

## Feedback from the local staff

*In many psychosocial projects occurring in areas of armed conflict, local staff cooperate with ex-pat staff from western countries. Intervention offers the opportunity for local staff members to (anonymously) express their critical thoughts on the role, activities or ideas and attitudes of ex-pats.*

### **International non-governmental organizations and international trainers in Sri Lanka – post-Tsunami**

Several organizations, which were already on site and had been working with the local communities affected by the armed conflict and the Tsunami, conducted ethical and excellent work. UNICEF in particular must be commended for the work that they have done, both directly (giving aid to children through local contacts) and indirectly (providing training for counsellors working with children and families).

However, many international trainers seem to have very little awareness of the context in which they are conducting training. The essential, first basic step of connecting to local professionals is too often skipped, resulting in some disastrous work.

Most ‘counsellors’ in Sri Lanka have had no formal education in topics related to mental health. They may have had anywhere from 2 weeks to 2 years of training in basic counselling techniques: some from credible institutions, but most are from institutions of dubious reputation. These paraprofessionals were sent on the various ‘training’ courses offered by the international non-governmental organizations (INGOs) who flooded Sri Lanka after the Tsunami. Many of these INGOs included research teams of psychologists eager to gather data for their projects.

One such INGO, a well-known organization, promised to ‘train’ teachers to counsel children with post-traumatic stress disorder (PTSD). What they in fact did was to train teachers to administer PTSD checklists. The teachers received a 2-day training on how to complete the checklist. A vast number of teachers were thereafter disbursed to their classes and began administering the checklist.

Many of the items were unfamiliar to the children. Some were humiliating and embarrassing. According to several of the teachers I spoke to, the checklist included questions about sexual abuse as a possible traumatic event that may have occurred prior to the Tsunami. It is highly unlikely that the data thus gathered is a valid measure of the incidence or prevalence of PTSD; however it was a nation-wide study and will no doubt soon appear in a prestigious journal under the headship of the prestigious INGO and its psychiatrists. This organization is conducting several such ‘trainings’ around the country even now. *Many who are thus trained believe that they are now equipped to handle children with PTSD.*

Even when the training programmes are tailored to the needs of the community and the counsellors, international trainers often fail to realize that the education system in Sri Lanka is not geared towards utilization of knowledge but rather the absorption of that knowledge. Students are trained to listen carefully to the teacher and then regurgitate what the teacher has taught through essay-style examination questions. Education as a means of ‘learning to do’ is relegated to vocational training. Therefore, while training programmes may have a knowledge component and a skills component (although

often only a knowledge component is provided), the skills component is 'absorbed as knowledge' rather than learned as a skill. When I conduct training and ask questions from the trainees relating to skills (e.g. How does one begin a counselling session?) the trainees will faithfully provide the right answer. However, when it comes time to actually demonstrate the skill, there is an obvious wide gap between 'knowing how' to do something and 'actually performing' it. In many short-term training programmes conducted by INGOs and other international organizations, counsellors are not provided with the opportunity to perform the skill themselves. Thus, what they may actually end up doing in counselling may be very different from what they learned during training. I have now made it a policy that every trainee that attends one of my training workshops is provided some time in which to demonstrate and hone a skill that has been discussed and modelled in training. This means that the skills themselves must be quite foundational (e.g. active listening)

since, although the counsellors may have received several hours of 'training' in that skill, they cannot actually perform it, and need supervision while learning it. It also means that the training workshops must be small and have enough time carved out within it to permit every trainee to participate in training. I have encountered no workshops conducted by international professionals where this kind of time has been allocated. Without it, the training workshops are virtually useless to the counsellors. Also, it appeared as if a lot of 'ad hoc' training programmes were being offered in Sri Lanka, with counsellors going from one training programme to another, without much sense of continuity. None of these training courses were followed by opportunities for clinical supervision. Research has demonstrated that unsupervised and untested interventions can actually worsen PTSD symptoms, thus many of these trainees unwittingly violate their first mandate, 'first, do no harm.'

***A Sri Lankan psychologist***