the group setting, because it can make some people feel unsafe.

Practising "could help, should help and ready to help" *(15 mins)*

In this session, trainees try out two role-plays. In the first, the trainees experience the feelings and behaviours of a helper who is not ready to help and feels that they could not or should not help. In the second, they practise "could help", "should help" and "ready to help" behaviours and attitudes. After the role-plays, bring the group back together for a discussion.

ROLE-PLAY 1.

Divide the group into pairs, and tell them they will be role-playing the story of Arturo and Juan. Explain that one person in the pair plays Arturo, who came to get his diabetes medicine but is asking Juan for help getting a job and is also known in the community for drinking too much alcohol. The other person in the pair plays health worker Juan.

Ask trainees who are playing Juan to imagine how they might feel and to role-play how they might act towards Arturo on the basis of the following instructions:

- *You just had a difficult time with another person whose father was blaming you for his son not getting better* ***(not ready to help)****.*
- *You are in a public consultation space* ***(can't help)****.*
- *You have only five minutes before you need to be at a meeting with your supervisor* ***(can't help)****.*
- *You also think that Arturo is lazy, drinks too much alcohol and will not work hard even if he gets a new job* ***(shouldn't help)****.*
- *You remember you heard a story that Arturo once gave a lot of his money to his brother to buy a shop, even though everyone said it was a bad investment* ***(shouldn't help)****.*

Instruct the trainees playing Arturo to start the role-play. They should tell Juan their problems with money. You might display this statement to remind them.

> *"I am not earning enough money to send my children to school. I feel that I am failing them and my whole family. All I want in life right now is to find another job. Can you help me get a better job?"*
>
> *End the role-play after about five minutes.*

ROLE-PLAY 2.

Ask the trainees to re-play the role-play, keeping the same roles. But first, those playing Juan should read these new instructions. Ask them to imagine how they might feel and how they might act towards Arturo on the basis of these instructions:

- *Take five deep breaths and put your difficult previous meeting out of your mind* ***(get ready to help).***
- *You are in a public consultation space, but you have the option of going to a private room across the hall* ***(you could help)****.*

- *You have only five minutes, but your supervisor has told you that if you need extra time with a person, you can have it and she can meet you later* ***(you could change things so you can help)****.*
- *When Arturo asks you about the job, you know that you cannot give him a job but you could still be helpful by hearing more about how he is doing* ***(you should help, and you can help, even if only a little)****.*
- *You think you can help Arturo by encouraging him to seek support, perhaps from a community support organization* ***(you could help, because you have researched resources)****.*

End the role-play after about five minutes.

DISCUSSION AND SUMMARY

Bring the group back together and lead a discussion, noting the trainees' ideas on your flipchart, chalkboard/whiteboard or sticky notes. You might use these prompts:

- For the people playing Arturo, what was different about how Juan interacted with you in the two scenarios? How did it make you feel?
- For the people playing Juan, did your body feel different between the two scenarios? How were your emotions different? How was your response or behaviour to Arturo different?

You could summarize by saying:

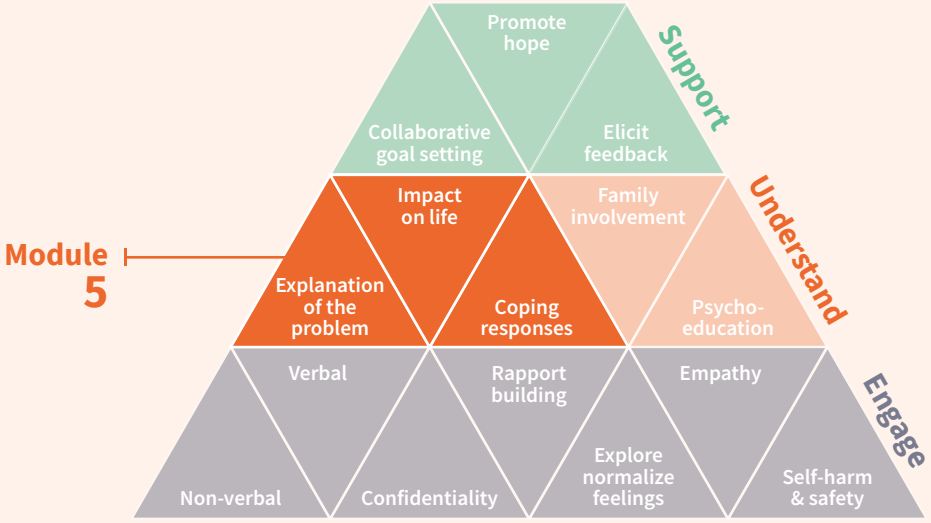
> *Our attitudes and what is happening for us personally are just as important as our skills when we are helping people. We can know all of the skills needed, but sometimes we might not show those skills because of how the circumstances make us feel. Paying attention to our attitudes and how we are feeling can help us to clear away those blockages.*
>
> *We should always ask ourselves "could help", "should help" and "ready to help" questions:*
>
> - ***Do I feel that I could help this person?*** *If not, what can I change about my expectations and/or the circumstances so that I feel that I could help?*
> - ***Do I feel that I should help this person?*** *If not, what is stopping me? What could I do to change my feelings or the circumstances so that I feel I should help them?*
> - ***Do I feel ready to help them?*** *If not, what could I do to prepare myself so that I am ready to help them?*
>
> *As we go on with this training, and especially before the role-plays in modules still to come, take a few moments to prepare yourself so that you feel that you "could" help the person, that you "should" help them, and that you are "ready to help" them.*

Module 5. Explanation of the problem (ENACT #9), impact on daily life (ENACT #8) and coping strategies (ENACT #13)

This module covers three foundational helping skills: building an explanatory model of someone's problem, exploring the problem's impacts on daily life and social functioning, and identifying and supporting useful coping strategies. The three skills are taught together in one session.

FIG. 11

Module 5 covers the explanation of the problem, the impact on life and the coping responses in the Understand tier of foundational helping skills



Structure of the module 90 mins

- Introducing explanatory models, the need to consider impacts on daily life and coping strategies *(15 mins)*.
- Exercise 1. Demonstration and discussion of unhelpful ways to talk about explanatory models, impact on life and coping strategies *(20 mins)*.
- Exercise 2. Distinguishing helpful and unhelpful skills for discussing explanatory models, impact on daily life and coping skills *(10 mins)*.
- Group activity 1. Trainees explore the concepts, why they help and what goes wrong without them *(20 mins)*.
- Review learning points *(10 mins)*.

INFORMALLY-ASSESSED ROLE-PLAY FOR USING EXPLANATORY MODELS, IMPACTS ON DAILY LIFE AND COPING STRATEGIES *(15 MINS)*

Preparing for the module

You might want to prepare the instructions for the group activity as a handout for your trainees. Or you might want to write out the instructions on a flipchart sheet before the session starts. The module ends with a combined informally-assessed role-play. You will need to prepare the prompts for this. They are best as handouts, so that the helper and help-seeker do not see each other's instructions.

Explanatory models, impacts on daily life, and coping strategies (90 mins)

Introducing the skills *(15 mins)*

Tell the trainees that this module covers three foundational helping skills: building an explanatory model of someone's problem, exploring the problem's impacts on daily life and social functioning, and identifying and supporting useful coping strategies. You can use the following text to introduce these concepts to the trainees:

Three skills for understanding

We are moving to the second tier of foundational helping skills now – the Understand tier. In this module we shall cover three important skills: the ability to develop (and to check) an understanding that explains a problem that someone shares with you; the skill of probing to find out how the problem affects someone's daily life and social functions; and the skill of identifying and supporting coping strategies that the person uses, or could use in future. We shall talk through these one at a time, but then we shall put them into practice together in the group activities.

Explanatory models, and why they are helpful

To get to know a person and their needs, it is important to see their problems from their own point of view. We need to develop an understanding of what the person thinks is causing their problems or symptoms. We call this an explanatory model. We might ask, for instance, "What do you think is causing your headaches and sleeplessness?" and the person might answer "I'm just so worried about finding a job", or they might answer "I don't know". We also need to expand our explanatory model because the person's own perspective might not provide the full picture.

For example, it is also helpful to understand what the person's family or friends think. Do they agree? Or do they have a different understanding? You will see from the role-play later that explanations of causes can vary. You can ask a person who is seeking help what their friends think. Or you can ask the friends directly, but you would first need the help-seeker's permission. Otherwise you would be breaking confidentiality.

You need to come to an understanding that the person you are helping shares, and that lets you usefully tackle the problem's causes and symptoms. This is important because, if the person thinks your help is addressing the wrong cause, it may be of limited help, or they may not fully engage with you.

It is important not to criticize or belittle a person's own explanatory model, even if you think it is wrong (perhaps it is based on superstition, or a wrong understanding). You should also take care not to endorse damaging or harmful beliefs held by the person or their friends. In most situations there is a way to manage this, which relies a lot on your other foundational helping skills of empathy and good communication. For instance, to correct very harmful explanations, you may be more direct in explaining why something might be harmful. You might provide an explanation that shows the link between the problems, as you will see in the role-play, or you might normalize the response and explain that others share similar responses. Remember that your supervisor and team are there to help you manage more complex situations.

Impacts on daily life and social functioning

By definition, a problem causes difficulties in everyday life. Sometimes these impacts can be severe. Psychosocial, psychological and mental health problems can significantly disrupt daily life. For example, symptoms of psychosocial distress, such as withdrawal, irritability and anxiety, can damage people's social relationships. And when a person is feeling hopeless and has low motivation, they may show poor performance at work or school.

When asking about the impacts that a problem is having, it is important not to criticize the person for those impacts. Making someone feel guilty is unlikely to help them find a solution.

It is worth making efforts to understand the impact – both big and small – that a problem has on someone's life. Even if you cannot fix the problem, you may be able to help alleviate some of the impacts. For example, if a person becomes very tired and has no energy for daily activities, they may stop looking after their appearance, neglecting their home and other self-care, leading to a downward spiral of feeling bad about themselves. You may not be able to take away the cause of their exhaustion, but if you understand the impact you might be able to limit that downward spiral. In other words, once you understand a problem's impacts, it is easier to help a person to develop useful coping strategies, which we discuss next.

Coping strategies can be good or bad for us

When people experience psychosocial distress, psychological difficulties or mental health problems, they respond in a number of ways. Sometimes, we already know that we can do things that make us feel better. We might engage in positive coping activities – such as setting aside a few minutes for improving our appearance – because we know we feel better afterwards. Or we might do exercise that we believe will improve our physical and mental health. We might seek out and talk to supportive people in our lives, or we might even just leave the house and go for a quick walk, knowing that some fresh air will help us to feel better. Or we may come up with small steps that will slowly enable us to tackle a problem. These are all positive coping strategies.

However, sometimes we engage in harmful or negative coping activities. These can include using alcohol or other substances to deal with stress, taking our problems out on other people, taking risks that put our physical well-being or financial security in jeopardy, or spending too much time on social media instead of spending time with friends and family or going outside. Sometimes we know these things are unhelpful. Sometimes we might need support to understand that.

It is important for a helper to understand a person's coping strategies, both good and bad. That is partly because coping strategies are individual. A walk or listening to music, for example, might relax one person but irritate another. Do not criticize people's coping strategies. But equally, do not endorse, encourage or support negative coping strategies. There is usually a way to do this by using your other helping skills by gently challenging the person about negative strategies without making them feel they are being criticized. Remember that negative coping strategies are often just ways in which a person is trying to do their best to find ways to deal with difficult problems in life, even though the ways they choose may not be helpful.

Exercise 1. Demonstration and discussion of unhelpful ways to talk about explanatory models, impact on life and coping strategies *(20 mins)*

In this activity, you will demonstrate what might go wrong when a helper uses unhelpful behaviours to explore explanatory models, impact on life and coping strategies. The group then discusses the behaviours and suggests others that should be avoided. Suggestions can be added to the lists of unhelpful and helpful behaviours in Table 6.

ROLE-PLAY

One trainer plays the role of the helper. The other plays the person being helped. Tell the group that you are exaggerating unhelpful behaviours in order to highlight them.

Person being helped: *I'm tired and my shoulders and neck are feeling so painful. I often have to stay in bed in the morning. Every night, I stay up all night worrying.*

Helper: *I know that all this is caused by the diseases called anxiety and depression. You will need treatment for these conditions if you ever want to get a job again. Tell me, what does your mother think caused these pains and problems of not sleeping?*

Person being helped: *My mother is angry with me. She says I drink too much coffee and I do not pray enough to get a job.*

Helper: *Your mother is a smart woman and knows what is best for you. I will treat your anxiety and depression, and you must also listen to your mother.*

Person being helped: *OK.*

Helper: *Don't you know that, if you do not get help, this will lead to all kinds of awful impacts on you and your family. These types of conditions make you unable to ever care for yourself, you cannot care for others and you become a worthless human being. So you must start treatment immediately.*

Person being helped: *You make it sound awful and scary.*

Helper: *Well, is there anything that you are doing now to stop it?*

Person being helped: *I go for long walks when I feel stressed and that clears my head and calms me down.*

Helper: *Well, a long walk never cured depression. People do things like stress management exercises but they don't work. What you need to do is just be strong and not think about whatever is worrying you. Just stop worrying. Then you will be able to sleep.*

Person being helped: *Ah, OK.*

DISCUSSION

Discuss with the group what they saw. You might ask these questions:

- Considering what we have learned so far, did the helper identify the person's explanation for the problem?
- Did the helper use explanatory models with the person? Did the helper do it in a helpful or unhelpful way?
- Did the helper explore the impact on daily life in a helpful way?
- Did the helper encourage positive coping actions and discourage negative coping actions?

List (on a flipchart, chalkboard/whiteboard, sticky notes etc.) the discussion points agreed upon.

Briefly summarize the behaviours you demonstrated, along with any suggested by the trainees. You might also consider:

- Using technical language.
- Using stigmatizing language.
- Not asking for the person's explanation of the problem.
- Not clearly explaining mental health problems or treatment/programmes.
- Endorsing a family member's potentially harmful explanation of the problem.
- Giving potentially harmful advice.

Exercise 2. Trainers demonstrate helpful behaviours when discussing explanatory models, impacts on daily life and coping skills *(10 mins)*

Explain to the trainees that this time you will role-play the same interaction, but using helpful behaviours.

ROLE-PLAY

Person being helped: *It has been two months and I cannot find a full-time job. I'm tired and my shoulders and neck are feeling so painful. I often have to stay in bed in the morning. By the time I have any energy, it is night-time and no jobs are open for me to apply to. Then I stay up all night worrying.*

Helper: *I see. What do you think is causing your shoulders and neck to hurt?*

Person being helped: *I don't know, I think I am getting old and my body does not work well any longer.*

Helper: *Hmm, I see. You said you are close to your mother. What does she think is causing the problems?*

Person being helped: *My mother thinks I drink too much coffee and I do not pray enough.*

Helper: *Hmm, I see. It sounds as if you are feeling worried about not finding a job, and your tiredness and painful back are keeping you from getting out of bed in the morning, and that this started or became worse after not being able to find a job.*

Person being helped: *Yes, yeah that is how it has been going.*

Helper: *But your mother sees it differently and she thinks that if you drank less coffee or prayed more, the sleep problems and pain would go away. So maybe you two see this differently? Or is there anything similar in how you and your mother see the problem?*

Person being helped: *Hmm. Well, yeah, I think she knows not having a job has been hard on me. So I guess she thinks about it similarly to me in that way. Maybe she is right that I am drinking too much coffee while I'm home all day worrying.*

Helper: *That sounds like there are some ways that you and your mother share an understanding of this difficult time.*

Person being helped: *Yeah, but praying is not going to get me another job. That's not my thing.*

Helper: *Is there a way that you could talk to your mother about this?*

Person being helped: *I guess I could tell her that it bothers me that she just tells me to stop drinking coffee and pray more and does not acknowledge that I am really worried about not getting a job and that I am trying.*

Helper: *And is there anything else?*

Person being helped: *Well, I could ask her to stop telling me to pray all the time because that is not my way of doing things and she knows this. She is right though that I am drinking too much coffee, and I will try to cut down.*

Helper: *Let's see how she reacts to you sharing that, when you feel comfortable doing that. We know that drinking too much coffee can impact sleep, so it's good if you can cut down.*

Person being helped: *OK.*

Helper: *I was wondering what impacts you have seen on your daily life when you are worrying a lot?*

Person being helped: *Well, the biggest thing is that I don't sleep, then I am all irritable during the day and I easily become upset with my family.*

Helper: *Any impacts on your professional life, such as your current job search?*

Person being helped: *Yeah, when I am tired, I soon give up searching for jobs on the Internet. I end up just scrolling through social media and seeing all my successful and happy friends. I feel worse about my life whenever I spend time on social media.*

Helper: *Yes, lots of time spent on social media – especially if we then compare ourselves to others and feel we are not successful – can leave us feeling bad about ourselves. I wonder if there are things that you do that you find helpful and make you feel better?*

Person being helped: *Well, even if I just go for a walk for half an hour, I find that I feel a little better about things. It clears my head and then I can come back and do job searches again.*

Helper: *Is there anything you could do to replace social media with more walking since you find that helpful? Walking is good for your physical health too.*

Person being helped: *Maybe I can fix a time with one of my friends to go for a walk together. That will then be some peer pressure to get me out of the house and off social media. My friend yells at me whenever I pull out my mobile telephone when we are together, so I think she is a good influence.*

Helper: *She sounds like a good influence. Why don't you try that next week?*

DISCUSSION

Lead a discussion of the role-play. List behaviours that the group identify or suggest on your flipchart, chalkboard/whiteboard or sticky note display. The trainer playing the person being helped can also explain how they felt. If you need to, you can prompt the group with these questions:

- How did the helper respond to the person's problems?
- What did the helper do differently in this demonstration compared with the previous one?
- Did the helper use explanatory models? How?
- Did the helper explore the impact on daily functioning?
- Did the helper identify some positive and negative coping skills?
- Did the helper assist the person to find a way to substitute an unhealthy coping mechanism with a healthy coping mechanism?
- What other things did the helper do that were helpful?

Group activity 1. Trainees explore the concepts, why they help and what goes wrong without them *(20 mins)*

This activity gives the trainees an opportunity to reflect on your introduction and demonstrations of the three skills and on how to put the skills into context in their own interactions.

Divide the trainees into three groups, and assign one skill to each group (i.e. developing explanatory models, understanding impacts, understanding coping strategies).

Give each group the following instructions (or display these clearly). Tell them they will present their ideas to the whole group. Give them about five minutes to discuss.

INSTRUCTIONS FOR TRAINEES

- Prepare a list of key points to cover what your assigned skill is, and why it is important.
- Then list ways you might use the skill in your own helping contexts.
- Create a list of what might go wrong if you do not use this skill, or if you use it badly when working with someone. Think of how things could go wrong for both the person and you, the helper.

GROUP PRESENTATIONS

After five minutes, bring the three groups back together. Each group should present their lists in turn. After each group has presented their thoughts, check whether the other groups have additional useful suggestions.

Take notes (on a flipchart, chalkboard/whiteboard, sticky notes etc.) on the behaviours that the trainees point out. You can also refer to the lists of unhelpful and helpful behaviours in Table 6.

Review learning points *(10 mins)*

Take the last few minutes of this session to review what has been learned, drawing on your introductory text and the trainees' exploration of their own contexts. Recap why the use of explanatory models, asking about impacts on daily functioning and exploring coping strategies are important for promoting health and well-being. You can use the unhelpful and helpful behaviours listed in Table 6. Include suggestions that came from the group. You can also draw on the following summary points, if needed:

- Explanatory models give helpers a better perspective of how the person being helped views their problems.
- Using explanatory models puts the person at the centre of the interaction.
- Helping people to understand how their distress is affecting daily functioning encourages them to engage with care, treatment and positive behaviour change.
- Exploring coping strategies can uncover positive actions that can be reinforced.
- Negative coping strategies can be identified, reduced and perhaps replaced with positive coping strategies.

TABLE 6

Unhelpful and helpful behaviours when developing explanatory models, discussing impacts on daily life and exploring coping strategies

Unhelpful or potentially harmful behaviours

- Criticizing the person's view of their problems as being ignorant, superstitious etc.
- Endorsing harmful beliefs held by the person or by people in their social network.
- Criticizing the client for letting symptoms affect functioning (e.g. "You are weak", "You have no willpower").
- Saying that there is no connection between mental health concerns and daily functioning.
- Making the client feel guilty about the impact on children, family and others.
- Making negative statements about the client's coping strategies ("That would never work...").
- Encouraging or accepting harmful coping strategies.

Helpful behaviours

- Asking what the person thinks causes the problem.
- Asking family members or other people in the person's social support network what they think causes the problem.
- Asking about daily functioning.
- Discussing the connection (the relationship) between daily functioning and mental health.
- Asking about current or past coping strategies.
- Praising positive coping strategies.
- Reflecting on unhealthy strategies and discussing positive alternatives.

Informally-assessed role-play for using explanatory models, assessing impacts on daily life and coping strategies

Role-play and ENACT items to be used:

Module 5 Role-play, explanatory models, impact on daily life and coping strategies

ENACT Scoring template #9. Person's explanation of the problem

ENACT Scoring template #8. Impact on life (connection to social functioning)

ENACT Scoring template #13. Client's coping strategies

This assessment is expected to take 15 minutes. Trainees will work in pairs to show you their helpful behaviours for understanding a person's perspective on their problem, its impact on daily life, and a person's coping skills. During the role-plays trainers walk around the room and observe one to two pairs each as they practise. It is not necessary to fully score the trainees, nor to observe the full role-play. Instead, use the tool to help structure your observations. It can be helpful to observe different trainees to those observed in the previous role-plays.

Instructions

1. Be ready to use the ENACT rating tools for items #8, #9 and #13, reproduced as Fig. 12.

2. Explain to the group how this practise exercise strengthens their learning and gives you a chance to feedback on their strengths. You might say:

   Now we shall practise helpful behaviours. To bring together our learning from this session, in this role-play, you will practise your skills to understand the problem from the perspective of the person in distress, understand the impact on their life, and understand how they are coping with the problem. While you are practising, we shall be walking around to see your skills in action. We shall be taking some notes to give the group feedback on how to improve how you use explanatory models, discuss impacts on daily life, and explore coping strategies.

3. Divide the group into pairs. If trainees have already worked in pairs, get them to work with someone new.

4. Share these role-play instructions. They can be provided on a PowerPoint slide, or written on a chalkboard/whiteboard, but they might be best as paper handouts, so that helpers and help-seekers do not see each other's instructions.

Instructions to helper.

This role-play takes place after the helper and person being helped have already met, introduced each other and confidentiality has been explained. The helper and the person being helped already know each other's names and what they prefer to be called. You can use your own names for the role-play.

The person in distress is having problems sleeping and worrying a lot. She recently lost her job.

The goal of the role-play is to understand what the person thinks may have caused or contributed to the problem, how the problem is affecting the person's life, and how they are coping with it.

Start the role-play by posing a question such as: "There can be different causes of difficulties in our lives. What may have caused or contributed to the problem we are discussing today?"

Instructions to the person being helped.

This role-play takes place after the helper and person being helped have already met, introduced each other and confidentiality has been explained. The helper and the person being helped already know each other's names and what they prefer to be called. You can use your own names for the role-play.

- Respond to being asked what caused your problem by saying, "I don't know if I have these problems because I lost my job and worry all the time now. Or maybe, I am just cursed."
- If asked about your family's perception, provide a different perceived cause, such as, "My family thinks I have these problems because I am weak and lazy."
- If asked about the impact on your life, respond that, "When I am worried and I have not slept well, I am forgetful…". Then give examples such as "I don't pay attention when I cook and sometimes put in too much salt and my family complains" or "I ask the same question several times in a conversation and people laugh at me" or "I go out of the house and then forget where I was supposed to be going."
- If asked about how you cope with the worry of not having a job, share some **positive strategies**, e.g. "Sometimes when I am worried, I do some work in the garden and that gives me something to focus on" or "I try to give myself one task a day, such as looking online for any job postings." Also share some **negative examples** such as: "But when I get totally overwhelmed, sometimes I just start eating junk food and snacks while watching TikTok and hide away from everything. I can spend hours doing that."

5. Ask each member of the pair to take turns, with one playing the helper and the other the person being helped. After about five minutes, signal that they should switch roles.

6. Make sure that each person has a chance to practise being the helper.

7. Both trainers should walk around the room and should observe one or two pairs as they practise. You do not need to observe all pairs or the full role-play. It can be helpful to observe different trainees from those observed in the previous role-play. Use ENACT items #8, #9 and #13 to record trainees' unhelpful and helpful behaviours. You may want to assign an individual competency level. However, it is more important to gauge how the group as a whole has understood the module, and to check on their ability to put helpful behaviours into practice. Try to determine whether anything needs to be clarified and whether you need to go over any of the training again.

8. After the role-plays, thank the trainees. You can share some general feedback on some of the helpful behaviours observed. Use your observations to structure your feedback to the group. Remember, when giving group feedback do not single out the individuals that you have observed, but instead make general comments about trends.

FIG. 12

ENACT #9, #8 and #13, scoring templates

ENACT #9: Explore client's explanation for problem

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Criticizes client's view of the problem as ignorant, superstitious etc. ☐ Endorses harmful beliefs of client or social network	☐ Asks about client's view on cause of problem ☐ Asks about family's or social support network's view on cause of problem (e.g. "What does your family say caused this?") ☐ None of the above	☐ Completes all basic helping skills ☐ Incorporates client's perspective of cause in care planning in non-harmful manner ☐ Discusses alternative to harmful explanations (e.g. "You said this was because you failed your family. I wonder if there is another way to think about this situation?") ☐ Addresses differences in client's view of cause and others' view of cause

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #8: Connect to social functioning and impact on life

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Criticizes client for letting symptoms impact functioning (e.g. "You are weak" or "You have no willpower") ☐ Tells client there is no connection between mental health concerns and daily functioning or does not ask about how mental health is affecting daily functioning ☐ Criticizes client for the impact of their problems on children, spouse or family members ☐ Makes client feel guilty for impact on children, family and others	☐ Asks about daily functioning ☐ Discusses the connection (the relationship) between daily functioning and mental health ☐ None of the above	☐ Completes all basic helping skills ☐ Clarifies and/or supports client's connections between functioning and mental health, or re-frames as needed ☐ Explores connection in both directions (daily life to symptoms; symptoms to daily life) ☐ Asks about the history of daily functioning compared to the current social context ("How long has this been going on?", COVID-19, etc.);

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #13: Incorporate coping mechanisms and prior solutions

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Makes negative statements about client's coping mechanisms (e.g. "That would never work...") ☐ Encourages harmful coping mechanisms	☐ Asks client about current or past coping mechanisms (e.g. how they keep going after the problem started…) ☐ Praises client for positive or safe current or prior solutions ☐ None of the above	☐ Completes all basic helping skills ☐ Encourages continued use of positive coping mechanisms ☐ Reflects on prior unhealthy strategies and brainstorms positive alternatives with client

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

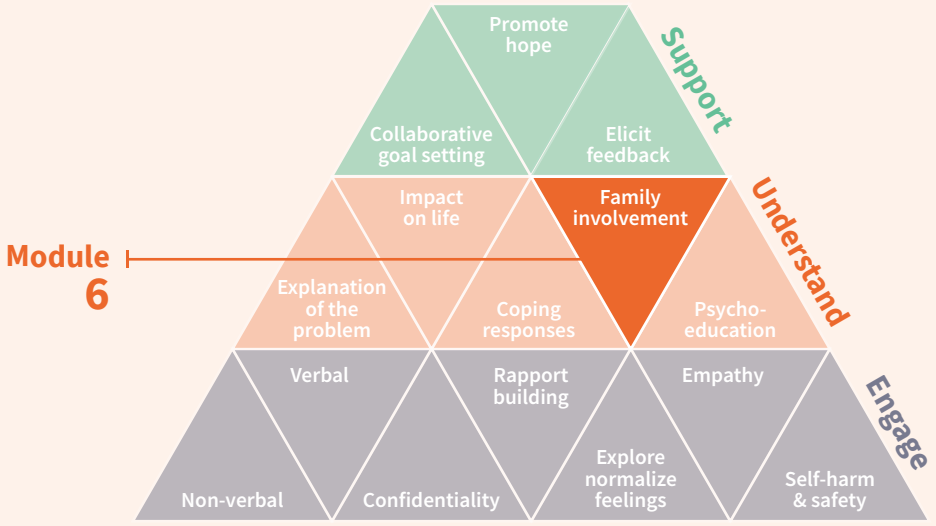
Source: ENhancing Assessment of Common Therapeutic factors (ENACT) competency assessment tool (English, in-person) (v1.0). Geneva: World Health Organization; 2021. https://equipcompetency.org/en-gb. Licence: CC BY-NC-SA.

Module 6. Involving a family member or other trusted person (ENACT #10)

This module explores why the involvement of a family member or another trusted person can help someone who is in need of help (Fig. 13). The module also shows how helpers can explore such involvement.

FIG. 13

Involving family or other trusted people is part of the Understand tier of foundational helping skills



Structure of module 75 mins

FAMILY INVOLVEMENT *(60 MINS)*

- Introducing family involvement *(10 mins)*.
- Group activity 1. Identifying social supports *(15 mins)*.
- Group activity 2. Discussion *(15 mins)*.
- Exercise 1. Trainers demonstrate helpful behaviour when involving family members *(10 mins)*.
- Review learning points *(10 mins)*.

INFORMALLY-ASSESSED ROLE-PLAY FOR INVOLVING FAMILY MEMBERS *(15 MINS)*

Preparing for the module

You could use Table 7 on unhelpful and helpful behaviours for a relative or other trusted person as a handout for trainees. You may want to prepare some of the scenarios as handouts, and you may need to plan how you will distribute the instructions for the assessed role-play at the end of the module.

Family involvement 60 mins

Introducing the skill *(10 mins)*

This module will explore what it means to involve family (or other trusted people), why it can be helpful for people's health and well-being, and how helpers should approach this involvement. Remind the trainees that there will be role-plays and discussions where you will be looking for their ideas. Use the text below to introduce the concepts for this module.

What it means to involve family members or other trusted persons

As helpers, when someone comes to see us, we tell them that our interaction will be confidential (within limits, as explored in Module 2). However, although we reassure them that what they tell us will remain private, it is important that we do not suggest we are the only person who can help, or that they should not tell anyone else about their difficulties. When crises hit, people can often cope better if they are connected with others who support and encourage them. People often trust family or close friends enough to share their feelings and problems with them, and family and friends typically know the person's strengths and weaknesses.

A household member, a relative, a friend, a caring neighbour – a trusted person that a help-seeker feels comfortable with could be anyone. A trusted person does not need to live with the person seeking help, but they should be accessible, perhaps living close by or at least easily contacted by telephone, so that they can interact with the person seeking support, and can give them support.

As helpers, we should ask the person we are helping if there is a trustworthy family member, friend or other close person they would like to involve. If they say "yes", we might offer to speak with that person, or we might assist the person we are helping to prepare for how they themselves might talk to their trusted person.

If the person we are helping says "no", that is also OK, even if the helper thinks that family interactions would be beneficial. It is essential that helpers do not force involvement of anyone else without permission from the person they are helping. The only exception would be an imminent risk indicating that confidentiality needs to be broken, in which case you should talk first with your supervisor, not with a family member (see Module 4 on self-harm/ suicide).

Similarly, if a family member asks you if they can become involved, remember that this is not your decision to make. It is for the person being helped to say "yes" or "no". Never compel a person to have a family member or other companion involved. To do so would be to break confidentiality and can unintentionally undermine people's ability to take control of their own lives.

In summary, although involving a trusted person can be very beneficial, it is for the person being helped to say who that person should be and how they should be involved. The helper must respect confidentiality and the client's wishes, even if they think family involvement would help.

In the next exercise, we shall explore how that might work in practice.

Group activity 1: Identifying social supports *(15 mins)*

This activity lets trainees explore how the involvement of a family member or friend varies for different people and different situations. Divide the trainees into groups of 3–6 people and assign each group one of the following scenarios. Give them 10 minutes to answer the questions associated with their scenarios. Tell them they will present their thoughts to the whole class.

THE SCENARIOS

Karla is a 15-year-old girl. She went to the market to pick up groceries and tried a new shortcut on the way home. She got lost along the way and became very frightened. Soon she came across a police officer and asked her for help.

- Who might be some trusted persons that the police officer could ask Karla about?
- What if a trusted person who Karla lives with is not at home or cannot be reached by telephone? Who else could the police officer suggest?

George is a 74-year-old man. He was walking down the street, fell over and briefly lost consciousness. A passer-by helped him to the nearest primary care facility to be checked. When George became fully conscious, a nurse was there to help him and ask him some questions.

- How could the nurse ask George if there is a trusted person who could help him feel safe and collect him from the health facility? Who might a trusted person be?
- How could the nurse ask George if there are any people who he does not want to collect him or who should not be informed?

Rebecca is a 34-year-old woman. She is pregnant and is visiting the local antenatal care centre in her town. Her mother and mother-in-law have both come with her. When the midwife meets Rebecca, she can tell that Rebecca is stressed. She is also very quiet. Rebecca's mother immediately tells the midwife Rebecca's story and symptoms, quickly echoed by Rebecca's mother-in-law.

- Why is it important for the midwife to ask Rebecca who she would like to involve in her care, even if the mother and mother-in-law are very close to Rebecca and care about her health and that of the baby?
- How might the midwife ask Rebecca if she would like her mother and mother-in-law to be involved in her care?

John is a 28-year-old man. He cannot stop worrying about making enough money to look after his wife and baby son. He went to a local care clinic where he met briefly with a community health worker. He tells the health worker his problems and how he has not been able to sleep or spend time with his friends. He has very low energy and does not think that his friends want to spend time with him.

- How could the health worker ask about John's family or people close to him?
- How might the health worker decide to involve John's family or close friends?
- Why is it important for the health worker to ask John first about who to involve, rather than immediately calling John's wife or one of his close friends to tell them that John is at the clinic?

GROUP SUMMARIES

Ask each group to summarize their scenarios briefly and to share their questions and suggested answers. Take notes of their ideas on your flipchart, chalkboard/whiteboard or sticky notes. Ask the other groups if they agree or disagree with the other group's answers, and why, and if they want to add any other suggestions.

Group activity 2. Discussion *(15 mins)*

Lead a discussion with the whole group. You might ask the trainees:

- **How might family members or other trusted people support a person who is being helped?** If you need prompts, remind trainees that family members/other trusted people could help with homework or medicines, providing emotional support, or could support with other activities.
- **What unhelpful behaviours should we avoid when thinking about involving family or friends?** Remind trainees that these mainly include forcing the person either to involve or not to involve outside people, or demanding to speak to someone close to them without permission.
- **What things should we do before suggesting involving a family member or other trusted person?** If you need prompts, suggest: making sure you have discussed and agreed confidentiality; checking to see if the person feels supported by the proposed trusted person; asking permission for the involvement; agreeing how the person could be approached etc. Try to ensure that trainees discuss what to do if a family member is already with the person – i.e. they should first speak to the person separately to confirm that they are comfortable to have the family member there.
- **Should you ask what type of personal details the person is happy to share, and what they want to keep private? How might you ask this?** If you need a prompt or example, suggest that the helper asks "Is there anything you would like me to share with your family member specifically? Would you like me to tell them everything you have just told me?"

Record their discussion on your flipchart or other display, and add any new ideas to the lists of unhelpful and helpful behaviours in Table 7.

Exercise 1. Trainers demonstrate helpful behaviour when involving family *(10 mins)*

In this activity, you will role-play helpful behaviour when seeking to involve your client's family member or another trusted person using the text below. One trainer plays the helper, the other role-plays the person being helped. The group will then discuss the role-play and suggest any new ideas. Add these to your flipchart display or to the list in Table 7.

ROLE-PLAY

> **Helper:** *Abed, when we are dealing with difficult problems, it can be helpful to ask a family member or a person close to us to encourage us and to remind us of our goals or any exercises or techniques that might help us to feel better. Is there a person that you feel comfortable with to help you through this? Perhaps a family member or a good friend?*

Abed: *I have my brother, yes, he is usually there when I need him.*

Helper: *It is good to hear you have a dependable brother. What do you think about asking your brother for help with this problem?*

Abed: *This time feels different, though. I would like his help, yes, but I am not sure I want him to know what I did to get into this situation.*

Helper: *We can think together how you might ask him for help and what you can do if he asks you questions you do not want to answer. We can practise this before you call him. Would you like to do that? Perhaps you would like to contact him together? Or would you like me to contact him?*

Abed: *I think I would like to talk to him, I feel I can do this. But I would like to practise with you what I say if he asks me a difficult question.*

Helper: *You are being very strong to ask your brother for help at this time. OK, we shall take some time to practise talking to him now.*

GROUP DISCUSSION

Discuss with the group what behaviours they saw. If you need prompts, you could ask:

- What sort of questions did the helper ask?
- What made Abed willing to talk to his brother?
- Was there anything more the helper might have done to explore how Abed feels about involving his brother?
- Using these behaviours, would you change your interactions when working with a person like Abed?

The trainer playing Abed can also describe how they felt during the interaction.

Review learning points *(10 mins)*

Take the last few minutes to recap why involving family members or other trusted people can be important. Review both the helpful and the unhelpful behaviours discussed in this session, using Table 7. Tell the trainees that in the next exercise they will do a role-play themselves, and you will be looking for these behaviours.

TABLE 7

Unhelpful and helpful behaviours when involving a relative or other trusted person

Unhelpful or potentially harmful behaviours	Helpful behaviours
• Telling the person not to involve family members or trusted people in any way. • Forcing the person to involve family or trusted people. • Saying you will speak with family members or trusted people without first obtaining permission from the person you are helping. • Allowing an accompanying person to disempower the person being helped (by speaking for them, or insisting on being present without the person's agreement).	• Asking about trusted person(s) in the person's life. • Asking the person how they would like to involve the trusted person(s) in the care process. • Asking about the person's living arrangements (i.e. who they live with).

Informally-assessed role-play on how to involve family members or other trusted persons

Role-play and ENACT items to be used:

Module 6. Role-play, involving family or other trusted persons

ENACT Scoring template #10. Involvement of family or other close relationships

This assessment is expected to take 15 minutes. Trainees will work in pairs to show you helpful skills for involving family members or another trusted person. During the role-plays, trainers walk around the room and observe one to two pairs each as they practise. It is not necessary to fully score the trainees, nor to observe the full role-play. Instead, use the tool to help structure your observations. It can be helpful to observe different trainees to those observed in the previous role-plays.

Instructions

1. Be ready to use the ENACT rating tool for item #10, reproduced as Figure 14. You can use paper copies of ENACT or the digital version on the EQUIP digital platform.

2. Explain to the group how this practice exercise strengthens their learning and gives you a chance to provide feedback on their strengths. You might say:

> *Now we shall practise helpful behaviours. To bring together our learning from this session, in this role-play, you will practise your skills for discussing the involvement of family members or another trusted person. While you all are practising, we shall be walking around to see your skills in action. We shall be taking some notes to give the group feedback on how to improve talking further about family involvement.*

3. Divide the trainees into pairs. If the trainees have already worked in pairs, ask them to work with someone new.

4. Share the role-play instructions with the group. You could use a PowerPoint slide, write them on a chalkboard/whiteboard, or give them as paper handouts to trainees.

Instructions to helper.

This role-play takes place after the helper and the person being helped have already met, have introduced each other and confidentiality has been explained. The helper and the person being helped already know each other's names and what they prefer to be called. You can use your own names.

The person being helped will start the role-play by referring to family involvement. Discuss with the person you are helping who they might be happy involving, and how to go about it.

Instructions to the person being helped.

This role-play takes place after the helper and person being helped have already met, have introduced each other and confidentiality has been explained. The helper and the person being helped already know each other's names and what they prefer to be called. You can use your own names.

Start the role-play by saying, "My family member (select wife, husband, mother, sister etc.) wants to know what they need to do to help." Alternatively, you could say, "My sister is always asking me how to help, but I don't think she understands me the most" or "My sister always asks me what I talk about when I meet with you."

5. Ask each pair of trainees to take turns with one playing the helper and the other the person being helped. After about five minutes, signal that they should switch roles.

6. Make sure that each person has a chance to practise being the helper.

7. Both trainers should walk around the room and should observe one or two pairs as they practise. You do not need to observe all pairs or the full role-play. It can be helpful to observe different trainees from those observed in the previous role-play. Use ENACT #10 to record trainees' unhelpful and helpful behaviours. You may want to assign an individual competency level. However, it is more important to gauge how the group as a whole has understood the module, and to check on their ability to put helpful behaviours into practice. Try to determine whether anything needs to be clarified and whether you need to go over any of the training again.

8. After the role-plays, thank the trainees. You can share some general feedback on some of the helpful behaviours observed. Use your observations to structure your feedback to the group. Remember, when giving group feedback do not single out the individuals that you have observed but instead make general comments about trends.

FIG. 14

ENACT #10 scoring template

ENACT #10: Involvement of family and significant others

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Tells client not to involve family or close person(s) in any way during treatment or recovery ☐ Forces client to involve family or close person(s) in treatment process ☐ Demands to speak with family or close person(s) without permission from client ☐ Allows an accompanying family member or close person to disempower the client	☐ Asks about close person(s) in client's life (e.g. household members, family or other) ☐ Asks client how they would like to involve close person(s) in the care process ☐ Asks client who they live with ☐ None of the above	☐ Completes all basic helping skills ☐ Explores client's choices or reasons for involving or not involving close, familiar person ☐ Does role-play or practice interaction with close person (e.g. helper plays role of family member)

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

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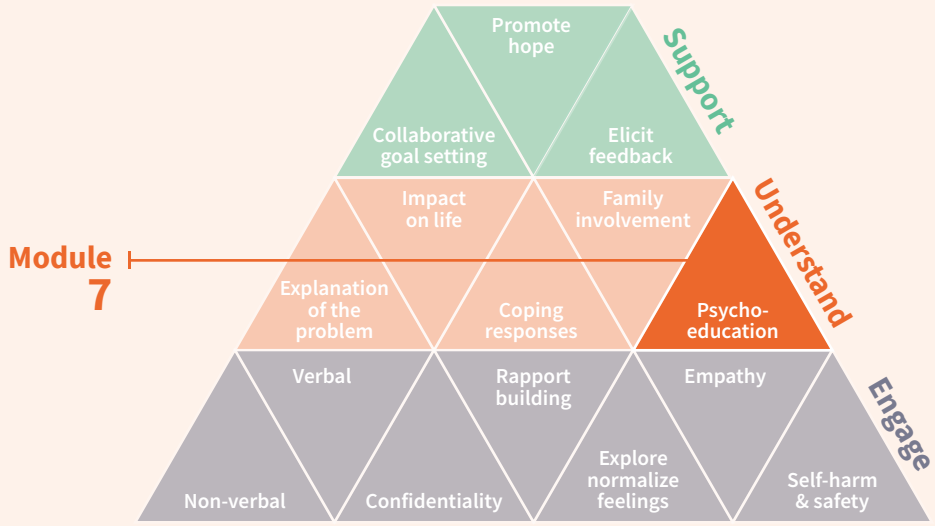
Module 7. Psychoeducation (ENACT #14)

This module explains how education about mental health – often called "psychoeducation" – can help people understand their mental health challenges and take action. Trainees will explore how to share information about symptoms and treatments without using off-putting technical or stigmatizing language.

FIG. 15

Providing psychoeducation is in the Understand tier of foundational helping skills



Structure of module 70 mins

DELIVERING PSYCHOEDUCATION *(55 MINS)*:

- Introducing psychoeducation *(10 mins)*.
- Group activity 1. Exploring how to deliver psychoeducation *(15 mins)*.
- Exercise 1. Trainers role-play unhelpful psychoeducation *(10 mins)*.
- Exercise 2. Trainers role-play helpful psychoeducation *(10 mins)*.
- Review of learning points *(10 mins)*.

INFORMALLY-ASSESSED ROLE-PLAY *(15 MINS)*

Preparing for the module

Table 8 on unhelpful and helpful psychoeducation can be used as a handout for trainees. You should prepare the prompts for the informally-assessed role-plays at the end of the module. These are best as handouts so that the helper and help-seeker do not see each other's instructions.

Delivering psychoeducation 55 mins

Introducing how to deliver psychoeducation *(5 mins)*

This module explores how to share information about mental health symptoms and treatments with people seeking help without using off-putting technical or stigmatizing language. Your trainees will explore how people benefit from being better educated about their mental health, and also what can go wrong if this skill is poorly-applied. Read out the text below to introduce the concept. You can adapt the language, but ensure that you cover all the points.

> *In the same way that physical education can help people to understand what they need to do to stay fit and active, educating someone about mental health – which is often called psychoeducation – can help people understand their mental health challenges and take action.*
>
> *If someone you are helping can link troubling feelings or symptoms to recognized causes and techniques or to support that might reduce these, a route through their problems can open up. They are more able to make informed decisions about treatment and support – and they may feel less stigmatized by their problems.*
>
> *Having a shared understanding of causes, symptoms and potentially helpful actions also improves communication between you and the person you are trying to help. It encourages joint problem-solving and can engage the person in their care, improving their recovery.*
>
> *With the right education you can help them identify stressors and symptoms, know their own strengths and weaknesses in dealing with their challenges, and find resources such as stress management techniques that help them cope.*
>
> *This module will let you practise how to give basic mental health information. It does not educate you on the range of mental health conditions people might have. Rather, it focuses on how to communicate.*
>
> *This educational skill is closely linked to the skill of using explanatory models. You should first understand what the person thinks is causing their problems, and then use that explanatory model as a link to the education you want to deliver.*
>
> *There are a few key points to remember:*

- Avoid using technical terms unless you know that the person is familiar with them and understands them.
- Avoid any language that stigmatizes mental health conditions.
- Take care not to criticize the person's own explanatory model as being ignorant or superstitious.
- You might use local concepts in your explanation, but you must remain accurate and avoid endorsing any potentially harmful explanation of the problem.

Group activity 1. Exploring how to deliver psychoeducation *(15 mins)*

Instructions: This activity helps trainees to understand how to deliver psychoeducation by summarizing your introduction, discussing how they might use the skill in their own settings, and also exploring how it could go wrong. End the activity with a summary.

Divide the trainees into three groups and assign each group one of the following tasks. Tell them that after five minutes they will present their discussion to the whole class. The tasks are as follows:

- Prepare a brief summary of helpful psychoeducation and why it is important.
- List ways to use psychoeducation when working with a person you are helping.
- Create a list of what might go wrong if psychoeducation is offered unhelpfully or not at all. This group should consider how things could go wrong for both the person being helped and the one who is helping.

After five minutes, bring the three groups back together to present their lists. Remind trainees that there are no right or wrong answers: this is an ideas session. After each group presents, check with the other groups to see if they want to add anything to the list.

Take notes of the discussion on your flipchart, chalkboard/whiteboard or sticky notes. You can add new ideas to the unhelpful and helpful behaviours listed in Table 8.

End this activity by briefly summarizing what psychoeducation means, how it helps, and how delivering it badly could cause problems. Tell the trainees that in the next exercise you will be role-playing bad psychoeducation so they can learn what to avoid.

Exercise 1. Trainers demonstrate unhelpful psychoeducation *(10 mins)*

In this demonstration you can exaggerate the unhelpful behaviours until they are almost comical. One trainer plays the helper, the other plays the person seeking help. Tell the trainees that after the role-play, you will all discuss the behaviours and their outcomes, and that you will again be looking for their ideas to add to your table of unhelpful behaviours.

ROLE-PLAY

Person being helped: *It has been two months and I cannot find a full-time job. I am tired and my shoulders and neck are feeling so painful. I often have to stay in bed in the morning. By the time I have any energy, it is night-time and too late to apply for jobs. Then I stay up all night worrying.*

Helper: *Has anyone else in your life given you a description of why this happens?*

Person being helped: *My best friend says my "batteries are backwards". She says that I use up all my batteries at night worrying, and then I have no energy during the day to do anything. So I use my batteries when I should be recharging them, and then I have nothing left for day-to-day life. I have started saying that too, "my batteries are backwards".*

Helper: *Well, that is an unhelpfully simplistic interpretation. People don't have batteries. This is clearly a case of mixed anxiety and depression. You have a chemical imbalance in the neurotransmitters in your brain. It is turning you into someone who just is not functioning and*

cannot provide for their family. I will refer you to someone who can provide the medicines needed to treat imbalances like these.

Person being helped (looking afraid and unsure): *But I don't understand – the pain is in my neck, not my head. I cannot sleep because of the pain. And I am scared of taking medicines. I can't afford them either.*

DISCUSSION

Discuss with the group what they saw. If you need prompts, you might ask:

- Did the helper use psychoeducation?
- Why was the helper's behaviour unhelpful?
- Can you identify what the helper did wrong? (Examples could be: using technical terms, belittling the explanatory model, not incorporating the person's explanatory model, stigmatizing the person etc.).
- What could the helper have said instead?

List the discussion points on your flipchart, chalkboard/whiteboard or sticky note display. You can add any new ideas to the lists of unhelpful and helpful ways to deliver psychoeducation in Table 8. At the end of the discussion, tell the trainees that the next demonstration will role-play helpful psychoeducation.

Exercise 2. Trainers role-play helpful psychoeducation *(10 mins)*

In this activity you will demonstrate helpful behaviours. One trainer plays the helper, the other plays the person being helped. Tell the trainees that after the role-play there will be a discussion in which you will ask for their ideas on helpful behaviours.

ROLE-PLAY

Person being helped: *It has been two months and I cannot find a full-time job. I am tired and my shoulders and neck are feeling so painful. I often have to stay in bed in the morning. By the time I have any energy, it is night-time and it is too late to apply for jobs. Then I stay up all night worrying.*

Helper: *Has anyone else in your life given you a description of why this happens?*

Person being helped: *My best friend says my "batteries are backwards". She says that I use up all my batteries at night worrying, and then I have no energy during the day to do anything. So I use my batteries when I should be recharging them, and then I have nothing left for day-to-day life. I have started saying that too, "my batteries are backwards".*

Helper: *That is a useful image for describing it. When we have lots of stress in our lives, we can feel as if we run out of energy more quickly, especially if we are not relaxing and sleeping at night. It sounds as if you want to find a way to flip things around so you can recharge with a restful night's sleep and have more energy during the day?*

Person being helped: *Yeah, that's what I want, but I just don't know how to do it.*

Helper: *Hmm, I see. Well, our mind and bodies are linked and work together to keep us healthy, and this also means that sometimes when we are stressed or having a difficult time it can affect both our mind and our body. It sounds like you are feeling worried about not finding a job. You said this is keeping you up at night and maybe this is also making you feel more tense and contributing to the pain. So you have no chance to recharge your batteries by sleeping and then your tiredness and pain are keeping you from getting out of bed in the morning. There are a number of ways that people like me can help with making sure you can recharge so you have more energy in the morning. Would you like to discuss that?*

Person being helped: *Yes, sure.*

Helper: *Well, there are some techniques that can be used to help with relaxing. These can be things like deep breathing. That is something we can practise together and then you can do it on your own. There are also other skills to help with problem-solving so that you can move forward step by step and get things done during the day, so you feel a little more hopeful and less worried at night. There are also other techniques, programmes and medicines that help some people. The purpose of all of these is to help you deal better with stress so that you don't feel as if you burn through your batteries all night worrying. Would you be interested in learning some of these techniques with me?*

Person being helped: *I can try. They sound hard, and I am not sure they will work right away, but I would like to try.*

Helper: *Don't worry, they may sound hard, but they are very easy to learn and you can use them straight away. Using them regularly and practising is very important. Let's make a start with one of them.*

DISCUSSION

Discuss with the group what they saw. If you need prompts, you might ask:

- How did the helper respond to the person's problems?
- What did the helper do differently in this demonstration compared with the previous one?
- How did the helper use psychoeducation?
- What aspects of psychoeducation did the helper use that were helpful?

The trainer role-playing the person being helped can also describe how they felt during the interaction.

During the discussion, take notes with your flipchart, sticky notes or chalkboard/whiteboard. You may want to add ideas to the lists of unhelpful and helpful ways to deliver psychoeducation in Table 8. End with a brief summary. Make sure it is clear to the trainees how this is related to explanatory models. Highlight how, in the example, the helper linked the person's explanation (batteries) with the psychoeducation about how stress affects the body.

Review learning points *(10 mins)*

Take the last few minutes of this session to review and recap why offering psychoeducation is important for health and well-being, and how to do it well.

Remind the trainees that when someone understands where their distress is coming from, they are better able to address it and make informed decisions about treatment.

Also remind the trainees that having a shared understanding improves communication between the person being helped and the helper and encourages joint problem-solving, which can improve a person's care and recovery.

Draw on the unhelpful and helpful behaviours in Table 8 and the trainees' own additions, as needed.

TABLE 8

Unhelpful and helpful ways to deliver psychoeducation.

Unhelpful or potentially harmful behaviours	Helpful behaviours
• Using technical terms without checking the person's understanding of them. • Using stigmatizing mental health terms.	• Conducting accurate psychoeducation using simple terms. • Including local concepts and terminology.

Informally-assessed role-play demonstrating psychoeducation

Role-play and ENACT items to be used:

Module 7. Role-play, psychoeducation

ENACT Scoring template #14. Psychoeducation

This assessment is expected to take 15 minutes. Trainees will work in pairs to show you their helpful skills for delivering psychoeducation. During the role-plays, trainers walk around the room and each observe one or two pairs as they practise. It is not necessary to fully score the trainees or to observe the full role-play. Instead, use the tool to help structure your observations. It can be helpful to observe different trainees from those observed in the previous role-plays.

Instructions:

1. Be ready to use the ENACT rating tool for item #14, reproduced as Figure 16.

2. Explain to the group how this practice exercise embeds their learning and gives you a chance to provide feedback on their strengths. You might say:

   Now we shall practise helpful behaviours. In order to bring together our learning from this session, in this role-play you will practise your skills in giving psychoeducation. While you all are practising, we shall be walking around to see your skills in action. We shall be taking some notes to give the group feedback on how to improve your delivery of this kind of information even further.

3. Divide the trainees into pairs. If trainees have already worked in pairs, ask them to work with someone new.

Instructions to helper.

This role-play takes place after the helper and person being helped have already met, have introduced each other and confidentiality has been explained. The helper and person being helped already know each other's names and what they prefer to be called. You can use your own names.

In this role-play a woman is having problems sleeping and is worrying a lot. She recently lost her job.

Start the role-play by posing a question such as: "Sometimes people call what they are feeling by different names, or they explain it in a particular way to their family and others. Some people call what you are describing the blues, feeling low, thinking too much, or even the black dog. What do you call it?"

Instructions to the person being helped.

This role-play takes place after the helper and person being helped have already met, have introduced each other and confidentiality has been explained. The helper and person being helped already know each other's names and what they prefer to be called. You can use your own names.

In this role-play someone is having problems sleeping and is worrying a lot. The person recently lost their job. The goal of the role-play is to see how the helper uses the person's description of distress to educate about what might be triggering the sleeplessness, and the benefits of support and intervention.

When asked about possible causes, you can provide a statement such as: "Hmm. That's interesting. My family and I call it my personal cloud. It is like a cloud that follows me everywhere. Everything feels darker and less hopeful where I am – as if I am stuck in a permanently dark cloudy day. Even when other people say it's a sunny day, I feel as if I have had this constant personal cloud since I lost my job."

4. Ask each member to take turns at playing the helper and the person seeking help. Tell them that they should do the role-play for about five minutes and then switch roles.

5. Make sure that each person has a chance to practise being a helper.

6. Share these role-play instructions. They can be provided on a PowerPoint slide or written on a chalkboard/whiteboard, but they might be best as paper handouts so that helpers and help-seekers do not see each other's instructions.

7. Both trainers should walk around the room and each should observe one or two pairs of trainees as they practise. You do not need to observe all pairs or the full role-play. It can be helpful to observe different trainees from those observed in the previous role-play. Use ENACT item #14 to record trainees' helpful and unhelpful communication skills. You may want to assign

an individual competency level. However, it is more important to gauge how the group as a whole has understood the module, and to check on and their ability to put helpful behaviours into practice. Try to determine whether anything needs to be clarified, and whether you need to go over any of the training again.

8. After the role-plays, thank the trainees. You can share some general feedback on some of the helpful behaviours observed. Use your observations to structure your feedback to the group. Remember, when giving group feedback do not single out the individuals that you have observed but instead make general comments about trends.

FIG. 16

ENACT #14 scoring template

ENACT #14: Psychoeducation with local terminology

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Uses technical terms without checking client's understanding ☐ Uses stigmatizing mental health terms	☐ Conducts accurate psychoeducation using simple terms ☐ Includes local concepts and terminology into psychoeducation ☐ None of the above	☐ Completes all basic helping skills ☐ Incorporates client's description of problem ☐ Checks that client understands psychoeducation

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

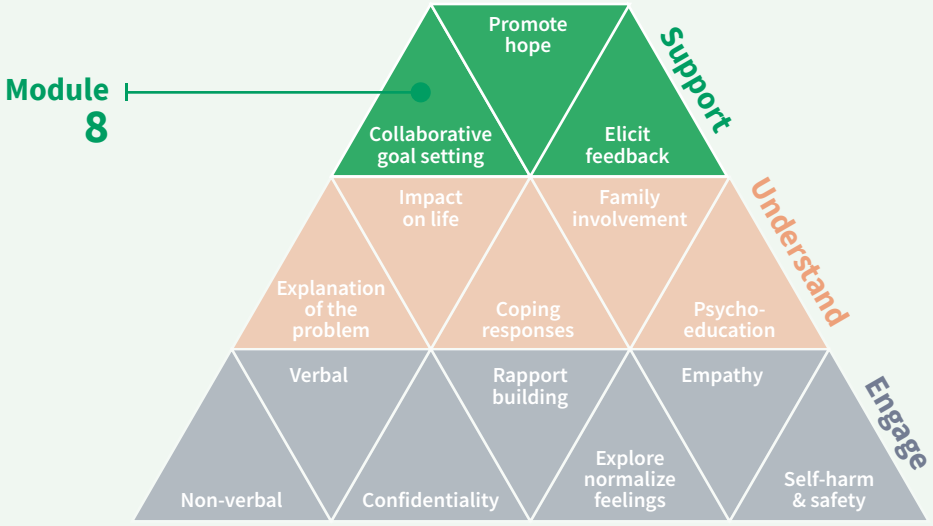
Source: ENhancing Assessment of Common Therapeutic factors (ENACT) competency assessment tool (English, in-person) (v1.0). Geneva: World Health Organization; 2021. https://equipcompetency.org/en-gb. Licence: CC BY-NC-SA.

Module 8. Collaborative goal-setting (ENACT #11), promoting hope for change (ENACT #12) and eliciting feedback (ENACT #15)

This module covers three important skills: collaborative goal-setting, promoting hope for change, and eliciting feedback. The trainees will learn each skill separately, but the informally-assessed role-play at the end will involve using all three together.

FIG. 17

Collaborative goal-setting, promoting hope for change, and eliciting feedback are skills in the Support tier of foundational helping skills



Structure the module 120 mins

COLLABORATIVE GOAL-SETTING *(30 MINS)*

- Introducing goal-setting and how to set goals collaboratively *(10 mins)*.
- Exercise 1. Trainers demonstrate helpful goal-setting *(15 mins)*.
- Review learning points *(5 mins)*.

PROMOTING HOPE FOR CHANGE *(60 MINS)*

- Introducing how to build realistic hope *(10 mins)*.
- Exercise 1. Trainers demonstrate helpful ways to promote hope *(20 mins)*.
- Group activity 1. Addressing feelings of hopelessness *(15 mins)*.
- Group activity 2. Trainees reflect on how they will promote hope *(10 mins)*.
- Review learning points *(5 mins)*.

ASKING FOR FEEDBACK *(15 MINS)*

What it means to ask for feedback *(5 mins)*.

Group activity 1. Trainees discuss how feedback improves their help *(10 mins)*.

INFORMALLY-ASSESSED ROLE-PLAY *(15 MINS)*

Preparing for the module

You could use the Tables 9, 10 and 11 on unhelpful and helpful behaviours as handouts for trainees. You should prepare the prompts for the informally-assessed role-plays at the end of the module. These are best as handouts, so that the helper and help-seeker do not see each other's instructions.

Collaborative goal-setting 30 mins

Introducing goal-setting and how to set goals collaboratively *(10 mins)*

Use the following text to describe goal-setting. You can adapt the language to suit your context, but make sure that the points are adequately covered.

Collaborative goal-setting

Setting achievable goals helps us to stay motivated. They might be mini-goals that we can easily achieve. Or they might be more distant goals, with intermediate and manageable steps. Setting goals helps us to feel in control and reassures us that we are making progress.

At the same time, goals can also help people to manage expectations of progress, so they do not become disheartened when things don't immediately get better. For instance, it is important not to give incorrect, misleading or unrealistic information about treatment goals. Equally, it is important not to tell someone their goal is unachievable without explaining your reasoning.

People might, or might not, have a desired goal or outcome clearly worked out when they come to a helper. But typically they have a reason for asking for support or help. Consequently, it is important for helpers to ask about reasons or goals of a person seeking help in order to understand what motivates them and to discuss expectations.

Discuss with your help-seeker what is, and what is not, achievable for various goals and time frames. For instance, you could explain that sharing a problem might meet the achievable goal of helping to relieve symptoms. However, you should also tell the person when things are not achievable. For example, if someone comes to you with problems related to getting a job, you cannot give the person money or a job in exchange for joining a programme. However, you might be able to work towards skills that make getting a job more likely. The person you are helping needs to understand what the goal actually is, and needs to agree with it. Short-term goals should aim to help someone immediately. They might be things such as:

- *My goal is to see a counsellor next week so that I can discuss my problems.*

- *I would like to ask a friend to study with me this weekend so I can get ready for my test.*
- *My goal is to visit my primary care doctor tomorrow to learn how to lessen my knee pain.*

The helper and the person being helped should jointly establish short- and long-term goals that are realistic, achievable and meaningful to the person. If the person is going to spend more time with you – e.g. through regular visits, health checks or by participating in an intervention – you should work together to create a care plan. The care plan could have a long-term goal, but it should also have steps and these could have their own intermediate goals.

Exercise 1: Trainers demonstrate helpful goal-setting *(15 mins)*

Tell the trainees that you will be role-playing helpful goal-setting, and then you will ask them for their thoughts and ideas.

ROLE-PLAY

One trainer plays the helper, the other plays Carl who says he wants to get healthier.

Helper: *Carl, you said that you would like to get healthier. Have you thought of any different ways that you would like to try to lead a healthier lifestyle?*

Carl: *I would like to do more exercise. I have been reading about the importance of staying active, particularly as you get older.*

Helper: *That is a great option. I'm glad you are willing to try this. Have you thought about how much you would like to exercise?*

Carl: *Well, I've signed up to a gym before, but after the first few sessions I just stopped going. I am hoping this time will be different! I was thinking that maybe I would go to the gym every day. I thought if I made it more of an everyday routine then it would be more likely that I would keep it up.*

Helper: *I see, and I like that you are already thinking about making this a routine. But going to the gym every day is quite a lot if you have not been exercising recently. What do you think of trying to be more active in your everyday life and aiming at going to the gym two times a week, at least at first?*

Carl: *Hmm. OK, that does sound a bit more manageable.*

Helper: *It can also be helpful to be a bit more specific about what exercise you want to do.*

Carl: *What do you mean by being more specific?*

Helper: *Well, it's good to be clear about your plan. For example, there are different types of activities of different levels of intensity that can be helpful with building fitness. Something like walking is low intensity but still a very beneficial thing to do, particularly if we are sitting at a desk all day. Activities such as running or cycling are more intense and are also recommended so long as we build up the intensity gradually so that we don't run the risk of injury. Specific activities that help to build strength are also important. We could combine one or two of these options. What do you think?*

Carl: *Yes, sounds like a great idea. I could make sure I walk to and from work every day rather than catch the bus – it's only a 20-minute walk after all. And maybe when I do go the gym I could join a class so I make sure I am guided to do the correct activities that will build my fitness.*

Helper: *Perfect! OK, so we shall plan for you to try walking more every day. And you will go to the gym twice a week and join appropriate classes so that you have someone to support you with building your fitness. We shall need to meet regularly to track your progress and possibly change how we are tackling this, depending on how you are doing. Does that plan work for you?*

DISCUSSION

Discuss with the group what behaviours they saw. If you need prompts, you could ask:

- What sort of questions did the helper ask?
- Did the helper and Carl set goals together? How?

The trainer playing Carl can also describe how they felt during the interaction.

Take notes of the trainees' ideas on a flipchart, sticky notes, or chalkboard/whiteboard. Add any new thoughts to the unhelpful and helpful behaviours in Table 9 and briefly summarize anything the trainees missed.

Review learning points *(5 mins)*

Take the last few minutes of this session to recap and review goal-setting. Remind the trainees how goals keep people motivated, keep expectations realistic and can help to track progress. Recap how the trainees should be asking about goals, and setting achievable goals collaboratively. Also remind them of the unhelpful behaviours they need to avoid, including giving incorrect or misleading information about goals, or telling people they will not reach their goals but giving no reasons. You can use Table 9 on unhelpful and helpful behaviours for goal-setting as a prompt, together with any new ideas generated by the trainees.

TABLE 9

Unhelpful and helpful behaviours for collaborative goal-setting

Unhelpful or potentially harmful behaviours	Helpful behaviours
• Telling the person that goals (expectations) cannot be met but not giving a reason. • Giving incorrect, misleading or unrealistic information about goals. • Forcing a goal on someone.	• Asking the person about goals (expectations). • Explaining how a person's goals and expectations fit with how you will work together.

Promoting hope for change 60 mins

Introducing how to build realistic hope *(10 mins)*

Use the following text to talk through the skill of promoting realistic hope. You can adapt the language to your context, but make sure that all the points are covered.

What it means to build hope

As a helper, you have the important role of promoting hope for change. People come to you looking to ease their distress. You may be building hope that they can change how they react to negative experiences. Or you may be building hope for something more concrete, such as a change in their circumstances or resources.

When you promote hope, you work with someone to create realistic expectations of change, and to help them feel positive about their future.

Realistic hope

It is important that you build hope for something achievable within the helping relationship. Unrealistic hope can be more destructive than helpful. We want to promote hope that is focused and specific to something the person can do. And we should praise behaviours that are working to put that hope into action. It can be helpful to link hopes for change to things the person cares about. For example, for a grandparent who enjoys time with their grandchildren, you might say: "If you continue to eat well and walk every day, your health and strength should improve. You will probably find it easier to enjoy playing with your grandchildren."

Being hopeful is different from being optimistic

Optimism and hopefulness both look towards a positive future. However, being optimistic is to be confident that things will work out or be better than expected. If we make general comments such as "I just know that everything is going to get better", we can lose the person's trust. Being hopeful recognizes that life does not always work out how we might expect it to, but that we can be hopeful for some change if we actively work towards it. It is good to expect positive changes, but we must recognize they might not make all of life's problems disappear. You can encourage a person who you are helping to state their hopes, and praise them for asking for help and seeking care. It is important to discuss goals with the person seeking help and to explain how each goal might or might not be reached – i.e. discussing and managing expectations for positive change.

Hope is strengthened when we work together

It can be difficult to have hope, especially when we feel alone with our problems or struggles. So it is crucial that helpers actively work with the person to build hope together. Always try to recognize when a person is feeling hopeless, and encourage them to keep going. You can remind the person of a new skill or a piece of knowledge that they have acquired without making the person feel bad about any mistakes they might have made. For example, you might say: "Yes, these issues that you are dealing with can be very hard and change does not always come right away. What if we reviewed the positive things that you have done so far to see what you have

learned?" It is also important not to criticize someone for their doubts, For instance, do not say "How can you expect to get better if you cannot even hope for a small improvement?"

Exercise 1. Trainers demonstrate helpful ways to promote hope *(20 mins)*

Explain to the trainees that you will be showing them a role-play situation where the helper is promoting hope. Tell the trainees you will be ending the exercise with a discussion and that you look forward to hearing their ideas.

ROLE-PLAY. ACTIVELY BUILDING HOPE

This role-play is with Juan, who is identifying practical actions that he will take to build hope.

Tell the trainees:

Now we shall do a role-play showing how to help a person to find things that can build hope for change.

This time, the person we are helping is called Juan. Juan is very upset because his father has fallen ill. Juan needs to take care of his family's finances, check in on his father and still manage long hours at his job. He meets with a helper because he is so worried that he cannot meet these expectations, and he is having difficulty sleeping. Juan's short-term goal is to get a better night's sleep. The role-play demonstrates how Juan and his helper work on ways to build hope for a good night's sleep so that Juan can feel more confident about tackling the rest of his challenges.

Helper: *Juan, we decided together that your achievable goal was to get a better night's sleep. What things give you hope that you can get a better night's sleep?*

Juan: *Well, sometimes I think back to before my father was sick, and I was sleeping pretty well almost every night – that gives me hope. I also feel more hopeful when I manage my time well and think about how grateful I am for my family. I feel calm and can sleep better at night.*

Helper: *Those are all really great reasons. Thank you for sharing. What type of things do you think might take away your hope? There are no right or wrong answers.*

Juan: *I find it hard to sleep when I am worrying about the health of my father. I also start to worry about my time through the day. Sometimes after caring for my father, I feel too exhausted to eat or spend time with my family for an evening meal. Then I don't sleep well.*

Helper: *Thanks for sharing that. When you were thinking of things that take away hope, did this help you identify things that could also give you hope? Sometimes, the things that give us hope are the opposite of what takes hope away.*

Juan: *Hmm. Yes, when I spoke about being too exhausted and not sharing dinner with my family, I realized that, if I do these things, it makes me feel hopeful for change.*

Helper: *That is a thorough list that you came up with; it will help us to work together. It gives me hope that you have come to meet me today! That shows that you are reaching out for support. Asking for help from others is a good sign that you want to improve the situation. What do you think about that?*

Juan: *Yeah, I didn't realize that. I guess you are right. It was not easy for me to come, but I would like to change.*

Helper: *So, to summarize, the things that give you hope are: that you slept well before your father was sick, being grateful for your family, being with and sharing meals with them, managing your time well, and seeking support. Is that right?*

Juan: *Yes, that's a good summary.*

Helper: *Now that we know some things that give you hope, we can find ways to help you spend more time doing those things. We know what represents the wood, the kindling and the air flow we need for the fire, so to speak. Now, let us think how we can make sure that we have enough of these things for strong hope. What would help you to spend more time on things that build your hope? For example, do you want to feel more confident to manage your time in general? Or is it important to prioritize time for your family dinner?*

Juan: *I think time for my family dinner would bring warmth and strength.*

Helper: *And what can we do about times when your hope might get pushed down, times when you're feeling less hopeful? What can we do to keep the rain and the wind away from our fire?*

Juan: *I think that coming to talk with you or with my family will be helpful, even if I cannot do this all the time. And I think that maybe if I write down the reasons for my hope, I can look at these before I go to bed at night.*

DISCUSSION

Discuss with the group what they saw. List their ideas and observations on your flipchart, board, or sticky note display. The trainer playing Juan can describe how they felt in the interaction. If you need prompts for the discussion, you might ask the trainees:

- What words and statements from the helper stood out to you?
- How do you think these types of words and statements promote hope for change?
- How did the helper use other foundational helping skills? For example, how did the helper use verbal communication, empathy and non-verbal communication?
- How did the helper explain building hope?
- How did the helper support Juan in building his own hope? Do you think that you could help someone to build hope after seeing this role-play?
- Was it useful for the helper to also talk with Juan about things that might reduce hope? Why or why not?

Briefly summarize the helpful behaviours, adding any new ideas to the unhelpful and helpful behaviours for promoting hope in Table 10.

Group activity 1. Addressing feelings of hopelessness *(15 mins)*

Note that this activity is about hopelessness that does not indicate an imminent risk of self-harm/suicide. For information on the risk of self-harm/suicide, see Module 4.

Even when we work really hard, we can sometimes find ourselves feeling hopeless, making it very difficult to find hope for change. In this activity, you will lead the group in a discussion of how people express hopelessness about change. You will then review some ways to help someone find hope when they are feeling hopeless.

DISCUSSION

Ask the group how people express hopelessness about change. Write down the suggestions on your flipchart or other working display. You can lead the discussion for about five minutes. If you need prompts, here are some phrases a person might say:

- Nothing works.
- I've tried everything, and nothing has changed.
- This is pointless, I don't know why I try.
- There is no reason for trying, no one cares anyway.
- What is the point?
- I am tired and I can't keep doing this.

WAYS TO HELP

Tell the trainees that, if someone is feeling hopeless, there are ways we can try to help to rebuild hope. You can say:

> *Feeling hopeless is something that can happen to anyone. Finding reasons for hope, even the smallest ones, can help people to keep trying to meet their goals. Here are two ways you might try to rebuild hope.*
>
> **Respond with empathy and encouragement.** *Listen for the words and phrases that tell us when someone is withdrawing or wants to give up. Encourage the person to keep trying, without making them feel guilty or wrong for feeling hopeless. For example, you could say: "Change does not come easily or quickly, even when you are trying hard."*
>
> - **Reflect with the person on the work they have done.** *For example, you might ask if they have learned anything helpful so far, or found one thing helpful, no matter how small.*

Group activity 2. Trainees reflect on how they will promote hope *(10 mins)*

In this activity, you will ask the trainees to summarize what they have learned. Give everyone the beginnings of the following two sentences, and give them two minutes to complete these for themselves. If necessary, use the examples here to prompt them:

- One thing I learned today about promoting hope is ….
  - … that it is good to get people to say why they think they can reach their goals.
  - … that hope for change is stronger when the helper works with the person to build hope together.

- I will promote hope when …
  - …the person I am working with is not making as much progress towards their goals as they would like.
  - …the person I am helping tells me their long journey in traffic and rain is putting them off making the effort to keep their appointments.

After two minutes, put the trainees into groups of three to five people, and ask them to share their responses to the sentence starters. They might need five minutes for this.

Finally, ask one person from each group to present the responses briefly – especially any common ones – and to share one or two ways to promote hope at work.

Review learning points *(5 mins)*

Take the last few minutes of the session to review and summarize why promoting hope is important for health and well-being. Draw on the ideas in the introductory text: on promoting realistic hope, on how hope is different from optimism, and on how hope is strengthened when we work together. Use the discussions you have had. You might want to include some of the situations below:

- When helpers work with a person to build hope, they can encourage them to take care of themselves and others.
- When teachers work to build hope, they can increase students' self-esteem and improve their academic performance.
- When nurses work to build hope, patients will be more engaged with their treatment and more open to advice and support.
- When social workers work to build hope with a person using a service, this person is more likely to feel empowered and to follow a care plan.

Review the unhelpful and helpful behaviours in Table 10. Add any new ideas that members of the group have suggested.

TABLE 10

Unhelpful and helpful behaviours for promoting hope

Unhelpful or potentially harmful behaviours	Helpful behaviours
• Giving a person unrealistic expectations (e.g. "Everything will be cured"). • Making negative statements about a person's doubts (e.g. "How do you expect to get better if you have no hope?"). • Providing no hope for change.	• Explaining how the person can be hopeful about the possibility of change. • Praising the person for asking for help or seeking care.

Eliciting feedback 15 mins

What it means to elicit feedback *(5 mins)*

This short session is designed to draw trainees' attention to the foundational helping skill of eliciting feedback – which simply means asking for feedback. Trainees are probably already using this skill (this has certainly been demonstrated in the earlier modules). However, it is so important that it is worth naming and explaining. Use the following text to introduce the skill of eliciting feedback. You can adapt the language as needed for your context, but make sure that you cover all the points.

> *All the foundational helping skills that we have been learning about involve communicating. A crucial aspect of communicating is checking that we have been understood and finding out what the person we are helping thinks about what we said. In other words, we have to ask for feedback and continuously check with the person being helped. We call this eliciting feedback. We want to hear the experiences and perspectives of the person we are helping on the suggestions we provide; we want to hear how they feel about their progress towards their goals; and we want to share their overall expectations. You will have heard people eliciting feedback during the role-plays – e.g. when they ask, "How does that sound to you?" or "How do you feel about that?" You will have used the skill yourselves.*
>
> *This session is about making an active and conscious practice of asking for feedback. In particular, we should always try to ask for a person's feedback when we provide advice, suggestions and recommendations.*
>
> *It is not a helper's role to tell someone directly what to do. However, sometimes a person might ask directly for advice or suggestions. When this happens, you may offer a few options. Then you should immediately ask for their feedback on those suggestions. For example, you might ask, "Were any of those ideas helpful? Is there something you might try differently?"*
>
> ***Responding to feedback***
>
> *When we receive feedback, it enables us respond. For instance, we may discover we need to clarify our meaning. Feedback helps us, the helpers, to better understand the interaction. This is also a great time to use your skills in verbal communication and reflective statements. Responding to feedback builds a sense of communication and trust – the person we are helping feels heard and has their views recognized.*
>
> ***Unhelpful behaviours***
>
> *If eliciting feedback is an essential helping skill, then clearly interacting without eliciting feedback is unhelpful. So is ignoring the feedback you receive, or dismissing it as valueless or "wrong". You should also avoid any suggestion that your position as a helper means that you know best (and therefore that that the person's opinions or reactions, even if offered, do not matter).*

Group activity 1. Trainees discuss how feedback improves their help (10 mins)

Ask the group for examples of how helpers can elicit feedback to improve their interactions. You can even point out to them that this is you, eliciting their feedback, in order to check understanding and open up a conversation. Take about five minutes to do this, noting trainees' suggestions on your flipchart or other working display. At the end you can add their suggestions to Table 11 of unhelpful and helpful behaviours for eliciting feedback. If you need an activity to stimulate the discussion, ask the trainees the following question (you can write it out on a flipchart or display it as a slide etc.):

Which of these are helpful behaviours when eliciting feedback?

a. Explaining to a person that, because you have training and experience, you know what is best for them.

b. Using questions like "How does that sound?" or "What do you think about that?" during or after a conversation or interaction.

c. Clarifying and summarizing what you heard in a conversation or interaction – e.g. saying "What I heard you say is … is that right?"

d. Both b and c.

The answer, of course, is d.

TABLE 11

Unhelpful and helpful behaviours when asking for feedback

Unhelpful or potentially harmful behaviours	Helpful behaviours
• Lecturing a person about what to do without asking for their feedback. • Offering negative or harmful suggestions.	• Asking for feedback from the person to see if any offered suggestions are helpful. • Providing clarifications, reframing or alternative suggestions based on feedback.

Informally-assessed role-play setting goals collaboratively, promoting hope and asking for feedback

Role-play and ENACT items to be used:

Module 8. Role-play, setting goals collaboratively, promoting hope and asking for feedback.

ENACT Scoring template #11. Promoting hope for change

ENACT Scoring template #12. Collaborative goal-setting

ENACT Scoring template #15. Elicit feedback

This assessment is expected to take 15 minutes. Trainees will work in pairs to show you their helpful skills in setting goals collaboratively, promoting hope and getting feedback. During the role-plays, trainers walk around the room and each observe one or two pairs of trainees as they practise. It is not necessary to fully score the trainees, nor to observe the full role-play. Instead, use the tool to help structure your observations. It can be helpful to observe different trainees from those observed in the previous role-plays.

Instructions:

1. Be ready to use the ENACT rating tool for items #11 (promoting hope), #12 (setting goals collaboratively) and #15 (eliciting feedback) that are reproduced as Figure 18. You can use paper copies of ENACT or the digital version on the EQUIP digital platform.

2. Explain to the group how this practice exercise embeds their learning and gives you a chance to provide feedback on their strengths. You might say:

   Now we shall practise helpful behaviours. To bring together our learning from this session in this role-play, you will practise your skills to set goals, promote hope and gather feedback. While you are practising, the trainers will be walking around to see your skills in action. We shall be taking some notes to give the group feedback on how to improve your skills even further.

3. Divide the trainees into pairs. If trainees have already worked in pairs, get them to work with someone new.

4. Share these role-play instructions. They can be provided on a PowerPoint slide or written on a chalkboard/whiteboard. However, they might be best as paper handouts so that helpers and help-seekers do not see each other's instructions.

Instructions to helper.

This role-play takes place after the helper and person being helped have already met, introduced themselves and confidentiality has been explained. The helper and the person being helped already know each other's names and what they prefer to be called. You can use your own names.

Start the role-play by asking the person seeking help about what they would like to accomplish through the interaction. You might ask: "Do you have a goal in mind for these helping sessions?" or "What do you hope will get better in your life?" or "What change do you hope to see in your life?" or "What would you like me to help you with?"

Instructions to the person being helped.

This role-play takes place after the helper and person being helped have already met, introduced themselves and confidentiality has been explained. The helper and person being helped already know each other's names and what they prefer to be called. You can use your own names.

When asked what you want to get out of the interaction, first provide an unrealistic goal such as "Get a job", or say something such as "I hope meeting with you will make all of my problems better. Will meeting with you help me get a job?" If the helper states that she or he cannot provide a job for you, then an initial response should be, "Well, then, this is hopeless." Then, if the helper suggest that you could come up with a goal that will help you on the path to getting a job, you should provide a more achievable goal, such as "I would like to worry less so that I can come up with a plan for looking for work…". But if the helper provides a goal for you, reply: "I don't think that I can do what you are saying" or "I don't think I can do that".

5. Ask each member of the pair to take turns at playing the helper and the help-seeker. Tell them that they should do the role-play for about five minutes and then switch roles.

6. Make sure that each person has a chance to practise being a helper.

7. Both trainers should walk around the room and each should observe one or two pairs as they practise. You do not need to observe all pairs or the full role-play. It can be helpful to observe different trainees from those observed in the previous role-play. Use ENACT items #11, #12 and #15 to record trainees' unhelpful and helpful behaviours. You may want to assign an individual competency level. However, it is more important to gauge how the group as a whole has understood the module, and to check on their ability to put helpful behaviours into practice. Try to determine whether anything needs to be clarified and whether you need to go over any of the training again.

8. After the role-plays, thank the trainees. You can share some general feedback on some of the helpful behaviours observed. Use your observations to structure your feedback to the group. Remember, when giving group feedback do not single out the individuals that you have observed but instead make general comments about trends.

FIG. 18

ENACT #11, #12, #15 scoring templates

ENACT 11: Collaborative goal-setting

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Tells client that their goals (expectations) cannot be met but does not give a reason ☐ Gives incorrect, misleading, or unrealistic information about treatment goals ☐ Dictates goal for client (forces goal upon client)	☐ Asks client about goals (expectations) ☐ Clearly explains how client's goals and expectations fit with treatment plan ☐ None of the above	☐ Completes all basic helping skills ☐ Prioritizing and modification of treatment plan to fit client goals (expectations) ☐ Works with client to reframe their goals within scope of the treatment plan (e.g. "Your goal is to get a job. Could we work together on a goal that will help you to do that?")

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #12: Promote realistic hope for change

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Makes negative statements about client's doubts (e.g. "How do you expect to get better if you have no hope?") ☐ Gives unrealistic expectations (e.g. "Everything will be cured or solved…") ☐ Provides no hope for change (e.g. "This problem cannot be solved...")	☐ Explains how client can be hopeful about possibility of change ☐ Praises client for seeking care ☐ None of the above	☐ Completes all basic helping skills ☐ Solicits and explores client's doubt about the treatment ☐ Helper shares reasons for hope based on helper's prior experience or client's behaviours ☐ Discusses reasons for hope when client is doubtful or dissatisfied

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #15: Elicitation of feedback

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Lectures client about what to do without asking for client's feedback ☐ Offers negative or harmful suggestions	☐ Asks for feedback from client to see if any offered suggestions are helpful ☐ Provides clarifications, reframing, or alternative suggestions based on feedback ☐ None of the above	☐ Completes all basic helping skills ☐ Summarizes feedback provided by client and checks if interpretation is correct

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

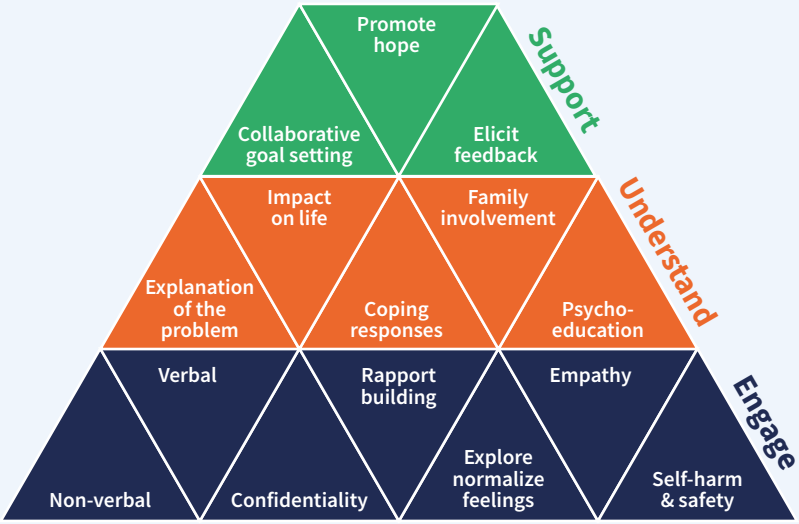
Source: ENhancing Assessment of Common Therapeutic factors (ENACT) competency assessment tool (English, in-person) (v1.0). Geneva: World Health Organization; 2021. https://equipcompetency.org/en-gb. Licence: CC BY-NC-SA.

End of training role-plays and assessments of foundational helping skills

This session consists of role-plays for each individual trainee in which all 15 foundational helping skills are scored using the ENACT scale of competencies from 1 to 4.

FIG. 19

The 15 foundational helping skills organized into three tiers (engage, understand, support)



Structure of the session 165 mins

- Instructions to trainers (prepare in advance).
- Individual assessed role-plays and feedback *(120 mins)*.
- Group feedback and discussion *(30 mins)*.
- Close the training *(15 mins)*.

Instructions to trainers (prepare in advance)

Overview of the end of training assessed role-play

When you have finished the training, you will need to assess all trainees individually through an end-of-training role-play. You will play a person in distress. You need to prepare a little more for this role-play by familiarizing yourself with a more detailed story and some prompts.

The role-play described here was originally developed for training mental health and psychosocial practitioners and covers all 15 foundational helping skills. For this scenario give each trainee at least 10 minutes for the role-play. The role-play can be ended early if all of the competencies are assessed. You will be role-playing the person seeking help, using prompts set out in Table 12 to elicit all 15 skills. You should decide on a context or setting that represents situations the trainees typically encounter. For example, if the trainees are health-care workers, the setting can be someone coming into their clinic.

If you trained fewer skills, you will have to adapt the role-play further. You can likely still use the prompts outlined in Table 12 but will need to adapt these and the role-play context to a typical training situation and to reflect the training you provided. For example, if the trainees are teachers of adult education classes and you have trained them primarily on Engage level skills, to recognise students in distress and refer them on for additional support, then the role-play content, prompts and expected actions from the helper should reflect this.

This assessment needs approximately 20 minutes per trainee. This includes 10 minutes for the role-play, a few extra minutes to score the ENACT competencies, and then approximately five minutes for personalized feedback. With 12 trainees and two trainers, each trainer could work with six trainees at 20 minutes each, taking up two hours (120 minutes). In addition, we recommend a 30-minute group feedback and reflection session after individual role-plays.

This approach can be adapted. For example, additional trainers could support simultaneous role-plays so that more people can be assessed at any one time. Another option is for one trainer to role-play with a trainee while the other trainer scores the behaviours demonstrated. This might be preferable if time and resources allow. Finally, if time is an issue, this session could be run after the training either online or in supervision sessions, before helpers start providing help.

Familiarize yourself with the story and prompts for the role-play, decide on the context, and find quiet spaces where you can run this exercise without the trainees feeling they have an audience.

MATERIALS NEEDED

- Timer (clock, watch, other) and bell and/or other alarm for timekeeping.
- You will need to use the ENACT rating tool for items #1 through #15 to rate each trainee (or for the items you covered in your training). This can be done on the EQUIP digital platform (which can be used to view score summaries and review of helpful and unhelpful behaviours at the group level) or on paper copies of ENACT. The scoring forms for skills #1 through #15 have been printed throughout this manual, and are also reproduced in Annex 1). If you are going to use the digital platform, take a few minutes now to make sure you are familiar with how it works. You will find instructions on the platform.

- It can be helpful to have print-outs of the role-play prompts (Table 12) and story to support your role.

The background story (for trainers only)

Please do not read this to the trainees. It is background to help you role-play the person seeking help.

You are a 34-year-old person. You have a family of four. This includes you, your partner (wife or husband) and two sons. You have been trying to earn money in service jobs but are struggling to get enough hours per week. Your partner stays home with your sons (aged 6 and 12 years), and you are responsible for all of the finances. You have been struggling to make the transition from living in a rural area to now living somewhere more urban. The hours at your new job are being reduced, and this leaves you very stressed and worried about how you and your family will manage. You are finding it very difficult to stay motivated and are feeling more tired and sluggish every day. You are not sleeping well. Lately, your entire body has been feeling painful and you struggle to get out of bed in the morning to make it to your shifts. You have no thoughts of suicide. You have not told your partner that your hours are getting cut. You are having difficulty deciding if you should tell your family. You feel guilty and ashamed that you cannot provide properly for your family and you feel like you are failing them. You are feeling so alone; it is as if you cannot do anything about it. You have trouble concentrating and sometimes feel like the world is closing in on you. It feels as if your life is falling to pieces and you are afraid that you and your family will end up homeless. You worry that your partner (wife or husband) might leave you. You have not been able to spend time with your sons. You notice lately that your youngest child is crying and complaining more when you are home. Your young teenage son has been behaving badly, hitting your partner when he is angry, breaking or throwing things and disobeying you and your partner. You are worried that he is getting in trouble at school. When he is with his friends he is getting into physical fights and staying out late. You used to enjoy going for morning walks and seeing friends on the weekend. But, with all of your problems, it is hard to find energy for walks and you feel like your friends do not want you around anyway.

Prompts to help you role-play the distressed person

Use the prompts in Table 12 during the role-play. They will help cue the trainee to demonstrate the foundational helping skills. Each prompt is linked to a corresponding competency. The prompts are not a complete script – you will need to vary things and let the role-play unfold. Play the part, and try to use all the prompts at some point in the role-play, while remembering how your trainee helper responds.

TABLE 12

Prompts for trainers in the assessed role-play

COMPETENCY	Role-play prompts
Non-verbal communication and empathy **ENACT** #1 and #6	Use distressed body language to elicit an empathic response. You might hold your head when speaking about your troubles, avoid eye contact and speak in a low quiet tone. How does the trainee helper respond?
Verbal communication **ENACT** #2	If the helper uses closed-ended questions, give short yes/no responses. Do they then switch to more open-ended questions?
	If the helper uses open-ended questions, respond with more detailed answers.
Confidentiality **ENACT** #3	After describing your difficulties, if confidentiality has not already been discussed, say, **"Are you going to tell anyone these things that I tell you?"** or **"I am afraid you will tell other people the things I am telling you."** How well does the trainee talk through confidentiality?
Rapport-building **ENACT** #4	When first asked by the helper why you have come to see her/him, say **"I was told by the community health worker that I could come to see you for help."**
	Do not provide your name or personal information unless asked for it. How well did the helper introduce themself? Did they put you at ease?
Exploring and normalizing feelings **ENACT** #5	Only share feelings or emotions if the helper asks, and mentally note whether or not they do ask. For example, they might ask "How have you been feeling lately? Is there anything on your mind or that is upsetting you?"
Assess risk of self-harm/suicide **ENACT** #7	At some point tell the helper, **"It feels like the world is falling to pieces. Some nights I go to bed, and I don't want to wake up in the morning."** Do they ask you about self-harm or suicidal thoughts?
	If asked if you want to die or kill yourself, say, **"No, I would not do that, I want to stay alive and care for my family."** This assessment does not need to practise a high-risk situation.
	If asked about past suicide attempts, say, **"No, I have never tried to kill myself."**
Impacts on daily life **ENACT** #8	If the helper asks about problems or difficulties in your daily life, say, **"I feel like a failure and useless"** or **"I have no energy, and I know that my friends wouldn't want to see me this way."**

COMPETENCY	Role-play prompts
Explanation of the problem **ENACT** #9	If asked about perceived cause of problems, provide different types of answers to see how helper responds. For example, **"I don't know if I have these problems because I am so worried about not making enough money. Or maybe I am just cursed."**
	If asked about family's perception, provide a different interpretation than your own, e.g. **"I talk with my brother sometimes, and he thinks I am being lazy and not working hard enough to care for my family."**
Family involvement **ENACT** #10	If asked about close people in your life, describe your partner and son. But, if asked about who you would like to be involved in care, describe someone else, such as an aunt, uncle or neighbour who you call regularly. Does the helper encourage you to seek support from someone?
Collaborative goal-setting **ENACT** #11	If asked about goals, first provide an ambitious long-term goal such as **"I want to find a full-time job".** How does the helper respond?
	Then, if prompted by the helper, provide a more realistic intermediate goal, such as **"I would like to worry less and feel confident in finding more work".** Does the helper suggest steps towards this?
Promoting realistic hope **ENACT** #12	At some point during the role-play, ask the helper questions such as, **"Will meeting with you make all of my problems better?"** or **"Will meeting with you get me a full-time job?" or "If you can't get me a job, then this is hopeless."** How do they respond?
Coping responses **ENACT** #13	Give hints about possible positive coping strategies, saying **"I used to like walks in the morning, and sometimes I would see friends on the weekend."** Does your helper encourage you to do more of this?
	Also describe negative coping – **"I yell at my son"** or **"I argue with my partner".** How does your helper react?
Psychoeducation **ENACT** #14	If the helper uses a technical or medical term, ask, **"What does that mean?"** to find out if the helper can describe it accurately in every-day language.
Eliciting feedback **ENACT** #15	If the helper asks for feedback about suggestions, reply, **"Some are helpful, but some seem too hard for my situation"**. Then ask if there are other options or activities.

Individual assessed role-plays and feedback 120 mins

Instructions for the 10-minute role-play

- Explain to the group how this role-play exercise will be used to let everyone demonstrate their foundational helping skills, and that you will provide each person with individualized feedback on strengths and areas for more focus. You might say:

> *Now we are going to do the final role-play of this foundational helping skills training. This will be a longer role-play, and everyone will take a turn. We shall run the exercise in a quiet space so you do not have to worry about an audience. You will be playing the helper. We shall stop each role-play after about 10 minutes. We shall be looking to see how you use the different skills that we have worked on in this training. There is no pass or fail – the purpose is to give you feedback that helps you to use these skills in your ongoing activities. This time, we trainers will role-play people you might typically interact with in your work. After the role-plays, we shall take a few minutes to make some notes, then we shall give you personalized feedback.*

- Then give the group the context for their role-play. The context should be adapted to represent a situation that the trainees might encounter. Modify these trainee instructions to suit the situation you have chosen.

> *You are a helper who supports people dealing with distress. The person you are about to meet was referred to you through a community outreach programme. This is the first time you have met the person and you have no further information about them. You have approximately 10 minutes to learn about the person's distress and engage in a supportive manner.*

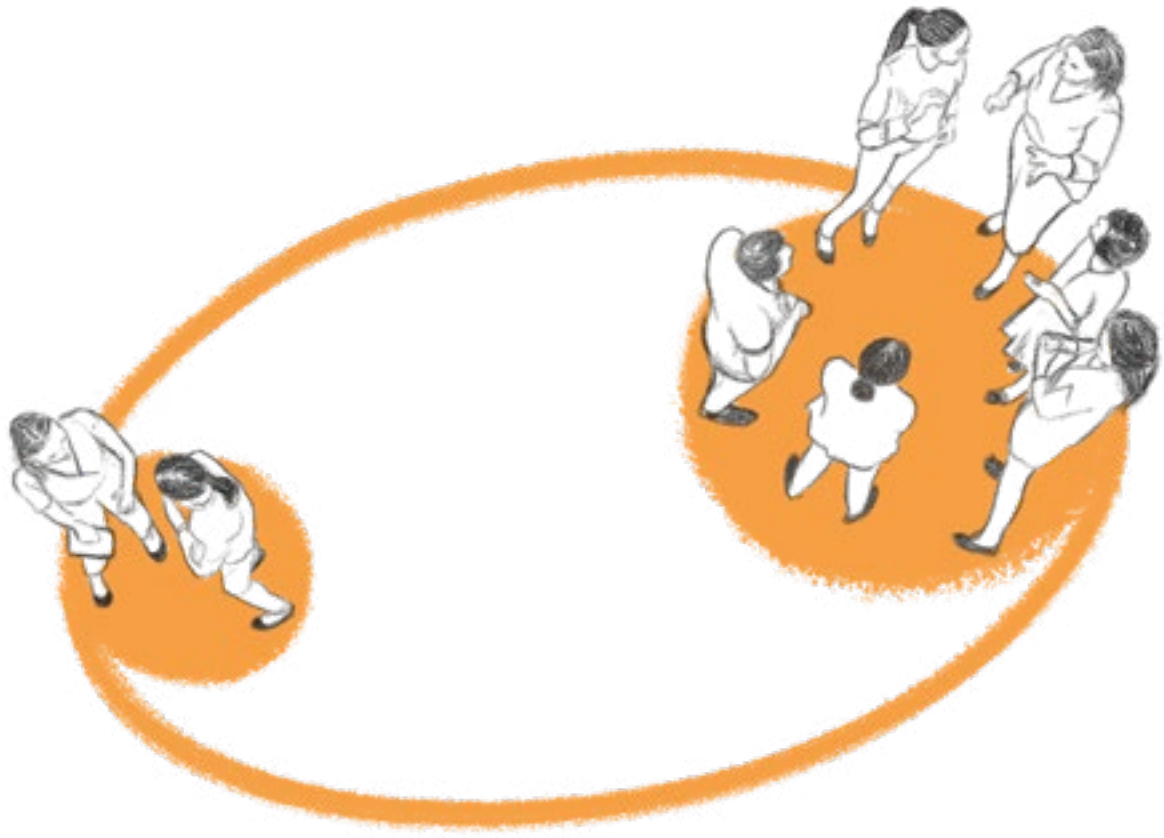
- Decide which trainees are working with which trainers, and how you will call them for their turn.
- When you are ready for the first role-play, start a timer. Use the story as a base, adapted for your context. Use the prompts in Table 12 to draw out responses from the trainees.
- Immediately after each role-play, spend a few minutes completing the ENACT rating scales (see Annex 1). If using EQUIP platform and the digital version of ENACT, you can submit the results after rating all 15 skills.
- Then take about five minutes to give the trainee personalized feedback. Begin by discussing some of the skills that they displayed competently (at levels 2 to 4). Then discuss any potentially harmful behaviours (Level 1). Be as specific as possible, referring to the behaviours you saw. Ask the trainee to reflect on any unhelpful or potentially harmful behaviours, and how they could be improved. Conclude with positive feedback on overall progress and improvement throughout the training. See the introduction for the section on Giving personalized individual and group feedback for more details on how to provide feedback and how to use the EQUIP platform to provide feedback.
- Repeat the process with each trainee, reminding them of the context before you re-start the role-play.

Group feedback and reflection 30 mins

When all trainees have been assessed, it is helpful to take about half an hour to discuss with the group general areas of strength and opportunities for improvement. At this stage, no individuals should be singled out. It is an ideal time to give trainees an opportunity also to reflect on what they have learned and where they have seen improvement.

Close the training 15 mins

- Thank trainees for their participation and congratulate them on completing the training.
- Review the aims of the training and the expectations of the group from the introductory exercise and address any relevant areas that are still unclear.
- Reflect on goals you believe the group has achieved.
- Highlight those areas that remain a challenge. Encourage trainees to monitor their progress in these areas and to continue to talk with peers and in supervision about them. Encourage trainees to focus particularly on these areas when they begin to practise their practice cases.
- Gather the trainees in a large circle and ask each of them to say one thing they will take forward when working with people after this training.
- Ask trainees for feedback on the training itself so that you can improve future training courses.
- Thank trainees once again for their participation and end the training.



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Annexes

Annex 1: Enhancing Assessment of Common Therapeutic factors (ENACT) scoring templates

(ENACT #1) Non-verbal communication

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

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Engages in other activities (e.g. answers mobile phone, completes paperwork) ☐ Laughs at client ☐ Uses inappropriate facial expressions ☐ Inappropriate physical contact	☐ Allows for silences ☐ Maintains appropriate eye contact ☐ Maintains open posture (body turned toward client) ☐ Continuously uses supportive body language (head nod) and utterances (uh huh) ☐ None of the above	☐ Completes all basic helping skills ☐ Varies body language throughout session to match client's content and expression

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

(ENACT #2) Verbal communication

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

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Interrupts client ☐ Asks many suggestive or leading closed-ended questions (e.g. "You didn't really want to do that, right?") ☐ Corrects client (e.g. "What you really mean...") or uses accusatory statements (e.g. "You shouldn't have said that to your husband") ☐ Uses culturally and age inappropriate language and terms	☐ Uses open-ended questions ☐ Summarizing or paraphrasing statements ☐ Allows client to complete statements before responding ☐ None of the above	☐ Completes all basic helping skills ☐ Encourages client to continue explaining (e.g. "Tell me more about...") ☐ Clarifying statements in first person (e.g. "I heard you say", "I understood...") ☐ Matches rhythm to client's, allowing longer or shorter pauses based on client

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #3: Explain and promote confidentiality

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

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Forces client to disclose to helper or others ☐ Describes confidentiality inaccurately (e.g. "I will only tell your family") ☐ Promises full confidentiality without exceptions ☐ Minimizes client's concerns about confidentiality (e.g. "It doesn't matter if anyone else hears us")	☐ Explains concept of confidentiality ☐ Lists exceptions for breaking confidentiality for self-harm or harm to others ☐ Explains why it can be important to break confidentiality ☐ None of the above	☐ Completes all basic helping skills ☐ Details the referral process related to confidentiality and exceptions ☐ Asks questions to assess client's understanding of confidentiality ☐ Topics of discussion are appropriate to confidentiality of setting

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #4: Rapport-building and self-disclosure

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

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Dominates session describing a personal experience ☐ Minimizes client's problems by describing how the helper has dealt with this ☐ Asking unnecessary embarrassing personal questions ☐ Discusses confidential information of other clients	☐ Introduces self and explains role ☐ Makes casual, informal conversation ☐ Asks for client's introduction (e.g. what the client prefers to be called) ☐ Shares general experience related to the client (e.g. about one's community/region) ☐ None of the above	☐ Completes all basic helping skills ☐ Asks client's reflection on information that helper has shared ☐ Checks in on client's comfort (e.g. offers seat, preferred language)

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #5: Exploration and normalization of feelings

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

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Makes statements that client's response is unusual or atypical for others in similar situations (e.g. "People don't usually react this way") ☐ Minimizes or dismisses client's feelings or emotions ☐ Forces client to describe emotions	☐ Appropriately encourages client to share feelings ☐ Explains that others may share similar symptoms, reactions and concerns, given similar experiences ☐ Asks client to reflect on the experience of sharing emotions ☐ None of the above	☐ Completes all basic helping skills ☐ Explores potential reasons for hesitance to share emotions ☐ Comments thoughtfully on client's facial expression to encourage emotional expression ☐ Validates emotional responses while reframing potentially harmful emotional reactions

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #6: Demonstrate empathy, warmth and genuineness

Actor instructions: At appropriate times during the interview use culturally-appropriate body language for feelings of sadness or worry and, when asked, describe sadness to see how the helper responds.

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Critical of client's concerns ☐ Dismissive of client's concerns ☐ Helper's emotional response appears inappropriate, fake or acting	☐ Is warm, friendly and genuine throughout session ☐ Continuously shows concern or care for the client (e.g. "That sounds sad. Can you tell me more about it?") ☐ Asks question to identify what emotions the client was feeling (e.g. "I wonder if you felt sad or angry when this happened") ☐ None of the above	☐ Completes all basic helping skills ☐ Asks client to reflect on empathic statements from helper (e.g. "What did you think when I said you sounded sad?")

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #7: Assessment of harm and developing response plan

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

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Does not ask about self-harm ☐ Lectures client with religious or legal reasons against self-harm (e.g. "This is sin" or "This is against the law"). ☐ Expresses disbelief (e.g. accuses client of discussing self-harm to get attention; states that others would not actually harm the client or the client's children) ☐ Encourages client not to tell anyone else about self-harm or harm to others	☐ Asks about self-harm or harm to others, or explores harm if raised by client ☐ Asks about current intent, means, or prior attempts ☐ None of the above	

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #8: Connect to social functioning and impact on life

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

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Criticizes client for letting symptoms impact functioning (e.g. "You are weak" or "You have no willpower") ☐ Tells client there is no connection between mental health concerns and daily functioning or does not ask about how mental health is affecting daily functioning ☐ Criticizes client for the impact of their problems on children, spouse or family members ☐ Makes client feel guilty for impact on children, family and others	☐ Asks about daily functioning ☐ Discusses the connection (the relationship) between daily functioning and mental health ☐ None of the above	☐ Completes all basic helping skills ☐ Clarifies and/or supports client's connections between functioning and mental health, or re-frames as needed ☐ Explores connection in both directions (daily life to symptoms; symptoms to daily life) ☐ Asks about the history of daily functioning compared to the current social context ("How long has this been going on?", COVID-19, etc.);

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #9: Explore client's explanation for problem

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

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Criticizes client's view of the problem as ignorant, superstitious etc. ☐ Endorses harmful beliefs of client or social network	☐ Asks about client's view on cause of problem ☐ Asks about family's or social support network's view on cause of problem (e.g. "What does your family say caused this?") ☐ None of the above	☐ Completes all basic helping skills ☐ Incorporates client's perspective of cause in care planning in non-harmful manner ☐ Discusses alternative to harmful explanations (e.g. "You said this was because you failed your family. I wonder if there is another way to think about this situation?") ☐ Addresses differences in client's view of cause and others' view of cause

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #10: Involvement of family and significant others

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

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Tells client not to involve family or close person(s) in any way during treatment or recovery ☐ Forces client to involve family or close person(s) in treatment process ☐ Demands to speak with family or close person(s) without permission from client ☐ Allows an accompanying family member or close person to disempower the client	☐ Asks about close person(s) in client's life (e.g. household members, family or other) ☐ Asks client how they would like to involve close person(s) in the care process ☐ Asks client who they live with ☐ None of the above	☐ Completes all basic helping skills ☐ Explores client's choices or reasons for involving or not involving close, familiar person ☐ Does role-play or practice interaction with close person (e.g. helper plays role of family member)

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT 11: Collaborative goal-setting

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

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Tells client that their goals (expectations) cannot be met but does not give a reason ☐ Gives incorrect, misleading, or unrealistic information about treatment goals ☐ Dictates goal for client (forces goal upon client)	☐ Asks client about goals (expectations) ☐ Clearly explains how client's goals and expectations fit with treatment plan ☐ None of the above	☐ Completes all basic helping skills ☐ Prioritizing and modification of treatment plan to fit client goals (expectations) ☐ Works with client to reframe their goals within scope of the treatment plan (e.g. "Your goal is to get a job. Could we work together on a goal that will help you to do that?")

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #12: Promote realistic hope for change

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

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Makes negative statements about client's doubts (e.g. "How do you expect to get better if you have no hope?") ☐ Gives unrealistic expectations (e.g. "Everything will be cured or solved…") ☐ Provides no hope for change (e.g. "This problem cannot be solved...")	☐ Explains how client can be hopeful about possibility of change ☐ Praises client for seeking care ☐ None of the above	☐ Completes all basic helping skills ☐ Solicits and explores client's doubt about the treatment ☐ Helper shares reasons for hope based on helper's prior experience or client's behaviours ☐ Discusses reasons for hope when client is doubtful or dissatisfied

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #13: Incorporate coping mechanisms and prior solutions

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

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Makes negative statements about client's coping mechanisms (e.g. "That would never work...") ☐ Encourages harmful coping mechanisms	☐ Asks client about current or past coping mechanisms (e.g. how they keep going after the problem started...) ☐ Praises client for positive or safe current or prior solutions ☐ None of the above	☐ Completes all basic helping skills ☐ Encourages continued use of positive coping mechanisms ☐ Reflects on prior unhealthy strategies and brainstorms positive alternatives with client

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #14: Psychoeducation with local terminology

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

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Uses technical terms without checking client's understanding ☐ Uses stigmatizing mental health terms	☐ Conducts accurate psychoeducation using simple terms ☐ Includes local concepts and terminology into psychoeducation ☐ None of the above	☐ Completes all basic helping skills ☐ Incorporates client's description of problem ☐ Checks that client understands psychoeducation

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

ENACT #15: Elicitation of feedback

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

Check all behaviors that are demonstrated in each category.

Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
☐ Lectures client about what to do without asking for client's feedback ☐ Offers negative or harmful suggestions	☐ Asks for feedback from client to see if any offered suggestions are helpful ☐ Provides clarifications, reframing, or alternative suggestions based on feedback ☐ None of the above	☐ Completes all basic helping skills ☐ Summarizes feedback provided by client and checks if interpretation is correct

Check the level that best applies (only one level should be checked):

☐ **Level 1**	☐ **Level 2**	☐ **Level 3**	☐ **Level 4**
any unhelpful behavior	no basic skills, or some but not all basic skills	all basic skills	all basic helping skills plus any advanced skill

Notes:

Source: ENhancing Assessment of Common Therapeutic factors (ENACT) competency assessment tool (English, in-person) (v1.0): World Health Organization2021, CC BY-NC-SA, https://equipcompetency.org/en-gb

Annex 2: An example timetable for teaching foundational helping skills over three days

Note that you will need to adapt this agenda on the basis of your context and the modules you plan to cover. Some role-plays may take longer than outlined in the agenda for people with less experience or when doing them for the first time.

	Day 1	**Day 2**	**Day 3**
9:00 am – 12:15 (3 hrs +15 min break)	• Introduction session (60 mins) • Module 1. Non-verbal and verbal communication (ENACT #1, 2) (95 mins) • Role-plays and informal assessment for Module 1 (15 mins)	• Welcome to Day 2 (5 min) • Module 4. Assessing self-harm/suicide and promoting safety (ENACT #7) (110 mins) • Role-plays and informal assessment for Module 4 (15 mins) • Mid-training reflection on “Could help”, “Should help” and “Ready to help” (50 mins)	• Welcome to Day 3 (5 min) • Role-plays and informal assessment for Module 6 (15 mins) • Module 7. Psychoeducation (ENACT #14) (55 mins) • Role-plays and informal assessment for Module 7 (15 mins) • Module 8. Collaborative goal-setting, promoting hope for change and eliciting feedback (ENACT #11, #12, #15) (90 mins)
12:15 –1:00 pm	Lunch	Lunch	Lunch

1:00–5:00 pm (3 hrs 45 mins + 15 min break)	• Energizer (5 mins) • Module 2. Rapport-building and confidentiality (ENACT #3, #4) (85 mins) • Role-plays and informal assessment for Module 2 (15 mins) • Module 3. Empathy, responding to feelings, and normalization (ENACT #5, #6) (90 mins) • Role-plays and informal assessment for Module 3 (15 mins) • Close the day (10 mins)	• Energizer (5 mins) • Mid-training reflection (continued – 60 mins) • Module 5. Explanation of the problem (perceived cause of the problem (ENACT #9)), impact on life (social functioning), and prior coping (ENACT #8, 13) (75 mins) • Role-plays and informal assessment for Module 5 (15 mins). • Module 6. Involving family or other people we trust (60 mins) • Close the day (10 mins)	• Energizer (5 mins) • Module 8. Collaborative goal-setting, promoting hope for change and eliciting feedback (continued – 15 mins) • Role-plays and informal assessment for Module 8 (15 mins) • End-of-training role-plays for foundational helping skills plus individual feedback (160 mins for a group of 12 with two facilitators) • (15 mins contingency time available) • Close training (15 mins)

Annex 3: Training preparation checklist

General preparations checklist

- Prepare an ENACT tool for each trainee, as these will be used throughout the training.
- If using interpreters, give them any information or materials that may help them in their role. Arrange for and test all interpretation equipment.
- If a video is to be shown during the sessions, make sure to download it and/or share it with participants beforehand so that the file can be viewed in case of any technical issue.
- If sharing any digital files as part of the training, ensure that these are set up in advance (e.g. on USB sticks or for download online).
- Set up the training room:
  - To encourage participation and comfort (e.g. arrange trainees' chairs in a u-shape with trainers at the front).
  - For minimal disruption and distraction.
  - To keep track of time (e.g. put a clock where everyone can see it).
  - If applicable, set up a computer or projector to show slides or other material.
  - If using videos check audio visual equipment (e.g. microphones, projectors etc.) so that they can be played at an appropriate volume.
- Be aware that you will need extra preparation time ahead of the individual assessed role-plays at the end of the training. You will need to familiarize yourself with a more detailed story, and with the prompts used to cue trainees' responses. The instructions to trainers are at the beginning of the notes for the final session.

Materials checklist

BRING THESE ESSENTIAL MATERIALS TO EACH SESSION:

- This manual.
- Extra printouts of the ENACT scoring tables or relevant ENACT competency descriptions in the local language so you can assess trainees.
- If using the digital version of ENACT, you will need a mobile telephone, tablet or laptop (if there will be no internet connection, you will still be able to upload the data later).
- Flipchart and pens / chalkboard and chalks / whiteboard and markers.
- Pens, pencils and paper for trainees who wish to take notes.
- Labels for people's names (don't forget your own).
- A clock (if the training room does not already have one that is visible to everyone).

OPTIONAL MATERIALS:

- Prepared flipchart sheets as needed.

For more information please contact:

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