



Developing the Group Facilitation Assessment of Competencies Tool for Group-Based Mental Health and Psychosocial Support Interventions in Humanitarian and Low-Resource Settings

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DEVELOPING THE GROUP FACILITATION ASSESSMENT OF COMPETENCIES TOOL FOR GROUP-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT INTERVENTIONS IN HUMANITARIAN AND LOW-RESOURCE SETTINGS

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ABSTRACT

In humanitarian settings, mental health and psychosocial support services (MHPSS) are often delivered in group-based formats. Group interventions enable providers to reach more individuals when resources and technical expertise are limited. Group-based programs also foster social support, empathy, and collective problem-solving among the participants. To remedy the current lack of tools available to assess the group facilitation competencies of individuals delivering group-based MHPSS, we made it our objective to develop such a tool. Our approach, which focused on adults, complimented a similar initiative underway for children and adolescents. We reviewed MHPSS manuals to identify key group facilitation competencies, which include developing and reviewing group ground rules, facilitating participation among all group members, fostering empathy between members, encouraging collaborative problem-solving, addressing barriers to attendance, time management, and ensuring group confidentiality. We then developed the Group Facilitation Assessment of Competencies Tool (GroupACT) The GroupACT is a structured observational tool for assessing these competencies during standardized role-plays with actor clients, or in vivo during the delivery of group sessions with actual

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clients. We conclude this article with guidance for using the GroupACT to assess facilitators' competencies in providing group-based MHPSS in the health, education, protection, and other sectors in humanitarian settings.

INTRODUCTION

At the start of the COVID-19 pandemic, 168 million people around the globe needed humanitarian assistance and protection due to war, forced displacement, natural disasters, and other crises. This represents 1 in 45 people, the highest figure in decades (OCHA 2019), and the number has increased due to the COVID-19 pandemic (United Nations 2020). Among the most serious effects of conflict, pandemics, and other humanitarian crises is how they disrupt people's mental health and psychosocial wellbeing (Charlson et al. 2019; Lahiri, van Ommeren, and Roberts 2017). Recent reviews of psychosocial support programs in humanitarian emergency settings and low-and-middle-income countries (LMIC) suggest that adults who experience depression and posttraumatic stress disorder as a result of humanitarian crises can be helped by receiving mental health and psychosocial support services (MHPSS) (Bangpan, Felix, and Dickson 2019; Barbui et al. 2020). However, the research on sustainable and scalable approaches for such treatment in both ongoing and post-humanitarian contexts is limited.

When offering aid during humanitarian crises, many actors (e.g., international nonprofit organizations, regional organizations, the private sector, governments, community and religious groups) use a group modality to deliver programs and interventions. Group-based interventions have the potential to be more cost-effective and scalable than individualized services. For example, groups are an effective modality for offering protective spaces in which to provide education in humanitarian settings. They also can be a successful vehicle for a variety of other activities that address a multitude of community needs, including health care, social support, livelihoods, sports, and other recreation (Wood and Kallestrup 2018). Participants in group-based initiatives have identified a number of advantages, including an increased feeling of social togetherness, family bonding, and having a safe space in which to share feelings (Dickson and Bangpan 2018). Moreover, in humanitarian settings, it is often community members and institutions, such as educators in formal and informal education programs, livelihood training programs, and health programs, that act as frontline service providers and deliver services in a group-based format (Galappatti and Richardson 2016; Hendrickx et al. 2019). For example, building educators' capacity to "provide life-saving knowledge, skills and psychosocial support to those

affected by crisis” (UNESCO and Bokova 2017, 19) is the third strategic goal of the UNESCO Strategic Framework for Education in Emergencies.

To tackle the global mental health burden, nonspecialists (e.g., community health workers, teachers, organization staff, community members, professionals without formal or with limited mental health training) are increasingly being trained to deliver interventions, including acting as group facilitators across humanitarian and low-resource settings (Kohrt, Asher et al. 2018). This includes facilitators who are delivering and protecting education in humanitarian settings, such as child-friendly spaces that support education, physical activity, and children’s psychosocial needs (Hermosilla et al. 2019; Save the Children 2009), and early childhood development programs that deliver psychosocial support to distressed caregivers (Murphy and Hutton 2018). Educators in humanitarian settings often are the first and consistent contact with young people, and therefore, they are an important group to be trained in MHPSS skills (IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings 2017).

Increasing evidence shows that trained and supervised nonspecialists can provide support effectively and deliver brief psychosocial and psychological interventions in humanitarian and low-resource settings (Barbui et al. 2020; Pedersen et al. 2019; Singla et al. 2017). This includes individual interventions (e.g., one-on-one sessions between a facilitator and a person seeking services) and group-based interventions (e.g., one or two facilitators with groups of three or more people who have a common experience or need or who live in the same community, including family members). As such, increasing attention is being given to the competencies nonspecialists require to deliver MHPSS successfully. Competencies refers to the key observable skills needed to deliver care effectively (Fairburn and Cooper 2011), which can be assessed through structured role-plays, with actors playing the role of clients (Ottman et al. 2020).

With the aim of improving the quality of the implementation of psychological and psychosocial support interventions worldwide, the World Health Organization (WHO) is developing a platform called Ensuring Quality in Psychological Support, or EQUIP (see www.who.int/mental_health/emergencies/equip/en/). Once launched, EQUIP will be an open-access online platform offering resources to help trainers, supervisors, and organization staff members facilitate competency-based training, including easy-to-use rating tools for assessing and evaluating competency (Kohrt et al. 2020). Tools to measure the competency of nonspecialists who deliver psychological and psychosocial care to adults have already been developed and implemented in humanitarian settings, including a

tool developed to assess the common factors of psychological support, such as nonverbal and verbal communication. This tool, the Enhancing Assessment of Common Therapeutic factors (ENACT) rating scale, is typically used in one-on-one role-play scenarios (Kohrt, Jordans et al. 2015; Kohrt, Mutamba et al. 2018; Kohrt, Ramaiya et al. 2015). The WeACT tool, which builds on the ENACT, is a competencies assessment tool tailored to nonspecialists and educators who are delivering care to children and adolescents in the child protection, education, and mental health and psychosocial support sectors (Jordans, Coetzee et al. 2021).

Facilitators of group-based interventions use a set of processes and skills that differs from those used by providers of individual services. For example, to avoid one member dominating a session, group facilitators must manage time and turn-taking effectively. Also, to ensure confidentiality in group sessions, facilitators must require members to agree not to share another member's stories or experiences with anyone outside the group. It is essential to apply a minimum competency standard for group facilitators to ensure the quality of the adult group-based interventions or support programs provided by nonspecialists in humanitarian settings. However, there is a gap in the resources available for assessing the competencies a group facilitator needs in order to achieve the desired outcome for their group.

To meet this need, in this study we drew from the group-format psychological and psychosocial intervention literature to identify the competencies that are fundamental to the facilitation of group-based interventions, and which differ from the processes used in individual-based interventions. We also developed the Group Facilitation Assessment of Competencies Tool (GroupACT), which supports the evaluation of group facilitator competencies.¹ Here we describe the development of the GroupACT and lay out an agenda for future work to determine its feasibility, acceptability, and psychometric properties for use in developing competency in MHPSS.

METHODS

The GroupACT was developed using a three-step process: (1) creating a competency codebook, which involved conducting a literature search to obtain content for the codebook and codes; (2) coding of competencies, which involved applying the final competency codebook to group-based psychological and psychosocial intervention manuals; and (3) generating items, which involved using the content extracted

¹ Examining its psychometric properties is a future step for the GroupACT, as it is beyond the scope of this field note. To date, the authors have not assessed the properties.

from the competencies coding process to define and describe the competency assessment items to be used in the GroupACT. The following methods describe the development of the codebook, the coding of the competencies, and the generation of items as they specifically relate to the development of the GroupACT. Further details on the full methodology, including the identification and inclusion of psychological and psychosocial manuals for this review, can be found in a separate publication (Pedersen et al. 2020).

CREATING A COMPETENCY CODEBOOK

In April 2018, to identify content for the competency codebook and codes, we conducted a literature search for current published competencies and competency frameworks, as well as a systematic review and a literature review for competencies related to the delivery of psychological and psychosocial interventions in LMIC. We conducted searches in Google Scholar, PubMed, and PsycINFO to identify sources.²

The literature search produced nine global competency frameworks and published competencies (Pedersen et al. 2020): (1) Cognitive Therapy Scale-Revised (Blackburn et al. 2000); (2) the ENACT rating scale and its evidenced resources for item generation (Kohrt, Jordans et al. 2015; Kohrt, Ramaiya et al. 2015); (3) the e-Problem Solving Therapy training and assessment tool (Cartreine et al. 2012); (4) the Global Social Service Workforce Alliance (2017) competencies; (5) the Improving Access to Psychological Therapies competence framework (National Collaborating Centre for Mental Health 2019); (6) the Let's Get Talking Practice Support, which includes competencies, training, and supervision for the delivery of talking therapies (Te Pou o te Whaakaro Nui 2016); (7) the Motivational Interviewing Rating Scale, which is based on Miller and colleagues' (2003) manual for motivational interviewing; (8) the PracticeWise Psychosocial and Combined Treatments Coding Manual (Chorpita, Daleiden, and Weisz 2005, 2008); and the and Yale Adherence and Competence Scale guidelines (Carroll et al. 2000; Nuro et al. 2005). We then did an additional search specifically for "group facilitation," "group competency," and "group competencies." We did not identify any group facilitation competency assessment tools or frameworks in the initial or secondary search.

2 Search terms we used for PubMed: review AND competenc* and mental; search terms for PsycINFO: review AND subject: competenc* AND TX mental AND subject: health worker* OR lay health worker OR mental health worker OR health professional; and review AND SU: competenc* AND TX mental. In Google Scholar, we also included the term "competency framework."

CODING COMPETENCIES AND GENERATING ITEMS

CODING COMPETENCIES

We transferred the competency codebook and psychological and psychosocial manuals into NVivo 12 (QSR International 2012). Two coders (GAP, PL) piloted the codebook and assessed interrater reliability, with discrepancies being resolved by a third coder (BAK). The same manual was coded independently by each coder and repeated until 80 percent interrater reliability was established. We then divided and coded 17 manuals separately; if the manual sections covered multiple competencies, double coding was permitted. Codes frequently double coded were collapsed. We recorded process notes on a shared Google Doc to aid discussion and agreement around coding for each manual. The code “group facilitation skills” was iteratively added during the coding process, as eight of the 17 (47%) manuals clearly denoted the importance of adhering to group facilitation competencies and guidelines in order to run a group session successfully. We applied the group facilitation skills code generously to the text, and captured any content (e.g., words with “group”), techniques, and instructions related to group facilitation, using a minimum of 5-8 sentences and a maximum of 1 page per coding reference to ensure that we obtained all relevant information related to the skill. Codes were exported from NVivo to create summary descriptions, for each manual, of the “group facilitation skills” code content.

GENERATING ITEMS

We distilled the “group facilitation skills” code summaries into subthemes to support the generation of competency assessment items. Next, we applied our “group facilitation skills” code to 973 tool items extracted from a separate competency tool item review (Ottman et al. 2020); we identified only 4 of the 973 tool items related to group facilitation. Three items were from the Mindfulness-Based Interventions Teaching Assessment Criteria (Crane et al. 2016) and one from the Fidelity of Implementation Rating System (Knutson et al. 2009). These items were overarching group facilitation concepts that were typically used to assess a facilitator’s achievement after the implementation of an intervention or sessions was complete (e.g., raters assessed recorded sections of completed sessions). They included group management and active teaching themes, including teacher facilitation skills such as “breaks into teachable units,” “guides review of material,” “guides practice in a way that makes the key learning available to participants,” and “careful management of issues such as group rules, boundaries and confidentiality, but which is simultaneously a place in which participants can

explore and take risks.” Due to the specific nature of these tools, and to ensure successful psychometric evaluation of the GroupACT in the future, we extracted the descriptions of these four items and added them to our subthemes to refine our generation process, rather than using the items directly in the tool. Finally, a field team in Nepal who were developing and adapting a local group version of the Problem Management Plus (Group PM+) manual for adults (Sangraula et al. 2020) and Group Interpersonal Therapy (Group IPT) for adolescents (Rose-Clarke et al. 2020) reviewed and refined all items proposed for use in the GroupACT.

RESULTS

Eight of the 17 psychological and psychosocial intervention manuals addressed skills related specifically to group facilitation, all of which provided content for the GroupACT. The final list of manuals included

1. Cognitive Processing Therapy (CPT) for people dealing with mental health problems following traumatic events (e.g., rape, torture, combat) (Bass, Bolton et al. 2013; Bass, Annan et al. 2013);
2. Caregiver Skills Training (CST) to support families living in LMIC who have children with developmental disorders (Hamdani et al. 2017; WHO 2017);
3. Friendship Bench, an approach to treating common mental disorders in low-resource settings (Chibanda et al. 2011; Chibanda et al. 2016, Singh 2017);
4. Happy Families Program, a family skills intervention to support displaced Burmese migrant families, which could be adapted to multiple settings (Annan et al. 2017; Puffer et al. 2017);
5. Group IPT, which is a group-based intervention that had been evaluated for adults and adolescents for treatment of depression, with studies conducted in northern Uganda (Bass et al. 2006; Bolton et al. 2007; Bolton et al. 2003; Mutamba, Kane et al. 2018; Mutamba, Kohrt et al. 2018; Verdeli et al. 2008; Verdeli et al. 2016);
6. Group PM+, a group version of the Problem Management Plus intervention for adults in humanitarian settings; PM+ incorporates stress management, behavioral activation, problem solving, and strengthening social support (Dawson et al. 2015; Sangraula et al. 2020; Jordans, Kohrt et al. 2021);

7. Parenting Program Uganda, a parenting skills intervention to support healthy child development, including psychosocial and nutritional needs (Singla and Kumbakumba 2015; Singla, Kumbakumba, and Aboud 2015); and
8. Self-Help Plus, designed based on acceptance and commitment therapy principles for people with high levels of stress and psychological distress, particularly those living in humanitarian settings (Brown et al. 2018; Epping-Jordan et al. 2016; Tol et al. 2018; Tol et al. 2020).

Table 1 displays manual titles, abbreviations, and brief descriptions of the intervention for the manuals that had an element of group-based delivery.

Table 1: Mental Health and Psychosocial Support Intervention Manuals Including a Group-Delivery Format

Manual	Abbreviation	Intervention Description
Cognitive Processing Therapy	CPT	Cognitive Processing Therapy aims to support people with mental health problems following traumatic events, including rape, domestic violence, combat, torture, and child sexual abuse. This manual was created for delivery by nonspecialists in the Democratic Republic of the Congo. Additional information on CPT is available online: https://www.jhsph.edu/research/centers-and-institutes/global-mental-health/our-projects/by-intervention/
Caregiver Skills Training	CST	Caregiver Skills Training is an open-access program that supports families of children with developmental delays or disorders, including intellectual and pervasive developmental disorders (e.g., autism), and it may be implemented in LMIC. The program uses a family-centered approach and is designed to be delivered by nonspecialists (nurses, community-based workers, or peer caregivers) as part of a network of health and social services for children and families. WHO CST materials are currently being assessed and will be made available, pending the evaluation results; description of the WHO CST program development can be found online: https://www.frontiersin.org/articles/10.3389/fpsy.2019.00769/full

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Manual	Abbreviation	Intervention Description
Friendship Bench	FB	The Friendship Bench is a transdiagnostic treatment that uses cognitive behavioral therapy techniques specifically related to problem-solving and behavioral activation. It is written in English and Shona and was created to be supported by the use of tablets. FB materials are freely available online: https://www.friendshipbenchzimbabwe.org/
Group Interpersonal Therapy	Group IPT	The WHO Group Interpersonal Therapy adapts traditional individual IPT therapy into a simplified version designed for group treatment of depression in a variety of settings. The therapy covers four main problem areas that are common to individual IPT, including grief, disputes/conflict, life changes, and loneliness/isolation. This model teaches that one or more of these problem areas can trigger depression. WHO Group IPT materials are available online: https://www.who.int/mental_health/mhgap/interpersonal_therapy/en/
Group Problem Management Plus	Group PM+	The WHO Group Problem Management Plus intervention is a five-session group therapy for adults in humanitarian settings. The intervention includes stress management, behavioral activation, problem solving, and strengthening social support. The intervention has been evaluated in Pakistan and Nepal. The manual is available online: https://www.who.int/publications/i/item/9789240008106
Happy Families	HF	The Happy Families caregiver and family skills intervention is meant for children ages 7 to 15 and their caregivers. It was adapted from the Strengthening Families program and includes topics on parenting and skills for better family functioning. It was developed for implementation with displaced Burmese migrant families living in Thailand. Additional information on HF is available online: https://www.rescue.org/report/building-happy-families-irc-research-brief

Manual	Abbreviation	Intervention Description
Parenting Program Uganda	PPU	<p>The Parenting Program Uganda is aimed at encouraging parents to adopt and practice parenting skills that support their children’s healthy development (“develop into strong, healthy, and smart people”). It comprises five main messages: (a) diversify the child’s diet with animal-source foods and provide three to four meals daily; (b) hand-wash with soap and use latrines; (c) engage in two-way talk with the child, using pictures; (d) provide play materials in the home; and (e) love and respect yourself, your child, and your spouse.</p> <p>More information on PPU is available online: https://plan-international.org/publications/parenting-impact-study-lira-uganda</p>
Self-Help Plus	SH+	<p>Self-Help Plus was developed to help people with high levels of stress and psychological distress (e.g., symptoms of depression, anxiety), especially in areas where there are many people needing support (i.e., a humanitarian setting), or where there are difficulties in the provision and/or supervision of psychological interventions. Facilitators and cofacilitators use prerecorded audio, pictures, and support materials to conduct each session.</p> <p>WHO SH+ materials are currently being assessed and will be made available pending results. The Juba Arabic version for use in South Sudan is available on request.</p>

The item-generation process resulted in eight competencies related to group facilitation. Table 2 lists the items, their respective descriptions, and corresponding sample content from the manuals that supported the selection and refinement of items. Although the manuals tended to emphasize similar competencies, the manner in which they expressed it occasionally varied. For example, the CST, CPT, and Group IPT manuals all emphasized fostering empathy among group members but with different strategies. In CST, facilitators fostered empathy by encouraging other members to praise and support each other for handling both positive and challenging experiences. In CPT, facilitators were encouraged to model empathic responses: “Hearing a group leader acknowledge a comment or respond with encouragement to something a group member says can be very helpful for group members.” In Group IPT, the facilitator was expected to build a “feeling of closeness between members of the group,” which included recommendations for nonverbal communication skills: “You should show understanding and help

to build this closeness using body language such as nodding and showing interest while group members are talking.” The manuals also presented different strategies for managing participants who monopolized a discussion, such as this from the CPT manual:

Ask group members who are quick to answer a question or make a comment to count to 10 before they talk so other members can voice their thoughts. If necessary, group leaders can ask that once a group member has participated three times they wait until other group members speak before they add to the discussion. These suggestions should be made to the whole group so that one member is not singled out or embarrassed.

The Friendship Bench uses a bell to help participants pay attention and support taking turns: “If someone is talking for too long the bell can be rung . . . If people interrupt or talk amongst themselves the bells will be rung to establish order.”

The competencies were then organized into a format that could be scored by observing either role-plays, or in vivo sessions with actual clients. Four levels, which follow the ENACT scoring framework and incorporate feedback from practitioners and researchers implementing group- and individual-based interventions, are included in the GroupACT: Level 1: “Any unhelpful behavior”; Level 2: “No basic skills or some but not all basic skills”; Level 3: “All basic skills”; and Level 4: “All basic helping skills plus any advanced skill.” This structure, which also aligns with similar competency tools being implemented on the WHO EQUIP platform, will help to harmonize reporting if organizations use multiple competency tools for their programs. The final format of the GroupACT assessment tool can be found in the Appendix.

Table 2: GroupACT Competency Items (n=8), Item Descriptions, and Corresponding Manual Themes and Samples

GroupACT Competency	Competency Item Description	Corresponding Manual Subthemes and Samples
<p>Develop group guidelines and ground rules collaboratively (first session)</p>	<ul style="list-style-type: none"> • Elicit ground rules for the group while attending to the groups’ cultural and religious practices • Establish guidelines with the group in the initial session and implement ground rules • Elicit feedback from group members, making sure to ask for agreement on the guidelines and adjusting rules depending on group needs 	<p>Instructions for developing or reviewing group guidelines was identified across the group-based manuals. Typically described as “guidelines,” “ground rules,” or “rules,” sample instructions cover attendance, what the sessions will and will not offer (e.g., material goods), and the general structure and length of the program. For example, the Group IPT manual states, “Cover group rules: During the first group session, facilitators should discuss not giving material goods, attendance and dropping out of the group,” and give instructions for facilitators to cover the overall structure, length, and format of the sessions. Other manuals, such as the PPU and FB manuals, follow a similar structure that offers instructions to standardize expectations and encourage a sense of respect among the group members. The Group PM+ manual encourages the group members to participate by making group guidelines that will help them feel comfortable in the group setting, “Ask participants to suggest rules: What are other important rules to help you feel comfortable participating in the group?”</p>

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GroupACT Competency	Competency Item Description	Corresponding Manual Subthemes and Samples
Review group guidelines and ground rules (subsequent sessions)	<ul style="list-style-type: none"> • Review guidelines at the beginning of each session, determine whether all group members are still in agreement, elicit feedback, and adjust rules in accordance with the context or need • Remind members of ground rules and ensure that they are clear and agreed to • Address rule violations with members individually when appropriate 	Reviewing group guidelines before the beginning of each session was recommended in all the manuals. For example, the CST manual includes instructions to introduce and review group guidelines before each session and insists that facilitators start each session by “asking all participants if they agree with the group guidelines.”
Encourage participation of all group members	<ul style="list-style-type: none"> • Encourage all members to discuss and be involved in sessions • Provide reflection and support a sense of belonging for members • Consolidate group members’ learning • Use techniques such as turn-taking to ensure that each member has an opportunity to speak and share • Attend to any literacy, numeracy, or technical skills so that all members have an equal opportunity to participate 	The manuals highlighted managing group participation in a variety of ways. For instance, the Group IPT manual has the instructions, “You should not force anyone to speak. However, gentle prompting can be fine.” The FB manual suggests using bells to remind group members to take turns: “If someone is talking for too long the bell can be rung . . . If people interrupt or talk amongst themselves the bells will be rung to establish order.” The CPT manual suggests to readers that “questions or making statements that point out common problems [is] . . . one of the best ways for the group leader to encourage group members to share with each other.”

GroupACT Competency	Competency Item Description	Corresponding Manual Subthemes and Samples
<p>Foster empathy between group members</p>	<ul style="list-style-type: none"> • Encourage members to display their understanding of their peers' experiences • Prompt members to relate to one another and discuss how they are feeling during sharing • Exemplify empathy for others to follow, verbally and nonverbally • Provide summarizing statements and interpretations about members' emotional or situational similarities, but do not make these connections if the member has only shared these feelings in a private discussion • Recognize members who have displayed empathetic behavior in group by offering encouragement 	<p>Fostering empathy between group members to promote positive sharing of feelings and emotions during sessions was distinct in most of the manuals. For example, the Group IPT manual instructs facilitators to bring "a feeling of closeness between members of the group," and it includes example scripts for facilitators to follow: "I noticed that many of you shared a similar reaction to Rita's story. It sounds like you would have felt similarly in that situation. Rita, how does it make you feel that others had feelings similar to yours?"</p>

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GroupACT Competency	Competency Item Description	Corresponding Manual Subthemes and Samples
<p>Guide collaborative problem-solving among group members</p>	<ul style="list-style-type: none"> • Guide group members to share problem-solving ideas, and encourage members to praise and support each other for both positive and challenging experiences • Facilitate groups so they can work together to address barriers to problem-solving while normalizing barriers • Work with the group to eliminate unrealistic solutions and identify solutions that are timely, realistic, and attainable, and consider potential challenges/barriers that may arise • Suggest that members find a group partner to discuss solutions and to check in on one another for support 	<p>In group interventions or support groups, it is often the members’ commonalities that bring them together and help them to feel less alone by sharing a similar problem or feeling (Dickson and Bangpan 2018). We identified a few manuals that include instructions for facilitators to encourage group problem-solving. For example, the CST manual has instructions for facilitators to ask questions such as, “Did anyone try a different activity than they planned? Why?” The Group IPT manual has similar instructions, offering scripted examples for facilitators to follow, such as, “FACILITATOR: Mary, I recall you mentioned to the group that you have a problem similar to Jasmine’s. She just told us that she has tried everything to make things better. Would you like to tell us a little about your struggle and what you’ve tried? If not, that is OK too.” In the case examples of the Group PM+ manual, during the Managing Problems strategy, the facilitator encourages group members to brainstorm possible solutions for solving the scenario character’s problem.</p>

GroupACT Competency	Competency Item Description	Corresponding Manual Subthemes and Samples
Mitigate barriers to attendance	<ul style="list-style-type: none"> • Address barriers to members’ attendance, including location and time of sessions • Provide a safe, comfortable, and calm setting, with a comfortable temperature, minimal noise, and privacy—if setting is outdoors, it should be covered • Actively address potential barriers, such as lack of childcare or nursing, employment schedule, transportation, disabilities, religious observances, physical health, menstrual practices, etc., and gather information from members • Engage the group in brainstorming ways that all members can attend sessions • Schedule or adjust sessions to accommodate most group members and encourage members to support each other’s attendance, while respecting limits to confidentiality (e.g., shared childcare, traveling together, etc.); this includes participation via phone/virtually • Update members on logistical changes to sessions in a timely manner; when appropriate, encourage attendance even if a member cannot make every session 	<p>Facilitators should promote accessibility to group sessions whenever feasible. This can be done in a number of ways, including respecting the group members’ cultures. For example, the SH+ manual includes instructions for facilitators to attend to the groups’ cultural and religious practices to ensure accessibility for all members, and, “if possible, [to have a space] with a good temperature, minimal noise, and privacy.” This may be challenging in some settings, particularly in contexts where indoor space is difficult to locate. If outdoors, it is suggested that facilitators should attempt to meet under cover (SH+ manual), such as in the shade of a tree or in tents. Reminding group members of sessions and updating them as soon as possible if a meeting location or time has changed is also important. For instance, during the SH+ pilot with South Sudanese refugees in Uganda, facilitators visited group members’ homes a day prior to the intervention to remind them of the group session. The Group PM+ manual recommends addressing the challenges to attend the group; this is done through an activity in the first session, “Reasons for joining Group PM+ (advantages) and Challenges to join Group PM+ (disadvantages).</p>

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GroupACT Competency	Competency Item Description	Corresponding Manual Subthemes and Samples
<p>Ensure confidentiality among group members</p>	<ul style="list-style-type: none"> • Explain what confidentiality is and outline when facilitators may break confidentiality • Elicit from the group how to manage confidentiality, including an agreed to response to what to do if members see each other outside of sessions • Address confidentiality issues when unexpected or uninvited people come to sessions • Explain how confidentiality relates to issues of respect, the importance of valuing each other's experiences, and the feelings associated with violation of one's confidentiality • Address when confidentiality is broken by other members during group without targeting or blaming group members 	<p>Group confidentiality is often addressed in the manuals along with the group ground rules. For example, the PPU manual includes “Confidentiality” as one of the four keywords that facilitators are instructed to write on a flipchart when establishing group ground rules. Instructions from other manuals include having facilitators tell groups that “we will respect each other's privacy, so don't share things you learn about other families outside of this room, especially their private challenges or problems” (CST manual); and to “remind group members at the start of each session (and if needed during a session) that their conversations will remain confidential and that they have a right to privacy” (Group IPT manual). The Group PM+ manual also addresses the three aspects to confidentiality: 1. Breaching confidentiality when a group member's life is believed to be at risk; 2. The facilitator sharing group discussions with her supervisor to assure the best care; and 3. The responsibility of the group facilitator and the participants for maintaining confidentiality outside of the group setting.</p>

GroupACT Competency	Competency Item Description	Corresponding Manual Subthemes and Samples
<p>Manage time effectively with breaks, energizers, and pacing</p>	<ul style="list-style-type: none"> • Demonstrate punctual timekeeping, including having and reviewing a schedule of activities for sessions with group • Include adequate time for group members to ask questions • Monitor time and communicate with members about changes to the schedule • Consolidate participant learning and pace activities • Give appropriate, timed breaks between activities, with instructions to signal the beginning and end of breaks • If sessions are >45 minutes, facilitators should do an energizer or other activity to keep group members engaged 	<p>The manuals recognize the importance of time management, breaks, and brief activities to keep groups energized, particularly for long sessions or multiple sessions within a day. For example, the CST manual offers a sample schedule of activities for a 2.5-hour session, including a 15-minute break. Similarly, the SH+ manual has 10-minute breaks throughout the sessions, with the option of running an energizer during this time to keep group members engaged. To support time management, facilitators can use tools, such as a bell that signals when breaks or activities have ended or time is running out (SH+ manual; FB manual). The Group PM+ manual contains session plans with time allocation and breaks during all 5 sessions.</p>

DISCUSSION

Many group-based interventions and programs are delivered in humanitarian and other low-resource settings. A recent umbrella review (Barbui et al. 2020) reports significant evidence for nonspecialists to effectively deliver psychological and psychosocial interventions in for adults with depression and posttraumatic stress disorder in humanitarian settings. It advises that future programs focus on ethical and sustainable implementation approaches, such as group-based programming and increasing nonspecialists' capacity to deliver quality care. Moreover, the IASC Framework for MHPSS in Emergency Settings suggests that nonspecialists, such as teachers and other educators, can deliver appropriate focused care, which could provide people in humanitarian settings who are

dealing with mental health problems with access to supportive care (e.g., help in improving functionality, increasing social supports, reducing symptoms, etc.) (IASC 2017). To make progress in this direction, we developed the GroupACT to support the assessment of competencies relevant to group facilitation, with the aim of creating a minimum competency standard for group facilitators who deliver psychological and psychosocial support. This tool includes eight items that address key group-facilitation competencies identified in the eight psychological and psychosocial group-based manuals mentioned above.

Table 3 offers a summary of potential applications for the GroupACT. A systematic approach to adapting the GroupACT culturally and contextually is recommended when facilitating such groups as an international nongovernmental organization. The transcultural translation and adaptation procedure used in global mental health field work offers an adaptation of the tool in five domains: comprehensibility, acceptability, relevance, completeness, and technical equivalence (Van Ommeren et al. 1999). An organization may choose to include key community stakeholders in supporting the adaptation process.

It is preferable to adapt the role-play scripts to represent typical members of the group program. For example, a group-based MHPSS program supporting women 30-40 years old who are in a state of distress would adapt role-play scripts to represent these women's characteristics. Implementing groups can train raters and actors from their organization (e.g., trainers, supervisors, program managers, research assistants) or recruit local community members who are interested in the work and may benefit from capacity-building. Organizations can video- or audio-record standardized role-plays using staff members who have experience working with the target population.

These videos can support rater training and agreement, and help the organization establish a training library of GroupACT materials in their local programming office. Role-play assessments with trainees or group facilitators can be implemented in person or remotely (e.g., telephone, video conferencing) and, when possible, it is preferable to record the video or audio of an assessment so that ratings can be completed in a timely manner for the implementing team. To support the development of group facilitation competencies and give the trainees tailored feedback, the trainer or supervisor may use a competency-based approach and assess competencies during training. This can be done using typical role-play practice during a training, such as observing peer-to-peer role-plays or having a trainer play a part in the practice role-plays. With “on-the-go” ratings, the trainer or supervisor has the option of focusing on select competencies specific to that session, or on those that may be more advanced or take longer to build capacity in. Immediate feedback is then available to support skills strengthening—including adapting the training as needed—and to address any potentially harmful behaviors in a controlled environment before facilitators deliver real-world group-based interventions. GroupACT assessments may be implemented pre- and posttraining and postsupervision for a range of objectives: gauge the effectiveness of a training program; guide selection of potential facilitators; and identify trainees’ competencies that need remediation.

Table 3: Suggested Applications for the Group Facilitation Assessment of Competencies Tool (GroupACT) for Research and Implementation

When	Why	How	Raters	Actors
Pretraining assessment	Assess trainees' competency levels to inform training plan; record a baseline of competency to track trainees' progress and performance across training; guide organizations or program managers in the selection of nonspecialists to participate in training	<i>Modality:</i> Standardized role plays with mock group members <i>Formats:</i> Live observations, video recordings, audio recordings, transcripts	Trainers with experience in group facilitation and/or GroupACT; trained external raters with experience in group facilitation and/or GroupACT	Trainers with experience delivering group-based interventions; other organizational staff (e.g., research assistant) trained to play role; external actors (e.g., local actor troops) trained to play role
During training	Formally or informally track and record trainees' progress during training; measure maintenance or drift in skills; inform any needed adjustments to training activities	<i>Modality:</i> Periodic role-plays; single-competency role-plays <i>Formats:</i> Live observations, video recordings, audio recordings, transcripts	Trainers with experience in group facilitation and/or GroupACT; trained external raters with experience in group facilitation and/or GroupACT	Peer trainees; trainers with experience in delivery of group-based interventions
Posttraining assessment	Evaluate trainees to confirm minimum competency levels are met; compare pre- and postassessments to examine effectiveness of training program; inform remediation needs and activities; highlight supervision needs; inform selection of trainees' as future trainers, supervisors, or participants in intervention trials	<i>Modality:</i> Standardized role plays with mock group members <i>Formats:</i> Live observations, video recordings, audio recordings, transcripts	Trainers with experience in group facilitation and/or GroupACT; trained external raters with experience in group facilitation and/or GroupACT	Trainers with experience in delivery of group-based interventions; other organizational staff trained to play role; external actors trained to play role

When	Why	How	Raters	Actors
Supervision	Track improvement and maintenance of competencies over time; monitor group sessions to provide feedback	<p><i>Modality:</i> Standardized role plays with mock group members; with actual group members</p> <p><i>Formats:</i> Live observations, video recordings, audio recordings, transcripts</p>	Supervisors, including mental health experts or peers; trained external raters with experience in group facilitation and/or GroupACT	Peer nonspecialists with experience in group facilitation; supervisors, including mental health experts or peers; other organizational staff; external actors trained to play role

Psychometrics for the GroupACT must be established to determine whether the tool increases group facilitator competency. The reliability and validity of the items should be tested in multiple settings across a variety of group-based interventions and support programs, and feedback should be obtained from the group members about the facilitator's effectiveness and their perceptions of the quality of the care they received, and of the program they are participating in. The feasibility, acceptability, and perceived utility of this tool, including the number of competencies and items, should be assessed by facilitators, group members, supervisors, and implementing staff. The application of the GroupACT should extend beyond psychological and psychosocial interventions. It can be adapted and piloted with diverse populations, needs, and settings, including varied ethnic groups (mixed or single), languages, and religions. Minimum of criteria for group facilitator competency should be established for a range of domains: education, nutrition, gender-based violence, substance use, and microfinance programs.

When running group education in humanitarian settings, where people often are distressed, it is imperative that the educator has group facilitation skills and is able to address the social inclusion and emotional wellbeing of group members (e.g., fostering empathy and participation among the group members, establishing group confidentiality and problem-solving). Moreover, standardized assessment ratings and data collection will enhance the monitoring and evaluating of evidence-based capacity-building among humanitarian programs that are using group facilitation methods, including MHPSS, education, health, and finance, and will support national policy to strengthen capacity between education and psychosocial support systems (Jordans and Kohrt 2020).

Future researchers also could examine the tool's ability to inform training and supervision practices among those delivering group-based interventions and support programs. Using the GroupACT to assess facilitators' strengths preservice may enable trainers and supervisors to tailor their training approaches to the facilitators' abilities prior to the training and to continue using competency-based training techniques (Frank et al. 2010; Kohrt et al. 2020). Future research also could address the adequacy of these competences in diverse emergency settings, where and why group facilitation guidelines need to differ, what distinguishes "minimum" competences from other important ones in MHPSS group processes, and how well mainstreamed group process guidelines account for gender dynamics, cultural norms, and power relations in diverse emergency contexts.

CONCLUSION

To address the capacity-building needs of nonspecialists delivering group interventions and support programs in humanitarian and other low-resource settings, it is essential to identify which competencies are needed to facilitate groups appropriately and successfully. In response to this need, we have developed the GroupACT, a tool for evaluating nonspecialists' group facilitation skills that can be implemented using structured role-plays with group members. Further research is needed to establish the tool's psychometrics and test for acceptability, feasibility, and utility in multiple group-based interventions and support programs. The GroupACT could be adapted to and piloted in multiple contexts where support groups are addressing a variety of psychosocial, educational, monetary, and other community needs.

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APPENDIX

GROUP FACILITATION ASSESSMENT OF COMPETENCIES TOOL (GROUPACT)

#1 GROUP GUIDELINES AND/OR GROUNDRULES

Check all behaviors that are demonstrated in each category.		
Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
<input type="checkbox"/> Violates group guidelines (i.e., answers phone in-session, interrupts members, etc.) <input type="checkbox"/> Allows members to violate guidelines without correction or acknowledgement	<input type="checkbox"/> Introduces concept of group session guidelines in first session <input type="checkbox"/> Establishes ground rules (e.g., respect, listen, and pay attention to each other, “everything that gets discussed stays here,” no phones, etc.) <input type="checkbox"/> <i>None of the above</i>	<input type="checkbox"/> <i>Completes all basic helping skills (Level 3)</i> <input type="checkbox"/> Asks for agreement from the group on guidelines <input type="checkbox"/> Elicits group feedback, providing interpretations and reflections <input type="checkbox"/> Adjusts rules depending on need or context

Check the level that best applies (only one level should be checked)

<input type="checkbox"/> Level 1 <i>any unhelpful behavior</i>	<input type="checkbox"/> Level 2 <i>no basic skills, or some but not all basic skills</i>	<input type="checkbox"/> Level 3 <i>all basic skills</i>	<input type="checkbox"/> Level 4 <i>all basic helping skills plus any advanced skill</i>
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Notes:

#2 REVIEW OF GUIDELINES AND/OR GROUNDRULES IN SUBSEQUENT SESSIONS

Check all behaviors that are demonstrated in each category.		
Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
<input type="checkbox"/> Violates group guidelines (i.e., answers phone in-session, interrupts members, etc.) <input type="checkbox"/> Allows members to violate guidelines without correction or acknowledgement <input type="checkbox"/> Shames participant for breaking ground rules	<input type="checkbox"/> Reviews and encourages adherence to ground rules <input type="checkbox"/> Acknowledges when ground rules are being broken and addresses it <input type="checkbox"/> <i>None of the above</i>	<input type="checkbox"/> <i>Completes all basic helping skills (Level 3)</i> <input type="checkbox"/> Asks for agreement from the group on guidelines <input type="checkbox"/> Elicits group feedback, providing interpretations and reflections <input type="checkbox"/> Adjusts rules depending on need or context

Check the level that best applies (only one level should be checked)

<input type="checkbox"/> Level 1 <i>any unhelpful behavior</i>	<input type="checkbox"/> Level 2 <i>no basic skills, or some but not all basic skills</i>	<input type="checkbox"/> Level 3 <i>all basic skills</i>	<input type="checkbox"/> Level 4 <i>all basic helping skills plus any advanced skill</i>
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Notes:

DEVELOPING GROUPACT FOR HUMANITARIAN SETTINGS

#3 GROUP PARTICIPATION

Check all behaviors that are demonstrated in each category.		
Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
<input type="checkbox"/> Displays favoritism to specific members <input type="checkbox"/> Excludes other members (e.g., ignores input) <input type="checkbox"/> Forces unwilling participant to join discussion <input type="checkbox"/> Scolds participant(s) for under- or over-sharing	<input type="checkbox"/> Uses timely techniques (e.g., turn taking; “gentle prompting,” etc.) to encourage fair participation <input type="checkbox"/> Clarifies discussion points for members struggling with literacy, numeracy, or tech skills <input type="checkbox"/> Addresses participation barriers (e.g., interruptions) <input type="checkbox"/> <i>None of the above</i>	<input type="checkbox"/> <i>Completes all basic helping skills (Level 3)</i> <input type="checkbox"/> Provides reflection on discussion <input type="checkbox"/> Discusses ways members can support one another to participate <input type="checkbox"/> Checks in on comfort with sharing for all members

Check the level that best applies (only one level should be checked)

<input type="checkbox"/> Level 1 <i>any unhelpful behavior</i>	<input type="checkbox"/> Level 2 <i>no basic skills, or some but not all basic skills</i>	<input type="checkbox"/> Level 3 <i>all basic skills</i>	<input type="checkbox"/> Level 4 <i>all basic helping skills plus any advanced skill</i>
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Notes:

#4 FOSTERING EMPATHY AMONG GROUP MEMBERS

Check all behaviors that are demonstrated in each category.		
Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
<input type="checkbox"/> Does not intervene when group members are unempathetic, hurtful, or hostile toward one another <input type="checkbox"/> Shares member information from private session as an example of empathy or lack of empathy	<input type="checkbox"/> Encourages and fosters empathy among group members (e.g., points out expressions of empathy toward one another) <input type="checkbox"/> Uses prompts (e.g., “How do you feel after you shared with us?”) <input type="checkbox"/> <i>None of the above</i>	<input type="checkbox"/> <i>Completes all basic helping skills (Level 3)</i> <input type="checkbox"/> Provides summarizing statements and interpretations (see example above) <input type="checkbox"/> Demonstrates empathy for others to follow (e.g., nods head, says “uh huh”)

Check the level that best applies (only one level should be checked)

<input type="checkbox"/> Level 1 <i>any unhelpful behavior</i>	<input type="checkbox"/> Level 2 <i>no basic skills, or some but not all basic skills</i>	<input type="checkbox"/> Level 3 <i>all basic skills</i>	<input type="checkbox"/> Level 4 <i>all basic helping skills plus any advanced skill</i>
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Notes:

DEVELOPING GROUPACT FOR HUMANITARIAN SETTINGS

#5 COLLABORATIVE PROBLEM-SOLVING

Check all behaviors that are demonstrated in each category.		
Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
<input type="checkbox"/> Gives direct suggestions without group input <input type="checkbox"/> Does not intervene or address harmful or unrealistic solutions (e.g., “quit job,” “avoid husband,” etc.) <input type="checkbox"/> Judges solutions created by group <input type="checkbox"/> Allows judgement from members (e.g., “That will never work,” “That’s stupid,” etc.)	<input type="checkbox"/> Equally encourages all members to share how they addressed similar problems <input type="checkbox"/> Encourages members to praise and support each other for positive and challenging experiences <input type="checkbox"/> Unrealistic and unhelpful solutions are eliminated <input type="checkbox"/> Encourages brainstorming of solutions in the group <input type="checkbox"/> <i>None of the above</i>	<input type="checkbox"/> <i>Completes all basic helping skills (Level 3)</i> <input type="checkbox"/> Solicits feedback from group to ensure solutions are attainable, realistic, and timely <input type="checkbox"/> Addresses potential barriers <input type="checkbox"/> Validates challenges (e.g., “Not all solutions work for everyone”) <input type="checkbox"/> Suggests member pairing to support each other (if applicable to the intervention)

Check the level that best applies (only one level should be checked)

Level 1
any unhelpful behavior

Level 2
no basic skills,
or some but not all basic skills

Level 3
all basic skills

Level 4
all basic helping skills
plus any advanced skill

Notes:

#6 ADDRESSING BARRIERS TO ATTENDANCE

Check all behaviors that are demonstrated in each category.		
Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
<input type="checkbox"/> Actively excludes members' attendance (e.g., does not make schedule adjustments) <input type="checkbox"/> Ignores feedback on barriers to attendance <input type="checkbox"/> Rejects/ignores sociodemographic and minority barriers (e.g., religious observances, menstrual practices, disabilities, etc.)	<input type="checkbox"/> Actively solicits information to address potential barriers to attendance (e.g., work/farming schedule, transportation, etc.) <input type="checkbox"/> Works to reschedule sessions or adjusts schedules accordingly <input type="checkbox"/> Encourages members to attend even if previous sessions were missed <input type="checkbox"/> <i>None of the above</i>	<input type="checkbox"/> <i>Completes all basic helping skills (Level 3)</i> <input type="checkbox"/> Engages group in problem-solving about how all members can attend sessions <input type="checkbox"/> Encourages group members to support one another in attending group sessions <input type="checkbox"/> Supports access to sessions (e.g., convenient session locations, traveling together, etc.)

Check the level that best applies (only one level should be checked)

<input type="checkbox"/> Level 1 <i>any unhelpful behavior</i>	<input type="checkbox"/> Level 2 <i>no basic skills, or some but not all basic skills</i>	<input type="checkbox"/> Level 3 <i>all basic skills</i>	<input type="checkbox"/> Level 4 <i>all basic helping skills plus any advanced skill</i>
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Notes:

DEVELOPING GROUPACT FOR HUMANITARIAN SETTINGS

#7 GROUP CONFIDENTIALITY

Check all behaviors that are demonstrated in each category.		
Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
<input type="checkbox"/> Shares a member's confidential information with the group (e.g., a member's trauma history disclosed in private) <input type="checkbox"/> Threatens to share group information with community or family members <input type="checkbox"/> Targets or blames members when confidentiality is broken <input type="checkbox"/> Others break confidentiality	<input type="checkbox"/> Explains rationale for confidentiality, including situations when confidentiality can be broken <input type="checkbox"/> Confidentiality issues are addressed when unexpected/uninvited individuals arrive <input type="checkbox"/> <i>None of the above</i>	<input type="checkbox"/> <i>Completes all basic helping skills (Level 3)</i> <input type="checkbox"/> Explains issues of respect, valuing others' experiences, and feelings associated with violation of confidentiality <input type="checkbox"/> Appropriately addresses times when confidentiality is broken during group sessions

Check the level that best applies (only one level should be checked)

<input type="checkbox"/> Level 1 <i>any unhelpful behavior</i>	<input type="checkbox"/> Level 2 <i>no basic skills, or some but not all basic skills</i>	<input type="checkbox"/> Level 3 <i>all basic skills</i>	<input type="checkbox"/> Level 4 <i>all basic helping skills plus any advanced skill</i>
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Notes:

#8 TIME MANAGEMENT: APPROPRIATE BREAKS, ENERGIZERS, AND PACING

Check all behaviors that are demonstrated in each category.		
Unhelpful or potentially harmful behaviors	Basic helping skills	Advanced helping skills
<input type="checkbox"/> Prevents clients from taking a break <input type="checkbox"/> Forces group to continue when emotionally exhausted or distressed <input type="checkbox"/> Targets or blames participant(s) when requesting breaks or energizers	<input type="checkbox"/> Reviews schedule for the day <input type="checkbox"/> Includes and explains timed breaks with instructions for start/stop signals <input type="checkbox"/> Includes time for questions in schedule <input type="checkbox"/> <i>None of the above</i>	<input type="checkbox"/> <i>Completes all basic helping skills (Level 3)</i> <input type="checkbox"/> Elicits feedback and checks in with learning (e.g., has well-spaced summarizing and “checking in” activities) <input type="checkbox"/> Checks in with group to see when breaks are needed/preferred <input type="checkbox"/> Conducts group energizers

Check the level that best applies (only one level should be checked)

<input type="checkbox"/> Level 1 <i>any unhelpful behavior</i>	<input type="checkbox"/> Level 2 <i>no basic skills, or some but not all basic skills</i>	<input type="checkbox"/> Level 3 <i>all basic skills</i>	<input type="checkbox"/> Level 4 <i>all basic helping skills plus any advanced skill</i>
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Notes: