Intervention

On the road to peace of mind
A guidebook

An applied approach to the training of trainers who, in turn, train teams to implement psychosocial and mental health interventions in developing countries affected by emergencies.

Dr Nancy Baron

This guidebook is meant to be used as a companion to the film *On the Road to Peace of Mind,* about a Training of Trainers (TOT) course taught by Dr Nancy Baron, an internationally experienced Master Trainer.

The filmed TOT course took place in Uganda, and included classes in the capital Kampala, as well as field experiences in refugee camps and rural communities in the north of the country.

Viewers of the film are sensitised to the psychosocial and mental health consequences of populations in developing countries affected by wars, conflicts, natural disasters and other emergencies. They are shown how the course educates relief workers, from around the globe, to become trainers. Upon returning to their home country, the newly trained trainers will, in turn, train teams to provide family and community oriented methods of support and intervention.

This guidebook informs the viewers about how to apply these approaches within training programmes, or other educational settings, around the world.

Colophon

'On the road to peace of mind' is a publication by Dr. Nancy Baron and War Trauma Foundation.

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Dr Nancy Baron

About the author

Dr Nancy Baron received her Doctorate in Education at the University of Massachusetts, USA, with a concentration in Family Therapy and Counselling Psychology.

She is the Director of Global Psycho-Social Initiatives (GPSI) and directs Psychosocial Programs at the American University in Cairo, Egypt's Centre for Migration and Refugee Studies. She provides consultation, assessment, training, programme design and development, research and evaluation for UN organisations, international and local NGOs in community and family focused psychosocial, mental health and peace building initiatives in emergencies. Her work has spanned the globe, including Africa: Burundi, Egypt, Guinea Conakry, Liberia, Sierra Leone, Somalia, South Africa, Sudan, Uganda and Yemen; Asia: Afghanistan, Bangladesh, Cambodia, Indonesia, Japan and Sri Lanka; Eastern Europe: Kosovo and Albania; and in the South Pacific: the Solomon Islands.

Dr Baron makes her home in Cairo, Egypt.

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About the film:

The film On the road to peace of mind was produced by Molenwiek Films, Amsterdam, the Netherlands.

Producer:	Joop van Wijk
Director:	Hens van Rooij
Cameraman:	Wiro Felix
Editor:	Obbe Verwer

The following people appear in the film:

Master Trainer:	Dr Nancy Baron
Facilitators:	Stephen Wori (Uganda)
	Herman Ndayisaba (Burundi)

TOT Trainees:

Algeria:	Messaouda Boukhaf, Hourya Gherbi
Burundi:	Louise Ntiranyibagira, Gloriose Nzeyimana
Cambodia:	Leang Lo
Eritrea:	Fetsumberhan Gebrenegus, Ghidey Ghebreyohanes
The Netherlands	Peter Ventevogel
Namibia:	Sherin Heather Jacobs
Nepal:	Sunita Shrestha
South Sudan:	Lillian Jokudu Sharon, Boniface Duku
Sri Lanka:	Sivayokan
Tibet:	Ngawang Thupten, Chime Dorjee
Uganda:	Peter Alionzi, Francis Alumai, Stephen Data, Harriet Joyo, Patrick Onyango

For a listing of other documentary films by Molenwiek Films, please see: www.molenwiek.nl

Preface

The film *On the Road to Peace of Mind,* used in conjunction with this guidebook, presents an applied Training of Trainers (TOT) approach. They are designed to educate trainers to prepare teams to provide psychosocial and mental health assistance for populations in developing countries affected by wars, conflict, natural disasters and other emergencies. The film and guidebook offer a practical framework for the training of trainers that enables psychosocial and mental health workers to train others. Through modifications for local culture and context, the framework presented can be used in training programmes on the road to peace of mind around the globe.

Below are a series of questions and answers that help explain the aims and background of the film and guidebook.

Question: What is the expected outcome of a TOT course?
Answer: A TOT course prepares trainers to train others.

Question: Who can benefit from this film and guidebook?
Answers:
- Trainers benefit because the film and guidebook offer them concrete information about how they can train others.
- Intervention programmes benefit as they need competent trainers with the capacity to train their teams to implement their activities effectively.
- The teams working to assist people benefit because they are well trained.
- Most importantly, the people receiving the psychosocial and mental health assistance benefit because the teams assisting them are well trained to provide effective assistance.

Question: Why use the TOT approach and not another method of training?
Answer: The TOT approach is popular because of its efficiency. Typically, a TOT initiates a *'cascade of training'* in which Master Trainer(s) teach(es) knowledge, intervention techniques, activities and/or skills to trainees, who then become trainers, and teach this knowledge to others. The cascade forms as each trained group has its capacity raised to the point where it can inform another group who can inform the next group. The exponential sharing of information via a cascade of training is remarkable. However, as information can spread at remarkable speed, a cascade can become problematic when the information is inaccurate, culturally insensitive or inappropriate, inflammatory or dangerous. To avoid problems, it is critical that new trainers are well prepared!

Question: How was the TOT approach presented in this film and guidebook developed?
Answer: This training approach evolved over years as a result of lessons learned by Dr. Baron from hundreds of trainees in TOT courses from multiple disciplines (i.e.; paraprofessional workers, community helpers, psychiatrists, psychologists, social workers, counsellors, human rights workers etc.) from the countries of Afghanistan, Algeria, Belgium, Burundi, Cambodia, Colombia, Denmark, Egypt, Ethiopia, Eritrea, Germany, Indonesia, Kosovo, Liberia, Namibia, Nepal, the Netherlands, Sierra Leone, Somalia, South Africa, Sudan, Sri Lanka, Suriname, Tibet, Uganda and the USA.

Question: Why use the applied approach presented in this guidebook to train trainers to prepare teams to provide psychosocial and mental health interventions in countries affected by disasters?
Answer: Areas impacted by emergencies require assistance immediately. However, it can be better to offer no extraordinary assistance if the methods offered and the teams applying these methods are poorly prepared. People, even with the best of intentions, who are not well prepared, can make problems worse. For the teams to be well prepared they must be well trained. During an applied TOT course, trainers are prepared in a practical manner. They learn to assess the needs of their trainees and how to carefully select the content of their training. This is done so that the training concentrates only on what is essential for them to learn in order to provide culturally appropriate interventions aimed at their specific situations. Future trainers also learn the skills required to most effectively teach their own trainees what they need to learn to do their work effectively.

Question: What training techniques do the trainers learn to use during the TOT?
Answer: During this applied TOT, future trainers learn how to use participatory and experiential techniques to train others:

- They learn how to train using participatory methods of presentation and discussion to encourage the active participation of their trainees.
- They learn how to use experiential techniques, such as role play, drama, music, storytelling, media, educational posters, and local metaphors. These techniques create learning situations in which trainees can openly share personal feelings, attitudes and experiences, as well as provide opportunities to practice new behaviours and skills.

Question: What do the trainers report as their most important learning at the conclusion of an applied TOT?
Answer: The newly trained trainers report a sense of confidence in their training abilities; clarity about how to choose only the essential content for their training; and appreciation at knowing how to practically use a range of teaching techniques to best teach what needs to be learned.

Dr Nancy Baron
TOT Master Trainer

Introduction

Times have changed. Years ago psychosocial and mental health interventions were essentially unknown in relief work. Today, these interventions commonly accompany relief efforts in countries affected by war, conflicts, natural disasters and other emergencies. In each new situation, questions arise and must be answered about: how to respect culture and tradition; work in partnership with affected populations; decide on which interventions to implement; for which people, with which issues and at what cost. Clearly, there is not one correct answer, but individual answers that reflect the local context. Once decisions about how to answer these questions have been reached, the common challenge is then how to train teams to do the designated work competently.

The Training of Trainers (TOT) approach is utilised in many areas of international development work, ranging from upgrading the skills of teachers to improving hygiene practices in villages. International psychosocial and mental health programmes also commonly use the TOT method. Typically, the Master Trainer selects appropriate and specific knowledge and skills about psychosocial and mental health issues and teaches them to trainees who knew little or nothing about these issues before they began. After the training, the TOT trainees are expected to *cascade* this information by training others. This conventional TOT approach can have disappointing results if not properly structured. Although trainees might learn the new knowledge, actually knowing how to use the skills required to provide practical psychosocial and mental assistance is more complicated, and requires practice and expertise before they are able to train others. Therefore, it is strongly recommended that trainees of psychosocial and mental health work have professional and personal competence as experienced workers before they are placed in a TOT to become trainers themselves. The effectiveness of an applied TOT course depends on having properly selected future trainers as trainees in the course. (Baron, 2006; IASC, MHPSS 2007)

An applied TOT course is comprised of three sections:

Section 1. Every TOT course begins with a review of the knowledge and intervention skills most relevant to the future trainers. This is to ensure that they not only know how to personally apply their newly acquired knowledge in a practical way, but can also theoretically and practically explain the rationale for their work (i.e. Why do they do what they do?). Once this is attained, they can then move on to learning how to train others.

Section 2. Next, the future trainers learn a wide range of training techniques in the classroom where they can safely practice their skills and receive feedback from both their peers and the Master Trainer(s).

Section 3. In the final section of the TOT, the future trainers learn to apply their skills by practicing in the field, within a working environment, under the supervision of both the Master Trainer(s) and their peers. This verifies that they can apply what they have learned practically. As a final step, all of the new trainers prepare Plans of Action on how they will use what they have learned, so they are *ready to work* when they return home.

By the time this last section has been completed, newly trained trainers have built up their confidence and therefore *know* they are trainers.

The companion film, *On the Road to Peace of Mind,* has two primary purposes:
1) To sensitise viewers to the psychosocial and mental health issues within developing countries affected by emergencies and offer some examples of methods of intervention.
2) To visually show a framework for how to train the trainers who, in turn, will train teams to do this work.

On the Road to Peace of Mind brings viewers intimately into the experience of an applied TOT course. Twenty-two trainees from the countries of Algeria, Burundi, Cambodia, Eritrea, Namibia, Nepal, the Netherlands, Sri Lanka, South Sudan, Tibet and Uganda share their experiences during a course taught in Uganda. These future trainers are an experienced group of paraprofessional counsellors, psychologists, social workers and psychiatrists. Each already works with the Transcultural Psychosocial Organisation (TPO), a Dutch nongovernmental organisation, specialising in programmes for Mental Health and Psychosocial Support.[1] Courses, using a similar applied process, have also taken place with national trainees in Cambodia, Colombia, Liberia, Sierra Leone, Somalia, South Africa and Sri Lanka.

How to use the guidebook and film to assist in setting up a TOT course:

- It is suggested that you first read Chapter 1 Step-by-step: An applied approach to the Training of Trainers (TOT). This chapter includes an overview of a *14 step framework* of a TOT course.
- Also in Chapter 1 you will begin the exercises for *Your workbook*. Please have a notebook ready to complete the questions and exercises that you will find throughout the guidebook that will direct you in the process of preparing your own future TOT.
- Next, read *Chapter 2* The Film: Following the 14 Steps in Uganda which will provide a *practical guide* to applying the 14 steps.
- It is suggested that you *watch the Film* after reading *Chapter 2*. This enables you to experience the actual process of a TOT, as narrated by the experiences of the trainees in Uganda.
- Lastly read, *Chapter 3* How to Facilitate an Applied TOT and *Chapter 4* Training Trainers How to Train which will provide *practical ideas* about how you can actually facilitate a TOT.

Throughout the guidebook you will find the following keywords:

- Future trainers: referring to the trainees or participants in a Training of Trainers course.
- Film: referring to information in the *On the road to peace of mind* film.
- Classroom: meaning the exercise mentioned should take place within the classroom.
- Field: meaning the exercise is meant to take place in a field setting.

[1] Since 2005, TPO merged with HealthNet International to become HealthNet TPO. Some of the local branches of TPO have become independent national organizations, such as TPO Cambodia and TPO Uganda.

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Chapter 1
Step by step: An applied approach to the training of trainers (TOT)

This chapter leads step by step through a 14 step framework for facilitating an applied TOT. By the end of an applied TOT, the trainees have become trainers. They have gained greater confidence and believe that they have something worthwhile to train, as well as have a repertoire of training skills that they know how to use.

This chapter also includes how to carry out a TOT using an applied model. At the end, there will be a structure that you can modify to fit your local context so that you can set up a training course to train trainers who can prepare teams to provide psychosocial and mental health interventions. (Box 1)

The steps begin *before* the course with advanced preparations that include the selection of appropriate Master Trainer(s) to teach the TOT. This is followed by the selection of the future trainers (trainees or participants) who will participate in the course. Next, is how to design the course structure and curriculum, this begins with an assessment and ends with ongoing plans of action for supervision and follow-up.

The steps *during* the TOT begin with how to form a supportive group process, methods for using your training as a model, mobilization of self care and techniques for ensuring trainees are masters of a base of knowledge and skills. In the classroom, trainees first learn participatory and experiential training skills and then, in the field, they apply and practice their skills with support and supervision. Throughout the course, the learning is monitored and the curriculum modified, based on the participant's needs. Trainees get ready to use their knowledge in their home context through the preparation of an individually designed Plan of Action. With a mobile library of resource materials in hand, and with their new skills and growing confidence, they return home ready to use what they learned. Lessons learned from the evaluations of each training continually improve the process for the next TOT.

After the TOT is a follow-up and ongoing evaluation of the impact of the training to ensure that the future trainers are competently using what they learned.

The time between these steps varies depending on the TOT context. The training must be fast enough to meet the needs of the future trainers and the environments where they work, but not so fast that it ends before they can competently learn to actually apply the necessary skills. (Box 2)

Master Trainer(s) simultaneously teach(es) the TOT course at both individual and group levels.

'Training is not just transferring packets of skills and knowledge. Much more than that, it is a temporary relationship between trainer(s) and participants aimed at stimulating the development of the participants in such a way that, by the end of the training, the participants are more able to consciously use both skills and knowledge they already had and new skills and knowledge picked up during the training from other participants and the trainers.'(van der Veer, 2006).

At completion of the 14 Steps, future trainers will have met the following goals:

- Comprehensive conceptual and practical understanding of a base of knowledge and set of intervention skills specifically relevant to their working environments. These will form the basis for the curriculum that they will use to train others.
- Competence in how to use participatory and experiential training skills to train others.
- Supervised experience applying participatory and experiential training skills.
- Opportunities to build self awareness and confidence in their abilities as trainers.
- Practical knowledge about how to implement care for caregivers, both for themselves and their future trainees.
- Tools for monitoring and evaluating their training over time.
- Plans for follow-up, including supervision and ongoing learning.

The following chapters lead through the process of facilitating an applied TOT course. While every TOT does retain some of the key elements of the following steps,

each will differ depending on the specific needs, experiences, capacities, context and culture of the training group.

Box 1 Step-by-step: 14 step framework for training trainers

Before the TOT:

Step 1 Select the TOT Master Trainer(s) and participants or future trainers.
Step 2 Assess the learning needs of the TOT group.
Step 3 Design the TOT course structure and curriculum.

During the TOT:

Step 4 Form a supportive group process.
Step 5 Use TOT classes as a model of participatory training skills.
Step 6 Mobilise self care.
Step 7 Ensure mastery of relevant base of knowledge and skills.
Step 8 In the classroom: teach skills for how to train.
Step 9 In the field: provide opportunities for applying and practicing training skills.
Step 10 Monitor the learning process.
Step 11 Facilitate preparation of individualised future Plans of Action.
Step 12 Distribute mobile library.
Step 13 Evaluate the trainers' skills and the TOT course.

After the TOT:

Step 14 Follow-up the application of the TOT learning by the new trainers over time.

(Modified from Baron, 2006)

Step 1: Select the Master Trainer(s) and trainees

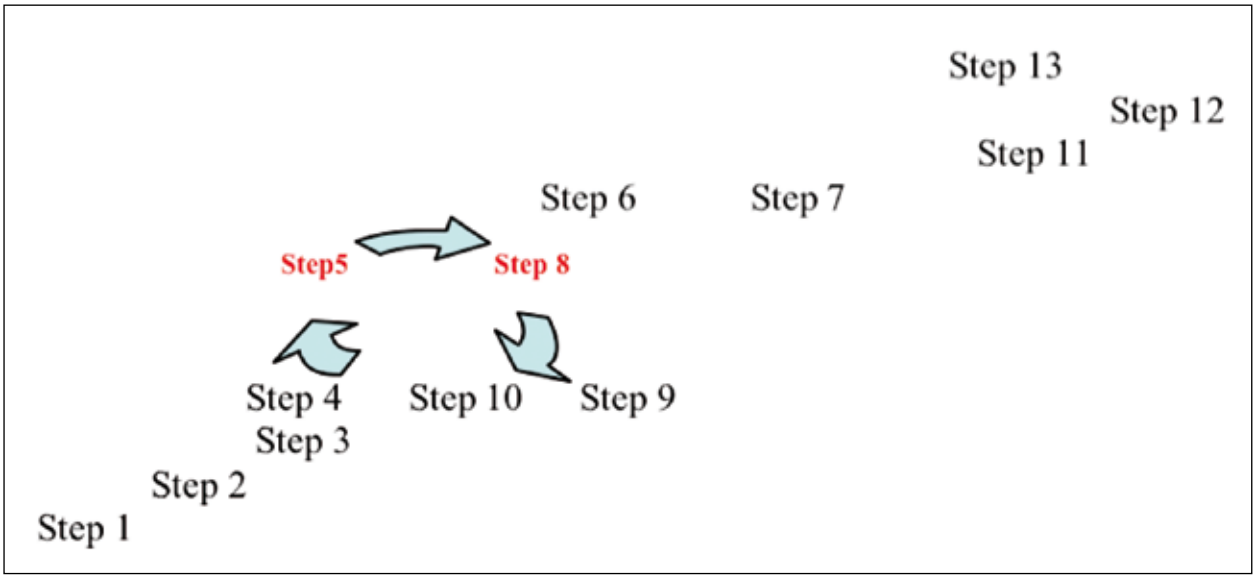
The selection of Master Trainer(s) to train a TOT is critical. Becoming a Master Trainer requires special training and preparation. Due to the role of the Master Trainer, if not chosen well, the TOT content can be weak or not directed to the specific situation and practical skills taught may not be relevant, or worse, out of context. Complaints about TOT, that end with trainees cascading inadequate, damaging, or dangerous ideas often come from having been taught by ill-prepared Master Trainer(s). Choosing competent Master Trainers is essential for all successful courses.

'TOT must only be done with careful planning and be taught by experienced and skilled master trainers. Poorly prepared TOTs – in particular those that involve (a) future trainers without any previous experience in training or (b) future trainers with limited experience in the training content – tend to fail and may lead to poor or even harmful Mental Health and Psychosocial Support outcomes. Thus, after a TOT, follow-up support should be provided to the future trainers and to their trainees, to achieve accuracy of training and quality of the aid response' (IASC MHPSS, 2007).

To be a Master Trainer, the chosen person(s) must have the expertise to train that specific group. This includes expertise in the knowledge or information to be taught, as well as related practical experience and skills. A smart and knowledgeable trainer is not enough. Most importantly, Master Trainers must also know *how to* train others *how to* train! During a TOT course, Master Trainers are role models and apply the same training methods that they expect their trainees as future trainers to learn. Experiencing certain training techniques as trainees will enhance the appreciation of the techniques they will eventually use as trainers.

The future trainers must also be chosen carefully. One important selection criteria is that they have knowledge

Figure 1



and experiences prior to the course related to what they will train others to do, prior to the course. The reason for this is that they will not be able to train others if they have not mastered it themselves first. However, not everyone who is educated and skilful is able to train others. Some people, with a full base of knowledge, might have difficulty narrowing what they know into a clear curriculum relevant to those they will train. While others, with years of experience, may be skilful but find it difficult to teach others because they do not have a clear conceptual understanding to support their interventions.
Additionally, certain inherent personality characteristics are useful to become a trainer, including being outgoing, confident, patient, compassionate, well organised, insightful, constructively critical, responsible, flexible, sensitive to time, self motivated, quick, intelligent, creative, having a sense of humour and sensitivity towards psychosocial and mental health issues.

***The exercise below is the first in** Your workbook:*

Preparing to be a Master Trainer #1: Select the Master Trainer(s) and trainees.
The following exercise gives you the opportunity to think more about the skills needed to select a Master Trainer and trainees for a TOT.

Choosing a Master Trainer
Please read the examples below and answer the questions that follow.

Example 1: Dr J had a long standing career as a clinical psychologist teaching students in a prestigious western university. He always wanted to go to Africa. During a refugee crisis, he volunteered and was sent to a rural African location to teach a local team of social workers how to assist people with psychosocial issues.

Example 2: Mrs K was born and raised in a community affected by a disaster. She is well liked by her community as she was employed by an NGO and helped provide them with wells and pit latrines. After a disaster strikes her community, Mrs K applies to be a Master Trainer for a programme that will provide psychosocial assistance to her local community.

Please answer the following questions using Examples 1 and 2 above:
- Do you think either Dr J or Mrs K should be Master Trainers?
- What strengths does each have?
- What are the potential drawbacks if either Dr J or Mrs K is the Master Trainer preparing a team to provide psychosocial support?
- Create a profile of the knowledge, skills and personal characteristics needed to be a Master Trainer in each example above.

Now think about yourself.
- Are you ready to be a Master Trainer?
- If yes, what are your strengths and skills, and for which kind of training are you ready to become the Master Trainer?
- If no, why not, and what do you need to learn to be ready to be a Master Trainer?

Selecting a TOT group
There are many different kinds of TOT groups. Imagine that you are in charge of selecting a group of people in a community who will become trainers and train other community members about psychosocial issues.
- Make a list of the criteria that could be used to select these trainers, including personal characteristics, values, ethics, etc.

Once the Master Trainer(s) and the future trainers are chosen it is time to design the curriculum. Each TOT requires a specialized curriculum to fit the needs of that particular group. In order to know what that curriculum should be requires an assessment of the learning needs of a future training group.

Step 2: Assess the learning needs of the TOT group
Master Trainer(s) assess(es) the learning needs of each TOT group prior to preparing a curriculum. It is always best for the Master Trainer(s) to have had actual exposure to the working context and population to be assisted. Ideally, prior to beginning, Master Trainer(s) has/have actually met the selected trainees. However, this is not always practical. Sometimes, Master Trainer(s) will only learn about the group long distance, and then develop the curriculum. Information is gathered through the TOT sponsor, and others who know the work of the future trainees, as well as those who know how they are expected to use what they learn. The curriculum remains tentative, however, until the Master Trainer(s) directly meet(s) the group. In the first meeting the Master Trainer(s) conduct(s) a quick assessment to affirm the group's expectations, goals, prior training and work experiences, theoretical models and intervention strategies. Before beginning the training, the curriculum is altered to meet the specifications of the group.

Chapter 4 includes more details about how to assess a training group's needs. The exercise below will assist you to begin to access the needs of the group.

Your workbook: Preparing to be a Master Trainer #2: Asses the learning needs of the TOT group.
Please answer the following questions in *Your workbook* to develop ideas on the assessment of the learning needs of your future TOT group:
- What format can you use, within your local context, to complete an assessment of the training needs of a future TOT group?

- Who can you ask about the training needs of your future TOT group?
- What must you understand about the context and working environment to best facilitate your TOT?
- What will your trainees do with what they learn after your TOT?

Step 3: Design the TOT course structure and curriculum
The curriculum of each TOT course is specifically designed based on the assessment of needs for that training group and leads the group to immediately apply what they learn. Although the step by step process of an applied TOT remains consistent, curriculum differ in the allocation of time and contents according to the specific goals, context and intended outcome.

Issues that are determined differently for each TOT group or course include: how many days to teach the course; how much emphasis to put on various topics; how to balance time spent in teaching knowledge against time spent in learning skills; time in the classroom versus time in the field practicing skills; and most importantly, how much time is needed between teaching trainees how to do something new and their readiness to teach it to someone else.

Examples of course structures can be found in Boxes 3 and 4. An overview of the course structure used in the film in Uganda is in Box 3. An example of a course structure designed specifically for Afghanistan is on Box 4.

The time needed for training varies. When increasing a group's awareness of a topic, or learning new information that is readily accepted, the time between learning, integrating the information and being able to share it with someone else is relatively brief. However, when the information taught is new to someone's beliefs, culture and traditions, attitudes and past behaviours, the time between hearing the information, understanding it, accepting or rejecting it, integrating into a personal frame of understanding and teaching it to someone else takes a considerable amount of time. It becomes even more complicated when teaching someone how to do something new and then expecting them to teach that skill to someone else. To learn to do something new is a process that requires moving from hearing about it, to understanding it, to personal integration, followed by testing, practicing and mastering the skills oneself before being ready to teach the same skill to someone else.

Master Trainer(s) will only know how much time is required for a TOT through experience and actively engaging in monitoring their trainees' learning over time. Master Trainer(s) need(s) to ensure that the timing for the training and follow-up is adequate, and does not lead to misunderstandings that are potentially harmful, or even dangerous.
More information about preparing a curriculum is provided in Chapter 4. The exercise below will help you to prepare to design the course structure and curriculum.

Your workbook: Preparing to be a Master Trainer #3: Design the TOT course structure and curriculum.
The following exercise will help you to create the design of the course structure for your future TOT.
- Imagine the skills and competencies that you will require your TOT trainees have prior to the TOT.
- Based on the above, complete an imaginary assessment of their training needs.
- Create a structure for their TOT course including goals, number of days/hours in the classroom and in the field.

Box 3 TOT course structure: In the film in Uganda

Goals:	By the completion of the TOT course, the trainees were expected to be: - Able to design and implement family and community based psychosocial and mental health interventions for war affected populations in developing countries. - Competent in participatory and experiential training skills so that they can train teams in their home countries to do these interventions. - More confident and have an enhanced self awareness about their abilities as trainers.
Trainer:	The Master Trainer with multiple years of international experience in training trainers to do family and community oriented interventions within countries affected by war.
Participants:	Twenty-two experienced workers (i.e.: psychosocial workers, counsellors, social workers, psychologists and psychiatrists, some with prior training experience) from 11 countries.
Structure:	The course was residential and included 130 hours over 3 weeks: Weeks 1- 2: In the classroom, solidifying knowledge and practicing training skills. Week 3: In a field setting, practicing what was learned.
Outcome:	Participants prepared Plans of Action for how they would use their new learning.

Box 3 continued

Mobile library:	The participants received a handout of all of the notes from the course, plus journal articles and book chapters to expand their knowledge and use as references in their future training.
Follow-up:	This was provided within the participants home countries via supervisors and peers who previously took the same course. The Master Trainer also visited the majority of participants in their home countries.

Box 4 TOT course structure: Example from Afghanistan

Goal:	By the completion of the course, the future trainers were expected to have the knowledge and skills to train government and NGO workers how to provide family and community oriented interventions that promote child protection.
Trainer:	Master Trainer with multiple years of experience in child protection in developing countries after conflict and in the design of family and community oriented interventions. A Translator was prepared to work full-time with the Master Trainer.
Participants:	Fifteen staff from government ministries and NGOs. All had experience working with children but little knowledge of family and community based interventions and minimal skills for training others.
Structure:	Six weeks of daily training, totalling 250 hours: Weeks 1-2: In the classroom: learning about child protection and family and community intervention methods. Week 3: In the field: practicing family and community intervention methods. Week 4: In the classroom: preparation of a 7 day structured course curriculum that the future trainers could use to train government and NGO workers about child protection, and family and community intervention methods. Week 5: In the field: future trainers, working under the supervision of Master Trainer facilitated the training of 80 workers for 7 days, using the structured course curriculum. Week 6: Finalization of the 7 day structured curriculum based on lessons learned from Week 5. Preparation of Plans of Action on how the future trainers would use the 7 day structured curriculum to train 100s of workers countrywide.
Mobile library:	Preparation of comprehensive Trainer's Guidebook in English by Master Trainer followed by translation into local language. This guidebook included an overview of the information taught about child protection and family and community intervention, as well as a detailed guide for the 7 days structured curriculum.
Follow-up:	The class became a working team that continued to meet regularly and worked together for 1 year to train government and NGO workers.

Step 4: Form a supportive group process

The TOT depends on a group process in which sharing, support and honest feedback are essential training tools. The future trainers will not only learn from the Master Trainer(s), but also from each other. Each person becomes an active learner, peer educator and supports the learning process of the others.

Prior to the course beginning, as soon as possible, on Day 1 Hour 1, the TOT group is told about the course's learning process. Special emphasis is placed on the time and commitment required. The future trainers discuss the potential stress they might experience in the process of skill building, which will require that they display their skills within the group daily, and methods they can use to support themselves and each other. They also agree to receive, as well as provide, honest constructive feedback with their peers. They are asked to make a commitment to their individual learning and to the group process and learning of their peers.

Chapter 3 includes more details on how to facilitate a supportive group process during the TOT, and the exercise below will also assist you in learning how to form a supportive group process, an essential component for learning during a TOT.

Your workbook: Preparing to be a Master Trainer #4: Form a supportive group process.

Please answer these questions:
- How can you promote the trainees to support each other during your TOT?
- How can you encourage the trainees to offer each other constructive criticism during your TOT?
- What possible difficulties can you imagine might need to be addressed in this group process?

Step 5: Use TOT classes as a model of participatory training skills

Day by day, the TOT course's participatory and experiential style of learning is a live model showing the future trainers how to do the training methods that they are learning. The recommended training approach respects and encourages the integration of each trainee's prior knowledge and experience, promotes active participation, teaches skills through practice and offers supportive feedback. The trainees may initially mimic the Master Trainer(s)' skills, but with experience and encouragement they find their personal voice and style as trainers.

Chapter 4 presents further details about participatory and experiential training techniques and the exercise below will assist you in using the course to model training methods.

Your workbook: Preparing to be a Master Trainer #5: Use TOT classes as a model of participatory training skills.
Please complete this exercise:
- Imagine that you are facilitating your TOT.
- Today you are teaching them about the importance of creating a supportive group process within the classroom. How can you model that lesson within your classroom?

Step 6: Mobilise self care

Self care is important for everyone! Your future work as a Master Trainer can be stressful. During the TOT, Master Trainer(s) model self care and work with the new trainers to establish routines for self care. As the future trainers will train teams to do psychosocial and mental health work, they must also learn methods that can teach the teams to maximise their self care. Unhappy, stressed, burnt out workers are unable to do their best work, so practical methods of personal and organisational care are therefore included in the curriculum.

Chapter 3 includes further details about how to mobilise self care in a TOT while the exercise below can assist you in beginning your personal process of self care.

Your workbook: Preparing to be a Master Trainer #6: Mobilise self care.

Please answer this question:
- What can you do to take care of yourself before, during and after your TOT in order to manage any stress caused as a result of being a trainer?

Step 7: Ensure mastery of relevant base of knowledge and skills

This film and guidebook are meant to be usable by all as they provide a framework for training trainers, not a framework for interventions. However, to be an applied TOT, the end result is that the trainees who complete it are ready as trainers to train teams to provide some type of intervention. Therefore, it is critical that the future trainers first have a mastery of a theoretical or knowledge base, with coordinated skills for intervention, before they become trainers. The choice of that base of theory, knowledge and skills is left to the Master Trainer(s). Ideally, that choice is made based on responsible theories that lead to models of intervention that are suitable to the culture, context and capacities of those who will be trained, as well as those who will be assisted. It is best if the models of intervention and their activities have been tested, and shown to have a potentially positive impact, with a related population. For the future trainers to train teams to start a cascade that leads to effective intervention, it is essential that they have a thorough understanding of why they are using a certain theory; how it leads to a model of intervention; and how and why certain activities are chosen to reach the stated goals.

Chapter 2 gives an example of the knowledge and skills included in the Uganda TOT. The workbook exercise below can assist you to explore your knowledge and skills, as well as the theories, goals, models, interventions and activities of your work.

Your workbook: Preparing to be a Master Trainer #7: Ensure mastery of relevant base of knowledge and skills.
Please answer these questions:
- What knowledge and skills are your strengths and expertise?
- What theories underlie your expertise?
- What are the goals of your work?
- What models of intervention do you use in your work and how do these connect to your theories?
- Think of some examples of activities that you use in your work and examine how they fit into your model of intervention, and how they meet the goals of your work?

Step 8: In the classroom: teaching skills how to train
Once the future trainers have a clear mastery of the knowledge and skills needed for their work, then they are ready to learn the skills they will need to train this to others. Master Trainer(s) explain(s) the skills of training, model them, and provide practical exercises for their trainees to practice and master. As the future trainers practice, they receive constructive feedback from both their peers and Master Trainer(s) to enable them to continually improve and modify their skills. Regardless of the content they will eventually use to train others, everyone can benefit from learning the same training skills.

Chapter 4 reviews the skills of training in detail.

The workbook exercise below asks you to remember your experiences as a student as a means to assist you in deciding what style of training and trainer you want to become.

Your workbook: Preparing to be a Master Trainer #8: In the classroom: teaching skills how to train.
Think of some specific examples from your experiences as a student and answer these questions:
- What style of training or education did you like best and why?
- What style of training or education taught you the most and why?
- Think about the style of your past trainers and teachers remembering what you liked and didn't like about their training, and why.

Step 9: In the field: providing opportunities for applying training skills
Practice in the classroom is an essential first step. However, applying the skills in field settings similar to those in which the future trainers will eventually work will ensure that they know practically how to use what they have learned. The future trainers are observed, supervised and given feedback by both Master Trainers and their peers during field training. Master Trainer(s) will know that the future trainers can use what they have learnt by seeing them apply it in the field.

Chapter 4 provides a more detailed look at field based training. The workbook exercise below can assist you in creating opportunities for field training for your future TOT.

Your workbook: Preparing to be a Master Trainer #9: In the field: providing opportunities for applying training skills.
Please answer the following questions:
- Where can you organise field training for your TOT?
- What might your trainees do during this field training?
- How will their field training connect to their classroom learning?
- What do you expect will be the most challenging for your trainees when they apply their skills in a field setting?

Step 10: Monitoring the learning process
Throughout the TOT, the Master Trainer(s) monitor(s) and improve(s) the learning process to ensure that it meets the actual needs of the training group. This monitoring comes from observation and daily discussions with the trainees. While Master Trainer(s) plan(s) a curriculum in advance that is aimed to meet the needs of each training group, flexibility is essential and changes should be made when necessary.

Your workbook: Preparing to be a Master Trainer #10: Monitoring the learning process.
Please answer these questions:
- What difficulties might occur when a Master Trainer(s) is not flexible to change?
- Think of some specific examples of methods you might use to monitor the actual learning of your TOT group.

Step 11: Facilitate preparation of individualised future plans of action
As the TOT concludes, the future trainers create written Plans of Action for how and when they will use what they have learned. Clear goals with practical short and long term plans for how to apply the TOT learning can most easily lead to positive results. An applied TOT should lead to immediate practical action by the trainees.

Your workbook: Preparing to be a Master Trainer #11: Facilitate preparation of individualised future plans of action.
Please complete this exercise:
- Prepare both short and long term Plans of Action for how you will use what you learn in this guidebook in your work.

Step 12: Distribution of mobile library
During the TOT, trainees often learn a lot of information in a short time. A mobile library containing a written review of the course and reading materials (i.e. related journal articles and book chapters) to take home is an ideal means to ensure that trainees have an accurate accounting of what was taught. Additionally, they will begin the transfer of information through the cascade accurately. This is even more important when Master Trainer(s) use(s) interpreters, or teach in languages other than the first language of the trainees. The content of the mobile library will vary with the needs of the TOT group and is an important asset for new trainers to bring home.

Chapter 4 contains further details about the preparation of a mobile library.

The exercise below will assist you in the preparation of a mobile library for your future TOT.

Your workbook: Preparing to be a Master Trainer #12: Distribution of mobile library.
Please complete this exercise:
- What are some resource materials you could include in a take home mobile library for your TOT group?

Step 13: Evaluate the trainees' new skills and the TOT course
At the end of the TOT, the future trainers evaluate the course and the Master Trainer(s) using a written anonymous questionnaire. Additionally, the skills of the future trainers are evaluated in many ways; there is a pre test done before they begin, that is compared to a post test at the end and throughout the course, informal verbal evaluations are made of each person's skills during the feedback sessions with the Master Trainer(s) and peers. These lead to immediate ideas for personal and professional growth. During and after the field practice, the future trainers complete self evaluations and receive feedback about their skills from the participants in their training, their co-trainees and the Master Trainer(s). At the conclusion of the TOT, the Master Trainer(s) meet(s) with each future trainer individually to review his/her skills and future plans.

Evaluation is essential at the end of a TOT. It provides the future trainers with a progressive review of their skills as well as gives the Master Trainer(s) of the TOT an outline of important lessons learned that can be used to improve the next TOT.

Your workbook: Preparing to be a Master Trainer #13: Evaluate the trainees' new skills and the TOT course.
Please answer the following questions:
- What questions might you ask your trainees in their evaluation of your course content?
- What questions might you ask your trainees in their evaluation of you as their trainer?
- List the knowledge and skills that you will want to evaluate in your trainees.

The final step occurs after the completion of the TOT course.

Step 14: Follow-up the application of the TOT learning by the new trainers over time
Mentoring new trainers is a responsibility over time. Therefore, it is best for Master Trainer(s) to directly follow-up the ongoing learning of the TOT trainees through support and supervision. When this is not possible, it needs to be arranged for others to provide this follow-up.

Follow-up evaluations are ideally done after 6 months, 1 year and longer to judge the long range impact of the learning gained in the TOT. These evaluations can be through self report by the new trainers to the Master Trainer(s) and/or through reports by supervisors. It is best when Master Trainer(s) has/have the opportunity to observe the new trainers in their work environment. Follow-up over time allows you to know the value of your training as well as how future TOT might be improved. It also gives the new trainers you trained further opportunities for learning and to ask questions and clarify their learning.

Your workbook: Preparing to be a Master Trainer #14: Follow-up the application of the TOT learning by the new trainers over time.
Please answer this question:
- How do you imagine you can follow- up the progress of your trainees after a TOT?

Each of the 14 steps builds on the next, so that by the conclusion of the steps, the trainees in an applied TOT have become trainers. The next chapter describes how the 14 steps were practically applied during the TOT in Uganda. (An example of the step by step TOT process is outlined in Box 5.)

Please read Chapter 2, which explains how the 14 steps are practically used in Uganda before viewing the film.

Box 5 Training trainers: example for a training team to do community interventions

The following is an example of a TOT utilising the recommended step by step applied approach. This TOT leads to a team providing community intervention in the aftermath of a disaster.

Three months after a disaster, a team completes an assessment about the problems, needs and available resources of a displaced population. The findings are that the population's basic needs for food, shelter and health care are adequately met; children are in temporary schools and the majority of adults are actively engaged each day in activities to care for their families. Community leaders complain, however, that members of their community with mental illness are not being assisted and that some have disruptive and sometimes dangerous behaviour. Prior to their displacement, a psychiatric hospital cared for these patients. This hospital was destroyed and its medical team dispersed to unknown regions. The lack of treatment is potentially dangerous for the communities and the people with mental illness. Believing that the mentally ill are possessed by evil spirits, the general population fears them,

Box 5 continued

neglects their physical needs and at times abuses them. Community, religious leaders and traditional healers acknowledge that none of them are able to treat people with mental illness effectively. They welcome alternative approaches. One medical doctor with competent training in emergency mental health treatment is based at the local hospital in which psychiatric medication is available. However, there are no patient referrals. Ten of the 80 available community health workers have some basic knowledge of mental illness. Based on the assessment, a Master Trainer arranges a training leading to a TOT for the 10 community health workers with some mental health knowledge. Due to the emergency, and the multiple responsibilities of the health workers, limited time is available. The goal is to educate these workers about how to identify people with severe mental illness and make referrals for treatment to the local hospital. Once they understand the information they are then expected to cascade their knowledge by training the rest of the community health workers, so that all can identify people with mental illness and make referrals.

The initial training is five days.

Day 1: In the classroom, the Master Trainer teaches the group of 10 future trainers about the symptoms of mental illness and discusses the local names given to these illnesses. They discuss the general population attitudes towards people with mental illness, international and national standards of human rights and community responsibility.

Day 2: The Master Trainer accompanies the health workers to meet traditional and religious leaders who the people usually ask for help. They discuss and compare traditional and western beliefs, and treatment, and how they might be used in a complimentary way.

Day 3: The health workers go with the Master Trainer into the displacement camps. By talking to leaders, they identify some of the people with severe mental illness and visit them. They meet with some of the families of the mentally ill and learn about their frustrations.

Days 4/5: Back in the classroom, trainees review what they learned about identifying the mentally ill. They practice communication skills for how to approach the mentally ill and their families, and how to offer support and make a referral. They develop a master list of all the possible people, organisations and government services where it is possible to refer a person with mental illness and his/her family for assistance. The Master Trainer provides written handouts in their local language that provides a review of all that was learned. The group returns to work as community health workers to use what they learned over the next 2 weeks.

Two weeks later:

Day 6: The group returns and discusses its experiences with the mentally ill since the training. Group members review the symptoms of the people with mental illness identified, their approach to the person and family, and the sources of referral.

Days 7/8: The Trainer and trainees review the key learning from the original four day course and clarify any unclear information. Using their course curriculum as a guide, they develop a structured three day curriculum for a training course that they can use to train other community health workers. The curriculum for the classroom learning includes: an overview of symptoms of mental illness, a review of traditional beliefs and attitudes, causes according to traditional and medical models, medical treatment, practice of communication skills and methods of support to use with people with mental illness, their families and communities, and a scheme for where and how to make referrals. A field visit includes meeting some people they are now assisting who are mentally ill and their families to get feedback about the benefits and challenges of their new work.

Days 9/10: The TOT group learns some basic training skills, including how to make participatory presentations and to facilitate educational discussions.

Days 11/12: The TOT group practices each section of their future training curriculum using their new training skills. They offer each other constructive suggestions as to how to enhance their training skills. They prepare a plan to begin the training the next week. They agree to work in pairs, with each pair taking responsibility for organising and facilitating the three days of training for 14 other community health workers. After which, they agree to supervise and support their group of 14 individually, and as a group, bi-weekly for the next three months. After that time, they will assess the ongoing needs of the groups.

Two weeks later:

The Master Trainer visits each team of two new trainers in the field. She/he attends a supervision session with the new trainers and their group of 14 community health workers. She/he reviews with the groups what they have learnt and then reviews the referrals they have made. They share the complications of making referrals and the difficulties in working with a general population who have strong negative feelings about the mentally ill. They agree that awareness raising sessions are needed for community leaders. Due to the many demands on the community health workers, they agree that the new trainers will organise these workshop sessions in two months time.

One month later:

The Master Trainer and the 10 new trainers visit the local doctor and community leaders to discuss the referrals that have been made and the present status of the

people with mental illness in the community. They find that a substantial number of referrals have been made. They decide on some essential modifications and the new trainers bring these ideas back for discussion with the rest of the community health workers.

Two months later:
The Master Trainer and the 10 new trainers design a three hour awareness raising workshop for community leaders. The workshop curriculum includes: symptoms of mental illness, discussion about traditional attitudes and beliefs, awareness raising about causes, promotion of compassion and communal responsibility for assisting the mentally ill and how and where to make referrals for treatment. The other community health workers are asked to attend these workshops in their working locations. The plan is that this will lead to a more sustainable community based way to assist people with mental illness.

Monthly over the next year:
The Master Trainer continues to follow-up the new trainers. The new trainers continue to follow-up the other community health workers, as well as continue to have discussions with community leaders.

Chapter 2
The film follows the 14 steps in Uganda

The TOT shown in the film On the Road to Peace of Mind took place in Uganda. The outdoor classroom was in Kampala, the capital city, while the field work was in refugee camps and rural villages in the north. This chapter leads you step by step through the application of the 14 steps during the TOT in Uganda.

Step 1: Select the TOT Master Trainer and trainees
The Master Trainer for this TOT course was Dr Nancy Baron, an international consultant and American
Family therapist with extensive international experience in the design and implementation of psychosocial and mental health programmes in developing countries affected by disaster. She was the TPO Regional Coordinator for Africa at the time of the training. She was assisted by Mr Stephen Wori, Senior Trainer TPO Uganda, and Mr Herman Ndayisaba, Programme Director for TPO Burundi.

The trainees participating in the TOT were experienced workers with a wide range of knowledge, skills and jobs. All worked in psychosocial and mental intervention programmes affiliated with TPO. They were selected by their organisations with the expectation that they would return home and train others.
Trainees included:
Thupten and Chime - Tibetan paraprofessional counsellors who were fulfilling a long dreamed for opportunity to visit another part of the world and expand their ability to train their colleagues back home how to do family and community interventions.
Sivayokan - One of only two Sri Lankan psychiatrists from a war torn part of his country. After the course, he planned to train medical staff and community based paraprofessionals to assist local communities.
Lo - A Cambodian social worker and training coordinator for a community based counselling programme. He wanted to learn from the experiences of other post conflict countries and enhance his training skills.
Fetsum - The only psychiatrist in the country of Eritrea. He wanted to learn more about initiatives around the world in order to design programming for his country.
Lillian - A Sudanese paraprofessional counsellor who hoped to learn about other country initiatives and how to train these new ideas back home.
Zohra - An Algerian psychologist with traditional western therapeutic training wanted to learn about community interventions and how to transfer these ideas for use at home.
Peter - A Dutch psychiatrist just beginning international work and using this opportunity to learn from the experiences of colleagues from developing countries.

Step 2: Assess the learning needs of the TOT group
This was the 3rd international TOT in Uganda. The Master Trainer had previously visited many of the country programmes of the trainees and had extensive knowledge about their activities, as well as had previously trained other staff from their country programmes in previous TOT. Prior to the training, she had collected information about how the trainees would be expected to use their skills at home.

Step 3: Design the TOT course structure and curriculum
The three major goals that the TOT was to reach by the completion of the course were that the trainees would be:

- Enabled to design and implement family and community based psychosocial and mental health interventions for war affected populations in developing countries;
- Competent in participatory and experiential training skills so that they can train teams in their home countries to do these interventions;
- Confident and have enhanced self awareness in their abilities as trainers.

The course was a total of 130 hours over a three week period. Each day was approximately 8 hours, with the training broken up every 2 – 2 ½ hours by breaks or meals.

The first 2 weeks were held in an outdoor classroom in Kampala. During Week 1, the trainees' mastered knowledge about psychosocial and mental health issues related to war affected populations, and family and commu-

nity intervention methods. In Week 2, they learned and practiced participatory and experiential methods of training in the classroom. In Week 3, the course moved to a field based training centre where they practiced their newly learned skills within a field site in a rural location in northern Uganda. This was near the field activities of the TPO psychosocial and mental health programme for Southern Sudanese refugees.

Step 4: Form a supportive group process
As a multicultural group, the trainees had much to learn from each other. Yet, with differences in culture, tradition, attitudes and beliefs, and a wide range of professional backgrounds, there were many challenges to this learning. Opportunities for sharing and learning in the classroom were promoted through discussions in small and large groups, and specific exercises designed to share traditional beliefs, dance, music and their ideas about religion and spirituality. Outside of the class, the trainees lived together, so there were continual informal opportunities for professional and personal sharing. Times to play were also organised with evening music and dance events, and sightseeing tours including a trip to a local game park.

As the weeks progressed, so did the formation of a supportive group with enhanced levels of trust, respect and friendship. This was essential to the learning process and led them to take an active interest in each others' learning process. This was highlighted as their feedback to each other about the progress of their skills as trainers became more honest and challenging. They watched each other try their new training skills and supported and critiqued each others' efforts. As their relationships evolved, they trusted the feedback more, which led them to listen more intently and to further modify and enhance their skills.

Step 5: Use TOT classes as a model of participatory training skills
Every lesson, every day, was a model of how to train. Time was given at the end of each day to process, not only what they learned, but also the educational process by which they learned it.

Step 6: Mobilise self care
Time was dedicated during the course to enhancing self care. During the week in the field, special evening discussions were held by candlelight to provide opportunities for the trainees to talk about personal and professional issues needing self care. Everyone shared the importance of having someone (workmates, family members or friends) to talk openly to about their work experiences and feelings. They also shared methods of organisational support and supervision, and ideas about how to enhance positive working conditions.

As seen in the film, the group particularly enjoyed teaching each other methods of self care to prevent burnout and facilitate emotional wellbeing. Though they came from a wide range of spiritual backgrounds, including Christians, Jews, Muslims, Hindus and Buddhists, many relied on their religion, spirituality and prayer for support. They shared the specifics of their religious practices. All loved to dance as a way to play and relax, so they also taught each other their cultural dances. Time was also spent sharing traditional practices that reduce distress. Some of the self care methods were culture specific. For example, the Asian members taught the Africans about meditation, yoga, and head and foot massage.

Step 7: Ensure mastery of relevant base of knowledge and skills
The trainees in this TOT were affiliated with one international organisation. All had experience working with war affected populations. Uganda was chosen as the training site as there were field programmes that could be visited to model the interventions, as well as there being easy access for the trainees to practice their newly learned skills in field sites, comparable to those they would work in at home.

The curriculum for the 1st week intended to strengthen their understanding of why a community based theory was chosen and how it lead to a model of family and community interventions, and its accompanying activities. To be able to clearly teach it to others, they needed to understand it themselves. So, the training began with a clarification of concepts and terminology. It then moved to why this theory, and not another, and how it successfully worked within local cultures and traditions. This was followed by a review of how a model of family and community intervention works and in Week 3 there were actual field visits to see related community activities.

Some of the concepts underlying the Uganda TOT included:
- The typical consequences for war affected populations are physical, material, spiritual, economic, psychological and social.
- Most individuals, families and communities are able to activate their resilience, or inner strength, and cope with the distress due to war, without developing mental health disorders.
- Coping is best accomplished by having protective factors that include social support from families and communities.
- Individuals, families and communities have the responsibility to assist each other when they have problems.
- Natural systems of intervention have the capacity for assistance, for example individual resilience and self-help, support of parents to children, neighbours

helping neighbours, traditional healers offering local rituals and remedies, and community leaders forming councils to problem solve issues.
- Sometimes individuals, families and communities lack sufficient helping skills due to insufficient knowledge about psychosocial and mental health issues, utilising antiquated and sometimes even dangerous techniques, or lose of their usual capacity to help due to damage to their resources.
- The ability of natural systems of intervention to help can be enhanced through capacity building.
- Outsourced interventions (those that come from outside and are not part of the natural infrastructure) are warranted when the natural systems do not have the capacity or interest to help, and/or natural interventions violate human rights standards.
- The goal of outsourced interventions is to build the capacities of natural interventions for self help.
- Populations require assistance long term, therefore interventions must be sustainable.

These concepts were supported by Jim Kelly's Ecological Model's principles for intervention (1966), which is quoted below:
'***Ecological principle 1:*** Psychological problems often reflect a poor fit between the demands of the settings in which people live and work and the adaptive resources to which they have access. Ecological interventions seek to alter problematic settings, create alternative settings that are better suited to people's needs and capacities, or enhance people's capacity to adapt effectively to existing settings. This leads to a fundamentally different set of intervention strategies, all of which focus on changing the problematic person-setting relationship rather than fixing something inside the person experiencing the problem.
Ecological principle 2: Ecological interventions address problems and priorities as identified by community members.
Ecological principle 3: Whenever possible, prevention should be prioritized over treatment, as preventive interventions are generally more effective, more cost efficient, and more humane.
Ecological principle 4: Local values and beliefs regarding psychological wellbeing and distress should be incorporated into the design, implementation and evaluation of community based interventions to increase the likelihood that the interventions will be culturally appropriate.
Ecological principle 5: Whenever possible, ecological interventions should be integrated into existing community settings and activities, in order to enhance participation and long term sustainability.
Ecological principle 6: Capacity building, rather than the direct provision of services, by mental health professionals, should be an intervention priority in all communities. This reflects the ecological focus on empowerment, defined here as helping people achieve greater control over the resources that affect their lives.'

An approach with 11 Stages was taught during the Uganda TOT to provide specific guidelines for how to set-up psychosocial and mental health intervention programmes for developing countries affected by war. (Box 6.)

Box 6 11 stages: Development of psychosocial and mental health programmes in developing countries affected by emergencies

1st Stage:	Assess a population's needs, problems, resources and capacities at individual, family, community and societal levels.
2nd Stage:	Design a programme model with goals directed towards a sustainable outcome that will address the needs and problems at individual, family, community and societal levels through promoting and building internal resources and capacities.
3rd Stage:	Develop a strategy with interventions and accompanying activities directed at meeting theprogramme goals within the context, culture and capacities of the people.
4th Stage:	Train a national team the skills necessary to implement the interventions.
5th Stage:	Implement the interventions.
6th Stage:	Promote the capacities of natural healing and problem solving systems to address the needs and problems of the population.
7th Stage:	Empower individuals, families and communities towards self-help.
8th Stage:	Support the helping team and provide them with ongoing supervision and training.
9th Stage:	Provide individual and organisational 'care for each caretaker'.
10th Stage:	Monitor the progress of the intervention strategies and modify as needed.
11th Stage:	Evaluate effectiveness of intervention strategies in meeting programme goals and withdraw or change the focus as goals, problems and needs change.

A brief review of a few of the lessons taught during the Uganda TOT for each stage, with examples of the training methods used, follows.

1st Stage: Assess a population's problems, resources, capacities and needs at individual, family, community and societal levels.
Lesson taught: Independent assessments are essential

for affected populations prior to creating an intervention strategy as the needs, problems, context, culture and resources of every population are different. Assessments are done cooperatively, with all available partners, and include the active participation of all levels of the population being assessed. Assessments are not done only once, but repeatedly, as the situation changes. Only through an analysis of the assessment, can it be determined if psychosocial and mental health interventions are needed. Interventions respond to the gaps or needs that remain between the problems and the available resources.

Training method used: During the Uganda TOT, the trainees completed in class assessments of their home country. To do this a big board was used to provide a structured way to report and assess their home situations. The big board was completed by small groups from each country, and then reviewed country by country, with the full class. Conclusions were drawn based on what was shared on the big board (Exercise 1).

Exercise 1 - The big board: Assessment of problems, needs and resources
When you view the film you will see the big board used in Uganda. You will need something similar to do the exercise in your TOT.

A big board is created with columns for each population assessed. Small note cards are used for each point.

Column 1: Comprehensive listing of all the problems of the population. After the listing, the problems are prioritized by prevalence and severity.
Column 2: Listing of the available natural resources and helping interventions. Matching of the natural interventions with the problems they assist.
Column 3: Listing of the available outsourced resources and helping interventions. Matching of the outsourced interventions with the problems they assist.

By matching the problems with the available resources, the big board becomes a clear visual representation of the problems and resources, and the remaining needs and gaps.

During the film, the class used the big board to discuss the problems of each of the represented war affected countries (Column 1). The problems discussed included:

- The consequences of traumatic events: A trauma or traumatic event or experience is defined as a serious life threatening, unexpected situation. Wars and other disasters are traumatic events. It was agreed by the trainees that most people cope with traumatic events and do not become traumatised and develop mental disorders.
- Normal symptoms of distress that are a result of experiencing horrible events: Most people suffer some symptoms of distress (nightmares, anxiety, psychosomatic pain, difficulties in concentration, changes in social relations, etc.) immediately after experiencing difficult or traumatic events. Usually these symptoms do not have a serious effect on the person's functioning, and pass with time when the person feels safe.
- Changes in the bio-psycho-social wellbeing and quality of life: Every human being, regardless of age, gender, or culture, is made up of an interconnection of biological-psychological-social processes. Bio, or biological, refers to life's physical and health dimensions including normal growth and development, as well as physical health, illness, disabilities, availability of food and shelter etc. Psycho, or psychological, refers to the mind, thinking, emotions, feelings and behaviour. Social refers to the context, including the environment, culture, economics, traditions, spirituality, interpersonal relationships and life tasks. All of these components are essential, and evolve and change with physical growth and maturation. These components can be strongly influenced by traumatic events. Most commonly, the quality of life and sense of wellbeing for victims or survivors are changed by their experiences. Changes can occur in

An example of the big board:

Column 1 / Problems	**Column 2 / Natural interventions**	**Column 3 / Outsourced interventions**
1. Lack of food	Home gardens	UN Food for Work Program
2. Displacement	Neighbours help neighbours to build homes	Tents given by NGOs to each family
3. Rape of women	Women sent away from home permanently	NGO family counselling centre
4. Excessive alcohol use by displaced men	Community council orders drunkards control their behaviour.	No service

personality, beliefs, values, morals, fears, ambitions, identity, self-esteem, interpersonal relationships, family support, community support, etc. Commonly, victims or survivors struggle with feelings of anxiety, sadness, distress, frustration, hopelessness and helplessness caused by the miserable conditions of daily life and limitations for the future.

- Psychosocial issues: These are pervasive, both during and after war. "The word psychosocial simply underlines the dynamic relationship between psychological and social effects, each continually influencing the other" (UNICEF, 1997 Regional Workshop, Kenya). Poverty and the lack of the basics for survival can have psychosocial consequences. It can lead to excessive anxiety, reduction of traditional support between extended family members and increases in theft and crime. The trainees agreed that the excessive use of alcohol and drugs was their most common psychosocial problem. This often led to family discord, violence, break-up and changes in traditional family norms of support.
- Vulnerable groups: Certain groups were identified as vulnerable by all of the countries. These included: people with mental illness, disabilities and chronic illness; women who had been raped; widows, orphans and elderly without adequate family support.
- Mental disorders: Research shows that about 2-3% of any population has serious mental disorders. This percent increases by approximately 1% in war affected countries. The trainees agreed that the most pervasive mental disorder is depression, and in some countries this included increases in rates of suicide. Despite extensive literature on post traumatic stress disorder (PTSD), trainees agreed that they do not see people with this disorder very often.

Lesson taught: An assessment is used to examine problems, as well as the resources, available to the population today, as well as in the past. Psychosocial issues are an integrated part of all human issues, so all of a population's problems and resources are assessed in order to have a holistic assessment of the full situation. The competencies, importance and value of the resources were discussed during the TOT, including:

- Natural helping resources and interventions including: Individual resilience and coping skills; Family support; Community support structures; Traditional healing; Religious structures; and Civic helping structures.
- Outsourced resources and interventions including: Local government; National government; UN organisations; Nongovernmental organizations (NGOs); and Community based organizations (CBOs).

A comprehensive assessment leads to clarity about the unique context, problems, needs, culture, resources and capacity of a population. This information directs the design of interventions and activities of psychosocial and mental health programs.

2nd stage: Design a program model with goals directed towards a sustainable outcome that will address the needs and problems at individual, family, community and societal levels through promoting and building internal resources and capacities.
Lesson taught: An analysis of the assessment determines the remaining needs and gaps between the available resources and the problems and needs. When individuals, families and communities have systems of natural intervention that provide adequately for their people, then outsiders do not need to intervene.

Outsourced interventions (Baron, 2006) are introduced only as a response to gaps in natural resources or interventions, and/or due to families, communities, governments or others refusing to help, or using natural interventions that violate human rights.

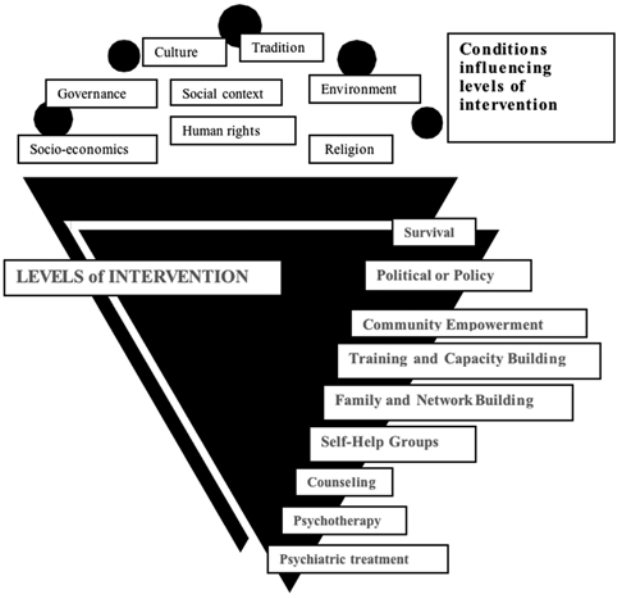
The consistent goal for all psychosocial and mental health interventions is that they lead to sustainable effective assistance. This includes empowering, enhancing and building the capacities of local people to enable them to provide effective sustainable natural interventions. If, and when, outsourced interventions are established - the goal is that they do not compete with or diminish local capacities, but rather complement them by providing services that the natural resources are unable to provide. Outsourced interventions can be used as a temporary means to build natural capacities. Sometimes, outsourced interventions continue for a long period of time due to the ongoing lack of natural capacities and/or violations of human rights standards. Outsourced interventions require long range plans for financial and material support so that they do not start, meet a need and then disappear, leaving the people stranded.

3rd stage: Develop a strategy with interventions and their accompanying activities directed at meeting the programme goals within the context, culture and capacities of the people.
Lesson taught: An intervention is a process, technique, and/or method to intervene, improve, change or resolve an issue. Interventions can be done by anyone including parents, neighbours, health workers, social workers, community leaders, traditional healers, religious leaders, etc. Programmes develop intervention strategies based on their theories about why there are problems and how help can be best achieved; the problems and needs of the people as found during the assessment; the local culture and context; as well as the available resources and capacities of the people and available helpers. Interventions are not chosen because of what the helpers know how to do, like to do, or assume the

population needs or wants, but are based on what the population actually needs.

Training method used: A model describing 9 levels of psychosocial and mental interventions that are possible at individual/ family/community and societal levels was presented in the film (see below).

Levels of psychosocial and mental health intervention (Baron, Jensen & de Jong, 2001)



This model describes how psychosocial work is most effective when integrated into other helping services. The division of the levels is arbitrary, and categories are interconnected. The levels are presented in descending order, with the interventions needed for the most people and requiring the staff with the least amount of training are first, and the smallest need but that requiring staff with the most training is at the bottom. All the interventions are important, and services are best when all are provided simultaneously. Each intervention level is influenced by the context, including local governance, politics, environment, culture, traditions, socio-economic status and religion. Each level of intervention has a range of possible activities. These activities change depending on the context and culture of the population. The most important aspect is that people receive the level of intervention most appropriate to them and their situation. For example, counselling should only be provided to those who actually need it.

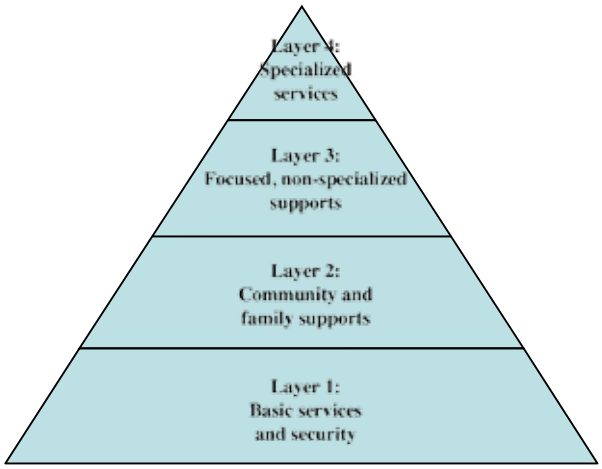
The triangle of intervention now utilised in the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings (MHPSS) (IASC, 2007) was designed after the TOT in Uganda. (See below.) It has many similarities. These IASC MHPSS guidelines are now core learning in all TOT. The core principles recommended in the IASC MHPSS for individuals and organisations responding to emergencies:

- Human rights and equity: Humanitarian work must always promote equal human rights for all people. They should also ensure all people a fair and equal opportunity for psychosocial and mental health support.
- Participation: Key methods of support are available within any population; therefore populations affected by emergencies should be maximally involved in all aspects of their own support. This should include equal opportunity to all subgroups. It is important to promote self help and communal ownership for decision making, and in the design and implementation of intervention programs.
- Do no harm: The risk of doing harm is minimised by active participation in coordination groups to share learning, ensure that interventions are designed based on sufficient information, including evaluations, ensuring cultural sensitivity and competence, being up-to-date on evidence based research and promoting human rights. It is essential to use caution, and to be aware of how the power of outside helping sources (i.e. money and influence) can damage an affected population.
- Building on available resources and capacities: From the beginning, build onto and strengthen existing local resources and support self help, ideally at both government and civil society levels.
- Integrated social support systems: Interventions that are integrated into the system reach more people, are more sustainable, and reduce stigma.
- Multi-layered supports: The key to organizing mental health and psychosocial support is to develop a multi-layered system of complementary supports that meet the needs of different groups. This multilayered strategy for intervention is exemplified by the intervention pyramid for mental health and psychosocial support which recommends four layers of intervention (see below). Each of the four layers offers intervention that assist people with different needs. The layers use complementary methods of support to facilitate the assistance or intervention at that layer. Each method of support is facilitated through a series of actions or activities. At each layer, the actions or activities should identify, mobilise and strengthen skills and capacities at individual, family, community and societal levels. It is recommended that the layers are implemented concurrently.

Layer 1: Basic services and security The foundation of wellbeing begins with meeting needs for security, adequate governance and essential services like food, shelter, water and basic health care. The majority of people will cope with the emergency without any further support.

Layer 2: Community and family supports A small group

of people will need more support. With the addition of community and family support, this group will be able to reclaim their psychosocial wellbeing. These supports could include community mobilisation, communal healing or religious ceremonies, the dissemination of useful information, supportive parenting programs, strengthened access to education, work opportunities and more.
Layer 3: Focused, non-specialised supports Even with support provided by the other two levels, a smaller number of people will require individual, family or group interventions focused on their psychosocial wellbeing. This could include activities like: psychological first aid, support groups for victims of difficult events (i.e. rape victims), basic mental health care by primary health care workers and more. These activities are commonly provided by trained social or community workers, or health care professionals.
Layer 4: Specialised services The smallest percentage of the population has difficulty in daily functioning despite having the supports at the other levels. Their problems include severe mental health disorders such as psychosis, drug abuse, severe depression, etc. Assistance could include more specialised psychological or psychiatric support than is available within the primary health care system. They could require referral to specialised services if available, or further training and supervision could be provided to the primary general health care providers so that they could learn to provide this service. Although needed by a small percentage of the population, in large emergencies this group is still considerable and the needs great. (IASC 2007; Wessells, M. & van Ommeren, M. 2008)



The challenge is to provide interventions to assist people at the accurate level. Interventions provided to wrong people at the wrong level can possibly do harm. For example, providing outsourced interventions when natural interventions are available and effective can destroy the natural structures.

4th stage: Train a national team the skills necessary to implement the interventions.
Lesson taught: Teams working for psychosocial or mental health programmes are not just trained interesting information rather they are specifically trained the knowledge and skills needed to implement a programme's interventions.

5th stage: Implement the interventions.
Lesson taught: Interventions are implemented in accordance with the culture, context and capacities of the people.

6th stage: Promote the capacities of natural healing and problem solving systems to address the needs and problems of the population.
Lesson taught: Natural interventions have been used for centuries and many are beneficial. It is essential that intervention programmes are designed with the affected people and utilise their priorities, beliefs and cultural ways of helping. The idea is to strengthen and enhance appropriate natural systems. If some natural helping methods are dangerous, or violate human rights, they must be addressed directly with the population and efforts made to modify them.

Training method used: Master Trainer(s) facilitated group discussions using the questions below.
- What did the people of your country do to solve their psychosocial and mental health problems before you started your helping programme?
- What were the capacities of the natural interventions prior to your starting your programme?
- What were the limitations of the natural interventions prior to the start of your programme?
- Were these natural interventions dangerous or violating human rights?
- How were the facilitators of natural interventions involved in your programme design?
- How do you work cooperatively with natural interventions?
- What do you do to build the capacities of natural interventions?
- What are your long range plans for ensuring that psychosocial and mental health support is sustainable?
- What challenges do you face in trying to have your programmes lead to sustainable support?
- If your programmes ended tomorrow, what assistance will remain for the people in 6 months, 1 year, 3 years, 10 years?

Training method used: As seen in the film, the Master Trainer used Exercise 2 (see below) to facilitate discussion about the natural resources of revenge, forgiveness and reconciliation.

Exercise 2 Discussion about natural interventions: revenge, forgiveness and reconciliation.

The goal of this experiential exercise was to facilitate group discussion about the effectiveness of revenge, forgiveness and reconciliation when used as traditional and/or natural interventions for solving problems and resolving conflicts in each home country.

The Master Trainer facilitated the discussion by sharing a related quote about the issue followed by questions, as shown below.

On revenge
Trainees hear the quote: 'For nations recovering from periods of massive atrocity, the stakes are high, the dangers enormous. Members of those societies need to ask not only what are the appropriate limits to vengeance, they need to ask, what would it take, and what do our current or imagined institutions need to do, to come to terms with the past, to help heal the victims, the bystanders and even the perpetrators?' (Minnow, 1998)

Questions for discussion included:
- What are the beliefs of the people in your country about revenge?
- Does this belief lead to effective natural interventions for resolving problems?
- If not, what are the limitations of your natural interventions?
- How do natural interventions influence your country?
- How do natural interventions influence your work?

On forgiveness
Trainees hear the quote: 'If vengeance risks ceaseless rage that should be tamed, forgiveness requires a kind of transcendence that cannot be achieved on command or by remote control.' And 'forgiveness in particular runs the risk of signalling to everyone the need to forget' (Minnow, 1998).

Questions for discussion included:
- What is forgiveness?
- What does it require for people to forgive?
- What do people need to do or feel to forgive the people who committed atrocities in your country?
- Who in your country can and cannot forgive?
- How is forgiveness important to your country and your people?
- How can forgiveness be included in your programme interventions?

On reconciliation
Trainees hear the quote: 'Promoting reconciliation across divisions created by, or themselves causing, the collective violence is still another goal. Such reconciliation would assist stability and democracy, but it also would require other measures: restoring dignity to victims would be part of this process, but so would dealing respectfully with those who assisted or were complicit with the violence. Otherwise, new rifts and resentments are likely to emerge and grow' (Minnow, 1998).

Questions for discussion include:
- What is reconciliation?
- How does reconciliation assist coping?
- How is reconciliation integrated into your work?
- How is reconciliation possible in your country?

7th stage: Empower individuals, families and communities towards enhanced self help.
Training method used: Discussions were facilitated by the Master Trainer about how their existing programme interventions will build the capacities of individuals, families and communities so that they will be empowered and help themselves and others more often and with greater competence, in both the short and long term.

8th stage: Oversee the helping team and provide them with ongoing supervision and training.
Training method used: Each country program shared and compared their home country structures for ongoing supervision and training of their psychosocial working teams.

9th stage: Provide individual and organisational 'care for each caregiver'.
Training method used: The value of care for caregivers was reviewed and the methods used by each individual and by their home country programmes were shared, as shown in the film.

10th stage: Monitor the progress of the intervention strategies and modify as needed.
Training method used: Monitoring ensures that programmes and staff are working efficiently and effectively, and fulfilling their programme goals. Each country programme discussed the monitoring techniques they use including individual and group supervision, regular staff meetings, daily and weekly written or verbal accountability by staff, monthly and biannual reports. Ways to utilise the monitoring information and modify the programmes accordingly were discussed.

11th stage: Evaluate effectiveness of intervention strategies in meeting programme goals and withdraw or change the focus as goals, problems and needs change.
Lesson taught: Programme evaluations must include process and impact dimensions. (Parts of this section originate from Miller & Rascoe, 2004.) The results of a process evaluation tell us whether the programme that was intended was actually carried out. If the evaluation determines that it was successful, we are assured through a process evaluation that we know the programme design was used. If the programme does not reach its goals, then the process evaluation can help us to determine if this was due to a poor programme de-

sign or problems in programme implementation. A few questions used in process evaluation can include:

- What was the actual plan of the programme prior to implementation?
- Has the programme actually been implemented according to how it was planned?
- If the implementation is different than planned, why? etc.

An outcome evaluation gauges the actual impact of the programme. A few questions used to evaluate impact:

- How well did the programme achieve its goals and objectives?
- What are the greatest benefits of the programme?
- Who benefited the most and why?
- What lessons learned can influence future programming and how can these be implemented? etc.

Training method used: The Master Trainer facilitated discussion about the methods of evaluation that each country programme used including community focus groups, individual reports by clients, internal evaluations by senior staff and external professional evaluations sponsored by donors.

By the end of Week 1, the trainees in the Uganda TOT had enhanced their conceptual understanding of how and why they used certain theories leading to family and community models of intervention. Now, they were ready to learn how to train this to others.

Step 8: In the classroom: teach skills how to train

Throughout Week 2, the TOT group practiced in the classroom participatory and experiential training techniques which were to prepare them how to train. Chapter 4 includes some of the exercises used to train the trainers how to train.

Step 9: In the field

As seen in the film, the TOT group applied its new skills in the field during Week 3 in refugee camps and rural villages in the north of Uganda close to the Sudanese border. The field exercises were composed of 3 parts:

1..Review of family and community interventions. Although all of the trainees worked with war affected populations at home, the opportunity to visit a rural population of 150000 Sudanese refugees provided new insights. They were paired with TPO staff working in the field, and joined them on the back of their motorbikes to observe their community based psychosocial and mental health activities including workshops for community education, crisis intervention, individual, family and community psychosocial support, counselling and problem solving, self help groups and mobile psychiatric clinics. In the film, you see a rural mental health clinic and a family visit in which assistance is offered to people with mental illness and epilepsy.
2. Field practice for training psychosocial workers. Since the trainees were expected to return home to train their colleagues, a field exercise to practice these training skills was essential. The trainees designed and facilitated one day of workshops for 30 TPO psychosocial workers. These workshops included: using massage for personal stress reduction; working cooperatively with traditional healers; methods for facilitation of self help groups; and personal reflections on revenge, forgiveness and reconciliation.
3. Field practice in community education. The trainees also planned to go home to do community education. Therefore, the TOT included a field exercise to practice these skills. The class worked in five small groups each with 4-5 members. These groups each prepared, and facilitated, in cooperation with the TPO staff, community based workshops of approximately 4 hours for groups of 25 community leaders in five refugee camps. The workshops topics included: psychosocial overview; mental health overview; basic helping skills for the community leaders; alcohol education; and crisis intervention.

Step 10: Monitor the learning process

The TOT began each morning with a monitoring exercise that included questions about what they learned the day before, the answering of questions and clarification of any unclear learning. At the end of the day a large poster-sized sheet of paper was placed outside of the classroom, with space next to each day, for the trainees to draw a face that showed their feelings about that day. The Master Trainer got a sense of the satisfaction and moods from a quick look at this poster. The quickly drawn faces were often smiling, sometimes sleepy, and occasionally overwhelmed.

Step 11: Facilitate preparation of individualised future Plans of Action

On Day 1, the trainees were asked to share their expectations of the course and to write a personal note reflecting what they hoped to learn. On the final day, they reviewed their expectations and were satisfied to find that they had met their goals. Also on the final day, all of the trainees formulated future plans for how they would use what was learned independently, as well as on their work sites. These plans were reviewed one-by-one with their peers and the Master Trainer(s).

Step 12: Distribute mobile library

Each new trainer received a mobile library containing detailed notes of the training prepared by the Master Trainer, a recommended reading list, and a photocopied selection of journal articles and book chapters.

Step 13: Evaluate the trainees' new skills and the TOT course

Monitoring and evaluation of the course and the trainees' progress was done daily, in the lesson, weekly, at

the end of the course, and 6 months later. Indicators that were examined included, for the course: structure, content and Master Trainer competencies. For the trainees the indicators were: competence as trainers, mastering of essential knowledge, and level of confidence.

In the film, trainees talk about what they learned. They enthusiastically share their satisfaction at having the opportunity to meet and share the TOT experience with colleagues from so many cultures. They feel confident that they have learned some practical, creative new ideas and are 'ready to go home and go to work'. At the close of the TOT course, tears and smiles of joy, friendship, accomplishment and sadness mingled as the group formed one last circle to say goodbye.

Step 14: Follow-up the application of the TOT learning by the trainees over time

The follow-up of new trainers in 11 different countries is difficult. Fortunately, over the years, the Master Trainer has trained other staff in TOT courses within many of the same work organisations. Therefore, this network was available to provide support and supervision to some of the new trainers when they returned home. The ideal would be to have a budget that allowed the Master Trainer to have a structured follow-up plan that included visits to each country, in order to offer ongoing support and training to all of the TOT group. This was only possible for some of the countries. During visits to their country programmes, the Master Trainer was able to see the new trainers train in their home environments, and provided consultation to their supervisors about how to support and encourage their work, as well as provided training to the rest of their staff. The Master Trainer encouraged email communication with those not visited.

This chapter explained how the 14 Steps were practically applied during the TOT in Uganda. It is suggested that you now view the film and hear first hand from the Uganda trainees about their experiences as they became trainers. After viewing the film, go on to read Chapters 3 and 4. Chapter 3 details some of the key elements for how you can facilitate a TOT.

Chapter 3
How to facilitate an applied TOT

This chapter offers guidelines for how to actually facilitate an applied TOT. In Chapters 1 and 2, how to design the framework of a TOT was covered. Watching the film allowed you to experience the actual workings of a TOT. This chapter includes some key components for how you can actually facilitate a TOT including how to: begin and end, facilitate a cooperative, supportive group process, advance personal growth, promote self-confidence, encourage self care and manage trainer anxiety.

1. How to: Begin the TOT

A good beginning is essential to an applied TOT. On the first day, the first hour, everyone, participants and Master Trainer(s), are a bit nervous. Master Trainer(s) will want to make a good initial impression and will have spent a considerable amount of time preparing for this day. A good beginning comes from the Master Trainer(s) displaying their readiness and potential competence with a smile. The process of building a safe, supportive and cooperative learning environment begins in these first few hours.

Activities of Day 1: Hours 1, 2, 3 can include:

- Master Trainer(s) introduce(s) himself/herself/themselves including a brief resume of the reasons as to why they have the competence to be the Master Trainer(s).
- Participants share their names, professional connections, reasons for attending and expectations of the course.
- Master Trainer(s) distribute(s) and review(s) a handout with a detailed course outline that includes the course schedule, goals, expectations and a day-by-day breakdown of each day's learning themes.
- Master Trainer(s) present(s) the course's learning process with emphasis on the time and commitment that will be required. They facilitate a discussion about expectations and fears and how trainees can support themselves and each other.
- Each trainee is asked to take responsibility and make a commitment to participate in the process of both individual, and cooperative, learning. For example: The TOT group joins hands in the centre of the room. One by one they verbally declare a commitment to the learning process and full participation in individual learning as well as to that of their new peers.
- A structure is established so that the trainees know what to expect. The times for beginning, ending, breaks and meals are discussed, and agreed as a group.
- Specific 'rules' of the class are agreed, such as: Do you have to raise your hand and be acknowledged in order to speak? Can you leave the classroom whenever you want? Only one person speaks at a time, etc.

Master Trainer(s) begin(s) each morning with a review of yesterday's material, giving clarifications where needed, and discussing and answering questions. In residential TOT, time is allotted for managing any problems due to the logistics of daily living. If trainees are unhappy in their rooms, or with their food, or unable to communicate with their family, this affects their ability to concentrate. So, daily efforts are made to minimise any issues.

At the end of each day the Master/Trainer(s) review the day, answer any questions, and talk about the plans for the next day.

2. How to: Facilitate a cooperative, supportive group process.

The tone of the TOT is important to the learning process. The components of this are outlined in the list below.

- Trainees need to have confidence in the Master Trainer(s) and the learning process. They need to feel that the Master Trainer(s) are competent, well organised and believe in the learning process.
- Trainees need to feel safe and know that the learning environment is supportive. Even though the process of a TOT can be stressful due to the trainees having to openly display their skills, this process must still feel and be safe.
- Trainees need to feel respected. They need to know

that the Master Trainer(s) and their peers believe in their ability to succeed and value their ideas, opinions, experiences and that these are an integral part of the learning process.
- Taking time for laughter, flexibility and a bit of play are also essential.

From the first day, the Master Trainer(s) has/have specific lessons that are designed to facilitate the building of a supportive group process. Exercise 3, which is below, is an example of how to facilitate a positive first step.
Throughout the TOT, trainees practice their skills in front of the group. An essential part of their learning will come from both giving and receiving honest, sometimes critical, but always constructive, feedback. The first experience from Exercise 3 will set the tone for the rest of the training so it important that it should be a positive experience. Exercise 4 (below) teaches both a basic framework for making a presentation, as well as begins to build the supportive group process that will allow trainees to feel comfortable enough to learn through the direct display and discussion of their skills.

3. How to: Encourage personal growth and promote self confidence

The TOT uses a participatory training model which encourages active group participation in all aspects of the training. It is a course that consists of talking, sharing and learning by doing. Master Trainers encourage personal growth by giving opportunities that promote self reflection. They promote personal growth by offering encouragement and support, and finding strengths in everyone's skills and efforts. Open, honest feedback that constructively offers suggestions for improvement and fosters personal growth is welcomed by the trainees when they feel that this is done thoughtfully and with a genuine belief in their capacities to learn. A TOT course challenges them to learn and succeed as a trainer, and this promotes personal growth and leads to self confidence.

Self confidence is an important key to being a good trainer. During the applied TOT, the trainees' confidence grows as they witness their own progress. In particular, when they can see that what they are actually learning improves their capacities as trainers, their confidence grows and their readiness to listen to feedback increases. Their confidence is further enhanced through the positive feedback from the Master Trainers and peers whose judgment they learn to trust.

Exercise 3: Beginning the supportive group process

The goal of this exercise is to facilitate a positive first step in beginning the formation of a supportive group process. It occurs on the first day. The Master Trainer(s) explain(s) that the following exercise will give the trainees the opportunity to get to know each other. Trainees are asked to pick a partner that they do not know and organise their chairs in pairs in comfortable, private locations. The Master Trainer(s) announce(s) a topic that the pairs are to discuss privately. First one member of the pair speaks for about 3-4 minutes and then the other speaks for about 3-4 minutes. The Master Trainer keeps the time. After about 6-8 minutes, they are asked to stop and find a new partner. The new pair is asked to discuss a different theme, again with each speaking about 3-4 minutes. They change partners seven times, and discuss a new theme with each new classmate, each time.

Topics for discussion can include:

1. Share the details of your last working day before you came to this training. Include: the time of wake-up, starting out, transport to work, your work environment, work activities, interaction with co-workers, etc.
2. Talk about your professional strengths.
3. Talk about one of your best work experiences. What made this a 'best' experience?
4. Explain which training skills you want to learn and why.
5. Discuss your usual response to constructive feedback.
6. Talk about your fears or anxieties about this class and how you think you can best manage these.
7. Describe your personal support network including family, friends etc.

By the end of this exercise, each person will have briefly talked with 7 classmates. Upon completion, the full class sits in a circle. They are asked to share what they learned about the first person for a few minutes and then the next until they have spoken about everyone they have met. No secrets, it is all shared. The conversation moves from laughter to serious and back again. Individuals do not speak about themselves; they only listen to what others heard them say. They are only able to correct incorrect information at the end. After the group shares information about each person, each person is asked to share one more piece of personal information that is unique or important that they might not have opportunity to share during the exercise. At this time, participants commonly share information about their families, their spirituality or their personal interests.

This exercise is a successful ice breaker. After gathering information about everyone, the level of conversation between them is immediately enhanced. Each pairing is brief so that it opens the door to communicating and makes it easier to approach each other and continue where they left off.

Exercise 4: Learning the basic framework for making a presentation

The goals of this exercise are to learn the basic frame-

work for making a presentation and to facilitate the building of the supportive group process. The participants are given 20 minutes to prepare a 3 minute presentation to teach the rest of the group how to do something from his/her culture. They choose what to teach. It often includes things like greetings according to their culture and language, cooking a traditional meal, preparing a bride for marriage, methods of prayer, dance, song or ritual. The success of the presentation is determined by whether or not members of the group have actually learned to do what has been taught in the presentation, in the time allotted. The Master Trainer has a stop watch and ends the presentation at exactly 4 minutes, regardless of whether it is finished or not.

In the beginning, presentations are frequently unstructured, not finished in the time allowed and the audience has not learned to do what was taught. With each presentation, Master Trainer(s) work(s) with the group to identify important presentation skills. They identify the need for: advance preparation; clear goals; structure i.e. a beginning, a middle, and an end; limiting the content to only what the trainees need to know to do the task; practicing the skills that will be taught; monitoring learning; smooth, but not too fast presentation and calm body language; and lastly, relaxing enough to smile. Soon, the initial anxiety becomes shared laughter and camaraderie as the group learns how to create the basic framework for a presentation and the group process evolves with the building of trust and shared learning.

4. How to encourage self-care and manage trainer anxiety
Being a trainer can be stressful. Feelings of stress commonly reduce when trainers feel self confident in their abilities. However, feeling some anxiety is to be expected, therefore the trainees learn ways to manage their anxiety while training, as well as ways to relax before and after training. To manage anxiety while training, and during practice exercises, the trainees can identify, in each other, signs of anxiety that are obvious as they train, such as: pacing or rapid hand movements, talking too fast or too slow, losing eye contact with the audience, hands in the pockets, voice too loud or too soft, etc. Once the signs are recognised, they can then help each other to come up with ways to manage them. For example, trainers who talk too fast when they are anxious, learn to recognize this and learn ways to control it with deep breathing, structured pauses and signals from co-trainers, etc.

To relax before and after training, trainees can teach each other useful techniques. These can include talking and sharing feelings, social time with family and friends, listening to music, breathing exercises, meditation, physical exercise, sports, massage, and/or meditation. This is modelled during residential TOT courses by leaving time available for the trainees to play!

5. How to end the TOT
A TOT is often a once in a lifetime opportunity for an individual to focus on his or her skills and get valuable and honest feedback about strengths and weaknesses. By the end of the experience, trainees know their strengths and weaknesses. Over and over again, they practice their training skills under the watchful eyes of Master Trainer(s) and their peers. They hear the opinions of others, as well as evaluate themselves. By the time the TOT ends, they know what they do well and where they need to improve. The last task is for each trainee to create concrete plans how they will use the newly learnt skills at home

Chapter 4 explains the training skills that trainees learn to use to become trainers.

Chapter 4
Training trainers how to train

This chapter offers practical methods for how you can train trainers to use participatory and experiential training skills to train others. Future trainers learn the skills for how to train by doing, practicing, getting feedback, modifying their actions, and doing it again and again, until they do it well. Talking about how to train does not teach someone how to actually competently train. During an applied TOT, the future trainers get the opportunity to immediately apply their learning and learn by doing. Course activities are designed so that one by one the future trainers practice their skills under the watchful, constructively critical eye of the Master Trainer(s) and their peers, first in the classroom, and then in the field. To do this constructively, a safe learning environment is established in which the future trainers are invested in each other's learning. Within this supportive context, Master Trainer(s) and peers can laugh together, offer support and praise strengths, yet honestly critique each others' skills and provide constructive suggestions for change (see Chapter 3.)

For example, a future trainer had 8 minutes to train the class 'interventions for alcohol abuse'. With his hands in his pockets, he focused on his friend's face and moved back and forth rapidly as he spoke. The content of his words became a blur with the movement of his body. After he finished, the Master Trainer and the TOT group reflected first on what he did well. After, they talked with him about his anxiety. It was noted that everyone has some anxiety while training that is shown through actions. Trainers need to be aware of the reasons for their anxiety, discuss their fears and learn methods to manage it. Before he trained again, he discussed his insecurities and worked on how to control his anxiety through better preparation, periodic deep breathing, grounding himself in one position and using a flip chart.

Though TOT courses can be stressful, having one's skills honestly challenged and receiving constructive feedback in a safe supportive educational environment leads to personal growth and builds confidence. After a TOT, trainees usually unanimously agree that it was stressful; however it was also the 'experience of a lifetime'. They also say; 'now I have the confidence to go home and train, and I know I can do it'. A clear sign of a successful TOT is that at the end, the new trainers are smiling with confidence.

The new trainers who completed the TOT reported that the following training tips, listed below, learned and practiced during the applied TOT are essential to remember.

1. Presentation skills

Properly chosen content is essential to effective training. However, even when the best content is chosen, if the trainer presents it poorly, trainees may not learn. In a TOT, the future trainers learn skills to enhance their presentation style. At first, they might mimic the style of their Master Trainer(s) or other trainers they value. However, with experience, the future trainers develop personalised styles that integrate their individuality, personalities, strengths, weaknesses and anxieties into their training.

Tone. The tone of the training is set by its structure, as well as from the trainer's style. For example: a trainer who is late, the room disorganised, notes lost, and talking over time, all set a tone of chaos. To set a positive tone, trainees learn the value of: having a clear training plan; exuding competence; speaking in a lively, enthusiastic, easy to hear, not too fast not too slow, tone of voice; moving their body gently, including slow hand movements below the face, not frantic ones all over; and an easy smile. Charm and occasional humour are valuable assets. In psychosocial work, trainers who show passion for their subject and display compassion for the population they are helping, set a tone that is particularly well received.

Keeping time. Delayed or rushed trainers repeatedly curse the problem of time. Time is, however, never the problem. Prior to any training, trainers know how much time they have. Planning is usually the problem. The challenge for trainers is to learn how to plan lessons and prioritise their content to include only what the trainees need to learn. In this way training goals can

be met within the allocated time. A brilliant lesson can teach little when it does not finish in the time allotted.

Clarity. Rambling, disorganised trainers often lead their trainees into confusion. Preparing notes and flip charts in advance often assists trainers to be well organised and clear.

How much fun is too much? If trainees walk away from a training session laughing, was it a success? Yes, if they can also give you a comprehensive account of what they learned, explaining its relevance to them and how they can practically apply it. During the applied TOT the future trainers are being trained in a challenging, but supportive, atmosphere. There is also definitely time for laughter in the midst of learning. The TOT learning environment is a model to be experienced and emulated in their future training.

Balance. Using time well is essential in training and this requires balance. For example, there is always a relationship between the trainer and the trainees, and the trainees with each other. However, the balance of time spent on developing this varies depending on the length of the training and the importance of the group process. If the training is for 2 hours, then introductions and getting to know each other is probably only about 10 minutes. However, when the training is daily for 3 weeks, then this process might be a half a day. The balance of time as to who speaks during training also varies and depends on what is being taught. When the trainer is teaching new information, the trainer talks the most, while the trainees listen. However, when ideas and experiences are being shared, the trainees talk the most. In an applied TOT, time is also balanced between didactic learning of information and practicing new skills. Trainers are continually considering how best to balance their time to ensure that it is used efficiently and effectively.

Flexibility. Trainees learn that being well prepared is a major asset. This however, does not prevent them from being flexible. During the TOT, trainees learn to observe and listen to the interactive process as they train, to ensure that their trainees are learning. Even the most experienced trainer can find that a well prepared lesson is inadequate. During these times, it is easy to panic and some trainers continue to use more of the same. Others try to change the whole lesson spontaneously, which can end in chaos. When trainers know their content well, making a spontaneous lesson change is easier. It can be difficult still however, for a trainer, to find that they need to change their prepared lesson plans midway. That is why trainers are encouraged to complete thorough assessments of a training group, leading to advance preparation of relevant lessons. This is the best way to avoid inadequate lessons. If a prepared lesson does feel inadequate, trainers learn to check with the trainees and discuss the suspected problem with them. They can then work together in the process of the revision. Recognizing a problem with a lesson and flexibly fixing it can even enhance the relationship between trainers and their trainees.

2. Trainer's tools

To remain well organised, future trainers learn to use a few handy techniques that are outlined below.

Trainer's notes. Easy to follow, written notes are valuable to guide trainers as they train.

Training supplies. Supplies that will be used are best placed in easy to reach locations prior to beginning.

Power point or flip charts. Some trainers are able to use power point presentations to support their training, others use flip charts. Though power point is state of the art, it might not always be the best technology to use. A distressed trainer, dependent on a broken machine, or finding themselves without electricity, is also disconcerting for the trainees. Some trainers spend huge amounts of time preparing for a power point presentation, when often flip charts will offer the same benefit and require far less preparation time. Well organised, or colour coded flip charts prepared in advance, are an excellent way to keep trainers organised, as well as make it easier for the trainees to follow what is being taught. Either way, a guide prepared in advance is useful.

Writing while teaching. Trainers writing, on a black or white board, with their backs to the class, is never acceptable. If a lot of information is to be covered, then using pre-prepared handouts, pre-written flip charts, or power point are better alternatives. If the trainer is asking questions, or wants small groups to do certain tasks, it is nice to have pre-prepared written instructions. Advanced preparations keep the class organised and moving along efficiently.

Energisers. Playful brief exercises, such as a bit of song, dance, a game or a stretch, appropriate to the culture, that can re-energise the trainees can be included in the day's agenda, after lunch or late in the afternoon.

Handouts. Preparing written handouts that can be photocopied and distributed to the class are a sure way to know that information is accurately received. This is especially important when trainers are training with interpreters or when the trainees speak a range of languages.

Trainees taking notes. When trainees are busy writing notes about the course content during discussion time, they often talk less. Trainers can increase levels of discussion by providing written summaries of class content before and after a lesson.

Giving feedback. Trainees provide feedback to each other about their skills and ideas. A format that begins with saying what they have done well, and then leads to what can be improved, is usually easier to hear.

Changing the class structure. Trainers can alter the class structures depending on what is to be taught. Class structure can be organised into the following sorts of groupings:

- Full class: to efficiently give information to everyone.
- Small groups: to offer each person more opportunities to discuss ideas, share thoughts, feelings and experiences, or to cooperatively complete a task.
- Pairs: to practice skills or more intimately share thoughts, feelings and experiences.
- Individual: to independently think or write about personal ideas, feelings, plans etc.

After a class is separated into parts, the question then is how to bring them back together as a whole. It is a common, but often boring practice, to have small groups report in detail their activities back to the full class. Time is better used when the reported time is limited and has a clear purpose. For example, small groups are asked to create a curriculum for training psychosocial workers. Rather than share their curriculum in complete detail, which can be repetitive, boring and time consuming, the small groups can be told they will have 3 minutes to report on one particularly creative section of their curriculum.

3. Advance preparation of a training plan

Every training endeavour needs a plan that includes goals, objectives and a detailed curriculum. Training always begins with an assessment and analysis of the needs of a future training group, and leads to trainers taking sufficient time to prepare a detailed training plan that fits together goals and objectives within a course structure and curriculum content. An outline of the steps required is below.

Assessment of the training group. A training plan begins with an assessment to collect information about the future trainees existing capacities, strengths, skills, weaknesses, expectations, priorities and needs. Depending on the situation, trainers collect this information directly, by asking the future trainees during group or individual meetings, or by mail and/or through communication with the training sponsor and/or other people who know the future trainees.

Some of the assessment questions could include:

- What are the goals and expectations of the training according to the person(s) who requested it and according to the trainees?
- What do the trainees do in their work and how will they use this learning?
- What do the trainees want and/or need to learn and why?
- What knowledge, skills and experiences do the trainees already have?
- How will the new learning be integrated into their existing knowledge and work?
- What are their limitations for using their new learning?
- How much time is available for training and to use the new learning?

After collecting the information trainers analyse it to first determine if the group needs training, and then to see if the trainer has the capacity to do this training. If the answers are yes to both of those questions, then the information collected in the assessment directs the trainers in the designing of a plan and a curriculum that can specifically respond to the needs of the training group.

Designing curriculum. A curriculum provides the overall framework for a training course. The goals and objectives are tailored to each training group. In advance of the training, trainers put extensive time into the design of a curriculum. Once the overall design is made, then it is broken into sequential steps. Each step becomes a lesson that has its own plan with specific goals, objectives, teaching methodologies and timing. Each lesson teaches a small amount of knowledge or skills, but when it is strategically placed with other lessons, forms the steps required to fulfil the overall goals of the curriculum (see Box 7). For example, one lesson teaches assessment skills and another teaches listening skills. Many lessons strategically placed together build the skills to train psychosocial workers.

An outline for a curriculum can be organised as below:

Content of training (in sequential order)	Training methodologies	Time allotted
1.		
2.		
3.		

A group of lessons strategically placed into a curriculum creates a whole that is far greater than each of its parts. Exercise 5 provides a method for training future trainers how to design a curriculum.

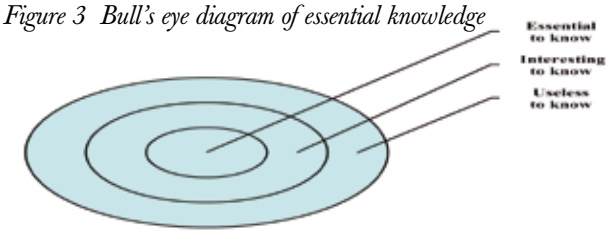
Box 7 Preparing a curriculum

To prepare a curriculum:

- Establish overall purpose, goals and objectives of the training.
- Select content to be included in the curriculum.
- Organize the content and determine what can be taught together as one lesson.
- Order the lessons 1,2,3, etc. sequentially.
- Prepare written lesson plans with clear goals and objectives.
- Choose training methodologies that go along with what is taught in each lesson.
- Determine the time needed for each step in each lesson and fit it into the overall time allotted.
- Build in ongoing assessments to verify student learning.
- End each lesson with a prepared summary of important points that connect to the next lesson.
- End full training with a prepared summary of key points leading to goals.
- Ensure that all lessons include how the learning will be applied.
- Include methods for both trainer and student evaluations.

Choosing the content of the curriculum. Major challenges for trainers comes from how they decide what content is essential and should be included in their curriculum. For example, in an emergency situation, it is best to teach only essential basic emergency response, rather than overwhelm trainees with trying to learn skills that require more time and supervision than is available (IASC MHPSS, 2007). As shown in the film, a common problem for new trainers is that they try to train everything they know about a certain topic in the time allotted. Learning to focus only on what is essential for trainees to learn is a challenge. Trainers learn to not waste time on things that are nice to know, but have little practical purpose. A useful metaphor is that training must hit the centre of the bull's eye. With preparation and practice, trainers learn how to hit the centre of the bull's eye with their training (Werner & Bower, 1995).

Figure 3 Bull's eye diagram of essential knowledge



A common joke as they practice how to train is for the future trainers to repeatedly ask each other why? They quickly learn that, it is an essential question. Why train this and not that? Training is not about what trainers want to teach, but rather what is essential for their trainees to learn. For example, a future trainer had 10 minutes to teach the class about the consequences of sexual abuse. She talked so fast that she could barely breath. Her ideas were good, but she presented so much so fast that the class could not follow her presentation. In the end, they were only confused. After she finished, the TOT class told her that her ideas were good and her breadth of knowledge commendable. They also told her they had not been able to learn anything. At first, she was defensive saying; 'but there is so much to say about this topic and there was not enough time'. The class then repeated; 'but we learned nothing.' She had tears in her eyes and said; 'I teach like this all the time. I am so afraid of not being smart enough, that I teach the class absolutely everything I know.' The class was supportive, talked with her about the reasons for her fears, and assisted her again and again throughout the course to organise her training to include only what was essential for her students to learn.

Monitoring learning. Building a monitoring system into the training to verify that trainees actually learn what is taught, is important. This can be done, either through written exercises, or by observing the trainees using what was taught.

Summarizing learning. Summaries are continual and useful after each major point, at the end of a lesson and at the conclusion of a course. A summary is not the time to add new information or to repeat everything that was taught. Rather, summarising helps trainees to remember key learning, combine knowledge and skills, and integrate it into practice. Summaries can be done by either the trainer, or the trainees, or both. Asking the trainees to summarise also provides an opportunity for the trainer to assess what they have learned.

Exercise 5: How to train trainers to design curriculum

The goal of this exercise is to train trainers how to design a curriculum from which the trainees will learn specific skills they can use for psychosocial response. The complete exercise will take one whole day.

- Role Play 1 (20 minutes): Everyone has 10 minutes to set the scene and prepare their roles. Four - five class members become a response team, while the rest of the class is a population affected by a problem. They are asked to create a role play of a problem scenario that is common to their work. The role play is done for 8-10 minutes. Usually the victims are distressed, as it is soon after the event. Often the response team is quickly overwhelmed and

becomes ineffective. For example, trainees working with victims of war might role play a community affected hours earlier by a rebel attack, while workers assisting victims of a disaster might role play a community immediately after an earthquake.

- Discussion 1 (20 minutes): All trainees are asked to stop where they are and discuss the impact of the response team. First, the affected population comments on their experience. Then, the response team talks about the impact of their response; comparing what they had intended to do with what actually happened.
- Role Play 2 (20 minutes): Based on the discussion, the response team is given a second chance to plan a new and improved response and the role play is repeated.
- Discussion 2 (20 minutes): Again, the group discusses the pros and cons of the response.
- Full class: Curriculum Planning 1 (20 minutes): The class is asked to imagine that they have the responsibility of training a similar response team. First, they establish the overall training goals and objectives. This is followed by brainstorming, to list all of the knowledge and skills that the response team needs in order to respond effectively and meet the goals. The list might include: community mobilization, listening skills, attending skills, Psychological First Aid, medical first aid, where to make a referral, how to identify a severely mentally ill person, etc.
- Small groups: Curriculum Planning 2 (1 hour): The class is divided into small groups, each with 4-5 members. Their task is to take all of the knowledge and skills, and cluster topics together that can be taught as one lesson. For example, one cluster of topics might include listening skills, attending skills and become a lesson on good communication skills. They place the lessons onto a flip chart in sequential order of what needs to be learnt first, second, third, etc.
- Full class: Curriculum Planning 3 (45 minutes): The small groups are brought together and compare their flip charts and lessons. One curriculum is created by combining the best of the lessons from the small groups to use for the next exercise.
- Small groups: Curriculum Planning 4 (1 hour): Each small group chooses one lesson from the master curriculum. They prepare an outline for one detailed lesson plan, including the content of what is to be taught, as well as the training methodologies and time it will take, and put it on a flip chart. Organised as below:
- Full class: Curriculum Planning 5 (1 hour): The full class critiques each small group's lesson plan.
- Small group: Curriculum Planning 6 (40 minutes): Each small group prepare a 10 minute role play of a section of their lesson to show the class.
- Full class: Curriculum Planning 7 (90 minutes): The full class watches each small group's role play and offer feedback.

By the end, the class has designed a master curriculum with lesson plans for training a response team. They have learned the importance of planning, the appreciation for the length of time planning requires and to recognise the value of specially designing the content of training to actually ensure that the trainees learn the specific skills that they need to do their work.

4. In the classroom: training trainers how to train

The applied TOT uses participatory and experiential methods for training. It is learner centred. Although trainers are responsible for organising the process, the learning moves in many directions, such as between the trainers and trainees, the trainees to the trainers, and between the trainees. Trainers become skilful in a range of training methods. Since each method has a different purpose, trainers learn to choose the method that best fits what they are training. The following provides various methods that trainers can use for training future trainers a variety of techniques during the TOT.

Participatory presentation. A standard training method is presentation. Having good presentation skills is essential for every trainer. Trainers can use presentations to convey knowledge, instructions, facts and information. Lectures are also a form of presentation. During a classic lecture, trainers are the experts and they talk and their trainees listen and learn. An effective lecture requires thoughtful selection of content, organisation of content into logical sequences, clear concise presentation of information, and concludes with questions and answers. For example, a psychiatrist educates medical doctors about how to identify and medically treat a person with schizophrenia. A lecture is an efficient way to inform them. However, even though the doctors know how to medically assist a patient, they might not do it due to their attitudes about the mentally ill. Additionally, they might feel uncomfortable communicating with patients and avoid them, rather than treat them. They might even try to assist, but do it in a way that is abrasive, so patients refuse to speak with them. For some topics, lectures might be enough. In this example, a broader range of training is needed to be sure that the knowledge learned is actually applied.

In the participatory presentation style taught during the

Content of training	Training techniques	Time allotted

TOT, future trainers learn to have clear training goals and a body of information to teach. They also learn to present it in a manner that simultaneously facilitates dialogue with their trainees. To do this, the trainer's presentation is prepared in advance with key points and is combined with questions and discussion points to engage the participation of the trainees. During a participatory presentation, trainers combine the responses of the trainees with their prepared content in order to reach the training goals (see Box 8).

The advantages to the trainees when trainers use participatory presentations are that they are also able to share their existing knowledge, skills and experiences, they are actively engaged and connections can be immediately made as to how to practically use what is learned. During a participatory presentation, trainers listen to their trainees' responses and can monitor their learning to be sure they understand what is being taught.

Box 8 Framework for participatory presentations

The components of a participatory presentation can include:

Clear introduction:	Overview of what will be taught.
Clear goals:	Trainees and trainers know what the trainees will learn and why.
Well organised:	Training content is taught in a sequential order that facilitates learning.
Learner participation:	Questions and discussion points are used to facilitate learner participation.
Inclusion:	Trainees' ideas, experiences, and knowledge are included in the presentation.
Summarise:	Review what was taught, why and how it fits into the overall learning and goals.

Master Trainer(s) can model the use of participatory presentations throughout the applied TOT so that trainees feel the value of this style of training. Exercise 6 is used to practically train the future trainers how to do participatory presentations.

Exercise 6: How to train trainers to do participatory presentations
This exercise takes a full day. To begin, everyone writes a psychosocial or mental health topic on a small piece of paper. They are placed in a hat and each trainee randomly chooses a topic. Each trainee has 20 minutes to prepare a 4 minute participatory presentation on that topic.

- One by one, trainees give their 4 minute presentations. At the end of each presentation, the group takes 2 minutes to complete an evaluation form (see Box 9). The full class then gives feedback to the presenter for 5-10 minutes, beginning with strengths and then commenting on what can be improved. To avoid defensiveness, the presenter is asked to only listen. The presenter is given the completed evaluation forms and then the class moves on to the next presenter.
- Part 1 of this exercise commonly takes 3-4 hours. Based on the belief that trainees learn best when quickly given the opportunity for a corrective experience, the class repeats this exercise again on the same day. Trainees generally show a marked improvement the second time and integrate much of the feedback from Part 1 into their 2nd presentations. When this does not happen, the class offers the feedback to the presenter again.
- In Part 2, the trainees choose their own topics related to their work. They have 30 minutes to prepare a 4 minute participatory presentation. The review process remains the same. The repetition of watching each other, leads the trainees to understand and internalise the key components of how to do a participatory presentation. A secondary gain is that the process of sharing strengths, and weaknesses, and giving feedback builds trust and group cohesiveness.

Box 9: Evaluation form for participatory presentations

Scale: 1 = excellent, 2 = very good, 3 = satisfactory, 4 = fair, 5= poor)
Please give your classmate the benefit of honest feedback. Tick the appropriate box and make comments. Comments (continue on back):

	1	2	3	4	5
Clarity of introduction					
Did it hit the bull's eye?					
Clarity of main points					
Clarity of goals					
Use of summary					
Body language					
Voice tone/speed/clarity					
Level of student interest					
Level of student learning					
Level of student participation					
Value of student participation.					

Facilitating educational discussions. Discussions between trainers and trainees, and trainees with each other, are essential in the process of participatory learning. Discussions become educational tools when trainers use them to encourage trainees to share their knowledge and experiences, explore and express their ideas and opinions, debate topics, and problem solve. The trainers' role is to facilitate, lead, organise and/or direct discussions. To be educational, discussions are not held randomly, they have an educational purpose and plan that is prepared in advance, as part of the curriculum. (See Box 10).

Box 10 Framework for discussion

To facilitate an educational discussion requires:

1. Clear introduction of the topic.
2. Clear goals or purpose.
3. Sequential organisation of questions or discussion points to facilitate the discussion directed at meeting specific goals or purpose.
4. Summary given briefly after each key point, and at the end of the day, and course.

The skills future trainers need to facilitate discussions can include:

- Organise a space (sitting in a circle is usually best) conducive for discussion.
- Establish guidelines for participation with the discussion group, such as one person speaking at a time, allowing equal opportunity for all to speak, listening to each other and responding to what was said, and no distractions (telephones turned off).
- Promote an atmosphere that feels safe and trusting for all participants and is conducive to open discussion.
- Prepare questions and discussion points that promote sharing in advance.
- Control the flow of conversation.
- Give the opportunity for all group members to actively participate, but do not push anyone to contribute.
- Add to the depth of what is said by the participants.
- Keep to time allotted.
- Keep to the course plan and do not be distracted by outside topics.
- Deal with group arguments by summarising, commenting, and moving forward.
- Deal with any difficulties caused by group members.
- Sincerely appreciate the output of what group members say.
- Correct any incorrect factual information, but without diminishing participation.
- Maximise content of what participants say by summarising and connecting ideas to the goals or purpose of discussion.
- Reflect, summarise, repeat, accentuate key learning that leads to goals.
- Bring discussion to a close and keep track of it to show how goals were met.
- Summarise key learning at the end.

Discussions wander and do not teach when facilitators do not keep them focused on the goals. Exercise 7 is used to teach the future trainers the skills to facilitate discussions.

Exercise 7: How to train trainers to facilitate discussions

Master Trainer(s), along with the class, create(s) a role play of an educational discussion relevant to that class. For example, the group imagines that they are teaching community leaders how to identify and assist people with problems caused by domestic violence. In the role play, six participants become the community leaders in the discussion group. They sit in the centre of the class, in a circle like a fish bowl, with the rest of the class sitting in a circle around them. Cards (prepared by the Master Trainer in advance) are given privately to each group participant designating characteristics on how they are requested to behave during the group. These characteristics might include things like talking too much, remaining silent, speaking off of the topic, being active or cooperative.

For 5 minutes, the group privately plans their roles, while the rest of the class creates a list of questions and discussion points for the discussion facilitator to use. Initially, the Master Trainer is the discussion facilitator. After 10 minutes, she/he stops and asks the group participants to discuss their experiences as group members. She/he asks the observers to comment on her skills facilitating the discussion. The Master Trainer then asks the observers to instruct her/him as to how to best facilitate the group. The role play discussion continues for 10 minutes more, again followed by discussion. The Master Trainer talks about the skills used and asks what he/she should do next. This is repeated for 30-45 minutes.

The Master Trainer then asks what should be the next move of the facilitator. The trainee who responds last is invited to take over the facilitator's role. The trainee facilitates the group with the Master Trainer sitting next to them, offering assistance as needed. This continues for 30-45 minutes more with trainees changing every 5-10 minutes so that 4-5 trainees have a chance to facilitate.

The class is then divided into two groups. Each group picks up on the same discussion. They continue a similar process, rotating group participants and using teams of two as facilitators. Each facilitator team practices for about 10 minutes, and then receives feedback from their peers about their skills facilitating. Each team repeats

the process until all have had a chance at facilitating and receiving feedback in the small groups.
The full class comes together at the end to process their feelings as facilitators, and review the key skills learned for group discussion. The exercise ends with a debriefing that closes the role play.

Experiential training
Experiential training offers trainees opportunities to learn through experience. This can be in the classroom or in the field. During experiential learning, trainees explore their feelings, attitudes and behaviour, as well as practice actions or skills. Trainers need to learn not only how to use experiential training, but when to use it and how to create exercises that lead to experiential learning. Experiential learning is particularly important in training people how to do psychosocial and mental health work. For example, training commonly includes teaching people how to communicate effectively. Talking about how to communicate will not teach someone how to do it. To train them how to communicate effectively must include exercises where they can actually practice the skills. However, learning how to communicate in a classroom will also not be enough, so training must go into the field where participants have the opportunity to learn through applying their skills. They can process the effectiveness of their applied learning, and practice and practice until they master the skills required.

Experiential training skills taught in applied TOT courses include role play, storytelling, the use of proverbs and metaphors, using drama, music, games, posters and media. Some of the methods used to teach these skills are outlined below.

Role play
Role play is a common experiential training method. Through role play, lifelike situations including actions, attitudes, feelings, and behaviour true to the context and culture enter the classroom and can be used for educational purposes. By simulating real problems within the teaching environment, trainees have the opportunity to go beyond just thinking about the issues to feeling them. For example, by simulating a case of a suicidal person, trainees must think not only about the issue, but can also feel the emotional suffering. Rather than talking about the problem and how a community leader might respond, they do it through role play and can see and feel its actual impact. Role play is also an ideal way for trainees to practice skills and explore their competence. (See Exercise 8.)

Role play, like all teaching, is not an effective educational tool when unprepared or unstructured. Lessons using role play must be prepared by the trainer in advance and have clear goals and objectives. The choice of a role play scene and the roles that are played are chosen specifically for the purpose of learning. Each role play is carefully assembled and lasts as long as needed to teach something. There are many ways to facilitate a role play, including having trainers determine the action and act as facilitators; or having trainees determine the action and act as facilitators; or creating a team with many participants taking turns as facilitators. The role played situations can use a real life example or made up situations based on real life experiences.

Since trainees play roles that are commonly out of character for them, it is important to debrief them after it finishes, to acknowledge that it was a role play and that the roles were fabricated, and did not represent the people who played it. For example, after the role play was finished the whole class stood up and shook their bodies to shake off the roles and return to themselves. Most importantly, after the role play is finished, the lessons learned and experienced must be connected back to real life and real situations for real learning to occur. Some common problems in the use of role play are that they lack goals, purpose and connection to real life. Sometimes they just become a drama and create laugher, but no real learning.

Exercise 8: How to train trainers to use role play as a training tool
The Trainer asks the class to create a person with a problem looking for help. The Master Trainer becomes a psychosocial worker and invites that person to visit and ask for help. In the role play, the Master Trainer responds with poor communication skills, does not listen well, is rude, answers her/his telephone, shows little empathy, etc. After 5 minutes, usually filled with laughter by the class, the Master Trainer asks the group to comment on her/his helping skills. The class lists all the problems.

The class is then asked to list good communication skills. The Master Trainer creates a second role play with the same person with the same problems and asks for a volunteer to show how to be a psychosocial worker using the good skills on the list. After 5 minutes, the role play is stopped. The class reviews the skills, and adds to the list. The Master Trainer adds any skills to the list that are missing. The class explores how this exercise, that included role play, was used as training tool.

In the film, we see the trainees learning from the Master Trainer in the classroom how to use role play to learn to assist a couple. Later, we see future trainer in the field applying their new skills, while working as a team, to facilitate a workshop for community leaders in a refugee camp. They are using a similar role play to train the community leaders how to assist a couple. This example is the essence of the TOT. First, they learn a concept: the importance of psychosocial workers bringing couples together to solve problems and not just

working with individuals. Then, they learn in the classroom how to teach this skill to others. Finally, to be sure they understand, they apply this learning in the field under the supervision of the Master Trainer and their classmates.

Use of educational posters
Educational posters can be used as a tool in community education. Future trainers first need to learn how to use posters for education, then they can learn to teach others about their use. Exercise 9 provides a method of teaching this lesson. One of the key components of good educational posters are pictures with positive messages, if a negative image is used it must clearly show that it is negative as many people cannot read in rural communities, so it is essential that the pictures give the message and not just words. Images also need to be culturally and contextually relevant.

Exercise 9: How to train trainers to design educational posters for community education
Each trainee is asked to design an educational poster. Art skills are unimportant. The posters are hung in an art gallery and the class examines and critiques the lessons taught through each poster. In the end, the group creates a list of the essential elements needed to design an educational poster.

Use of music
Music is a useful educational tool for community education. After people learn something new, a song that reinforces the new ideas can help them to remember. The future trainers first need to learn how to use music educationally, and then they can teach the use of music to others. An example of Exercise 10, in which the trainees are taught to use music as an educational tool is shown in the film.

Exercise 10: How to train trainers to use music as an educational tool
Trainees work in small groups to create songs that can be used in community education. The songs are shared with the class and critiqued by the Master Trainer and classmates as to the effectiveness of the lessons they teach.

Use of games
Experiential games can be useful tools in community education, especially with youths and children. Games can reinforce concepts, for example, playing a game with a theme of cooperation or team work. As with all methods listed here, trainees first need to learn to use games before they can teach others how to use them. Exercise 11, which is shown in the film, teaches the use of games.

Exercise 11: How to train trainers to use games as education
Trainees work in small groups and create games with an educational focus. The games are played by the class and critiqued as to lessons learned by the Master Trainer and classmates.

5. Practicing the tot learning in the field
'An ounce of practice is worth more than tons of preaching.' Gandhi

Field based learning is an essential element of the TOT. It is the responsibility of the Master Trainer(s) to set-up a field training plan that is practical and can be done effectively by trainees. It is important that this field training takes place in a setting that is similar to the work setting of the future trainers. This is to give them the best opportunity to imagine how their newly learnt skills will apply at home. The goal is that this field experience will give them not only the opportunity to apply their learning, but also to become competent and confident in their skills. Field training should include opportunities for all of the trainees to practice the training skills that they learned during the TOT. This is most easily accomplished by having them work in small groups. They also learn through feedback provided by the Master Trainer(s), their peers and their classmates. (See Exercises 11 and 12.)

Exercise 12: Applying the TOT learning in the field
The goal of this exercise is to give the future trainers the opportunity to practice their new skills in an environment similar to home and test and further enhance their training skills. Trainees are divided into small working groups of 4-5 and given a full day to prepare a 2 hour workshop using their new training skills to train a group of 20-25 NGO workers. They are given a theme by the Master Trainer based on their existing experience and expertise and the needs of the training group. For example, they could be asked to prepare a workshop on stress management, working cooperatively with traditional healers, or integrating psychosocial wellbeing into relief work. They begin the preparation on their own. After 2 hours, the Master Trainer moves from group to group reviewing and critiquing the initial workshop plans. After 4 hours, two small working groups present their progress to each other and show samples of how they will facilitate the workshop and give each other feedback. At the end of the day, the Master Trainer reviews each plan.

The actual workshop is a practical training exercise. Master Trainer(s) observe(s) part of each workshop and offer(s) comments, trainees evaluate the workshop content and the trainers skills, and co-trainers give each other feedback. The small working groups discuss the feedback immediately after the workshop. They then have the opportunity to use the feedback and improve the workshop the same day by giving it again to a different group of 20-25 NGO workers. This gives them the

immediate opportunity to learn from the feedback of their first experience. The day after the workshop, the class reviews what they have learnt and experienced.

Exercise 13: Practicing training skills in the field
This is the final exercise of the TOT and usually takes 2-3 days to complete. The future trainers are divided into small groups of 4-5 members and given a day and a half to prepare a 5-6 hour community education workshop. Each person has the responsibility to train for approximately 90 minutes. This exercise can be highly stressful, therefore it is essential that the Master Trainer gives participants ample time to prepare, selects the members of the small groups to ensure a balance of skills, ensures that the workshop curriculum is suitable for the community and the skills of the class, and provides consultation and stress reduction to each small group.

To create the curriculum, the class spends one or two days in the field visiting the environment where they will train and completing a brief needs assessment. The class decides together on the themes of the workshop based on the community need and the expertise of the class. The same workshop will be done by all of the small groups. It is prepared in two ways. First, the workshop is divided into 4 parts, with each person having the responsibility for one part. This means that one person in each small group has the responsibility for Part 1, another person in that small group has the responsibility for Part 2, and so on. All of those responsible for Part 1 within the larger course group work together to create their part. After a half day of preparation, they join the group that they will work with in the field so that the groups of people giving Part 1, 2, 3, 4 are now together in each group and prepare how they will integrate their parts together. During the evening prior to giving the workshop, the group comes together for some stress reduction exercises. During the community workshops, the Master Trainer visits each group in the field to offer them encouragement. The following day the full class reviews all the lessons learned, as well as each small group give feedback to each co-trainer member and reviews the evaluations completed by their participants.

6. In conclusion
An applied TOT is an efficient and effective method to train trainers how to train. This is a critical step in the overall goal of assisting people with psychosocial and mental health problems in developing countries affected by emergencies. Well trained trainers will be able to competently train the teams that will assist those people affected by the emergencies. Regardless, of the theories followed, or the interventions and activities used, it is essential that the working teams are well trained to do what they are intended to do. Using the 14 Steps in this guidebook sets trainees on the path to facilitate an applied TOT. It is important that these steps be modified in accordance with culture, context and the capacities of each TOT group.

'Become the change that you want to see in the world.' Gandhi

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Note

[1] Since 2005, TPO merged with HealthNet International to become HealthNet TPO. Some of the local branches of TPO have become independent national organizations, such as TPO Cambodia and TPO Uganda.

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War Trauma Foundation is dedicated to the provision, via aid organisations, of psychosocial and mental health training programmes for the benefit of victims of war, terror and organised violence, throughout the world. WTF promotes and facilitates capacity building initiatives with local mental health professionals in post-conflict areas.

In the past half century, a new science has been developed to counteract the horrifying trauma caused by war, terror and organised violence. These scientific developments have found wide areas of application. Today, many organisations are engaged in programmes fostering capacity building in local communities, for example by offering training to individuals as psychosocial workers, counsellors or potential trainers.
WTF supports local organisations, both professionally and financially. These organisations may apply for this assistance.

War Trauma Foundation has been engaged in projects in Angola, Algeria, Cambodia, Brazil, Sri Lanka, Nepal, India, Kashmir, Chechnya, North Ossetia, Croatia, Bosnia Herzegovina, Serbia, Slovenia, Kosovo, Macedonia, Egypt, Israel, Palestinian Territories, Cameroon, Afghanistan, the Democratic Republic of Congo, South Africa, Tanzania, Uganda, Rwanda, Burundi, Namibia and East-Timor.

War Trauma Foundation counts on the voluntary professional advice of the Scientific Advisory Council of 13 experts, including psychiatrists, psychologists and anthropologists.

If you wish for professional, and perhaps including financial support, or if you would like more information on War Trauma Foundation, you may contact us: www.wartrauma.nl