

IMPLEMENTING PROBLEM MANAGEMENT PLUS (PM+)

INDIVIDUAL PSYCHOLOGICAL HELP FOR ADULTS IMPAIRED BY
DISTRESS IN COMMUNITIES EXPOSED TO ADVERSITY

Gitte Rønde



AGENDA

- » What is PM+?
 - » Structure, assessment, exclusion criteria and research

- » Trainings
 - » Outline and selecting staff

- » Implementation
 - » Indicators, referral pathways, considerations and timeline



ADVERSITY = NEED > ADEQUATE RECOURSES

- » Many people experience significant emotional and practical problems as a result of adversity.
- » Use of unhelpful coping strategies.
 - » *Isolation*
 - » *Substance abuse*
- » PM+ is invented specifically for common MH problems:
 - » *Depression*
 - » *Anxiety*
 - » *Stress*



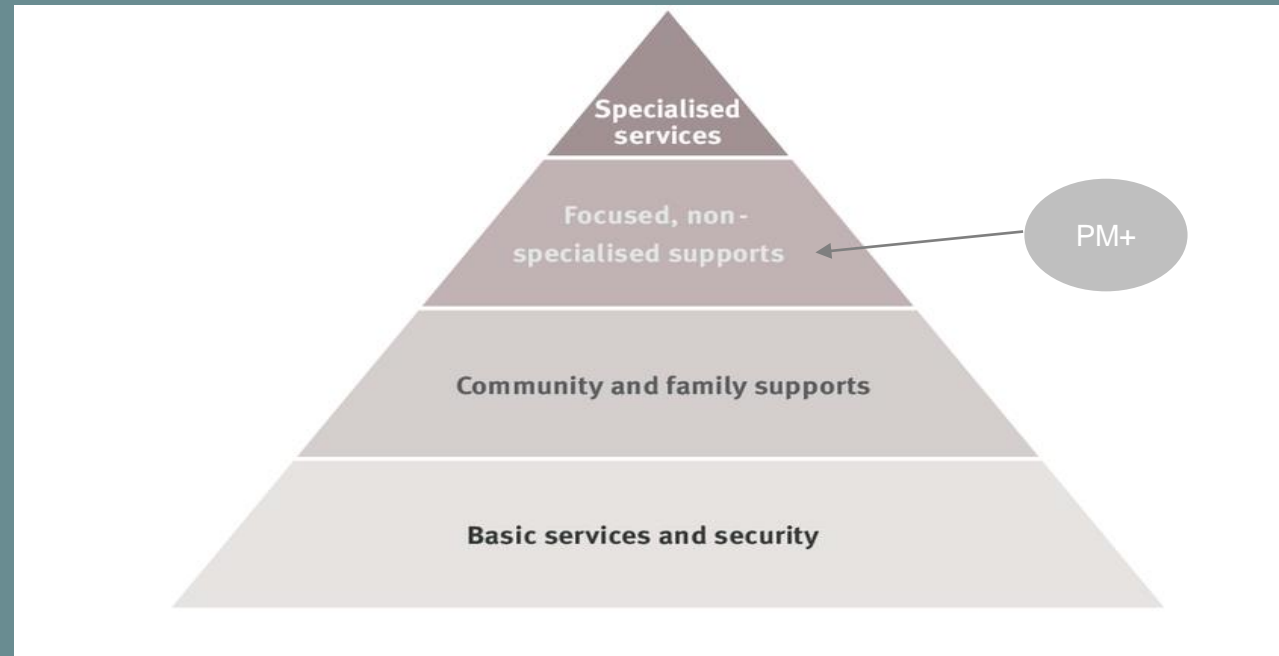
AIM OF PM+



- » *Teach strategies to:*
 - » *reduce problems*
 - » *manage emotional distress*
 - » *empower clients to be their own helper*

- » *Skills rather than intervention*

MHPSS INTERVENTION PYRAMID



PM+ FOUNDATION

- » Stress management
- » Problem solving
- » Behavioral activation
- » Strengthening social support
- » (Relapse prevention)

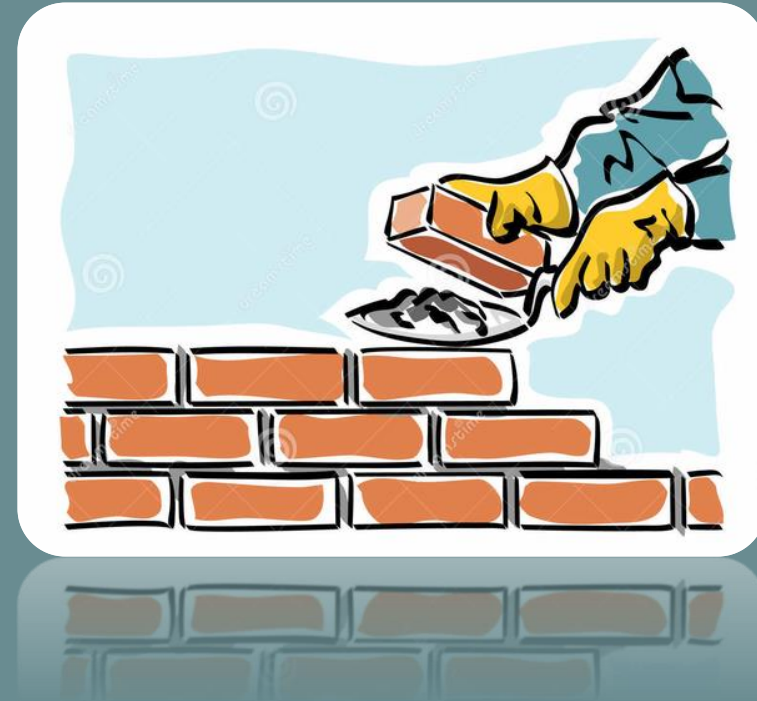
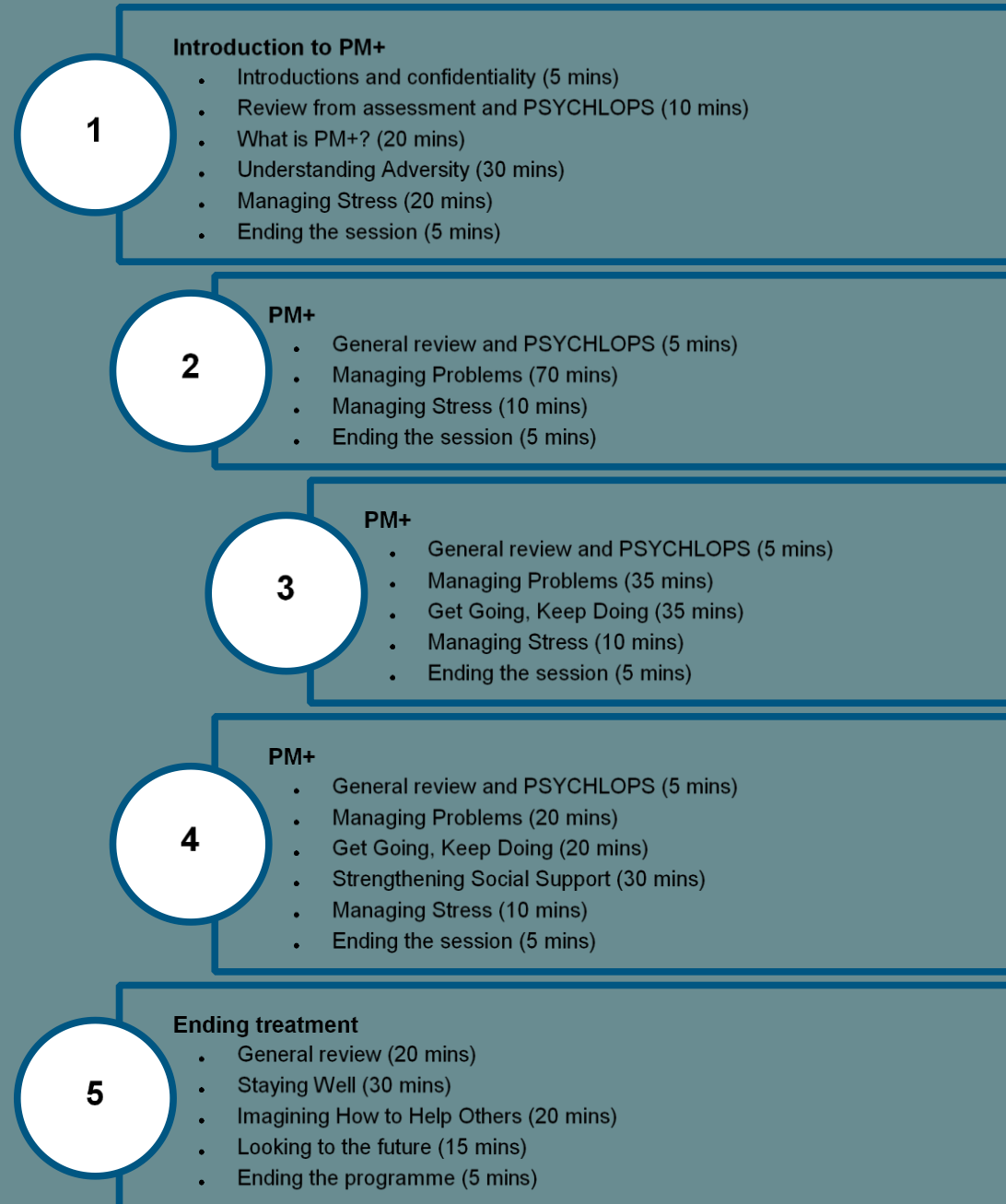


Chart: PM+ structure



ASSESSMENTS

Section	Contents
1	Introduction and verbal consent
2	Demographic information
3	PSYCHLOPS (before-intervention version)
4	Measure of functioning
5	Measure of emotional distress
6	Assessment of thoughts of suicide
7	Impairments possibly due to severe mental, neurological or substance use disorders
8	Summary form and giving feedback

EXCLUSION CRITERIA

- » Below 18 years of age
- » Imminent risk of suicide
- » Acute protection risks
 - » *I.e. a young woman who has within the last month has become homeless and who expresses that now she is at imminent risk of being assaulted.*
- » Distressed and within *one month* of a major traumatic event (accident, natural disaster, assault etc.) or loss of a loved one
- » Severe mental, neurological or substance use disorder or severe cognitive impairment

RESULTS FROM RCTS

- » Pilot RCT in conflict-affected Pakistan (n = 60):
 - » *PM+ improved psychosocial functioning and reduced PTSD symptoms (Rahman et al., 2016)*
- » RCT in conflict-affected Pakistan (n = 346):
 - » *Greater improvements in anxiety, depression, functioning and posttraumatic stress than enhanced treatment as usual (Rahman et al., 2016)*
- » RCT among women affected by GBV in Kenya (n = 421):
 - » *PM+ moderately improved psychosocial distress and PTSD symptoms compared to ETU (Bryant et al., 2017)*

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
9.00am-10.45am	Welcome and introduction; pre-assessment; Expectations	Basic Helping Skills; The reluctant client; Counseling setting	Difficulties in assessments; Including family and friends	Session 1 role-play	Session 2; Managing Problems role-plays	Session 3; Get Going Keep Doing action plan and role-plays	Session 4; Strengthening Social Support role-plays	Demonstration role-play; Final PM+ role-plays	Final PM+ role-plays	Supervision; Self-care for PM+ Helpers; In-field training; Competency assessments
10.45am-11.00am	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break
11.00am-1.00pm	Common MH problems; PM+ overview and aims; Role of the helper	PM+ Pre-Assessment (incl. role-plays)	Debriefing role plays; What is PM+; Educating clients about PM+	Debriefing role-plays; Managing Problems	Debriefing role-plays; Difficult case example; Review	Debriefing role-plays; Differences between MP and GGKD; Strengthening Social Support	Debriefing role-plays; Staying well; Looking to the future	Final PM+ role-plays	Final PM+ role-plays	The egg game; Final review of PM+ learnings
1.00pm-2.00pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
2.00pm-3.30pm	Basic Helping Skills	PM+ exclusion criteria; Suicidal risk	Understanding adversity; Managing Stress	Managing Problems (continued)	The impact of adversity on a person's activity	Strengthening Social Support (continued)	Session 5 role-plays; Debriefing role-plays	Final PM+ role-plays	Review of final PM+ role-plays	Post training assessment and evaluation
10.45am-11.00am	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break
3.45pm-4.30pm	Nightly homework; Revision activity	Nightly homework; Revision activity	Bringing PM+ Session 1 together; Nightly homework; Revision activity	Nightly homework; Revision activity	Nightly homework; Revision activity	Nightly homework; Revision activity	Extending PM+; Post Assessment; Process for final role-plays; Nightly homework; Revision activity	Nightly homework; Revision activity	Nightly homework; Revision activity	

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
9.00am-10.45am	Welcome and introduction; pre-assessment; Expectations	Basic Helping Skills; The reluctant client; Counseling setting	Difficulties in assessments; Including family and friends	Session 1 role-play	Session 2; Managing Problems role-plays	Session 3; Get Going Keep Doing action plan and role-plays	Session 4; Strengthening Social Support role-plays	Demonstration role-play; Final PM+ role-plays	Final PM+ role-plays	Supervision; Self-care for PM+ Helpers; In-field training; Competency assessments
10.45am-11.00am	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break
11.00am-1.00pm	Common MH problems; PM+ overview and aims; Role of the helper	PM+ Pre-Assessment (incl. role-plays)	Debriefing role-plays; What is PM+; Educating clients about PM+	Debriefing role-plays; Managing Problems	Debriefing role-plays; Difficult case example; Review	Debriefing role-plays; Differences between MP and GGKD; Strengthening Social Support	Debriefing role-plays; Staying well; Looking to the future	Final PM+ role-plays	Final PM+ role-plays	The egg game; Final review of PM+ learnings
1.00pm-2.00pm	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
2.00pm-3.30pm	Basic Helping Skills	PM+ exclusion criteria; Suicidal risk	Understanding adversity; Managing Stress	Managing Problems (continued)	The impact of adversity on a person's activity	Strengthening Social Support (continued)	Session 5 role-plays; Debriefing role-plays	Final PM+ role-plays	Review of final PM+ role-plays	Post training assessment and evaluation
10.45am-11.00am	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break	Tea break
3.45pm-4.30pm	Nightly homework; Revision activity	Nightly homework; Revision activity	Bringing PM+ Session 1 together; Nightly homework; Revision activity	Nightly homework; Revision activity	Nightly homework; Revision activity	Nightly homework; Revision activity	Extending PM+; Post Assessment; Process for final role-plays; Nightly homework; Revision activity	Nightly homework; Revision activity	Nightly homework; Revision activity	

	Training of PM+ Trainers	Training of PM+ Supervisors
9.00am-10-30am	Prior training experiences; Making PM+ Helper training effective	Supervision guidelines; Managing transference and counter-transference
10.30am-10.45am	Tea break	Tea break
10.45am-1.00pm	Good communication when training; Co-facilitation of PM+ training; Games, energizers and participatory methods; Training aids and methods of instruction; Preparing to train	Ethical dilemmas; The PM+ supervision session format and supervision role-plays
1-2pm	Lunch	Lunch
2.00pm-3.30pm	Teaching demonstrations w. feedback	The PM+ supervision session format demonstration
3.30pm-3.45pm	Tea break	Tea break
3.45pm-4.30pm	Revision and closing activity	Revision and closing activity

**Above topics can also be included into a 10 day ToT*

RECOMMENDATIONS - STAFFING

- » **PM+ Helpers:** range from MH professionals to community workers and other lay helpers.
- » **PM+ Trainers:** MH professional who have attended a PM+ training/ToT and received supervision on practice cases.
- » **PM+ Supervisors:** Ideally same person as trainer. (Ideally) MH professional who has completed PM+ training/ToT with additional two days of training in supervision, and have experience delivering PM+ incl. received supervision.

RECOMMENDATIONS - TRAINING & SUPERVISION

- » **PM+ Classroom Training:** At least 80 hours (10 days) for non-MH professionals; At least 40 hours (5 days) for MH professionals
- » **In-field Training:** At least two clients should be seen for 5 sessions incl. 15 hours of supervision.
- » **Supervision:** Weekly/fortnightly depending on skill levels of helpers. I.e. 2 hours weekly supervision in a group of up to six helpers.

IMPLEMENTATION PLAN

- » Who/how many will be trained? (helpers and supervisors/trainers)
- » Outreach
 - » *One PM+ cycle takes around 7 weeks = 6-7 cycles per year*
 - » *One Helper can see 2-3 clients a day = 10-15 clients per week*
 - » *One Helper can reach between 60-105 clients per year*

OUTCOME INDICATORS

- » X number of CHV/staff trained as PM+ helpers/supervisors/trainers
 - » *Capacity building/skills*

- » Improved mental health of target population
 - » *subjective improvements*
 - » *symptom reduction*
 - » *improvement of functioning*

REFERRAL PATHWAYS

- » From Community (hearsay, CHVs, other) who should be introduced to PM+ (inclusion/exclusion criteria)
- » To/from mhGAP trained doctors who are already familiar with PM+, other specialists, who should be introduced to PM+ (inclusion/exclusion criteria)

OTHER CONSIDERATIONS

- » Storage of data
- » Ensuring ongoing supervision
 - » *Supervisors (pref. trainers) should supervise groups of 5-8 helpers 2h/weekly. They should be trained and receive supervision from master trainers fortnightly*
- » Consider number of trainers
 - » *Preferably always two trainers and min. 1 trainer per 10 trainees*
- » Considerations regarding adaptation to the context should be made, i.e. translation and revision of illustrations.
- » ...

IMPLEMENTATION TIMELINE



SCALING PM+

- » Group PM+: not yet published (WHO)
- » Self-Help +: not yet published (WHO)
- » Ease (young adolescents): not yet published (WHO)
- » PM+ via smartphone: not yet published (WHO)

REFERENCES

- » Bryant et al. (2017). Effectiveness of a brief behavioural intervention on psychological distress among women with a history of gender-based violence in urban Kenya: A randomized clinical trial. *PLoS Med.* 14:8.
- » Hamdani et al. (2017). Problem Management Plus (PM+) in the management of common mental health disorders in a specialized mental health care facility in Pakistan; study protocol for a randomized control trial. *Int J Ment Health Syst* 11:40.
- » Rahman et al (2016). Problem Management Plus (PM+): pilot trial of a WHO transdiagnostic psychological intervention in conflict-affected Pakistan. *World Psychiatry* 15:2, 182-83.
- » Rahman et. Al (2016). Effect of a Multicomponent Behavioral Intervention in Adults Impaired by Psychological Distress in a Conflict-Affected Area of Pakistan: A randomized Clinical Trial; *JAMA.* 316:24, 2609-2617.
- » Sijbrandij et al. (2016). Problem Management Plus (PM+) in the treatment of common mental health disorders in women affected by gender-based violence and urban adversity in Kenya; study protocol for a randomized control trial. *Int J Ment Health Syst* 10:44.
- » Sijbrandij et al. (2017). Strengthening mental health care systems for Syrian refugees in Europe and the Middle East: integrating scalable psychological interventions in eight countries. *European Journal of Psychotraumatology.* 8:2.
- » Van't Hof et al. (2018). A qualitative evaluation of a brief multicomponent intervention provided by lay health workers for women affected by adversity in urban Kenya. *Global Mental Health.* 5:6.
- » WHO (2016). *Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity (Generic Field-Trial Version 1.0)*. World Health Organization: Geneva.