

# 'Training the Trainers' Programme



## **COGNITIVE BEHAVIOUR THERAPY (CBT) TRAINING FOR LIBYAN MENTAL HEALTH PROFESSIONALS**

**LIBYA – MALTA - UK  
SEPTEMBER / OCTOBER / DECEMBER 2012**

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## COURSE DESCRIPTION

### General Information

<b>TRAINING TITLE:</b>	Training Fellow in Cognitive Behaviour Therapy (CBT)
<b>GRADE:</b>	Libyan Mental Health Professionals
<b>DURATION:</b>	1) <u>Training Block One (4 Days)</u> <i>Initial CBT Skills Training (2 Parts)</i>  <i>Four weeks break</i>  2) <u>Training Block Two (5 Days)</u> <i>CBT for Common Emotional Difficulties (2 Parts)</i>  <i>Seven weeks break</i>  3) <u>Training Block Three (6 Days)</u> <i>Trauma Focussed CBT Training (3 Parts)</i>
<b>LOCATION:</b>	Malta (Venue to be announced in due course)
<b>RESPONSIBLE TO:</b>	Libya Foundation for Rehabilitation
<b>PROFESSIONALLY ACCOUNTABLE TO:</b>	Libyan Ministry of Health (through Dr. A. Swehli) Libya Foundation for Rehabilitation (through Mr. T. Shaban) Respective professional bodies

## INTRODUCTION

The programme to train Libyan Mental Health professionals in evidence based psychological treatments (to a basic level initially) is a response to the overwhelming demand expressed by Libyan mental health professionals, services and NGOs, to train practitioners in the latest psychotherapeutic techniques. The aim of such training is ultimately to develop a mental health professional who is able to treat individuals with common emotional difficulties with an intervention that has proven to be effective in countless randomised control trials. Once professionals have proven their competence in the model they will then be expected to train fellow professionals in the techniques they have now mastered. However, the ultimate beneficiary of such training is the Libyan patient; who has, for far too long, not received adequate mental health care. This need becomes even more urgent when one considers what the Libyan people as a whole have had to endure during their emotionally costly freedom struggle – not to mention 42 years of brutal dictatorship prior to that.

Recruitment will take place in **Libya** in **June**, the training will take place in **Malta** in **September, October and December 2012** and all expenses (including course fees, flights and accommodation) are covered by the funders.

## THE TRAINERS OF THE PROGRAMME

### OXFORD COGNITIVE THERAPY CENTRE (OCTC)

OCTC is a self-funding agency within Oxford Health NHS Trust, with a brief to provide specialist training, supervision & research in CBT (see [www.octc.co.uk](http://www.octc.co.uk) for more details on its activities). The centre has a reputation as one of the best CBT training agencies in the UK and around the world, and OCTC staff have written leading books on CBT and its practice (e.g. Westbrook, Kennerley & Kirk, 2011; Bennett-Levy *et al*, 2004). Its work includes:

- Courses in collaboration with, and leading to academic awards from, the University of Oxford, including
  - A Postgraduate Certificate in CBT
  - A specialist Postgraduate Certificate in CBT for Psychological Trauma
  - A one-year Diploma course, one of the largest, longest-running and most popular CBT Diploma courses in the UK (celebrating 20 years' experience this year).
  - A Diploma / MSc in Advanced Cognitive Therapy Studies – a unique programme that equips its students to become CBT leaders, trainers & supervisors
- Commissioned training courses for various NHS and other agencies around the UK. A 10-day foundation course provided for Gloucestershire NHS Partnership Trust was commended in 2007 as an example of good practice in the IAPT document 'Commissioning a brighter future'. An evaluation study showing that this course not only improved students' clinical skills but also improved patient outcomes has been published in an academic journal (Westbrook *et al.*, 2008).
- Commissioned training in other countries around the world, including Europe and the Middle East. We have been involved in getting CBT training started in several countries. For example:
  - Following a commission from Poland OCTC set up and ran the first CBT course there 10 years ago. Eleven cohorts of trainees have now passed through that course and nearly all the training and supervision is now done by Polish colleagues. In other areas of Eastern Europe, OCTC has

contributed to the first CBT course in Ukraine; and in Kosovo 8 days of training from OCTC two years ago, the first in that country, has led to a current collaboration with an NGO there to set up the country's first full Diploma-level CBT training.

- Over the last three years OCTC has also done several blocks of training in the Middle East – in Oman, and in Saudi Arabia (two courses, one in Jeddah and one in Dhahran). In the autumn OCTC is due to start a substantial contribution to the first Diploma-level course in Lebanon, being set up by a graduate of our Advanced course.

## References

Bennett-Levy, Butler, Fennell, Hackmann, Mueller & Westbrook (2004). *The Oxford guide to behavioural experiments in cognitive therapy*. Oxford: Oxford University Press

Westbrook, Kennerley, & Kirk (2011). *An introduction to cognitive behaviour therapy: skills & applications, 2nd edition*. London: SAGE

Westbrook, Sedgwick-Taylor, Bennett-Levy, Butler, & McManus (2008). A pilot evaluation of a brief CBT training course: impact on trainees' satisfaction, clinical skills and patient outcomes. *Behavioural & Cognitive Psychotherapy*, 36, 569–57

## WHAT IS COGNITIVE BEHAVIOUR THERAPY (CBT)?

CBT is type psychotherapy where a patient is encouraged to challenge their unhelpful beliefs about themselves, the world and others. It also helps the patient to appreciate that how and what they think (cognitions) and do (behaviour) affects their feelings – both positively and negatively

A CBT psychotherapist will therefore work with the patient to change the way they 'think' and what they 'do' in order to ultimately help them 'feel' better and overcome their emotional difficulty. However, 'Unlike some of the other talking therapies, it focuses on the 'here and now' problems and difficulties. Instead of focusing on the causes of patients' distress or symptoms in the past, it looks for ways to improve their state of mind now.' (Royal college of psychiatrists)

<http://www.rcpsych.ac.uk/mentalhealthinfoforall/treatments/cbt.aspx>

## OUTLINE OF COGNITIVE BEHAVIOUR THERAPY (CBT) TRAINING PROGRAMME

### **TRAINING BLOCK ONE: INITIAL CBT SKILLS TRAINING (2 PARTS)**

**10 - 13 SEPTEMBER 2012**

#### **Basic Skills**

##### **Part 1: Assessment & Formulation (2 days)**

This workshop will give participants a grounding in the fundamental skills of using CBT. The workshop incorporates a brief introduction to basic CBT theory, but the main aim is to teach participants the CBT skills of assessing clients and producing CBT formulations, or case conceptualisations, of their problems. The workshop is focused on practical clinical skills, and therefore the bulk of the work involves role-playing. Workshop participants in small groups will role-play clients and therapists, following through the different stages of assessment and finally producing a CBT formulation for their 'client'.

##### **Part 2: Basic Therapeutic Skills (2 days)**

This workshop builds on the Assessment and Formulation workshop, and provides an introduction to some of the basic strategies used in CBT. These include 'agenda setting', 'identifying' and 'testing negative thoughts', using 'guided discovery' ("Socratic questioning"), 'goal setting', and the use of 'behavioural experiments'. As with Part 1, the workshop involves extensive role-playing, in order to give participants hands-on experience and feedback of clinical strategies.

***Break for at least 4 weeks for practice and consolidation of the skills outlined above***

### **TRAINING BLOCK TWO: CBT FOR COMMON EMOTIONAL DIFFICULTIES (2 PARTS)**

**8 - 12 OCTOBER 2012**

These workshops build on Parts 1 & 2, and aim to give participants an introduction to specific models and ways of working with depression and some anxiety problems commonly encountered in clinical practice. The workshops will be skills based, and give participants opportunities to practice techniques relevant to the specific problems.

#### **Follow-up / troubleshooting / supervision aimed at consolidating the skills from the previous block (1 day)**

##### **Part 3: Depression (2 days)**

The aim of this workshop is to develop and refine some of the basic skills learned in Parts 1 and 2, and integrate them in the context of working with clients with depression. Particular issues addressed will include: 'engendering hope', 'countering withdrawal and inactivity', and 'dealing with negative automatic thoughts and suicidal ideation'. The workshop will provide plenty of opportunity to practise therapy skills derived from the cognitive model of depression.



**Part 4: Anxiety (2 days)**

Day 1: 'Panic' (half day) / 'Social Anxiety' (half day)

Day 2: 'Health Anxiety' (half day) / 'OCD' (half day)

***Break for at least 7 weeks for practice and consolidation of the skills outlined above***

**TRAINING BLOCK THREE: TRAUMA FOCUSED CBT TRAINING (3 PARTS)**

***3 – 8 DECEMBER 2012***

**Follow-up / troubleshooting / supervision aimed at consolidating the skills from the previous block (1 day)**

**Part 5: Trauma focussed CBT training (3 days)**

This interactive two day workshop will provide participants with a solid grounding in trauma focused CBT for Post-traumatic Stress Disorder following adult trauma. Participants will have opportunity to learn when and how to use 'reliving' safely and sensitively to help 'process trauma memories' and 'update unhelpful meanings' with a wide range of PTSD presentations and learn strategies for 'identifying' and working with 'negative appraisals' common following trauma. Workshop participants will learn from a combination of presentations, exercises, discussion and demonstrations to build a sound knowledge base as well as practical skills.

**Key objectives:**

- *Understand contemporary theories of PTSD and the role of memory processes*
- *Develop confidence in assessing and formulating PTSD*
- *Select appropriate tools for processing trauma memories*
- *Safely utilize reliving*
- *Work with a unhelpful appraisals*
- *Optimize the use of experiential learning*

**NET training****Part 6: Narrative Exposure Therapy (NET) (1 day)**

NET is a short term, cross-culturally applicable intervention for trauma victims. One of the advantages of this treatment is that it can be taught to relatively inexperienced practitioners. So once participants have learned and mastered this technique they can then easily teach it to their less senior colleagues and other professionals coming into contact with the aftermath of trauma (social workers, nurses, teachers etc)

**Part 7: Working with Children (1 day)**

Applying effective psychological techniques to working with children

**NOTES:**

- ❖ These workshops are suitable for experienced mental health professionals, especially psychiatrists and clinical psychologists.
- ❖ All of the above training sessions will be accompanied by personal study and case supervision (in order to hone clinicians' clinical skills). Furthermore, an assessment of candidates will be incorporated after each part of the course. This assessment will assess candidates on both formal knowledge and practical skills. The Top 10 candidates will then be selected for the evaluation pilot study. This group of 10 could also later be targeted for supervision training.
- ❖ Ongoing clinical supervision of candidates: Candidates will receive weekly supervision by Mr. Taregh Shaban, who, in turn, will be supervised by the Oxford Cognitive Therapy Centre (OCTC).
- ❖ Candidates will be expected to take part in an evaluation study to measure, among other things, the impact of the training on their clinical outcomes (post training).

**CONTACT DETAILS:**

Mental health professionals, who wish to attend the training programme, may submit their CVs for consideration/evaluation at [taregh.shaban@gmail.com](mailto:taregh.shaban@gmail.com) , kind attention of **Mr. Taregh Shaban**



## THE CBT TRAINING PROGRAMME AT A GLANCE

### B L O C K 1 - Initial CBT Skills Training: 10-13 Sep 2012

PART		DESCRIPTION	DURATION
1.	Assessment & Formulation	Participants will learn the CBT skills of assessing clients and producing CBT formulations of their problems	2 days
2.	Basic Therapeutic Skills	These include: agenda setting, identifying and testing negative thoughts, using guided discovery ("Socratic questioning"), goal setting, use of behavioural experiments.	2 days

**Duration of Block 1: 4 days**

**AT LEAST FOUR WEEKS BREAK**

### B L O C K 2 - CBT for Common Emotional Difficulties: 8-12 Oct 2012

PART		DESCRIPTION	DURATION
	Follow-up / troubleshooting / supervision day aimed at consolidating the skills from the previous block		1 day
3.	Depression	Aspects covered: engendering hope, countering withdrawal and inactivity, dealing with negative automatic thoughts and suicidal ideation	2 days
4.	Anxiety	Conditions covered: Panic - Social Anxiety Health Anxiety - OCD	2 days

**Duration of Block 2: 5 days**

**AT LEAST SEVEN WEEKS BREAK**

### B L O C K 3 - Trauma Focussed CBT Training: 3-8 Dec 2012

PART		DESCRIPTION	DURATION
	Follow-up / troubleshooting / supervision day aimed at consolidating the skills from the previous block		1 day
5.	Trauma focused CBT training	A grounding in trauma focused CBT for PTSD	3 days
6.	Narrative Exposure Therapy (NET)	Generic NET theory and practice	1 day
7.	Working with Children	Applying effective psychological techniques to working with children	1 day

**Duration of Block 3: 6 days**

# PERSON SPECIFICATION

## CBT Training Fellow

	ESSENTIAL	DESIRABLE
<b>Education/Qualifications</b>	<ul style="list-style-type: none"> <li>➤ First degree in medicine or psychology</li> <li>➤ A professional qualification in a mental health related discipline</li> <li>➤ Ability to speak, read and write in English</li> </ul>	<ul style="list-style-type: none"> <li>➤ Cognitive Behaviour Therapy qualification</li> </ul>
<b>Previous experience</b>	<ul style="list-style-type: none"> <li>➤ Knowledge of mental health issues</li> <li>➤ Understanding of evidence based practice</li> <li>➤ Experience of working with a range of mental health issues and variety of client groups, both from clinical and social perspective</li> <li>➤ Experience of working with a wide range of psychological problems.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Research methodology and presentation.</li> <li>➤ Research publications in peer-reviewed journals</li> <li>➤ Therapeutic competencies and meta-competencies.</li> <li>➤ Experience of working within a holistic person centred service model</li> <li>➤ Experience of working within multi disciplinary settings.</li> </ul>
<b>Skills/Knowledge/Ability</b>	<ul style="list-style-type: none"> <li>➤ Willingness to take part in supervision and use it effectively</li> <li>➤ A committed and professional approach to work</li> <li>➤ Ability to develop good therapeutic relationships</li> <li>➤ Computer/ Information Technology skills</li> <li>➤ Ability to work under pressure</li> <li>➤ Good organisational and time management skills, ability to plan and prioritise.</li> <li>➤ Highly effective communication skills, presentational, general verbal and written at appropriate levels of technicality and sensitivity according to the recipient.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Skills in the use of complex methods of psychological assessment, functional analysis and case formulation.</li> <li>➤ Ability to be a team player within a multi disciplinary team</li> </ul>
<b>Additional Information</b>	<ul style="list-style-type: none"> <li>➤ Willingness to undertake training and conform to the post-training requirements of the course</li> <li>➤ Willingness to abide by the principles, policies and procedures</li> <li>➤ Willingness to collect and submit outcome data for all patients treated using CBT</li> </ul>	

## Cognitive Therapy Scale – Revised Score Sheet (CTSRSS)

The following are the items (skills) that trainees are expected to demonstrate (to a basic level) in order to be considered basic practitioners of CBT. The recordings (3X 50 minute tapes) will be marked against these criteria.

CTS-R Items	Score	Comments (examples of questions that could be asked to demonstrate relevant CTS-R skill)
<p><b>1. Agenda setting and adherence</b> Did the therapist set a good agenda and adhere to it?</p>		<ul style="list-style-type: none"> <li>➤ Shall we set an agenda?</li> <li>➤ Is there anything specific you feel is important that we need to discuss today?</li> <li>➤ Do we need to prioritise these items?</li> <li>➤ What order do we need to look at these?</li> </ul>
<p><b>2. Feedback</b> Were there statements and/or actions concerned with providing and eliciting feedback?</p>		<ul style="list-style-type: none"> <li>➤ Just to be clear that I have understood what you have said...</li> <li>➤ You seem to be saying that...is that correct?</li> <li>➤ What are you going to take away from today?</li> <li>➤ What was useful? Anything we could do different?</li> <li>➤ What has been the most useful learning point for you today?</li> </ul>
<p><b>3. Collaboration</b> Were there statements and/or actions encouraging the patient to participate appropriately, and preventing an unequal power relationship developing?</p>		<ul style="list-style-type: none"> <li>➤ Team work...setting agenda together, feedback, setting goals</li> <li>➤ Getting client to write thought diary</li> <li>➤ Shall we try to work an alternative to this issue?</li> <li>➤ What are the problems of that behaviour?</li> </ul>
<p><b>4. Pacing and efficient use of time</b> Were there statements and/or actions concerning the pacing of the session, helping to ensure the time was used effectively?</p>		<ul style="list-style-type: none"> <li>➤ Ok..we have 3 items on the agenda, shall we allocate time for each?</li> <li>➤ I am aware that we have 20 minutes left, should we move on?</li> <li>➤ We have gone of the subject a little, I feel it is important to focus on issues raised..shall we come back?</li> </ul>
<p><b>5. Interpersonal Effectiveness</b> Was a good therapeutic relationship evident (trust, warmth, etc.)?</p>		<ul style="list-style-type: none"> <li>➤ Do we need to take a brief break?</li> <li>➤ Is it ok for me to continue with these questions?</li> <li>➤ ...that sound horrendous...it must be very difficult for you...</li> </ul>
<p><b>6. Eliciting appropriate emotional expression</b> Were there questions and/or actions designed to elicit relevant emotions and promote a good emotional ambience?</p>		<ul style="list-style-type: none"> <li>➤ How does that make you feel?</li> <li>➤ You seem really irritated but tearful...how do you understand that?</li> <li>➤ Do you feel anything other than sad?</li> <li>➤ When that happens how do you feel?</li> <li>➤ It sounds like it made you feel...and made you think....</li> </ul>

CTS-R Items	Score	Comments (examples of questions that could be asked to demonstrate relevant CTS-R skill)
<p><b>7. Eliciting key cognitions</b> Were there questions and/or actions designed to elicit relevant cognitions (thoughts, beliefs, etc.)</p>		<ul style="list-style-type: none"> <li>➤ What was going through your mind?</li> <li>➤ What do you make of that?</li> <li>➤ Can you tell me about a recent time when you were anxious, what went through your mind...</li> </ul>
<p><b>8. Eliciting and planning behaviours</b> Were there questions and/or actions designed to elicit dysfunctional behaviours and engage the patient in planning for change?</p>		<ul style="list-style-type: none"> <li>➤ What do you tend to do at those times?</li> <li>➤ What do you do to cope? What prompts you to do that?</li> <li>➤ If you were able to remain in the situation what would go through your mind? How would you feel?</li> <li>➤ What would this mean to you?</li> <li>➤ What's the worst thing that could happen?</li> <li>➤ What might help you to deal with that different?</li> <li>➤ What could you do to test out your thoughts?</li> <li>➤ What could you do different?</li> </ul>
<p><b>9. Guided discovery</b> Were there questions and/or actions designed to promote self-reflection, helping the patient to make his/her own connections and discoveries?</p>		<ul style="list-style-type: none"> <li>➤ What does that say about you?</li> <li>➤ What do you make of that?</li> <li>➤ If someone else did that what would you say to them/do?</li> <li>➤ Do you have any experience of this not being the case?</li> <li>➤ Is it so all the time?</li> <li>➤ Now that you have looked at the bigger picture, how do you view your original view/concern?</li> </ul>
<p><b>10. Conceptual integration</b> Were there statements and/or actions designed to promote the patient's understanding of the models underpinning CT?</p>		<ul style="list-style-type: none"> <li>➤ Let's see how this all holds together.</li> <li>➤ How does that link with the formulation?</li> <li>➤ Have there been times when you have been depressed before? Shall we explore that?</li> <li>➤ Are there times when you felt good about yourself?</li> <li>➤ Does this way of looking at your depression make sense?</li> </ul>
<p><b>11. Application of change methods</b> Did the therapist facilitate in-session learning and change through a change method (cognitive and behavioural)?</p>		<ul style="list-style-type: none"> <li>➤ How else could you have seen this?</li> <li>➤ Are there any alternatives?</li> <li>➤ What are the dis/advantages to thinking this way?</li> <li>➤ Let's focus on what you could do different...</li> <li>➤ Do hyperventilation experiment, pie chart..</li> </ul>
<p><b>12. Homework setting</b> Did the therapist set an appropriate homework effectively?</p>		<ul style="list-style-type: none"> <li>➤ What would be useful over the next week to help you check out your beliefs/thoughts?</li> <li>➤ Is there anything that may interfere with carrying this out?</li> <li>➤ We've covered a lot of ground today, which part do you think we need to focus on and use and setup as homework?</li> </ul>
<p><b>Total Score</b></p>		

## **DUTIES AND RESPONSIBILITIES**

- ❖ To attend all components of the course and complete summative and formative assessments in formal knowledge and practical skills.
- ❖ To actively engage in ongoing clinical supervision (for minimum of 9 months) by Mr. Taregh Shaban, who, in turn, will be supervised by the Oxford Cognitive Therapy Centre (OCTC) and to complete a supervision log.
- ❖ To actively participate in post training evaluation study to measure, among other things, the impact of the training on trainee's clinical outcomes.
- ❖ To commit to the personal study requirements and complete log of the same.
- ❖ To submit three 50min – 1hr recordings of three CBT sessions where the skills and techniques learned on the course are demonstrated with real patients.
- ❖ To complete clinical logs for a minimum of 8 patients.
- ❖ Prepare applications for external research funding to major research funding bodies
- ❖ Prepare scientific/research data to be presented at internal and external meetings in relation to the programme of research where relevant
- ❖ Prepare, or contribution to the preparation of, manuscripts for publication in peer-reviewed journals
- ❖ Actively participate in feedback and other meetings as appropriate'

## **CONFIDENTIALITY / DATA PROTECTION / FREEDOM OF INFORMATION**

Trainees must maintain the confidentiality of information about patients, staff and other health service business in accordance with the Data Protection Act of 1998. Trainees must not, without prior permission, disclose any information regarding patients or staff. If any member of staff has communicated any such information to an unauthorised person, those staff will be liable to dismissal. Moreover, the Data Protection Act 1998 also renders an individual liable for prosecution in the event of unauthorised disclosure of information.

Following the Freedom of Information Act (FOI) 2005, Trainees must apply the foundation's FOI procedure if they receive a written request for information.

## **EQUAL OPPORTUNITIES**

Trainees must at all times fulfil their responsibilities with regard to the foundation's Equal Opportunities Policy and equality laws.

## **HEALTH AND SAFETY**

All trainees have a responsibility, under the Health and Safety at Work Act (1974) and subsequently published regulations, to ensure that the foundation's health and safety policies and procedures are complied with to maintain a safe working environment for trainees, patients, visitors and employees.



## **INFECTION CONTROL**

All Trainees have a personal obligation to act to reduce healthcare-associated infections (HCAIs). They must attend mandatory training in Infection Control and be compliant with all measures required by the foundation and affiliated training centres to reduce HCAIs. Trainees must be familiar with the foundation's Infection Control Policies.

## **RISK MANAGEMENT**

All trainees have a responsibility to report risks such as clinical and non-clinical accidents or incidents promptly. They are expected to be familiar with the foundation's use of risk assessments to predict and control risk, as well as the incident reporting system for learning from mistakes and near misses in order to improve services. Trainees must also attend training identified by their supervisor, or stated by the foundation to be mandatory.

## **SAFEGUARDING CHILDREN AND VULNERABLE ADULTS**

Trainees have a general responsibility for safeguarding children and vulnerable adults in the course of their daily duties and for ensuring that they are aware of the specific duties relating to their role.

## **SMOKING POLICY**

It is the foundation's policy to promote health. Smoking, therefore, is actively discouraged. It is illegal within foundation training centres and vehicles.

## **FOUNDATION PLAN**

We are committed to meeting the rights and standards required by the foundation plan. We expect our staff and trainees to be aware of these rights and standards and to be fully involved and co-operative in meeting them.

## **TERMS AND CONDITIONS**

This training course is exempt from the Rehabilitation of Offenders Act 1974 and this means that any criminal conviction must be made known at the time of application.

## **REVIEW OF THIS COURSE DESCRIPTION**

This course description is intended as an outline of the general areas of activity and will be amended in the light of the changing needs of the organisation. To be reviewed in conjunction with the trainee.



## THE FUNDERS OF THE PROGRAMME

### **LIBYAN IDEA**

#### **Who We are**

Libyan IDEA is an independent non-profit think-tank established by a group of local and expatriate Libyan strategy, management and development professionals. Libyan IDEA brings together extensive expertise and a practical problem solving approach to support the creation of strong public and private institutions, promote awareness of best practices, and prepare a new generation of Libyan leaders. Libyan IDEA aims to originate, advocate, promote and spread awareness of sound planning, policies and administration.

#### **Vision**

Libyan IDEA is the most trusted independent source of the innovative and practical ideas required to overcome the major challenges of reconstruction, nation building and sustainable development

#### **Research Focus**

To structure our efforts in the initial phases we propose to focus on a few key programs and initiatives including:

- Assessment and recovery planning for utilities and essential services
- Development of sectoral and organisational transformation strategies
- Development of community-based strategies for post-conflict Disarmament, Demobilization and Reintegration of combatants

### **LIBYA FOUNDATION FOR REHABILITATION**

The Libya Foundation for Rehabilitation (LFR) is an NGO which aims to help Libya heal its own wounds through the assistance in rehabilitation and reintegration for the prosperity of its people. LFR employs modern scientific and professional psychological, social and educational approaches in order to reintegrate individuals affected back into normal civilian life. LFR's delivery strategy is achieved through its committed team of dedicated experts, professional international partners, and reliable network of Libyan NGOs. LFR teams are presently based in Tripoli, Benghazi, Misrata and Zawia. In addition, it has a strong team based in Malta to provide offshore training and logistical support.

**Our vision** is to be the leading organization for rehabilitation, reintegration and social well-being in Libya.

**Our objectives** are to contribute to developing standards and qualities of work in Libyan Psychological and social work institutions.

#### **What we do?**

The above objectives will be achieved through two means;

**First**, training of trainers programmes to infuse and propagate world class knowledge and practical skills among Libyan psychological and social work professionals, and to enable a sustainable competency development in the Libyan mental health and social work institutions. This will be achieved by employing internationally accredited providers to implement modern evidence based treatment approaches in the field of psychology and social concealing along with state of the art training techniques to elevate the knowledge base and the set of skills of Libyan clinicians and social workers. Initial assessment of training

needs analysis of potential trainers will be conducted on site in Libya, however, the training sessions will be held in a professional dedicated training setting in Malta. Moreover, training will be followed by on site supervision visits by experts to get feedback and to ensure a proper implementation of learned skills and to measure the impact of the new skills on the treated personnel.

**Second,** LFR will provide bespoke consulting solutions to Libyan psychological and social work institutions in order to help them to elevate their work practices to the international standards. Our approach is quality focused which starts from in depth understanding of a client's specific needs in order to design practical and reliable solutions to their problems. To achieve this, our international experts work in partnership with the client professionals in joint teams. First, a joint team assesses the situation, identifies the issues then finally proposes the right solutions. In addition, quality assurance procedures are implemented to ensure a smooth transfer of knowledge and skills to the client teams.

### **WORLD MEDICAL CAMP FOR LIBYA (WMCL)**

World Medical Camp for Libya (WMCL) was founded as a non-profit organization on 20<sup>th</sup> of February 2011 by a group of Libyan professionals in the UK and elsewhere to address the escalating humanitarian crisis and to respond to the urgent and immediate need for medical aid in Libya. After complying with a stringent list of requirements and adhering to the highest level of standards, WMCL was able to register as a charity with the Charities' Commission of England and Wales under registration number 1142866.

With a very dynamic team consisted of professionals, doctors and students based in the UK and elsewhere, WMCL managed to operate in three stations in Egypt, Malta and Tunisia. The official operation during the crisis was initiated by a medical shipment which arrived in Benghazi Medical Centre. WMCL delivered specialist medical products and food and clothing to Zwara and Zawya via sea freight in March 2011. Between March and the Liberation of Tripoli, WMCL have concentrated its efforts on the key front line areas, Misurata and Nafusa Mountain, delivering food and medical supplies via Malta and Tunisia respectively. WMCL have also played a key role in providing supplies to The Refugee camps from our Tunisian operations on the ground.

Post the liberation of Tripoli, we transferred our operation centre to Tripoli transforming the capital into an aid hub to deliver medical aid to the civilians in cities such as Sebha, Sirte and BeniWalid. WMCL has worked very closely with many aid organisations including Red Crescent, Médecins Sans Frontières, and Arab Doctors association, while liaising with medics in Libyan hospitals to ascertain their needs in order to get medical supplies into Libya where the total estimate of the goods delivered strictly via the Libyan and Tunisian Red Crescent Associations worth over USD 5 million in 2011. Our strong global fundraising capabilities were evident by our ability to raise funds from 21 countries across the globe.

The above summary reflects the vision of WMCL when it was established and we believe we have achieved significant results so far but our work has only just began, as now we are focusing our effort on the post war trauma where we believe the effects are still haunting individuals and entire populations across Libya and hereto are pleased to join efforts with our fundraising and logistical capacities to make this project another successful milestone for us to be proud of with our ultimate goal to help heal the wounds of Libya along with other organisations we are working closely with.