

The 'TOT': a global approach for the training of trainers for psychosocial and mental health interventions in countries affected by war, violence and natural disasters

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In this article practical methods are described for the training of trainers who have the task to train teams implementing psychosocial and mental health interventions after wars, violence and natural disasters.

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The training of trainers (TOT¹) in context

Individuals unable to cope with problems of the mind, heart and social relationships have been assisted globally through interventions by families, communities, religious leaders, elders, traditional healers, social workers, health workers and other concerned people, for centuries. When these issues, now commonly referred to as psychosocial and mental health problems, are exacerbated by wars, communal conflicts and natural and man-made disasters, the natural and usual interventions available to manage them are not always sufficient. Additional interventions are, thereby, outsourced. Sometimes the outsourcing is from other locations within the same country. However, in recent years outsourced interventions more commonly come

from outside the country at the request of the country in need, the United Nations, or due to outside interests or altruism. Outsourced interventions directed specifically at psychosocial and mental health problems are not only on the rise but also even in abundance, in some countries after war, conflict or disasters. Models for these outsourced interventions evolve from medical, psychiatric, psychological, sociological, ecological, economic, political, anthropological and theological theories.

Training is one common factor that affects the implementation of all of these interventions, regardless of model. There are international guidelines for training (Weine, Silove, van Ommeren, Fairbank, & Saul, 2002; Sphere Project, 2004; Eisenman, Weine, Green, deJong, Rayburn, Ventevogel, Keller, & Agani, 2006; Psychosocial Working Group, 2006) and numerous manuals, articles and books about models of intervention and what content to teach (Jensen & Baron, 2003; van der Veer, 2003, 2005, 2006; Jordans, Tol, Sharma, & Van Ommeren, 2003; Médecins Sans Frontières, 2005). Less, however, has been written about how to teach (van der Veer, 2003a,b, 2005, 2006; Kos, 2005).

Providing training that ensures trainees actually acquire the knowledge and skills

intended by trainers and needed for effective intervention, is essential.

This article concentrates on training the trainers (TOT) and *how* to train individuals and teams to implement psychosocial and mental health interventions during and after war, violence and disasters in the developing world. The approach shared evolved globally from 1992, during training with hundreds of psychosocial and mental health workers, 'counsellors', 'social workers', psychiatric nurses, psychologists and psychiatrists.

Why the TOT?

The TOT approach is popular because it seems to be efficient. Typically, a TOT initiates a 'cascade of training' (Baron, Jensen, & de Jong, 2002; Jensen & Baron, 2003) in which master-trainers teach knowledge, intervention techniques, activities or skills to trainees, who become trainers, and then 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 approach is remarkable.

For example, a cascade begins with a master-trainer teaching new information to 25 people and then training them as trainers in a TOT. Using a cascade method, each of these 25 new trainers trains 25 people and the knowledge is then known to 625 people. If all 625 share their knowledge with five more, then the information reaches 3125 people, and if each of these shares it with five more then 15,625 people are informed and on and on.

Since information spreads at a remarkable speed using a cascade approach, this can also be problematic when the information is inaccurate, culturally insensitive, inflammatory, or dangerous, etc.

Disappointing results using the TOT

The following examples show some disappointing results of TOT and how they can lead to interventions that can be potentially damaging to needy populations.

As an emergency response to a civil conflict in the South Pacific, a group of religious leaders and concerned citizens were trained by international master-trainers to use 'debriefing' and basic counselling techniques to assist victims of violence living in displacement camps. After 2 weeks of training, they were declared 'counsellors' and the best trainees were immediately trained in a TOT as trainers. Two years later these 'national trainers' continue to provide 'refresher' training to the 'counsellors'. Since they have no knowledge other than what their training entailed, the emergency response techniques continued to be used. One concerned counsellor reported his visit to a group of previously displaced people now at home. He said, 'I asked them to tell me their story.' When asked, 'What story?' He replied, 'Of the trauma that happened to them.' When asked what he did next, he replied, 'I asked them to tell me all of the details of what happened to them.' When asked if the people had ongoing symptoms of distress, he replied, 'No.' When asked, 'Why did you ask them to tell their stories now 2 years later?' He replied with surprise, 'This is what I am trained as a counsellor to do! If they don't tell their stories, then they will get post-traumatic stress disorders.' When asked, 'What else did you do?' He replied, 'We prayed and that made them feel good.'

This article is not focused on whether or not the techniques trained to this group were the best approaches. Putting the specific techniques aside, it is imperative to acknowledge the dilemmas of training. Immediately after a crisis, a team with no prior knowledge was trained techniques only. They were not taught a psychological or social theoretical

framework that placed the techniques into a sustainable context nor informed about the potential longevity of the technique's usefulness (Inter-Agency Standing Committee Draft, 2006). Cultural rules were not taken into account. There was no follow-up by the master-trainers to ensure that the techniques were used effectively.

To be clear, it is not the intervention technique alone, nor the location that was the problem. The next example is from Asia after a war.

An international master-trainer taught a two-week 'counselling' course to indigenous trainees with no prior knowledge, after which the best trainees were trained in a TOT and began training others to do counselling. One new indigenous trainer taught 'good counselling' skills to other trainees through a role-play. The trainer reported he was using exactly what was taught to him. He showed the importance of the 'counsellor' and 'client' sitting in chairs at a specific '90 degree angle' in a quiet, confidential environment and making direct eye contact. The trainer stated, 'For it to be counselling you must sit like this.' Yet, when asked to role-play the environment of the displacement camps in which the 'counsellors' worked, he showed a chaotic overcrowded environment, with no chairs and no private space. The counselling lesson also depicted a male counsellor and female client. When asked about the cultural appropriateness of eye contact, he explained that it was 'rude for a man to look a woman straight in her eyes.'

This trainer was trained as a counsellor and then trained to train counselling skills to others, yet he had never practised counselling himself. It is hard to imagine how someone who has no experience can possibly effectively train others. Additionally, the techniques taught were not based on an understanding of culture or context.

In a TOT in an Asian country after a disaster, another international master-trainer trained a team of existing 'counsellors' to train new counsellors. The newly trained trainer taught his class, 'after people are counselled they will no longer feel emotionally upset when they remember the horrible things that happened. If they continue to cry, then they have PTSD and must have more counselling or they will become seriously mentally ill.' When asked, 'How much crying means they have a problem?' The trainer was surprised and replied 'any crying. We will know the counselling has healed them when they stop crying and never cry about it again.'

In a review of the training course curriculum, it is unlikely that this is what the international trainer thought he taught. Yet, the master-trainer made no follow-up, so had no way to correct the misunderstood information.

In an African country, community health workers were trained in a TOT to train community leaders to identify and refer people with mental illness to a clinic for treatment. The community health workers trained the community leaders to educate families about the causes, symptoms and treatment for mental illness. Families brought their members who appeared to be psychotic to the health centre where they received an assessment, diagnosis and psychotropic medication. The positive results amazed the people. However, even though an adequate number of pills were dispensed, patients were prematurely running out of drugs. It became clear that family members, community leaders and local trainers believed that on a continuum psychosis was the extreme form of disturbance while stress was on the other end. Therefore, family members who felt stressed were breaking up the pills into parts and also taking some. Two pills a day for the psychotic, a fraction of one pill for those feeling stress.

The trainer certainly did not train this, yet without follow-up the incorrect information was cascading through the communities.

This article describes training methods to better ensure that the knowledge and skills that trainers intend to teach flows accurately through the cascade.

Goals of the TOT

The common purpose of all TOT is simply that participants are trained how to train others. Many programmatic goals are possible outcomes of a TOT. Here are some examples.

- An assessment determines that there is excessive alcohol use by men in one displacement camp. Community Leaders request assistance in initiating an alcohol education programme. The leaders select local people with high standing in the community to become community-based trainers. In a TOT, these trainers are prepared to lead community education workshops.
- A street children's programme of long standing is contracted to expand into other locations. The existing staff must be able to train an expanded staff. In a TOT, experienced workers are trained as trainers to train the expanded team.
- A counselling programme has imported an international trainer yearly at great expense to train new 'counsellors'. The programme's experienced counsellors are trained in a TOT to train their own counsellors so that they no longer require the international trainer.

Clear goals and practical plans for using the outcome of a TOT will lead to the most positive results.

Selecting future trainers

All trainers, including the master-trainers, teaching the TOT, and the future trainers,

participating in a TOT, must have relevant knowledge, skills and experience. Trainers have nothing to train if they have not mastered something first. However, even when people are skilful they cannot necessarily train others. People with a full base of knowledge and skills 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 that explains the reasons behind use of certain techniques.

Though training can teach people the knowledge to train to others, and can enhance their training skills, key inherent personality characteristics are essential for a trainer of psychosocial and mental health interventions. These include a personality that is outgoing, confident, well-organized, mature, compassionate, insightful, constructively critical, responsible, flexible, sensitive to time, self-motivated, quick, intelligent, creative, with a sense of humour, physically healthy, emotionally stable and sensitive towards psychosocial and/or mental health issues.

TOT are time consuming, so organizations sending staff need to ensure that each person will have full opportunity to utilize his or her learning after the TOT.

Timing of the TOT

The timetable of a TOT will vary. It is dependent on the goals, theoretical model, content, importance of an immediate response, variations in trainee and master-trainer personal and professional capacities, security, finance, logistics, etc. Issues include: how many days to teach the course; how much emphasis to put on various topics; how to balance time spent in teaching knowledge with time spent in learning skills; time in the

classroom versus time in the field practising; 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.

When building awareness about a new topic that is readily accepted by the learners, the time between learning, integrating the information and being able to share it with someone else is relatively brief. However, when teaching information 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 him or her to teach the skill to someone else. To learn to do something new, there is a process required from hearing about it, to understanding, to personal integration, followed by testing, practising and mastering the skills oneself before being ready to teach the same skill to someone else. A TOT is part of an extended process with a series of steps. The time between these steps varies depending on the context. It must be fast enough to meet the needs of the targeted population, but not so fast that trainers do not yet have the skills needed to know how to teach others. Yet, so many TOT are done in a hurry. Trainers need to assess the methodologies they plan to train and ensure that the timing for the training and follow-up is adequate, and cannot lead to misunderstandings that are potentially detrimental or even dangerous.

As example, in an emergency situation, it is most advantageous to only teach essential basic emergency response rather than overwhelm trainees

with trying to learn skills that require more time and supervision than is available (Inter-Agency Standing Committee 2006).

Master trainers will only know how much time is required for a TOT through experience and actively engaging in monitoring their trainees' learning over time.

TOT based on a theoretical framework for intervention

A TOT is integrated with programme goals and intervention strategies. Future trainers learn specific knowledge and skills that prepare them to train others. To determine what knowledge and skills are to be taught requires a series of steps. These can begin with the same steps necessary for establishing any psychosocial or mental health programme. An 11 steps approach (modified from Baron, et al. 2002) is one practical framework. (See Box 1)

Determining the goals and strategies for intervention of any psychosocial or mental health programme is dependent upon a theoretical framework. These frameworks are sometimes based on beliefs, 'educated guesses', hypotheses, today's research, or proven 'fact'. Some examples of the range of theoretical frameworks leading to interventions that focus on psychosocial and mental health issues after a natural disaster include the following.

- Scientists believing that the disaster was caused due to a problem of science might intervene by increasing their understanding of the reasons for the disaster so they can prevent a future disaster and/or provide enhanced warning to the people.
- Traditional healers believing that the disaster occurred due to people having angered evil spirits might intervene with rituals to cleanse the victims and appease the spirits to prevent further disasters.

Box 1: An 11-step framework for the development of psychosocial and mental health programmes in developing countries during or after war, violence and natural disasters

1. Assess a population's needs, problems, resources and capacities at individual, family, community and societal levels.
2. 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.
3. Develop a strategy with interventions directed at meeting the programme goals within the context, culture and capacities of the people.
4. Train a national team skills needed to implement the interventions.
5. Implement the interventions.
6. Promote the capacities of natural healing and problem-solving systems to address the needs and problems of the population.
7. Empower individuals, families and communities for self-help.
8. Oversee the team and provide ongoing supervision and training by experienced senior team members, professionals and/or a collegial network of peers (depending on availability).
9. Provide individual and organizational 'care for each caretaker'.
10. Monitor the progress of the intervention strategies and modify as needed.
11. Evaluate the effectiveness of the intervention strategies in meeting programme goals and withdraw or change the focus of the team as goals are met.

- Religious groups believing that the disaster occurred due to the people's lack of belief might use interventions to increase faith and offer prayer and spiritual guidance to the affected population.
 - Victims reporting, 'A hungry stomach has no ears.' (Burundian proverb) might insist that interventions must first meet the basic needs for food.
 - Professional teams believing that after a disaster, populations will develop mental illness will offer interventions to treat and prevent mental illness. Some may believe the whole population is at risk, and thereby treat everyone; others will believe certain vulnerable groups are at risk and only treat them.
 - Groups believing that people are naturally resilient might support this by setting up interventions that 'normalize' the environment and establish schools for children and provide contexts for local leadership to take charge of community issues.
 - Support teams believing that certain vulnerable people can benefit from the support of families and communities might establish community-based interventions to build awareness, identify people with problems and enhance capacities for social support and helping skills.
- It is essential that theoretical frameworks leading to intervention strategies are not based on assumptions but follow the voices of the people.
- After the Tsunami, victims were distressed and terrified of the ocean. Well-intentioned helping teams educated the people about the scientific*

reasons for the Tsunami. This strategy was based on the theoretical framework that people will no longer feel afraid if they understand the reasons for a disaster and realize that the likelihood of it happening again are minimal. Yet, in some locations people remained fearful and distressed. With deeper assessment, these populations revealed that they believed that God(s) caused the Tsunami because of anger with them. They remained afraid because they did not know why they angered God(s) or how they could correct it so it would not happen again.

Merely using isolated activities or techniques to address problems will usually not result in long-lasting intervention. As example, doing a one-off art therapy activity with victims of a disaster will probably have minimal sustainable benefit if it is not part of a multifaceted series of interventions embedded within a strategy.

To have the best chances for success, intervention strategies work within local cultures, contexts and capacities and focus on the actual needs and problems of the people, addressing root causes, as well as consequences, and ensure sustainability by promoting and building natural intervention capacities.

Essential to all interventions is that the implementing team actually knows what they need to know and do. A TOT is one way to prepare trainers how to train the implementing teams what they need to learn.

A recommended process for the TOT

The following outlines a recommended six step TOT process that begins with selecting master-trainers; assessment of training needs; preparing participants; developing a curriculum; essential components of a TOT course; ending with follow-up.

Step 1. Selection of master-trainers. A master-trainer or trainers is selected with the

experience and skills needed to train a specific TOT group. Trainer(s) determine whether to train alone or as a part of a team. This decision will be reached based on the needs of the TOT group, the master-trainer's skills, the sponsor's mandate and the time involved. The positive aspect to training alone is the ease of decision-making; the negatives are that a TOT requires a broad range of expertise and intensive day-after-day training.

Step 2. Assessment of the group. Master-trainers determine the learning needs of each TOT group prior to preparing a curriculum. Information is gathered through the TOT sponsor and people in authority. Ideally, prior to beginning the TOT, master-trainers meet the selected group for a few hours of discussion. However, this is not always practical. Sometimes, master-trainers will only learn about the group long distance via email or through second- or third-party descriptions and then develop the curriculum. The curriculum remains tentative, however, until the master-trainers directly meet the TOT group. Master-trainers begin the first meeting by conducting an assessment to learn about the group's expectations, goals, prior training, work experiences, theoretical models and intervention strategies. The curriculum is altered to ensure that it meets the specifications of the group.

Step 3. Preparing the trainees for the TOT. Prior to the course beginning, when possible, or day 1 hour 1, the TOT group learns about the course process. Special emphasis is made on the time and commitment required, and potential stress they might feel in the process of skill building which will require that they display their skills within the group daily. Each person is asked for a commitment to the process and an agreement to receive, as well as provide, honest constructive feedback to their peers. In agreement with van der Veer

(2006), '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.'

Step 4. Developing a TOT curriculum. Based on the findings of the assessment, master-trainers prepare the goals for the TOT and a written day-by-day detailed curriculum that includes a step-by-step plan for preparing the future trainers to train others. Each curriculum includes the following goals and training methodologies.

- *Understanding of a theoretical base of knowledge.* Each TOT begins with a review of theoretical frameworks relevant to that group. Future trainers guided by a theoretical framework appear to have greater capacities to modify their work and training over time. A TOT will therefore concentrate on what that group specifically needs to know and how they can train this to others within their specific working situations.
- *Competence in the interventions related to the theoretical framework.* Experiential training within the classroom is used to practice those interventions related to the theoretical framework to ensure that the TOT group develops the expertise needed to train others.
- *Competence in participatory training skills.* Participatory training techniques are explained, modelled by the master-trainers, role-played and practised in the classroom.
- *Practical experience in the use of training skills.* Training skills are practised in a field environment supervised by the master-trainers.

- *Personal growth through self-awareness and building personal confidence.* New trainers' self-confidence grows as they increase their self-awareness and competence. This usually leads to personal satisfaction and even greater confidence that can enhance creativity and skill.
- *Participation in a classroom network of support.* The TOT environment includes a group process in which personal sharing, support and honest feedback are essential training tools. After experiencing the benefits of this process, the TOT group is encouraged to use this model in their future training.

Step 5. The TOT course. The TOT course uses an adult training model in which learning comes from many directions including trainers training information and skills, trainees educating and informing trainers, trainees training and learning from each other, and trainees in self reflection educating themselves. This model utilizes a participatory approach that respects and encourages the integration of prior knowledge and experience, promotes active participation, teaches skills through practice and offers supportive feedback. In accordance with van der Veer's (2006) 'contact-oriented approach', new trainers are encouraged to actively engage in setting the course of their own learning, and the learning of the other participants, and to make use of lessons learned through their life experiences.

Master-trainers often become role models for new trainers by using the same training methods in the TOT to train them that they are teaching them to use with others. By first experiencing the training techniques as students, they have a clearer appreciation of the techniques when they facilitate them as trainers. New trainers commonly mimic the master-trainers' skills, but with experience

Box 2: A TOT model in Afghanistan:

The goal of this TOT was to prepare trainers with the skills necessary to train government and non-governmental organization (NGO) workers to provide family- and community-oriented interventions to promote child protection countrywide. Participants included staff from three Ministries and eight NGOs. All had experience working with children but little knowledge about family- and community-based interventions, and minimal training skills.

The model was 6 weeks of daily training for a total of about 250 hours: 2 weeks in a classroom to develop an intervention strategy and learn specific activities; 1 week field training practising the intervention approach; and 1 week designing a specific structured curriculum that the new trainers could use to train others. The new trainers, under the supervision of the master-trainer, then trained 80 workers in a structured course for 1 week. After this, the trainers were trained for an additional week to finalize the curriculum, so that they could use it to train hundreds of others.

The new trainers received a written training manual with guidelines to assist them in implementing their ongoing training. After the TOT, they met regularly and worked together to complete the government and NGO training.

and encouragement they find their personal voice and style as a trainer.

TOT courses differ in the allocation of time and curriculum change according to trainers' plans and the specific goals, context and intended outcome of the group. (See Boxes 2–4)

Step 6. Follow-up. Sponsors of TOT programmes are often naïve about the complexities of this training and expect TOT to be taught in far less time covering far more information than is reasonable. Also, arrangements for follow-up are commonly not financially supported. Mentoring new trainers is a responsibility over time, therefore it is best for master-trainers to directly follow-up the progress of a TOT group. When

this is not possible, they need to ensure that other support and supervision is available. Through follow-up, the impact of the TOT can be evaluated over time. Follow-up includes the following actions.

A recommended TOT course framework

There are six components recommended for a TOT course: (1) beginning with understanding of a theoretical framework; (2) after which trainees learn and practice participatory training skills in the classroom; (3) then use their skills under supervision while facilitating field based training. (4) Models for self-care are promoted and (5) ongoing support offered through a written manual or

- Individual New trainers prepare plans of action for how they will implement the TOT learning.
- Organization New trainers with their organizations agree to plans for using their TOT learning to benefit their organization.
- Master-trainer Directly provides follow-up through ongoing training, supervision, evaluation, or assists in finding alternatives.
- TOT group When possible, the group is assisted in maintaining this network for support and work together as co-trainers.

Box 3: A TOT model in Liberia

The goal was to build a collaborative network of national trainers able to train others in a community oriented approach to assist ex-combatants. The class included 25 people from 12 non-governmental organizations (NGOs) and the Ministry of Health.

The model began with 7 weeks of training. Week 1, the master-trainer visited each future trainer's organizational director and their field programmes. Weeks 2, 3, 4 were classroom training. Week 5 included field exercises using skills learned in the classroom. The final day was a collaborative 'training session' with the participants and their organization directors. The master-trainer left the country and for 6 weeks the TOT met bi-weekly and collaboratively facilitated training sessions. The master-trainer returned for a follow-up and met with programme directors to gauge the trainers' progress and then facilitated two additional weeks of classroom training.

A training manual with resource materials was given. Ongoing follow-up includes: monthly training sessions facilitated by a local professional, bi-monthly meeting and continual work together co-operatively facilitating training sessions.

guide. (6) A process of evaluation is always included for an ongoing assessment of new trainers' skills and feedback for the course.

Understanding related theoretical frameworks

It is recommended that TOT begin with a review of theoretical frameworks to ensure that trainees understand how these relate to intervention strategies. This can be accomplished through the following activities.

- Discussions about a range of theoretical frameworks.
- Debates about the value of one theoretical framework over another.
- Review of models of assessment.
- Historical review of problems and needs of populations assisted through the programming of the TOT group.
- Review of actual intervention strategies used by this TOT group in relation to the theoretical framework.
- Evaluation of sustainable impact of intervention strategies of TOT group on problems of actual populations.

Box 4: A TOT model in Uganda

The goal was to enhance the training capacities of experienced psychosocial trainers to train psychosocial workers within their own organizations.

This course has been taught five times and each time includes approximately 25 experienced trainers from about 10 countries. The participants are a mix of international and national 'psychosocial workers', 'counsellors', social workers, psychologists and psychiatrists.

Each TOT follows a 3-week residential model of about 130 hours: Two weeks in a classroom learning knowledge and practising skills; and the third week in a field-based psychosocial programme practising what was learned.

The new trainers received written resources including state-of-the-art journal articles and book chapters. Follow-up is provided within the new trainers' home countries via peer support from others who have taken the same course, and via email between the group and the master-trainer.

Learning participatory training skills through classroom practice

Talking about how to train will not teach some one how to train. Training skills are best learned by doing. In a TOT, new trainers can practise their skills under the watchful eye of master-trainers and peers. It is difficult for trainees to hide behind their rhetoric, silence, jargon or charm. One by one they get up and show their skills to everyone first in the classroom and then in the field.

The establishment of a safe learning environment in which master-trainers and peers offer support and praise strengths, laugh together yet honestly critique each others' skills and provide constructive suggestions for change, is essential. It is within this environment that trainees will have the opportunity to actually grow and change. The training skills critiqued include the choice, clarity and organization of the content of the training; adequacy of preparation; meeting goals; presentation skills including tone, body language, speed, timing; level and value of audience participation, interest and learning.

The TOT participant had 8 minutes to train the class about 'interventions for alcohol abuse'. With his hands in his pockets, he focused on his friend's face and moved back and forth as rapidly as he talked. The content of his words became a blur with the movement of his body.

After he finished, the master-trainer and the TOT group first reflected on what he did well. They then talked with him about his anxiety. It was noted that everyone has some anxiety while training that is portrayed through actions. Trainers need to be aware of the reasons for their anxiety, discuss their fears and learn methods to manage their behaviours. 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 stressful, honestly challenging skills and receiving constructive feedback in a safe supportive educational environment, leads to personal growth and builds confidence. After aTOT, it is usually unanimously agreed that 'Yes, it was stressful: 'It was an experience of a lifetime!' and 'Now I have the confidence to go home and train. I know I can do it!'

The practical participatory training skills taught in aTOT include assessment, curriculum development, participatory presentation, discussion facilitation and experiential learning methods.

Assessment of a training group. New trainers learn to facilitate a structured group discussion through which they can assess the educational needs of a future training group. The information collected is then synthesized into a curriculum.

Assessment questions might include the following.

- *What are the goals and expectations of the training according to the person who requested it and 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 and skills do they already have?*
- *How will the new learning be integrated into their existing knowledge and work?*
- *What are the limitations for using their new learning?*
- *How much time is available for training and using the new learning?*

Development of a curriculum. A curriculum is the overall framework of any training course. In advance of the training, trainers prepare a written curriculum with a step-by-step plan to achieve specific goals. Lessons plans are the smaller units that are strategically

Box 5: Preparing a curriculum

To prepare a curriculum the following actions are required.

- Clarify purpose, goals and objectives for overall curriculum.
- Select content.
- Organize content into *written* lesson plans with clear goals.
- Choose training techniques to effectively teach lessons.
- Place lesson plans into step-by-step sequential order leading to goals.
- Determine time needed for lessons ensuring it is within time allotted.
- Build in ongoing assessment to ensure learning.
- End each lesson with summary of important points and connect it to next lesson.
- End full training with summary of key points leading to goals and establish plan for practically applying learning.
- Prepare methods for Trainer and trainees to evaluate training.

placed together to form the steps of the curriculum. One-by-one the lessons teach a small amount of knowledge or skills. A group of lessons placed together into a curriculum, however, creates a whole that is far greater than each of its parts. For example, one lesson teaches assessment skills and one teaches listening skills; many lessons strategically placed together build the skills to train psychosocial workers. (See Box 5)

Choosing the content and lessons to be taught is a time-consuming task. New trainers learn that they only need to train what is *essential* for their trainees to learn. (Werner and Bower, 1995). While designing a lesson, Trainers ask themselves: 'why teach this? What is the purpose for the students to learn it? Is it essential information?'

A participant in a TOT had 10 minutes to teach the class about the 'consequences of sexual abuse'. She talked so fast that she could barely breathe. Her ideas were good but she presented so much so fast that the class could not follow it. In the end, they were only confused.

After she finished, the TOT class told her the ideas were good and her breadth of knowledge commendable. They also told her they learned nothing. At first, she was defensive saying,

'But there is much to say about this topic and the time was not enough.' The class repeated 'But we learned nothing.' She had tears in her eyes. She 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 in organizing her training towards only what was essential.

An experiential exercise is used in the classroom to practise how to move from an assessment of training needs to choose the content to prepare a curriculum.

A few class members are asked to show an emergency response as the class role-plays a community in an emergency situation. After a few minutes, they discuss the chosen response and its impact. They try another response and again discuss its impact. The class determines the preferred response. In small groups, they prepare the content of what responders needs to know to effectively respond including knowledge, information and skills. The full class then analyses the content and places it in a sequential order of what needs to be learned first, second etc. The class moves the content into lesson plans, prioritizes them by importance, and determines the training

methodology and timing of each lesson. Learning to build a curriculum is reinforced with a second role-play. This time, a role-play shows that as a result of the same emergency, an individual develops mental health symptoms. The role-play responders offer support. The class then examines the content needed to train these responders and prepares another curriculum with sequential lesson plans.

New trainers learn to identify the content necessary to train teams to implement interventions and to organize them into a sequential curriculum.

Importantly, new trainers learn to observe and listen to the interactive process with their training groups as they train. Thorough assessment of a training group leading to advance preparation of lessons is the best way to avoid inadequate lessons. However, even the most experienced trainer can suddenly find that a lesson is inadequate. During these times, it is easy to panic and some trainers continue to use more of the same, even though it is not adequate, while others try to change the whole lesson spontaneously, which can end in chaos. Trainers who know their content well usually find a spontaneous lesson change easiest. A good rule is to check with the trainees and discuss the suspected

problems with the lesson with them and 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.

Participatory presentation skills. The TOT accentuates the value of participatory presentations in which new trainers facilitate dialogues with their students rather than didactic presentations in which trainers talk and students listen. The TOT group is taught to prepare concise presentations with the content directed at specific goals. Complementary questions are prepared to engage the audience in the topic. During the presentation, the trainers combine audience responses with the prepared content to reach the goals. (See Box 6)

The new trainers practise how to consolidate their training and effectively use their time through practical time bound lessons.

A series of experiential exercises allow trainees to practice presentation skills. First, each trainee makes a 3-minute presentation about HOW TO do something; anything. From this, trainees learn that every presentation regardless of time has the same structure. On the next day, trainees are given a topic for an 8-minute presentation.

Box 6: Steps for making a presentation

1. Always prepare presentations in advance with step-by-step teaching plans.
2. Practise presentations to ensure they fit time allocated.
3. Begin with introduction of self, participants and topic (keeping balance with available time).
4. Clearly state goals.
5. Use step-by-step teaching (point 1 to 2 to 3. . .).
6. Ask questions to ensure participants understand lessons. If teaching how to do something, give practical experiences to ensure trainees understand, and check to see if they really know how to do it.
7. In the end, summarize key points.

Immediately after each presentation, trainees are given feedback.

Regularly, trainees have difficulty with keeping time. This is a critical element for all training. If you have an hour to train, and only cover the first two of five lessons in the hour, it is unlikely students will learn the intended goals. TIME is never the problem; the Trainer's selection of goals and content is the problem. New trainers learn how to prepare lessons that meet goals and FIT into the TIME allotted.

On the same day, participants have 8 minutes for a second presentation. Lessons learned via the critique by the master-trainer and peers are quickly integrated for an improved presentation. The positive experience builds confidence.

Techniques for facilitating classroom discussions

New trainers learn to facilitate discussions to encourage audiences to explore and express their ideas and opinions, debate topics, etc. To facilitate organized, constructive discussions require advanced preparation of clear questions and discussion points. An experiential exercise is used to teach trainees the skills to facilitate discussions.

The master-trainer chooses six participants as members of a group. They sit in the centre in a circle like a 'fish bowl' with the class around them. Cards are given to participants designating certain roles they will play i.e.: talk too much, say nothing, be smart, etc. The master-trainer leads a discussion about a controversial topic. After 5 minutes, the discussion is stopped and everyone discusses the skills used by the master-trainer as the discussion facilitator. The role-play discussion continues. After 5 minutes, the class discusses again. One trainee is invited to takeover the facilitator role with the master-trainer sitting alongside for assistance. This continues for 20 minutes with three more trainees taking turns

as facilitators. The class is then divided into small groups. Each group has a discussion and trainees take turns as facilitators. In the end, guidelines for facilitating discussion groups are discussed.

In this exercise, new trainers also learn skills for managing difficult members of a discussion group.

Experiential training techniques

Experiential training gives participants the opportunity to explore feelings, attitudes and behaviours in the classroom. Techniques include: storytelling, the use of traditional proverbs, metaphors, religious or traditional lessons, educational posters, radio, drama, art, music, dance, games, etc.

Role-play is a particularly useful experiential teaching 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 an educational purpose. It is usually not an effective educational tool when unstructured, and requires preparation and clear advanced lesson plans like other training. (See Box 7)

There are many ways to organize role-play from the trainer as facilitator, to the trainees as facilitators, using real case examples or made up situations based on real life, with action determined by the facilitator, or by the actors.

Role-play can be a safe way to look at one's self, or to feel and empathize with the experience of others. It can also be a realistic way to practise new skills.

Trainees are shown how counselling skills can be effectively taught through role-play. The master-trainer acts as the counsellor and invites a trainee to role-play a person who comes to talk to the counsellor about a problem. The master-trainer uses bad counselling skills.

Box 7: Role-play

Role-play as an effective educational tool requires the following actions.

- Advanced preparation.
- Clear goals, objectives, and purpose in order to teach something.
- Acting of roles for the purpose of learning.
- Facilitators taking an active role.
- Use only long enough to teach something.
- Debriefing of participants after the role-play to assist transition back to class.
- Discussion about reactions and feelings after it is finished.
- Relating the role-play to real life.
- Summarize learning.

Though an amusing exercise, the principles for good counselling are commonly quickly understood and presented by the trainees.

The master-trainer facilitates a role-play in which two trainees enact a couple with a problem. Through the role-play, the master-trainer shows the skills of counselling and discusses these skills. The class is also shown how role-play can be used in a classroom to teach others counselling skills. In small groups, the trainees then practise how to use role-play to teach others various helping skills.

The new trainers learn through practice. Each skill is taught, practised and analyzed by self, peers and master-trainers, and tried again.

Field practice of training skills

After practising training skills in the classroom, it is time to try the skills in the field. Field sites and topics for training are selected that are similar to the TOT work sites. New Trainers are placed into small working groups to prepare and then facilitate the field training together.

The process of preparation is an important learning exercise. A full day is allotted to prepare for a 3–4 hour field-based workshop. Each person prepares a topic to train that connects with the training of others in the small group. Then, each small group shows

the prepared training to the class. It is critiqued and then modified.

The TOT group organizes the field setting, arranges for the audience participation and needed permission from authorities, and ensures that the venue is suitable.

The TOT group gave an alcohol awareness workshop to a group of adults under a tree in a displacement camp while the children were in school. They began with a brief introduction of themselves, the participants and the workshop goals. Next, was a participatory presentation about the biological, psychological and social risks of alcohol abuse. This was followed by a role-play briefly enacting an extended family in which the grandfather, father and his son all abused alcohol, and their wives. This led to a discussion after which the participants enacted how to change the role-play story and assist the men and their families, control the alcohol abuse, and prevent future alcohol abuse. The workshop ended with a summary of the key points and a discussion of how participants could use their new learning at home and in their communities.

The master-trainer observes a part of each small group's field training. The day following the training, the small groups and the master-trainer evaluate the value of the lessons taught and give each other constructive feedback about each new trainer's

performance. The TOT group then prepares for a second field training in order to immediately implement lessons learned. A key lesson commonly learned in the field training is an appreciation for the importance of spending adequate time preparing training in advance.

Utilization of self-care

Throughout the TOT, the importance of self-care is emphasized and skills taught that new trainers can use for themselves as well as can include in their future training of others (Weine et al., 2002; Friedman, Warfe, & Mwiti, 2002).

In an evening exercise by candlelight, TOT participants shared stories of difficult personal experiences and taught each other their preferred methods for managing stress.

Distribution of training manual or guide

Commonly, a TOT includes a lot of information in a short time. A written training manual or guide is an ideal means to ensure that new trainers have an accurate accounting of what was taught in the TOT and will begin the transfer of information through the cascade accurately. This is most important when master-trainers are translated or taught in a language other than the first language of the trainees. The content of the manuals or guides will vary with the needs of the TOT group.

If a TOT group will train a specific course to others after the TOT, then the manual can include the goals, curriculum outline, day-by-day lesson plans with specific teaching methodologies and timing, evaluation tools and essential handouts.

When the TOT group will train a range of topics, then the guide provided can include a reference library of related articles, book chap-

ters and notes from the TOT to assist trainers in organizing their future training. Preparation of a training manual is time consuming and it is most expedient if master-trainers prepare it in co-operation with the TOT group throughout the TOT.

Evaluation

The impact of the TOT can be determined through evaluations of new trainers and the course before, during and after the TOT. They include the following actions.

Evaluation by TOT group of the course.

- Daily evaluation.
- Final evaluations of course and master-trainer.
- Follow-up evaluation to judge the long-range impact.

Evaluation of TOT participants.

- Written pre- and post-tests of knowledge.
- Self-evaluation of skills.
- Repeated peer and master-trainer evaluations of skills to follow progress throughout the course.
- Evaluation by people trained during field practice.
- Final evaluation.
- Follow-up evaluation.

In conclusion

The TOT can be an efficient and effective method to train trainers. Certain conditions, however, are recommended to ensure positive results. To begin, the future trainers must be carefully selected and have expertise in related knowledge and skills before being trained to train others. To maximize learning the TOT course should include the following.

- An environment of support and constructive feedback leading new trainers to develop their skills to the best of their abilities.
- Grounding in a theoretical framework.
- Practice of training skills within the classroom.

- Practice of training skills in real field-based environments under supervision of master-trainers.
- A written training manual or guide.
- Ongoing evaluation of new trainers and the course.
- Follow-up by new trainers and their work organizations with action plans as to how they will use their learning; and by master-trainers to ensure ongoing support and supervision.

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¹ Participants of TOT with this author have been from the countries of Afghanistan, Algeria, Belgium, Burundi, Cambodia, Colombia, Denmark, Ethiopia, Eritrea, Indonesia, Kosovo, Liberia, Namibia, Nepal, Netherlands, Somalia, South

Africa, Sudan, Sri Lanka, Suriname, Tibet, Uganda and the USA.

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