

Social Promotion Foundation

**REBAHS – Reducing Economic Barriers to Accessing Health Services in
Lebanon, “The MADAD Fund”**

Beirut, Lebanon

Training of Trainers and Supervision Report

**Training on Problem Management + (PM+) Training of Trainers (ToT)
A training for Mental Health Professionals**

September 2019 to February 2020

Table of Contents

| | |
|---|----|
| PM+ ToT Training..... | 5 |
| 1. About PM+ ToT Training..... | 5 |
| 1.1 Training Overview | 5 |
| 1.2 Training Objectives | 5 |
| 1.3 Training Purpose | 5 |
| 1.4 Training Methods | 6 |
| 1.5 Trainers | 6 |
| 1.6 Participants | 6 |
| 2. PM+ ToT Training Satisfaction..... | 9 |
| 2.1 Overall Training Workshop Rating | 9 |
| 2.2 Training Evaluation Outcomes | 9 |
| 2.3 Trainer Evaluation Outcomes | 11 |
| 3. PM+ ToT Improvement of Skills Outcomes | 12 |
| 4. PM+ ToT Conclusion | 14 |
| 5. PM+ ToT Training Outcomes..... | 15 |
| 5.1 Challenges | 15 |
| 5.2 Recommendations | 15 |
| 6. PM+ ToT Supervision | 17 |
| 6.1 About PM+ ToT Supervision | 17 |
| 6.2 PM+ ToT Supervision Overview | 17 |
| 6.3 Supervision Objectives | 17 |
| 6.4 Supervision Purpose | 18 |
| 6.5 Supervision Methods | 18 |
| 6.6 Participants | 18 |
| 6.7 PM+ ToT Supervision Meetings Workplan | 19 |
| 6.7.1 September Overview | 20 |
| 6.7.2 October Overview | 20 |
| 6.7.3 November Overview | 21 |
| 6.7.4 December Overview | 22 |
| 6.7.5 January and February Overview | 23 |

| | |
|--|----|
| 7. PM+ ToT Supervision Outcomes | 25 |
| 7.1 Challenges | 26 |
| 7.2 Recommendations | 26 |
| 8. Conclusion of PM+ ToT and Supervision | 27 |
| 9. Annexes..... | 28 |
| Annex 1: PM+ ToT Agenda | 28 |
| Annex 2: PM+ ToT Invited Participant Details | 30 |
| Annex 3: PM+ ToT Info Shared | 30 |
| Annex 4: PM+ ToT Pre-Post Test Questions | 33 |
| Annex 5: PM+ ToT Supervision Participants Evaluation | 34 |
| Annex 6: PM+ ToT Attendance Sheet..... | 34 |
| Annex 7: Number of Supervision Cases | 36 |

Table of Acronyms

CP: Child Protection

FPS: Fundación Promoción Social (Social Promotion Foundation)

GBV: Gender-Based Violence

mhGAP: Mental Health Gap Action Programme

MHPSS: Mental Health and Psychosocial Support

MoPH: Ministry of Public Health

MT: Master Trainer

M&E: Monitoring and Evaluation

NGO: Non-Governmental Organization

NMHP: National Mental Health Programme

PM+: Problem Management +

PHCC: Primary Health Care Center

REBAHS: Reducing Economic Barriers to Accessing Health Services in Lebanon

SGBV: Sexual and Gender-Based Violence

ToT: Training of Trainers

ROS: Roll Out Session

WHO: World Health Organization

PM+ ToT Training

1. About PM+ ToT Training

1.1 Training Overview

Problem Management + (PM+) is considered to be one of the first intervention programs developed by WHO within the Mental health gap action programme (mhGAP), aiming to reduce the gap between the need for mental health services and the limited number of professionals available, who can meet this need. The programme is focused on the concept of task shifting between the sections of the society which is enabling this service to a wider segment of the society by qualifying lay helpers with no clinical background to be able to provide low intensity interventions, meeting the needs of the patients with lower symptoms to reduce the load from the highly qualified professionals and create more accessibility to them by the severe cases.

The training took place between 2nd - 5th and 9th - 12th of September 2019 for seven days at the Crown Plaza in Beirut, Lebanon from 9:00 to 17:00.

1.2 Training Objectives

The aim of the PM+ ToT is to provide the knowledge, skills and materials that will qualify the professional mental health workers (who previously attended/delivered a mental health training such as mhGAP or PFA) to be able to conduct PM+ sessions themselves within their own practice.

1.3 Training Purpose

The main purpose of the training was to increase the capacity of mental health professionals working in the field in their day-to-day work. This objective was achieved by training trainers of PM+ who have mastered the following:

- Core strategies of PM+.
- Basic Helping Skills.
- The correct way to react to an adverse event.
- Psychoeducation.
- Training and Supervision Skills.

1.4 Training Methods

Content and timeframe that were planned in the schedule were delivered adequately. The training included many activities such as role-plays, presentations, etc. which are listed in detail under the “Effective styles in information dissemination” title.

The key messages given through this training was as following:

- Following the manual strictly.
- Not trying to make psychotherapy.
- Avoiding complexity.
- Being aware of code of conduct, laws, regulations that are specific for the frame that you are working in [Ministry of Public Health (MoPH), NGO, clinic, private practice, university, research, etc.].

As trainees showed high educational level and professional experience, they engaged more in the experiential learning modules. The effective styles in information dissemination through the activities used in the training are listed below:

- Lecture about the theoretical background and the content of the material.
- Presentation (Role-Play) by the trainers for the skills.
- Role-Plays in-pairs to practice the skills.
- Presentation (Role-Play) of a specific section of the session by the trainees.
- Simulation of the Training of Helpers.

1.5 Trainers

The members of the training team were Mahmoud Hemmo (PM+ Master Trainer), Sena Akbay (PM+ Co-trainer), Sandra Pardi Maradian (PM+ Supervision Coordinator), Ana Guimarães (MHPSS Project Coordinator from FPS Lebanon) and George Frangi when logistical support was needed (Logistics, Security and Fleet Officer from FPS Lebanon).

1.6 Participants

The selection criteria included being a mental health professional (in active practice) and having previously attended/delivered a mental health training such as mhGAP or PFA. This led to one of our main observations on the first day: basic helper’s knowledge did not have to be covered as extensively as planned, due to the high qualifications of the attendees. For that purpose, we chose to focus more on their trainer’s perspective in the workshop. The following days were re-focused based on the feedback of the first day, which was appreciated by the trainees and so their motivation and their active participation was kept on a high level. The number of participants

invited was 18, yet the number of participants attended was 15. Table 1 and Figure 1 show distribution of technical participants' numbers per sex across training days.

Table 1. Number of Technical participants

| Date | # Technical participants | | |
|--|--------------------------|---------|-------|
| | Males | Females | Total |
| Monday 2 nd of September 2019 | 5 | 11 | 16 |
| Tuesday 3 rd of September 2019 | 5 | 10 | 15 |
| Wednesday 4 th of September 2019 | 5 | 8 | 13 |
| Thursday 5 th of September 2019 | 5 | 10 | 15 |
| Monday 9 th of September 2019 | 5 | 10 | 15 |
| Wednesday 11 th of September 2019 | 4 | 9 | 13 |
| Thursday 12 th of September 2019 | 5 | 10 | 15 |

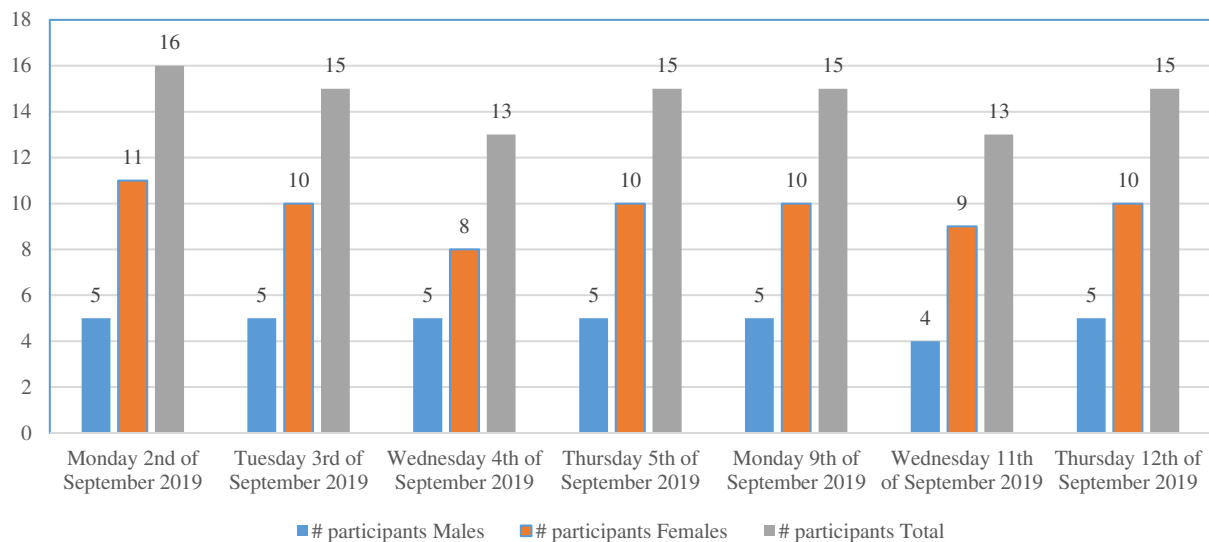


Figure 1. Number of Technical Participants across training days

Table 2 and Figure 2 shows distribution of admin staff numbers per sex across training days.

Table 2. Number of Admin participants

| Date | # Admin staff | | |
|--|---------------|---------|-------|
| | Males | Females | Total |
| Monday 2 nd of September 2019 | 1 | 3 | 4 |
| Tuesday 3 rd of September 2019 | 1 | 3 | 4 |
| Wednesday 4 th of September 2019 | 1 | 2 | 3 |
| Thursday 5 th of September 2019 | 1 | 3 | 4 |
| Monday 9 th of September 2019 | 1 | 3 | 4 |
| Wednesday 11 th of September 2019 | 1 | 2 | 3 |
| Thursday 12 th of September 2019 | 1 | 3 | 4 |

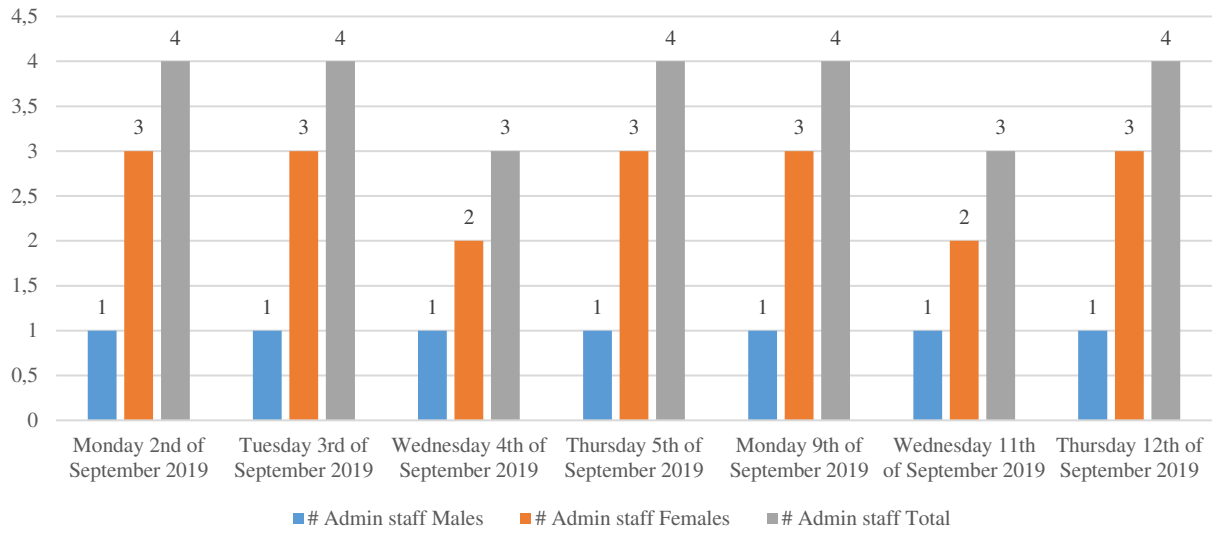


Figure 2. Number of Admin staff across training days

2. PM+ ToT Training Satisfaction

2.1 Overall Training Workshop Rating

Analysing the satisfaction with the training, 27% (n=4) of participants rated the training as excellent, 27% (n=4) found it to be very good, 27% (n=4) found it to be good, while 13% (n=2) found it to be fair with 7% (n=1) had no answer. Figure 3 shows the percentage of trainees' overall satisfaction of PM+.

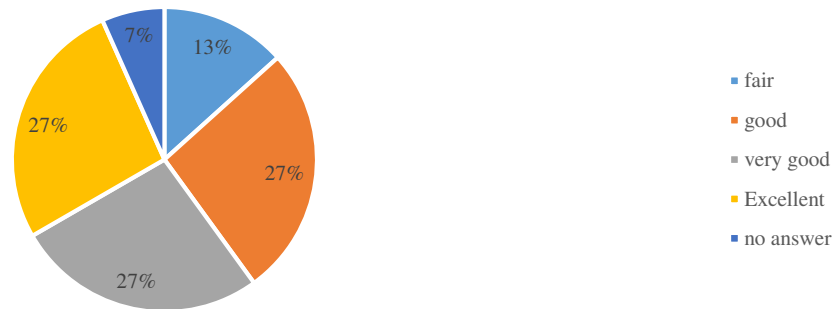


Figure 3. Overall Assessment of PM+ training

2.2 Training Evaluation Outcomes

To summarize the training evaluation outcomes, as shown in Figure 4, 87% of participants agreed that they would be interested in attending a follow-up and more advanced workshop on the same subject. All participants stated that training experience will be useful in their work and that the number of participants was adequate. Most participants agreed that the meeting room and facilities were adequate and comfortable. All agreed that training materials distributed were helpful. More than half of participants disagreed that the allotted time for the training was sufficient.

Most of the participants agreed that the training objectives were met. Almost all participants agreed that the training topics covered were relevant and that content was organized and easy to follow. Regarding the participation and interaction, almost all participants reported that participation and interaction was encouraged and more than half of participants reported that the training methods used were helpful.

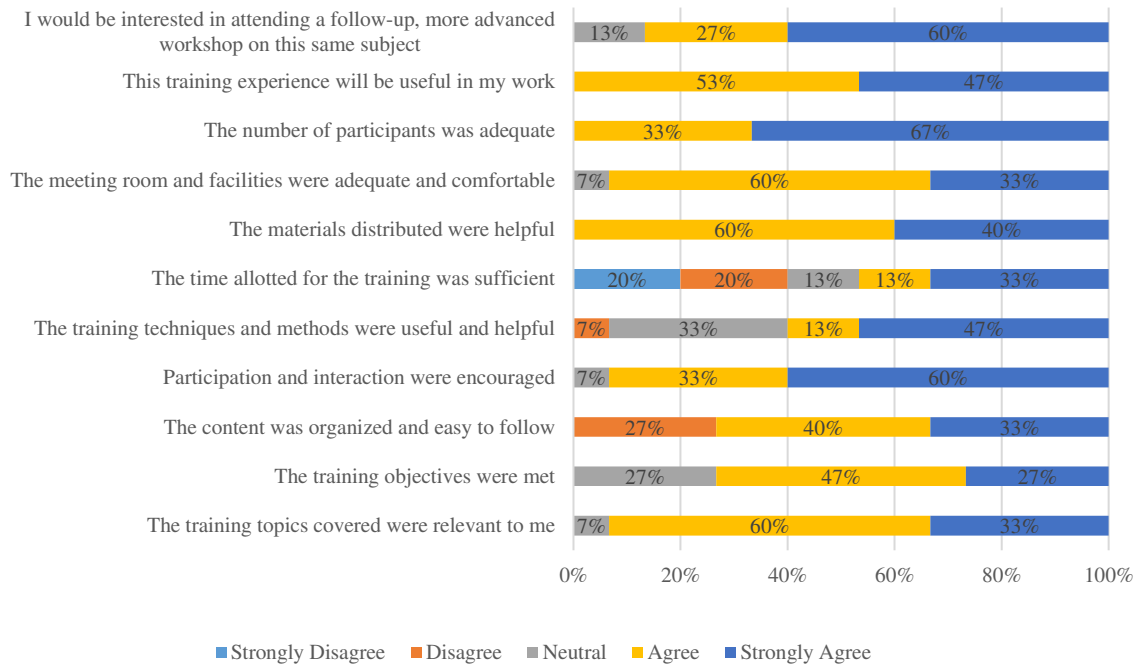


Figure 4. Training Evaluation Questions

As shown in Figure 5, 87% of participants said that they would recommend this training to others.

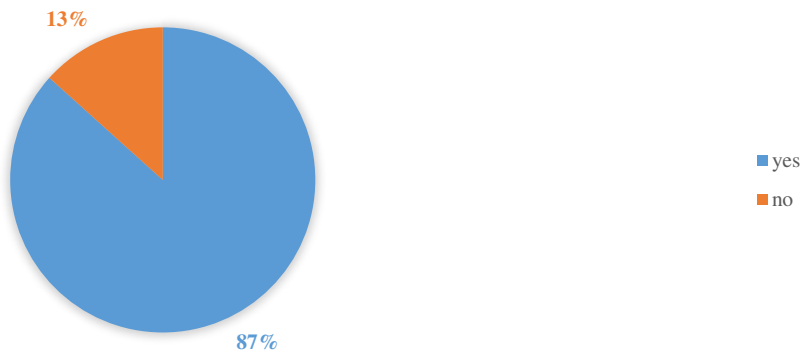


Figure 5. Do you recommend the training to others?

General recommendations given by the participants on the training included having different planning on how to deliver the training. Almost three quarters of trainees (around 75%) recommended less allotted time for the training and more structure in depth providing more tools and materials on PM+.

Participants provided generally positive feedback and expressed a strong interest to attend similar training but with a faster pace.

What participants liked most was the training's flexibility, the fact that it was a new and recent intervention, the role plays, and concepts of the intervention. Participants least appreciated the training's allotted time (too long) and location, some of the training methods, and the unpreparedness of the trainer. Some participants added that the training had a slow rhythm and repetition of some concepts.

2.3 Trainer Evaluation Outcomes

In terms of satisfaction with the trainer, as reflected in Figure 6, the feedback was overwhelmingly positive.

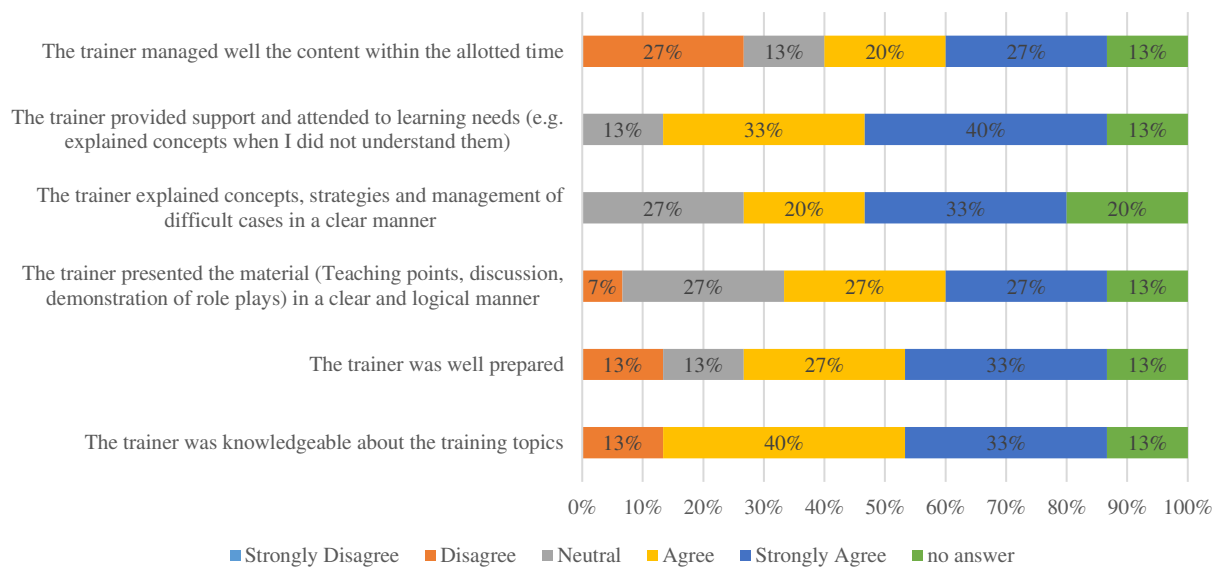


Figure 6. Satisfaction with the Trainer

Most participants agreed that that the trainer was knowledgeable about the training topics, that the trainer was well prepared and that the trainer presented the material in a clear and logical manner and explained concepts, strategies and management of difficult cases in a clear manner. Participants also said the trainer provided support and attended to learning needs and managed well the content within the allotted time.

3. PM+ ToT Improvement of Skills Outcomes

Training participants were asked to fill a test before and after the training workshop to assess its effectiveness in improving their knowledge as it relates to the scope of the training. The Pre and Post-Test was composed of 17 rating questions (from one to three), where one means no knowledge and three means full knowledge. The total score of questions adds up to 51. Table 3 summarizes the results of the Pre/Post-tests of PM+ trainees.

Table .3 PM+ Pre/Post-tests info summary

| PM+ training improvement rate | |
|---|-----|
| # of pre-test participants | 17 |
| # of post-test participants | 15 |
| # of pre & post tests administered | 15 |
| Absentees on post-test | 2 |
| # of participants who showed improvement | 14 |
| # of participants who showed no improvement | 1 |
| % improvement | 93% |
| % no improvement | 7% |

As shown in Figure 7, results show that the average total score of pre-test was 39 while the average total score of the post-test was 42.

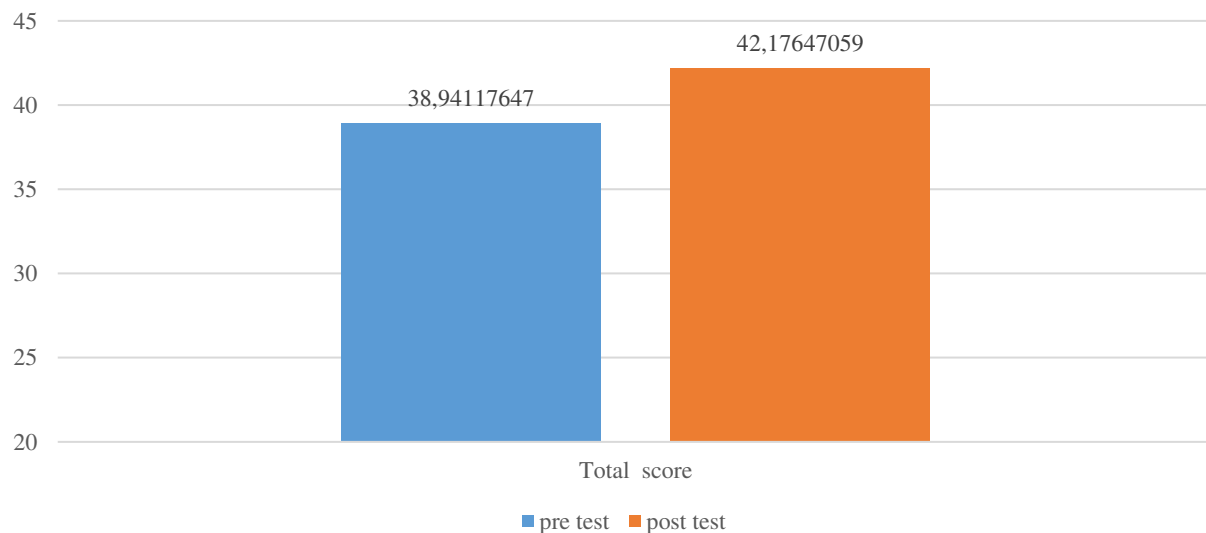


Figure 7. Total Average score in Pre/Post tests

Figure 8 shows a further in depth analysis comparing pre- to post- scores per question item.

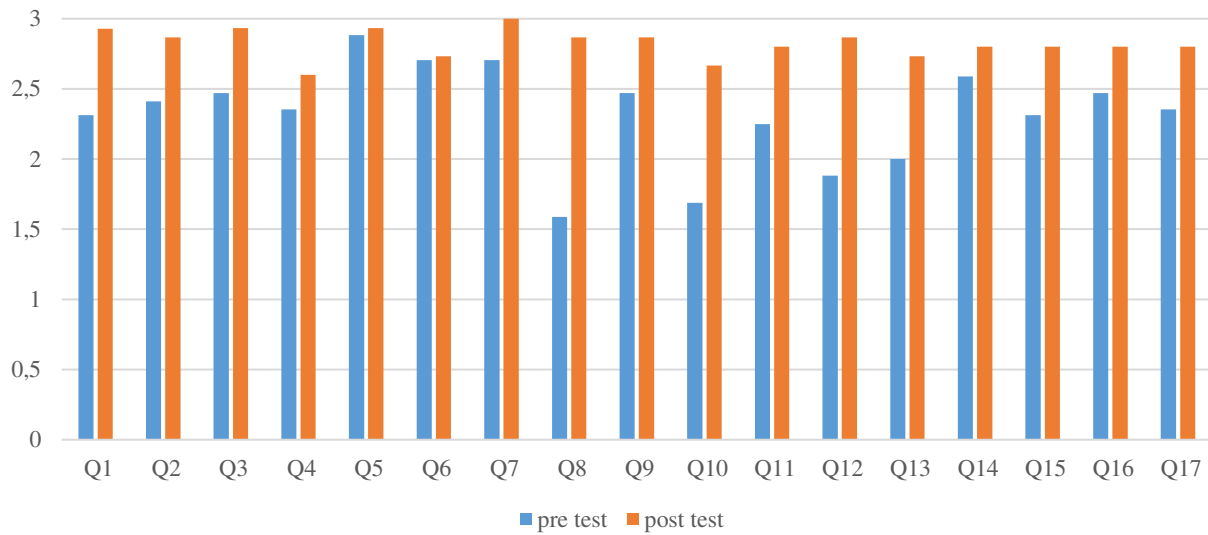


Figure 8. Average scores in pre/post-test per question

A deeper analysis of the results showed a significant improvement increase of 93% which is of statistical significance as ($p=0.001$). As shown, there was a higher score for all questions in the post-test, with several questions having more significant differences, such as Q8 and Q10.

4. PM+ ToT Conclusion

In summary, an effective training was conducted, where all participants were engaged, motivated and constructively exchanged their professional and individual experiences throughout the training. All the participants became capable of applying PM+ with beneficiaries, which will be done initially with practice cases under supervision. Overall, all objectives were achieved as planned.

The increase of knowledge was significant and observed in almost all of the trainees, with only one participant out of 15 not demonstrating increase of knowledge, which can be explained by the vast years of experience that the trainee might have had in the field of delivering psychotherapy and trainings. The analysis of the pre/post-tests proves the increase of knowledge, with average total score of pre-tests being 39 while the average total score of the post-tests was 42.

The feedback regarding the trainer and training was generally positive, however, as mentioned above, some participants considered the ToT duration to be too long. This might be due to different levels of expertise among the participants.

Following the ToT, all 15 participants that attended the ToT and complied with the criteria of attendance, will receive supervision sessions for the duration of two to three months, where they will apply PM+ to several cases and receive guidance and support from the Master Trainer, Mr. Mahmoud Hemmo. At the end of the training, the groups for the supervision were organized, elaborating two groups that would meet on a weekly basis through Skype. The certificates and competence to become future trainers of PM+ would be assessed once the supervision period would finish and the MT provides an evaluation of the trainees.

Challenges and recommendations will be presented in the following section.

5. PM+ ToT Training Outcomes

5.1 Challenges

The challenges faced during this training are listed below:

1. The level of clinical experience in the training group was very diverse (from three years of professional experience to decades of professional experience), as well as their previous experience as trainers. Thus, continuous evaluation of the knowledge of the trainees was necessary to deliver adequate training content, in order to make sure that all participants were acquainted with the concepts delivered.
2. At the beginning of the training, some of the trainees were expecting different training contents than those that were planned and thus complained and showed signs of frustration. The trainees also presented some willingness to shorten the training, since some of the concepts seemed too familiar to them. The training team was able to overcome those frustrations by making trainees see the necessity of the planned training content and structure when learning how to give or how to teach PM+ and at the same time by adjusting the training whenever possible. The trainees were also explained that even though they are specialized mental health professionals, thus grasping much of content at a fast pace, they had to receive all sections of the manual, in order to be able to also train those who are not professional mental health workers, and to know how to follow the structure of the manual.

5.2 Recommendations

The recommendations provided by the trainers and organizing team for future trainings are listed below, among them are inputs from the MT, the organizing team and the participants themselves:

1. More homogeneity of the participants in terms of experience: Each trainee's needs should be addressed to assure that everyone will have the same qualification when becoming a PM+ trainer at the end of the training. Additionally, the amount of time needed for each topic differs based on the level of experience the trainee has, both in terms of clinical settings and the training skills he/she possesses.
2. Clarifying the expectations of the participants in advance: having a clear explanation of what the training is offering before the registration can help to prevent any frustration that may occur due to having false expectations, which were not planned to be met through the program. Hence, including more information on the objectives and goals when promoting the trainings could be added.
3. The Master Trainer proposed that young professionals could be prioritised as trainees: young professionals tend to be more eager to learn with higher motivation towards novel techniques that they may use compared to the more experienced psychotherapists who are

more likely to prefer approaches that they have been using for years. Additionally, young professionals tend to work in more diverse settings, having more opportunity to spread the knowledge in different places and reach a higher population.

4. Recommendations by the participants on the training in general included having a different organisation of the training delivery. Almost three quarters of trainees (around 75%) recommended allotting less time for training, going into greater depth, and providing more tools and materials on PM+.
5. A common interest among participants of the training, which they recommended to be covered in upcoming trainings, is covering the history of PM+ intervention and the evidence behind it. That is to say, participants suggested more preparedness by the trainers around the available research findings related to PM+.
6. Consider reducing the amount of training time for future ToTs with specialised mental health professionals, as the current participants provided a general positive feedback and expressed a strong interest to attend more similar interesting trainings but with a faster pace.

6. PM+ ToT Supervision

6.1 About PM+ ToT Supervision

6.2 PM+ ToT Supervision Overview

Following the first component of the PM+ capacity building where the Training of Trainers was implemented, there was a necessary period of supervision from the Master Trainer provided to all ToT participants, which lasted from September 2019 to February 2020. The supervision was divided into two groups of seven and eight participants each, and occurred once a week through skype, every Thursdays, with a duration of one hour and thirty minutes, specifically:

Group 1: Thursdays from 6:00pm - 7:30pm

Group 2: Thursdays from 7:40pm - 9:10pm

The criteria for completing the supervision period successfully and becoming recognized PM+ providers were the following:

- Participants must attend at least eight to twelve supervision sessions;
- Each trainee should apply PM+ to at least two different cases;
- Each case being followed by the trainee had to receive five sessions;
- The trainee should receive a positive evaluation from the Master Trainer.

ToT trainees were able to discuss clinical progress, ask for recommendations/guidance for their upcoming session, discuss the general challenges faced during the sessions held and seek guidance from the mater trainer & peers.

In addition, general background information and the latest advancements in PM+ therapy were discussed and relayed by the master trainer Mr. Mahmoud Hemmo to his supervisees/participants.

During the implementation of the supervision sessions, Sandra Pardi, as PM+ Coordinator, and Mr. Mahmoud Hemmo, as Master Trainer, would provide monthly reports and have phone call meetings with the FPS Project Coordinator for regular updates and needs. The information presented in the following section contains input from all three collaborators.

6.3 Supervision Objectives

The objective of the Supervision period is to provide support and further knowledge on PM+ for PM+ ToT participants so that they can implement PM+ effectively and become skilled trainers. Therefore, the supervision period focuses on optimal ways to deliver PM+ always taking into account the political, institutional and medical/psychological frames. Furthermore, the master

trainer addresses individual characteristics of future trainers/helpers and beneficiaries. The aim is to improve future trainers' motivation and engagement, practical and theoretical clinical knowledge/skills, presentation skills, ability to handle group dynamics (especially challenging situations), authenticity/warmth/respect for others and cognitive/interactive flexibility.

6.4 Supervision Purpose

The purpose of the PM+ Supervision was to ensure that trainees can transfer their knowledge, skills and the materials into practice (trainings of new helpers or treatments of beneficiaries). In this phase the trainees are supervised, while delivering PM+ sessions with beneficiaries and while rolling out training sessions for lay-helpers.

6.5 Supervision Methods

The supervision of the PM+ ToT participants was done through weekly skype calls, where trainees exchanged questions, problems and solutions concerning implementation of PM+ or conducting a PM+ training. The main supervision methods included:

- Case work/case presentations.
- Group discussions.
- Teachings.
- Role-plays.

6.6 Participants

The two tables below show the participating trainees that took part in the ToT training in Beirut, distributed into each supervision group. Due to different issues (Lebanese crisis, work and family requirements, etc.) some trainees were not able to attend as many supervisions as originally planned, therefore they were given the opportunity to follow two supervision sessions on certain days. In other cases, it was decided to supervise trainers in small groups to prepare them for roll-out sessions.

Table 4. Number of Technical Participants in Group 1

| | # Technical participants | |
|------------------|--------------------------|--------|
| | Male | Female |
| Arda Kashkashian | | X |
| Manal Zreika | | X |
| Maureen Mahfouz | | X |
| Nidal Mortada | | X |
| Omar Barakat | X | |
| Philip Noun | X | |
| Rita Maydaa | | X |
| Total | 2 | 5 |

Table 5. Number of Technical Participants in Group 2

| | # Technical participants | |
|----------------|--------------------------|--------|
| | Male | Female |
| Abed Jarkas | X | |
| Ali El Attar | X | |
| Caroline Ghosn | | X |
| Elie Maalouf | X | |
| Ghada Hawari | | X |
| Joanna Imad | | X |
| Maha Hodroj | | X |
| Rasha Dorlian | | X |
| Total | 3 | 4 |

6.7 PM+ ToT Supervision Meetings Workplan

In this section, the workplan for each month will be presented, with the specific dates, number of attendees and absentees, and main topics covered for each meeting. There is also an overview, or summary, of how each month went.

6.7.1 September Overview

| Date and time | N# of Participants and Attendance | Topics Covered |
|---------------|--|---|
| 26.09.2019 | Number of Attendees: 14 Number of Absentees: 1 (previously informed) | <ul style="list-style-type: none"> ○ Inclusion & Exclusion criteria for the recruitment of PM+ patients was reviewed. ○ Background information on PM+ was provided ○ Discussion of recruited PM+ cases or potential cases by the participants. |

As the supervision calls started, some participants were facing a bit of a delay in recruiting patients, due to their relatively low patient load. Consequently, one of the recommendations would be to give more time for participants to find and recruit PM+ patients before commencing supervision sessions. However, it is noteworthy to mention that listening to the cases of colleagues is part of the learning experience. Regardless, unfortunately, not having cases to discuss sometimes led for participants to be disengaged during the call. A need also appeared to be more attentive of the time allocated for each participant for case discussions.

6.7.2 October Overview

| Date and time | N# of Participants and Attendance | Topics Covered |
|---------------|---|---|
| 03.10.2019 | Number of Attendees: 12 Number of Absentees: 3 | <ul style="list-style-type: none"> ○ Discussion of Scales that were distributed by the NMHP-MOPH for administration ○ Continuation of discussion of cases & follow up on sessions |
| 10.10.2019 | Number of Attendees: 13 Number of Absentees: 2 | <ul style="list-style-type: none"> ○ Discussion of Suicide Safety Plan to be distributed by the NMHP ○ Continuation of discussion of cases ○ Challenges for retaining discontinued cases |
| 17.10.2019 | Number of Attendees: 11 Number of Absentees: 4 | <ul style="list-style-type: none"> ○ Continuation of Case Discussions ○ Feedback on Administered Scales. Challenges faced & personal experiences administering it. |
| 24.10.2019 | Number of Attendees: 9 Number of Absentees: 6 Note: First few days of Lebanese Protests had commenced. Most of the providers could not join their calls & | <ul style="list-style-type: none"> ○ Case updates from Providers who were able to see their clients ○ The call was short. |

| | | |
|------------|---|--|
| | were not able to attend their clinical sessions | |
| 31.10.2019 | Number of Attendees: 14 Number of Absentees: 1 | <ul style="list-style-type: none"> ○ Unforeseen challenges due to the current Lebanese situation ○ Recommendations by Mahmoud to start meeting with clients more than once per week if they are able to ○ Clinical updates from the few cases seen by providers |

The flow of the supervision was kick-starting in October. More providers were able to start with their first cases, and others were looking for second recruitments or even started first few sessions with Case #2. However, due to the current situation in Lebanon, specifically during the last two weeks of the October, a number of providers were not able to see their clients due to road blockages.

As trainees progressed into the supervision sessions, providers were becoming more confident in PM+ sessions, its sequence and the different techniques to be used in each session. In addition, it was noticeable that when going through the cases, there was more input from providers on the discussed cases and how to proceed.

The administration of the scales was at times becoming burdensome for the providers, however the scores of the scales were used during the discussions to compare clinical outcomes and improvements.

Some recommendations given by the participants included:

- More direct questions addressed by the Master Trainer.
- Flexibility from the MT in scheduling/postponing the supervision sessions bearing in mind the current situation. Instead, relatively shorter supervision sessions were held in the last two weeks, since relatively more providers had not seen their patients during those weeks.

6.7.3 November Overview

| Date and time | N# of Participants and Attendance | Topics Covered |
|---------------|---|---|
| 07.11.2019 | Number of Attendees: 13 Number of Absentees: 2 | <ul style="list-style-type: none"> ○ Continuation of case discussions |
| 14.11.2019 | Number of Attendees: 12 Number of Absentees: 3 | <ul style="list-style-type: none"> ○ Continuation of case discussions ○ Sharing of new evidence about PM+ |

| | | |
|------------|---|---|
| 21.11.2019 | Number of Attendees: 13 Number of Absentees: 2 | ○ Continuation of case discussions |
| 28.11.2019 | Number of Attendees: 13 Number of Absentees: 2 | ○ Introduction to the possibility of scheduled roll out sessions in January to check for availabilities |

During November, more providers were showing progress with their cases. All providers had already started with their second cases. Six of the trainees had already finished with their second cases and had either recruited a third case or were looking for potential third cases. Finally, one of the providers had already recruited a fourth case and was working in parallel with both her third and fourth cases. All providers were somewhat following the same pace, and there were no huge discrepancies in the progress of the cases among providers.

Trainees showed enthusiasm and commitment towards PM+, having observed the clinical outcomes of the psychotherapy on patients.

Some recommendations suggested during November included:

- A portion of the supervision could be allocated for continuing and refreshing some of the components of ToT training, reviewing techniques to be used in training, while explaining PM+ sessions & techniques to future helpers.
- Addition of assessment and evaluation of trainings at an early stage.

6.7.4 December Overview

| Date and time | N# of Participants and Attendance | Topics Covered |
|---------------|---|--|
| 05.12.2019 | Number of Attendees: 10 Number of Absentees: 5 | ○ Continuation of Discussion of Cases ○ Discussion of Suicide Safety Plan prepared by the NMHP |
| 19.12.2019 | Number of Attendees: 12 Number of Absentees: 3 | ○ Continuation of Discussion of Cases ○ Introduction to the possibility of scheduled roll out sessions in January to check for availabilities |

December was a relatively shorter month in terms of the number of supervision sessions held, due to the holidays. No particular highlights/points were raised for the sessions, apart from the discussion of the Suicide Safety Plan prepared by the NMHP. Sessions were held on-time and ensured the active participation of the providers. During this month, there was a noticeable improved mastery of PM+ skills among the providers, with discussion and management of PM+ clinical cases with more confidence.

There was also a stronger confidence in selecting patients who were most appropriate and would benefit the most from PM+ intervention (Particularly the ability of clearly distinguishing patients with anxiety, depression and those going through stress). This also meant a quicker detection of cases which filled the exclusion criteria for PM+.

Some recommendations that surfaced during December include:

- Need to prepare and inform PM+ participants of the upcoming roll out sessions (ROS).
- Request from trainees to start preparing for the training and allocate some time from the supervision call to start answering questions about the upcoming ROSs.

6.7.5 January and February Overview

| Date and time | N# of Participants and Attendance | Topics Covered |
|---------------|---|--|
| 02.01.2020 | Number of Attendees: 9 Number of Absentees: 6 | <ul style="list-style-type: none"> ○ Continuation of Discussion of Cases ○ Discussion of Lancet article about the effectiveness of a brief group psychological intervention for women in post-conflict setting in Pakistan ○ Inquiries about roll out sessions ○ Discussion of clients in GBV situations |
| 09.01.20120 | Had to be cancelled due to the unavailability of the master trainer | |
| 16.01.2020 | Number of Attendees: 11 | <ul style="list-style-type: none"> ○ Continuation of Discussion of Cases ○ Discussion of article: A brief trans-diagnostic psychological intervention for Afghan asylum seekers and refugees in Austria: a randomized controlled trial. ○ Coordination options between the different group of roll out trainers, plus potential obstacles in the schedule |
| 29.01.2020 | Number of Attendees: 2 | <ul style="list-style-type: none"> ○ Coordination options between the different groups of roll out trainers, plus potential obstacles in the schedule. ○ How to assess competencies of trainees at start of training day by integrating quizzes and role-play effectively ○ How to prepare trainees for practice phase ○ How to cover Self-care |

| | | |
|------------|--|--|
| 30.01.2020 | Number of Absentees in Group 1: 9 Status of Group 2: NA | <ul style="list-style-type: none"> ○ Discussion of general questions about cases ○ General impressions and experience from training ○ Possibility of continuing supervision for newly trained participants on a voluntary basis |
| 06.02.2020 | Number of attendees: 1 Note: Since all trainers had finalised their supervision and roll out sessions, only one trainer was left to provide a ROS | <ul style="list-style-type: none"> ○ Support in implementation of ROS ○ How to assess competency of trainees at start of training day by integrating quizzes and role-play effectively ○ How to prepare trainees for practice phase ○ How to cover Self-care |

During the month of January, there were four skype meetings held and one in February, hence this section includes February's session as well.

It was particularly beneficial for participants to have the supervision during the period where they were scheduled to do the trainings. The supervisions were mainly around the discussion of final updates from cases. The training was also focused on answering some of the questions that the participants had about delivering the training (tips about some activities, and methods to deliver some of the content/materials). The master trainer was very supporting and open to guiding the participants in choosing the best training strategies to ensure the successful delivery of the content.

By the end of the supervision calls, participants felt very comfortable with the progress they made in delivering PM+ compared to the start of the training. It was helpful for them to have the weekly guidance in preparing for their upcoming sessions and making any necessary changes that needed to be made.

During the last month, having the supervision sessions during the time when the participants were actually training during the roll out sessions gave them a sense of reassurance and supported them in the whole process.

7. PM+ ToT Supervision Outcomes

The supervision kick-started in the last week of September, where few trainees had patients to apply PM+. More providers were able to start with their first cases in October, and others were looking for second recruitments or even started a first few sessions with their second case. However, due to the current situation in Lebanon, which began in mid-October, a number of providers were not able to see their clients due to road blockages and concerns regarding movement. These difficulties continued throughout November, however the trainees eventually managed to pick up the continuation of the sessions as time passed.

In December, a significant improvement from the trainees was noticed, reaching higher levels of mastery and confidence in using and understanding PM+. In January, the trainees started to receive support for the upcoming roll out sessions, which started on the 14th of January. The MT would provide extra support to trainees that would be providing the sessions the soonest, encouraging all trainers to participate in order to also learn from trainers who had already applied the sessions and those who would do so later on.

Due to the situational and social constraints in the country, FPS and the NMHP agreed that the supervision period should continue into 2020, adding January and the first week of February to finalize the supervision sessions, so the trainees could have time to finalize their two cases (which was the minimum criteria for completion of the supervision). Some participants were only able to apply PM+ to two patients, while others reached four cases. In the roll-out phase of the training component, which started in mid-January, trainees struggled with the fact that the training was divided over several trainers – so that certain efforts to transition between training days had to be made in order to fill the gaps of knowledge about the group, their progress and their group dynamics.

As the master trainer and ToT trainees progressed into the supervision sessions, providers were becoming more confident in PM+ sessions, its sequence and the different techniques to be used in each session. In addition, it was noticeable that going through the cases, there was more input from providers on the discussed cases and how to proceed.

The administration of the scales was at times burdensome for the providers, but the scores of the scales were used during the discussions to compare clinical outcomes and improvements. The period of supervision was sufficient and ultimately successful in achieving the objectives and goals of PM+ ToT training.

In terms of the methods of supervision, skype calls proved to be an effective medium for conducting remote supervision, while role-plays during the calls added to their effectiveness.

At the final stage of the supervision, the master trainer performed an evaluation of the trainees, providing FPS and the NMHP with a recommendation of whom among the current trainees of the TOT should be future trainers. The results indicated that all participants, with the exception of one participant that did not attend the minimum number of supervision sessions and two others who were poorly recommended, were capable of applying PM+ and delivering trainings on PM+. The results of this evaluation, done by the MT Mahmoud Hemmo, can be found in Annex 5. All trainees were reported by the MT as possessing a strong background knowledge and are theoretically and practically able to understand and apply PM+.

7.1 Challenges

Throughout the supervision period, there were several challenges identified. Among them, a major difficulty were the circumstances being experienced in the country since mid- October, which affected the trainees' capacity to conduct their sessions, since there were substantial movement limitations during the months until the end of the supervision period. These limitations not only made it difficult for the trainees to access their workplace but also for their patients to access their services.

Other challenges included some topic diversion in the calls, when discussion would happen on general clinic information, taking time from the discussion of cases. This might have been related to different levels of mastery in the field. Additionally, when cases increased, the participants needed more time to provide updates, which led to some difficulties in time management of the calls.

7.2 Recommendations

The recommendations regarding the overall supervision structure include:

- More direct questions addressed by the Master Trainer (MT).
- Flexibility by the MT in scheduling/postponing the supervision session bearing in mind the current situation. Instead, relatively shorter supervision sessions were held in the last two weeks, since relatively more providers had not seen their patients during the works were the effects of the situation in Lebanon were more noticeable.
- At times, the discussions diverged, addressing more general clinical information. Although this portion of the discussion was beneficial, efforts should have been made to refocus the discussion on the specific PM+ clinical cases that the participants were working with.

- Providing updates on the previous sessions should be mandatory, regardless of if the provider has any specific questions/points for clarification to address to the master trainer. In other words, to be even more systematic, providers should take turns on a weekly basis to describe in detail their session with the clients.
- Time management of supervision calls, especially when providers started having more than one client to give updates on, which also led trainees sometimes to take more time than allocated to give updates about the cases.

8. Conclusion of PM+ ToT and Supervision

Analysing the whole component of the PM+ ToT, including the necessary supervision of the participants, the results were successful and the objectives were overall met. All participants of the PM+ ToT, with the exception of one, increased their knowledge on PM+, the evaluation provided by the participants regarding the training was positive, including that of the trainers.

Nearly all ToT participants achieved the status of PM+ trainers, having received close support from a WHO internationally recognized and recommended Master Trainer, on a weekly basis throughout several months.

Despite the unforeseen circumstances that surged in Lebanon, FPS (following consultation with the NMHP) was able to provide extra time for supervision sessions in order to guarantee a successful and well trained pool of PM+ trainers that would be able to train other lay helpers or mental health professionals in PM+ intervention. All participants shared that the length of supervision was enough, and everyone successfully applied PM+ to a minimum of two cases.

Several challenges were naturally expected. Recommendations for future PM+ trainings, which were noted above, included the time allocated for the Training of Trainers, expectations of high leveled mental health professionals in comparison to the seemingly simple content of PM+, and the organization of the supervision.

The existing pool of trainers should be able to provide many more trainings on PM+, and therefore building capacity of non-specialized mental health professionals that can support the mental health needs of those targeted by PM+ intervention, allowing for some relief on the limited number of specialized professionals in the country.

9. Annexes

Annex 1: PM+ ToT Agenda

The training team agreed on the following agenda prior to the training, which was approved by FPS and the NMHP as follows:

| | |
|--|--|
| Monday 2nd of September | PM+ Overview |
| (09:00h-17:00h) | Role of Trainers, Supervisors, Helpers Basic helping skills Including family or friends ToT - PM+ Training model - Conducting a role-play |
| Tuesday 3rd of September | Understanding adversity |
| (09:00h-17:00h) | Giving helpful feedback Strategy 1: Managing stress ToT - Group management / Leading discussions |
| Wednesday 4th of September | Strategy 2: Managing problems |
| (09:00h-17:00h) | ToT - Training skills - Facilitation skills |
| Thursday 5th of September | Strategy 3: Get going, keep going |
| (09:00h-17:00h) | Challenges to using basic helping skills ToT - Trainees' presentations - Giving instructions |

Monday 9th of September

(09:00h-17:00h)

Managing suicidal participants

Strategy 4: Strengthening social support

ToT

- Role-plays: Challenging behaviours

Wednesday 11th of September

(09:00h-17:00h)

Role plays to practice delivering PM+

Thursday 12th of September

(09:00h-17:00h)

Supervision

ToT

- Trainer's self-care

Annex 2: PM+ ToT Invited Participant Details

| Name of Organization | Name | Job Title | Phone Number | Email |
|------------------------|----------------------|--------------------|--------------|-----------------------------|
| Abdel Hameed Al Jarkas | MAKHZOUMI | PSC CP | 71560988 | abedkarkas@hotmail.com |
| Ali Attar | IMC | Psychotherapist | 03928397 | Aliattar08@gmail.com |
| Amara Sleiman | JRS | Psychotherapist | 03895188 | amarasleiman@gmail.com |
| Arda Kashkashian | SEED | Psychotherapist | 03307687 | Andra.kash8@gmail.com |
| Caroline Marieh ghosn | IOCC | Consultant PSS | 03325524 | Carolineghosn2@gmail.com |
| Elie Maalouf | INTERSOS | Psychotherapist | 03733211 | Maalouf.elie@gmail.com |
| Ghada Hawari | WAHA | Psychotherapist | 76719571 | ghadahawari@hotmail.com |
| Joanna Imad | FPS | Technical advisor | 03697501 | joanaimad@gmail.com |
| Maha Hodroj | ISF + MISCUT | Psychologist | 71123225 | Maha.h.hodroj@hotmail.com |
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| Maureen Mahfouz | TABITHA | MHPSS technical | 03968110 | Maureen_mahfouz@hotmail.com |
| Nidal Mortada | B&Z | Psychologist | 70967812 | moratadanidal@hotmail.com |
| Omar Barakat | MAKHZOUMI | Psychologist | 71340072 | omarbarakat@gmail.com |
| Rasha Dorlian | IMC | Psychotherapist | 03154562 | Rasha.dorlian@gmail.com |
| Rita Maydaa | IMC | Psychotherapist | 03958714 | ritamaydaa@hotmail.com |
| Wissam Kheir | MoPH | Psychologist | 03020664 | wkheir@gmail.com |
| Sandra Maradian | NMHP-MoPH | PC | 03723070 | Sandra.maradian@gmail.com |
| Ana Guimarães | FPS | PC | | ana.guimaraes.fps@gmail.com |
| Sena Akbay | - | Co-trainer PM+ | | senaakbay@std.sehir.edu.tr |
| Mahmoud Hemmo | University of Zurich | Master trainer PM+ | | mahmoud.hemmo@gmail.com |

Annex 3: PM+ ToT Info Shared

- Manuals:

Manual of Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity – Both the Arabic and English version of it.

https://www.who.int/mental_health/emergencies/problem_management_plus/en/

- **Videos:**

Video about the assessment in PM+; WHO-EQUIP assessment project video

https://www.youtube.com/watch?v=bMiVP_YKBpI

- **PowerPoint Presentation**

Slides used during the training was shared with the trainees in addition with some extra notes as an explanation.

- **Useful sources to get further information about the background of how PM+ was developed and articles on its evidence.**

o Information about PM+

§ Article: Short and differentiated overview about PM+

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4592660/>

§ Article about the STRENGTHS project

<https://www.tandfonline.com/doi/full/10.1080/20008198.2017.1388102>

§ STRENGTHS research project website about PM+ <https://strengths-project.eu/en/strengths-home/>

o Research aiming the effects of PM+

§ Article: Effect of PM+ in Adults Impaired by Psychological Distress in a Conflict-Affected Area of Pakistan

<https://jamanetwork.com/journals/jama/fullarticle/2583388>

§ Article: Effectiveness of PM+ (group) in a post-conflict setting in Pakistan

<https://www.sciencedirect.com/science/article/pii/S0140673618323432>

§ Article: Effectiveness of PM+ in urban Kenya

<https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002371>

o Task shifting

§ WHO: Mental Health and Psychosocial Support in Emergencies

https://www.who.int/mental_health/emergencies/en/

§ Short overview about task shifting

<https://www.publichealthnotes.com/task-shifting-what-is-task-shifting-and-why-is-it-needed/>

§ Practical information about task shifting in mental health

<https://www.mhinnovation.net/blog/2015/apr/22/where-there-no-psychologist%E2%80%9D-implementing-low-intensity-psychological-interventions>

§ WHO guidelines for task shifting

https://www.who.int/workforcealliance/knowledge/resources/taskshifting_guidelines/en/

o A systematic review of evidence about task shifting <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0200-9>

Annex 4: PM+ ToT Pre-Post Test Questions

PM+ Self-reflection Form

| | | | |
|--------------------------|---|--|--|
| Date of Training: | | Participant Initials¹: | |
| Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | Test: | <input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test |
| Age: | | Test Score: | _____ out of 51 |

Please reflect on your mastery in PM+ skills listed below. This is for your own personal use, so be as honest as possible. Use the following scale for scoring:

1 = No or poor level mastery

2 = Medium level of mastery

3 = High level of mastery with no difficulties demonstrating this skill

| Please rate your skills below by ticking <input checked="" type="checkbox"/> in the appropriate box | Level of mastery |
|--|--|
| 1. Giving instructions for role-plays | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 2. Proper time management | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 3. Facilitating a group discussion | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 4. Management of challenging participants | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 5. Being non-judgmental | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 6. Creating a warm/safe environment for people to talk about personal issues | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 7. Building trust with beneficiaries | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 8. Explaining what PM+ is to beneficiaries | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 9. Conducting psycho-education on crises and its effect | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 10. Encouraging beneficiaries to join PM+ | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 11. Conducting breathing exercises with beneficiaries | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 12. Teaching problem management skills | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 13. Teaching behavioural activation | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 14. Encouraging beneficiaries to seek for social support | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 15. Explaining to beneficiaries how to prevent relapse | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 16. Reacting adequately to signs of suicidal risk | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |
| 17. Identifying and responding appropriately to critical events (e.g. participant who is a victim of violence) | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

¹ Trainee code or initial should be same in pre-test and in post-test

Annex 5: PM+ ToT Supervision Participants Evaluation

General evaluation of participants: Supervisees are very professionally conducting PM+ sessions and are highly motivated, eager to learn; sharing questions and are looking forward to work with PM+ in the field in future. Recruitment of beneficiaries was very good. Most supervisees have seen many cases.

Individual evaluation of participants

The following persons are **highly recommended** as future trainers for PM+. In the training and the supervision, they have shown:

- Extreme high motivation to understand and practise PM+ and very constructive engagement in training and supervision
- Integration of prior excellent (practical and theoretical) clinical knowledge/skills
- Remarkable presentation skills and ability to handle (challenging) group dynamics
- Authenticity, warmth, high respect for others and cognitive/interactive flexibility

Maha Hodroj, Caroline Ghosn, Philip Noun, Rita Maydaa, Manal Zreika, Elie Maalouf, Ali El Attar, Ghada Hawari

The following persons are **recommended** as future trainers for PM+. In the training and the supervision, they have shown:

- High motivation to understand and practise PM+ and constructive engagement in training and supervision
- Integration of prior excellent (practical and theoretical) clinical knowledge/skills
- Remarkable presentation skills and ability to handle (challenging) group dynamics
- Authenticity, warmth and cognitive/interactive flexibility

Rasha Dorlian, Joana Imad, Nidal Mortada, Maureen Mahfouz

Based on the shown competencies during training and supervision the following persons are **recommended** as future trainers for PM+. In the training and the supervision, they have shown:

- High motivation to understand and practise PM+ and good engagement in training and supervision
- Integration of good (practical and theoretical) clinical knowledge/skills
- Good presentation skills and ability to handle group dynamics

Arda Kashkashian, Abed Jarkas

Omar Barakat did not attend the minimum number of required supervision sessions, and thus did not have the chance to practice PM+. Therefore, he is not recommended as PM+ trainer in the upcoming roll out phase, especially as he could not reach and prove enough routine to teach others in this intervention.

Annex 6: PM+ ToT Attendance Sheet

Table 1. Date of supervision calls conducted between 26/09 and 05/02

| Skype calls | 26.09. | 03.10. | 10.10. | 17.10. | 24.10. | 31.10. | 07.11. | 14.11. | 21.11. | 28.11. | 05.12. | 19.12. | 02.01. | 16.01. | 29.01. | 30.01. | 05.02. |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Arda Kashkashian | X | X | X | X | | X | | X | X | X | X | X | | X | | | |
| Manal Zreika | X | X | X | X | X | X | X | X | X | X | X | X | X | | | X | |
| Maureen Mahfouz | X | X | X | X | | X | X | | X | X | X | X | | | | | |
| Nidal Mortada | X | X | X | X | X | X | X | X | X | X | X | X | X | X | | X | |
| Omar Barakat | X | | X | | | X | | | | | | | | | | | |
| Philip Noun | X | | | | | X | X | X | X | X | X | X | X | X | | | |
| Rita Maydaa | X | X | X | X | X | X | X | X | X | | X | | X | X | X | X | |
| Abed Jarkas | X | X | X | | X | X | X | X | | X | X | X | | | | X | |
| Ali El Attar | X | X | X | X | | X | X | | X | X | X | X | | X | | | |
| Caroline Ghosn | X | X | X | | X | X | X | X | X | X | X | X | X | X | | X | |
| Elie Maalouf | X | X | | X | X | X | X | X | X | X | X | X | X | X | | | |
| Ghada Hawari | X | X | X | X | X | | X | X | X | X | X | | X | X | | X | X |
| Joana Imad | X | X | X | X | | X | X | X | X | X | X | | X | X | | | |
| Maha Hodroj | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | |
| Rasha Dorlian | | | X | X | X | X | X | X | X | X | X | X | | X | | | |

Annex 7: Number of Supervision Cases

Table 2. Number of cases and sessions per participant between 26/09 and 05/02

| Practice phase/ no. of sessions | 1 st case | 2 nd case | 3 rd case | 4 th case | 5 th case |
|---------------------------------|--|----------------------|----------------------|----------------------|----------------------|
| Group 1 | | | | | |
| Arda Kashkashian | 5 | 5 | 5 | | |
| Manal Zreika | 5 | 5 | 5 | | |
| Maureen Mahfouz | 5 | 4 | | | |
| Nidal Mortada | 5 | 5 | 3 | 1 | |
| Omar Barakat | This participant only took part in three supervision sessions and thus did not have the opportunity to report about his case load. | | | | |
| Philip Noun | 5 | 5 | 5 | 5 | |
| Rita Maydaa | 5 | 5 | 5 | 5 | |
| Group 1 | | | | | |
| Abed Jarkas | 5 | 5 | 1 | 1 | |
| Ali El Attar | 5 | 5 | | | |
| Caroline Ghosn | 5 | 5 | 5 | 5 | |
| Elie Maalouf | 5 | 5 | 5 | | |
| Ghada Hawari | 5 | 5 | 5 | 5 | |
| Joana Imad | 5 | 5 | 5 | | |
| Maha Hodroj | 5 | 5 | 5 | 4 | |
| Rasha Dorlian | Pre-Session done | 5 | 5 | 4 | |