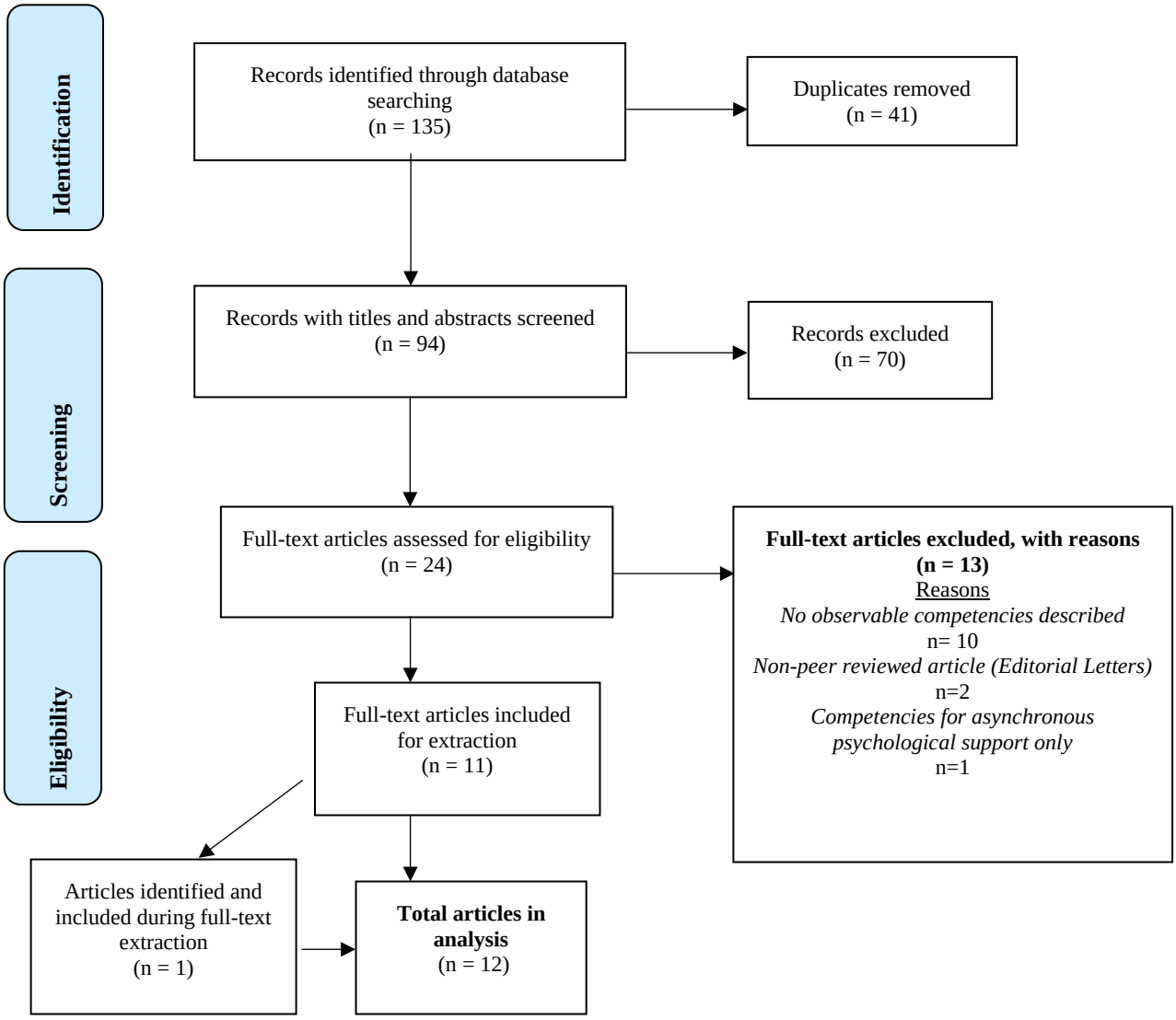
Supplementary Materials

Supplemental Table 1. Sample Search Strategy

SCOPUS
(TITLE-ABS-KEY (telepsychiatry OR telehealth OR telemedicine OR telemental OR telecommunicat* OR "remote delivery") AND TITLE-ABS-KEY (competency OR competen* OR "Competency-based education" OR "competency framework" OR "clinical competence") AND TITLE-ABS-KEY ("mental health services" OR "Community mental health services" OR "psychological support" OR "mental health care" OR "psychological intervention" OR hotlines OR "psychosocial intervention")) AND (LIMIT-TO (PUBYEAR , 2021) OR LIMIT-TO (PUBYEAR , 2020) OR LIMIT-TO (PUBYEAR , 2019) OR LIMIT-TO (PUBYEAR , 2018) OR LIMIT-TO (PUBYEAR , 2017) OR LIMIT-TO (PUBYEAR , 2016) OR LIMIT-TO (PUBYEAR , 2015)) AND (LIMIT-TO (DOCTYPE , "ar") OR LIMIT-TO (DOCTYPE , "re")) AND (LIMIT-TO (LANGUAGE , "English"))



Supplemental Figure 1. Flow Diagram of Study Selection Process

Flow diagram showing the study selection process for the rapid review. Study selection stages include 1. Identification: Number of records identified through the search across databases, additional sources identified through hand searches, and number of duplicates removed before screening. 2. Screening: Included number of titles and abstracts screened, records excluded; and 3. Eligibility: full text articles found eligible for full-text screening, records excluded, with reasons, articles identified during full-text extraction, and final number of studies included in rapid review analysis.

Supplemental Table 2. Supplemental Description types (style, length) for categories of skills and skill sets and examples from included articles

Category description type	Example from included article	Referenced article
In-depth description Checklist of guidance/instructions	**Category label:** *Body of the telepsychology session: Psychologist side* **Category description:** • Check the mic and the camera on each side • The patient and parents/caregivers confirm and introduce everybody on their side • The patient answers the questionnaires (if any) • Confirm the patient details on the ID label OR the file number. Confirm that you are talking to the right person before you start, and especially before giving out any information • Introduce yourself and your team members, if any: give the patient the opportunity to establish the true identity of the psychologist and his/her certifications • The patient answers (Qs about COVID-19): have you been diagnosed with COVID-19? Or has anyone in your family been diagnosed?; are you waiting for test results?; do you work on the frontlines? Do any of your families work on the frontlines? and; in the event of COVID-19, obtain isolation information (isolation information for patients, including the discontinuation of home isolation and the effectiveness of quarantining for COVID-19) • If this is the first session, give a brief overview of the sessions and your telepsychology services Start by welcoming each side one by one Introduce everybody inside your clinic, including assistants, interns, nurses, and others (must list all in your documentation) • Confirm the patient location (city, place) and your location as well (hospital, home, other) and make sure to document that • Obtained verbal consent (if not obtained before) • Protecting patients' privacy: confirm everybody present on the patient's side, to promote privacy and protect confidentiality • Focus on the patient's psychological history • Focus on current psychological statistics during COVID-19 assessments (see Qs about COVID-19) • Apply an official and proper telepsychology intervention guideline as appropriate; could be PFA to apply an appropriate psychological intervention such as iCBT, for example • Apply an official and proper telepsychology intervention guideline as appropriate; could be PFA to apply an appropriate psychological intervention such as iCBT, for example • If indicated by risk level (such as suicide risk or violence): apply a multi-step safety plan and provide the patient with an e-copy of the plan. Determine how transportation, if necessary, will be handled and whether to utilize a local collaborator and; try to remain connected to the patient via telepsychology services or telephone while coordinating the involvement of third parties. Involve secondary telepsychology staff and notify third parties as warranted	Alqahtani, 2021

Category description type	Example from included article	Referenced article
In-depth description: Paragraph and/or bullet list of guidance/instructions	**Category label:** *Clinically unsupervised settings* **Category description:** In instances where the mental health provider is providing services to patients in settings without clinical staff immediately available: • Providers **should** discuss the importance of having consistency in where the patient is located for sessions and knowing a patient's location at the time of care, as it impacts emergency management and local available resources. • As patients change locations, providers **shall** be aware of the impact of location on emergency management protocols. These include emergency regulations, resources (e.g., police, emergency rooms, crisis teams), and contacts. These should be documented and available to providers. • For treatment occurring in a setting where the patient is seen without access to clinical staff, the provider **should** consider the use of a "Patient Support Person" (PSP) as clinically indicated. A PSP is a family, friend or community member selected by the patient who could be called upon for support in the case of an emergency. The provider **may** contact the Patient Support Person to request assistance in evaluating the nature of emergency and/or initiating 9-1-1 from the patient's home. • If a patient and/or a PSP will not cooperate in his or her own emergency management, providers **shall** be prepared to work with local emergency personnel in case the patient needs emergency services and/or involuntary hospitalization.	APA & ATA, 2018
Brief description: Single phrase or 1-2 sentences describing task or performance	**Category label:** *Engagement and interpersonal skills* **Category level:** *Novice* **Category description:** Therapeutic alliance with trust and rapport **Category label:** *Engagement and interpersonal skills* **Category level:** *Competent/ proficient* **Category description:** Adjust to technology (e.g., replace handshake with verbal comment) Avoid distractions and interruptions	Hilty, 2018
Description with limited detail on observable behavior or action of a practitioner	**Category label:** *Technological competence* **Category description:** Includes possessing adequate knowledge of and familiarity with the various technologies being used in the practice of tele-mental health. This may include knowledge about various technology requirements for providing tele-mental health services to include hardware, software, type of Internet connection, privacy safeguards, and security precautions needed to help ensure each client's privacy is protected includes possessing adequate knowledge of and familiarity with the various technologies being used in the practice of tele-mental health. This may include knowledge about various technology requirements for providing tele-mental health services to include hardware, software, type of Internet connection, privacy safeguards, and security precautions needed to help ensure each client's privacy is protected.	Barnett, 2016

Supplemental Table 3. Skill domains (n=10) identified for remote psychological support with corresponding review papers (n=12) and review paper behavior descriptions

Domain 1	Article	Behavior descriptions
Emergency and safety protocols for remote services: Practitioner assesses for risk to or from the client, including harm to self, to others or from others. Safety protocols should be put into place with the client, including a plan in case of emergency. Plans may need to include local resources, contacts and supports near to the client's physical location. Practitioner confirms client understands risk and safety procedures and asks for feedback and clarifications as needed.	*Alqahtani 2021*	Check on the need for an emergency protocol. If yes: (Where are you? Is the space private and safe? Can anyone hear you? Can anyone barge in?); Inform the patient about the risks and benefits of telepsychology sessions, including limited diagnostic assessment capabilities;
	Barnett 2016	Careful screening of client's treatment needs including seriousness of diagnosis, whether or not the client is currently in crisis, level of rapport and the client's motivation for therapy. Consideration of the support system available to client, whether the client can find competent clinicians in the area in which services are needed, and client access to a secure and private space where the prospective client may participate in the tele-mental health services
	Danesh 2019	Must be aware of local emergency resources available to the patient. In hospital settings, the availability of personnel for urgent medication administration or safety interventions must be verified when telehealth programs are initiated and must be confirmed at the start of each shift.
	DeJong 2018	A plan for addressing acute safety issues, back-up at the patient site, and particular consideration of developmental issues when assessing children
	Hilty 2015	Stratify risk and protective factors based on epidemiology (e.g., suicide, homicide risk). Assess risks for suicide/harm to others and develop follow-up plan. Synthesize information (including risk vs. protective factors and collateral information). Administer tools contextually (e.g., substitute score item for non-reproducible task at distance).
	Hilty 2018	Thoroughly stratify risk and protective factors; learn tools (e.g., cognition); Assess danger risk and adjust follow-up plan vs. in-person; ensure full mental status or alternative; administer tools with adjustments; Synthesize information; adjust tools contextually (e.g., substitute score item for MMSE).
	McCord 2020	Providers should have knowledge of or be acquainted with local in person and emergency resources. Further, providers should know how to access these resources and should know what to do to address any lack of appropriate resources. They should further be able to communicate this knowledge to their client: should also be communicated to the client within the session, in an agency or provider information pamphlet or booklet, or on safety plans provided to clients; Providers should have protocols in place regarding what to do in an emergency or crisis and know how to use said protocols. Combined with knowledge of local resources, they should further be able to connect clients to local emergency or in person services. It is also recommended that providers have an emergency contact on file for the client; This may include providers at a remote site, the local state mental health authority, a local crisis line, or local mental health care providers or facilities, such as a psychiatric hospital or outpatient clinic. Safety planning should include components such as predictors of a crisis and resources, and strengths the client has to work through the crisis. It should be made clear the clinic's or provider's limitations in helping with crises situations such as time of day and distance from the client and the client should be made aware of the local 24/7 organizations that are able to provide support when the provider cannot. Having this discussion and plan with a client early on in treatment will help provide for safety in times of emergency.
	Sabin 2015	Explicit anticipatory discussion with the patient of how crises can be dealt with
	Shore 2018	Providers shall consider geographic distance to the nearest emergency medical facility, efficacy of patient support system, and current medical status; include discussion of circumstances around session management so that if a

		patient can no longer be safely managed through distance technology, the patient is aware that services may be discontinued; Providers should consider whether there are any medical aspects of care that would require in-person examination including physical examinations. Emergency protocols shall be created with clear explanation of roles and responsibilities in emergency situations. These include determination of outside clinic hours emergency coverage and guidelines for determining when other staff and resources should be brought in to help manage emergency situations; Providers should discuss the importance of having consistency in where the patient is located for sessions and knowing patient, location at the time of care, as it impacts emergency management and local available resources; As patients change locations, providers shall be aware of the impact of location on emergency management protocols. These include emergency regulations, resources (e.g., police, emergency rooms, and crisis teams), and contacts. These should be documented and available to providers; For treatment occurring in a setting where the patient is seen without access to clinical staff, the provider should consider the use of a Patient Support Person (PSP) as clinically indicated. A PSP is a family, friend, or community member selected by the patient who could be called upon for support in the case of an emergency. The provider may contact the PSP to request assistance in evaluating the nature of emergency and/or initiating 9-1-1 from the patient home; If a patient and/or a PSP will not cooperate in his or her own emergency management, providers shall be prepared to work with local emergency personnel in case the patient needs emergency services and/or involuntary hospitalization
	APA 2018	Providers should discuss the importance of having consistency in where the patient is located for sessions and knowing a patient's location at the time of care, as it impacts emergency management and local available resources. As patients change locations, providers shall be aware of the impact of location on emergency management protocols. These include emergency regulations, resources (e.g., police, emergency rooms, crisis teams), and contacts. These should be documented and available to providers; Providers should consider such things as patient's cognitive capacity, history regarding cooperativeness with treatment professionals, current and past difficulties with substance abuse, and history of violence or self-injurious behavior. Providers shall consider geographic distance to the nearest emergency medical facility, efficacy of patient's support system, and current medical status.
Domain 2	**Article**	**Behavior descriptions**
Facilitating communication over remote platforms: Practitioner should create the environment they want to emulate for remote psychological support to ensure full engagement and quality care delivery. This includes addressing factors of distractibility and	*Alqahtani 2021*	Professional and well-placed lights in the office. Patients prefer a quiet and private room; Be professional and aware of the effect that clothing may have on the patient experience; Make sure the background has minimal distractions (no background noises) and that any decor is professional; Telephone ring tones and subsequent conversations may disturb the patient. Be sure that all electronic devices are muted; The position of the camera is important. The ideal position of the camera is directly in front of the provider face, just above eye level; The ideal position of the camera is directly in front of the patient/ caregiver face, just above eye level. Ask the patient to position the camera appropriately
	Danesh 2019	Patient's video screen should not include picture-in-picture because self-reflected image can inhibit the patient's communication; Ensure that the camera height is close to the patient's eye level to assist gaze and eye contact
	Hilty 2015	Clarify and amplify communication. Trouble-shoot communication difficulties.
	McCord 2015	Ensure clients feel comfortable with and are knowledgeable of the idiosyncrasies of technology being used. Inform clients when the counselor is looking them in the eye on the screen, due to the location of the camera, it may look as if the counselor is looking down. Check-in with clients to see how they feel about meeting over video at the start of the intake session, answer any questions they have, normalize any hesitation or uncertainty, and check-in again at the conclusion of the session. Use picture-in-picture feature on the service providers monitor, so that they are cognizant of their body language. Picture-in- picture feature is turned off on the client side as it has been found to

confidentiality for both the practitioner and the client(s), such as limiting distractions and assessing the environment for any unexpected disruptions, including understanding the location the client is receiving the session and any potential interruptions or breaches to privacy.		be very distracting to clients. During an outage, the counselor is trained first to solve problems with the technology and second to make an ethical decision about how to proceed with the client's care that day.
	McCord 2020	Assess for distractions and confidentiality; ensure that the client's remote location (whether at a clinic site or at personal site of the client's choosing) is quiet and free of distractions, soundproofed or out of earshot of others in the vicinity, and ideally in an identifiable location (e.g., at a known address) in case of an emergency or crisis situation. In cases where the client is being directly contacted at a location of their choice (e.g., phone sessions in the client's home), the practitioner should confer with the client about appropriate locations/ situations for their sessions. They might suggest that patients should not be actively caring for a small child or eating a meal while having a telephone counseling session from their home (unless those are planned interventions), so that they can be fully engaged with and gain maximum benefit from the care.
	Sabin 2015	Monitor the patient's level of comfort during the session, and at the conclusion ask how the patient felt about using videoconferencing.
	Shore 2018	Cameras should be placed at the same elevation as the eyes with the face clearly visible to the other person. The features of the physical environment for both shall be adjusted so the physical space, to the degree possible, maximizes lighting, comfort, and ambiance.
	APA 2018	To the extent possible, the patient and provider cameras should be placed at the same elevation as the eyes with the face clearly visible to the other person. The features of the physical environment for both shall be adjusted so the physical space, to the degree possible, maximizes lighting, comfort and ambiance (APA Guidelines 2018)
Domain 3	**Article**	**Behavior descriptions**
Remote consent procedures: Practitioner should clearly discuss, without jargon and in lay language, any possible risks and benefits, suitability of telecommunication and possible alternatives with the client before delivering remote psychological support. This includes abiding by local and national ethics and laws, and specific policies, and protocols related to the practitioner's organization, program, or credentialing body as applicable. Expectations and guidelines for conduct of sessions and engagement with the client are discussed, and client must provide consent either verbally or written. Documentation procedures and any other communications or processes should be included during the consent process so that the client(s) or caregiver has full capacity and is knowledgeable for giving or refusing consent.	*Alqahtani 2021*	Understand that patients are not allowed to record or photograph any telepsychology sessions without written consent from the provider; Patients are not allowed to distribute any images or recordings of the telepsychology sessions; Patients should have the opportunity to ask questions and hear about alternative courses of action, as appropriate; Patients have the right to refuse or withdraw participation at any time; the psychologist must include information about the risks related to providing psychology services in formats other than face-to-face interactions. For example, the psychologist may not have the benefit of viewing some of the patient body language and non-verbal cues, which could affect the professional opinion
	Hames 2020	Discussion of the limitations of privacy and the possibility of Internet security breaches; Training clinics might also consider having a licensed supervisor join the telepsychology informed consent conversation between the trainee and client to ensure that information is effectively communicated and understood
	McCord 2015	Establish informed consent, this includes explaining the benefits, risks, and limitations of telepsychology services to the client and translate that information accurately and in a manner understandable to the client.
	McCord 2020	Inform the client of risks, benefits, and alternatives to telepsychology in language that is easily understood; establish expectations and precedents for the patient-provider relationship, this includes attendance policies, communication policies, and other relevant boundaries;
	Sabin 2015	Explain the organizations and staff involved in the clinic, emergency procedures for the clinic, the limits of confidentiality, how to interact and contact the psychiatrist outside of the clinic, and other logistical issues (e.g., laboratory tests, prescriptions). Conduct a review of the benefits and risks of telepsychiatry and alternatives (if any). At the end of this orientation, the psychiatrist should ask if the patient has any questions about these issues before beginning a clinical interview.
	Shore 2018	Providers should assess a patient's previous exposure, experience, and comfort with technology/videoconferencing. They shall be aware of how this might impact initial telemental health interactions;

		Providers should conduct ongoing assessment of the patient's level of comfort with technology over the course of treatment
	APA 2018	The consent process shall include discussion of circumstances around session management so that if a patient can no longer be safely managed through distance technology, the patient is aware that services may be discontinued; Providers should consider whether there are any medical aspects of care that would require in-person examination including physical exams. If the provider cannot manage the medical aspects for the patient without being able to conduct initial or recurrent physical exams, this shall be documented in the record, and arrangements shall be made to perform physical exams onsite as clinically indicated
Domain 4	**Article**	**Behavior descriptions**
Technological literacy: Practitioner is familiar with and has knowledge of various technologies and related requirements for using telecommunications to deliver mental health services. Practitioner is aware of different hardware and software, internet connection types and variabilities, and security measures and precautions for ensuring privacy and confidentiality and can clearly communicate this to the client, guiding them through such mediums to ensure comfort and accessibility.	*Alqahtani 2021*	Check the microphone and the camera on each side
	Barnett 2016	Make needed adjustments to settings to ensure auditory and visual quality are sufficient and provide instructions to clients on the use of these systems. Prepare clients for potential of loss of sound, video, or Internet connection during sessions, and can troubleshoot difficulties that may arise including loss of Internet connection or other interruptions of service. Establish a backup plan for making contact or following up.
	McCord 2015	Knowledge on up-to-date technology options for service provision and how to operate these technologies, encryption of transmitted video data and secure storage of client data; how to restart any equipment being used on both sides, knowing that multiple devices may have influence over volume (i.e., television monitor, videoconference equipment, and recording equipment) and how to adjust the volume on each device, and knowing how to change the input/source being displayed on the screen
	McCord 2020	Explain how to accomplish technical tasks such as turning on the video system and how to adjust the volume or the camera frame; Identify Internet connectivity problems if the video becomes slow or unavailable and understand how to adjust wires and settings if there is a disruption in service, as well as if the problem is on the psychologist's end or the client's end; Communicate plans for downtime with clients at onset of services, such as who will attempt to contact who in the case of a dropped video call or lagging internet connection; Explain to clients that this is an infrequent but expected part of telepsychology services and to not be alarmed should it occur; Ensure that there are contingency plans in place for technology downtime and be prepared to enact them if necessary. For example, if an unreliable internet connection renders videoconferencing unusable for the day, a telephone session might be offered to a client as a means of continuing services on the expected timeline; Maintain regular and clear communication with clients about these issues so that they are not made to feel abandoned or unsure of their treatment.
	Sabin 2015	Assess patient's past experience and knowledge of videoconferencing and provide information about the videoconferencing technical setup (video display, security).
	Shore 2018	N/A
	APA 2018	Providers should assess a patient's previous exposure, experience, and comfort with technology/video conferencing; They shall be aware of how this might impact initial telemental health interactions; Providers should conduct ongoing assessment of the patient's level of comfort with technology over the course of treatment.
Domain 5	**Article**	**Behavior descriptions**
Confidentiality and privacy during remote services: Practitioner ensures confidentiality and	*Danesh 2019*	Students are advised to orient the patient with respect to confidentiality, describe remote telehealth as being secure as a landline telephone call, and state that no one else can listen in on the session; The student clinician (i.e., the PMHNP) is advised to explain that the computer and microphone are very sensitive; Moving the camera around

privacy for any remote psychological support session and should adjust when or if full privacy cannot be reached on either the practitioner or client's side. Discussions are held with the client to maximize confidentiality and private settings, including brainstorming, or finding ways for confidential discussions if client or practitioner has people nearby or similar security breaches (e.g., set up a code-word)		helps give the client or patient perspective and reassurance that no one else is hiding or watching; telehealth as being secure as a landline telephone call
	DeJong 2018	Describes basic tenets of HIPAA privacy and security parameters; describes the informed consent process and documentation requirements; describes process for reporting breaches; outlines potential penalties after breaches, and describes the limits of confidentiality; Sets confidential framework, completes informed consents appropriately, maintains confidentiality except where appropriate, and deals with security breaches appropriately; Adjusts behavior context (e.g., institutional, local, regional and state guide-lines/policies/laws) and appropriately reports breaches
	Hames 2020	Have discussions with clients about holding sessions in a private location, using head-phones, adding white noise, and/or coordinating sessions during times others may be able to supervise young children. Should also be informed on how to implement these considerations in their own space.
	Hilty 2018	Use telepsychology regulations, and if none, apply judgment to convert in-person ones. Inform patients of common errors (e.g., cell privacy limitations). Practice within all standards and evolving telepractice movements to make recommendations to others on parameters.
	McCord 2020	Inform client of when and how you are available and what to do in an emergency; Create policies and procedures, demonstrate knowledge of these issues, and inform the client; Clearly explain how their digital health information will be protected and kept from any outside interference during the course of telephone, video, email, or text-based therapeutic services; In addition to protection of information during the course of a session, inform a client of how any health information such as recordings, progress notes and reports will be stored securely; Remind the client of their rights related to the management of their private health information
	Sabin 2015	Take reasonable steps to assure that the confidentiality of the entire process is properly protected and inform the patient of any identifiable risks. Reasonable steps include being familiar with minimum standards of technical security and that their systems meet these standards, as well as seeking technical consultation as needed. They can test privacy by having a colleague talk within the office while they listen outside to hear if the voice can be overheard.
Domain 6	**Article**	**Behavior descriptions**
Practitioner-client identification for remote services: Practitioner identifies themself clearly to the client(s) or caregivers, including offering credentials and location. Practitioner confirms client identification and how they would like to be called/ referred to and confirms location of client.	*Alqahtani 2021*	Confirm the patient location (city, place) and your location as well (hospital, home, other). The psychologist's name, work address, area of practice, and training/education, as applicable: Registration with the regulatory body where the client is located (e.g., Saudi Commission for Health Specialties); Registration with any professional body such as Saudi professional psychology associations or any other professional psychology organizations; Participation of other care providers; Risks and benefits of participating or not participating in telepsychology services; Any potential conflicts of interest.
	McCord 2020	Verify a client's identity and ability to consent prior to the onset of services
	Sabin 2015	Psychiatrist introduces him or herself and identify his or her location, organization, and certification. All parties present at both the patient and the psychiatrist's sites should be introduced, and the psychiatrist should pan the camera around the room he or she is using so the patient can see who is present and be familiar with the psychiatrist's room setup.
	Shore 2018	At the beginning of a video-based mental health treatment with a patient, the following information shall be verified and documented: the name and credentials of the provider and the name of the patient; the location(s) of the patient during the session; immediate contact information for both provider and patient (phone, text message, or e-mail), and contact information for other relevant support people, both professional and family.

	APA 2018	At the beginning of a video-based mental health treatment with a patient, the following information shall be verified and documented: The name and credentials of the provider and the name of the patient; The location(s) of the patient during the session; Immediate contact information for both provider and patient (phone, text message, or email), and contact information for other relevant support people, both professional and family; Expectations about contact between sessions shall be discussed and verified with the patient, including a discussion of emergency management between sessions.
Domain 7	**Article**	**Behavior descriptions**
Verbal and non-verbal communication in remote services: Practitioner uses clear verbal and non-verbal communication skills during remote interaction and makes adjustments as needed to promote awareness and engagement with body language.	*Alqahtani 2021*	Make a single visual impression: well-appearing, no acute distress; Listen more and speak less active listening, convey respect for their concerns and beliefs, build trust, ask open questions, and avoid jargon and information overload; Summarize outcomes by identifying the key results for running case: confirm that the follow-up will be through telepsychology; Ask if the patient has any further questions
	DeJong 2018	Appropriate posture/ appearance in videoconferencing
	Hilty 2018	Amplify communication (i.e., 15%) based on video literature; Trouble-shoot communication difficulties; Optimize one and other's telepresence
	McCord 2015	Having the camera zoomed in on the counselor face gives the appearance that the counselor is closer to the client and makes the counselor facial expressions very clear to the client. But this also limits the client from seeing counselor hand gestures and other non-verbal communications. Alternatively, having the camera zoomed in on the client gives the counselor a better view of the client's facial expressions, but limits the ability to see other non-verbal cues like body tension or nervous leg shaking. A wide-angle view of the client gives the counselor a better overall picture of the client body language, but it can become difficult to tell if a client is silent, crying or to see smaller facial expressions
Domain 8	**Article**	**Behavior descriptions**
Engagement and interpersonal skills for remote services: Practitioner ensures a therapeutic alliance with the client, building trust and rapport over remote communications during psychological support sessions.	*Alqahtani 2021*	Introduce everyone who is present, including those who may not be visible on camera; The patient and parents/ caregivers confirm and introduce everybody on their side
	Hilty 2015	Establish therapeutic alliance; build trust and rapport; adjust interview to technological and patient needs or preferences.
	Hilty 2018	Adjust to technology (e.g., replace handshakes with verbal comment); Provide options to maximize engagement and avoid distractions
	APA 2018	Providers should be attentive of the impact of different technology platforms on patient rapport and communication.
Domain 9	**Article**	**Behavior descriptions**
Establishing professional boundaries during remote services: Practitioner is aware that remote psychological support sessions create ambiguity in professional boundaries and the management of the client-therapist relationship in terms of telecommunication modalities, and should discuss with the client specific	*DeJong 2018*	Describes the appropriate framework of psychotherapy, including appropriate interpersonal and online relationship boundaries, and describes how boundary crossings and violations and other breaches can occur with technology, as well as their potential impact.
	McCord 2020	Communication and treatment via email and texting should maintain professional language use and not lapse into more casual texting styles; Due to the ease of forwarding texts and emails, practitioners should clearly communicate that these messages are intended for the client only and should not be shared with others; Given that technology may be accessible around the clock to the client, another consideration should be clearly documenting when and how a practitioner is available, especially during emergencies. At the outset of service, this includes setting up clear business hours and days/times during which the practitioner is available to communicate with a

dates and times the practitioner is available for contact, guidelines on what telecommunications are acceptable (e.g., text messaging), and what should be avoided (e.g., social media platforms)		client; Consider issues related to one's own professional and personal social media presence and maintain boundaries by not interacting with clients via social media. Clearly explain your social media policies at onset of services, such as not adding one another as friends on social media. This is especially true in small or rural geographic areas, and if the client and practitioner share certain community interests, which may lead one another to be suggested connections by social media sites.
	Shore 2018	Expectations about contact between sessions shall be discussed and verified with the patient, including a discussion of emergency management between sessions.
	APA 2018	Describe the boundaries around ways in which patients can communicate with a provider, which content is appropriate to share over different technology platforms, anticipated response times, and how and when to contact a provider; Providers should identify clearly which platforms are acceptable for communication of an emergency and expected response times; All modes of communication of personal health history shall be HIPAA compliant.
Domain 10	**Article**	**Behavior descriptions**
Encouraging continuity of care during remote services: Practitioner should encourage continuity of care, particularly if interactions over telecommunications is brief or a single session, by discussing with the client ways to engage therapeutically to promote well-being and other options and referral resources according to the client's needs.	*Sabin 2015*	Even if the telepsychiatric meeting is a single appointment, the psychiatrist is responsible for giving the patient clear guidance about what to do next. Telepsychiatrists should, however, be expected to negotiate with patients as to appropriate arrangements for follow-up and continuity of care; For a relatively healthy, well-functioning patient, advising the patient how to find a referral may be an adequately reasonable action, but for a patient with emergent clinical needs and significant risk factors, reasonable action might require scheduling an appointment for the patient and following-up to see that it has been kept

ENhancing Assessment of Common Therapeutic factors (ENACT) – REMOTE

Foundational Helping Competencies for Adults – REMOTE

1. NON-VERBAL COMMUNICATION & ACTIVE LISTENING

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Engages in other activities (e.g., answers door or mobile, completes paperwork) ❑ Laughs at client ❑ Negative facial expression, or other negative physical behaviour ❑ Has not minimized inappropriate distractions (e.g., turn off pop ups, turn of phone notifications)	❑ Allows for silences ❑ Maintains appropriate eye contact through video image (e.g., looking in general direction of client) ❑ Continuously uses supportive body language (head nod) and utterances (uh huh) ❑ Sets up clear visibility (e.g., no backlight, head in frame) ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ Helps client set up audio/video for clear communication in a supportive manner ❑ Checks with client to make sure helper's audio can easily and clearly be heard ❑ Confirms plan if call gets disconnected (e.g., try on the same line, call in 5 min) ❑ Varies body language during the session in relation to client's content and expressions

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

❑ **Level 1**	❑ **Level 2**	❑ **Level 3**	❑ **Level 4**
any unhelpful behaviour	*no basic skills, or some but not all basic skills*	*all basic skills*	*all basic helping skills plus any advanced skill*

Notes:

2. VERBAL COMMUNICATION SKILLS

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Interrupts clients ❑ Asks many suggestive or leading closed-ended questions (e.g., You didn't really want to do that, right?) ❑ Corrects client (what you really mean...) or uses accusatory statements (you shouldn't have said that to your husband) ❑ Uses culturally and age-inappropriate language and terms	❑ Uses open ended questions ❑ Uses summarizing or paraphrasing statements ❑ Allows client to complete statements before responding ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ Encourages client to continue explaining (tell me more about...) ❑ Uses clarifying statements in first person (I heard you say, I understood...) ❑ Matches rhythm to clients, allowing longer or shorter pauses based on client

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

❑ **Level 1** *any unhelpful behaviour*	❑ **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:

3. EXPLANATION & PROMOTION OF CONFIDENTIALITY

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Forces client to disclose to helper or others ❑ Describes confidentiality inaccurately (e.g., I will only tell your family) ❑ Promises all things will be kept confidential without exceptions ❑ Minimizes clients concerns about confidentiality (e.g., It doesn't matter if anyone else hears us)	❑ Explains concept of confidentiality ❑ Addresses confidentiality issues specific to remote communication (e.g., family overhearing) ❑ Lists exceptions for breaking confidentiality for self-harm or harm to others ❑ Explains why it can be important to break confidentiality ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ Details the referral process related to confidentiality and exceptions ❑ Asks questions to assess client's understanding of confidentiality ❑ Helps client achieve comfortable level of privacy (separate room, using headphones, etc.) ❑ Creates a "code word" with client in case client needs to stop

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

❑ **Level 1** *any unhelpful behaviour*	❑ **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:

4. RAPPORT BUILDING & SELF-DISCLOSURE

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Dominates session describing a personal experience ❑ Minimizes client's problems by describing how the helper has dealt with this ❑ Asking unnecessary embarrassing personal questions ❑ Discusses confidential information about other clients	❑ Introduces self and explains role ❑ Makes casual, informal conversation ❑ Asks for client's introduction, (e.g., what client prefers to be called) ❑ Shares general experience to relate to the client (e.g., about one's community/region) ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ Asks for client's reflection related to helper's information that is shared ❑ Checks with client that they are comfortable (e.g., preferred language, has a drink of water ready)

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

☐ **Level 1** *any unhelpful behaviour*	☐ **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:

5. EXPLORATION & NORMALIZATION OF FEELINGS

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Makes statements that client's response is unusual or atypical for others in similar situations (e.g., people don't usually react this way) ❑ Minimizes or dismisses client's feelings or emotions ❑ Forces client to describe emotions	❑ Appropriately encourages client to share feelings ❑ Explains that others may share similar symptoms, reactions, and concerns, given similar experiences ❑ Asks client to reflect on the experience of sharing emotions ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ Explores potential reasons for hesitance to share emotions ❑ Comments thoughtfully on client's facial expression to encourage emotional expression ❑ Validates emotional responses while also reframing potential harmful emotional reactions

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

☐ **Level 1** *any unhelpful behaviour*	☐ **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. DEMONSTRATION OF EMPATHY, WARMTH & GENUINENESS

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Critical of client's concerns ❑ Dismissive of client's concerns ❑ Helper's emotional response appears inappropriate, fake or acting	❑ Is warm, friendly, and genuine throughout session ❑ Continuously shows concern or care for the client (e.g., That sounds sad, can you tell me more about it?) ❑ Asks question to identify what emotions the client was feeling (e.g., I wonder if you felt sad or angry when this happened) ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ Asks client to reflect on empathic statements from helper (e.g., What did you think when I said you sounded sad?)

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

☐ **Level 1** *any unhelpful behaviour*	☐ **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:

7. ASSESSMENT OF HARM TO SELF, HARM TO OTHERS, HARM FROM OTHERS & DEVELOPING COLLABORATIVE RESPONSE PLAN

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Does not ask about self-harm ❑ Lectures client with religious or legal reasons against self-harm (e.g., this is sin, or this is against the law) ❑ Expresses disbelief (e.g., accuses client of discussing self-harm to get attention; states that others would not actually harm the client or client's children) ❑ Encourages client to not tell anyone about self-harm or harm to others	❑ Asks about self-harm or harm to others, or explores harm if raised by client ❑ Asks about current intent, means, or prior attempts ❑ Asks about risk and/or protective factors ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ If current risk is low or high, helps client to develop safety plan (e.g., coping strategies and help seeking) ❑ Asks where client is located and access to in-person resources (e.g., If you didn't feel safe, where is the nearest medical facility you could go for help) ❑ Offers local hotline or other remote referral resources in case of emergency (e.g., If you have an emergency, you can call x)

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

☐ **Level 1** *any unhelpful behaviour*	☐ **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:

8. CONNECTION TO SOCIAL FUNCTIONING & IMPACT ON LIFE

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Criticizes client for letting symptoms impact functioning (e.g., you are weak, you have no willpower) ❑ Tells client there is no connection between mental health concerns and daily functioning or does not ask about how mental health is affecting daily functioning ❑ Criticizes client for impact of their problems on children, spouse, or family members ❑ Makes client feel guilty for impact on children, family, and others	❑ Asks about daily functioning ❑ Asks about connection between daily functioning and mental health ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ Clarifies and/or support client's connections between functioning and mental health or reframes as needed ❑ Explores relationship in both directions (daily life to symptoms; symptoms to daily life) ❑ Asks about history of daily functioning compared to current social context (e.g., COVID19; how long has this been going on?)

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

❑ **Level 1** *any unhelpful behaviour*	❑ **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:

9. EXPLORATION OF CLIENT'S & SOCIAL SUPPORT NETWORK'S EXPLANATION FOR PROBLEM (CAUSAL & EXPLANATORY MODELS)

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Criticizes client's view of problem as ignorant, superstitious, etc. ❑ Endorses harmful beliefs of client or social network	❑ Asks about client's view on cause of problem ❑ Asks about family's or support network's view on cause of problem (e.g., What does your family say caused this?) ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ Incorporates client's perspective of cause in care planning in non-harmful manner ❑ Discusses alternative to harmful explanations (e.g., You said this was because you failed your family, I wonder if there is another way to think about this situation?) ❑ Addresses differences in client's view of cause and support network's view of cause

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

❑ **Level 1** *any unhelpful behaviour*	❑ **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:

10. APPROPRIATE INVOLVEMENT OF FAMILY MEMBERS & OTHER CLOSE PERSONS

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Tells client not to involve family or close person in any way during treatment or recovery ❑ Forces client to involve family or close person in treatment process ❑ Demands to speak with family or close person without permission from client ❑ Allows an accompanying close person to disempower the client	❑ Asks about close person(s) in client's life (e.g., household members, family, or other) ❑ Asks client how they would like to involve close person(s) in the care process ❑ Asks client who they live with ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ Explores client's choices or reasons for involving or not involving close, familiar person ❑ Does role-play or discusses options for successful interaction with close person(s) (e.g., Helper plays role of family member)

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

☐ **Level 1** *any unhelpful behaviour*	☐ **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:

11. COLLABORATIVE GOAL SETTING & ADDRESSING CLIENT'S EXPECTATIONS

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Tells client that his/her goals (expectations) can't be met but does not give a reason. ❑ Gives incorrect, misleading, or unrealistic information about treatment goals. ❑ Dictates goal for client (forces goal upon client)	❑ Asks client about goals (expectations) ❑ Clearly explains how client's goals and expectations fit with treatment plan. ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ Prioritizing and modification of treatment plan to fit client goals (expectations) ❑ Works with client to reframe their goals within scope of the treatment plan (e.g., Your goal is to get a job, could we work together on a goal that will help you do that?)

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

☐ **Level 1** *any unhelpful behaviour*	☐ **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:

12. PROMOTION OF REALISTIC HOPE FOR CHANGE

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Makes negative statements about client's doubts (you won't get better if you have no hope…) ❑ Gives unrealistic expectations (everything will be cured or solved…) ❑ Provides no hope for change (this problem cannot be solved...)	❑ Explains how client can be hopeful about possibility of change ❑ Praises client for seeking care ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ Solicits and explores client's doubts about the treatment ❑ Helper shares reasons for hope based on helper's prior experience or client's behaviours ❑ Discusses reasons for hope when client is doubtful or dissatisfied

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

☐ **Level 1** *any unhelpful behaviour*	☐ **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:

13. INCORPORATION OF COPING MECHANISMS & PRIOR SOLUTIONS

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Makes negative statements about client's coping mechanisms (that would never work...) ❑ Encourages or shows acceptance of harmful coping mechanisms	❑ Asks client about current or past coping mechanisms (how they keep going after the problem started…) ❑ Praises client for positive or safe current or prior solutions ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ Encourages use of continued positive coping mechanisms ❑ Reflection on prior unhealthy strategies and brainstorm positive alternatives

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

☐ **Level 1** *any unhelpful behaviour*	☐ **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:

14. PSYCHOEDUCATION & USE OF LOCAL TERMINOLOGY

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Uses technical terms without checking client's understanding ❑ Uses stigmatizing mental health terms	❑ Conducts accurate psychoeducation using simple terms ❑ Includes local concepts and terminology into psychoeducation ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ Incorporates client's description of the problem ❑ Checks that client understands psychoeducation

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

☐ **Level 1** *any unhelpful behaviour*	☐ **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:

15. ELICITATION OF FEEDBACK WHEN PROVIDING ADVICE, SUGGESTIONS & RECOMMENDATIONS

Check all behaviours that are demonstrated in each category.

Unhelpful or potentially harmful behaviours	Basic helping skills	Advanced helping skills
❑ Lectures client about what to do without asking for client's feedback ❑ Offers negative or harmful suggestions	❑ Asks for feedback from client to see if any offered suggestions are helpful ❑ Provides clarifications, reframing, or alternative suggestions based on feedback ❑ *None of the above*	❑ *Completes all Basic Helping Skills* ❑ Summarizes feedback provided by client and checks if interpretation is correct

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

☐ **Level 1** *any unhelpful behaviour*	☐ **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:

Acknowledgement. This scale is adapted with permission from the original ENACT scale, which was published CC BY-NC-ND by Kohrt et al in: Kohrt BA, Jordans MJD, Rai S, Shrestha P, Luitel NP, Ramaiya M, Singla D, Patel V. Therapist Competence in Global Mental Health: Development of the Enhancing Assessment of Common Therapeutic Factors (ENACT) Rating Scale. *Behaviour Research and Therapy*. 2015;69:11-21. http://dx.doi.org/10.1016/j.brat.2015.03.009.
These competencies were informed by research described in: Pedersen, G. A., Lakshmin, P., Schafer, A., Watts, S., Carswell, K., Willhoite, A., Ottman, K., van 't Hof, E., & Kohrt, B. A. (2020). Common factors in psychological treatments delivered by non-specialists in low- and middle-income countries: Manual review of competencies. *Journal of behavioral and cognitive therapy*, *30*(3), 165–186. https://doi.org/10.1016/j.jbct.2020.06.001.
See full acknowledgements and copyright information on https://equipcompetency.org/

Abbreviated instructions for standardized role plays

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

1. NON-VERBAL COMMUNICATION & ACTIVE LISTENING

***Actor instructions**: At appropriate times during the interview use culturally appropriate body language for feelings of sadness or worry.*

2. VERBAL COMMUNICATION SKILLS

***Actor instructions**: When helper uses closed-ended questions "Do you, did you, can you…?", respond with short yes/no responses. When helper uses open-ended questions "Please tell me about, please share with me, how did that… etc.?", respond with more detailed answers*

15. ELICITATION OF FEEDBACK WHEN PROVIDING ADVICE, SUGGESTIONS & RECOMMENDATIONS

***Actor instructions**: During the role play, ask the helper "Are you going to tell anyone these things that I tell you?" or "I am afraid you will tell other people the things I am telling you?" Also mention, "My [person you live with] is home, so I am going to try and talk quietly so she won't hear us."*

4. RAPPORT BUILDING AND SELF-DISCLOSURE

***Actor instructions**: Do not provide your name or personal information unless asked to do so by the helper.*

5. EXPLORATION & NORMALISATION OF FEELINGS

***Actor instructions**: Do not share about feelings or emotions unless the helper asks, for example, "How are you feeling; please tell me about anything that has been bothering or worrying you lately; I notice that you seemed sad when you came in, please tell me if something has been upsetting you."*

6. DEMONSTRATION OF EMPATHY, WARMTH & GENUINENESS

***Actor instructions**: At appropriate times during the interview use culturally appropriate body language for feelings of sadness or worry (same instruction for 1.1), and when asked describe sadness to see how helper responds (same instruction for 2.2)*

7. ASSESSMENT OF HARM TO SELF, HARM TO OTHERS, HARM FROM OTHERS & DEVELOPING COLLABORATIVE RESPONSE PLAN

***Actor instructions**: During the role play, express that "Sometimes when I go to sleep, I wish I wouldn't wake up in the morning." If asked if you would ever hurt or kill yourself, explain "Sometimes I think about dying, but I wouldn't hurt myself on purpose." If asked about reasons for leaving describe, "I want to stay alive to care for my family. If I died, who would take care of them." If asked about any prior attempts, reply, "No, I have never tried to kill myself." At some point during his time, mention to the helper, "I have heard about hotlines before, but they seem only for people who are about to kill themselves, not people like me when I'm afraid and can't sleep at night*

8. CONNECTION TO SOCIAL FUNCTIONING & IMPACT ON LIFE

***Actor instructions**: If helper asks about daily activities, share that your worries or sadness sometimes make it hard to do typical activities, take of oneself, one's children, spouse, or other family members.*

9. EXPLORATION OF CLIENT'S & SOCIAL SUPPORT NETWORK'S EXPLANATION FOR PROBLEM (CAUSAL & EXPLANATORY MODELS)

***Actor instructions**: If asked about perceived cause of problems, provide different types of answers to see how helper responds. For example, "I don't know if I have these problems because I lost my job and worry all the time now. Or*

maybe, I am just cursed." If asked about family's perception, provide a different perceived cause, e.g., "My family thinks I have these problems because I am weak and lazy."

10. APPROPRIATE INVOLVEMENT OF FAMILY MEMBERS AND OTHER CLOSE PERSON(S)

Actor instructions: *If asked about close persons in your life, describe immediate family members. But, if asked about who you would like involved in care, describe someone else, e.g., an aunt, uncle, neighbour*

11. COLLABORATIVE GOAL SETTING & ADDRESSING CLIENT'S EXPECTATIONS

Actor instructions: *If asked about goals, first provide a goal such as "get a job", but then if aided by helper, provide a more psychosocial goal, e.g., "I would like to worry less so I can come up with a plan for looking for work…"*

12. PROMOTION OF REALISTIC HOPE FOR CHANGE

Actor instructions: *During the role play, ask the helper questions such as "Will meeting with you make all of my problems better? Will meeting with you help me get a job?" Also, mention something that gives you hope (e.g., I did it before, so I can do it again) and something that takes away hope (e.g., Nothing that I am trying works)*

13. INCORPORATION OF COPING MECHANISMS & PRIOR SOLUTIONS

Actor instructions: *During the role play, provide examples of positive coping (e.g., working in the garden) and negative coping (yelling at others to go away, using alcohol).*

14. PSYCHOEDUCATION AND USE OF LOCAL TERMINOLOGY

Actor instructions: *If the helper uses technical terms, ask "what does that mean" to see if the helper can describe it in lay language.*

15. ELICITATION OF FEEDBACK WHEN PROVIDING ADVICE, SUGGESTIONS & RECOMMENDATIONS

Actor instructions: *If the helper asks for feedback about suggestions, reply that some of the advice is helpful but some of it would be hard in your situation, then ask if there are other options or activities.*