

## **Social Promotion Foundation**

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

**Beirut, Lebanon**

**Training Report**

**Training on Problem Management + (PM+) Roll out Sessions (ROS)  
A training for Mental Health Professionals**

**Date: January 2020 to February 2020**

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## 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 Centre

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

## 1. About PM+ ROS 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 shifting low intensity interventions from highly qualified professionals to lay helpers with little or no clinical background in order to expand access to needed services.

The first component of the project, the Training of Trainers (ToT), took place between 2<sup>nd</sup> - 5<sup>th</sup> and 9<sup>th</sup> - 12<sup>th</sup> of September 2019, for seven days, in Beirut. After the initial attendees, a total of 15 participants, went through the mandatory supervision period with the Master Trainer, Mr. Mahmoud Hemmo, they were required to deliver roll out sessions (ROS) to professionals working in the field of mental health, with priority given to case managers and nurses.

In January 2020 the recruitment for participants in the ROS began and had the following criteria:

To be eligible to participate in PM+ training, participants must:

- Hold a degree in Nursing or Social Work or any other related professional field;
- Previously trained on mhGAP or any other related training;
- Have direct contact with beneficiaries (direct involvement in service provision);
- Show commitment to training (full attendance over 5 days);
- Be fluent in Arabic with a strong command of English;
- Have excellent communication skill.

### 1.2 Training Objectives

The aim of the PM+ Roll Out Sessions (ROS) is to provide the knowledge, skills and materials that will qualify the professional mental health workers for being able to conduct PM+ sessions themselves within their own practice, in addition to train lay helpers with no clinical background on how to provide PM+ sessions under their supervision.

### 1.3 Training Purpose

The main purpose of the training was to increase the capacity of both mental health and non-mental health professionals working in the field with training that can empower them 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 details 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 a high level of education 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 the ToT trainees selected through the Master Trainer (MT) evaluation, with support from Sandra Pardi (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 of the participants was based on the aforementioned criteria.

The number of participants invited was 52, yet the number of participants attended was 44. Table 1 and Figure 1 show the distribution of technical participants' numbers per gender across training days.

### 1. Participants

**The training in Beirut** was attended by 23 participants<sup>1</sup>. The participants in Beirut were as follows in Table 1.

*Table 1. Beirut PM+ RO sessions participants*

Name	Organization	Respected attendance (yes/no)
Alain Gebrayel	National Mental Health Programme - Ministry of Public Health	Yes
Alma Chami	ABAAD Resource Centre for Gender Equality	Yes
Bedros Kazazian	National Mental Health Programme - Ministry of Public Health	Yes
Christelle Azzi	Restart Centre	Yes
Hiba Jamal Abo Shehab	International Medical Corps	Yes
Elham Saffiaddine	Imam Sadr Foundation	Yes
Fatima Sabra	Imam Sadr Foundation	Yes
Hanaa Terro	INARA	No
Hasna Fenyanos	Order of Malta	Yes
Iman Abdallah	Jesuit Refugee Service	Yes
Jana El Baba	Restart	Yes
Khadija Mzannar	International Medical Corps	Yes
Lama Jradi	ABAAD	Yes
Linda Fakhreddine	INARA	Yes
Maria Helayel	SIDC	Yes
Manar Karout	Tahaddi Lebanon	Yes
Mona Mohamad Tiba	Imam Sadr Foundation _Derdghaya Medical Social Centre	Yes

<sup>1</sup>FPS' M&E Department counted 23 participants in January 20<sup>th</sup>, who attended at least four sessions out of five.

Ouhoud Amer Kawas	Restart Centre	Yes
Rana Darwich	International Medical Corps	Yes
Randa Abboud	Imam Sadr Foundation	Yes
Rola Abed Rahem Tiba	Imam Sadr Foundation	Yes
Sahar Hammoud	Roumyeh Prison	No
Sandra Pardi Maradian	National Mental Health Programme - Ministry of Public Health	Yes
Sarah Antoine Tahtouh	Restart Centre for victims of violence and torture	Yes
Souad Farchakh	Order of Malta- Khaldieh	Yes
Zeinab Mortada	ABAAD Resource Centre for Gender Equality	Yes

**Table 2 below tracks the number of Beirut PM+ RO sessions per each session.**

*Table 2. Beirut Participants' attendance by sessions*

Beirut PM+ RO session Dates	# Beirut participants		
	Males	Females	Total
<b>Tuesday January 14, 2020</b>	<b>2</b>	<b>22</b>	<b>24</b>
<b>Tuesday January 21, 2020</b>	<b>2</b>	<b>22</b>	<b>24</b>
<b>Thursday January 23, 2020</b>	<b>2</b>	<b>22</b>	<b>24</b>
<b>Tuesday January 28, 2020</b>	<b>2</b>	<b>22</b>	<b>24</b>
<b>Thursday January 30, 2020</b>	<b>2</b>	<b>19</b>	<b>21</b>

**The training in Bekaa** was attended by 21 participants<sup>2</sup>. The participants in Beirut were as follows in Table 3.

*Table 3. Zahle PM+ RO sessions participants*

Name	Organization	Respected attendance (yes/no)
Ahmad Shaaban	Relief International	Yes
Amani Yahfoufi	Médecins du Monde	Yes
Ana Guimarães	Social Promotion Foundation	No
Christine Abdallah Chemaly	Social Promotion Foundation	Yes
Fatima Abdul Wahed	Relief International	Yes
Fatima Hayek	Social Promotion Foundation	Yes
Georgia Ajamian	Arcenciel	No

<sup>2</sup> FPS' M&E Department counted 21 participants of 26, who attended at least four sessions out of five on February 20, 2020.

Ghadeer Zeineddine	World Vision	Yes
Hady Houblos	World Vision Lebanon	Yes
Hassan Al Mojtaba	Médecins du Monde	Yes
Kholoud Abbas	Medair	Yes
Marie Ghorra	INTERSOS	Yes
Marwa Olzeir	Social Promotion Foundation	Yes
Maysam Shouman	INTERSOS	Yes
Mazen Al Jabali	Relief International	Yes
Mona Chaaban	Social Promotion Foundation	Yes
Nada Ali Fares	Social Promotion Foundation	Yes
Nadia Mahmoud Awde	New Aarsal	Yes
Nouhad Ali Youness	Medair	Yes
Nour Mohammad Al beqai	Association Najdeh	No
Ola Ahmad Kerdi	Social Promotion Foundation	Yes
Silvana Al Bourji	MSF	Yes
Yasmin Ali Karawi	Social Promotion Foundation	Yes
Zeina Tarchichi	Social Promotion Foundation	Yes
Zeinab Kassem	Islamic Health Society	No
Zeinab Shabchoul	Islamic Health Society	No

**Table 4 below tracks the number of Zahle PM+ RO sessions per each session.**

*Table 4. Zahle Participants' attendance by sessions*

Date	# participants		
	Males	Females	Total
Tuesday, January 14, 2020	4	18	22
Tuesday, January 21, 2020	4	21	25
Tuesday, January 28, 2020	4	20	24
Friday, January 31, 2020	4	18	22
Thursday, February 6, 2020	4	18	22

## 2. The training implementation

The training was conducted over five days. The road blockages due to the protests presented a challenge, whereby the trainings had to be postponed in order to ensure the safety and security of participants. Accordingly, the training in Beirut was postponed one day and the training in Bekaa was postponed two days. The last day of training in Beirut was January 30<sup>th</sup> 2020 and the last day of training in Bekaa was February 6<sup>th</sup> 2020.

### Outcomes of the training

The trainings were very well organized and paced. The majority of the trainers were well prepared and ready to answer general and specific questions addressed by the participants. The background and experience of participants were not vastly different, since the eligibility criteria included previous background and training in mental health. This in turn helped the trainers have the basic foundation to build on and introduce PM+ psychotherapy. All the objectives of the training were met, and participants acquired a good basis of PM+ psychotherapy by the end of the training. The reviews/repetitions along with the role plays incorporated in the training, ensured that participants felt confident in applying the newly acquired knowledge and skills.

The participant's knowledge was self-evaluated before and after PM+ training reflecting on their mastery in PM+ skills listed on three points scale

### *Annex of training evaluation and pre-post tests*

## 3. Recommendations

- Participants preferred that the training be held under more stable circumstances, however due to the restraints of the project period, they were scheduled to conclude by the end of January.
- Although the frequent change of trainers, allowed all trainers to experience taking part in the training, however some of the newly trained providers preferred if there was less frequent change of trainers over the 5-day of training.
- Due to some repetitions, there was some redundancy in the training, and in terms of content and materials, participants (at least in Beirut) had expressed that the training could have been summarized and completed in four days instead of five days.
- The PM+ roll out sessions should include follow up supervision sessions as part of the training.
- The PM+ trainers should have been trained to supervise the newly trained participants, while being supervised by the master trainer on their supervision sessions.

## 2. PM+ ROSs Satisfaction

### 2.1 Beirut PM+ ROSs

#### 2.1.1 Overall Training Workshop Rating

Figure 1 shows the percentage of trainees' overall satisfaction with the PM+ Beirut ROSs. Analysing the satisfaction with Beirut ROSs PM+ training, 27% (n=4) of participants rated the training as very good, 73% (n=11) found it to be excellent.

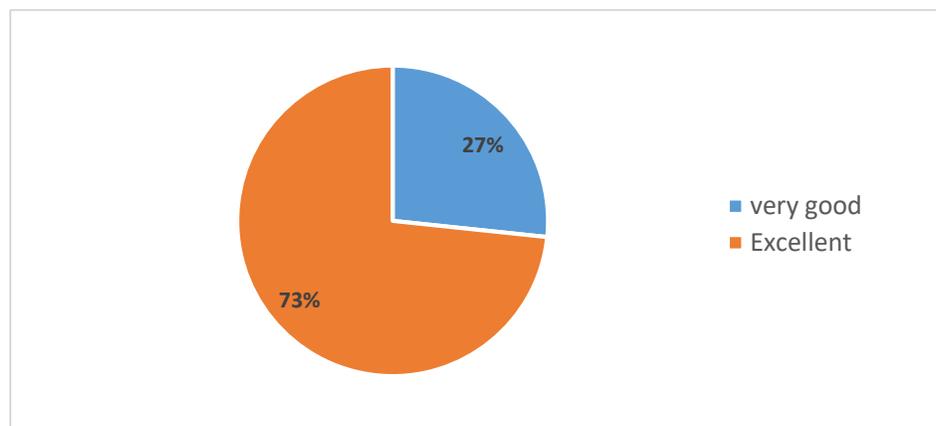


Figure 1. Overall Assessment of Beirut PM+ training

#### 2.1.2 Training Evaluation Questions

To summarize the training evaluation outcomes, as shown in Figure 2, all participants agreed that they would be interested in attending a follow-up workshop on the same subject covering more advanced concepts. All participants stated that the training experience will be useful in their work and that the number of participants was adequate. 73% of participants agreed that the meeting room and facilities were adequate and comfortable. Almost all participants agreed that training materials distributed were helpful. 87% of participants agreed that the allotted time for the training was sufficient.

All of the participants agreed that the training: (1) objectives were met; (2) topics covered were relevant; (3) that content was organized and easy to follow; (4) training techniques and methods were useful and helpful; and (5) that participation and interaction was encouraged.

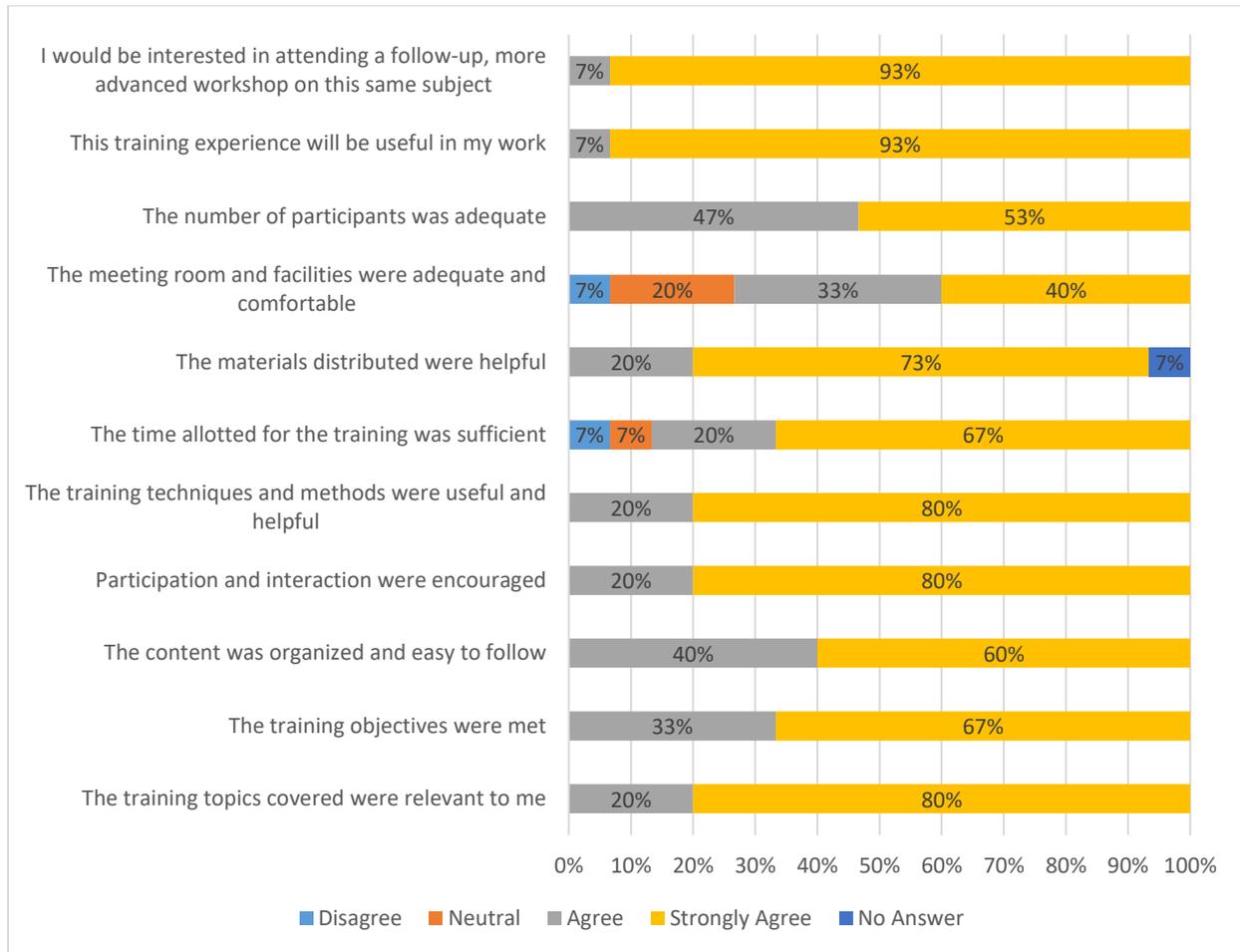


Figure 2. PM+ Beirut ROS Training Evaluation Questions

As shown in Figure 3, 93% of participants stated that they would recommend this training to others.

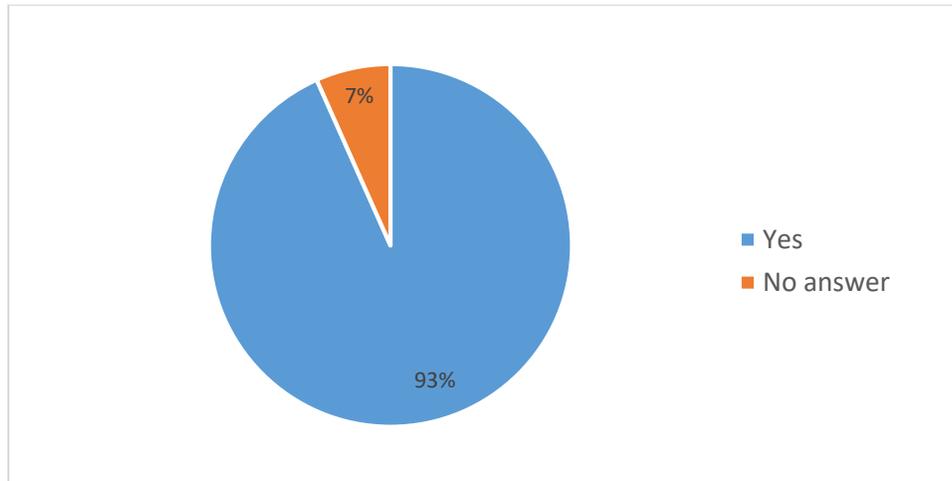


Figure 3. Do you recommend PM+ Beirut ROS training to others?

General recommendations given by the participants on Beirut PM+ ROSs included having planning sessions for delivering the training in fewer days with fewer trainers. Almost all participants provided positive feedback on trainers and expressed a strong interest to model the presented role plays.

What participants liked the most about the training was the training's manual, techniques, role plays, and content given by trainers. Among the themes of the training the participants appreciated the least was its setting/location and allotted time, since they thought it was long (four days could have been enough). Some participants added the trainings' sessions had repetition of some concepts.

### 2.1.3 Trainers' Evaluation Outcomes

In terms of satisfaction with each trainer, as reflected in Table 5, the feedback was overwhelmingly positive for all trainers ranging between strongly agree and agree on trainers' knowledge, preparation and managing training content within the allotted time.

Table 5. Day by day evaluation for Beirut PM+ ROS trainers

Beirut PM+ ROS day by day evaluation		Trainer 1			Trainer 2		
Day	Dates of ROSs	knowledgeable about the training topics	well prepared	managed well the content within the allotted timer	knowledgeable about the training topics	well prepared	managed well the content within the allotted timer
1	Tuesday Jan. 14 2020	5	5	5	5	5	5
2	Thursday Jan. 21 2020	5	5	5	5	5	5
3	Tuesday Jan. 23, 2020	5	5	5	4	4	4
4	Thursday Jan. 28, 2020	4	4	4	4	4	4
5	Tuesday Jan. 30, 2020	5	5	4	5	5	5
(5 = Strongly Agree, 4 = Agree, 3= Neutral, 2 = Disagree, 1= Strongly Disagree)							

All participants agreed that that the different trainers were knowledgeable about the training topics, that they were well prepared and that they presented the material in a clear and logical manner and explained concepts, strategies and management of difficult cases in a clear manner.

## 2.2 Zahle PM+ ROSs

### 2.2.1 Overall Training Workshop Rating

Figure 4 shows the percentage of trainees' overall satisfaction of PM+ Zahle ROSs. Analyzing the satisfaction with Zahle ROSs PM+ training, 38% (n=8) of participants rated the training as very good, 33% (n=7) found it to be excellent, and 14% (n=3) stated that training was good. However, few 5% (n=1) stated that it was fair or insufficient. Also 5% (n=1) did not respond to this question.

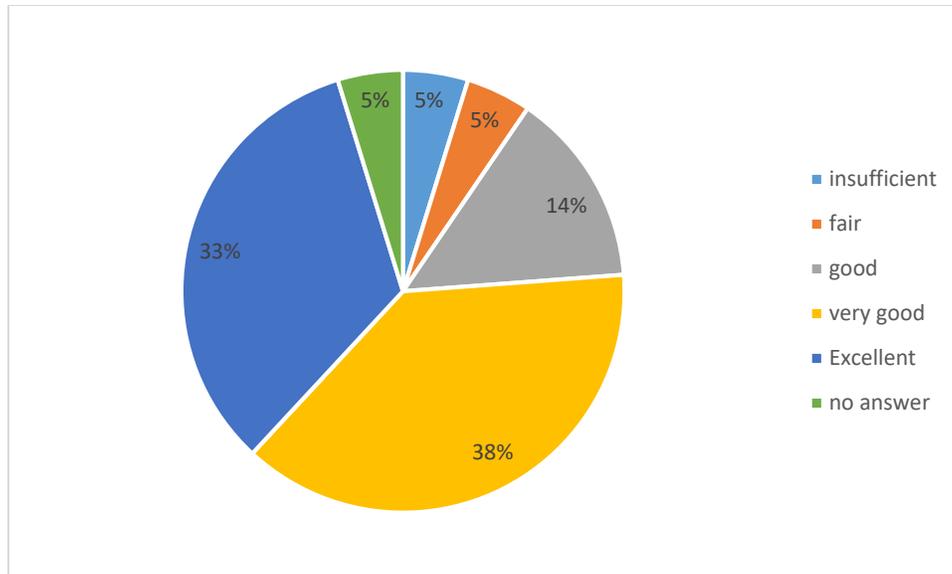


Figure 4. Overall Assessment of Zahle PM+ training

### 2.2.2 Training Evaluation Questions

To summarise the training evaluation outcomes, as shown in Figure 5, almost all of participants agreed that: (1) they would be interested in attending a follow-up and more advanced workshop on the same subject; (2) that training experience will be useful in their work; and (3) that the number of participants was adequate. 86% of participants agreed that the meeting room and facilities were adequate and comfortable. All participants agreed that training materials distributed were helpful. Almost all participants agreed that the allotted time for the training was sufficient.

All of the participants agreed that the training objectives were met and that content was organized and easy to follow. Almost all participants stated that: (1) the training methods were useful and helpful; (2) topics covered were relevant; and (3) that participation and interaction was encouraged.

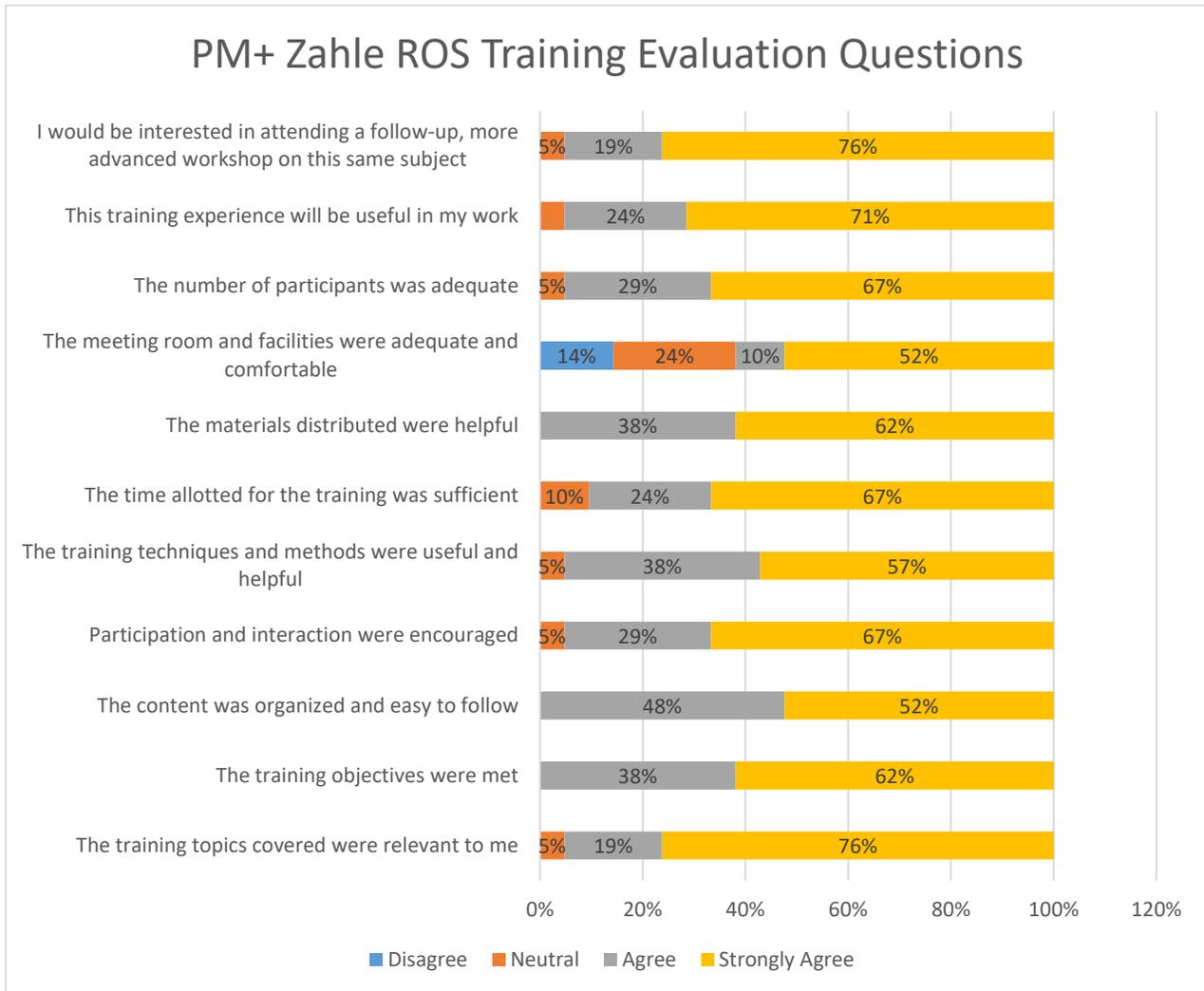


Figure 5. PM+ Zahle ROS Training Evaluation Questions

As shown in Figure 6, 90% (n=19) of participants stated that they would recommend this training to others, while 10% (n=2) did not give any answer.

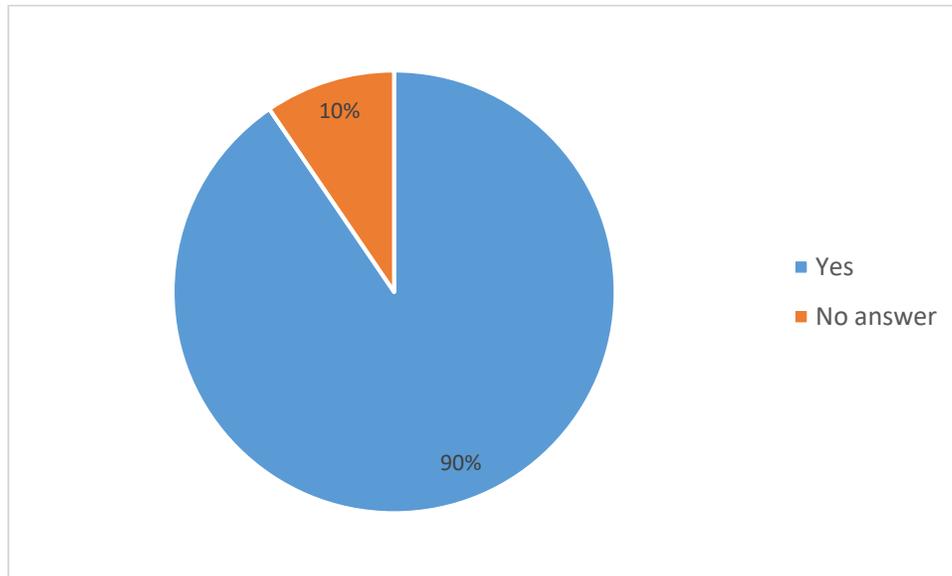


Figure 6. Do you recommend PM+ Zahle ROS training to others?

Recommendations given by the participants on Zahle PM+ ROSs included having planning sessions on delivering the training for fewer days at different locations followed by e-supervision. Some participants thanked trainers and expressed a strong interest to be presented with a case study.

What some participants liked the most about the training was some of the trainers' methods, techniques, role plays, and training content. Among the issues of the training which the participants appreciated the least was its setting/location and allotted time, since they thought it was long (four days could have been enough). Few participants added that there was a lack of coordination between some trainers and that training manual was not very clear.

### 2.2.3 Trainers' Evaluation Outcomes

In terms of satisfaction with each trainer, as reflected in Table 6, the feedback was positive for all trainers ranging between strongly agree and agree on trainers' knowledge, preparation and managing training content within the allotted time.

Table 6. Day by day evaluation for Zahle PM+ ROS trainers

Zahle PM+ ROS day by day evaluation		Trainer 1			Trainer 2		
RO S	Dates of ROs	knowledgeable about the training topics	well prepared	managed well the content within the allotted timer	knowledgeable about the training topics	well prepared	managed well the content within the allotted timer
1	Tuesday Jan. 14, 2020	4	4	4	4	4	4
2	Tuesday Jan. 21 2020	4	4	4	4	4	4
3	Tuesday Jan. 28, 2020	4	4	4	4	4	4
4	Thursda y Jan. 31, 2020	5	5	5	5	5	5
5	Tuesday Feb. 6, 2020	5	5	5	5	5	5
(5 = Strongly Agree, 4 = Agree, 3= Neutral, 2 = Disagree, 1= Strongly Disagree)							

All participants agreed that that the trainers of sessions one, two and three were knowledgeable about the training topics, that they were well prepared and that they presented the material in a clear and logical manner and explained concepts, strategies and management of difficult cases in a clear manner. As for RO session four and five, participants expressed strong agreement towards trainers' knowledge, preparation, and managing training's content within the allotted time.

### 3. Improvement of Skills Outcomes

Training participants were asked to fill a test before and after the training workshop to assess the effectiveness of the training in improving their knowledge as it relates to the scope of the

training. The questions for the Pre and Post-Test comprised 15 rating questions from one to three where one means no knowledge and three means full knowledge. The total score of questions adds up to 45. Results will be categorised in to each training:

### 3.1 Beirut PM+ ROSs

Table 5 summarizes the results of the Pre/Post-tests of PM+ Beirut ROSs trainees.

Table.6 Beirut PM+ ROSs Pre/Post-tests info summary

<b>Beirut PM+ ROSs training improvement rate</b>	
Total number of pre-participants	25
Total number of post-participants	20
Total number of pre & post	20
Absentees on post-test	5
# people who showed improvement	19
# people who showed no improvement	1
% improvement	95%
% no improvement	5%

As shown in Figure 5, results show that the average total score of Beirut PM+ Ro sessions pre-test was 32 while the average total score of the post-test was 38.

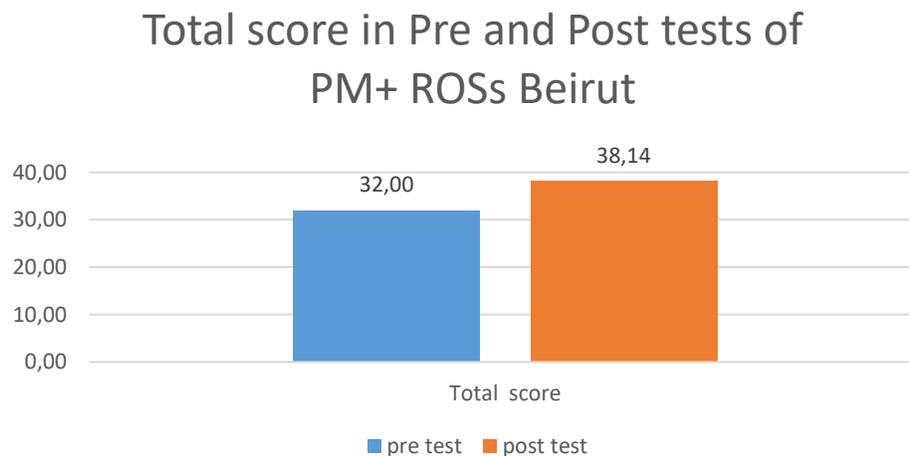


Figure 5. Total Average score in Pre/Post tests of PM+ Beirut ROSs

Figure 6 shows a further in depth analysis comparing pre- to post- scores per question item.

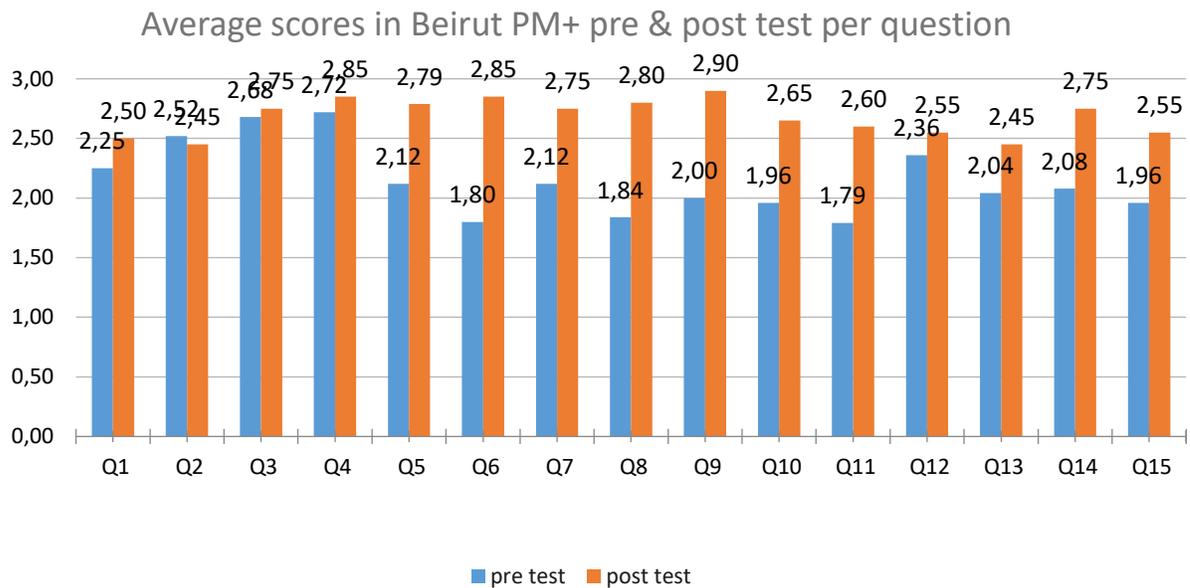


Figure 6. Average scores in pre/post-test per question for PM+ Beirut ROSs.

A deeper analysis of the results showed a significant improvement increase of 95% which is of statistical significance as ( $p < 0.05$ ). As shown, there was a higher score for all questions in the post-test, except for Q2.

### 3.2 Zahle PM+ ROSs

Table 7 summarizes the results of the Pre/Post-tests of PM+ ROSs Zahle trainees.

Table 7. Zahle PM+ ROSs Pre/Post-tests info summary

PM+ training improvement rate	
Total number of pre-participants	24
Total number of post-participants	19
Total number of pre & post	19
Absentees on post-test	22
# people who showed improvement	19
# people who showed no improvement	0
% improvement	100%
% no improvement	0%

As shown in Figure 7, results show that the average total score of Zahle PM+ Ro sessions pre-test was 35 while the average total score of the post-test was 42.

## Total score in Pre and Post tests of PM+ ROSs Zahle

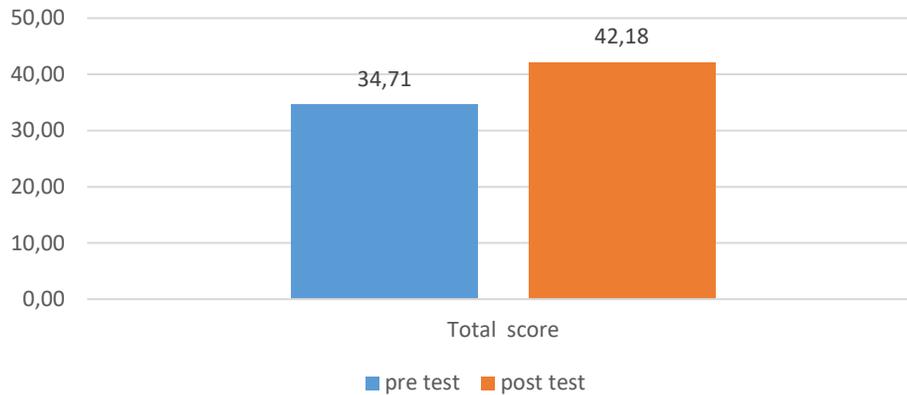


Figure 7. Total Average score in Pre/Post tests of PM+ Zahle ROSs

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

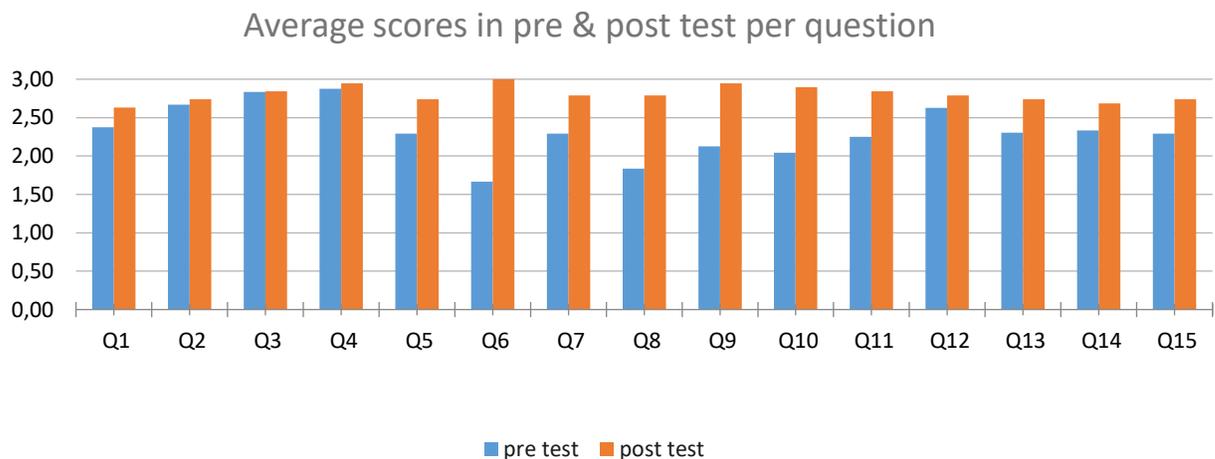


Figure 8. Average scores in pre/post-test per question for PM+ Zahle ROSs.

A deeper analysis of the results showed a significant improvement increase of 100% which is of statistical significance as ( $p < 0.05$ ). As shown, there was a higher score for all questions in the post-test, except for Q3.

## 4. Conclusion

In summary, an effective training was conducted, wherein participants were engaged and motivated, while constructively exchanging 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 in knowledge was high, with 97% of participants reporting such, with only 3%, or one participant out of 15 not demonstrating increase of knowledge, with average total score of pre-test being 39 while the average total score of the post-test was 42.

The feedback regarding the trainer and training was generally positive.

Challenges and recommendations will be presented in the following section.

## 5. PM+ ROS Outcomes

### 5.1 Challenges

In the last months, the Lebanese crisis affected most participants. Inability to reach their work, closure of offices and organizations, and non-attending beneficiaries led to insecurities of trainees in the beginning. Throughout the time, the restrictions in daily life became less, so that the trainees were able to fully benefit from supervision in the later practice phase. In the roll-out phase, trainees struggled with the fact that the training was divided across several trainers – requiring efforts to be made to fill gaps of knowledge, ensure progress, and maintain positive group dynamics.

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). Thus, continuous evaluation of the knowledge of the trainees was necessary to deliver adequate training content and ensure that all participants were appropriately acquainted with the concepts delivered.
2. At the beginning of the training, some of the trainees were expecting different training content than that which was planned and thus complained and showed signs of frustration. The trainees also expressed some desire to shorten the training, since some of the concepts seemed too familiar to them. The training team was able to overcome those frustrations by helping trainees see the importance of the training's content and structure when learning how to provide PM+ and at the same time by adjusting the training whenever possible. It was also explained to the trainees that despite being specialized mental health professionals, and thus grasping much of content at a fast pace, they needed to receive all sections of the manual in order 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: The amount of time needed for each topic differs based on the level of experience the trainee has, both in terms of the academic and clinical experience he/she possesses.
2. Clarifying the expectations of the participants in advance: Having a clear explanation of what the training is offering before registration can help to prevent any frustration that

may occur due to having false expectations. Hence, including more information on the objectives and goals when promoting the trainings could be added.

## 6. Annexes

### Annex 1: Agenda

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

<b>Monday 2<sup>nd</sup> of September</b> <b>(09:00h-17:00h)</b>	PM+ Overview  Role of Trainers, Supervisors, Helpers  Basic helping skills  Including family or friends  <i>ToT</i>  - PM+ Training model  - Conducting a role-play
<b>Tuesday 3<sup>rd</sup> of September</b> <b>(09:00h-17:00h)</b>	Understanding adversity  Giving helpful feedback  Strategy 1: Managing stress  <i>ToT</i>  - Group management / Leading discussions
<b>Wednesday 4<sup>th</sup> of September</b> <b>(09:00h-17:00h)</b>	Strategy 2: Managing problems  <i>ToT</i>  - Training skills  - Facilitation skills
<b>Thursday 5<sup>th</sup> of September</b> <b>(09:00h-17:00h)</b>	Strategy 3: Get going, keep going  Challenges to using basic helping skills
<b>Monday 9<sup>th</sup> of September</b> <b>(09:00h-17:00h)</b>	Managing suicidal participants  Strategy 4: Strengthening social support

ToT

- Role-plays: Challenging behaviours

**Wednesday 11<sup>th</sup> of September**      Role plays to practice delivering PM+  
**(09:00h-17:00h)**

**Thursday 12<sup>th</sup> of September**      Supervision  
**(09:00h-17:00h)**                              ToT

- Trainer's self-care

## Annex 2: 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/](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](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/](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/](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 3: Attendance Sheets

### Attendance sheets for Beirut training



**Day 1:** 1579166837189.JPG (Command Line)



**Day 2:** Attendance Sheet-  
21.01.2020.pdf



**Day 3:** Attendance Sheet-  
23.01.2020.pdf



**Day 4:** Attendance Sheet  
Day 4.pdf

**Day 5:**



Attendance sheet  
day 5.pdf

### Attendance sheets for Bekaa training



**Day 1:** PM+ Zahle day  
1.pdf



1579678201767.JPG



1579678234282.JPG

**Day 2:**



**Day 3:** T3\_Zahle\_Attendan  
ce.pdf



Scan\_20200316.pdf

**Day 4:**



T5 attendance.pdf

**Day 5:**

## Annex 4: End of Training Evaluation Form

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Name (Optional)		Position (Optional)	
Trainers	Trainer 1:	Organization (Optional)	
	Trainer 2:		

<b>1. What is your overall assessment of the training workshop?</b> (1=Insufficient ; 5=Excellent)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
	<input type="checkbox"/>				

<b><u>How would you rate the trainer/s?</u></b>	Trainer 1					Trainer 2				
	Name: _____					Name: _____				
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
2. The trainer was knowledgeable about the training topics										
3. The trainer was very well prepared										
4. The trainer managed well the content within the allotted time										
<b><u>Additional Comments:</u></b>										

**Thank you!**

## Annex 5: End of Training Evaluation Data

## Evaluation data for Beirut training



Beirut PM+ roll out  
sessions day by day

## Evaluation data for Bekaa training



Zahle PM+ roll out  
sessions eval. data.x

## Annex 6: Pre-Post Test Questions

### PM+ Self-reflection Form

<b>Date of Training:</b>		<b>Participant Initials<sup>3</sup>:</b>	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Test:</b>	<input type="checkbox"/> Pre-test <input type="checkbox"/> Post-test
<b>Age:</b>		<b>Test Score:</b>	_____ 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. Proper time management	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
2. Being non-judgmental	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
3. Creating a warm/safe environment for people to talk about personal issues	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
4. Building trust with beneficiaries	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
5. Management of challenging beneficiaries	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
6. Explaining to beneficiaries what PM+ is	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
7. Conducting psycho-education on crises and its effects	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
8. Encouraging beneficiaries to join PM+	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
9. Conducting breathing exercises with beneficiaries	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
10. Teaching problem management skills	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
11. Teaching behavioural activation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
12. Encouraging beneficiaries to seek for social support	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
13. Explaining to beneficiaries how to prevent relapse	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
14. Reacting adequately to signs of suicidal risk	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

<sup>3</sup> Trainee code or initial should be same in pre-test and in post-test

15. Identifying and responding appropriately to critical events (e.g. participant who is a victim of violence)

1  2  3

## Annex 7: Pre-post Tests Data

Pre-post tests data for Beirut training



PM+ RO Beirut  
pre-post survey Data

Pre-post tests data for Bekaa training



Zahle- PM+ roll out  
pre-post test data.xl