Training workshops for psychosocial workers and mental health staff: what organisers of capacity building projects need to know before hiring a trainer

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When invited to facilitate a training course for psychosocial workers and/or mental health staff, I am sometimes confronted with unrealistic expectations: the person commissioning a training expects a detailed programme that describes exactly what subject matter will be covered, and precisely when. In other cases, I am requested to design a programme that connects to an earlier training, facilitated by another expert in the mental health and psychosocial support field. Here, I sum up what, in my opinion, should be included in a report of a workshop for mental health and psychosocial support workers, what organisers of capacity building projects need to know about training psychosocial workers and mental health staff, and what should be asked of a trainer they intend to hire.

Keywords: contextual training, interactive training, mental health and psychosocial support workers, participant oriented training, tailor made training, training as empowerment

Introduction
Interactive training for mental health and psychosocial support workers: seven key points

In a previous article in *Intervention* (van der Veer & Francis, 2011), I discussed the training of workers whose basic job is '*helping through talking*' workers who have had little education that is relevant for the practice of their job and have to work with clients who have been seriously affected by armed conflict and/or disasters. That article sums up the characteristics of these workers, their learning needs, the messages the training needs to convey, as well as the characteristics and the possible contents of a tailor made, participants oriented programme.

My approach to training mental health and psychosocial support workers (MHPSS workers), no matter what their education level, is that in order to be effective, the training needs to be interactive (van der Veer, 2007), which is summed up in the seven key points below.

One, interactive implies that the participants should not just be sitting and listening, but be actively involved in the educational process of developing know how. This means that there should be ample opportunity for exercising skills and developing insight, for example through role play.

Two, interactive also implies that the training is contextual. This means that the programme is not simply a matter of transferring skills and knowledge that are usually trained within western contexts, but that are developed in direct response to what the trainer uncovers that participants need to learn in order to do their job, within their particular context.

Three, interactive also means that the training is tailor made to fit the actual participants in the training room. This requires a continuous assessment of (already present)

skills, knowledge and insight, in other words, learning the needs of those attending the course.

Four, an interactive approach to training implies that it is meant to be a process of empowerment. This means that subject matter has to connect with experiences of the participants, in situations where these experiences can be coloured by an overwhelming sense of powerlessness, or feeling stuck when working with the beneficiaries of a programme. It often also means that the trainer will provide a *'theory of practice'*, that is a simple conceptual framework (see Box 1) that helps the beneficiaries work in a systematic way and provides a bridge between their theoretical knowledge and everyday practice.

Five, interactive means that the training is set up as a series of challenges for the participants; challenges that are meant to stimulate a process of ongoing development.

Six, in case some of the participants are suffering from the psychological consequences of traumatic experience, interactive also means that the trainer tries to create a therapeutic space in which these participants may explore new ways of dealing with these consequences.

Seven, the training course is aimed not only at adding skills and knowledge for the duration of the course; it is set up as a process that continues to help participants in the search to develop a personal strategy for learning from future experience, and how to put this into practice.

Communication about training courses

As a result, for the training to remain interactive and include all of the requirements listed above, it is by definition impossible to conceive a fixed programme or a timetable before the training starts. Only the first items can be planned. Before (s)he has met the group, the trainer can only hypothesise about learning needs and learning goals.[1]

Box 1: A conceptual framework for *'helping through talking'*

Assumption 1: When a client has large and complicated personal problems, these can be divided into components.

Assumption 2: In practice, six possible components of a problem can be distinguished:

1. Practical problems: the worker can help the client by helping them to think about options for dealing with this part of the problem.

2. Dilemmas or choices between two evils: the worker can help by listening to the pros and cons of each of the two courses of action, and explore if there is a third way in between, but ultimately leaves the decision to the client.

3. Lack of skills, e.g. social skills or skills to help relax the body: the worker can help by offering exercises or instructions.

4. Symptoms, complaints and problematic behaviour related to extreme stress and trauma: the worker can help the client by looking for methods of active coping.

5. Being overwhelmed by strong feelings (e.g. sadness): the main task of the worker in this case is to listen and to help the client express and share their feelings without being overwhelmed.

6. Internal problems, such having a negative self image or irrational guilt feelings: the worker may be able help by exploring how these problems came into existence (for more details, see: van der Veer, 2003, 2008).

However, the organisers who approach me as a trainer for their projects often do not have an explicit view of how an effective training workshop for MHPSS workers should be put together. They usually do not

have an explicit conceptual framework, describing how a training workshop could deliver a sustainable effect. As a result, I sometimes find myself in the position of having to justify my approach to nongovernmental organisation (NGO) officials who seem to believe that training means presenting an outlined series of items with clear lists of skills and theoretical knowledge. These officials may not be aware of the fact that both new skills and theoretical concepts are only useful for practitioners when they connect with the context in which the participants work, and to the specific challenges they face.

My approach: describing a training course for mental health and psychosocial support workers

Purpose: my workshops always have the following goals:

1. To empower and enable the participants to work with their traumatised clients and their families.
2. To empower the participants in supporting one another.
3. In case the participants had previous training in some form of *'helping through talking'*, I also aim to help them achieve an overview of the knowledge, insight and skills they have, so far, acquired and to integrate this in to their daily practice.

The training methods I use usually include (van der Veer, 2003):

1. Discussion of the practical experience of the participants.
2. Role play of practical work with clients.
3. Dialogue lectures, to introduce simple conceptual frameworks that may help participants to work systematically, and that use all of the approaches they have acquired, in a pragmatic way.

Additionally, methods to learn from their practical experience so far and take them into the future.
4. Physical exercises for body awareness, relaxation and breathing.

The first three methods I support by using Duplo dolls as an additional language (see Diekmann Schoemaker & van der Veer, 2003). The training programme unfolds as a result of continuous assessment, and thus cannot be predicted in detail. The continuous assessment during these workshops on *'helping through talking'* has the following aspects:

1. Assessment of the practical achievements of the participants,
2. Assessment of the theoretical knowledge of the participants.

During the assessment of **the practical achievements of the participants,** I try to check whether or not:

1. The participants make use of basic, normal social skills inherent in helping others: especially skills related to communication on an emotional level.
2. The participants exhibit systematic and orderly common sense when thinking about problem solving: such as breaking up a larger problem in smaller parts and working on one part at a time.
3. There exists collateral damage caused by previous training (see Box 2 for an example, as well as van der Veer & Francis, 2011).

During the assessment of **the theoretical knowledge of the participants** I also check whether or not the participants have:

1. Incomplete theoretical knowledge of the psychological consequences of armed conflict, e.g. only knowledge of psychodynamic theory, or only on cognitive behavioural theory.

2. Fragmented or disordered knowledge of the psychological consequences of armed conflict, or a lack of overview.
3. Un-integrated knowledge: most of the relevant and necessary knowledge is there, but is has not (yet) been connected to clinical practice.

The results of this assessment determine the content of the subject matter I try to include in the training programme.

Box 2: The collateral damage that may be caused by inappropriate counselling training: an example from the author's experience

During a training of fieldworkers, whose job it was to organise community meetings and offer emotional support to individuals and families, all questions asked during the sessions were noted. During the first session, most (85%) of the questions started with the phrase '*is it appropriate to*' and were then followed by a description of an intervention that had occurred during a meeting with an individual client. When discussing these observations, the participants started to talk about a counselling training they had received, and from which they particularly remembered some '*don'ts*', such as: do not ask directive or closed questions, do not give advice, etc. It seems that they had learned there were (rigid) '*correct*' or '*wrong*' ways to provide support.

Reporting on a workshop in terms of messages that were conveyed

Every trainer has to face the fact that much of the content of a training course can soon be forgotten by participants, especially if it is not connected to the daily practice of each participant. Skills acquired during training remain unused in actual practice for a variety of reasons: either because they do not fit into the daily reality of the work, or the organisation participants are attached to; or because it turns out that they do not fit the personal style of a particular participant. Very basic ideas, which I call messages, seem to have the best chance of being integrated into daily use in a sustained manner (see Box 3 for an example).

Box 3: The main message is more than words

I once observed two psychiatrists each give a two hour training to teachers within a post conflict area. Both training courses were about traumatised children.

Psychiatrist number one started with an explanation of the concept of trauma, and then introduced posttraumatic stress disorder (PTSD). He listed the symptoms of PTSD in children, including behavioural problems that might become apparent in a classroom situation. He ended the session with information on how to refer these children to the local psychiatric facility. The (implicit) message of the first psychiatrist could be summarised as: *if you see a child in your class that seems to be affected by the war, leave it to the specialists, because it is too difficult for you.*

Psychiatrist number two asked the teachers to tell him about difficult children in their classes. After listening to some examples, he asked the teachers whether some of these children might behave in a problematic way because of their experience during the armed conflict. The teachers soon agreed that quite a few of the difficult children had gone through painful experiences.

Then, the psychiatrist asked how these children could possibly be helped during their time at school. The teachers then came up with a lot of useful ideas of how to better support these children; some of these ideas included working together with their parents. Lastly, the psychiatrist mentioned the possibility of contacting the local psychiatric facility for consultation, a mental health worker would then visit the school to discuss possibilities for helping a particular child and/or their parents. The implicit message of the second psychiatrist could be summarised as: *as a teacher, you can do a lot to help children affected by the war, and we (the local psychiatric facility) want to support you when necessary.*

Box 4: Messages I often use in trainings

1. You know already a lot about helping other people.
2. Show your client that you care.
3. Big problems can be cut up into smaller ones.
4. You don't have to solve the problem, being there is a good enough start.
5. How to help a difficult client? To begin with, ask yourself how working with this client makes you feel. Whatever you feel, it's okay.
6. Be yourself and act naturally.
7. The best way to become a better worker is exchanging your work experience with supportive colleagues.

From the examples contained in Box 3, one can infer that a message can be put into words, but that it is more than simply words. The content of the message is reflected in the educational approach of the teacher. Psychiatrist number one gave a lecture, thus asserting himself as an expert who knows it all. The second psychiatrist started a group discussion that became an opportunity for teachers to become aware of what they knew already about children affected by armed conflict, and about working with these children.

It is not sufficient to put the main messages of a training course into words and preach those words to the participants. In order for a message to remain in the minds of the participants, they have to experience it continuously during the sessions with the trainer. Everything the trainer does (or doesn't) say, the content of the training and the educational methods the trainer uses, all have to be in line with the main message.[2] The main message of a training has to be 'lived' by the trainer and 'felt' by the participants. Some of the main messages I try to often convey are listed in Box 4.

An evaluation during the final session of the workshop can be structured as an opportunity to check which messages, according to the participants, were received during the training. That material also is quite interesting for future trainers (see Box 5 for an example).

It is also important to be aware of the fact that some messages implicit in the approach of the trainer may not, at first, be welcome. For example: at the start of a workshop with psychologists, participants often strongly believe that they are unable to help some of their clients due to a lack of knowledge of more specific therapeutic techniques. The trainers approach, however, should be based on the thought that it possibly is a lack of awareness of their own emotions during meetings with their clients that makes the participants less effective in helping them. This approach can inspire the trainer to first explore case examples participants provide of clients they experience as '*difficult*', this is done in order to see what is going on between client and worker on an emotional level. By participants who had expected to be initiated into a new, perhaps prestigious therapeutic circle, this may be initially be perceived as a waste of time.

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Box 5: Messages reported by participants at the end of a training on Clinical Psycho-therapeutic Interventions, December 2013, Tripoli, Libya

1. Being really interested is precondition for helping others.
2. Before you can help a client, you have to build a trusting relationship and good communication.
3. Using creative, common sense thinking may be more useful than following a fixed protocol.
4. We should not only discuss problems and difficulties, but also our achievements.
5. Problem solving means combining our own skills and knowledge with the skills and knowledge of the client.
6. It is important to be aware of our feelings when sitting with a client.

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The need for justification and reporting

Training psychosocial workers and mental health staff is a job for specialists. I believe that it is the task of these specialists to base their daily practice systematically on assessment of the existing (or lacking) skills and insights of their participants. It would benefit participants if trainers make the effort to justify their choices, of both subject matter and educational methods, and if they reflect on the messages they convey during their workshops. It would also be beneficial if they communicate the messages, choice of subject matter and methods used to those who commission training courses, so that trainers who will work with the same participants in the future know better how to link their workshops to preceding courses.

What organisers should ask a trainer

In order to make an informed decision before hiring a particular trainer, organisers commissioning a training course should ask several questions. These questions can help to determine whether the trainer is just an enthusiastic and inspired clinician, or whether also a professional educator, who has reflected on the dynamics of training processes and how they can be professionally influenced.

A first option would be to ask whether the training is to be subject matter oriented, participant oriented, or a blend of both. This can be done by the trainer filling in a five point scale (1. mainly subject matter oriented; 2. more subject matter oriented than participant oriented; 3. as much subject matter oriented as participant oriented; 4. more participant oriented than subject matter oriented; or 5. mainly subject matter oriented). With regard to subject matter, the organiser could also ask the intended trainer which theoretical concepts he expects to introduce, and whether he expects to introduce a theory of practice.

In addition, the organiser could inquire ways the training is planned to be interactive, by asking the trainer whether:

- the description of the approach to training will be a contextual mix of ingredients, or more like serving a set menu;
- the training workshop will be tailor made, or follow a fixed scenario;
- the workshop offers a therapeutic space in which traumatised participants are supported, in case they want to work on the ways they are currently dealing with the psychological consequences of their own traumatic experiences;
- the training is primarily aimed at empowering the participants through connecting with the challenges they face in their daily work, or through introducing skills and knowledge based on know how developed within a different context (which, from the point of view of the participants, may be perceived as alien);
- the training is systematically connecting to the development of the participants by

- challenging their current insights and already available skills, or not; and
- the training explicitly is offering the participants a strategy for continuous learning from practical experience, especially after the trainers have left, or not.

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[1] This also makes evaluating the results of a training course rather challenging.

[2] I have often read reports by trainers claiming that they wanted to convey the message that participants already had important skills for helping others, and that the training was meant to help them to develop more. Most of these trainers also wrote that they wanted to connect with the experiential world of the participants. However, often, then they reported a programme that used a departure point from their own conceptual framework, not from the difficulties that participants faced in their daily work.

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