

Competency descriptions and abbreviated instructions for standardized role plays

If using standardized role plays, the following descriptions and prompts can be used when eliciting different competencies. For full details on performing standardized role plays see <https://equipcompetency.org/>

1. PSYCHOEDUCATION ABOUT THOUGHTS, FEELINGS, AND BEHAVIOURS

Helper differentiates thoughts, feelings and behaviours and then explain to the client the how thoughts, feelings and behaviours relate and influence one another. Helper takes time describing the importance of how understanding and learning to notice these connections may help the client to feel better. Helper illustrates connections through example scenarios (e.g., ‘Think of two people who both get fired from their jobs. One becomes upset and thinks ‘I am a failure’ and stays at home feeling low. The other thinks ‘I wasn’t the only one, these things happen, it wasn’t personal’ and decides to immediately search for another job. Though both have faced similar situations, they end up in different emotional states because of different thinking patterns’).

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts helper: “Today I will come in as a client who just completed my initial assessment, where I mentioned some negative thoughts about myself. You want to understand more about how I think and how it might be influencing how I feel and behave. Your role is to explain to the client how thoughts feelings and behaviours are connected.”

Trainer or another trained actor should act as the client for this role-play.

Role-play features “client” saying negative things about him/herself (i.e., “I keep messing everything up; I’m not even sure why I’m here; I’m really not worth the time”).

Role-play should “stop” once competency has been rated OR allotted time has been reached (e.g., 5-15 min)

Should *not* do

- Blame client for negative thoughts, feelings, and/or behaviours
- Blame client for ‘bad’ thoughts

Should do

- Describe importance of understanding thoughts-feelings-behaviours connections and learning to notice these connections more often
- Illustrate connection through an example scenario

2. LINKING THOUGHTS, FEELINGS & BEHAVIOURS: CONNECTING THOUGHTS & FEELINGS WITH PERSONAL EXPERIENCE

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3. LINKING THOUGHTS, FEELINGS & BEHAVIOURS: CONNECTING FEELINGS WITH BEHAVIOURS

Helper works with the client on linking thoughts, feelings and behaviours, starting with an everyday stressful personal experience (e.g., “Let’s pretend you saw a friend walk past you, but they did not greet you. When that happened, what was going through your head?”) and then working with slightly more stressful, more meaningful stressful situations (e.g., a fight with a friend or partner. Helper supports the client in finding links between thoughts, feelings and behaviours related to those experiences, using a tool such as a chart or triangle to connect and clarify thought, feeling, and behaviour links, and clarify the connections (e.g., ‘So when your friend did not greet you, you are thinking ____, you are feeling ____, and you acted by ____’).

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts Helper: “Today I will come in as a client and present a difficult experience that has brought upon unhelpful thoughts and behaviours that keep me from doing daily activities. Your role is to help that client understand the thoughts, both helpful and unhelpful, of the experience and how it has impacted their behaviour.”

Trainer or another trained actor should act as the client for this role-play.

Role-play features “client” explaining feelings and behaviours (e.g., “I was evicted and now homeless, I’m so useless, I can’t even get out of bed in the morning.”)

Role-play should “stop” once competency has been rated OR allotted time has been reached (e.g., 5-15 min)

Should *not* do

- Blame client for negative thoughts, feelings, and/or behaviours
- Blame client and label thoughts as ‘bad’
- Persuade client to not have ‘negative’ or ‘bad’ thoughts

Should do

- Find a personal experience with the client to make thought, feeling and behavior links, starting with an everyday stressful personal experience and working towards a more meaningful, slightly more stressful experience
- Support client to find the links between thoughts, feelings and behaviours (may use visual tool to help)
- Summarise and clarify the connections the client created

4. IDENTIFYING MORE DIFFICULT & UNHELPFUL THOUGHTS

Helper works with the client to identify more difficult, unhelpful and/or ‘stuck’ thoughts and feelings (e.g., self-blame, ‘It’s my fault my mother died, I shouldn’t have left her alone’; catastrophizing, ‘If I don’t get this right, I’ll never have a job again’, etc.). Helper and client work together to change the thought process and subsequently create new alternative thoughts (e.g., identifying people, places, and things that may also be responsible, asking ‘What might you say to a friend in this situation?’). Helper uses a tool or technique (e.g., responsibility cake, logical reasoning, role-plays, etc.) to support the process and clear identification of creating the new, alternative thoughts. Helper reinforces the client to practice this technique daily.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts Helper: “Today, I will come in as a client that struggles with unhelpful thoughts. I can only find myself to blame for my experiences and feelings and have trouble seeing situations objectively.”

Trainer or another trained actor should act as the client for this role-play.

Role-play features “client” saying a distorted/inaccurate thought (e.g., “Sometimes my boyfriend hits me, but it’s my fault.”).

Role-play should “stop” once competency has been rated OR allotted time has been reached (e.g., 5-15 min)

Should *not* do

- Reinforce more difficult, unhelpful thoughts and feelings
- Neglect to identify/address more difficult, unhelpful thoughts and feelings

Should do

- Identify more difficult unhelpful thoughts and feelings client has
- Use a tool such as responsibility cake, logical reasoning, or other technique to support the process and clear identification
- Work to change the thoughts process, creating new alternative thoughts
- Reinforce the client to practice this technique daily

5. DEVELOPING NEW THOUGHTS, FEELING, BEHAVIOURS & ASSOCIATIONS: CREATING ALTERNATIVE THOUGHTS

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6. DEVELOPING NEW THOUGHTS, FEELING, BEHAVIOURS & ASSOCIATIONS: DIFFERENCES BETWEEN NEW & PREVIOUS THOUGHTS

Helper works with the client to develop new, potentially more helpful thoughts as alternatives to the unhelpful thoughts. Along with the initial triangle or drawing the client worked on to distinguish and connect feelings, thoughts, and behaviours, Helper then creates a triangle or drawing to insert the new, potentially more helpful thoughts and repeat the connection to feelings and behaviours (e.g., ‘So now, if you think____, then how does that make you feel? And how would you act?’). Helper might also use techniques such as logical questioning or giving advice to a friend to challenge the unhelpful thoughts and support the client in creating alternative, potentially more helpful thoughts. Helper checks-in on client’s feelings when discussing these new, alternative thoughts. Helper points out the difference between the two thoughts (unhelpful vs. now more helpful), praising client’s ability to create these and reinforcing the client to practice this daily.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts Helper: “I am a client who has worked with you previously on identifying links between thoughts, feeling, and behaviours -- specifically my thoughts of being a failure and feeling useless, and my difficulty of getting out of bed every day. Your role is to support me to find new, alternative thoughts to the unhelpful thoughts, including recreating the links to feelings and behaviours.”

Trainer or another trained actor should act as the client for this role-play.

Role-play features Helper reviewing client’s thoughts and feelings, and which are unhelpful from last session.

Role-play should “stop” once competency has been rated OR allotted time has been reached (e.g., 5-15 min)

Should *not* do

- Reinforce unhelpful thoughts/feelings
- Use the same, previous unhelpful thought, feeling, behaviour links with no new thoughts/feelings

Should do

- Using client’s previous unhelpful thought, feeling, and behaviour links, create a new, alternative and more helpful thought, and recreating links to related feelings and behaviours
- Point out difference between the two thought-links (e.g., unhelpful vs. more helpful, thoughts and their connection to new feelings and behaviours.)
- Praise client for ability to create new thought, feeling, and behaviour links
- Reinforce client’s practice of this technique daily

7.USING THOUGHT RECORDS WITH IN-SESSION PRACTICE

Helper works with the client to practice keeping track of her/his thoughts at home (e.g., thought records, triangle method), explaining rationale and importance (e.g., ‘this will help you keep track of your own thoughts, helping you to watch out for unhelpful thinking, and helping us to work together to keep them from happening.’). Helper practices with the client in-session and explain the importance of working to track her/his thoughts, related feelings and behaviours, and working to think of new, alternative thoughts daily (outside of session). If client cannot write, Helper ensures there is time to practice and review keeping track of thoughts with the client during sessions. To support at-home practice, helper and client may consider possible situations that may come up that week to track thoughts, feelings and behaviours. Helper ensures client is comfortable and encourages practicing at home with selected technique but does not make the client feel forced or threatened to practice (e.g., ‘if you don’t practice these, I will tell your family what you’ve told me today.’)

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts Helper: “You have been working with a client on identifying unhelpful thoughts, feelings and behaviours, developing alternative, more helpful thoughts. It’s important the client works on this technique at home. Your role is to explain how to track these thoughts and practice this at home. I will act as the client, and you may start by explaining to me the importance of at-home practice for this technique.”

Trainer or another trained actor should act as the client for this role-play.

Role-play features Helper explaining thought records and explains how the “client” can practice at home.

Role-play should “stop” once competency has been rated OR allotted time has been reached (e.g., 5-15 min)

Should *not* do

- Mock or blame client if confused by thought records
- Threaten client to use thought records at home
- Plan unhelpful situations for the client to experience for tracking thoughts (e.g., ‘go back to the market you were harassed at’)

Should do

- Explain rationale and importance of tracking thoughts at home
- Practice tracking thoughts with client in-session
- Discuss potential barriers/challenges with client and options to overcome them
- If possible, consider possible situations that will come up that week to track thoughts with (e.g., seeing certain friend at school)
- Reinforce tracking thoughts daily

8.REVIEWING THOUGHT RECORDS/HOMEWORK

In the follow-up session to Cognitive Competency #5, Helper works with the client to review the practice of thought records from previous week’s assignment, focusing on the client’s ability to identify any unhelpful thoughts. Helper also checks if client was able to focus on an alternative, more helpful thought. Helper discusses with client how the practice went, praising successes (including trying to track thoughts), discussing what was most difficult and normalising any challenges, and discussing client-focused strategies for challenges. Helper encourages continued practice of tracking thoughts at home.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts Helper: “In a previous session, you have practiced tracking thoughts with the client and assigned at-home practice. Your role now is to review how the practice went. Remember to focus on the client’s ability identify unhelpful thoughts and ask about working to find alternative thoughts. I will act as the client; You may start by asking me how my at-home practice went from last week.”

Trainer or another trained actor should act as the client for this role-play.

Role-play features Helper asking client how the practice went (e.g., “How did the homework go with trying more helpful thoughts?”).

Role-play should “stop” once competency has been rated OR allotted time has been reached (e.g., 5-15 min)

Should *not* do

- Mock or blame client for any challenges in trying homework
- Neglect to discuss at all how the client felt with at-home practice (successes and challenges)
- Only discussing difficulties with at-home practice

Should do

- Review practice of tracking thoughts from previous session assignment
- Focus and praise on the client’s ability to track and identify unhelpful thoughts
- Ask about and praise client’s ability to provide an alternative thought
- Discuss with the client about practicing, praising successes, discussing difficulties, and normalising challenges, and discussing client-focused strategies for challenges
- Encourage client to continue tracking thoughts at home

9.ADDRESSING CORE BELIEFS & ASSUMPTIONS

Helper works with the client to identify core beliefs/ assumptions (e.g., *trust*, ‘no one can be trusted’; *control*, attempting complete control over situations; *esteem*, ‘I’m a bad person’) and strong emotions/feelings (fear, sadness, etc.) which may be related to an experienced traumatic event and/or related ‘triggers’ (e.g., death in family, rape, combat, childhood abuse) and causing the client to avoid things they may want to do or should do (e.g., appreciating a lost loved one). Specific ‘thinking questions’ may be asked to target and specifically challenge the core belief or ‘stuck thought’. For example, if the client is struggling with self-blame and esteem (“*I am a bad person*”), the helper might ask “*In what ways are you a bad person? In what ways are you a good or kind person?*” Or, for appreciating a loved one, the helper may teach the client how to “*convert the relationship from interaction into memory*”; e.g., asking the client to recall the moments shared with the lost one (e.g., ‘*I miss how we would sing songs together*’) and convert the missed moment into an appreciated memory (e.g., ‘*I learned a song from x and will always have that*’). Helper may also use changing thoughts, feelings, and behaviours with these core beliefs depending on program.

SINGLE COMPETENCY ROLE-PLAY

Trainer prompts Helper: I will act as your client. Your role is to identify a core belief and ways to challenge it. I will start by mentioning my assumptions/ thoughts related to my core belief during our session.

Trainer or another trained actor should act as the client for this role-play.

Role-play features Client stating x feeling related to core belief (e.g., ‘I’m afraid I’ll get fired, everyone at work is better than me, and I’m not good enough to stay’)

Role-play should “stop” once competency has been rated OR allotted time has been reached (e.g., 5-15 min)

Should *not* do

- Ignore core beliefs/ assumptions
- Neglect to teach skills to challenge or change core belief after identification
- Scold client for repeating core belief in session (e.g., ‘We’ve already worked on this, you’re not worthless so stop saying it here, it’s annoying’)

Should do

- Identify core beliefs/ assumptions and related strong emotions/ feelings
- Use specific ‘thinking questions’ to challenge the core belief
- Teach skills to challenge / change core beliefs (e.g., interaction to memory, changing thoughts, feelings, behaviours)
- Encourage to practice skills at home every day

Acknowledgement.

These competencies were informed by research described in: Pedersen, G. A., Lakshmin, P., Schafer, A., Watts, S., Carswell, K., Willhoite, A., Ottman, K., van 't Hof, E., & Kohrt, B. A. (2020). Common factors in psychological treatments delivered by non-specialists in low- and middle-income countries: Manual review of competencies. *Journal of behavioral and cognitive therapy*, 30 (3), 165–186. <https://doi.org/10.1016/j.jbct.2020.06.001>

The following documents supported development of competency descriptions:

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