Perinatal Mental Health Project
Caring for Mothers. Caring for the Future.

Training for empathic engagement

Learning brief

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Introduction

In South Africa, one in three women experiences a common mental illness during pregnancy. This is three times the prevalence rate of women in high income countries. A common mental disorder (CMD) i.e. depression and anxiety, during the perinatal period [1] may cause physical and psychological problems for the mothers, their babies, children and the whole community. These consequences include poor obstetric outcomes, increased infant mortality, impaired early childhood development and general compromise of the mother's caregiving capacity. Maternal mental illness can result from, lead to, or exacerbate social problems like poverty, addiction, HIV and domestic violence. Maternal suicide is an also important cause of death in mothers during pregnancy or after the birth of baby. Mothers with a CMD face greater challenges in taking up social and health services and so are less likely to be able to access immunisation for their infants or complete HIV or TB treatment regimes. They are also less able to generate income, utilise available social resources and face challenges related to parenting.

The management of depression and anxiety in low and middle income countries (LMIC) is particularly challenging because there are too few mental health workers, and services are limited. However, the majority of mothers with CMDs may be helped by carers who are not qualified mental health professionals. Simple interventions can provide enough meaningful support to enhance the mother's resilience.

[1] "The period from conception till the end of the first year after birth."

Developing an effective intervention

The Perinatal Mental Health Project (PMHP) has developed a training programme for a range of cadres of care worker. This intervention is aimed at developing pragmatic skills and practices so care providers are able to support maternal mental health. The training includes information about maternal mental health problems, self-care strategies and practical skills training which centres on an empathic care package. This empathic skills package includes several, simple, evidence–based, psychological strategies which have been shown to enhance communication and empathic engagement between people, and does not require prior psychological knowledge.

What is empathic engagement and why is it important?

Empathy is the ability to perceive the meaning and feelings of another person and to be able to communicate these to that person. Empathy is a core aspect of building relationships and positive client interaction. When care workers engage empathically with clients, clients feel empowered, service uptake is improved and clients are more likely to adhere to recommended interventions and treatment regimens [(2)]. There are also benefits for the care workers who report less burnout and enhanced work satisfaction.

At the beginning of our workshops which we provide for a range of care workers, participants often voice some anxiety about communicating empathically with their clients. These concerns include the following:

- the idea that empathic communication is a luxury
- there are too many time pressures to provide everyone with empathic care
- empathic care is not possible because of lack of privacy
- empathic communication would cause care workers to feel overwhelmed
- empathic communication would cause care workers to become emotionally exhausted
- empathic communication would result an exposure of more problems than they can manage (opening a ‘can of worms’)

Studies have shown that empathic engagement does not necessarily take up more time, is not emotionally exhausting like being sympathetic, and does not overburden the care worker, as the client maintains responsibility for their own problems. In addition, this type of communication can **actually save time, effort and expense** as the relevant client issues are more quickly identified resulting in early and more effective management.

Developing the best model for teaching maternal mental health and empathic skills

The PMHP developed their training programmes, through a number of workshops with social workers (employed through Department of Social Development (DSD) and the NGO sector); nurses, doctors and community care workers providing health and social services in homes and clinics (employed through a rural NGO in the Eastern Cape, and a semi-urban NGO in Eden District). The experiential nature of the training programmes, which are directed by the needs of the group, means they can be effectively delivered to a broad range of care workers.

Verbal and written feedback, engagement with supervisors and managers of participants, as well as facilitator debriefing have all enabled ongoing refinement and adaptation of several tarining packages.

Who needs training in maternal mental health and empathic engagement skills?

Social workers are ideally placed to recognise, manage or refer mothers with mental health problems. There is a close link between mental and social health. An understanding of mental health problems ensures social workers are able to more easily identify the "real" problem and deal holistically with their clients; and also gives them a broader and more compassionate view of maternal needs when referred children at risk.

Increasingly, health and development NGOs are recognising the links between good maternal mental health and improved outcomes for existing human immunodeficiency virus (HIV), tuberculosis (TB), orphans and vulnerable children (OVC) programmes as well as other social and developmental programmes. Further, this type of training would meaningfully support *First 1000 Days* initiatives which seek to address the determinants of child development and health outcomes in this critical window of time.

Building up to empathic skills: learning about maternal mental health

Stigma, related to a lack of understanding and negative stereotyping of those with mental illness, is a significant factor in communities and among care workers [3]. We attempted to reduce this stigma through the provision of background information about maternal mental illness and related medical and social problems. All participants were required to study and discuss, within small peer groups, the contents of a *Maternal Mental Health* training guide which was developed by PMHP, in conjunction with Bettercare®; which is a local distance learning programme. The Bettercare ® model encourages participants to engage with, discuss and apply the book material provided in a way which is relevant to their unique situations and work environment.

We found that an unexpected benefit of the group work was that many participants found working in groups to be easier to arrange than anticipated and enjoyed the peer support received from the group. Many plan to continue to meet as a group into the future. Some reported benefit from being able to reflect on their own, as yet unresolved maternal mental health issues, within the safety of a supportive group. They also found the group meeting, where they discussed work related matters, helped them feel less alone professionally.

Practical training in empathic engagement and psychological interventions

We previously noted a gap between the perceived ability and actual ability of workshop participants to engage empathically. Most participants struggle to "listen" and accept the client's perspective without judgment. Instead, they very quickly assume they understand the problem and revert to "telling" and "fixing" based on their own perspective and experience.

For this reason, we developed a largely experiential, skills training package which comprises role play, realistic case scenarios and small group engagement to illustrate several components of empathic engagement and selected intervention processes. After each exercise, training facilitators guide a reflective discussion. The depth of these discussions and level of insights varied between groups, but this was far more meaningful for the participants than a more didactic process. This also allowed the facilitators to evaluate the effectiveness of each exercise and supplement information when necessary.

A training intervention, "*The Secret History*", which was developed by the PMHP and used in many other training situations, was also used. "*The Secret History*" enables participants to role-play, as a group, the experience of what it is like to be the "other", i.e. the vulnerable mother engaging with a care worker, and so understand more deeply the need to try and empathise with the client's perspective.

Table 1: Components of empathic skills training

Empathic component	**Skills training**
Setting the scene which includes – confidentiality, rapport building, demonstration of warmth, genuineness and self-disclosure	This is role modelled throughout the training – attention drawn to inclusion. Also forms part of every role play.
Non-verbal communication and active listening	Paired exercises – not listening, listening without words and listening actively
Verbal communication – open and closed questions	Role play - gathering data using only open questions in pairs with observer.
Exploration of recent life events and other social and health problems	As above
Assessment of functioning and impact on life (Whooley Questions)[2]	Role play – asking Whooley questions followed by group discussion of what to do based on responses
Reflection, interpretation and normalization of feelings	Identification of feelings from sentences and then normalising feelings Feelings charades – identifying body language
Psychoeducation, explanation of treatment and provision of support in local terms	Recap and application of information given in Bettercare group work – throughout role play reflection
Affirming, support and encouragement	Affirming group members (exercise) and discussion on how client in Secret History scenario could be affirmed? (Group).

[2] The Whooley Questions is a short test for screening for common perinatal mental disorders in low-resource, primary care, antenatal settings in South Africa which was validated by PMHP in 2014 [7].

Problem solving	Role play (pairs) – using 5 step problem solving of scenario used in Secret History
Behavioural activation	Group – fish bowl – based on Secret History scenario.
Eliciting feedback when providing advice, suggestions and recommendations.	Role play (pairs) where feedback is obtained from 'client' after psychoeducation or problem solving is conducted by 'care worker'

The learning from this type of experiential work is not limited to the workshop. On a number of occasions, social workers reported back how they had used some of the skills after the workshop.

Supporting the trainers of community workers: Train-the trainer guidebook

A training guidebook was prepared for the NGO trainers, to provide a resource and reminder of the content to be covered and also to give them the confidence to follow our training methods. The initial training delivered to community health workers was given in isiXhosa by the NGO trainers, and supported by the PMHP Training manager. After this training, the NGO trainers expressed increased confidence in their ability to facilitate training themselves. They also had a greater understanding of their need to embody and role model the skills the empathic engagement skills they were imparting.

It is often difficult for trainers to let the training flow and accept that each person is responsible for their own learning. This models empathic engagement, and when allowed to do this, participants feel empowered and are more likely to develop further their understanding of the material and practice their skills.

Development of an evaluation tool

One of the challenges of any training intervention is the development of an accurate evaluation tool. We have adapted an existing rating scale, the ENhancing Assessment of Common Therapeutic factors (ENACT) [4] to measure participants' empathic engagement competence before and after the training. The ENACT tool was originally developed to measure psychological treatments in developing countries using peer-led therapeutic support. The ENACT tools can be administered by a supervisor, peer and is also very valuable as a self-rating and personal development tool for participants.

Other components of this training process

Development of material: The development of the training material was an iterative process, this means that during each session we used a process of observation, reflection and regular feedback to modify and adapt the training materials and exercises to make sure we were achieving our training objectives and also ensure that all content was relevant and appropriate to the target audience.

Role-player buy-in: Before we conduct training, we aimed to ensure that all role-players were informed about the process and had a good understanding of maternal mental health. Wherever possible, we informed or trained all members of the organisation's management team and also staff from their local partners, clinics and other NGO staff about the intervention.

Detection of maternal mental distress During the training, participants were informed and practised using the Whooley questions, a PMHP tested mental health screening tool [(7)],. A hand-held ruler with printed information was developed to remind community workers of the questions and so ensure accurate data is collected. This ruler also provides reminders of all components of empathic engagement and so is a practical, functional and light tool which community workers to carry with them to clients.

Service monitoring – where possible, all relevant monitoring data was simplified and aligned with the training.

Referral procedures - the local referral processes for social and mental health problems were reviewed, discussed, clearly documented and aligned with the training.

Care worker support and re-enforcement of learning - The PMHP are also in the process of developing another intervention, *Nyamekela4Care*, which will support, provide re-enforcement of skills as well as ongoing training and self-care for all care workers.

Process evaluation

Each training was formally evaluated and this feedback used to inform changes to the programme. Feedback obtained during less formal discussions at the end of the training provided a meaningful supplement to the evaluation forms.

Summary of lessons learnt

1. The use of the distance learning programme prior to the empathic skills training ensures all participants had the necessary background understanding of the rationale for the workshops, which in turn increased group participation.
2. While effective, the distance-learning model does come with a high attrition rate (about 30%).
3. Training must be responsive to the lived experience and needs of the participants.
4. It helps to provide a personal incentive for training, e.g. CPD points.
5. Training material should provide a framework for training, and facilitators encouraged to let the group guide their own learning.
6. Some of the exercises we developed were successful beyond our expectation, while others proved less effective. It is important to test and refine these exercises according to the local context and experience.
7. Evaluation forms need to be short and encourage more meaningful feedback i.e. participants' own words and impressions.

Conclusion

The PMHP have developed a training package through a process of continuous participant engagement, which allows participants across cultures and skill levels to develop practical skills in empathic engagement. These skills can be effectively measured, using a modified objective tool. The training includes a an initial pre-contact, didactic group-work component follwed by an intensive, practical skills, contact component.

***** The Perinatal Mental Health Project (PMHP) operates from within the Alan J Flisher Centre for Public Mental Health at the University of Cape Town. The PMHP, in addition to their training, advocacy and research functions, provide a one-stop, integrated mental health service at three midwife obstetric units (MOU) in Cape Town. The PMHP envisages mental health support for all mothers to promote their well-being and that of their children and communities.

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Participants engaged in paired role play.

Participants acting out an "emotion" in the charades game.

Participants engaged in role play with an observer to ensure they use appropriate skills.