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Self-Help Plus: A Cost-Effective, Scalable, Evidence-Based Stress Management

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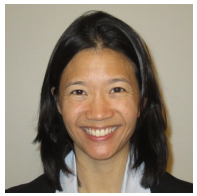

Teresa Au, Ph.D.

Upcoming Training & Events

Before We Get Started in:

01:00:00

Q & A – You can submit a question via chat anytime during the presentation. Questions will be answered during or during the last 10 minutes of the program. While chatting, please select "All Panelists and Attendees" in chat so all can see your comments and questions!

Resources – You can find a PDF of the presentation and additional resources on your CE21 account page.

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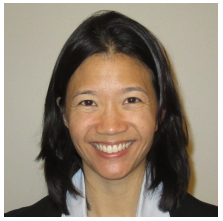

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Upcoming Training Events:

Online Cognitive Behavioral Therapy for Insomnia (CBT-I) Training via Zoom	May 3rd and 4th
Training on Assessment of PTSD and Suicide Risk Management in Veterans via Zoom	May 3rd and 4th
EBP Conference - Answering the Call with Focus, Flexibility, and Fidelity: Implementing EBPs in the Wake of Public Health Crises via Zoom	May 11th
Online Prolonged Exposure Therapy (PE) Training via Zoom	May 18th and 19th
Assessing Military Clients for Trauma and Post-Traumatic Stress Disorder Online via Zoom	May 25th

Register now for these upcoming trainings:
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Training on Assessment of PTSD and Suicide Risk Management in Veterans

National Center for PTSD | PTSD Consultation Program for Providers Who Treat Veterans | Supporting Providers Who Serve Veterans | CDP Uniformed Services University

July 19-20
10:00 AM – 6:30 PM Eastern time
FREE 14 Credits

Target Audience:
Licensed behavioral health providers who regularly treat U.S. Veterans (or who intend to treat U.S. Veterans) in the community can apply. This training is **NOT** intended for behavioral healthcare providers working in **VA or DoD** settings.

Register now for the training:
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ANSWERING THE CALL
with Focus, Flexibility, and Fidelity:
Implementing EBPs in the Wake of Public Health Crises

Evidence-Based Psychotherapy Conference, May 11, 2023
Pre-Meeting Institute EBP Workshops, May 9-10, 2023

Pre-meeting EBP workshops include:
- Motivational Interviewing Skills
- Acceptance and Commitment Therapy
- CBT for Chronic Pain

Keynote: George Bonanno, Ph.D.
Columbia University

Trauma and the Resilience Paradox: Adaptation Through Flexible Self-regulation

Workforce Capacity and Wellbeing in U.S. Psychologists Karen Stamm, Ph.D., American Psychological Association
Vulnerable Populations & Collective Trauma Ingrid Cockhren, M.Ed., PACEs Connection
Trauma-Informed & Culturally Sensitive Therapy with Ethnic Populations Priscilla Dass-Brailesford, Ph.D., Georgetown University School of Medicine
A Stepped Care Framework to Support Recovery after a Mass Casualty Event Lisa Brown, Ph.D., ABPP Palo Alto University, Stanford University
Approaches to Transdiagnostic Care with the Special Operations Forces Community Lauren Brenner, Ph.D., Massachusetts General Hospital
Modified CREST for the Treatment of Hoarding Disorder in Veterans During COVID Julie Holcomb, M.S. & Chad Vacco, M.A., Dept of Veterans Affairs

$20 registration

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Sorry We Missed You!

We have you covered!
Check out last month's series:

Healing Racial Trauma Strategies for Children, Teens, and Their Families

Two excellent presenters.

Thank you for the great experience!

The quality of the contents is always good, why I come back year after year!

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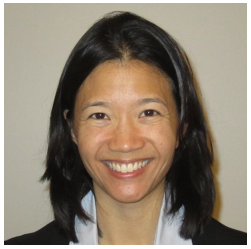

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Consultant, Department of Mental Health and Substance Use,
World Health Organization

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Disclosures

All faculty, course directors, planning committee, content reviewers and others involved in content development are required to disclose any financial relationships with commercial interests. Any potential conflicts were resolved during the content review, prior to the beginning of the activity.

Dr. Au has no financial interests to disclose.

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Self-Help Plus (SH+): A cost-effective, scalable, evidence-based stress management course

May 2, 2023

Dr. Teresa Au
U.S.-licensed clinical psychologist
Consultant
Department of Mental Health and Substance Use
World Health Organization – Geneva, Switzerland

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Overview

- Scalable psychological interventions
- What is Self-Help Plus (SH+)?
- SH+ development and research base
- Implementing SH+
- Potential applications of SH+ in military contexts

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Unmet mental health care needs

- Many evidence-based psychological interventions have been developed
- Encouraging progress with disseminating evidence-based interventions
- Yet most people who need mental health care receive no treatment.
  50% active duty U.S. Service members and Veterans have unmet mental health needs
- Of Service members who do receive treatment, only 30-60% evidence-based / evidence-informed care
- Conventional psychological interventions are not very easy to scale up

(DoD, 2020; Hepner et al., 2017, 2018)

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Conventional psychological interventions

- By specialists
- One treatment manual per problem
- Often many sessions
- Often require diagnostic assessment

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Towards scalable psychological interventions

Conventional psychological interventions

- By specialists
- One treatment manual per problem
- Often many sessions
- Often require diagnostic assessment

More scalable psychological interventions

- Innovative delivery: reduced reliance on specialists (trained lay people, technology, self-help guides etc.)
- One treatment for multiple problems (where possible)
- May not require diagnostic assessment
- Fewer sessions
- Focus on skills for self-management
- Growing evidence base

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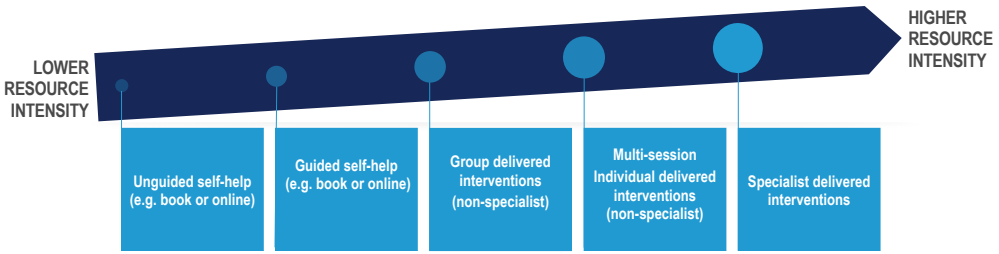
Different delivery models



(e.g., Berger et al., 2011; Cujpers et al., 2010)

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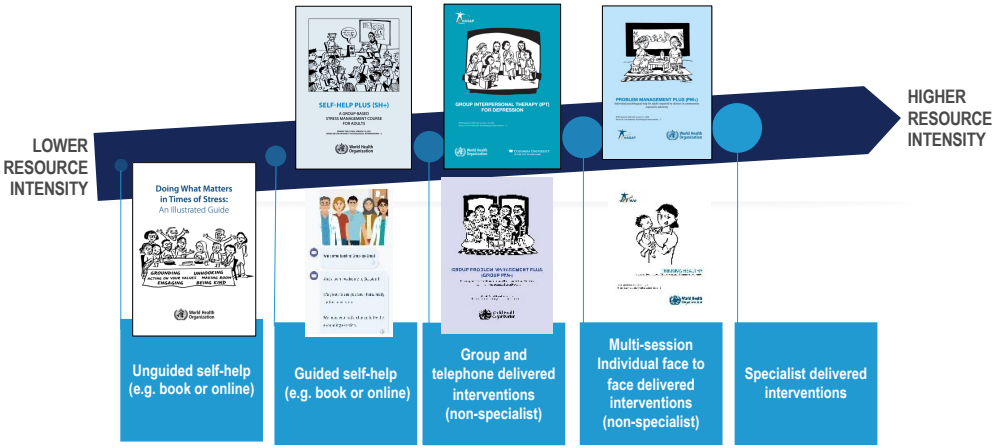
Psychological interventions

Different delivery models



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Are non-specialist and self-help delivered interventions enough?

No! Use of stepped care

Step 1. First offer most scalable interventions (e.g. a self-help book such as "Doing What Matters in Times of Stress: An Illustrated Guide")

Step 2. If it does not work, "step up" to more intensive care (more resource-intense interventions) if available (e.g. multi-session counselling/psychological treatment by non-specialists)

Introducing scalable psychological interventions does not reduce need for specialists

- Produces more referrals to specialists
- Better use of resources (e.g. for complex cases)
- Specialists often provide implementation support, training and supervision

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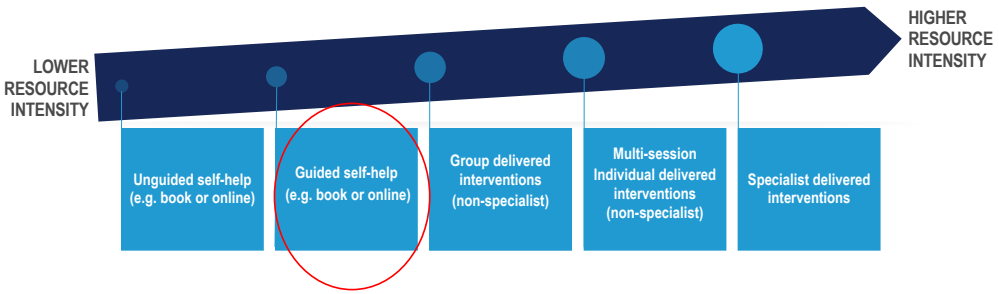
Different delivery models



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Self Help Plus (SH+)

SELF-HELP PLUS (SH+)

A GROUP-BASED
STRESS MANAGEMENT COURSE
FOR ADULTS

GENERIC FIELD-TRIAL VERSION 1.0, 2021
SERIES ON LOW-INTENSITY PSYCHOLOGICAL INTERVENTIONS – 5

World Health Organization

What	• Group-based stress management course • Transdiagnostic, guided self-help
Format	• Led by 1-2 briefly-trained facilitators (including non-specialists) • Five weekly group sessions, 90-min each • For large groups of people (e.g., up to approx. 30 participants) • Pre-recorded audio teaches stress management skills • Illustrated SH+ book (*Doing What Matters in Times of Stress*) helps participants practice skills between sessions
For whom	• Adults experiencing moderate to severe psychological distress
Approach	• Based in Acceptance and Commitment Therapy (ACT), a form of CBT involving mindfulness and values-based action

Available online:
https://www.who.int/publications/i/item/9789240035119

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5 core SH+ skills

SELF-HELP PLUS (SH+)

A GROUP-BASED
STRESS MANAGEMENT COURSE
FOR ADULTS

GENERIC FIELD-TRIAL VERSION 1.0, 2021
SERIES ON LOW-INTENSITY PSYCHOLOGICAL INTERVENTIONS – 5

World Health Organization

Session 1: GROUNDNG	Bringing your attention back to the present moment when caught up in thoughts or emotions.
Session 2: UNHOOKING	Realizing when you are caught up in distressing thoughts and emotions and unhooking from them.
Session 3: ACTING ON YOUR VALUES	Identifying personal values and values-guided actions
Session 4: BEING KIND	Practicing kindness towards oneself and others.
Session 5: MAKING ROOM	Making space for difficult thoughts and feelings, rather than pushing them away

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1-minute grounding exercise from SH+

Listen to a 1-minute grounding exercise

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The SH+ manual contains step-by-step "session instructions" for facilitators

	"The facilitator will now show the group Picture 1.2."
	Hold up Picture 1.2. OPTIONAL: Pause the audio and briefly explain the picture (pointing to relevant parts if necessary): • In this picture, the man is so distracted by his thoughts and feelings that he's like a fish caught on a hook. When he is hooked by these thoughts and feelings, he is not able to fully concentrate on playing with the children. Press play to resume the audio, if it was paused.

	"The facilitator will pause this recording to read Sheet 1.3."
	Pause the audio.
	• Remember, Paying Attention With Curiosity means paying full attention to what is happening right in front of you, without judging it as good or bad. For example… [Read your prepared example:] [Or use the example below:] ▪ You could pay attention with curiosity while eating – for the first couple of minutes of a meal, use your five senses to really pay attention to each bite, noticing all the different colours, shapes, smells, flavours and textures. And if you are eating with your fingers, notice how the food feels to touch. • Now, turning to the person next to you, please discuss this question: ▪ Over the next week, what are one or two daily tasks that you could do while paying attention with curiosity? I have just given you some examples. You can use these or come up with your own activities you can do while paying full attention.
	Use the timer to give **1 minute 30 seconds** for this discussion.

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SH+ video

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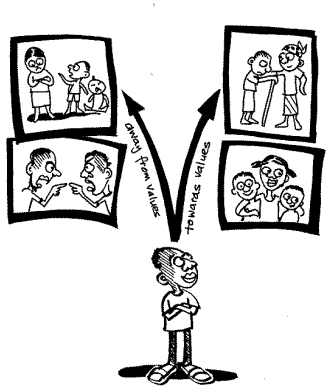
Examples from the SH+ book (*Doing What Matters in Times of Stress*)

Excerpt from audio: "…paying attention with curiosity to the world around us …helps us to unhook from difficult thoughts and feelings…Next time you are hooked by your thoughts and feelings, and therefore not really paying attention… try to really engage in whatever it is you are doing…. and notice what happens."



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SH+ Development

- Iterative process over approx. 6 years
- Expert and bestselling self-help author (Dr Russ Harris) devised the course with WHO
- Initial formative work in Syria and Uganda
- 3 fully-powered, randomized controlled trials (RCTs)

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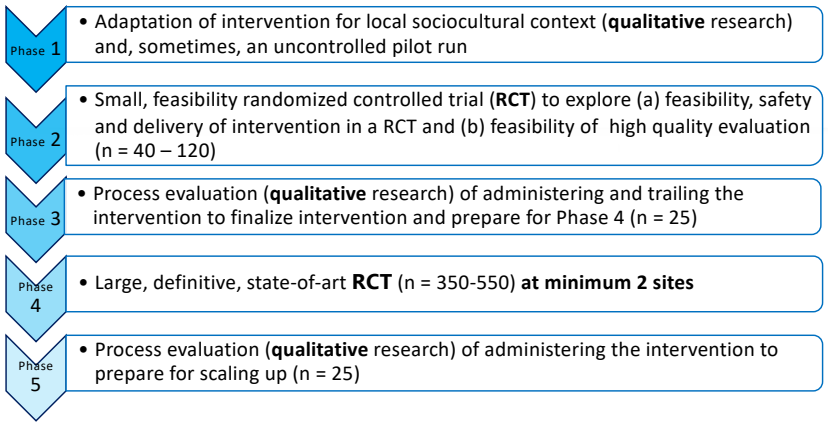
5-phase model for testing psychological interventions



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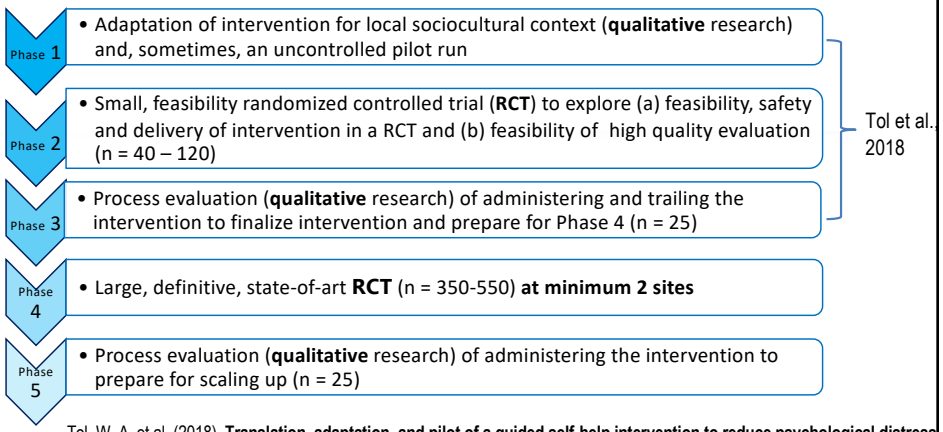
5-phase model for testing psychological interventions



Tol, W. A. et al. (2018). **Translation, adaptation, and pilot of a guided self-help intervention to reduce psychological distress South Sudanese refugees in Uganda.** *Global Mental Health, 5,* e25.

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3 fully-powered RCTs: SH+ vs treatment as usual (TAU)

1. N. Uganda (N=694) – S. Sudanese women living in refugee settlements

(Tol et al., 2020)

Tol, W., et al. (2020). **Guided Self-Help to Reduce Psychological Distress in South Sudanese Female Refugees in Uganda: A Cluster Randomized Trial**. *Lancet Global Health, 8*, e254-e263.

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1st RCT: Uganda results

- Moderate effect sizes at immediate post-treatment assessment
- Small effect sizes at 3-month follow-up

	Effect size Posttreatment	p	Effect size follow-up	
Psychological distress (K6)	-.72	<.0001	-.26	.04
Self-defined concerns (PSYCHLOPS)	-.58	<.0001	-.25	.06
PTSD symptoms	-.68	<.0001	-.30	.02
Depression symptoms	-.75	.0003	-.31	.03
Explosive anger	OR=.50	.002	OR=.63	.04
Interethnic relationships	-.06	.37	-.07	.30
Psychological flexibility	.42	.02	.09	.66
Disability (functional impairment) (WHODAS 2.0)	-.77	<.0001	-.30	.05
Subjective wellbeing	.51	.0006	.36	.0028

(Tol et al., 2020)

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Process evaluation after Uganda RCT

"Most of my relatives died during the war... This program helped me reduce my stress and my mind is free because I [learned] to change what you can and leave what you cannot change."

"[Before SH+, my mother] could not talk in a good manner to us [or] even the neighbours. [SH+] has changed our lives. Our mother teaches us with the illustrated book. [She] can now talk to us freely... [and] even tells stories with the neighbours." (from the adult daughter of a participant)

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3 fully-powered RCTs: SH+ vs treatment as usual (TAU)

1. **N. Uganda** (N=694) – S. Sudanese women living in refugee settlements
(Tol et al., 2020)

RE-DEFINE – RCTs in Europe and Turkiye (prevention trial)
(Refugee Emergency: Defining and Implementing Novel Evidence-based Psychological Interventions)

2. **Europe** (N=459) – Italy, Austria, Germany, Finland, UK
Refugees and asylum seekers from Syria, Iraq, Nigeria, Pakistan, and Afghanistan
(Purgato et al., 2021)

3. **Turkiye** (N=642)
Refugees from Syria
(Acarturk et al., 2022)

Acarturk, C. et al. (2022). **Effectiveness of a WHO self-help psychological intervention for preventing mental disorders among Syrian refugees in Turkey: a randomized controlled trial**. *World Psychiatry*, 21, 88-95.

Purgato, M., et al. (2021). **Effectiveness of Self-Help Plus in Preventing Mental Disorders in Refugees and Asylum Seekers in Western Europe: A Multinational Randomized Controlled Trial.** *Psychotherapy and Psychosomatics*, 90(6), 403-414.

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Summary of results

Uganda
- Post-intervention: significant, moderate effect on psychological distress
- 3-month follow-up: small but still significant effect

Europe
- Post-intervention: significantly less likely to have a MH disorder
- 6-month follow-up: reduction no longer significant

Türkiye
- Post-intervention: no significant effect
- 6-month follow-up: significantly less likely to have a MH disorder (about half the risk)

Meaningful effects and consistent with similar self-help groups

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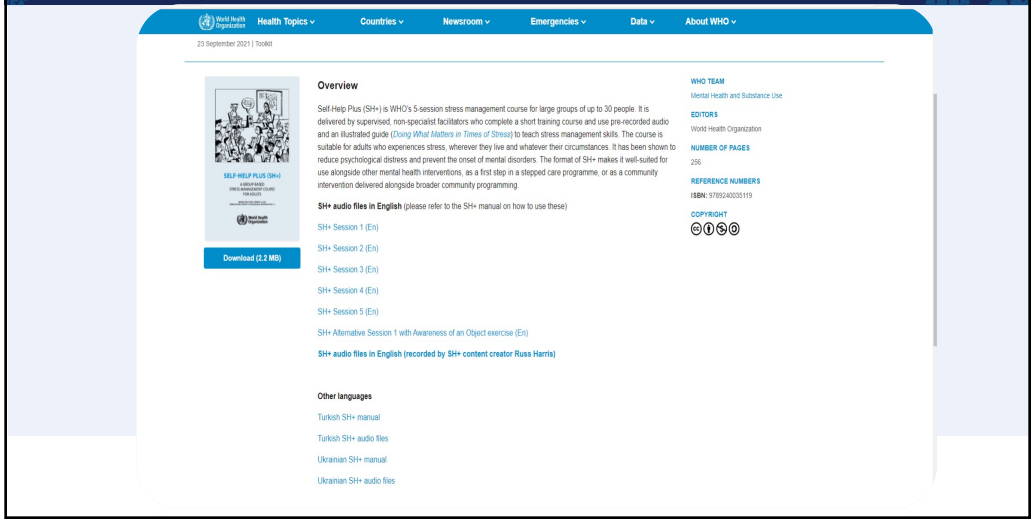
Self Help Plus (SH+)



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SH+ Adaptations

SH+ available in several languages:

- English
- Ukrainian
- Turkish
- Juba Arabic
- Arabic (Syrian dialect)
- Urdu
- Dari

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How can SH+ be delivered?

SH+ implementation possibilities:

- As the first step of a stepped care program
- Provided as part of primary healthcare or other services
- Provided to a community where the majority are experiencing elevated stress, as part of community programming
- Other

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What is required for implementing SH+?

- Large space
- Audio player (mobile phone) and speaker to deliver to large groups (portable speaker)
- Trained facilitators (4-5 days for training non-specialists)
- Trainers
- Supervision for facilitators
- Where feasible, referral and additional safety and support procedures.

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Few requirements for SH+ facilitators

- Speak the same language and ideally have a similar cultural background to that of participants. (Running an SH+ group with interpretation is also possible).
- Be able to read and write (e.g., completed high school education)
- Have a genuine interest in helping others
- Be willing to learn and practise the SH+ skills in their own lives.

Examples of non-specialists:

Community workers, peers, healthcare workers, social workers

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SH+ facilitator competencies

- **SH+ specific facilitation skills**
  - Following the step-by-step instructions in the manual
  - Use a minimal support approach (i.e., not providing therapy) when answering questions or speaking with participants individually
- **Familiarity with SH+ course content** (expert knowledge not needed)
- **General helping skills**
  - Basic helping skills (e.g., validating, using appropriate non-verbal communication)
  - Responding to safety issues (e.g., imminent risk of suicide)

Non-specialists can gain these competencies in a 4-5 day training; less if already have some of these competencies

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Requirements for trainers

- Background in mental health (e.g. a mental health professional) or train in collaboration with someone who has this
- Be experienced and competent in delivering SH+ or other mental health interventions.
- Be able to demonstrate the core SH+ facilitator competencies
- General competencies for training others
- Speak the same language as trainees (or use interpreter)

Trainers do not need an in-depth understanding of ACT

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Training resources

- Forthcoming SH+ training manual: draft version available upon request to psych_interventions@who.int
- Forthcoming SH+ training videos

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Strengths of SH+

- Reach many participants at a time (e.g. groups of up to 30 people)
- Training and supervision require fewer resources than other interventions
- Feasible to scale up
- Suitable for broad populations of people experiencing stress

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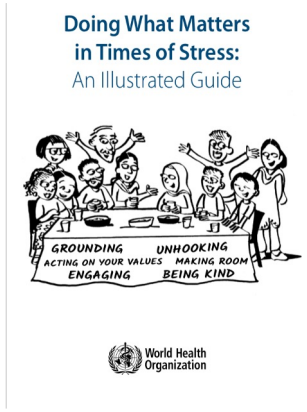
Doing What Matters in Times of Stress (DWM) – aka the SH+ book



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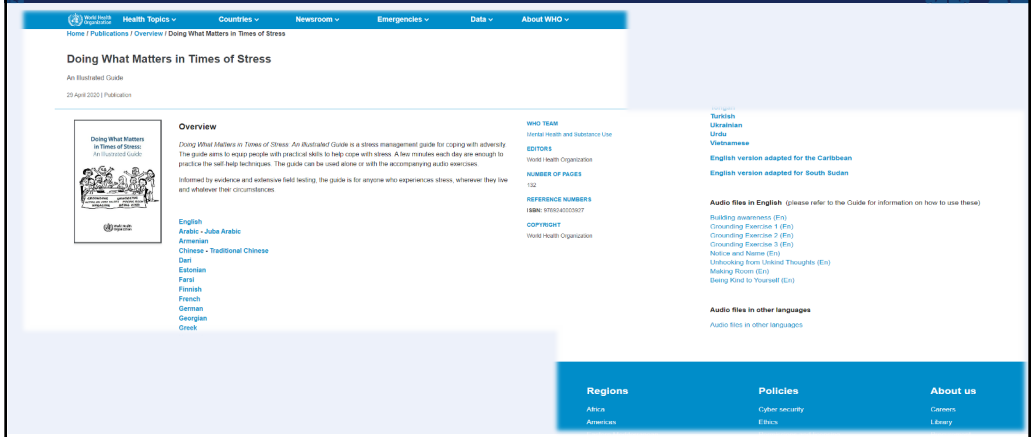
Doing What Matters in Times of Stress (DWM) – aka the SH+ book



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Delivering *DWM* as unguided or guided self-help

- **Unguided:** Can be provided to large populations as a self-help book
- **Guided self-help:** Draft manual for DWM. Can be delivered in person, in groups or over the telephone

  Session 1 – introduce *DWM* and core techniques

  Session 2 – 1 week follow up, to check in and answer any questions

  Session 3 – 1 month later, review

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Barriers to using SH+

- People don't know about it
- Its simplicity – unlikely to be widely used by specialists
- Requires coordination (e.g., identifying and training trainers)
- Cultural barriers

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Barriers to using SH+

- People don't know about it

  Spread the word!
- Its simplicity – unlikely to be widely used by specialists

  Consider which non-specialists in your context could be SH+ facilitators
- Requires coordination (e.g., identifying and training trainers)

  MH professionals could self-train
- Cultural barriers

  Small cultural adaptations feasible (e.g., tailoring facilitators' examples). More extensive adaptations are harder but still feasible (e.g., creating a new recording or new illustrations), and WHO can provide supporting materials

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SH+ in military contexts

- Resilience-building for active duty service members (e.g., chaplains trained as facilitators)
- Use with families
- As part of stepped care at VAs

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Acknowledgements

- Slides created by WHO MHE team (Dept of Mental Health and Substance Use)
- Research Collaborations: HealthRight International, Re-DEFINE consortium
- Donors: Research for Health in Humanitarian Crises (R2HC) Programme, European Commission (Horizons 2020)
- SH+ content creation: Russ Harris

Contact **psych_interventions@who.int** for:

- SH+ training manual (draft)
- SH+ translation and adaptation resources
- guided self-help *DWM* protocol
- other SH+ materials not yet on the WHO website

Thank you for your attention. Questions?

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