

TRAINING OF TRAINER #1-2 REPORT

Date: 15 – 25 Sep 2009

Introduction

After selecting pilot communes in two provinces, a series of TOT training has been organized as per plan in order to prepare the technical resource personnel for intervention. These two first trainings are organized for staff from psychiatric hospitals and commune health stations from pilot communes to have an over view about project, understand the collaborative stepped care model for management of depression and other related procedures, treatment and technical material.

Date & Location

Training #1 was organized separately in Da Nang on 15 and 16 Sep and in Khanh Hoa on 17-18 Sep with the same contents. In each province, training was delivered by Director of Psychiatric Hospital.

Training #2 was organized at Hai Au Hotel Meeting hall, Nha Trang city from 21 to 25 Sep for participants from both provinces and delivered by:

- Bahr Weiss, Ph.D, Vanderbilt University, Nashville, TN
- Victoria Ngo, Ph.D, Research and Development Corporation, Santa Monica, CA
- Dang Duy Thanh, Director of Khanh Hoa Psychiatric Hospital
- Lam Tu Trung, Director of Da Nang Psychiatric Hospital
- Nguyen Mai, Ph.D, Asian Family Institute, Richmond Area Multi-Services, Inc., San Francisco, CA

Attendance

- Da Nang Psychiatric Hospital and Community Health Stations (Tam Thuan, Hoa Minh): 13 people.
- Khanh Hoa Psychiatric Hospital and Community Health Stations (Vinh Ngoc, Suoi Tan): 14 people. (for further information, see Attachment 1 – list of participant)

Summary of the Training #1 in Da Nang and Khanh Hoa

Training #1 was held at Da Nang Psychiatric Hospital from 15-16 Sep and at Khanh Hoa Psychiatric Hospital from 17-18 Sep. Participated in the training is psychiatrist, general doctor, nurse and psychology bachelor from the hospitals and two pilot communes. During two days, participants discussed on depression and its effect to people, listened to discussions about the collaborative stepped care model and the integration of the roles of a provincial level mobile psychiatrist, CHS Head, Staff and Village Health Workers in running the model. In these days, trainees started familiarizing with depression screening forms and aware of the importance and value of psycho-education in order to normalize and destigmatize depression as a normal reaction to stress or other difficulties.

Medication and adherence management also briefly introduced so that the participants had an overview of this community-based model.

Ph.D B. Weiss joined the two trainings and clarified some of the questions on forms and project implementation procedure. Most of the questions will be answered in the training #2.

(See Attachment 1 & 3 for training Agenda and list of participants)

Summary of the Training #2

Training #2 was conducted in 5 days including three days introducing basic skills of communication, counseling; basic technique of intake assessment, psycho-education, relaxation, relapse prevention, ethics and quality assurance and two days focus on the theory and practice new technique of behavior activation for depression management as the psychotherapy for the treatment of depression at community level. (see Attachment 2 for training agenda)

The training started with a skit imitating the current situation and “future” situation when the Collaborative stepped care model would be applied for depression management performed by Da Nang team. Following participants watched a short psychoeducation video talking about depression developed by Partners in care project¹ US. Participants expressed great interest in the video as it was simple and easy to understand. After that Ph.D V. Ngo presented brief information about depression, its burden, analyzed the current treatment gap and the technical basic information of the Collaborative Stepped Care Model for Depression Management as the best solution for effective management of depression, shared the experience of applying the model from US as well as some developing countries such as India, Uganda, Pakistan and Mexico. General design for the Vietnam Model was also presented.

Participants then were introduced with the concept and qualities of effective communication and counselors. They together discussed about barriers to hinder a good counseling session within Vietnam context.



Discussion on ethics

¹ Partners in Care is a Patient Outcomes Research Team (PORT) II study, funded by the Agency for Healthcare Research and Quality. It is a randomized trial to evaluate whether externally designed, evidence-based interventions for improving care for depression can be locally implemented in managed care organization.

In the next following days, participants were instructed about doing initial assessment for clients by Ph.D B. Weiss and Ph.D M. Nguyen. The important of building trust and rapport with patients were emphasized. Participants also got acquaintance with forms used to assess patients such as PHQ-9, GAD-7, PC PTSD²,... Other concern issues like relaxation and relapse prevention were also introduced by Dr Thanh and Dr. Trung. People had opportunity to experience breathing and muscle stretching exercise as a type of relaxation as well. Ethics on treating depression people were effervescently discussed through studying cases with great interest showed by all participants. Many US basic principles of professional ethics and patient rights have been discovered and compared with Vietnam. Some of the issues have not strongly considered as an ethical issue in of the health care system of Vietnam and the discussion attracted high attention by the participants. Another topic also attracted great interest from the participants was supervision. People had a controversy on both disadvantages and advantages of the three methods of supervision including 1) Talk about experiences with the supervisor; 2) Have the supervisor observe us when we meet with a patient; 3) Audiotape or videotape our meetings with the patients. The first method is common used in Vietnam while the second and third are not widely recognized at the moment, so that the participants decided to apply all types gradually as they all helpful methods.

The last two days, trainers focused on introducing and practicing a depression treatment technique: Behavior Activation (BA). This technique is a part of Cognitive Behavioral Therapy which based on the idea that thoughts, mood, and behavior are interrelated and people's cognitive appraisal of a situation impacts their mood and behavior. BA has been taught to providers who will work with depression people. There were 4 sessions to do with patient using this technique. The main purpose was to make people understand the connection between activities and their mood and ways to encourage and influence people to do healthy activity to improve their mood. The whole class was divided into many small groups of three to practice this skill with the guidance of international and national experts.



Practice BA in small group

² PHQ-9: Patient Health Questionnaire; GAD7: Generalized Anxiety Disorder – 7 scale; PTSD: Primary Care Post-Traumatic Stress Disorder.

After 2 days, people were aware of and partially applied the principles of communication, listening and counseling skills into practice sessions. Some of the participants started having new insight about depression treatment using psycho-education and therapy without medicine. Some other showed their ability to work as a provider like Dr. Hai Van, DN Psychiatric Hospital, Nurse Thu Huong, KH Psychiatric Hospital.

The animation technique from July 09 training was effectively used in this training to make the training even more successful: participants paid great interest, express their concerns, ideas in a very constructive manner, even this was a quite hard and heavy training. Between sessions there always were energizers which were leaded by Thu Huong, a nurse from Khanh Hoa hospital. She is a real energizer master who created fun, friendly atmosphere for the whole class.

Remarks

The first two training was a part of a series coming training. After the training participants came back to work and also requested to digest and practice skill they have learned as soon as possible.



Participants from Da nang and Khanh Hoa province

Materials from the training will be further adjusted to make it more easily and clearly to understand for community level with the support from both psychiatric hospital.

The Beyond Depression DVD with Vietnamese voice and subtitled shown at the beginning got great attention from participants. They felt more aware of depression and requested to show the video more often in hospital and community. DVDs will be technical completed and delivered to hospitals and CHS as part of psycho-education materials.

Two members of each pilot CHS participated in this training are general doctors or doctor assistants or nurses. They have experienced with psychosis and certain knowledge about depression, however their skills on screening, counseling and new approach to depression treatment are limited. They will spend more time with doctors in hospitals to get used and practice new skills especially Behavioral Activation therapy.

In order to organize this training, VVAF, hospital and consultant team have met every week through Skype to discuss about agenda, finalize delivering materials, documents in two months in advance. However the timeline was not on pace, most of the materials were sent out very late that led to short time for translation into Vietnamese and edition. This was a helpful and necessary experience which the team needs to be aware of for better preparation of next training.

Attachment:

- 1. List of Participant (training 1, training 2)*
- 2. Training Agenda (training 1, training 2)*