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Arden O’Donnell
Strengthening the Capacity of Helping Professionals to Provide Psychosocial Support to Communities Affected by Armed Conflict: The Evaluation of One Program.

ABSTRACT

This study explored the transferring of skills, knowledge, and awareness of trainees in a Training-of-Trainers program in Northern Uganda, which was aimed at strengthening the capacity of helping professionals to provide psychosocial support to communities affected by armed conflict. Through the examination of a series of questionnaires administered to the trainees, this paper assesses how the direct transfer of knowledge and skills changed to awareness for trainees over time. This study also addresses how these findings contribute to a greater understanding of the model as well as suggestions surrounding the implications of the transfer of the model across the fields of public health and education to mental health.

Findings from this study suggest that the clear transfer of knowledge was held in highest regard by the participants, but changes in awareness and clear integration of knowledge were also evident. Beyond these findings, themes emerged around community building, networking and collaboration which suggests this model has strengths beyond the transfer of skills, knowledge, and awareness.

STRENGTHENING THE CAPACITY OF HELPING PROFESSIONALS TO PROVIDE PSYCHOSOCIAL SUPPORT TO COMMUNITIES AFFECTED BY ARMED CONFLICT: THE EVALUATION OF ONE PROGRAM.

A project based upon an independent investigation
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2008

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS ii

TABLE OF CONTENTS iii

CHAPTER

I INTRODUCTION 1

II BACKGROUND 5

III LITERATURE REVIEW 14

IV METHODOLOGY 35

V FINDINGS 41

VI DISCUSSION 50

REFERENCES 61

APPENDICES

Appendix A: Form 3- Evaluation of Training of Trainers- Day 1 66
Appendix B: Form 4- Evaluation of Training of Trainers- One and Six Months 71

CHAPTER I

INTRODUCTION

The last century has been marked by an unparalleled increase in conflict worldwide. An estimated 170 million civilians have been killed, and millions more have been subjected to the devastating effects of political violence, armed conflict, and war (Woolf, 2004). Large scale recovery efforts traditionally focused on biological and material needs of the populations, such as food, shelter and clothing. However in the last 25 years, humanitarian aid has begun to address the psychological impacts of armed conflict on individuals and communities (Williamson & Robinson, 2006; Baron, 2006). These efforts have been driven by both an evident need to respond to the populations' tremendous suffering, as well as the growth of international development in the fields of psychology, anthropology, and social work (Williamson & Robinson, 2006). Despite the increased attention to, and funds for, the mental health needs of individuals affected by armed conflict, the scale of need far outweighs the financial and professional resources.

Historically, humanitarian aid to developing countries has focused primarily on implementing programs which are evidence based, cost effective, and sustainable. While program evaluations that focus on the physical and biological needs of the afflicted population are relatively well defined, there remains a need for outcome and impact measures which assess psychosocial projects in areas of armed conflict and ongoing humanitarian emergencies (IFRC, 2004).

Some efforts have been made to train paraprofessionals, teachers, nurses, and community members that can create a cadre of grass roots volunteers to mount a sustainable primary response to the social and psychological needs of communities in crisis Levers, 2006; Boothby, 1996). A commonly used training paradigm is the Training-of-Trainers model (TOT) (Bax, 2002; Bloom, 2006; Turner, 1999; YPeer, 2005). Many successful examples of the TOT model exist in the realm of education as well as in public health (Bax, 2002; Orfaly, Campbell, Whittemore, Joly & Koh, 2005; D'Augelli & Ehrlich, 1982; Ramos, 2001). Successful programs include distribution of basic medical information to nurses, training teachers on classroom management skills, providing community outreach workers information on HIV/STD and condom use, and training village elders around malaria prevention through the use of bed nets (Ersek, Kravbill, & Hansen, 2006; Helzner & Roitstein, 1995; Atherton & Sonniks, 2006; Becker, 2007). Due to TOT's historical success in these fields, the model is currently being used to train individuals to provide psychosocial and counseling support to those affected by armed conflict, as well as other complex humanitarian emergency situations (Becker, 2007; Bloom, 2006; IFRC, 2004; Van der Veer, 2006).

TOT programs that focus on the provision of psychosocial support play a substantially different role in the field of mental health than those in public health or in education (Bloom, 2006; Bax, 2002; Turner, 1999). In the realms of public health and education, the trainers impart concrete knowledge or skills, such as how to perform a medical procedure or how to use bed nets. While there has been an increase in the development of projects which address the critical issues of providing psychosocial support, there have been no evaluative measures developed to determine the effectiveness

of these programs (IFRC, 2004). Without adequate evaluation, questions remain surrounding the validity of the transfer of the TOT model across fields and the ability of this model to train individuals to provide psychosocial support. In order to address the need to further the interest of transferring of skills, knowledge, and awareness across fields, it is imperative that qualitative methods evaluative methods which specifically examine the perspectives of trainee's growth over time be developed.

Through the examination of the evaluations of a Training-of-Trainers program in Northern Uganda aimed strengthening the capacity of helping professionals to provide psychosocial support to communities affected by armed conflict, I hope to gain a deeper understanding of the effects of one TOT program aimed to train trainers in basic psychosocial support. This project aims to contribute to the literature regarding the transfer of skills, knowledge, and awareness of the trainees by examining a series of open ended questions on evaluations filled out at specific points post training focusing on the integration of knowledge to awareness over time. This paper also aims to address how these findings contribute to a greater understanding of the model as well as suggestions surrounding the implications of the transfer of the model across fields.

Implications for the Social Work Field

Following World War II and the advent of the United Nations, social workers were called upon to provide support to individuals and communities that were afflicted by social problems as a result of the war (Healy, 2001). In the last sixty years, the number of social workers expanded exponentially; today, social workers play an integral role in the field of humanitarian aid. International organizations such as the United

Nations, UNICEF and the World Health Organization employ social workers in a multitude of roles. Social workers act directly in relief efforts, manage programs, run training programs, develop service delivery systems and perform research. Much of this labor entails working with diverse cultures in different countries in varying stages of development. As the field broadens, it is imperative we are mindful of the commitment not only to social welfare and social justice but to key core values of social work, such as using strengths based approach and the importance of human relationships. As social workers expand their roles, it is vital to engage in active discussion around what we are doing, how we are doing it and how to incorporate the social work ideals and core values.

As we implement programs, it is necessary to critique and examine each model from our own perspective. Although the TOT model is effective in the field of public health, in order for it to be fully effective in the field of mental health it is necessary to assess the impact of this model with regard to cross cultural differences and social work core values. In order to do this, we must examine what programs/models we currently implement, but also how we evaluate them. It is important to look beyond traditional quantitative evaluations which have evaluated the skills and knowledge that trainees gained through the downward flow or "vertical" transfer of information. In order to gain a more nuanced understanding of trainees learning experiences, it is essential that qualitatively methods which aim to better understand the strengths and weaknesses of trainee models through the trainees perspectives be developed. It is proposed that the holistic nature of a qualitative evaluation can explicate upon the process that trainees experience through their participation in the one TOT program.

CHAPTER II

BACKGROUND

The objective of this study is to qualitatively examine a TOT program that trains individuals to provide psychosocial support for individuals affected by armed conflict. The perceived observations and learned lessons may support generalized conclusions for other psychosocial support programs that utilize the TOT model to train workers. However, for the purpose of this study, it is necessary to identify the study population and provide the reader with a general understanding of the historical context of the armed conflict in Uganda. In order to provide a context for the study, the following section provides a history of the conflict in Uganda, a working definition of armed conflict and psychosocial support, and begins to explore the cultural context where this study takes place.

Definition of Armed Conflict

Currently there is considerable debate over the definition of armed conflict. One reason for this largely political debate is tied to the politics of International Humanitarian Law and the different rules that apply depending on if a conflict is international or internal in nature. The definition and the categorization of a conflict can be tied to government views and at times, funding. As this study is not focused on this debate, I will use a widely accepted definition of armed conflict which is as follows:

> An armed conflict is defined as a political conflict in which armed combat involves the armed forces of at least one state (or one or more armed factions seeking to gain control of all or part of the state), and in which at least 1,000 people have been killed by the fighting during the course of the conflict.
>
> An armed conflict is deemed to have ended if there has been a formal ceasefire or peace agreement and, following which, there are no longer combat deaths (or at least fewer than 25 per year); or, in the absence of a formal cease-fire, a conflict is deemed to have ended after two years of dormancy (in which fewer than 25 combat deaths per year have occurred) (Project Ploughshares, 2008).

This definition was chosen because it provides a basic framework for understanding the depth of the conflict as well as gives the reader an idea of the human impact. This definition speaks more broadly to the biggest picture effect.

History of the Armed Conflict in Uganda

Under the above definition, the people of Northern Uganda have been living with armed conflict for over two decades. The conflict arose from a divisive political climate originating from British colonial policies. These colonial policies combined with post-independence Ugandan politics created regional and social divisions between Northern and Southern Uganda (Ugandan CAN, 2007). In 1986, the current president, Museveni (and his southern-based army) took power through a military coup. Many people in Northern Uganda felt marginalized and several rebel groups mobilized for war. Although two phases of the rebellion ended peacefully, one rebel faction, The Lord's Resistance

Army (LRA), led by Joseph Kony, has continued to wage war on the Ugandan government and its own people, the Acholi. Though initially claiming to represent Northern grievances, the rebel movement received little public support and has been notorious for atrocities against civilians. The LRA is also known for the recruitment of tens of thousands of children into its forces (Project Ploughshares, 2008). It is estimated that 25,000 – 30,000 children have been forced into armed conflict by the LRA (Human Rights Watch, 2005; Women's Commission for Refugee Women and Children, 2004).

In the summer of 2006, peace agreement talks were initiated and for the first time in 20 years, it appears Uganda is entering into a post conflict state. Although this is a step in the right direction, the effects of the armed conflict on the population are ever present and peace is still tenuous; the struggles are not over. This two decade long conflict has been devastating to human and social capital; it disrupted cultural traditions and destroyed many natural resources. Approximately 1.7 million people, or 80% of the population of northern Uganda was relocated to IDP camps for protection during the LRA armed conflict (UNICEF, 2006). Although these camps were established during the conflict as a place for protection, the IDP camps are overcrowded and conditions are difficult. Poverty is overwhelming with 33% of the population experience food insecurity and the majority lacking basic resources (Vinck, 2006). Many of these camps are in the surrounding areas of Gulu, the city at the heart of the government based opposition to the LRA. Although the summer of 2008 will mark two years of peace within this region, over 1 million individuals still reside in IDP camps in the Gulu area (UNICEF, 2006).

History of Training Program

The training program presented in this paper grew from an ongoing relationship between faculty members at Smith College and a group of Ugandan and Rwandan practitioners. Numerous online and in-person discussions culminated in a two day meeting at Smith College in July 2005; it was agreed that a collaborative program was a priority. Of interest to the Ugandan clinicians was the development of a plan to improve the psychosocial knowledge and skills of service providers in Gulu and the U.S. participants wanted to develop the clinical knowledge and skills of U.S. practitioners responding to populations affected by violence (Corbin & Miller, in press). Ultimately, it was decided that "mutual interest and benefits could be realized through developing a capacity building program to support the training needs of those delivering psychosocial services to communities affected by armed conflict in Northern Uganda" (Corbin & Miller, in press) . From this meeting and agreement, two years of preparation work resulted in training sessions conducted in January 2007. Further details of the process around the preparation and effort which culminated in this training can be found in Corbin and Miller's article (in press) *Collaborative Psychosocial Capacity Building in Northern Uganda.*

Psychosocial Support and the Role of Culture

Armed conflict causes substantial psychological and social suffering to the affected population. It affects individuals, families and communities on numerous levels, with children being especially vulnerable (Boothby, Strang & Wessels, 2006; Mollica et al, 2004). Individuals are often separated from their families and livelihoods, and

communities are often shattered through the weakening or destruction of social networks (Boothby, Strang & Wessels, 2006; Mollica et al, 2004). In recent decades, psychological support has become a valued element in humanitarian relief, as demonstrated by the steady proliferation of literature and the increased funding for programs which provide "psychosocial support" to populations affected by armed conflict, disaster and war (IFRC, 2004).

Psychosocial support is defined as "an ongoing process of meeting emotional, social, mental and spiritual needs, all of which are considered essential elements of meaningful and positive human development (Simonsen & Reyes, 2003)." In a stable community, psychological support, guidance, and care are often carried out by family or community members. Most psychosocial support programs are aimed to help individuals cope with stressful and traumatic experiences, reintegrating individuals and families into their communities, as well as to rebuild and strengthen community bonds through identifying and restoring community networks (IASC, 2007). Psychosocial interventions begin by capitalizing the strengths inherent in the community and the environment. The goals are to bring people back to their baseline of everyday functioning with success lying in returning people to their roles and place in the community (Honwana, 2007). This is especially important in areas of armed conflict where displacement and trauma destroyed families and communities, and where people have been forced into combat (e.g. child soldiers) or forced to commit crimes against their culture or family (Honwana, 2007).

In order to provide the reader with clarification regarding the creation of "psychosocial support" it is important to provide a description of the differences between

cultures of the Western philosophies of mental health and individualism with the African culture and collectivism. Alcinda Honwana (2007) explains it clearly, "What Westerners call "mental health" is culturally defined: the way in which people express, embody, and give meaning to their afflictions are tied to specific social and cultural contexts. Culture plays a central role in social and emotional well being and in the diagnosis and treatment of disorders and distress (p.151)." The way in which people recover from trauma is linked to understanding of the causes of and understanding how events originate. In Western culture psychotherapy aims for the client to externalize her/his problems to discover insights; this is firmly rooted in the idea that the person is distinct and capable of self transformation in relative isolation from social context (Marsella & White, 1984). The concept of healing and emphasis on the individual versus the community is very different in non western cultures. While it is essential to understand the role of culture and its impact on a program, in order to assure the transference of knowledge gleaned from training programs, it is essential to examine larger theoretical ideologies of individualism and collectivism with respect to the potential effects of culture on interventions, trainings, and evaluation.

Culture is described as the unique character of a social or societal group. It includes the values and norms shared by members of that group. Elements of culture affect social interactions, educational experiences and information sharing. The constructs of individualism and collectivism were used in the social sciences since the 1600's and are frequently used to describe attributes associated with different cultures (Triandis, 1995). While tendencies toward both individualism and collectivism exist within each individual in every society, cultures can be broadly categorized into these

two constructs (Triandis, 1995). In *Individualism and Collectivism,* Triandis lays out broad working definitions of these two ideas and how they play out in societies. For the purposes of this paper, Triandis's definitions will be used:

> **Collectivism-** A social pattern consisting of closely linked individuals who see themselves as apart of one or more collectives (family, co-worker, tribe, nation); are primarily motivated by the norms of, and duties imposed by, those collectives; are willing to give priority to the goals of these collectives over their own personal goals and emphasize their connectedness to members of those collectives (p. 2).
>
> **Individualism-** A social pattern that consists of loosely linked individuals who view themselves as independent of collectives; are primarily motivated by their own preferences, needs, rights and the contracts they have established with others; give priority to their personal goals over the goals of others; and emphasize rational analyses of the advantages and disadvantages to associating with others (p. 2).

In collectivist cultures people recognize the group, not the individual, as the basic unit of survival. Members of a society tend to keep other people in mind and will 'subordinate' their 'personal' goals for those in the collective (Triandis, 1995). Individuals do not tend to give up relationships unless the relationship is extraordinarily costly. In an individualistic culture, people feel autonomous and if the collective goal does not match their individual goals they think their personal goals take precedence. Freedom from influence of the collective is an important value. In both cultures there are

“unstated assumptions” by which people live (Triandis, 1995). In a collectivist culture, the assumption is that people are bound together into tight groups, whereas in an individualistic culture people are independent, different and distinct entities from the groups. In collectivism, individuals are likely to work together and share more information readily, whereas, persons in individualistic cultures do not share information as readily and are more mobile (Triandis, 1985).

While one could surmise that these broad based differences in culture could affect information sharing, further exploration in the literature reveals that in all cultures there is also distinction between in-groups and out groups which could also influence this. An in-group is a group of individuals about whom a person is concerned willing to cooperate with without demanding equitable return (Triandis, 1995). Members of in-groups are usually characterized by similarities and a shared fate. Conversely, members of an out-group are those to whom without connections; they are not adversaries, but there is no common bond of concern.

There are numerous ways in which culture plays out in information sharing. When looking at the evaluations of TOT programs it will be essential to understand the culture and the effect of living in a collectivist or individualistic society, but also be cognizant of the role of the in-groups and out groups and their potential influence. The culture of a society and the role of in-group or out-group influences the personal assumptions, beliefs, social patterns, and information sharing between individuals (Triandis, 1995). This is a potentially important element in the context of a training model where a new group is formed. The context and the cultural aspects of the training

are key elements in fully understanding the training program evaluated here, but equally important is an understanding of the model and its theoretical underpinnings.

CHAPTER III

LITERATURE REVIEW

In order to evaluate the impact of a program, it is first necessary discuss the training model and its theoretical underpinnings. An extensive literature search of TOT programs reveals numerous examples of TOT programs; however, none explicitly cite the underlying theories of the model. It is unclear why this is; this author assumes it is one of two extremes. Either the model has been naturalized, rendering this discussion unnecessary, or the model draws upon numerous shifting theories based on the objectives of the training, therefore rendering it a moving target. In order to propose some possible theoretical underpinnings of the model, I began looking at theories underpinning similar training models, one being the Peer Education model. With this focus, it was found that the Peer Education model holds many of the same tenets as the TOT model. In an article by Turner and Sheperd (1999), Peer Education was cited as an effective training model because 1) peers are seen as a credible source of information and may be acceptable when other education is not, 2) peer education utilizes an already established means of sharing information and advice, 3) peers reinforce learning through ongoing contact and 4) the education is beneficial to those involved in providing it . The rationale for choosing the above mentioned key tenets as the theoretical underpinnings most comparable to the TOT model was their theoretical emphasis on the connections between people and modes of information sharing. An additional reason for was that the literature revealed Albert Bandura's Social Learning Theory (1985) and Everett Rogers' Diffusion

of Innovation theory (1983) as a basis for both organizational and clinical psychology training programs (Lathan & Heslin, 2003). This chapter will begin with an explanation of the TOT model as well as the two major theories chosen above. This will be followed by both a closer examination of the evaluation of this model and with a review of two TOT programs.

The Model - Train the Trainer

In the last decade, numerous psychosocial programs have been implemented with the goal of helping communities help themselves. Research as shown that people in a crisis situation generally benefit from a friendly, compassionate and a supportive helper (Simonsen, & Reyes, 2003). To this end, programs have emerged to teach individuals how to provide support to members of their communities. Programs range from training para-professionals or professionals in counseling skills to teaching community members the basic principles of listening and reframing. Curriculum varies, but can include basic education about normal and abnormal stress reactions, stress management, peace building, information on trauma and grief as well as basic group counseling skills (Simonsen, & Reyes, 2003; Corbin, 2006). In order to train a large number of individuals, it has been necessary to find an efficient and cost effective training model to utilize. The most common model used to train community members in psychosocial support skills is the Train the Trainers Model (TOT).

The TOT model was originally developed as an efficient and cost effective way to distribute a large amount of information (McCarthy, O'Brien, Rodriguez, 2007; Orfaly, et al, 2005; Baron, 2006). In this model, a small group of experts (master trainers) teach

knowledge, skills and intervention techniques to trainees (primary trainers) who then teach the knowledge to others. The information cascades downward to more and more individuals. This “Cascade model” was originally used in large scale teacher training but quickly spread to be a common practice in public health (Bax, 2002). In the 1970’s, Seidman and Rappaport built on the Cascade model and developed a paradigm which was tailored specifically for the training issues and the efficient utilization of manpower in the mental health delivery system. They called this model the “Educational Pyramid” (Seidman & Rappaport , 1974). The basis of the training model is the same, a small number of professionals (master trainers) train and supervise a large number of students who train and supervise a larger number of nonprofessionals who then *serve as therapeutic agents* for various populations (Seidman & Rappaport, 1974). The Educational Pyramid model was developed for Community Psychology and emphasizes community participation as well as adds in a supervisory piece for the trainees. This model has recently been utilized in the context of war torn communities in establishing community based mental health counseling services in trauma situations (Levers, 2006). TOT models differ in the recruitment of the trainers and trainees. In most cases, individuals are taken from an organization or a community, trained in a larger group, and then returned to their own community to do the training. In some models entire staff from one organization are trained to transfer information to another group.

Beyond cost effectiveness, strengths of this model include sustainability, community building and flexibility (Orfaly et al, 2005; McCarthy, O’Brien, Rodriguez, 2007). First, although expertise and resources are needed for the first part of the training, the knowledge of a topic is quickly distributed to a large group of individuals and

therefore can be continued by trainers in the community on a long term basis (Orfaly et al, 2005). Secondly, the community is a part of the process. In the recruitment of individuals as trainers most interventions rely on the community to choose the natural helpers who will be trained. This capitalizes upon individuals who have already established trust and credibility within a community and allows for utilization and promotion of social capital within the society (Orfaly et al, 2005). Research on adult learners shows this social capital is key; in community based education, models are much more effective when learning is not only seen as acquisition of knowledge and skills but also promoted in the context of relationships in the community (Orfaly et al, 2005). Lastly, this model is flexible; it is easy to assess the short term effectiveness of the instruction so the presentation of information can be adjusted for the next training or even for the next day (Ramos, 2001).

This model has a number of notable weaknesses. For instance, while the efficiency and speed of how information is shared using this model is a strength, it can also be a weakness. For example, if the information is inaccurate, culturally insensitive or inflammatory, this information can 'cascade down' just a quickly (Baron, 2006). Secondly, there is very little literature about the validity of this model in any field, and almost no evaluation of programs that use the TOT (Orfaly et al, 2005; McCarthy, O'Brien, Rodriguez, 2007). Another concern which was cited in the literature is trainer follow through. In several studies (e.g. Bax, 2002; Hahn, 2002) it was found that trainers were trained and had committed to run a certain number of trainings and yet never fulfilled this commitment. Another criticism of the TOT model revolves around the question "Can lay individuals transfer knowledge as effectively as expert trainers?"

However, this criticism has been disputed by Hinds, Patterson, and Pfeffer (2001) in the article "Bothered by Abstraction." Hinds suggests that non expert trainers may be *better* at transferring knowledge than experts because it was found that non-expert trainers were "more likely to incorporate concrete language and examples, while expert trainers tend to use more abstract language and examples" (p. 10). The same argument may be true when working cross culturally. Community members may make cultural connections that the "experts" might miss. Finally, the most common criticism of the TOT model is that information is lost at every level of training (Bax, 2002). Although this is cited as a concern no literature was able to produce evaluation data to support the impact of this criticism; conversely there was no research to dispute it.

Theoretical Underpinnings

A review of the theoretical underpinnings of the Peer Education model indicate that Albert Bandura's (1977) Social Learning Theory and Evert Rogers (1985)Diffusion of Innovation theory appear to be the most likely candidates for the foundation of the TOT model. Bandura's Social Learning Theory is the primary theory referenced in Peer Education and provides a framework for exploring the influence of social networks and the horizontal transmission of information. Roger's Diffusion of Innovation theory looks more closely at how new information is accepted into a community and how new knowledge is disseminated over time.

Social Learning Theory

Social Learning Theory (Bandura, 1977) is one of the most influential theories of learning and is the theoretical foundation for the technique of behavior modeling used in many training programs. Social Learning Theory is complex, but, the primary principles are as follows:

> 1) The highest level of observational learning is achieved by first organizing and rehearsing the modeled behavior symbolically and then enacting it overtly. Coding modeled behavior into words, labels or images results in better retention than simply observing.
>
> 2) Individuals are more likely to adopt a modeled behavior if it results in outcomes they value.
>
> 3) Individuals are more likely to adopt a modeled behavior if the model is similar to the observer, if the trainer has admired status and the if the behavior has functional value (Kearsley, 2007).

Human behavior is explained as a reciprocal interaction between cognitive, behavioral and environmental influences. Social Learning Theory stresses that there are two ways of learning- new responses can be acquired through direct experience or by observation. The more rudimentary mode of learning is rooted in direct experiences, and is a result of the positive or negative effects that an action produces. These response consequences have three functions- *informative*, *motivational* and *reinforcing* functions. The *informative* function states that people not only perform responses but also notice the effects they produce. By observing different outcomes a person can make a hypothesis

about what works and then this acquired information serves as a guide for future action. The *motivational* function allows for people to be motivated by prospective consequences, positive or negative. It is thought that people are often motivated by future benefits or to avoid future difficulties. This motivational function plays out through goal setting and self regulated positive reinforcement (Bandura, 1977, p. 161). The last function of response consequences is the *reinforcing* function. Initially, the reinforcement function assumed that rewards or consequences increased behavior without conscious involvement; however, this view was discredited by numerous studies. Ultimately, it was found that reinforcing consequences were ineffective in modifying behavior as long as participants were unaware of the reinforcement contingency (Bandura, 1977, p.19). Participants suddenly increased appropriate behavior when they discovered which responses would be rewarded. Bandura states, "behavior is not much affected by its consequences without awareness of what is being reinforced (Bandura, 1977, p.19)." It is here that awareness seems to be integral in learning. Although reinforcement provides a means of regulating learned behavior, it has been shown an ineffective way of creating a particular behavior. As a result, the crux of Social Learning Theory focuses on the social element of learning, starting with the idea that people can, and do, learn new information and behaviors by watching others. Bandura (1977) states:

> Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them what to do. Fortunately, most human behavior is learned observationally through modeling: from observing others one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action (p. 22).

Bandura goes on to expand the theory suggesting that direct reinforcement is important but does not account for all types of learning (Bandura, 1977). He considers the influence of attitudes, emotional reactions as well as internal thoughts and cognition on learning behavior. He also links intrinsic reinforcement (pride, satisfaction and a sense of satisfaction) as a form of internal reward which can influence learning and behavior (Bandura, 1977). This is captured in Bandura's concept of *reciprocal determinism*. In this, Bandura believes a person's behavior is both influenced by, and influences, a person's personal factors and the environment. While he recognizes that a person's behavior can impact the environment, he points out that the environment can also influence behavior. The world and a person's behavior affect each other (Huitt, 2006).

Factors involving both modeling and attention to the learner play a role if social learning is to be successful. There is much emphasis on the relationships within the learning process. Bandura (1977) cites certain requirements and steps for social learning:

> **1) Attention Processes:** People can not learn unless they perceive accurately the significant features of the modeled behavior. Individuals are more likely to pay attention when behavior is displayed by more than one model as well as models who possess engaging qualities or have social influence. The rate and level of observational learning is also determined by the observers' capacity to process the information and their judgment on how much they will benefit from the observed experiences (p.26).
>
> **2) Retention Processes:** In order for people to be influenced by the observation of a modeled behavior they must remember it. Bandura states that it is through the

medium of symbols that transitory modeling can be maintained as permanent memory. Observational learning relies on two representational systems- imaginable and verbal. Some behavior is retained in imagery; repeated exposure of modeling stimuli results in the modeling of learned behavior. However most cognitive processes are primarily verbal rather than visual. Humans are very good at verbal coding of modeled events, and once modeled activities are transformed into images and verbal symbols, these memories serve as guides for performance. Bandura also states that in addition to symbolic coding , rehearsal serves as an important memory aid (p.26). .

3) Reproduction Process: In addition to symbolic coding, rehearsal serves as an important memory aid. Learning is not perfected through observation alone. In most cases people achieve learning through modeling, then refine it through trial and error, fumbling, and self corrective adjustments based on feedback and performance (p.27).

4) Motivational Process: Social learning distinguishes between acquisition and performances of behavior because people do not enact everything they learn. People are more likely to adopt modeled behavior if it results in outcomes that are effective or rewarding personally or behaviorally (p.28).

Social Learning Theory in all its parts suggests that the process of being a trainer is not simply about imparting educational knowledge, but also living the work. The concept of being a role model, having credibility, reinforcing behavior and empowering others are all central components.

When looking at this in relation to TOT trainings, the relationship piece is significant. In many cases one or two individuals are chosen to attend a training from a particular agency. In some cases their co-workers may be the next tier of people they will train, but it is more likely that they will be training community members.

Diffusion of Innovations Theory

The second theory, Everett Rogers' Diffusion of Innovations, serves as a theoretical basis of Peer Education and the TOT model in regards to the transfer of information over time. This theory helps conceptualize how innovations are adopted by individuals and communities (Turner, 1999; Rogers, 1983). An innovation is defined as "any idea, practice or devise that is perceived by people to be new (Rogers, 1996, p. 142)." This theory draws on theoretical perspectives rooted in behavior change and organizational theory and has been conceptualized as a social change process (Salveron, Arney & Scott, 2006). Diffusion of Innovation proposes that the adoption of an innovation spreads over time in a predictable manner through social networks of intrapersonal communication (Rogers, 1995). Although there are mathematical models and numerous books written on who adopts innovations and how they are adopted, for the purposes of this study, is only necessary to understand some key factors which influence change. Primarily, effective communication and change occurs when the source and the receiver are similar in certain attributes such as culture, language and beliefs. Other factors which influence change are the personality characteristics of individuals, the nature and culture of the social system and the characteristics of the change agent (Turner, 1999).

Although the above factors influence the rate of change, Rogers (1983) states that innovations and change pass through 5 key stages:

1) **Knowledge** - This is where there is exposure to an idea, concept or item

2) **Persuasion**- a person must find the concept favorable

3) **Decision** – an individual must make a commitment to try the idea

4) **Implementation**- the idea/item must be tried or put to use

5) **Confirmation**- there must be a reinforcement based on positive outcomes

In the TOT model the trainees came from and returned to organizations who are working with individuals affected by armed conflict. These individuals were screened for leadership skills and were likely to have influence in their organization. During the training the individuals were pushed through Rogers's stages of change, were given the *knowledge* and *persuasion* in the training and by accepting the invitation they made a *commitment to try the idea.* In the fourth state, it is stated that the idea must be tried out, the teach back session in many ways asks individuals to try these views out. It is more likely that this stage occurs after the training is over but it could be argued that the teach back starts this process for some.

This model can be used on an individual, organizational, or societal level. There are many obstacles to change; people are reluctant to go through the process of developing new habits, especially when they are uncertain about the effects of the innovation. When there is a delay between the innovative behavior and its benefits, the willingness to try new behaviors is reduced. The more delayed and less observable the

outcomes, the weaker are the incentives for adapting a given behavior (Rogers, 1985). Rogers states that successful diffusion programs have four phases:

1) *The selection of an optimum setting for introducing and innovation*- In this phase one must select a setting where members are willing to try new ideas at least on a provisional basis.

2) *Creating the necessary preconditions to change.* Preconditions for change are created by increasing people's awareness and knowledge about an innovation. They need to be provided with information about the purpose of the new practice, the advantages and how adopting them is likely to affect their lives.

3) *Implementing a demonstrably effective program.* Persuasion and information alone is not enough. To insure change there also must be positive incentives for adopting behaviors and supports in the social system to sustain them. In order to implement successful sociocultural change one must transmit the requisite competencies to a group of potential adopters. When advantages to be gained from innovations are considerably delayed, it is necessary to provide incentives to sustain adopted behavior until the intrinsic value becomes apparent. Once this is established, modeling principles are utilized.

4) *Dispersing the innovations to other areas through the aid of successful examples.* Innovations must produce benefits if they are to gain wide acceptance. There is nothing more persuasive than seeing effective practices in use, the greater the verifiable benefits, the greater the dispersive power (Rogers, 1985).

In the context of the translation of this theory across cultures, Rogers speaks of sociocultural diffusion and writes specifically about the conditions needed for sociocultural change to succeed . The premise underlying this concept is that societies are continually faced with the pressures to change some traditional practices to improve their quality of life, but these sociocultural changes/benefits can not be accomplished without displacing some entrenched customs and introducing new social organizations. Rogers notes foreign practices are rarely adoptable in their entirety, rather imported elements are synthesized with indigenous patterns resulting in new forms of mixed origins (Rogers, 1985).

When considering the training of individuals to provide psychosocial we can reflect on the above principles from a macro perspective as well as a micro prospective. On a macro level, simply acknowledging mental health as relevant and allocating funds for mental health counseling is a cultural shift. Mental health is a relatively new concept, especially in developing countries and foreign aid has historically made a distinction between the physical and material needs from the mental and emotional ones. The term "psychosocial" is a term with no literal translation in the languages of most communities affected by armed conflict (Williamson & Robinson, 2006). As a result, the term is frequently misunderstood and could serve to intimidate or alienate a lay person. So on a macro level, the concept of psychosocial support as well as the introduction of counselors or workers, requires a sociocultural shift. In most cases this shift has begun and countries are in various stages of the diffusion process. In reflecting on the stages, it should be noted that the infusion of donor funds for psychosocial programming serves as an incentive for adoption of innovation as suggested in the third phase of the above theory.

The Need for Evaluation

In order to establish that a model is effective there must be an evaluative process. However, evaluations of TOT programs have been historically sparse, even within the fields of education and public health and are almost non-existent when looking at mental health programs (Baron, 2006). In 2004, a document entitled "Children in Crisis" laid out suggestions and major principles of program design and evaluation for worldwide psychosocial projects. This document attempted to stimulate dialogue around best practices and build concepts and methods for the planning, implementing and evaluation of psychosocial programs (Duncan & Arntson, 2004). Although they gave specific suggestions on how evaluation should be done, they did not reference any specific programs or publications of successful evaluations. There are a number of reasons that may account for this. First, concrete outcome measures are not overtly apparent in mental health nor is it easy to determine how individuals improve their support skills. Second, these trainings frequently take place in the midst of ongoing humanitarian emergencies. With limited funding, evaluation is not the first priority in crisis situations. It has also been stated that the TOT program is an extended process with a series of steps. It takes time to build awareness about a new topic and these changes may not be able to be evaluated in the traditional ways. The result of these complications is sparse literature which cite programs as 'helpful' in general and unverifiable ways (Duncan & Arntson, 2004). There is no evidence stating that these programs are ineffectual, in most cases authors state the programs are very helpful, but the lack of evaluation is apparent. Beyond this, the lack of evaluations could result in a decrease of funding for such programs.

Many TOT models integrate educational strategies which are known to increase knowledge transfer such as skills training, role play, and teach backs, but very few programs have a pre and post test to evaluate the programs. It is doubtful this is an oversight, more likely, the skills taught do not lend themselves to easy evaluation at the end of a two week training. Many of these skills, such as listening skills, ability to reframe are without specific outcome measures and must be developed over time. Students need time to integrate the skills into their practice. This lack of concrete outcome measures leads many studies depend on a self report of the trainees where trainees answer questions on a Likert scale reporting knowledge gained. These questions can range from the specific content questions to the broad. In one self report evaluation, the participant was asked to respond to the statement, "The transfer of knowledge was clear" from very little to very much (Yosal, 2003). Although this is an evaluation, this self reporting does not specify what knowledge was gained or if the knowledge that was transferred was correct. This type of evaluation does not lend credibility to the TOT programs.

Evaluations, when they do exist, focus primarily on the downward cascade of the information from "master trainer" to trainees. Although original literature on both the Cascade and the Educational Pyramid model make small references to the impact on the trainer and the role of the training team, neither expand on it. Most evaluations use strictly quantitative outcomes such as number of people trained, but few provide any qualitative data or in depth evaluation of the impact of the program or sustainable success of the trainings. It is unclear why this gap in the literature occurs but, it may be due to the historical fact that educational and public health TOT programs work, lack of funding

for evaluation, and/or the complications in defining outcome measures for mental health. However, as this model is being transferred across fields of education to public health and now to mental health, it is essential to begin developing evaluative methods which allow for the application of this model within this new field.

While most evaluations of TOT programs focus on the transfer knowledge and skills, a carefully review of the literature reveals short comments and even short paragraphs which suggest that the transfer of skills and knowledge are not the only impact of the TOT programs. The transfer of skills and knowledge seems to be used to categorize success, but there is a suggestion that there are benefits of this model which are hard to quantify, overlooked or possibly lost due to lack of clear outcome measures. It is unclear why this occurs, but this author hypothesizes that skills and knowledge transfer is the easiest to quantify while individual change or organizational change takes longer to see and is difficult to capture.

Although some articles mention unquantifiable benefits of the model as an aside in the discussion section, very few evaluations focus or attempt to understand the more nuanced benefits of this training. There is no literature focusing on change in attitudes over time or the influence of training on the individual participants, the lateral transfer of knowledge from trainees to there colleagues, or the impact of the social network created in a TOT program among trainees. Some publications mention an expectation or hope that a training could change a system (Orfaly et al, 2005). However, it is clear that the impact of the trainings have the potential to be far greater than the downward transfer of skills.

Several program evaluations have been conducted which qualitatively examined trainees perspectives and experiences in TOT programs. The following section will critically review two TOT program evaluations, one from Istanbul, Turkey and one from within the United States.

A Review of Two TOT Programs

More Effective Teaching Methods, Istanbul, Turkey

This TOT program was designed for instructors at the Istanbul Faculty of Medicine to learn more effective teaching methods and also to train upcoming teachers how to teach effectively. The overall goal was stated as "to strengthen the participants' knowledge and skills for effective training" there was also an intent that professors would gain the knowledge and pass these methods to the students (Yosal, 2003). The evaluation focused on the transfer of knowledge and skills through an evaluation at 1 day and 6 months. Data was collected and are displayed in tables in the article. Of interest is the discussion section which highlights findings that were not transfer of knowledge and skills. Some of these themes came from direct questions but many from the open ended questions from the survey at 6 months. Published are recorded comments stating how the training changed their ideas or their own teaching. It was also stated that "20.5% of the medicals teachers made an effort to transfer the knowledge and the skills that they had acquired during the course to their colleagues.(p 322)." This is interesting considering the transfer of knowledge to their colleagues was voluntary and not expected.

Although not a stated goal of the training, it is clear that there were expectations that this training would influence the culture of this agency, the authors state "Time is

needed to make difficult and radical changes in the educational system of our medical schools…. It is expected that the medical teachers who attended these courses will, in the long run, take an active role in overall improvement of the curriculum and teaching methods (p. 322)." In fact, this did occur as it states "one other outcome of these TOT courses was that they led to a communication network and a feeling of solidarity amongst the participants. This group started playing an active role in initiating policy on educational matters (p. 322)." The article suggests that TOT programs of this nature have the potential to have a "long lasting impacts" on the institutions in which they run. Both of these examples suggest that there is something more than the simple transfer of skills and knowledge, the impact of the program is also associated to the Diffusion of Innovations as well as the creation of in-groups and out groups in Social Learning Theory.

Training Natural Helpers- Rural Pennsylvania

This TOT program utilized the pyramid model for training to enhance the skills of natural helpers. The basis of this program was that each community has 'natural helpers' who are utilized for support, by finding these individuals and training them in skills to improve their helping skills it would create an indigenous group of trainers and a cadre of community helpers. A natural helper in this study was an individual who self selected or was nominated and seen as someone who was frequently sought out to give help. Originally a group of 'master trainers' who were graduate students recruited and trained two groups of trainers of 14 and 17 trainers. Each of the 31 trainers made a commitment to then go on to train at least one group of natural helpers in their rural community. The

training program was 26 hours of training time and they used a skill learning model. The training program taught a series of skills which included a) using effecting non verbal behavior b) effectively using continuing or reflective responses c) using leading and directive responses and d) using effective self-referent responses. The training procedure was the following 1) the skill is defined and explained 2) there modeling of effective and ineffective skills 3) homework is assigned to use the skill 4) an evaluation is done the next week to determine if attainment of skill has been accomplished (Ehrlich, D'Augelli & Conter, 1981). The evaluation of this program was done in two different ways, the first evaluation happened during the training sessions and focused on skills transfer, this was done through pre and post role plays which were recorded and then review by the master trainers, each participant was rated on a skills scale and given feedback. The participants also filled out written evaluations on self observation of each skill and on the overall course.

The 31 trainers then split into groups and ran training sessions ultimately training an additional 45 individuals in their own communities. These second training sessions were run once a week over an eight week period. They ran a modified version of evaluation of skill set and focused on increasing the number and quality of helping interactions in the community. An additional evaluation was held during the last week of the training and the trainees were asked to record all conversations they had that week which were considered 'helping conversations.' They were asked to track eight dimensions- relationship to helpee, location of interaction, length, type of problem, helping behavior provided, perceived confidence, perceived helpfulness and perceived satisfaction (D'Augelli & Ehrlich, 1982).

This TOT program focused large amounts of time and resources on the evaluation process, most of which concentrated on vertical skills transfer from the trainees to the trainers. The program was deemed successful and evaluations suggested that there were significant changes in their use of affect, content, advice and influence responses. There was no available information indicating what the budget of this project was or what was spent for this extensive and time consuming evaluation. Needless to say, this type of evaluation would be difficult in a resource poor settings in a developing nation.

In addition, there was very little in this first evaluation that spoke to anything other than the transferring of skills. However, one interesting finding was regarding the idea of 'perceived helpfulness.' The article by Ehrlich, D'Augelli, & Conter (1981) stated "even when there were minimal changes in the helping skills rating the helpers perceived themselves as being significantly more helpful, were more satisfied with their helping style, and viewed themselves as better listeners (p332)." It was also noted that helpees perceived their helpers as more confident during post training sessions. There was no further information on this, however, it does speak to the effect of training on the individual and the fourth stage of Bandura's Social Learning Theory, motivational process. The trainees from this article completed the training phase and the first three stages and are out 'trying out" what they learned. Their perceived effectiveness will motivate them to continue and therefore complete and assist with the sustainability of the program and the continuation of teaching.

There were a number of valuable insights gained from the qualitative evaluation of the second training group. It should be noted that this article did not focus on the skills transfer (with the assumption that this was already proven in the previous training) and

looked more at where people used their helping skills and how many people helped. Interestingly, individuals cited that they most used the helping behavior at their work place with their co-workers with the next group being neighbors, and then spouses (D'Augelli & Ehrlich, 1982). Over 25% of all helping interactions occurred at work. Although this evaluation did not specifically evaluate the horizontal transfer of information, the fact that 25% of all helping interactions occurred with co-workers does suggest that training skills and helping interactions do occur at a high percentage in the work place. This finding could be very important when looking at the diffusion of information for a training model to colleagues.

While both studies made valuable contributions to the field with qualitative insights gleaned from trainees in TOT training programs, neither of the program evaluations specifically aimed to transfer of skill, knowledge, and awareness of trainees through an examined the perspectives of trainees growth over time.

In summary, through an in-depth examination of the tot model, it seems apparent that social learning theory and diffusion of innovation theory are primary theoretical underpinnings of the model. It is also clear that the learning process in training programs is ongoing and results from a combination of factors which include observation, modeling, motivation and reinforcement. Knowledge and skills take time to integrate and suggests a standard quantitative knowledge based evaluation on the last day of training can not fully capture the impact of the training on individuals or the change in awareness over time. In order to reap the greater impacts of the tot model and apply knowledge gleaned to future training programs, it appears necessary that qualitative examinations of trainees experiences in training programs over time over can be developed.

CHAPTER IV

METHODOLOGY

This exploratory study designed with the purpose of learning more about the transfer of knowledge, skills and awareness over time in a psychosocial training program which is utilizing the TOT model. It is hoped that the findings from this qualitative program evaluation can be used in the future to provide further information regarding the use of this model to train individuals to provide psychosocial support. This qualitative study uses secondary data sourced from a series of evaluations from a TOT program run in Gulu, Uganda. The purpose of the training was to build the psychosocial training and practice capacity of district and community providers. The training was designed and implemented in January 2007 by a team of Ugandan and US practitioners and was led by Dr. Joanne Corbin. A series of evaluations were collected at three time points 1) the last day of the training, 2) one month post training and 3) six to eight months post training, these evaluations were the primary data for this paper.

Sample and Process

An initial needs assessment and collaborative process around community needs determined that Training of Trainers program would be the best way to build the psychosocial training and practice capacity within the community in Gulu, Uganda. The knowledge and skills would be transferred from the 5 person team of US and Ugandan

practitioners to an initial group of service providers responsible for the provision of direct services. An initial group of 21 TOT participants completed the 3-day training. These individuals were from a diverse range of agencies representing local governmental organizations, local non-governmental organizations and school systems. This group of trainers were chosen by the three Ugandan practioners whose decisions were based on the goal of selecting a diverse group of individuals from International NGOs, Local NGOs, grassroots organizations, schools who were all working directly with armed conflict affected communities. This initial group would become a resource for training others. The training content included the psychological and social effects of exposure to armed conflict, approaches to support the well-being of individuals and communities, coping strategies, traditional cultural practices, case management and referral issues, and training facilitation skills. The training integrated Acholi cultural values and practices with Western culturally-based concepts of psychosocial healing. The training occurred primarily in English. Participants were able to dialogue with the training facilitators and with each other in order to deepen their understanding of the specific content. Such dialogue was important for the TOT participants' understanding of the material and their ability to convey the information to those they would be training. Time was provided for participants to develop the training modules that they would use to train the helping professionals in the IDP camps. Corbin and Miller (in press) describe the process of training:

> After completing the 3-day training, TOT participants were divided into 5 groups; each group facilitated by one of the five training facilitators. Each group spent one day preparing to deliver a 2-day training to one of five IDP camps. Camp leaders

in each of the five camps selected 20 residents to attend this training. The training in the camps was conducted in Luo, rather than in English. These camp-based groups were expected to provide basic psychosocial support to community members and facilitate referrals to resources outside of the camp. While this teaching to the next group was intended to benefit the trainees, the training also allowed everyone to gain supervised experience as trainers with the implementation of the training in the IDP camps (in press).

For the purposes of this paper it is not necessary to highlight all the ways this program was collaborative, but it should be noted that there was extensive collaboration between the Master trainers, the community leaders as well as the trainees. Skills were taught but much was done to connect the members to the communities as well as each other through a discussion around 'collective identity' members reflected on how they identified themselves with their individual agencies but also as a group. The group decided to give their group a separate name which would identify them and serve as a way to continue the work and connection beyond the training. The group arrived at the name "Gulu District Local Government Psychosocial Training-of Trainers" (Corbin & Miller, in press).

Data Collection

The original team of trainers collected 20 evaluations from the original participants at the end of the training (one participant did not complete the training). The second and third wave of evaluations were mailed to the participants and the participants

were given three options on how to return these 1) via e-mail 2) given to Stella Ojera, Ugandan based practitioner for posting to Joanne Corbin or 3) mailed directly to Joanne Corbin at Smith College. The majority of evaluations were mailed directly to Joanne Corbin at Smith College, only one requested the evaluation via email during the 2nd round and this person sent it back hard copy and email. During the third wave, all were sent hard copies of the evaluations with the stamped return addressed envelope. For all of those that had email addresses an email attached copy of the survey was sent. Only one individual returned the survey via email. When there was a delay in receiving the completed evaluations, Dr. Corbin sent an email reminder and asked respondents to remind others that they came into contact with. One of the Uganda trainers, Stella Ojera, also helped to remind TOT participants to complete and return the surveys.

Data Analysis

All data was coded and analyzed by myself and Dr. Joanne Corbin of Smith College School of Social Work. Open ended questions were coded thematically and analyzed within each time period of evaluation (day one, one month, 6 months) as well as across evaluations. Descriptive statistics were used for the limited demographic data that was gathered.

Ethics and Safeguards

This study gained original approval through the Smith College HSR committee as well as the Ugandan government. Strict confidentiality was maintained, as consistent with federal regulations and the mandates of the social work profession. Confidentiality

is protected by storing the data in a locked file for a minimum of three years. For the purpose of this study, participants' identities were protected, and an ID number was assigned to each participant on the first evaluation and this number was then transferred to the same participant on all three evaluations. Participants' names were not and will never be associated with the information they provided. The evaluations were a condition of participation in the training, however participants were free to refuse to answer specific questions or not return the evaluations. There were minimal potential risks of filling out the evaluation, however if the participants had strong or uncomfortable emotions while reflecting on the experiences in the training, they were able to seek additional support from the team trained practitioners.

Author Bias

It should be noted that this author holds a Master's in Public Health degree and has run TOT programs in the field of Public Health. I was a consultant at an agency in Zimbabwe when a large grant was implemented to provide psychosocial support to orphans who had lost parents to HIV. I ran a TOT training program for home based care workers which included skills in mental health counseling. It is my bias that despite the inherent weaknesses, the TOT model is an effective and useful model in the field of public health and could be a useful model in mental health. During my career, I have worked in various African countries and seen good projects fail due to a lack of attention to culture. I have also seen good programs lose funding due to lack of evaluation which 'proves' to a donor that the program is effective. It is my belief that when implementing a psychosocial support program for mental health, the model needs to be adjusted but it is

also my belief that the evaluation of the program needs to be reworked to provide more credibility to the model. As a result, this paper is biased toward the optimistic that this model is credible and effective and can be successfully transferred across fields.

CHAPTER V

FINDINGS

This study's purpose examined how evaluations from the specific TOT training model could be used to provide further information regarding the model, as well as demonstrate how knowledge, skills and awareness were gained over time by the participants who filled out the evaluations. The evaluations were a required piece of participation in the TOT program. The first set of data (Wave 1) was collected on the last day of the training and as a result, all twenty participants filled out the evaluations. Professionally, the representation was diverse; individuals came from various sectors of the community. There were eight individuals employed by local non-government organizations, six employed by international non-profits, two by government agencies, three whom were in schools, and there was one un-affiliated individual. All individuals were Ugandan and worked in their current jobs for a minimum of two months, but most were at their jobs for over a year. The trainees held various positions within their organizations, some examples of job titles were social worker, trainer, village educator, program assistant, project director, and teacher. The vast majority of participants worked directly in the IDP camps and listed these on the initial evaluations, however a handful of the participants worked in area schools. This was a highly educated group as all the participants had at least a diploma--specifically, nine held diplomas, ten had Bachelor's degrees and one held a Master's degree. For clarification, a person may earn a diploma

certificate, which may be achieved prior to a Bachelor's degree. A diploma holder in Uganda can enroll for a degree after undertaking a three/two years' diploma course.

Data Set

Although the completion and return of the second (Wave 2) and third (Wave 3) evaluations was a requirement, the onus lay on the participant to return the evaluation. The researcher mailed the participant a stamped and return addressed envelop with the survey to be completed. The researcher sent the evaluation and reminder e-mails and letters, however not all participants returned the evaluations. Eleven participants filled out and returned the second wave (1 month) evaluation and fourteen participants filled out and returned the third wave (6 month) evaluation. There was a combination of individuals who filled out each survey, 90% of the participants filled out at least one of the follow-up evaluations. A total of nine participants (45%) filled out all three evaluations.

For the purposes of this paper, I will be using the results from all twenty participants for the evaluation of Wave 1. This will look primarily at expectations of what they would gain and use from the training. Moving on to Wave 2 and 3 this paper, I will look at what aspects of the training they used and which they were able to pass on. Specifically, I will focus less on the transfer of knowledge and skills, but of changes in awareness, self, and the impact of the training on individuals and their colleagues. For this, it is necessary to look at changes over time and therefore the data set will be limited to those nine individuals who filled out all three evaluations. For ease of comparison, I will be use percentages, despite the small numbers.

Wave 1- End of Training Evaluation

The first open-ended question queried the participants about their training expectations in regard to their work. Each participant wrote 2-3 expectations, which were treated as separate responses with a total of 46 responses. The data fell into three major categories: gaining and increase in capacity to provide psychosocial support, the gaining of specific knowledge, and skills and community building. The most prominent answer to the expectations included broad statements such as an increased ability to provide psychosocial support to their clients. These statements mostly focused on how the training would help them as a professional, "*This training will give me more knowledge and skills in providing psychosocial services to the people I work with*," and, "*help me support children who are vulnerable*." The next most common answers were somewhat similar to the first, but the participants added a specific skill or piece of knowledge they learned. Over 50% (24) of the responses directly included this on their evaluations. Salient examples of those responses were, "*Helped in enabling me to identify the most common problems in the community and how to assess them" and "How to identify needs of individuals and families."* The imparting of concrete knowledge and skills was the primary response in this initial evaluation. When one looks at individual responses by participants, there was only one participant who did not cite directly that the training somehow enhanced his knowledge and skills or that this would not help him in his work; that person focused more on increasing the capacity of the community.

The expectation of being able to use the training to ultimately increase the capacity of the community was also a large theme which showed up in response to the query around expectations. Participants cited this in various ways, for example,

"*Strengthen my (our) work in the community on resiliency strengthening and support to the children affected by war."* Another wrote, "*Help together as we cope up and build our resilience."* Strengthening the capacity of the community is a primary goal in psychosocial support and in war affected situations; much of this revolves around forgiveness and reconciliation. Some participants cited this expectation directly, "*Help as together we cope up and build our resilience*" and, "*To come out of a problem and learn to forgives and restore peace in our community."* Three individuals even stated that they expected to start an initiative after the training, "*Establish the parent support in the community,"* "*Improve community based referral systems*," and "*Design the post war psychosocial rehabilitation program for war affected children and vulnerable children."*

The second open ended question asked about content or ideas, which would help in daily work. This question targets skills but the word 'ideas' gives the trainee an opportunity to reflect on a larger awareness issues. As one might expect, most participants identified personal skills, though every participant listed at least one skill that was occupationally edifying. Most were tied directly to the curriculum that they were taught, with over 50% listing case management, and over a third listed modules taught in Cycle of Recovery and Reconciliation, responding to Stress and Trauma. In each of these modules there were skills taught, but also concepts that influenced their future work. This question was worded in such a way that the participants might have reflected on content or ideas, but most answers focused on content.

Wave 2 and 3: One month and Six months

For wave 2 and 3 the same evaluation form was used (see Appendix B). The next two sections reflect on three open-ended questions, and focus on the trends over time for those 45% (9 of 20) who turned in all three evaluations. The first open-ended question on these evaluations asked participants to describe ways in which the TOT program changed their psychosocial practice with children and families affected by armed conflict.

Transfer of Knowledge and Skills

It is not surprising that an increase in knowledge or skills was the most cited change by participants at both the second and the third wave of the evaluation. In the both waves, all participants cited either an increase of knowledge or cited a specific skill. Participants cited case management skills, needs assessment skills, and various aspects of psychosocial support skills; one example of this was, "The training enable me to identify types of stress disorder and determine psychosocial support for specific cases." One participant stated, "Skills to handle children and families affected by armed conflicts e.g. identifying their needs." There is no question that an increase of knowledge and skills occurred in this TOT training and further evaluation of this aspect of the training will be available in future publications, however for the purposes of this paper I look at the change or development of awareness over time.

Transfer of Awareness

In the second set of evaluations, there arose a stronger theme of awareness. Participants began to use language which spoke of the integration of knowledge into their work. When looking at the entire group, awareness was noted more often than skills.

Digging down into the nine full responders, seven of the nine cited a change in awareness. As one would expect, the comments were usually also associated with an increase of knowledge or a new way of thinking, *"I started seeing that its women and children who are most affected by war and should be taken as priority"* or *" people behave/react the way they do because of something; therefore it should not be taken for granted; solutions should be sought."* Sometimes this change in awareness affected their work; one participant stated that the training *" strengthened my ability to think that children (street children) should be identified and resettled into the family environment."*

When analyzing how many participants noted a change in awareness in wave 2 versus wave three, the number of participants was the same. However, it is interesting to note, that when all evaluations were evaluated for awareness comments, in Wave two 35% responses spoke to a raising of awareness, and in Wave three 50% of the responses cited an increase in awareness. This is what the author would have expected, but did not see in the smaller sample.

Desire and Hope

After categorizing the data into separate categories in each wave there were several comments which stood out as different and could not fall into any of the prescribed categories. As this paper is focusing on the less quantitative pieces of the study, these both feel significant. The two additional categories which were created were originally termed "Desire" in Wave two and "Hope" in Wave three. In Wave 2, one month post training, 5 (over 50%) of the participants speak to the influence of the training as a motivation of their own desire, these responses were referring to something they

acquired that was beyond the knowledge and skills, these responses used phrases such as *"has made me have the confidence to protect child rights in every situation" or " has strengthened my self belief and willingness…"* most of these comments used terms such as *"has enabled me to.."* or *"have the courage and strength."* These comments were also classified as awareness, but they seemed to be speaking to something more personal and motivational. In re examining these comments the original category, desire seems to speak more to an increase in confidence around the work which led to desire. As we moved to Wave three the flavor of these 'self' reflections began to cite "Hope" with 4 (45%) of the participants citing an increase of hope, they made statements such as *"It has made me build hope for people in a hopeless situation and desperate situation" or "encouraging them to restore hope for life."*

The second open ended question on the evaluation began to explore the transfer of information post training and asked participants to *cite an example* of how they have been able to influence your colleagues' knowledge of, or practice of psychosocial support since completing the training. One month out, the responses of the individuals focused primarily around the passing of skills or knowledge to their colleagues. Three had held trainings to pass the knowledge and one individual had called upon two other participants to provide a training to a Income Generating Group. In this wave only two participants cited what could be categorized an increase in awareness. One stated *"My workmates used to get "burdened" or "stressed" by the clients problem. However, I have been able to explain that when we get emotionally involved with the clients, then we cannot provide effective helping. This has made them to change."* However, the impressive results

come in Wave 3 results where all 9 of the participants had provided at least one training to their colleagues and all of the answers showed a change in Knowledge, Skills and Awareness. Some examples of the response were *"I have been able to influence my colleagues knowledge by sharing with them experience pertaining child protection, care and development Furthermore, I have been able to encourage them to form child rights clubs where children are empowered to become their own advocates in issues affecting them"* and *"The training enabled me to organise for dialogue meeting where we were able to discuss psychosocial problems and solutions which greatly helped the community."*

The final open ended question gave participants the opportunity to reflect on the most useful aspects of the training at this point. The overwhelming response for both the second and the third wave fell into the category of knowledge. Every single participant listed an aspect of increased knowledge as the most useful aspect of the training. In the second wave over half of these were associated with improvements in their daily work of hands on helping. Surprisingly only one person listed an aspect that was categorized as an impact that would be categorized as awareness. As mentioned above, increased knowledge topped to charts in Wave 3 with all participants listing this as the most useful aspect. However, one category that did emerge in this last wave of data was categorized as 'Work Differently," in this category, four people commented on the impact on their work, one participant stated *" The training has given me the confidence and authoritatively deliberate of psychosocial issues at both community and interagency level. It has given me a new perspective in looking at psychosocial and protection issues*

regarding children and families affected by armed conflict." Another *stated "It's the experience that we have at the finger tip whereby it helps me to handle the clients during the follow up very easy for case of resettlement, rape, child abuse."*

Teamwork and Role of Training Group

Across all the evaluations there were comments about the role of the training group as well as gaining skills of how to work with a team. In responding to the question around ways that the TOT has changed their psychosocial practice 3 people also sited the role of the training group and teamwork as a positive aspect of the training, one stated *" we were working alone but now we are on teamwork"* another stated *"we can share views and experiences with others, NGOs and trainer from abroad."* Another interesting finding that was not captured in the evaluations but in a conversation with a Ugandan Master trainer, he stated that he has written many references for participants that were in the program and that many of the trainees have moved on to other positions.

CHAPTER VI

DISCUSSION

The objective of this study is to analyze the evaluations of a TOT program for psychosocial support looking for changes in the trainees beyond the outcome driven skills and knowledge transfer and focusing on changes in awareness and other effects of the training as seen over time. Through gaining a deeper understanding of the experiences of the trainees this author also hopes to gain information surrounding the strengths and weakness of this model as it is transferred across fields. An examination of the literature of TOT programs reveals a void in evaluations of such programs, specifically when utilizing the model in the mental health field. However, a review of the theoretical underpinnings of the model provides a framework to contribute to the understanding of both changes in awareness and the spread of information over time. Findings from this study suggest that the clear transfer of knowledge was held in highest regard by the participants, but changes in awareness and clear integration of knowledge were also evident. However what became clear was that this model has strengths beyond the transfer of skills, knowledge, and awareness. Due to the small number of participants who filled out evaluations over time it is impossible to draw concrete conclusions but the themes which arose call for future evaluation criteria for this model as well as further research. Corbin's decision to evaluate the program over time provides the opportunity to begin to tease out strengths and limitations of this model within the context of providing training for psychosocial support in areas of armed conflict. Through examining trainee

process over time through a set of evaluations it is possible to begin to tease out some of the often overlooked or unevaluated strengths of the model, nodded to, but not documented in, the limited literature.

Knowledge and Skills Transfer

The lack of literature directly citing the theories underlying this model requires this author to reflect briefly on the chosen theories which tie closely to the findings of a clear transfer of skills and knowledge by the trainees. The first evaluation was distributed on the last day of the training; however, it is important to remember that the TOT program entailed spending 3 days of classroom learning followed by small groups traveling to a Internally Displaced Persons camps where each group provided a 2 day course to chosen community members. The first evaluation occurred after this teach-back, meaning the trainees had already begun to integrate this information, giving them insight into which pieces they categorized as important. Bandura's Social Learning Theory (1985) serves as a sturdy foundation for this model on multiple levels. The basic concept of Social Learning Theory states that observational learning is achieved by first organizing and then rehearsing modeled behavior. This is inherent in the TOT model, the trainees take in the information from the master trainers, integrate the knowledge and then work with a group to put together a curriculum to teach others. During this process the trainees must code the information, consolidate what they found important and then teach it back. This process of the TOT forces an integration of knowledge as well as the intrinsic reinforcement as a form of internal reward. Trainees quickly move from the role of student to teacher giving a sense of pride being the

teachers of others. This cycle of influence and being influenced is an example of reciprocal determinism. As a result, the findings of the first evaluation focus mostly on skills and knowledge transfer. The question that asked which content area was most helpful, as well as the one that inquired which content would be most useful as they train the next level of service providers all reflected the emphasis on the concrete skills and knowledge that they gained, and likely had re- taught. In the limited TOT programs which are evaluated, single point evaluations at the end of the first training are utilized. These focus primarily on skills and knowledge transfer for good reason, it works. These findings suggest that this model is a cost effective way to transfer large amounts of information in a relatively short period of time from a Master Trainer to the next level of trainees. However, in order further the interest of transferring of skills, knowledge, and awareness across field, it is imperative that qualitative methods evaluative methods which specifically examine the perspectives of trainee's growth over time be developed. These evaluations also need to be utilized at the next level of trainee. One criticisms of this model is that the information is much like a sieve, losing more information at each layer. Although these evaluations are able to capture the concrete and seemingly unquestionable transfer of knowledge at this first training it can not speak to what kind of knowledge was passed to the individuals at the IDP camps.

Awareness

One aspect revealed in the scrutiny of findings over time is the ability to capture a change in awareness. Awareness is defined most commonly as consciousness, implying a knowledge gained through one's own perceptions (The Free Dictionary, 2008).

Awareness finds its roots in knowledge but takes a step beyond, more akin to an integration of knowledge. When Social Learning Theory references the role of awareness it cites research where a change in awareness leads directly to changes in behavior. In the context of a training program, we are looking for a change in awareness that impacts not a single behavior but a set of them; a shift in thinking. Some of the quotes which fall into the 'awareness' category wax to the philosophical, *"people behave/react the say they do because of something; therefore it should not be taken for granted; solutions should be sought*" or "*the training empowered me to see life situations beyond what I used to think i.e. life is full of changes; negative or positive one has to face it."* But most of the time it is linked to comments suggesting that a change in their awareness has enabled them to work differently or better with their clients. In the second evaluation at one month out we begin to hear comments of how trainees have attempted to impart their change in awareness to their colleagues, *"My colleagues used to hate and chase street children that they are thieves but I was able to influence this thinking to understand why these children are on the street before they could call them thieves… He does not react badly to the children now."* These same kinds of comments which speak directly to transfer to colleagues are even more prominent in the third set of evaluations six months out. This suggests the trainee is gaining something from the increased awareness which motivates them to share this information. This is an interesting connection, does change in awareness increase transfer of information? On some level, this must be true.

An integration of knowledge to awareness can not be forced upon people, particularly when it involves the presentation of beliefs that are from a different culture. Psychosocial concepts of providing support are simultaneously integral

piece of the culture as well as foreign. Although the concepts in the curriculum may speak to 'common sense' information people must integrate these and adjust ideas within a cultural context. As Rogers noted, most new ideas are not adapted in their entirety but certain elements and concepts are synthesized with culture and knowledge and result in new iterations of the information. This all takes time, which is why it is not surprising that it is not until the 3rd evaluation that we begin to see these major changes.

This author feels that one of the most salient finding in this study was that by the end of the 6th month 100% of participants articulated that they had passed information to their colleagues that included an integration of skills, knowledge, and awareness. It must be acknowledged here that we are only looking at 9 of the 20 participants and there could be self selection bias as those who were invested in and utilizing the training would be more likely to fill out the evaluations, however, it is still impressive that 100% of these participants held a training in an attempt to pass on the knowledge, skills and awareness they had gained.

Evaluations over Time

The decision to evaluate this program over a 6 month period gives us the opportunity to tease out some other possible outcomes of this model. This study's conceiver is certainly not the first to understand that change takes place over time but her evaluation of it is somewhat unique. In Nancy Baron's (2002) article *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, she deconstructs the different parts of TOT programs. Baron makes concrete suggestions around the timing of the TOT, exploring the logistical issues of how many days are needed for the course as well as makes suggestions on how much emphasis should be placed on various topics. She criticizes TOT programs which try to do too much, too quickly emphasizing the need for adequate time for people to integrate the new ideas. Baron (2002) states:

> When building awareness about a new topic that is readily accepted by the learners, the time between learning integrating 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 (p. 113).

This speaks directly to the tenets of Social Learning Theory as well as the diffusion of new ideas into any setting. It takes time to learn new information and even longer if it is a shift in thinking In both models, the first stages of learning involve the acquiring of accurate knowledge and at least a initial buy in to the concept or material, but this might not be the case, particularly when this involves differences in beliefs, cultures, traditions, and attitudes. One piece of the TOT program is that it must convince trainees in a very short amount of time that there is positive incentive for adopting ideas and then believe in it enough to be a model to others. This piece suggests that the people chosen from the community are also an important part of this process.

The idea of timing is not only tied to seeing the results of changing knowledge to awareness, but also in capturing the creation of change and connections between group members. As cited in the findings, the evaluations captured comments about the role of the team as well as the benefits of connections with other trainees and facilitators. This is an important piece of this model, and asking a question on evaluations to capture this is one suggestion for future evaluations. This begins to speak to the idea of in-groups and out groups and their role in learning and motivation. The development of an in-group through the training is very important, not just as a piece of this model in general, but very specifically in areas affected by armed conflict or other complex humanitarian emergencies which result in the displacement of a population. The rebuilding of one's community and support network is an integral part of the healing process and strength of this model. It was clear that this occurred in this training but is this something that happened in the next level of training? This is an essential question to ask when evaluating the next level of trainees.

Not addressed in the literature review, but relevant to this study is *the process* which led to the culmination of the study evaluated here, a full analysis of the process is available in Corbin and Miller's article (in press) titled "Collaborative Psychosocial Capacity Building in Northern Uganda" however, key aspects of the process are important to note. This TOT program was not conceived of in the ivory tower of the practitioner's institution, but was mutually developed over a 3 year period with a team of committed practitioners from Uganda and the US. The TOT model was consciously chosen to meet the request of the service providers in Gulu who requested capacity building in the area of psychosocial issues (Corbin & Miller, in press). From the initiation

of the process, the program was deliberately and consciously rooted in interactive phases of collaboration. The specifics of each of these steps are available in the article and a worthwhile read for anyone thinking of conducting a similar program.

One key aspect of collaboration which this author feels was essential to the success of this program was the attention paid to community building. Community building is defined as a collaboration that was aimed at developing interdependent relations between groups (Corbin & Miller, in press). This community building speaks directly to one of the core values of the social work stated as the importance of human relationship. This aspect of community building was cultivated at every level of this program and is inherent in the TOT model. Community building and collaboration was also established between the master trainers and trainees through the ongoing evaluation and dialogue about the daily curriculum. On the last day of the 3 day program the TOT participants began a discussion around collective identity indicating a connection with the group and a desire to continue the work together beyond this training (Corbin & Miller, in press). This did occur and was evidenced in the evaluations, as well as in follow up conversations with Master trainers post training (J. Corbin, personal communication, November 5, 2008). Corbin stated that one master trainer commented on the large number of requests for reference letters of participants. This is something that traditional evaluations do not usually inquire about but are significant especially in the context of communities which have been disrupted due to armed conflict.

This same goal of community building was evident in expectations for how the training would help the trainees with a large number stating they expected they would use the training to *increase the capacity of the community*. Corbin and Miller state

specifically this as a goal “When offering psychosocial capacity building to war affected people, it is important to connect it work with ongoing efforts of peace building and reconciliation and to use an approach which builds on communities strengths and validates local cultural practices (in press).” Trainees were taught not only knowledge and skills, but discussions were facilitated that deepened all members awareness of which allowed for new learning to occur (Corbin, 2006). An example of this is given by Corbin & Miller (in press):

> ..during the training participants learned that personal interactions can foster psychosocial cycles of destruction and revenge or promote psychosocial cycles of repair and reconciliation. They eagerly began to apply this information to their personal lives as well as to the communities with which they work. The facilitators came to a collective understanding that without reconciliation there could be no psychosocial healing and without psychosocial healing there could be no reconciliation. If reconciliation does not occur, an escalating cycle of violence ensues, compromising the ability of children and families to feel safe, secure and to engage in a process of psychosocial healing. Conversely, psychosocial healing strengthens the capacity of individuals, families and communities to mourn, grieve, and eventually engage in a process of reconciliation, particularly if there are cultural norms that favor restorative (rather than retributive) justice.

One can imagine that the impact of this new knowledge is likely to shift the thinking of an individual and focus their goals on a larger community based approach. This is even more powerful when placed in the context of a collectivist culture. When one thinks of

this in terms of Social Learning Theory it falls back on the motivational process piece where people can be motivated by prospective consequences and goals. By deepening the understanding of the necessity of the healing of the individuals as well as the community there is a greater motivation to gain skills from this training.

Practical Implications and Suggestions for the Future

The findings of the evaluations conducted over time in this study suggest that the effectiveness of the TOT training model is not only about the knowledge and skills transferred but about changes in awareness, relationships between people as well as the impact of the process. Capturing the nuances of the effects of this model of training on the trainees is difficult even within the qualitative examination of open ended questions. Practitioners considering running a TOT program are could be served to consciously consider the evaluation process and ask questions which can capture the strengths beyond the traditional knowledge and skills transfer. Questions around unintended outcomes of the training, inquiring around networking and group connections as well as examples of how trainees have become change agents could deepen the understanding of the uses of this model in this setting. Additionally, asking the master trainers to evaluate the training over time and commenting on communications and connections with the trainees could prove useful. Longer term evaluations that focus on impact as opposed to outcomes at the next level of trainings are essential.

When designing and running psychosocial projects in the midst of war or in the context of other complex emergencies emphasis is placed, for good reason, on the implementation and running if the project and the evaluation is deemed less urgent.

Many times evaluation of these projects are viewed as burdensome requirements of donor agencies or a diversion of resources better used to serve the client population. However, running projects without monitoring and evaluation can result in programs which are fleeting, ineffective and even potentially damaging to the population. Well thought out, long term evaluations of key programs could serve to uncover strengths of training programs and models which could be used in the future.

The above conclusions are the basic results of a scrutiny of a set of evaluations which were designed with the intent to capture knowledge, skills, and awareness. This author did not design these evaluations, and at times, found it frustrating to answer the underlying question of what else is gained beyond what even the best evaluations are trying to capture. Despite this, through the deconstruction of the TOT model and a deeper understanding of the theoretical underpinnings it seems clear that this model can be successful in the realm of providing training in psychosocial support for individuals in armed conflict situations as well as other complex humanitarian emergencies.

As social workers roles expand into the field of international humanitarian aid there is a challenge for us to hold to the ethics and core values of our profession. As members of international and interdisciplinary teams, we must remain cognizant of our commitment to social justice, to the strengths based approach, and to the recognition of the central importance of human relationships. As we are designing, implementing, and evaluating international programs using the TOT model, it is essential we find ways to evaluate and give credibility to the strengths of this model that in my mind, parallel the strengths of our profession.

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Appendix A:

Form 3- Evaluation of Training of Trainers- Day 1

Evaluation of Training of Trainers Program: Strengthening the Capacity of Psychosocial Support Providers in Northern Uganda

For Training Participants
To be completed at the end of the training program. Please return to Joanne Corbin in the envelope provided.

Part 1: Background Information of Training Participants

Date:

Agency Position Length of time in this position:

What is your area of background education or interest?

List the IPD camps, resettlement villages or areas you are working with?

What are your expectations for how this training will help your work?

Evaluation of Training of Trainers Program: Strengthening the Capacity of Psychosocial Support Providers in Northern Uganda

Part 2: Evaluation of the Training of Trainers Program

Answer Key:
SA = Strongly Agree
A = Agree
N = Neither Agree or Disagree
D = Disagree
SD = Strongly Disagree

Please circle your response

Statement					
1. Objectives for the training were clear	SA	A	N	D	SD
2. Training addressed the identified objectives	SA	A	N	D	SD
3. Training program was well organized	SA	A	N	D	SD
4. Speakers communicated knowledge of the topic	SA	A	N	D	SD
5. There was sufficient time to address participants' questions	SA	A	N	D	SD
6. Content promoted thought and was intellectually stimulating	SA	A	N	D	SD
7. Content presented information applicable to my work	SA	A	N	D	SD
8. Training methods used to provide content were effective	SA	A	N	D	SD
9. There was opportunity to share knowledge with local practitioners	SA	A	N	D	SD
10. Materials provided supported the presentations	SA	A	N	D	SD

Evaluation of Training of Trainers Program: Strengthening the Capacity of Psychosocial Support Providers in Northern Uganda

Part 3: Awareness, Knowledge and Skills: Quantitative Evaluation Questions
The follow section addresses the awareness, the knowledge and the skills that were gained as a result of the training,

Awareness

1. This training strengthened my ability to recognize and identify individual psychosocial strengths and weaknesses.

SA A N D SD

2. This training strengthened my ability to recognize and identify family psychosocial strengths and weaknesses.

SA A N D SD

3. This training strengthened my ability to recognize and identify community psychosocial strengths and weaknesses.

SA A N D SD

Knowledge

4. This training strengthened my ability to determine appropriate intervention for specific cases.

SA A N D SD

5. This training strengthened my knowledge of specialized resources for referrals.

SA A N D SD

6. This training strengthened my knowledge of symptoms associated with impaired psychosocial functioning.

SA A N D SD

7. This training strengthened my knowledge of specific behaviors associated with reactions to trauma experiences.

SA A N D SD

8. This training strengthened my ability to assist clients with psychosocial needs.

SA A N D SD

9. This training strengthened my ability to provide psychosocial information to others.

SA A N D SD

Skills

10. This training strengthened my ability to conduct a thorough psychosocial assessment.

SA A N D SD

11. This training strengthened my case management skills.

SA A N D SD

12. This training strengthened my skills supporting the psychosocial needs of children affected by armed conflict.

SA A N D SD

13. This training strengthened my skills conducting follow-up assessments.

SA A N D SD

14. This training strengthened my knowledge of psychosocial content so that I am better able to train others.

SA A N D SD

Evaluation of Training of Trainers Program: Strengthening the Capacity of Psychosocial Support Providers in Northern Uganda

Part 4: Opened Ended Questions

What areas of this training (well being, psychosocial development and support, mental health, etc.) have been important for you to gain increased awareness of, knowledge of, or skill with?

Identify the content or ideas of this training that will be the most useful in your daily work responsibilities.

Identify the content or ideas of this training that will be the most useful as you train the next level of service provider.

What will be important content areas to include in subsequent training that you may receive?

Evaluation Materials for January 2007 Training of Trainers Program - Participants
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Corbin, 2006

Appendix B:

Form 4- Evaluation of Training of Trainers- One and Six

Evaluation of Training of Trainers Program: Strengthening the Capacity of Psychosocial Support Providers in Northern Uganda

Follow-Up Evaluation: To be completed by Training of Trainers Participants – Please return to Joanne Corbin in the stamped envelope provided or to the email address - Jcorbin@email.smith.edu

To determine the impact of the TOT program follow-up evaluations will be conducted at 1 month and 6 months post training.

The first part will consist of background information of participants. The second part will consist of questions about impact of training on aspects of your psychosocial work. The third part will consist of opened-ended questions.

Part 1: Participant Information

Agency Position Length of time in this position

Part 2: Follow-Up Evaluation
For each question please circle the answer that best describes your response.

Answer Key:
SA = Strongly Agree
A = Agree
N = Neither Agree or Disagree
D = Disagree
SD = Strongly Disagree

Awareness

1. This training strengthened my ability to recognize and identify individual psychosocial strengths and weaknesses.

SA A N D SD

2. This training strengthened my ability to recognize and identify family psychosocial strengths and weaknesses.

SA A N D SD

3. This training strengthened my ability to recognize and identify community psychosocial strengths and weaknesses.

SA A N D SD

Knowledge

4. This training strengthened my ability to determine appropriate interventions for specific cases.

SA A N D SD

5. This training strengthened my knowledge of specialized referral resources.

SA A N D SD

6. This training strengthened my knowledge of symptoms associated with impaired psychosocial functioning.

SA A N D SD

7. This training strengthened my knowledge of specific behaviors associated with reactions to trauma experiences.

SA A N D SD

8. This training strengthened my ability to assist clients with psychosocial needs.

SA A N D SD

9. This training strengthened my ability to provide psychosocial information to others.

SA A N D SD

Skills

10. This training strengthened my ability to conduct a thorough psychosocial assessment.

SA A N D SD

11. The training increased my ability to communicate with children affected by armed conflict about psychosocial needs.

SA A N D SD

12. The training increased my ability to communicate with families affected by armed conflict about psychosocial needs.

SA A N D SD

13. This training strengthened my case management skills.

SA A N D SD

14. This training strengthened my skills supporting the psychosocial needs of children affected by armed conflict.

SA A N D SD

15. The training improved my ability to access appropriate agencies for children and families in need of additional psychosocial support.

SA A N D SD

16. This training strengthened my skills conducting follow-up assessments.

SA A N D SD

17. The training improved my ability to collaborate with other psychosocial support providers / organizations.

SA A N D SD

18. The training increased my ability to share knowledge about psychosocial issues with other members of my psychosocial support team.

SA A N D SD

19. This training strengthened my knowledge of psychosocial content so that I am better able to train others.

SA A N D SD

Part 3: Open Ended Questions

Describe 3 ways this TOT program changed your psychosocial practice with children and families affected by armed conflict?

Provide an example of how you have been able to influence your colleagues' knowledge of, or practice in psychosocial support since completing the training.

Identify 2 of the most useful aspects of the training to you at this follow-up point.

What are 2 suggestions that you would make to the trainers that would have improved your training experience?

What suggestions do you have for supporting your implementation of the knowledge and skills that you gained from the training?

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