**Problem Management Plus (PM+) Program Start Up Recommendations**

- **Staffing**

  **PM+ Helpers.** Using the principle of task shifting/task sharing, PM+ can be delivered by a wide range of paraprofessionals (high school graduates with no mental health experience or professional training in mental health care). PM+ helpers range from individuals with a degree in psychology but without formal training and supervision in counselling to community workers and other lay helpers. The most valuable asset to become a PM+ helper is mastering the PM+ core competencies through training (in-classroom and in-field), supervision and practice.

  **PM+ Trainers.** PM+ training should be conducted by a mental health professional who is competent and experienced in all of the strategies included in PM+ (i.e. problem-solving therapy, stress management, behavioral activation and strengthening social supports). PM+ trainers should attend a PM+ training and/or training of trainers and receive supervised PM+ practice before providing classroom-based training. *Note:* Ideally the PM+ trainer/co-trainer will also serve as the PM+ supervisor, but it is not necessary.

  **PM+ Supervisors.** PM+ supervisors should ideally be mental health professionals experienced in providing supervision in manualized interventions using the PM+ methods. If this is not possible, it should be someone who has extra training and supervised practice in the methods used in the PM+ manual and in carrying out PM+ supervision. They should have completed the PM+ training and an additional two days of training in supervision. All supervisors should have or should gain experience in delivering PM+ themselves.

  Trainers, supervisors and providers should have relevant knowledge, experience, skills and lastly characteristics that will make them suitable for their role. Optimally these would be:

  - A high motivation to help others
  - A natural sense of empathy and intuition with others
  - Non-judgmental, particularly with regards to marginalized people
  - Dependable
  - Reflective
  - Good communication and organizational skills
  - Personality traits of being confident, compassionate, mature, insightful, sensitive, self-motivated and emotionally stable.
  - Depending on the intervention, established links with the community/setting (consider whether their position means they may be more or less likely to be trusted as a provider).
  - Depending on the intervention, a minimum number of years of education
  - Appropriate language skills, noting this may be different between training and intervention provision to clients (e.g., ability to be trained in one language, but to deliver the psychological intervention in a different local dialect).

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1 This recommendations document developed from the World Health Organization Problem Management Plus Manual, the World Health Organization Psychological Interventions Operational Manual and from practical experience. This document was created for the Problem Management Plus Terres des Hommes capacity building project.
Training and Supervision

PM+ Classroom Training. Classroom training should be at least 80 hours (10 full days) for non-mental health practitioners. Routine supervision (weekly or fortnightly, depending on skill levels of the helpers) should occur after training.

Mental health professionals without formal clinical training in Cognitive Behavioral Therapy (CBT) may also seek to learn PM+. Their training should be completed in 40 hours (five full days), followed by two cases of closely supervised practice. Routine supervision (weekly or fortnightly, depending on skill levels of the helpers) should occur after training.

In-field training. Knowing the theory of PM+ does not make someone skilled in delivering it. Supervised practice strengthens helpers’ knowledge of and skills in PM+ and is essential to build the necessary confidence. Following classroom training, at least two clients should be seen for five sessions (i.e. 15 hours) of supervised practice of PM+. The five sessions may occur over a two-week period (minimum). The in-field practice sessions should happen with clients with less severe presentations (e.g. not with severe depression) and under close supervision (1–2 supervision sessions per week).

Supervision. The frequency of routine supervision (e.g. weekly or fortnightly) depends on the skill levels of the helpers, which may change over the course of time. Group supervision for 2–3 hours per week is a good model. It is helpful to limit supervision groups to six helpers per group.

Adaptation

Adaptation for your context. Language, example dialogues, illustrations, local idioms, reporting regulations, available services, etc. (for a full list of possible adaptations needed, refer to p.14 of the PM+ manual) might need to be adapted for the local context. It is important to adapt to the local context while not losing the active therapeutic components of the intervention. While some adaptations can be made for cultural relevance and acceptability, there are adaptations that may render the intervention ineffective. For example, when in an intervention that is based on the therapeutic component of behavioral activation you delete the idea of people starting to resume activities, the intervention might become ineffective.

The steps below are suggested as a comprehensive adaptation approach, though it may not be possible to conduct all steps in every adaptation. These steps may be seen as a potential gold standard for the adaptation process. It is important to identify a technical expert to oversee the adaptation process.
To date, a cost analysis has not been conducted on PM+. The training and human resource expenses will vary greatly depending on where PM+ is being implemented. In order to plan accordingly, follow the staffing, training and supervisor recommendations above to inform your budget.