

1st National ToT Report

First 5-day National ToT for Counsellors on Psychological Trauma Assessment & Intervention in Child Abuse

7-11 January 2020
AIIMS, New Delhi



Dept. of Psychiatry, AIIMS, New Delhi
&
National Commission for Protection of Child
Rights (NCPCR), Govt. of India, New Delhi

ToT Report

1st 5-day National ToT for Counsellors on Psychological Trauma Assessment & Intervention in Child Abuse

Child Abuse And Child Rights Can't Co-exist.



2020

JANUARY						
SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

1st National Training of Trainer's Programme on Psychological Trauma Assessment and Intervention in Child Abuse
Department of Psychiatry, All India Institute of Medical Sciences, New Delhi
National Commission for Protection of Child Rights (NCPCR), Govt. of India



7-11 January 2020
AIIMS, New Delhi



REPORT ON
Training of Trainers Programme on 1st 5-day National ToT for
Counsellors on Psychological Trauma Assessment & Intervention
in Child Abuse

<u>CONTENTS</u>	<u>PAGE</u>
EXECUTIVE SUMMARY	3-5
REPORT OF THE COURSE DIRECTOR	6-12
Programme Evaluation	
PROGRAMME DETAILS	13-22
Genesis of the Programme	
Rationale of the Programme	
Aim and Objectives	
Inaugural & Valedictory Session	
Summary of the Programme Proceedings	
FORMATIVE EVALUATION OF THE PROGRAMME	23-39
Expectations Revisited	
Pre & Post Training Assessment	
Verbal feedback	
RECOMMENDATIONS	40-42
Identifying the Gaps	
Recommendations for Creating Enabling Environment	
APPENDICES	43-53
Annexure 1: List OF Participants	
Annexure 2: List of Resource Persons	
Annexure 3: Training Programme Schedule	
Annexure 4: Programme Evaluation Form	

EXECUTIVE SUMMARY

It has been widely documented that children experiencing physical, emotional and sexual abuse, undergo a sequel of adverse physical, behavioral and mental health consequences hampering overall development. The trauma often spills into their adulthood depending upon the type, severity of abuse and availability of support. Apart from causing a variety of psychopathology like PTSD and depression, the effects include fear, anger, hostility, guilt, shame, sleep disturbances an array of sexualized/sexually inappropriate behaviour (in case of CSA). And children from poor and vulnerable families are at higher risk of being abused at home, which could result in running away from home leading to even more risk of being abused by others. Such children when rescued and kept in CCIs need to be dealt with proper care and trauma assessment to prevent short-and long-term mental health risks and also for their all-round development. Thus, counsellors and CPOs at CCIs have a crucial role in not only dealing with immediate crisis management of the situation but overall working for the well-being of the children. Hence proper training of such professionals will create a cadre of trained manpower percolating down till the CCIs level.

The **aim of the programme** was to create a cadre of trained counsellor/child protection officers on this subject at state level, so that knowledge and awareness percolate down till the CCI level directly.

A total number of 24 **participants** (mean age 32.95 years) from 10 states/UTs attended the programme. A majority of these participants had exhibited good participatory skills and showed high level of interest to take up the programme at a regional and state level ,as a result of which the first state level training of trainers programme is now planned to be organised at DCPCR, Delhi.

The **programme design** was based on the relevant topics identified during the 1st National Conclave on Psychological Trauma, Child Protection, and Mental Illness held in March 2018 at AIIMS, New Delhi. The conclave was attended by 400 participants from various parts of India, Nepal, Bangladesh, and Sri Lanka.

The **methodology of delivering various contents** included lecture through power point presentation, group discussion, group activity, role play, demonstration, observation, psychological games, and interactive bilateral mode of subject delivery. As the group was

small, the sessions were very much participatory and the teaching-learning environment was friendly, informal and mutually reinforcing.

Both **summative and formative evaluation methods** were used to receive feedback and critical evaluation of sessions during the national ToT. The programme was very positively accepted by the participants and extensive interaction took place during a majority of sessions, which indicated that participants were learning and analysing new information and embracing new perspectives in a structured learning environment.





REPORT OF THE PROGRAM DIRECTOR

- 1) **Details of Programme Organisers:**
 - a) **Chief Patron:** Shri Priyank Kanoongo, Chairperson, NCPCR, Govt. of India, New Delhi.
 - b) **Patrons:** Dr. R G Anand, Hon'ble Member of Child Psychology, NCPCR, Govt. of India, New Delhi; & Dr. R K Chadda, Head of the Department, Dept of Psychiatry & Chief of NDDTC, AIIMS, New Delhi.
 - c) **Organizing Chairperson:** Dr. Rajesh Sagar, Professor, Dept of Psychiatry, AIIMS, New Delhi
 - d) **Programme Director**– Dr. Sujata Satapathy, Additional Professor, Dept. of Psychiatry, AIIMS, New Delhi.
 - e) **Treasurer:** Dr. Renu Sharma, Child Psychologist, Dept of Psychiatry, AIIMS, New Delhi
- 2) **Programme Team:** Dr. Rajesh Sagar, Dr. Sujata Satapathy, Dr. Renu Sharma, Ms. Vandana Choudhary, Ms. Tanuja Kaushal, Dr. Shradhesh Tiwari, Ms. Nandini Bhardwaj, Ms. Saloni from AIIMS; and Dr. R G Anand, Ms Shaista Khan, and Ms. Tanya from NCPCR.
- 3) **Name of the Programme-** First National ToT for Counsellors on Psychological Trauma Assessment & Intervention in Child Abuse: **Basic Course**.
- 4) **Funding Agencies:** NCPCR and AIIMS Trauma Conclave Fund.
- 5) **Dates** – 7-11 January 2020
- 6) **Venue** – Centre for Dental Education & Research (CDER) Board Room, AIIMS, New Delhi-110029
- 7) **Number of Nominations received** – 24
- 8) **No of actual participants** – 24 (List enclosed vide Annexure-1)
- 9) **Mean age of Participants:** 32.95 years
- 10) **Mean years of Experience:** 5.92 years
- 11) **Educational background:** Class X & XII (each 1), Graduation (N=8), Post-graduation (n=14)
- 12) **State representation of participants** – Delhi, Punjab, Madhya Pradesh, Jharkhand, Tripura, Andaman & Nicobar Islands, Puducherry, Sikkim, West Bengal, & Uttar Pradesh.

13) **Number of Resource persons** – 9 (All from AIIMS except one)

14) **Total duration of the programme** – 33.5 hours.

- a) Lecture/presentations- 30%
- b) Group Discussion – 20%
- c) Group Exercise – 20%
- d) Games -10%
- e) Demonstration/practical training– 20%

15) **Summary of the Participants’ Evaluation of the Programme (%)**

	Excellent/very well/strongly agree/very strongly/very much/very relevant	Very Good/well/relevant/quite/agree/strongly/to a large extent	Good/moderate/cannot say/not sure	Average/fair/limited use/disagree/low/little extent/fair	Poor/unstructured/not at all/strongly disagree/not at all/do not feel at all
1. Structure & organization of course	15 (68.2%)	6 (27.3%)	1(4.5%)		
2. Immediate Usefulness	10 (45.5%)	9 (40.9%)	3 (13.6%)		
3. Help in future job related to CA	17 (77.3%)	5 (22.1%)			
4. Practical orientation	8 (36.4%)	9 (40.9%)	5 (22.7%)		
5. Inspiration to take up such assignments	11 (50%)	11 (50%)			
6. Benefitted from interaction with others	12 (54.5%)	9 (40.9%)	1 (4.5%)		
7. Course Material supplied	21 (95.5%)	1 (4.5%)			
8. Overall impression	14 (63.6%)	7 (31.8.7%)	1 (4.5%)		
9. Training methods used	15 (68.2%)	5 (22.7%)	1(4.5%)	1(4.5%)	
10. Coordination between facilitators	15 (68.2%)	6(27.3%)	1(4.5%)		
11.As per objective anything that is left out	None=20; Early indicators=1; CCI visit=1				
12. Least helpful portion	None=19; Substance use=1; PPT & Lecture=1; Games=1				
13. Specific observation /comments	Should be 6-7 days=1; Excellent speakers=1; Helpful for me=1; Response to participants’ answer positively=1; Techniques are appreciable=1; Reading materials should be bi-lingual=1; Counsellors’ own challenge=1; Knowledgeable programme=1; Good that training module was supplied to all=1; None=11				
14. Suggestion-training methods	Video could be helpful=1; including shy person more frequently=1				

15. Suggestion regarding topic/speaker	Speakers were excellent
16. Any other suggestion to improve the programme	Ensure trouble free logistic arrangements/accommodation=4
17. Will you conduct a prog. In your state	Yes=22 (91.7%)

16) Summary of Participants' Evaluation about the Logistics (%)

	Excellent	Very Good	Good	satisfactory	Poor
Reception & registration	16 (72.7%)	3 (13.6%)	3 (13.6%)		
Drinking water	21 (95.5%)	1 (4.5%)			
Lunch & tea during the programme	17 (77.3%)	4 (18.2%)	1 (4.5%)		

17) Specific Suggestions from participants for improving the course

- a) The schedule is very tight. Duration needs to be increased at least a day or two to again make more demonstration and more practice as we need to do these things while dealing with children in CCIs
- b) Printing of module in Hindi & local language.
- c) Video/films as a teaching method
- d) Evaluation of previous days teaching is a good idea but the training module should have been circulated on day-1 so as to read it for the next day preparation.
- e) Practice of training skill presentations by the participants should be strengthened.
- f) Better logistic arrangement (accommodation) should be considered.

18) Programme Director's report on the entry behaviour and progress of the participants

The entry level behaviour of the participants was below average. The subject of psychological trauma was totally new for most of them who never had previous experience/exposure of courses on psychological trauma in child abuse. People working in CCIs had also poor and fragmented knowledge on the subject. Most of them did not

understand the course contents/topics on the subject. (**pls. refer the evaluation report for detail on pre and post training assessment**). A counsellor with a non-psychology background (e.g. sociology/social work/law) seemed apprehensive after seeing the programme schedule and enquired about the simplification of the technical terminologies. Very few participants were having educational qualifications such as 10th class/Graduation. Since the group was a heterogenous group, overall entry behaviour was poor. Initial 2-3 days it was observed that due to lack of exposure to general counselling or child psychology or trauma psychology or special needs of traumatized children, the participants struggled with common terminologies, theories, experiments, methodologies used in psychology. Therefore, it took more time for the resource person to bring them to a common platform so as to enable them to cope with the pace of programme contents. However, the entire group was highly motivated and committed to learn and participate, thus made the programme an excellently interactive programme.

19) Programme Director's and Organising team's impression about the overall outcome of the programme in terms of attitudes and change in perception of the participants

The participants appreciated the course as the course had real life implications during their everyday work with children in CCIs/CWCs. The participants had knowledge on the contents delivered during the first half of day-1 and very few other sessions. 80% of the contents delivered were new knowledge and skills for the participants, therefore all these sessions were extensively interactive. And the eagerness to learn amongst the participants was noticed to be very high and as viewed it was due to the applicability of the contents and methodology in their daily job. The session on POCSO was modified to include to address all grassroot practical issues and their solutions, which was very much appreciated as they can practice in daily work situations of dealing the medico-legal cases in the court.

The non-verbal feedback of the programme at the end of the programme was that they were anticipating a training programme packed with power point presentations and group discussions, but were happy to see the practical sessions, demonstrations, and small games and energizers. The practice session on training skills really came out to be extremely fruitful as all the participants were highly motivated, involved and dedicated to the session. The sessions on traumatic experience regression in the group was very much appreciated,

however to redesign it with extra time was suggested, which may be decided after 3 programmes.

20) Programme Director's report on the performance of the resource persons

The resource persons were experts in their subjects and the authors of the ToT module, they were able to sustain attention and motivation of the participants throughout the programme. Dr. Uday Sinha from IHBAS, who suffered from viral fever and Prof. Adarsh Kohli from PGI whose flight was cancelled could not come. Two other faculty members from AIIMS were included and sessions by Dr. Rachna and Dr. Gauri Shankar were simple, brief, focused, and useful for the participants. Due to the active involvement and throughout presence of the curriculum developers of this 5-day module, the absence of these resource persons outside did not have any impact. Ms. Jyoti Duhan Rathee from DCPCR was found to be an asset as a resource person for the session on how to deal with grassroots/practical issues while handling CSA at CCIs/CWC/DCPU level. This was also realised that the Dept. of Psychiatry is self-sufficient to conduct the course independently without seeking help from other institute and it makes more sense in that way that since the module is prepared by the department, the risk of content overlapping (between resource persons), generalised content, and dropping out in last moment could be minimized to zero.



21) Programme Director's report on administrative and other arrangements

The administrative arrangement of boarding and lodging was not of very good standard. The nomination process was very late and 2/3 people reported even at the end of day-1, which was a upsetting for the team as it consumed ½ hours to revisit the sessions on day-1 so as to

enable them to catch up with day-2 sessions onwards. Therefore, the nominations should be rigorously pursued from our end with NCPCR and with DWCD in various state governments.

22) Lessons Learnt from the Programme

The following lessons were learnt:

- a) Majority of participants were comfortable with Hindi as the predominant mode of session delivery but as some participants from southern belt were only comfortable with English, and making everything bi-lingual consumed more time for session delivery.
- b) The nominations should be rigorously pursued from our end with NCPCR and with DWCD in various state governments.
- c) The training skills practice sessions requires more time, therefore should be allotted more time in the next programme.
- d) An additional session on substance use assessment and intervention by Dr. Gauri Shankar was justified and must be included as a compulsory session in the module while modifying after 3 programmes.
- e) The programme evaluation form has to be included in the module while modifying.
- f) The programme should also include a session on abused children with disabilities while modifying the module.

23) How the organising team would like to improve similar course in future?

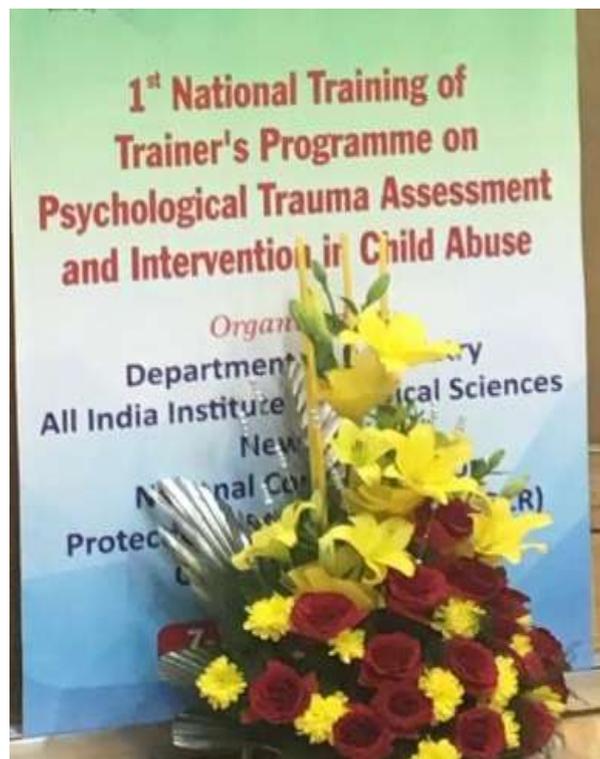
- a) The participants should be called from specific states similar in language spoken for operational issues.
- b) Care should be taken to make the nominations as homogenous as possible at least in terms of designation and qualifications.
- c) There has to be a 1/2 refresher course for the master trainers.
- d) State WCD and SCPCR should be coordinated with for state specific ToTs
- e) The current module should be modified by including sessions on Abused Children with Disabilities, and Dealing with Substance use in Abused Children. Other emerging topics may be included after conducting at least 2 state level programmes.
- f) Translation of the module into major Indian languages must be emphasized upon. UNICEF may be involved for future programme after translation.

24) Immediate & Future Plan of Action in financial year 2019-20 and 2020-21:

- a) A 5-day State level collaborated ToT programme with DCPCR from 23-27 March 2020 in Delhi.
- b) A 5-day State level ToT programme in collaboration with WBSCPCR & Institute of Psychiatry in May 2020 at Institute of Psychiatry, Kolkata.
- c) Hindi translation of module to (already started) in next 3-4 months before ToT is conducted in Hindi speaking states.

(Rajesh Sagar)

(Sujata Satapathy)



PROGRAMME DETAILS

I. GENESIS OF THE PROGRAMME

In collaboration with MWCD and NCPCR, the Dept. of Psychiatry had conducted the 1st National Conclave on Psychological Trauma, Child Protection, and Mental Illness from 27-28 March 2018 at AIIMS. During the inauguration, a 5-day basic Training of Trainers Module for Counsellors on Psychological Trauma Assessment and Intervention on Child Abuse was also released and 30 copies of the same has been delivered at NCPCR. The module was tested in capsules (of one- or two-day workshop format) in few North-East states by NCPCR in financial year 2018-19.

Children from poor and vulnerable families are at higher risk of being abused at home, which could result in running away from home leading to even more risk of being abused by others. Such children when rescued and kept in CCIs need to be dealt with proper care and trauma assessment to prevent short-and long-term mental health risks and also for their all-round development. Thus, counsellors and CPOs at CCIs have a crucial role in not only dealing with immediate crisis management of the situation but overall working for the well-being of the children. Hence proper training of such professionals will create a cadre of trained manpower percolating down till the CCIs/CWCs level.

II. RATIONALE OF THE PROGRAMME:

1. On the basis of our experience in CCIs/CWCs in various states, this is worthwhile to mention here that the counsellors appointed in various government Child Care Institutions are Post-Graduates either in Psychology or Social Work/Sociology. And none of the Master/Post-Graduate Degree Syllabus in Psychology or Social Work or Sociology in India include any paper on psychological trauma assessment and intervention in the aftermath of child abuse. Moreover, M.Phil degree in Clinical Psychology also does not deal with the subject. And there is no course on trauma psychology currently in India. *Looking at the alarming facts and figures of child abuse in India and **no formal curriculum on the subject, there is an urgent need for developing competencies in the area of trauma for psychologists/social workers/existing counsellors.***

2. While it is well known that trauma needs specific skills to address the needs of the abuse survivors. This would require intensive and repeated training to acquire skills to handle the cases sensitively to work with these children and be attuned to the unique issues surrounding victimization. Training is critical for developing and strengthening the clinical competence of the existing counsellors to ensure the victim's pathway to recovery and to reduce the risks of further harm to these children. *However, currently there is no standard/uniform short-term training course on the subject for all the counsellors who work with such children.*

3. **A standard training across the country on a common curriculum:** A standard 5-day short Training of Trainers' course on training of counsellors on trauma assessment and intervention for CSA was developed by AIIMS Delhi with endorsement of MWCD and NCPCR. And implementation of this training programme for counsellors working with CCIs/CWCs will empower them in:
 - a. early identification of the signs of psychological trauma and associated psychopathology, appropriate referral, comprehensive assessment and rigorous mental health intervention;
 - b. building counsellors' competency in handling similar other traumatic children;
 - c. reducing the risk of further harm to such children due to incompetent and unscientific methods used by the lay counsellors;
 - d. facilitating speed recovery from trauma and overall healthy development

Thus, the need for capacity building of counsellors from various government owned CCIs and CWCs was felt strongly.

III. AIM & OBJECTIVES:

- ✧ To build, refine and update the knowledge of mental health professionals on psychological trauma assessment and intervention so that they would be able to facilitate the trauma counselling sessions more effectively so as to reduce the adverse impacts of child abuse to the maximum possible

The **objectives of the programme** were to:

- ✦ Explain the bio-psycho-social impact of traumatic events on children.
- ✦ Provide an overview of different types of psychological traumatic life events in the lives of children in India
- ✦ Identify various abuse specific needs, issues and concerns to be addressed during pre-and post-intervention phases
- ✦ Enumerate the different trauma assessment methods
- ✦ Explain the procedure to carry out and interpret different assessment
- ✦ State the role trauma assessment in trauma intervention and healing
- ✦ List out various psychological interventions in reducing trauma in children
- ✦ Mention specific feasible techniques of various psychological intervention that are used to reduce the short-term and long-term impact of traumatic life events on children
- ✦ Speak basic trauma counselling skills used in trauma intervention
- ✦ Specify the situation for referral of such children
- ✦ Describe the confidential and ethical guidelines in working with abused children

INAUGURAL & VALEDICTORY SESSION



The **inaugural session of the programme** was the first formal session of the programme on 7th January 2020. Participants were welcomed by **Prof. Rakesh Kumar**

Chadda, HOD Psychiatry & Chief NDDTC, AIIMS, New Delhi. While welcoming the participants, he emphasised the importance of psychological impacts of childhood traumatic events and also highlighted the fact that their needs are either overlooked or marginalised due to multifarious reasons. The importance of capacity building was focused upon repeatedly during his speech. Subsequently, **Prof. Rajesh Sagar, the Organizing Chairperson of the programme** provided an overview of programme which contained a brief background of AIIMS-NCPCR collaborative initiatives in past, prog. objectives, expected outcomes, and other highlights. He very interestingly outlined that while the abused children constitute 58% of the total children, hospitals only serve to 4% of total children population. He reiterated the link between child abuse and risk to future high risk of mental illness in this segment of population. Therefore, brought in the urgency of the need of capacity building of other mental health professional in this subject through development and implementation of curriculum or rigorous training. **Ms. Jyoti Duhan Rathee, Member of Delhi Commission for Protection of Child Rights, New Delhi** addressed the participants highlighting the status of lay counsellors' competency in dealing with childhood trauma. She drew attention of all to the diverse educational background of counsellors appointed in CCIs/CWCs, and the discrepancy between the assigned work and actual work done by them. She expressed her happiness to be a part of this programme and to take of the programme in future for Delhi state. Subsequently, the participants were addressed by **Dr. R G Anand, Hon'ble Member of NCPCR for Child Psychology.** The member highlighted the need of the complexity of children experiencing multiple trauma or complex trauma and the high level of skills that are required from the counsellors to deal with these children so as to restore the normalcy. Then the **participants introduced** themselves and it was good to know that almost 90% of them belonged to the child care institutes or child welfare committees. **Shri Priyanka Kanoongo, Chairperson, NCPCR, Govt. of India** extended his inaugural address with eloquence and passion about the subject of massive work that is required to be done in the area of child abuse. The importance of prevention of child abuse and the role of professional institutions were some of the key themes highlighted by him. He extended NCPCR's continued support for such capacity building activities in this area. After his address, a table calendar focusing on the theme of child abuse was released by the him and other dignitaries. Finally, the session closed with a formal vote of thanks extended, to all relevant people and institutions associated with this important

initiative, by **Dr. Sujata Satapathy, the Programme Director**. The end of the inaugural session was followed by high tea.



A feedback session was held during the valedictory session. Dr. Rajesh Sagar who delivered the valedictory address sought key points for the improvement of the programme. During the valedictory address he expressed his happiness for the active participation and keen interest of the participants in the programmes and encouraged the participants to take it forward to their respective states. This was followed by Ms. Jyoti Duhan Rathee's special address announcing Delhi taking up the next state level ToT. A formal vote of thanks was extended by Dr. Renu Sharma. The valedictory session ended with oath taking, group photograph, and certificate distribution.





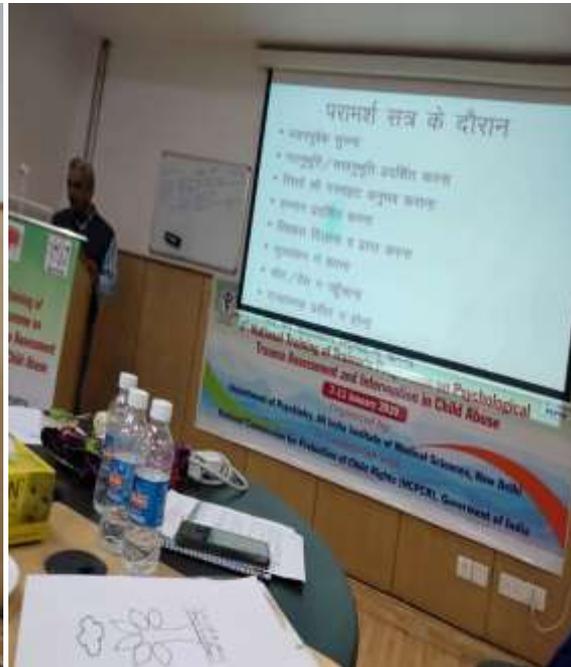
SUMMARY OF THE PROGRAMME PROCEEDINGS

As mentioned earlier in Programme Director's report, the content delivery methods were more activity oriented (70%) than lecture (30%) oriented although for each session there was power point presentation to foster multimodal learning. Activities on body mapping, a child victim in the legal and administrative system, revisiting traumatic memory with own experiences, play mediums, administration of standard scales for mental and behavioural assessment of children, learning basic projective testing, etc aroused highest amount of interest and motivation for participation among the participants. Games on stress inoculation, social support, and empathy evoked lot fun while internalizing the significance of these terminologies and psychological constructs. Demonstration by the resource persons on counselling skills (rapport building, eye contact, body language, verbal communication, etc) and practicing these skills through role play by the participants enabled them to understand the difference between what they generally practice with children and what is the correct method. Exposure to standardized scales/tools for mental and behavioural assessment was engaging for the participants. Lectures and group discussions with power point presentation for each session and the reference to the module at each stage were added advantages for the participants.



However, it took more than the estimated 30 hours (33.5 hours) to complete the curriculum due to high level of participation of participants. Although all the days begun on time in the morning except day-2, the days used to be stretched by 1 hour or

so due to bi-lingual medium of instruction and activity-oriented learning. It was felt by the resource persons that the contents should be reduced or the programme should be extended by at least a day as trauma and counselling both are very new for the participants and lot of time is required for them to understand the psychological constructs and the associated assessment and intervention related to child abuse.







FORMATIVE EVALUATION OF THE PROGRAMME

Summative and formative evaluation methods were used to receive feedback and critical evaluation of sessions during the national ToT. The programme was accepted by the participants very positively and extensive interaction took place during a majority of sessions, indicating that participants were learning and analysing new information and embracing new perspectives in a structured learning environment.

Before the technical sessions began, the participants noted down their expectations from this programme. A power point slide was prepared including all expectations submitted by the participants. During the valedictory session these expectations were revisited one by one and the participants were asked if any expectation was not fulfilled. The participants agreed that all they had expected from the programme was addressed during these five days. Thus, the programme ensured that all expectations are addressed during the programme.





I. Expectations of the participants

The following expectations were listed enumerated in the registration of participants:

Question No.1: What do you hope to learn in these five days of training?

- Enhanced knowledge of assessment and intervention of CA.
- Understand psychosocial counselling- methods and techniques.
- Learn about C A schemes, types.
- Basic concepts of counselling for children.
- Psychological trauma assessment and intervention in CA.
- How to deal with child trauma.
- Identification of trauma.
- Objective and projective assessment.

Question No.2: What is your expectation from the Trainer's role during these days? Practical experience and guidance- scaffolding.

- Use of activity.
- Interactive sessions.
- Learn new skills.
- Friendly behaviour.
- Use of role play.
- Precision
- Cooperation.

Question No.3: How do you perceive your role during these days?

- Active listening.
- Being an observer.
- Active participation.
- Open to receive newer ideas without inhibition, cross-learning.

Question No. 4: Overview of the course seems to be?

- Interesting, good topic.
- Helpful for professional development.
- Relevant.
- Elaborate, all- encompassing.
- Technical, hindrance if Non- Psychology background.

Question No. 5: What will be perceived benefits of learning assessment and intervention in C A?

- Helpful during field work.
- Problem solving for children and eventual child growth.
- Learning technical knowledge.
- Ability to provide better counselling.
- Accurate understanding of situation.

II. Pre-Training vs. Post-Training Assessment

Although a total of 24 participants were present, only 17 people completed the pre-assessment (few joined on day-2, and few joined late on day-1) and 23 completed the post-assessment questionnaire. Therefore, we analysed the mean difference between the pre- and post-assessment of 17 people who completed both assessments through paired t'test. The mean difference ($t=3.36$) of impact of training in terms of correct answers was found to be significant at $p<.01$ level.

- **T-Test**

Paired Samples Statistics

	Mean	N	SD	t	Df	Sig (2-tailed)
Pre Assessment	7.00	17	2.598	-3.136	16	.006
Post Assessment	9.29	17	2.173			

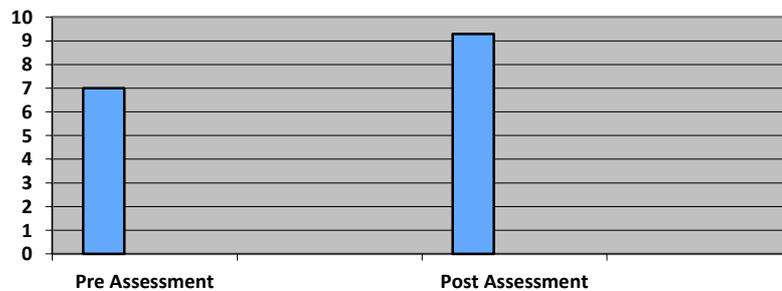


Figure 1 graphical presentation of impact of training of Trainers

Descriptive Statistics

	N	Range	Minimum	Maximum	Sum	Mean	Std. Deviation
Pre-Assessment	17	11	3	14	119	7.00	2.598
Post-Assessment	23	6	6	12	213	9.26	1.959
Valid N (listwise)	17						

The item-wise difference between pre and post assessment of these 17 participants were also found statistically. With Chi-square it was found significant in terms of increase in correct answers and decrease in incorrect answers for all 14 questions in the assessment. The following tables and graphical presentations presented the significant findings:

Question_1Pre

	Observed N	Expected N	Residual
Correct Answer	15	8.5	6.5
Incorrect Answer	2	8.5	-6.5
Total	17		

Question_1Post

	Observed N	Expected N	Residual
Correct Answer	22	11.5	10.5
Incorrect Answer	1	11.5	-10.5
Total	23		

Test Statistics

	Question_1Pre	Question_1Post
Chi-Square	9.941 ^a	19.174 ^b
df	1	1
Asymp. Sig.	.002	.000

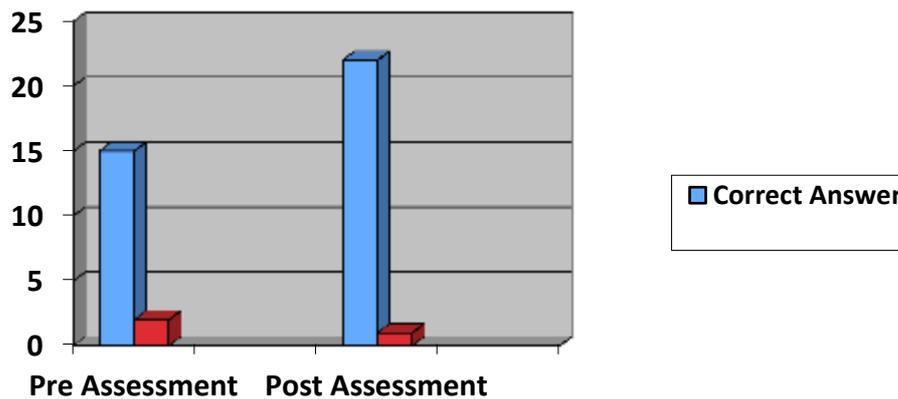


Figure 2: Graphical presentation of correct and incorrect answers for question 1.

Question_2Pre

	Observed N	Expected N	Residual
Correct Answer	11	8.5	2.5
Incorrect answer	6	8.5	-2.5
Total	17		

Question_2Post

	Observed N	Expected N	Residual
Correct Answer	22	11.5	10.5
Incorrect Answer	1	11.5	-10.5
Total	23		

Test Statistics

	Question_2Pre	Question_2Post
Chi-Square	1.471 ^a	19.174 ^b
df	1	1
Asymp. Sig.	.225	.000

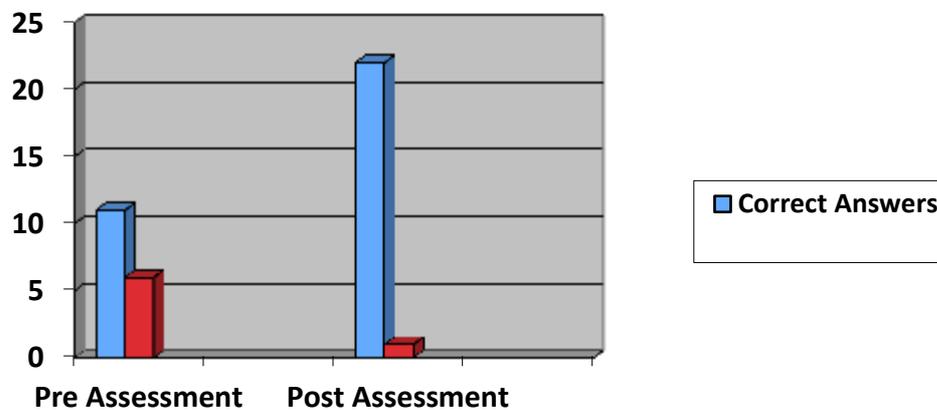


Figure 2: Graphical presentation of correct and incorrect answers for question 2.

Question_3Pre

	Observed N	Expected N	Residual
Correct Answer	13	8.5	4.5
Incorrect Answer	4	8.5	-4.5
Total	17		

Question_3Post

	Observed N	Expected N	Residual
Correct Answer	17	11.5	5.5
Incorrect Answer	6	11.5	-5.5
Total	23		

Test Statistics

	Question_3Pr e	Question_3P ost
Chi-Square	4.765 ^a	5.261 ^b
df	1	1
Asymp. Sig.	.029	.022

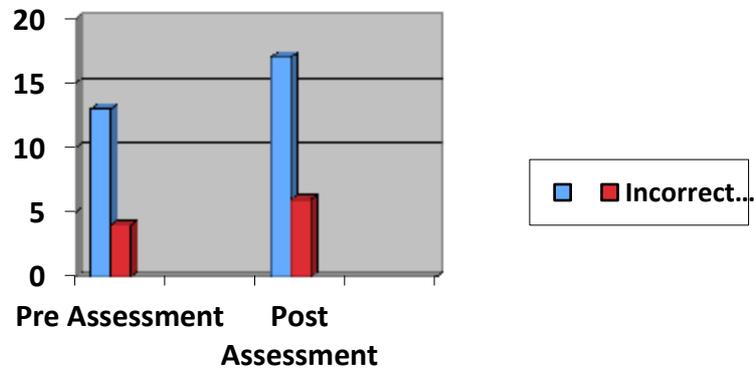


Figure 3: Graphical presentation of correct and incorrect answers for question 3

Question_4Pre

	Observed N	Expected N	Residual
Correct Answer	16	8.5	7.5
Incorrect Answer	1	8.5	-7.5
Total	17		

Question_4Post

	Observed N	Expected N	Residual
Correct Answer	23	23.0	.0
Total	23 ^a		

Test Statistics

	Question_4Pre
Chi-Square	13.235 ^a
df	1
Asymp. Sig.	.000

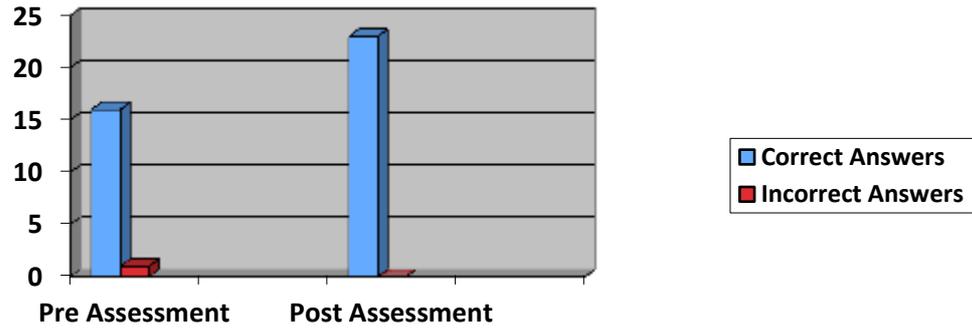


Figure 4: Graphical presentation of correct and incorrect answers of question 4.

	Observed N	Expected N	Residual
Correct Answer	4	8.5	-4.5
Incorrect Answer	13	8.5	4.5
Total	17		

	Observed N	Expected N	Residual
Correct Answer	8	11.5	-3.5
Incorrect Answer	15	11.5	3.5
Total	23		

	Question_5Pre	Question_5Post
Chi-Square	4.765 ^a	2.130 ^b
df	1	1
Asymp. Sig.	.029	.144

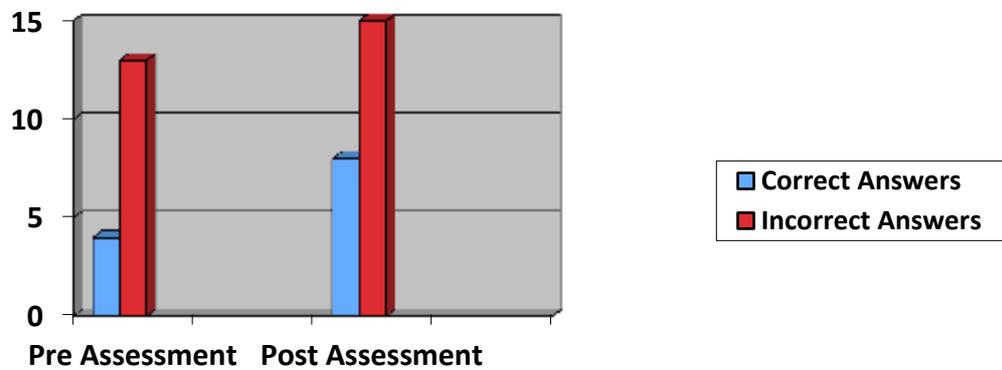


Figure 5: Graphical presentation of correct and incorrect answers of question 5.

Question_6Pre

	Observed N	Expected N	Residual
Correct Answer	2	8.5	-6.5
Incorrect answer	15	8.5	6.5
Total	17		

Question_6Post			
	Observed N	Expected N	Residual
Correct Answer	10	11.5	-1.5
Incorrect Answer	13	11.5	1.5
Total	23		

Test Statistics

	Question_6Pre	Question_6Post
Chi-Square	9.941 ^a	.391 ^b
df	1	1
Asymp. Sig.	.002	.532

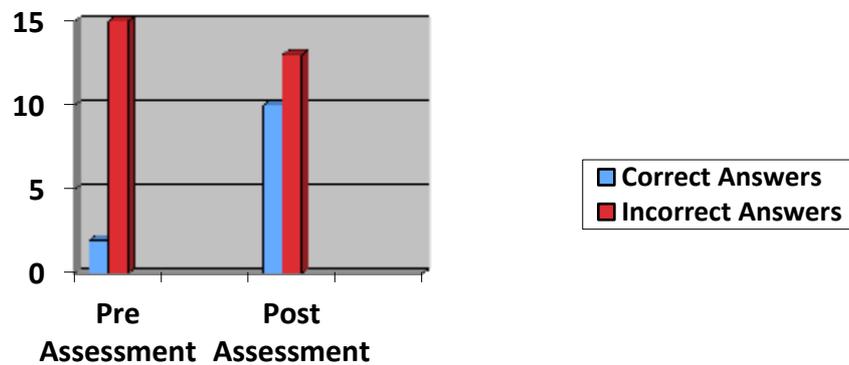


Figure 6: Graphical presentation of correct and incorrect answers of question 6.

Question_7Pre

	Observed N	Expected N	Residual
Correct Answer	7	8.5	-1.5
Incorrect Answer	10	8.5	1.5
Total	17		

Question_7Post

	Observed N	Expected N	Residual
Correct Answer	9	11.5	-2.5
Incorrect Answer	14	11.5	2.5
Total	23		

Test Statistics

	Question_7Pre	Question_7Post
Chi-Square	.529 ^a	1.087 ^b
df	1	1
Asymp. Sig.	.467	.297

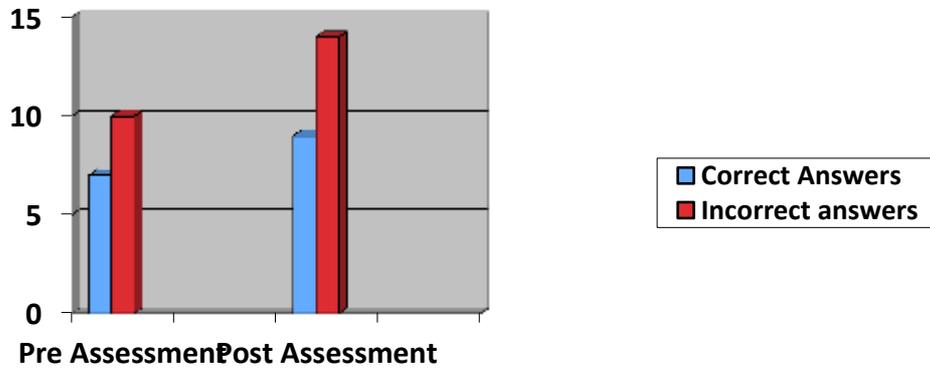


Figure 7: Graphical presentation of correct and incorrect answers of question 7.

Question_8Pre

	Observed N	Expected N	Residual
Correct Answer	7	8.5	-1.5
Incorrect Answer	10	8.5	1.5
Total	17		

Question_8Post

	Observed N	Expected N	Residual
Correct Answer	11	11.5	-.5
Incorrect Answer	12	11.5	.5
Total	23		

Test Statistics

	Question_8Pre	Question_8Post
Chi-Square	.529 ^a	.043 ^b
df	1	1
Asymp. Sig.	.467	.835

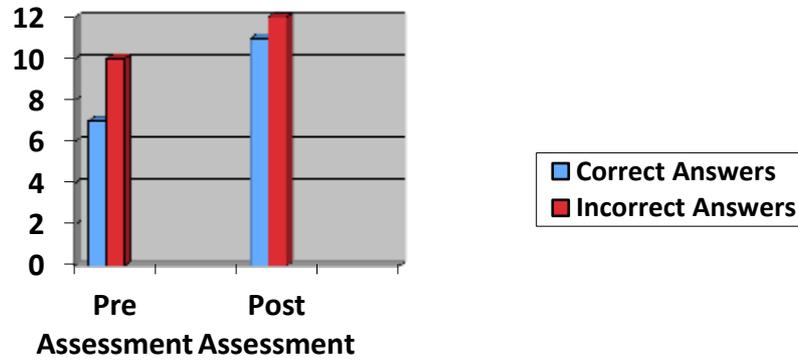


Figure 8: Graphical presentation of correct and incorrect answers of question 8.

Question_9Pre

	Observed N	Expected N	Residual
Correct Answer	8	8.5	-.5
Incorrect Answer	9	8.5	.5
Total	17		

Question_9Post

	Observed N	Expected N	Residual
Correct Answer	16	11.5	4.5
Incorrect Answer	7	11.5	-4.5
Total	23		

Test Statistics

	Question_9Pre	Question_9Post
Chi-Square	.059 ^a	3.522 ^b
df	1	1
Asymp. Sig.	.808	.061

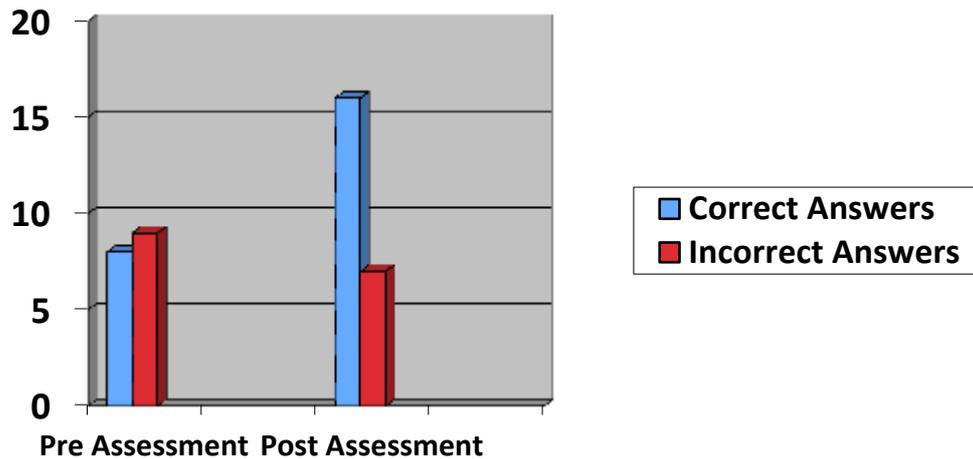


Figure 9: Graphical presentation of correct and incorrect answers of question 9.

Question_10Pre

	Observed N	Expected N	Residual
Correct Answer	3	8.5	-5.5
Incorrect Answer	14	8.5	5.5
Total	17		

Question_10Post

	Observed N	Expected N	Residual
Correct Answer	20	11.5	8.5
Incorrect Answer	3	11.5	-8.5
Total	23		

Test Statistics

	Question_10 Pre	Question_10 Post
Chi-Square	7.118 ^a	12.565 ^b
df	1	1
Asymp. Sig.	.008	.000

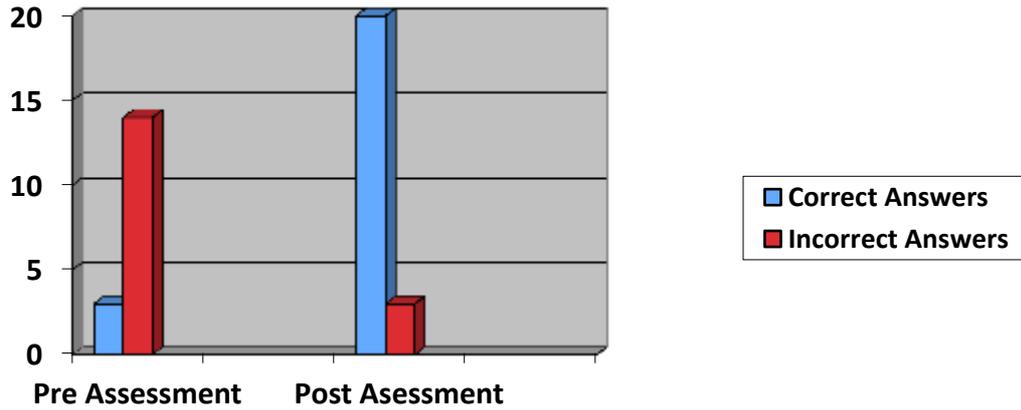


Figure 10: Graphical presentation of correct and incorrect answers of question 10.

Question_11Pre

	Observed N	Expected N	Residual
Correct Answer	7	8.5	-1.5
Incorrect Answer	10	8.5	1.5
Total	17		

Question_11Post

	Observed N	Expected N	Residual
Correct Answer	11	11.5	-.5
Incorrect Answer	12	11.5	.5
Total	23		

Test Statistics

	Question_11 Pre	Question_11 Post
Chi-Square	.529 ^a	.043 ^b
df	1	1
Asymp. Sig.	.467	.835

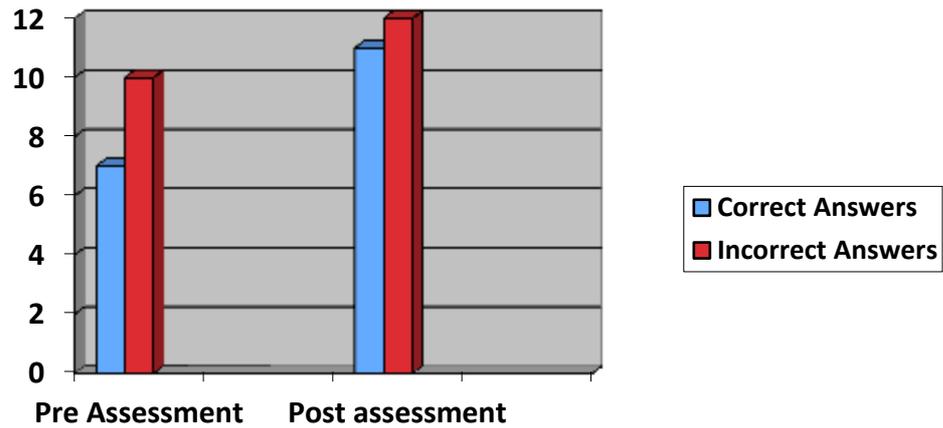


Figure11: Graphical presentation of correct and incorrect answers of question 11.

Question_12Pre

	Observed N	Expected N	Residual
Correct Answer	4	8.5	-4.5
Incorrect Answer	13	8.5	4.5
Total	17		

Question_12Post

	Observed N	Expected N	Residual
Correct Answer	5	11.5	-6.5
Incorrect Answer	18	11.5	6.5
Total	23		

Test Statistics

	Question_12 Pre	Question_12 Post
Chi-Square	4.765 ^a	7.348 ^b
df	1	1
Asymp. Sig.	.029	.007

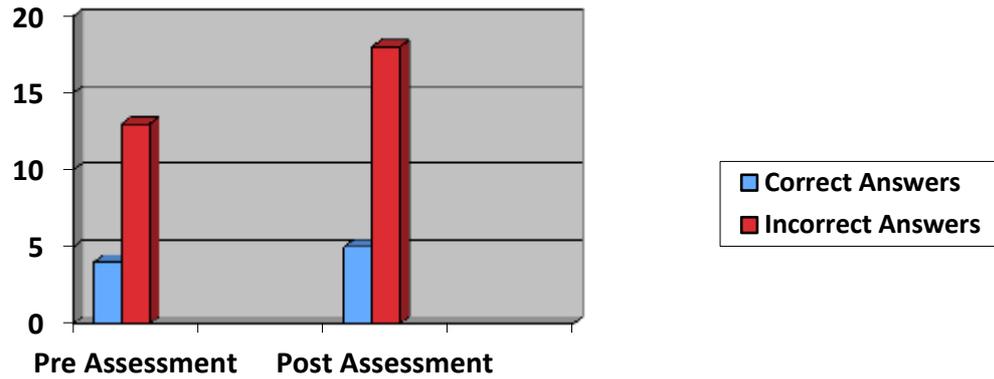


Figure 12: Graphical presentation of correct and incorrect answers of question 12.

Question_13Pre

	Observed N	Expected N	Residual
Correct Answer	6	8.5	-2.5
Incorrect Answer	11	8.5	2.5
Total	17		

Question_13Post

	Observed N	Expected N	Residual
Correct Answer	23	23.0	.0
Total	23 ^a		

a. This variable is constant. Chi-Square Test cannot be performed.

Test Statistics

	Question_13 Pre
Chi-Square	1.471 ^a
df	1
Asymp. Sig.	.225

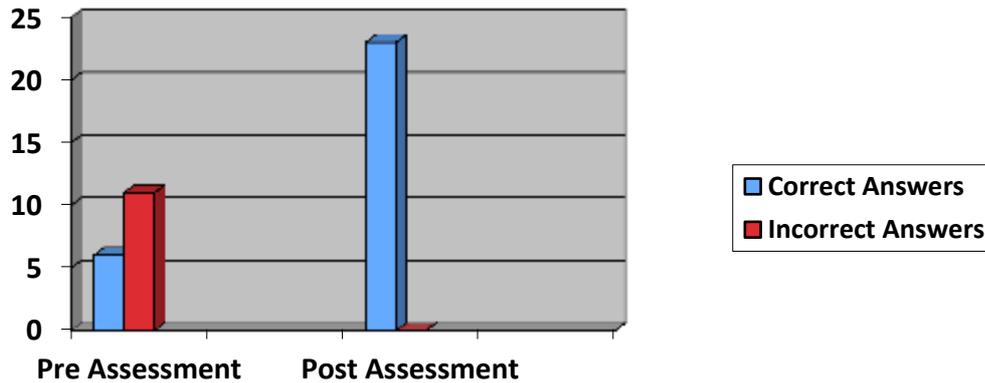


Figure 13: Graphical presentation of correct and incorrect answers of question 13.

Question_14Pre

	Observed N	Expected N	Residual
Correct Answer	8	8.5	-.5
Incorrect Answer	9	8.5	.5
Total	17		

Question_14Post

	Observed N	Expected N	Residual
Correct Answer	20	11.5	8.5
Incorrect Answer	3	11.5	-8.5
Total	23		

Test Statistics

	Question_14 Pre	Question_14 Post
Chi-Square	.059 ^a	12.565 ^b
df	1	1
Asymp. Sig.	.808	.000

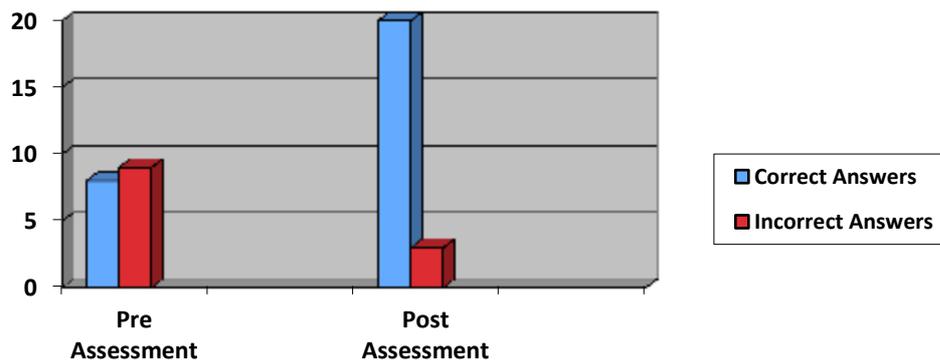


Figure 14: Graphical presentation of correct and incorrect answers of question 14.

Still it was noticed that question number 7, 8, 11, & 12, people have not improved in their performance. These questions were focusing on Trauma-focused CBT and due to the heterogenous group and non-psychology background, it was difficult for them to learn the skills quickly and understand the concepts completely. Hence, these two sessions need more time in next programmes.

III. Verbal Feedback during Valediction

Although verbal feedback session did not elicit anything new other than what the participants have already mentioned in summative and formative evaluation, a majority of trainees requested to include them in future courses and to arrange a refresher course for them as the subject of psychological trauma was new for them and some of them were from non-psychology background.

RECOMMENDATIONS

I. IDENTIFYING THE GAPS

- a. **Discrepancy between the assigned and actual job profile of a counsellor working in CCI/CWCs/DCPUs:** Shockingly, it was found out although a counsellor's fundamental job is to provide general and specific counselling to the children at CCI/CWCs/DCPUs, a majority of them actually do not do this job at all or rarely followed by some doing it sometimes, and very few doing it regularly. Rather 90% of their time and efforts go into administrative works related to various legal, social, administration of children and child care institutes. Since counselling is specific skill based if not practiced regularly the competency and confidence of doing it could be limited to lay counselling only, moreover a risk of wrong and harmful counselling is inherently associated with that.
- b. **Discrepancy in qualifications of the counsellors across states:** It was surprising that few states also appoint counsellors for CCI/CWCs/DCPUs with essential qualification as graduation. Neither these people possess the basic education towards the crucial underpinning of child development milestones nor do they have an exposure to general theoretical orientation to counselling for children nor do they ever have an exposure to a real life situation of counselling. Lack of basic knowledge and skills in dealing with children can result in many undesirable outcomes in terms of dealing with a highly disadvantaged children group.
- c. **No formal education in counselling:** It was also brought into the notice that the qualifications for the post of counsellor is social work/sociology/psychology. Whereas, sociology and social work as independent subjects do not have counselling of children in general in their curriculum at post-graduation level. Even psychology post-graduation also does not include counselling for children in general and counselling of children with history of adverse/traumatic life events in particular.
- d. **No formal training in counselling of children or child psychology or working with children with a history of adverse/traumatic life events:** All of the participants viewed that they never attended any formal training on general counselling skills or specific counselling for children with history of adverse/traumatic life events in particular.

- e. **Disrespectful Salary:** Children with history of abuse, run away, delinquency, parental loss, and witnessing trauma and violence is a large, diverse and difficult segment of children population, who need specialised, customised, and professional care and services. Globally, it's considered as *reasonably difficult task to bring in healing, restoring normalcy, and improvement in overall development in a constantly growing and evolving stage. It is all the more difficult to deal with children with traumatic life events history. Some occupational hazards are also associated this profession.* And this needs caregivers/professional with essential qualifications, experiences, training, and sensitivity. It was shocking to know that a counsellor per month salary starts with 8,000/ in some states and go up to 20,000 in some other states. It is even less than what is the minimum wages for semi-skilled worker. This salary itself is degrading the designation of a counsellor, it is a disrespect to the counsellor and the children they have to deal with. It is mean to expect so many things from a counsellor who is paid in this way.
- f. **Absence of Induction & Refresher Training:** None of the counsellors had ever gone through any training before or after induction as a counsellor.

II. RECOMMENDATIONS

The job responsibilities of a counsellor appointed to deal with children with a variety of needs staying in a CCI/CWC/DCPU were consulted and analysed for drawing up recommendations within the existing legal and administrative framework. Excerpts from prescribed job profile of counsellors in District Child Protection Unit, (counselling of children in conflict with law and their guardians, assessment of child's mental status and making personalised file for him/her, counselling parents and caregivers on how to behave with these children which can foster normal development of these children, and participating in juvenile justice board meetings), Women empowerment cell (in addition to DCPU's prescription, emphasis is laid down on outlining categories of children requiring counselling, children's vocational rehabilitation, counselling to depressed children, and behavioural assessment), JJ Act 2015 & JJ Model Rules (emphasis on vocational rehabilitation), and POCSO Act 2012 were included for the review.

There may be state or even ministry specific variations in the job qualifications/experiences/profile of a counsellor, however, essentially all existing documents reviewed have consensus on the single most important responsibility of a

counsellor is to assess the mental status/health/condition, and behaviour and provide appropriate and adequate counselling to such children and their biological or non-biological caregivers. Thus, the capacity/ability of a counsellor to do this without appropriate education and training remains as big bottleneck to achieve this.

In this context, the following recommendations were drawn so as to guide NCPCR to take them forward in future to ensure protecting children's multifaceted rights.

- 1) NCPCR may communicate to the Ministry of WCD, Ministry of Social Welfare/SJE of the state governments to send their documents specifying qualifications, job responsibilities, and respective salaries of people (especially counsellors) working with various categories of children.
 - a. There must be uniformity in qualifications, job responsibilities, and salaries of the counsellors across the country.
 - b. There must be a respectful monthly salary for counsellors. It should be regular with appropriate yearly increment.
 - c. The minimum qualifications for a counsellor to work with children must be post-graduation in Psychology or Social Work but in Sociology or any other subject.
- 2) NCPCR may request states or state SCPCRs to conduct compulsory induction and refresher training programmes for counsellors on counselling skills.
- 3) The assessment of children's behaviour and mental health/condition must be standard and uniform across the country.
- 4) The assessment of a child should be linked to some referral mechanism for early diagnosis of mental and behavioural problems.
- 5) Basic 5-day ToT on psychological trauma assessment and intervention in child abuse must be compulsory for all counsellor during induction followed with a 2-day refresher training.

List of Participant

1st National ToT for Counsellors on Psychological Trauma Assessment & Intervention in Child Abuse

7 - 11 January, 2020

S.N.	Name	Age	Gender	Current Designation	Total Experience	Name of the Organization	Contact address	Mobile No.	Email ID
1.	Kusum Lata	33	Female	Counsellor	6 yrs	Sanskaar Ashram Dilshad Garden	Sanskaar Ashram Dilshad Garden, Delhi	750317868	Kusumlata.com@gmail.com
2.	Prabhdeep	34	Female	Legal cum Probation Officer	2 yrs	DCPU Chandigarh	Room No. 102, Ist Floor, Children Home Maloya, Chandigarh	8288801087	prabhdeppbodctu@gmail.com
3.	Ankita Jha	35	Female	Counsellor	2 yrs	CWC	CWC, Mayur Vihar Phase-1 Delhi	9891233421	Jha.ankita@hotmail.com
4.	Shobha	34	Female	Counsellor	7 yrs	Sanskaar Ashram Ghaziabad	Sec-13, Vasundhara, Ghaziabad	987329074	dia.shobhaatal1985@gmail.com
5.	Pooja Yadav	27	Female	Counsellor	2 yrs	DCPU XI CWC IX Delhi	H. No. 34 Sect-9, R K Puram Delhi	7503993206	Py.sloowsnail@gmail.com
6.	Priyanka Sharma	28	Female	Counsellor	8 yrs	DCPU XI	36 Kartaar Nagar, Gali No. 6, 4 Pushta, Delhi 53	8375879696	Pankhu0511@gmail.com
7.	Manisha	31	Female	Counsellor	4 yrs	DCPU II	H. No. 2, Gali No.3, Chauhan Patti, North East Delhi	8860028951	Manishasathi7@gmail.com
8.	Durga Pradhan	33	Female	Counsellor	4 yrs	DCPU South	DCPU South Sikkim	7384042995	Durgapradhan986@gmail.com
9.	Rakhi Kumari	36	Female	Counsellor	6 yrs	DCPU Observation Home Ranchi	DCPU Observation Home Ranchi	6203173115	Rakhikumari2016@gmail.com
10.	Neelam Suba	37	Female	Counsellor	3 yrs	South Sikkim DCPU	South Sikkim Namchi	9775944901	Limbo06neelam@gmail.com
11.	Prateek Jain	28	Male	Counsellor	2 yrs	DCPU III Delhi	DPCU III Katorba Niketan Complex Lajpat Nagar II. New Delhi 24	9899269074	Pratekj061@gmail.com
12.	Manju	29	Female	Counsellor	3 yrs	DCPU VIII,	H. No. 115, Village Hjuibarhiph, Sector 19, Dwarka, Delhi	9971882389	Manjusingh1319go@gmail.com
13.	Mahadev Sharma	27	Male	Counsellor	3 yrs	DPCU West Siikim	Genethang West Sikkim Pin- 737111	8348145079	Mahadevsharma11@gmail.com

14.	Renu	27	Female	Counsellor	6 yrs	DCPU V	163, Main Road, Jhilmil Extension, Delhi 36	8800161667	Renurock80@gmail.com
15.	Shaleen	50	Male	DCPO	20 yrs	WCD Gwalior Madhya Pradesh	R. No. 216, New collectorate, City Center, Gwalior	9826228404	Shaleen1969@gmail.com
16.	Anchal	27	Female	Counsellor	1.5 yrs	Social welfare Department, Chandigarh	4508- C Sector- 17, Mohali Chandigarh	9742689102	Aanmchal.ac64@gmail.com
17.	Naina	25	Female	Counsellor	2 yrs	Social Welfare Department, Chandigarh	H No. 624, Phase 3A Mohali, Chandigarh	8146895410	J22.naina@gmail.com
18.	Neha	26	Female	Social worker	1 yrs	DCPU	102, First floor, Children Home, Snehalay, Maloye	8968296400	Neha39655@gmail.com
19.	Mayukhi	32	Female	Counsellor	5 yrs	DCPU (WB)	99 D, Debender Chandra Dev Board	9231808377	mayukhinandy@rediffmail.com
20.	Irani Bhatta- charjee	31	Female	Counsellor	2.5 yrs	CCI West Bengal	14/30, Bemishpur, P Mitra Road, Second floor, Kolkata- 35.	8420857629	iranibhattacharjee@gmail.com
21.	Soumya Shekhar Sengupta	29	Male	Counsellor	1 yrs	Voluntary Health Association of India	32 Chittarjan road, Near Ghar Sansar, Agartalla, Tripura west	9862032897	Senguptasoumya178@gmail.com
22.	Clara	65	Female	Coordinator	25 yrs	Kripalaya Open Shelter Puducherry	Kripalaya Church Street Kurkneaid, theaelakuppam, Pondicherry	9443425884	kripalaya@gmail.com
23.	Dorty Marrie	34	Female	Superintendent of open shelter	10 yrs	Santosha Vanban Puducherry	S Ramaraja Street, Near Railway statin, Pondicherry	7708720468	santoshaschool@gmail.com
24.	Tabassum	32	Female	District Child Protection Officer	7 yrs	District Child Protection Unit	DCPU, # 102, First floor, Children home, Snehalaya, Maloya	9780434214	dcps.chd@gmail.com

**1st National ToT on Psychological Trauma Assessment &
Intervention in Child Abuse: 7-11 January 2020**

Board Room, CDER, AIIMS, New Delhi

List of Resource Persons/Speakers

Sl. No	Name
1.	Dr. Rajesh Sagar , Professor, Dept. of Psychiatry, AIIMS, New Delhi
2.	Ms. Jyoti Duhan Rathee , Member DCPCR, Delhi.
3.	Dr. Rachna Bhargava , Additional Professor Clinical Psychology, AIIMS, New Delhi
4.	Dr. Gauri Shankar Kaloyia , Additional Professor Clinical Psychology, AIIMS, New Delhi
5.	Dr. Vijay Prasad Barre , Assistant Professor Clinical Psychology, AIIMS, New Delhi
6.	Dr. Renu Sharma , Child Psychologist, AIIMS, New Delhi
7.	Ms. Vandana Choudhary , Clinical Psychologist, AIIMS, New Delhi
8.	Ms. Tanuja Kaushal , Licensed Clinical Psychologist & Ph. D Scholar, AIIMS, New Delhi
9.	Dr. Sujata Satapathy , Additional Professor Clinical Psychology, AIIMS, New Delhi



1st National ToT for Counsellors on Psychological Trauma Assessment & Intervention in Child Abuse: 7-11 January 2020

Board Room, CDER, AIIMS, New Delhi Program Schedule

Day/ Timing	Themes	Contents Covered	Methodology	Teaching-learning Aids & Activities	Facilitators
Day 1	Introduction to Child Abuse: 7th January 2020				
10:00-11:00am	Introduction to the TOT programme, Facilitators and Objectives	- Introduction of the facilitators and group members - Assessment of current knowledge on CA - Programme introduction, objectives and methodology	- Registration -Group interaction -Ground rules -Group games	-Pre-training Assessment Sheet - Ice Breaking -Host team formation -Expectation exercise	Team
10:45-11:15am	Tea Break				
11:15am-11:45am	INAUGURATION PROGRAMME Welcome address: Prof. R K Chadda, HoD Dept. of Psychiatry & Chief, NDDTC Programme Overview: Dr. Rajesh Sagar, Professor, Dept. of Psychiatry, AIIMS Special Address: Dr. R G Anand, Hon'ble Member, NCPCR Inaugural Address: Shri Priyank Kanoongo, Chairperson, NCPCR Vote of Thanks: Dr. Sujata Satapathy, Additional Professor, Dept. of Psychiatry, AIIMS				
12:00-12:30pm	Introduction to Child Abuse-I	-Definition of CA -Types of CA & different forms of abuses -Incidence & prevalence of CA in India	-Experience sharing -Open house/need spread sheet - Interactive PPT	Myths vs Facts exercise	Dr. Renu Sharma
12.30-1.15pm	Introduction to Child Abuse-II	- Govt. New Initiatives for children's safety and security (Legal frameworks, schemes, programmes, etc) -Practical challenges in implementation of POCSO	Interactive PPT	Hand out-NCPCR	Ms. Jyoti Duhan Rathee, Hon'ble Member, DCPCR
1.15-2:00pm	Lunch Break				
2:00-3:00pm	Child Development & Child Abuse	- Etiological Factors -Theoretical Orientation -Risk & Resilience Factors	-Interactive PPT -Group Discussion	-Table reading exercise -Risk & Resilience Exercise Sheet	Ms. Vandana Choudhary
3:00-4:00pm	Multidimensional Impact of abuse on child as well as family	-Impacts on children -Impacts on siblings -Impacts on parents -When the perpetrator belongs to the close family	- Spread sheet - PPT	- Case Studies -Regression exercise	Dr. Sujata Satapathy
4:00-4.15pm	Tea Break				
4.15-5:00pm	Early Indicators of Abuse	-Warning signs and symptoms -Psychological trauma & Correlates	-Interactive PPT	- Warning signs and symptoms sheet	Dr. Rajesh Sagar

Day/ Timing	Themes	Contents Covered	Methodology	Teaching- learning Aids & Activities	Facilitators
Day 2	Essentials Skills of Interaction & Assessment in Child Abuse: 8th January 2020				
9.30- 10:00am	Recap: Host team-II				Participants
10:00- 11:00am	Rapport & History taking	- Introduction to the process involved in interviewing - Rapport building - Guidelines for and method of History Taking - Role in Case Conceptualization	-Review of practice -Case Study and formulation on Face sheets -Role play on interview taking	Standard scales Case studies Guidelines for assessment sheet Guidelines on writing the report of assessment	Dr. Vijay Prasad Barre
11-11.15am	Tea Break				
11.15am- 12.15pm	Objective Assessments in Child Abuse:	- Introduction to Objective, Semi-Projective and Projective Tests to assess Impact of Abuse - Interpreting the tests - Writing summary of history taking and assessment on Face Sheets	- Interactive PPT - Scale administration & Scoring - Interpreting the Projective Testing	-Standardised scales -Informal assessments	Ms. Vandana Choudhary
12.15- 1.15pm	Role and Interpretation of Children's Drawings in Child Abuse	-Introduction of DAPT, HTP, and free drawing -Child Sexual abuse markers in drawings -Clinical relevance of drawings -	- PPTs - Illustration -Demonstration of Working on DAPT	-White board - Hand out	Dr. Rachna Bhargava
1.15-2:00pm	Lunch Break				
2:00- 3:00pm	Assessing parents & family environment	-Assessing parents and siblings -Barriers in Assessment -Dealing with schools	Interactive PPT Discussion	Hand out on family assessment schedules	Dr. Sujata Satapathy
3.00pm onwards	Working & Practice Drill in Assessment	Practical Exercise on Interview taking and Assessment	Working on scales Interpreting scales	Basic body language Worksheet	Dr. Renu Sharma

Day/ Timing	Themes	Contents Covered	Methodology	Teaching- learning Aids & Activities	Facilitators
Day 3	Trauma Focused Psychological Interventions for Child Abuse: 9th January 2020				
9.30- 10:00am	Recap: Host team-III				Participants
10:00- 11:00am	Assessment skills update	-Practical field experience sharing, scale interpretations & clarifications of difficulties -Challenges in assessment	-Presentation by each group participants -PPT with Discussions	White board	Dr. Sujata Satapathy
11:00- 11.15am	Tea Break				
11.15am- 12.15pm	Introduction to psychological interventions for child abuse	-Review of existing practices-structure, progress evaluation, & documentation -Introduction to Major approaches to psychological management -Principles and types of trauma intervention -CSA	-Open house - Interactive PPT	- What is missing worksheet - Application of appropriate interventions exercise - Case Studies	Ms. Vandana Choudhary
12.15- 1.15pm	Essential pre-requisite skills in psychological intervention	-Appropriate psycho-education to child & parents -Reading Body language -Linking cultural practices -Understanding and respecting family compulsions	Interactive PPT Demonstration	-Hand out on body language -Case conceptualization exercise	Dr. Sujata Satapathy
1.15-2:00pm	Lunch Break				
2:00- 3:00pm	Basic trauma counselling skills & CBT basics	-7 skills of counselling -CBT basics and techniques for trauma healing	Interactive PPT Games	Group games: active listening and empathy	Dr. Uday Sinha, Additional Prof., IHBAS, Delhi
3:00- 4:00pm	Principle & Structure of TFCBT	-TF-CBT components -Therapeutic aids and technique -Terminating Therapy	Interactive PPT Grounding exercise Ventilation exercise	Hand out on grounding exercise	Dr. Sujata Satapathy
4:00-4.15pm	Tea Break				
4.15- 5:00pm	Skills building on trauma counselling	-Establishing chain of events -Trauma narration -Emotion regulation	Role play Practice activities	Hand outs on techniques	Dr. Renu Sharma & Ms. Vandana Choudhary

Day/ Timing	Themes	Contents Covered	Methodology	Teaching- learning Aids & Activities	Facilitators
Day 4	Developing & Enhancing Skills in Trauma Focused Psychological Interventions: 10th January 2020				
9.30- 10:00am	Recap: Host team IV				Participants
10:00- 11:00am	Structured Play Therapy	-Play mediums -Structured play activities - Direct & Indirect methods	Demonstratio n of thematic story card PPT Role play	- Hand out: play list - Family portrait template -	- Dr. Sujata Satapathy
11:00- 11.15am	Tea Break				
11.15am- 12.15pm	Working with Adolescents	-Adolescent tasks -Risks in adolescence -Techniques for intervention -Working with Children with Special needs	-PPT with Discussions -Presentation by each group participants -Body mapping	- Case Studies	- Dr. Renu Sharma
12.15pm -1.15pm	Co-joint and group sessions	-Dealing with expressed emotions of children & parents towards each other -Deciding the target outcomes in each case - Group format	Experience sharing discussion Interactive PPT	Hand out on parent's mental health/parentin g tips	Tanuja Kaushal
1.15-2:00pm	Lunch Break				
2pm onwards	Practicing intervention skills	Applying intervention skills in true cases	Role play	Sample observation notes	Ms. Vandana Choudhary

Day/ Timing	Themes	Contents Covered	Methodology	Teaching- learning Aids & Activities	Facilitators
Day 5	Ethics & Essentialities in Psychological Interventions in Child Abuse: 11th January 2020				
9.30- 10:00am	Recap: Host team V				Participants
10:00- 11:00am	Childhood Trauma & Substance Abuse Risk in Boys: How and What to Assess & Intervene	-Trauma in Children & maladaptive coping -Risk of substance use in abused boys -What to assess & how -What to intervene & How	-Interactive PPT	White board & Marker	Dr. Gaurishankar Kaloyia
11:00-11.15am Tea Break					
11.15am- 12:00 noon	Referral	- Primary and secondary referral	Spider net game Worksheet reading	-Hand out: referral - A ball of wool	Dr. Sujata Satapathy
12:00- 12.30pm	Self-care	-Risk for the counsellors -Burnout and compassion fatigue -Signs and symptoms	-Open house - Interactive PPT	-Hand out- burnout	Dr. Renu Sharma
12.30- 1.00pm	Documentation	-Session progress note -Medical & Legal papers -Closing or Terminating the Intervention sessions	Working on Progress note Terminating	Hand out: sample progress note Hand out: safety hands & tree of sustenance	Ms. Vandana Choudhary
1:00- 1:30pm	Intervention skills update: Practicing sessions	Lesson learnt & difficulties in practicing intervention techniques	Group presentations	White board & Marker	Participants
1.30-2:15pm Lunch Break					
2:15- 3:00pm	Training Methods & Specific Skills	- Trainer's attributes - General Training methods Specific training methods in trauma assessment & intervention training	- Interactive PPT	Hand out: Training Methods	Dr. Sujata Satapathy & Participants
3:00- 4:00pm	Ethics & Guidelines	- Ethics & Confidentiality - Safety hand - Essential guidelines	- PPT & Discussion	- Safety hands worksheet	Dr. Rajesh Sagar
4:00- 4:30pm	Oath taking Feedback	-Post assessment -Prog. evaluation - Oath taking	-Instilling hope -Protecting rights of children	--Prog. Evaluation form -Candle & matchbox	Dr. Sujata Satapathy & Participants
4:30- 5:00pm	Programme Closure & Valediction	2020-21 Plan of Action in conducting ToT at State Level- Dr. Sujata Satapathy Special address: Ms. Jyoti Duhan Rathee Valedictory address & Certificate Distribution- Dr. Rajesh Sagar Vote of Thanks: Dr. Renu Sharma			

Dept. of Psychiatry, AIIMS, New Delhi
"Training of Trainers' Programme for Counsellors on
Psychological Trauma Assessment & Intervention in Child Abuse"

(January 7-11, 2020)

Overall Evaluation/ Feedback

Name of the participant: _____

Thanks in advance for giving your assessment. There are 5 option for items from 1-10 and rest other items are open ended. Just put a tick mark on the option that expresses you truly.

1. I think the structure and organization of the course fulfilled the objectives of the programme.

Very well Well Moderate Average Unstructured

2. I feel this programme would be useful to me immediately in my job.

Very much To a large extent Moderately Limited use Not at all

If limited use, not at all then why:

3. I believe this will help me in my future job related to Child Abuse

Strongly Agree Agree Neither agree nor disagree Dis-agree Strongly disagree

4. Practical orientation of the Training programme

Very high High Neither high nor low Low Very low

5. I feel this inspires me to take up assignments related to Child Abuse

Very strongly Strongly Cannot say Little Not at all

6. I have benefited from interaction with fellow participants in the course

Very much Much Neither much nor less Less Very less

7. I found the course materials supplied to us to be

Very relevant Relevant Cannot say Little relevance No relevance

8. Your overall impression of the training programme

Excellent Very Good Good Fair Poor

9. Training methods used to demonstrate theory into practice were

Excellent Very Good Good Fair Poor

10. The coordination between facilitators was

Excellent Very Good Good Fair Poor

11. As per the objectives of the training programme, any element that is left out of the Programme in your view.

12. Which portion of the training programme you found least helpful?

13. Any specific observation/ comments you wish to make.

14. Any suggestion regarding the training methods.

15. Any suggestion regarding topic and speakers.

14. Any particular faculty you have in mind, give the subject and address of that faculty

15. Your comments on administrative arrangements (Just encircle the option that expresses you truly):

Items	Comments				
a. Reception & Registration:	Excellent	Very Good	Good	Satisfactory	Poor
b. Drinking water arrangements in the Lecture hall:	Adequate	Inadequate			
c. Lunch and Tea during the Programme:	Excellent	Very Good	Good	Satisfactory	Poor

16. Any other recommendation/ suggestion, not covered above, to improve the programme

17. Will you take initiatives to conduct such a programme in your state? : Yes/No

Signature

List of Expectations

Question No.1: What do you hope to learn in these five days of training?

- Enhanced knowledge of assessment and intervention of C A.
- Understand psychosocial counselling- methods and techniques.
- Learn about C A schemes, types.
- Basic concepts of counselling for children.
- Psychological trauma assessment and intervention in C A.
- How to deal with child trauma.
- Identification of trauma.
- Objective and projective assessment.

**Question No.2: What is your expectation from the Trainer's role during these days?
Practical experience and guidance- scaffolding.**

- Use of activity.
- Interactive sessions.
- Learn new skills.
- Friendly behaviour.
- Use of role play.
- Precision
- Cooperation.

Question No.3: How do you perceive your role during these days?

- Active listening.
- Being an observer.
- Active participation.
- Open to receive newer ideas without inhibition, cross- learning.

Question No. 4: Overview of the course seems to be?

- Interesting, good topic.
- Helpful for professional development.
- Relevant.
- Elaborate, all- encompassing.
- Technical, hindrance if Non- Psychology background.

Question No. 5: What will be perceived benefits of learning assessment and intervention in C A?

- Helpful during field work.
- Problem solving for children and eventual child growth.
- Learning technical knowledge.
- Ability to provide better counselling.
- Accurate understanding of situation.