

# Psychosocial Centre



International Federation  
of Red Cross and Red Crescent Societies

## REMOTE PM+ TRAINING OF HELPERS: TRAINING & LESSONS LEARNED REPORT

New York Cohort, June 2020

## **Remote PM+ Training of Helpers: Training & Lessons Learned Report**

September 2020

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## Background

Developed by the World Health Organization (WHO), ‘Problem Management Plus’ or PM+ is a simplified and scalable psychological intervention for adults experiencing symptoms of common mental health problems (e.g., depression, anxiety, stress or grief), as well as self-identified practical problems (e.g., unemployment, interpersonal conflict). The brevity and simplicity of PM+ enables trained and supervised providers, who do not have to be mental health professionals or specialized service providers, to learn and deliver the interventions in contexts with limited funding and availability of staff for mental health care. This five-session intervention is currently recommended as part of the WHO Mental Health Gap Action Programme (mhGAP) for communities affected by adversity, particularly at the community and primary health care level.

COVID-19 has presented new challenges for those impacted by adversity to access mental health care. It has also created barriers in the ability to conduct face-to-face trainings and provide support.

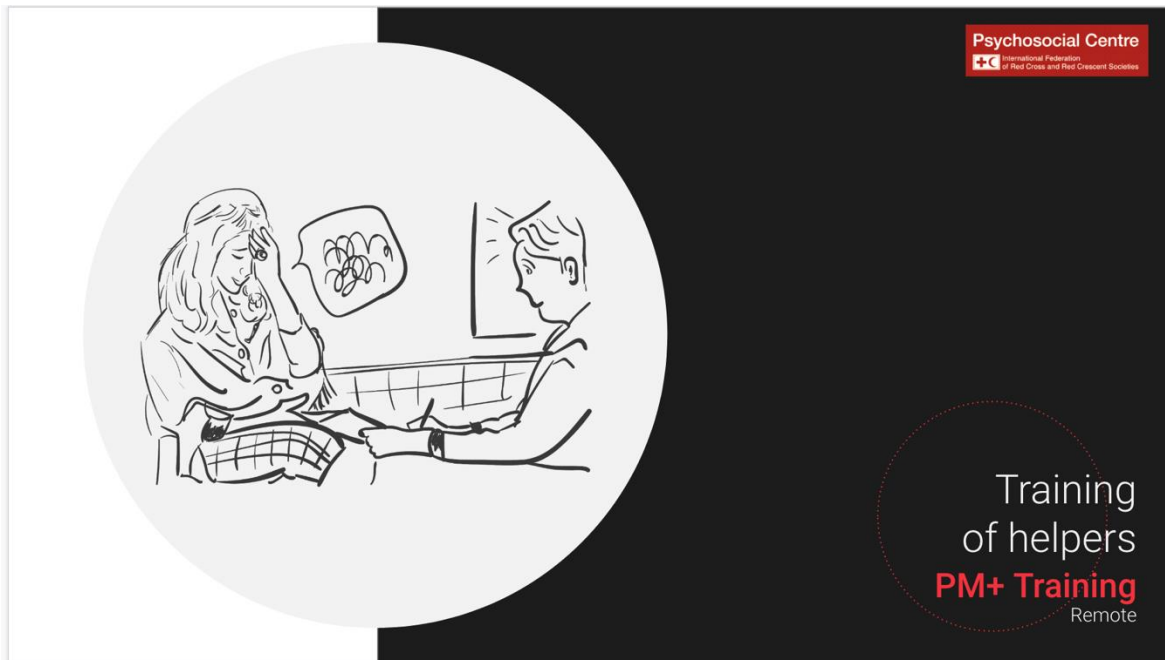
The IFRC PS Centre is experienced in the training, supervision, cultural adaptation and implementation of PM+ and other scalable psychological interventions across different settings (e.g., Turkey, Jordan, Germany, Lebanon, Colombia). Based on a request from the New School in New York, the IFRC PS Centre adapted PM+ Training of Helpers to be delivered remotely to participants selected by the New School in New York in consultation with IFRC in its first training (Cohort 1), and participants selected by SOS Italy in consultation with IFRC (Cohort 2). Each Cohort has pre-identified on the ground supervisors. Supervision of practice cases provided by IFRC began immediately after the completion of training Cohort 1.

Each training will thoroughly document lessons learned in order to help build best practices for remote PM+ Training of Helpers.

The Remote Training of Helpers in PM+ had the following main learning objectives:

- Participants learn to competently deliver PM+ intervention to persons affected by adversity
- Participants will learn about common mental health problems (depression, anxiety, stress)
- Participants will learn how to deliver PM+ assessments
- Participants will learn basic helping skills
- Participants will learn who should be included or excluded from PM+
- Participants will explore ways of implementing PM+ in their own context as well as online effectively
- Participants will learn how to engage in supervision and provide feedback to others in a meaningful way

**The lessons learned in this report are based on findings from Cohort 1 and will be updated as client outcomes are analyzed.**



Illustrations by Sudeshna Mahata, Design & Technology Facilitator

## Remote Training of Helpers: Cohort 1

Cohort 1 was originally intended to be comprised of staff and volunteers who are currently working within social service agencies in New York City. Due to concerns regarding licensure necessities to implement psychological interventions in the state of New York, it was then determined that the training participants shift to students who are currently in a Clinical Psychology program at the New School and are supervised by licensed professionals within that state. This cohort was trained as PM+ Helpers (n=8). In addition to participants from the New School, trainees (n=2) from SOS also participated as a precursor to the training of Cohort 2, bringing the total of number of Helpers trained to ten. Additional observers (researcher and professor) identified by New School also attended the training (n=2). Trainees from SOS are expected to have supervised practice cases after training in preparation for Cohort 2 training, where they will serve as co-supervisors for Cohort 2.

### Duration

The training took place over the span of 10 days. One day of training was cancelled due to university cancellation of activities, so the final duration of the remote training was 9 days total totaling in approximately 75 hours of learning.

Supervised practice cases have neared completion, and to date, seven group supervision sessions lasting 1.5 hours each have been conducted with Cohort 1. Ad hoc individual and small group supervision sessions are also occurring as needed. In addition to group supervision sessions facilitated by the trainer (supervisor), the cohort has also established the practice of peer supervision sessions.

### Location

The Training of Helpers took place remotely. A blended learning approach using both synchronous and asynchronous (online and offline) methods was used. Participants engaged in both live classroom time, and

offline learning. Platforms used included Zoom, Google Drive, Mural, and email correspondence. The trainer and technology facilitator used WhatsApp to coordinate sessions in real-time.

Days 1-4 consisted of approximately 4 hours online and 4 hours offline

Days 5 onwards consisted of 5-6 hours online and 2 hours offline.

Remote Supervision sessions are currently taking place on Zoom. Supervision forms are submitted electronically via Google Forms prior to the start of each supervision session.

## Lessons Learned

Below are key lessons learned on providing Remote PM+ Training of Helpers. These lessons learned are based off the experience of training Cohort 1 in June 2020.

### Key lessons learned:

- Pre-training logistics must be discussed directly with training participants to ensure clarity of training expectations and participant buy-in prior to start of training
- Flexibility and adaptability of training materials to adjust from online to offline formats is essential
- Allow for regular check-ins regarding modalities with trainees and adjust as needed
- Essential to have a full-time technology facilitator attend training

## Pre-Training Logistics

Communication between IFRC PS Centre and the training participants was not direct prior to the start of the training, apart from a welcome letter (annex) and [welcome video](#). Some confusion over the time commitment and expectations of the training was highlighted on Day 4 of the training, leading to a change in curriculum midway through.

Prior to the start of the training, it is imperative to have a clear Terms of Reference as well as proposed timings for the training confirmed with organizers and participants. Key to the Terms of Reference are agreements on time commitments, supervised practice cases, data collection, recordings, and ownership of training materials. In order to facilitate this, it is suggested to have pre-training meetings (1-2 weeks before the start of the training) with all participants to ensure that all details are clear, expectations are understood, and participant buy-in is achieved. A remote training that is an interactive 80-hour training is likely a new experience for most participants, so it is important to discuss the expectations for engagement.

Meeting with participants beforehand will allow for an introduction to the technological platforms that will be used, such as MURAL and Zoom, as well as discussion around the expectations of becoming a PM+ Helper (classroom training, supervised practice cases). Taking the time to discuss the different modalities (online/offline) and gain insight into the preferences and learning styles of the participants prior to the start of the training is an important way of ensuring that the training fits the cohort. This will allow for the adaptation of the schedule of the training to be done ahead of time, and potentially minimize substantial changes partway through training.

## Trainer to Participant Ratio

The trainer found that 10 participants was an ideal number for the training, and allowed for meaningful attunement and space to support. This was in addition to a full-time technology support person who assisted in facilitating transitions such as breaking into breakout sessions or cueing videos. A key reflection was that it would be impossible for one trainer to do all of this alone. A key lesson learned is that it would be much preferred to have a co-trainer in addition to a technology facilitator, even if the number of participants is less than ten to support with this initial training.

If participants are recording role plays and strategies as part of an offline session to later be reviewed by the trainer, it should be noted that the strain put on the trainer to review and provide feedback prior to the next session is nearly impossible. If there are 10 participants who each submit 1-hour video recordings each day, even if not being reviewed in entirety, the amount of time needed to review is nearly impossible. It is recommended if this is the modality being used, more than one trainer is engaged to review and provide feedback daily.

## Duration of Training

The projected ideal duration of training is 80 hours. This allows for not only the content to be learned, but also a bit of space to adapt and adjust to technology. This held true for trainees who had a high level of education and were currently engaged in a PhD program related to mental health.

The training guide for Cohort 1 was organized around ten, eight-hour days, inclusive of both synchronous and asynchronous training. This guide was adapted throughout the training. It is anticipated that each training will have to be adapted according to the availability of the trainees and their online/offline accessibility. It was also observed that while it may not always be possible to do the training in consecutive days, every effort should be made to complete the training within a condensed timeframe (e.g. over 3 weeks) - allowing for days off to integrate new information and rest.

The experience level of participants can impact the duration of the training; however, because of the newness of remote delivery, it is advised that trainers aim for 80-hour trainings to allow for any adaptations that might need to be made. Adjustments can occur as the trainer becomes familiar with the trainees and assesses the efficacy of the remote delivery.

## Dates and timing of training

- Original plan was to have 10 full training days. Training days are 8 hours per day (synchronous and asynchronous).
- Cohort participants confirmed after Day 4 that they preferred more hours of synchronous training (online) to asynchronous (offline). This allowed for more time to do 'live' role plays, interactive engagement, time to learn from other training participants, and receive live feedback. It should be noted that this went against what training organizers anticipated the preference to be. If possible, trainers should give space to check in after the first days of training to see if adjustments should be made to online vs offline learning.
- Training days not recommended to have long periods of time off in between training days, but breaks, such as weekends are suggested to allow for rest and integration of materials.

- The narrow turnaround time of developing the training made it impossible to share a detailed training agenda in advance, but training participants reported that they would appreciate knowing this information in advance.

## Training Participants

Participants should be fluent in the language that the training is being conducted in. Remote PM+ Training of Helpers has not yet been attempted though interpretation.

Participants for PM+ Training of Helpers can range from persons with no previous mental health experience to those with professional mental health backgrounds. Cohort 1 were all coming with previous knowledge of mental health and varied backgrounds in terms of clinical practice.

When possible, in order to make the training contextually relevant, it is helpful for participants to come from similar contexts and from the same organization. This is also important when considering time zones and connectivity of trainees, as well as ensuring that the training is contextually relevant and fit for their programming. Participants should ideally be providing services at the same site or on the same team where possible (at minimum in pairs) to allow for mutual learning and support. Discussion around a future community of practice was identified as a priority for Cohort 1.

The skill-level of participants should be closely matching in order to tailor the training to that cohort. Difficulties can arise if the cohorts have vastly different experience (e.g. lay persons training with psychiatrists). Even when trainees have similar skill levels on paper, the trainer should expect variation, particularly as participants are becoming more comfortable and confident using online platforms.

Trainers should work with coordinators of the training to review training nominations (annex) and help to select the ideal training group. Once selected, the trainer can send a trainee questionnaire (annex) to help familiarize themselves with the cohort in advance. As previously mentioned, a key lesson learned would be to hold pre-training meetings with participants.

## Profile of participants

In addition to the required profiles required to take advantage of training in PM+, participants should align with the following characteristics to also gain from remote training:

- Similar background in skill level
- Similar technology literacy background
- Similar contextual background
- Recommended that at least two are working at same site
- Fluency in language that training is being conducted
- Availability for duration of training (must be able to fully commit to each day of training AND supervised practice cases). Organizational commitment to the training is essential.
- Access to reliable internet connection and webcam
- Access to Zoom, Google Drive, and Mural (or similar platforms as determined by trainer and hosting organization), as well as other communication platforms such as WhatsApp

## Profile of trainer

Remote PM+ Trainers should align with the following characteristics:

- Successfully completed PM+ Training of Trainers and requirements of PM+



- Mastery of PM+ Training of Trainers and Helpers material and able to adapt and operationalize to fit programming and approaches of organization
- Familiar with and willing to learn more about context training is taking place in
- Adaptable and flexible
- Able to think quickly and under pressure
- Technology literate or willingness and ability to learn

## Remote Platforms

Remote PM+ Training of Helpers has translated an in-person training to be conducted remotely. As a result, it is to be implemented with those who have a stable internet connection. Live sessions lasting for several hours require that participants are able to connect and use video during the sessions. In contexts where an internet connection is not possible or very unreliable, Remote PM+ Training of Helpers should not be considered in its current format, as further exploration would be needed to determine viability of further adaptations. It is highly recommended that in addition to trainers, there is a technology coordinator who helps to facilitate both online and offline sessions.

Cohort 1 had a high technology literacy level, but it was still recommended that a pre-training technology session take place to prepare trainees for platforms being used.

For the first Remote PM+ Training of Helpers, a combination of the following remote session facilitation platforms were used:

- **Zoom:** Used daily for online plenary and breakout sessions, both for activities and role plays. Participants were also able to use Zoom to record offline role play and teaching demonstrations. Feedback on the use of this platform was positive.  
**Physical equivalent:** Event space/ room  
**Special Considerations:** Imperative the settings allow flexibility to log into the space before or after session. Recommended to add 30 mins before and after meeting to allow for flexibility. Discuss security implications of using platform.
- **Mural:** Used for participatory exercises and training guide throughout online and offline training. Cohort 1 reported mixed feelings on the use of this platform. They reported appreciating the ability to collaborate, but that it could at times be cumbersome to use.  
**Physical equivalent:** White board with post-its/ paper with activity layout  
**Special Considerations:** Many will not be familiar with this platform so additional training may be needed. Layout should be designed for ease of use.

### Activity 2: Pre-assessment Activity

The image displays four distinct pre-assessment activity formats:

- Dartboard:** A circular board divided into six segments with statements. Participants place 'X' marks to indicate their level of agreement. Statements include: "I am confident I could describe PM+ to other people", "I am familiar with Problem Management Plus (PM+) and its strategies", "I feel confident to be able to provide mental health treatment", "I feel I have the skills to help people living with mental health problems", "I understand who PM+ is and is not suitable for", and "I understand my role in being a PM+ Helper".
- Judgement:** A 2x2 grid of sticky notes where participants express their thoughts on various aspects of the training.
- Story Board:** A series of five numbered boards (Board 1 to Board 5) where participants share their feelings, expectations, and concerns about the training.
- Grid:** A 10x10 grid of colored squares (yellow, orange, blue, green) used for data collection or assessment.

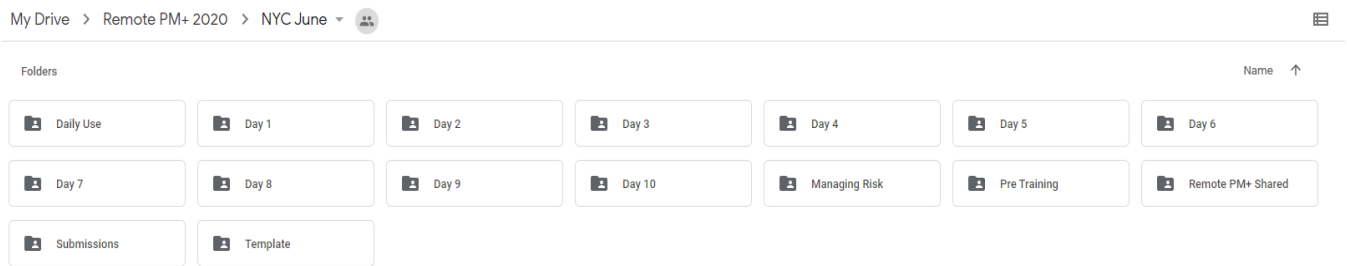
Mural adaptation of pre-assessment activity

For Remote PM+ Training of Helpers, the following information exchange/content sharing platforms were used:

- Google Drive:** Used to store training materials including daily training slides, submission forms, and supplementary materials. Each trainee had a private folder that was shared between themselves and the trainer. Within that form, they submitted daily submission forms as well as role play videos. The trainer could then provide feedback on their daily submission forms, as well as on a role play feedback form (more details below).

**Physical Equivalent:** Handouts and verbal feedback given during training

**Special Considerations:** Files should be structured for ease of navigation and hyperlinked in daily power point slides when possible. Materials for daily use from the manual can be pulled and put in one file for ease of use as participants will not have physical copy of manual to use. Each participant should have a confidential folder for submissions but be aware of the limitations of confidentiality.



Google Folder which stores all the training materials for participants

- YouTube:** Video recordings of most Sessions and Strategies can be viewed by participants when provided with direct links.  
**Physical Equivalent:** Live demonstrations and role plays.  
**Special Considerations:** The creation of session and strategy videos involved creating case scenarios for the role players. Examples of face to face and remote sessions and strategy demonstrations were used. Efforts were made to ensure that the scenarios were generic enough to fit different contexts, but it should be noted that efforts should be made to contextualize videos so that they are representative of the contexts they will be used in. PM+ Trainers were used as Helpers for all videos created.
- WhatsApp:** Used by the trainer and the technology facilitator to coordinate transitions and cue technology. It was learned that it would have been helpful to have a similar informal communication channel set up with participants of the training as well, as it is difficult to broadcast to participant while they are in breakout rooms or doing activities during Mural.  
**Physical equivalent:** In-person conversations and announcements.

## Using Technology and Design for Training

The use of technology as the sole mechanism for an interactive and participatory training will likely be new for many trainees (and trainers!). Finding ways to engage multiple learning modalities and learning styles was a key design goal for the adaptation of PM+ to be delivered remotely. Activities that are illustrative, tactile and includes other senses, enabled a richer remote learning experience.

Security and privacy were taken into consideration for the training of Cohort 1. The use of Zoom was already in practice for the participants, which is why that platform was chosen. A discussion around privacy and security is essential so that participants are aware of the limitations of their privacy when engaging in remote platforms. This was also an important discussion to have so that they felt more comfortable discussing with their clients when delivering the intervention online. Ground rules were established in advance around recording live sessions (sessions were not recorded to ensure privacy and trainee comfort), as well as how their information and recorded role play sessions would be used. Creating a sense of safety is key for participants to feel comfortable to practice interventions and ask questions, and it is important for organizers to obtain informed consent for any recordings, as well as clearly describe how recordings will be stored.

Cohort 1 reported that while they had had online trainings in the past, that the Remote PM+ Training of Helpers was more interactive than previous experiences. In order to ensure that the technology works well during the training, it is helpful to have someone who attends all session who focuses solely on technology aspects. Even with this role, the trainer should also have a basic understanding of how to work all platforms and make all transitions. During the training of Cohort 1, the trainer and the technology facilitator were in constant contact through WhatsApp to coordinate transitions and troubleshoot any difficulties that might arise. The following sessions were included in the training of Cohort 1:

- How to have an effective online training: Co-creation of expectations, gestures for communication and feedback non-verbally to demonstrate engagement.
- How to have effective online PM+ Sessions: Discussion around best practices (contextualized) for conducting online PM+ sessions. This is essential for Helper's even if they plan on conducting face to face sessions only, as their practice cases during the training will be online.
- Ad hoc tutorials on how to use Mural, Zoom to record sessions, notion of scribing, face-overs for assessments
- Participants also had access to tutorials (offline) to assist them with their offline work.

## Remote PM+ Training of Helpers Design Considerations

- The design should reflect and resonate with the participants
- The material must be engaging, easy to understand and must have a clear information flow
- Navigation of material must be highly simplified and intuitive
- The design, illustrations and case studies should be context and culturally appropriate
- Social, racial and cultural diversity must be considered from an illustrative point of view to make the material more inclusive

The design approach adopted for the material was based on minimalistic and clear communication.

## Physical materials needed for training

- Computer with video and audio function as well as all relevant software and internet connection
- [WHO PM+ Manual](#)
- Paper (white and coloured)
- Markers, crayons or coloured pencils

## Role Play and Demonstrations

There are different options for practicing the strategies and sessions within Remote PM+. Of the options provided below, the live observation modality has been found to be the preferred way both for trainees and the trainer under Cohort 1. Feedback from Cohort 1 confirmed that having the ability to practice with other trainees allowed for simultaneous learning, peer-to-peer feedback and contemplation of PM+ methodologies and strategies. Thus, allowing for a rich real-time feedback loop that enhanced their learning environment.

Trainees confirmed that live sessions allowed for them to learn as both the Helper and the client, and they appreciated having access to the trainer in real time if they had questions as they went along.

### Live observation

Using breakout rooms in Zoom or a similar platform, trainees should divide into pre-determined pairs, or triads (one observer), trainees should practice strategies and sessions together. The technology facilitator should have access to pairings and have the breakout rooms cued for after instructions are given. The trainer should 'visit' each breakout room to observe the trainees. Trainers should keep their microphones muted and camera off so as not to interrupt the session. Feedback can be given if trainer is present during feedback component of session, or they can take notes and provide feedback in Google Doc feedback form within the trainee's personal folder. Cohort 1 reported that they felt as though they had 'privacy' when doing live sessions, and felt less pressure compared to recorded sessions.

### Recorded practice

Participants record themselves doing a role play with another Helper, or in some circumstance, a volunteer friend or family member. Normally, Zoom allows for the recording and storage of the session in the cloud, so participants can share their practice role play with the trainer. Participants of Cohort 1 were unable to record the videos on the Zoom cloud due to HIPA compliant software agreements. They were required to download and then upload the recordings onto the Google Drive folder. After reviewing, the trainer provided individual feedback in Google Doc feedback form. Cohort 1 reported that one of the advantages of this modality is that they were then able to go back and review their recorded practice and learn about themselves by doing so.

It should be noted that this modality is resource intensive in several ways: it requires technological resources and high technological literacy, access to someone who will role play with the trainee, and a lot of time from the trainer to review recorded sessions from the entire training cohort. This process is time and time data consuming for larger session files. It is only possible with access to stable and high data limit internet connections.

### Case Studies for role play

Case studies for the role plays (prior to final role plays) were requested to be more in-depth and provide details about previous sessions to assist the Helper. An example of this can be found in the Annex of this document. All case studies will need to be contextualized not only for the community that Helpers are working in, but also to consider the option for those receiving services online. A lesson learned from training Cohort 1 was to have the same case study used throughout all practice sessions, and then an additional one to be used for the final role plays. This was reported as a way to help avoid confusion when switching pairs and allow for continuity and progression throughout sessions.

## Providing feedback

In order to provide feedback to participants, each should have a secured folder in Google Drive or similar platform. This is a folder that is shared only with the trainer and the trainee (as well as tech support, but they should not engage with the content of the folders). It has been helpful for the trainer to provide feedback to trainees after observing each strategy and session. Providing feedback in a timely manner is essential so that trainees can course correct before moving on to additional strategies. Feedback for Cohort 1 included both positive and constructive feedback, all delivered in a way to foster the trainee's sense of self-exploration around how they are interacting with PM+ strategies.

In addition to session feedback, trainees also received feedback from the trainer within their online submission forms that were sent to the trainer after the completion of each day. During Cohort 1 training, the trainer would respond and provide comments throughout this document, reproducing a conversation or dialogue with the trainee. In addition, each trainee should have a role play feedback form, in which the trainer provides feedback on observed strategy and session role plays.

Cohort 1 reported that they appreciated the amount of feedback that they received during the duration of the training.

## Submissions

Each training day will have an offline component that includes a variety of written and recorded exercises that allows for continued learning beyond the synchronous online portion of the training. Reflection exercises are also included as a key component of helper development (and feedback for the trainer). Submission forms should be uploaded to the trainee's private submission folder and shared only with the trainer. Using Google Drive, these private submission forms were created in a way that only the trainer and individual participant was able to view the contents.

## Supervision

Supervised practice cases are an essential component of PM+ Training of Helpers. Trainees were made aware ahead of time that they will be expected to complete not only the remote training, but also complete two supervised practice cases immediately after the completion of the training. Wherever possible, the trainer(s) who provided the training should provide supervision, as the relationship has already been established, and trainer(s) are already familiar with the skillset and areas that need strengthening for each trainee. When this is not possible, trainers should make every effort to include future supervisors within the training, particularly in role plays for observation, so that trainees are familiar with them, and similarly, the supervisor is familiar with their skillsets.

Supervision is recommended to take place during the pre-assessment and continue weekly or twice monthly (with each session) as the supervisor sees necessary. Cohort 1 supervision began when the first wave of participants began to see clients and has continued for a weekly basis. It was assumed that it will be possible to scale down as the trainer's confidence and competencies increase and has now reduced in frequency as the cohort is finishing up their practice cases.

Group format was found to be ideal, with individual sessions being conducted when necessary. Group sessions last approximately 90 minutes and include a check in, case presentations by trainees (2-3 per session) and feedback facilitated by the supervisor but provided by the group of trainees. Group supervision participants reported that 6 was an ideal number for supervision sessions, as they felt that they could contribute each

session, and feared if it were any larger, engagement would have decreased. Self-care check-ins as well as more in-depth discussion around caring for yourself as a Helper have also been found to be helpful.

It was suggested by the trainer that Cohort 1 hold peer supervision sessions (supervision sessions without the supervisor present) in between formal group supervision sessions. The group has adopted this practice and meets regularly in this format. It is encouraged that this become practice beyond the completion of formal group supervision sessions with the trainer and will be recommended for future Cohorts.

Supervision forms (editable Google Form) are requested before the start of each supervision session. These forms ask for specific information about the case that the Helper is working with, as well as any feedback they hope to receive during the supervision session. The trainer for Cohort 1 has requested that these forms are submitted no later than 24 hours prior to the start of the supervision session to allow for review. The supervisor uses this as a way to identify who should present cases, common difficulties the group is having, and as an indicator of how the Helper is navigating the PM+ sessions.

It is recommended wherever possible to include a local supervisor to co-facilitate supervision sessions if the trainer is not from the culture or context. The trainer of Cohort 1 is of a similar background to the trainees and is familiar with their operational context. During the training of Cohort 1, a trainee who was a supervisor in training attended so that they would be able to co-facilitate supervision sessions with an international IFRC PS Centre trainer for Cohort 2.

## Conclusion

The first Remote PM+ Training of Helpers took place in June 2020 with a cohort of trainees who came from a high resource setting, had reliable internet connection, high technology literacy, and previous mental health experience. Through this lens, it is the conclusion of the trainer that the training was successful, and that it is possible to train PM+ Helpers remotely. **This hypothesis will be further explored as clinical outcomes from those receiving services become available. Early results and anecdotal report suggest positive clinical outcomes and high levels of engagement.** In situations where the training participants do not have a high level of familiarity with mental health, it seems probable that the remote format used will also be effective.

A very high degree of flexibility and patience is necessary on both the part of the trainees and the trainer as the shift to remote training takes place. Materials are developed and adapted in real time, and it is recommended that the trainer be experienced to the extent that they are able to think quickly on their feet and be able to adjust materials and activities with little to no warning.

Creating time and space for relationship building between the cohort and the trainer was also viewed as key to success. Activities designed to build relationship and share a bit of information about the trainee are critical in the early days of the training, and something that could have been improved upon in the training. In early days, before trust and relationship was formed, there was a high degree of resistance towards the trainer because of time and work expectations for the training. After time was spent for open honest reflection, and acceptance of critical feedback, the dynamic began to shift towards the positive- which allowed for deeper learning and understanding of the intervention. Due to the extra layer of separation that online platforms can create, it is even more important to spend time intentionally forming connection.

Observation and supervision are viewed as essential and crucial components for the success of Remote PM+ Training of Helpers, both of which are possible remotely. The use of online breakout rooms worked exceptionally well, possibly even better than in-person observation, as the observer role was far less intrusive when the trainer was not physically present and unintentionally disrupting by entering trainee space. Supervision groups allow for continuous sharing of knowledge and information and provides a space for the supervisor (trainer) to observe that the key competencies of Remote PM+ Training of Helpers were indeed gained by those seeing practice cases.

A key positive reflection from Cohort 1 was this (paraphrase): *We did not think that it would be possible to feel connected to the other trainees online, or to experience this in a way that felt real, but the space that has been created online allows for us to feel connected and like we are all together.*



## Annex

### Welcome Letter

#### Remote PM+ Training of Helpers: What to Expect

New York Cohort

June 1-12, 2020

Greetings!

I am really looking forward to getting to know you and working with you in these coming weeks. I think that it is great that you have decided to become PM+ Helpers, and I am very excited to see how you will use the intervention in your work!

The training itself will last for 10 days (June 1-12). Days 1-7 will be approximately 4 hours of live time together as a group, and approximately 4 hours of activities you will be doing on your own time. The final three days will be a shorter live classroom time (approximately 1-2 hours) and the rest will be on your own time with a partner, doing recorded role plays. The training itself will be very experiential and participatory, so don't expect to turn on the training and listen to the trainer ramble on for hours- you will be engaged! The training can be quite intensive, so it is very important that you are looking after yourself as much as possible, especially given the current situation around us. Be sure to make time for activities that are good for you during the training. I know that this can be hard given so many competing priorities, but it is very important!

It is essential that you have access to a reliable internet connection and the Zoom platform. Please test your technology ahead of time and have a backup plan in case there are any issues. You must also have a way to record yourselves doing role plays. You will be taking several hours of video and uploading them to the trainer regularly, so it's important to have this sorted ahead of time. For any technology related questions or concerns, please contact \_\_\_\_\_ prior to the start of the training.

This is the first time a remote training of helpers has ever been done, so please be patient with the trainer and with each other. We will all be learning together. Please feel free to provide feedback along the way to help make the training stronger. This is a very exciting opportunity, and I am very happy that you are going to be a part of this process.

After we complete the 10 days of training together, you will then go on to do two supervised practice cases each as the field-based part of the training. We will have group supervision sessions, co-facilitated by myself and a New York based clinician. This will be the time for you to put your classroom learning to practice. We will talk more about this in the training.

Lastly, before we begin the training, please have the following completed:

1. Read the [PM+ training manual](#) in its entirety
2. Complete the pre-assessment with the EQUIP team online (additional details forthcoming)
3. Fill in the Participant Questionnaire and email to \_\_\_\_\_. This information will not be shared with anyone else; it is just to help me to get to know you a bit better ahead of time.

You will need to have a few materials available throughout the training: paper, markers, crayons, or coloured pencils. If you have access to a printer, you may want to print out certain handouts from the manual that you will be informed about in advance. You will also want to come prepared with an energizer or relaxation activity (less than 5 minutes) that you can share with the group.

I am really looking forward to connecting with you! Please feel free to reach out ahead of time if you have any questions about the training.

Best wishes,

NAME

## Nomination Form

### Problem Management Plus Remote Training of Helpers (ToH) Nomination form

Training of Helpers for Problem Management Plus (PM+). [PM+](#) is a scalable, five session (plus additional assessment sessions) psychological intervention for adults that is designed to help people with anxiety, depression and stress. The training of helpers will be remote and take place\_\_\_\_\_, over the course of 10 days. The training will use a blended approach, including live 'classroom' time as well as leaning that will be done in the participants own time, and include recorded practice. We are currently receiving nominations for the remote PM+ ToH.

*There are no 'correct' answers to the questions below, rather it will assist the trainer in ensuring that the make up of participants have similar profiles and skillsets.*

#### Profile of Nominee:

Education background:

Previous MHPSS experience:

Current role within organization:

Motivation for taking PM+ ToH:

How will PM+ be used in current position:

Y/N:

Access to reliable internet and comfortable using different platforms?

Available to engage in 10 consecutive days of training (exclusive of weekend), both live and on own time?

Comfortable reading and speaking in English?

Availability to participate in weekly group supervision sessions?

Ability to complete two supervised practice cases immediately after the 10-day training?

## **Participant Questionnaire**

### **Remote PM+ Training of Helpers: Participant Questionnaire**

Greetings! I am really looking forward to getting to know you during the next few weeks of our training and supervision. To help me to get to know you a bit better, it would be very helpful if you could please fill out the following questionnaire before the start of the training. All of the information that you share with me will remain confidential. We might discuss a few of the topics while we are getting to know one another as a group in the training, so you are welcome to share whatever you feel comfortable sharing. Please email the completed form to \_\_\_\_\_.

Looking forward to meeting you!

1. What is your motivation taking the PM+ Helpers training?
2. How do you expect to use PM+ in your work?
3. Tell me a bit about your background (where you are from, education background, where you are currently at in your studies, previous experience with mental health and psychosocial support).
4. How do you best learn?
5. How do you best cope with stress?
6. Do you have any concerns about this training?
7. Anything else you think is important for me to know about you?

## **Sample Case Study**

### **Role Play Case Study B**

You are 40 years old and you work for a technology company. You were married and have two children, but you and your partner split 6 months ago because of infidelity on their part. Since you split, you have been spending a lot of your time working to distract yourself. You have also been drinking a lot more. When you first split, the drinking was just when you were out with your friends, but now it is every day.

Recently, coronavirus has made it to where you can no longer get together with your friends, so you feel very isolated. Your children are staying with your partner full time because of the situation. You have started to drink alone at home, which was something you had never really done before. You noticed that it really helped you to forget about the pain of being cheated on and being alone. At first, you would set up zoom calls with your friends, and there would be a fun social aspect to it, but now you don't feel like talking with them anymore, so you drink alone.



You have always worked from home, so coronavirus has not impacted your way of working. You recently had your hours reduced though, which means less of an income. Your partner keeps asking for more and more money to support the children, so you keep giving it to them, but you feel too ashamed to tell them that you are not making as much as before. There are rumours that there might be layoffs in the very near future. Since hearing that, you have started to feel more and more hopeless. With fewer tasks at work, you have fewer distractions from your pain. You are trying to work harder and harder though, to prove your worth. You aren't sure how to go on, or why you should continue to go on. You have thought about suicide in the past, but your religion forbids it, so you haven't thought about it too seriously. Now that you might lose your job, you don't know what your purpose in life is anymore if you can't contribute to your children.

**Assessment:** Your behaviour has been agitated and tense in the sessions. You have poor eye contact and you look down at your hands often. You don't have much energy and you have a headache. You reported that sometimes you think about taking your own life in earlier sessions, but that you do not have a plan to act on it. You have identified your main problems on your PSYCHLOPS as feeling like a failure because of work and feeling like you can't provide for your children.

**Stress symptoms:** You have a lot of physical symptoms. Your body feels as though all of your muscles are too tight. You have a headache and are tired most days, even though you don't get too much sleep at night. You feel ashamed and cry sometimes at night.

**Inactivity:** You used to enjoy hanging out with your friends and playing sport and talking, but you can't do that anymore, and you feel too ashamed about how your life has turned out. You no longer do sport, or talk to others. You used to spend a lot of time with your children, taking them to their activities and playing with them, but you can't do that anymore. Your house is a mess, and you aren't taking good care of yourself. You usually only have one meal a day, and that is fast food you have ordered from delivery.

**Social Support:** You have a lot of friends, but you don't feel like talking to them. You are involved in a sport club, but it is closed. You don't really know how to engage with anyone, even if you wanted to- which you don't.

