

### Train-the-trainer workshop

#### *Basic concept*

In the context of train-the-trainer workshops, mental health experts are being prepared as future trainers for the education of community multipliers with “non-therapeutical” origin (such as the clergy, teachers, geriatric nurses etc.). Participants of train-the-trainer (ttt) workshops are supposed to gain profound theoretical knowledge on depression and suicidality as well as competences in diagnosis and therapy. Therefore, the train-the-trainer concept primarily addresses practicing psychiatrists and psychotherapists. However, many other occupational groups that are familiar with the topic depression could also very much benefit from the workshop.

Short description of the workshop content:

- Imparting the knowledge about a didactic concept and its adaptation
- Characterisation of different target groups
- Introducing different educational materials (e.g. seminar-guidelines for different occupational groups, presentation-slides on the topic, videos, theoretical background, literature etc.)
- Exemplary demonstrations of the materials’ content, slides etc.
- Practical exercises on presentation of the topic regarding to didactical and rhetorical aspects.

The most important components of the train-the-trainer concept are:

- (1) exemplary demonstrations to give a good *model* of how to present a difficult and emotional topic like depression and suicidality to other multipliers;
- (2) discussions on the meta-level to transport the theory behind the developed concepts and to reflect them against the background of the individual professional experience;
- (3) practical active elements, like role-plays in small groups, to get to know different didactical instruments and how they should be applied when conducting own training seminars.

The main intention of the train-the-trainer workshops lies within the mediation of communication, rhetorical and didactical skills as well as the transfer of material that can be useful for seminars and that should be of relief for the speaker’s preparations. The workshops have been designed as full-day-trainings (approx. 7.5 hours incl. breaks). As for the very practical orientation of the workshop, the maximal number of attendants should not exceed 12 to 14 persons.

## Time schedule of a 1-day ttt-workshop

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### *Contents and schedule*

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#### 09.00 Introduction (15 min)

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Introduction of the referees and of the “EAAD”

Round of introductions of the participants (Experiences as trainer? Subjects? Target groups?)

Agenda / contents of the training course

Exchange in small groups (approx. 3 persons, 5 min) on own experiences as regards training courses

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#### 09.20 Plenum and introduction of different target groups (20 min)

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Short presentation of recommendations for different groups of community multipliers: Counsellors, priests, geriatric caregivers, pharmacists, teachers, police officers, nonmedical practitioners, etc.

Interactive development of the characteristics of each occupational group according to the following structure:

- initial position
  - known deficits
  - contents and aims of the course
  - practical tips
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#### 09.40 Introduction to the general training package applicable to different target groups (10 min)

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Basic principle: We provide you with material which is ready to use. Feel free to adopt it like it is or to modify it according to your own ideas.

Diversity of methods:

- lecture, that is the method to impart knowledge,
- dialogue, that is the interaction with the participants,
- exercises, that are activating elements,
- materials, e.g. hand-outs, flyers and list of recommended literature

To implement the first three aspects, the guidelines in terms of file cards may serve as supporting frame. These guidelines are divided in several chapters and may be completed or reduced just like a kit if required. Additionally to the cards for referees, there is a set of presentation slides available to visually illustrate abstract information, which can also be modified according to individual needs and wishes. Background information explaining the individual figures and exercises is provided to the future referees.

The slides are offered to the multipliers in the form of paper hand-outs. The materials provide information on depression for patients and relatives (guidebook, video tapes, flyers, CD-ROMs). Telephone numbers of important regional help lines ought to be compiled by the individual regions.

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09.50 Showcase training course (35 min)

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An exemplary training course on the topic depression is held by us using presentation slides and file cards, interactive elements and media. Continuously, the presentation as well as the provided information is reflected on the meta-level. To differentiate between showcase presentation and reflection on the meta-level, the basic principle "Cap" is introduced. During the showcase presentation the referee wears a cap, signalling that all of the participants should now play the role of one specified group of multipliers. Discussions on the meta-level are held without the cap. Frequent switchovers between the levels are recommended to allow for questions of comprehension and open discussion rounds.

Key presentation and discussion: Introduction of the topic depression (WHO-study, epidemiology), pointing out the relevance of the subject

Exercise: Framing the start of the training course

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10.40 Presentation: Depression - deficits in primary care, symptoms, diagnosis and genesis of depression (65 min)

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Content:

- Possible reasons for deficits in primary care, prejudices, fears
  - diagnostic criteria according to ICD-10, types and progression, causes of depression
  - depression in the GP practice
  - the role of physical symptoms, differential diagnosis
  - Case study: differentiation between depression and mourning / sorrow
  - Genesis of depression: explanation on the basis of a multi-factorial model
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13.00 Presentation: Therapy of depression (60 min)

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Plenum: Compilation of different treatment methods

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14.00 Demonstration: Addressing depression (20 min)

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Role play: conversation between a client and a counsellor

Principles:

- Approach the topic depression, mental disease, etc.
- Maintain the relation with the person affected even when addressing/after having addressed the delicate topic depression.
- Point out: The person affected will not be sent away, however, further help has to be involved.
- Hand out addresses and recommendations, propose next appointment.

Evaluation at the plenum

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14.20 Practising and experiencing of the role-play in small groups (40 min)

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Exercises in small groups of three persons.

Feedback on the group work at the plenum

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15.00 Presentation: Depression and suicidality (15 min)

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Content: statistical data regarding suicidal acts, risk groups, indicators for suicidality

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15.15 Personal and professional relation to the topic suicidality (10 min)

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discussion in pairs: exchange of own experiences with suicidality (at work or in private life)

Reflection: What do you experience when you are talking about this topic?

This simple exercise very well allows demonstrating how fast we are concerned by this topic personally and how uncomfortable it is for the most of us to talk about it.

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15.25 Acute danger of suicide (15 min)

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The different stages of suicidality.

How can I assess the acute endangerment?

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15.40 Demonstration: Assessment of suicidality (35 min)

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The demonstration "assessment of suicidality" is initiated to provide the participants with a model on how to deal with the topic. By means of this exercise the participants quickly understand what is helpful and what is rather unfavourable. It is not of prime importance that the demonstration is exceptionally good. In the case of suboptimal interventions it can as well be discussed what would have been helpful instead. Secondly the demonstration is suitable to show the highly emotional character of the situation. The open dealing with the topic suicidality is an enormous psychological stress for the counsellor/therapist as well. It is important to be aware of this strain and to know the own reaction schemes in such situations.

Advice to the observers: Do not restrict yourself to marvel at the acting skills. Instead of this: invitation to be aware and open-minded for own feelings (such as defence). On purpose unfavourable therapeutic behaviour patterns are included (e. g. not addressing suicidality directly; talking the person affected out of his/her suicidal thoughts; emphasising the bright side of life, etc. ) in order to point out what actually happens in the training courses.

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16.15 Conclusion (15 min)

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Feedback of the participants: have the expectations been met?

Wish for further training courses?

Certificates of medical association

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