

Evaluation of the ACT Program Training for Psychologists and Social Workers^{*}

Evaluación de la Capacitación del Programa ACT para Psicólogos y Trabajadores Sociales

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ABSTRACT

The goal of the present study is to evaluate the ACT Program Training for psychologists and social workers in Porto Alegre, Rio Grande do Sul (South of Brazil). It is a mixed and sequential study. A total of 18 professionals with an average age of 35.56 years ($SD = 9.25$) were included in the quantitative stage of the study. Six participants with an average age of 35.83 years ($SD = 10.14$) were also included in the qualitative stage. The instruments were: Sociodemographic Data Questionnaire; Course Reaction Scale; Tutor Performance Scale; Self-Assessment of Training Impact at Work; Learning Transfer Scale; Physical Punishment Beliefs Scale; and Semi-structured interview. Participants were satisfied with programming and usefulness of contents learned through training. Participation contributed to reduce legitimizing beliefs of physical punishment. Although participants were unable to implement the program due to difficulties imposed by COVID-19 pandemic, the contents were useful to assist parents.

Keywords

violence against children; child maltreatment; prevention; training.

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RESUMEN

El objetivo del presente estudio es evaluar la capacitación del Programa ACT para psicólogos y trabajadores sociales en Porto Alegre, Rio Grande do Sul (Sur de Brasil). Es un estudio mixto y secuencial. Un total de 18 profesionales con una edad media de 35,56 años ($DE = 9,25$) fueron incluidos en la etapa cuantitativa del estudio. También se incluyeron en la etapa cualitativa seis participantes con una edad media de 35,83 años ($DE = 10,14$). Los instrumentos fueron: Cuestionario de Datos Sociodemográficos; Escala de Reacción al Curso; Escala de Rendimiento del Tutor; Autoevaluación del Impacto de la Formación en el Trabajo; Escala de Transferencia de Aprendizaje; Escala de Creencias de Castigo Físico; y Entrevista Semiestructurada. Los participantes se mostraron

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satisfechos con la programación y la utilidad de los contenidos aprendidos a través de la capacitación. La participación contribuyó a reducir las creencias legitimadoras del castigo físico. Aunque los participantes no pudieron implementar el programa debido a las dificultades impuestas por la pandemia de COVID-19, los contenidos fueron útiles para ayudar los padres.

Palabras clave

violencia contra los niños; maltrato infantil; prevención; capacitación.

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Violence against children is a major health and social concern worldwide. It involves all forms of violence against people under 18 years old, whether perpetrated by parents, caregivers, peers, romantic partners, or strangers. Child maltreatment refers to neglect, physical, emotional, and sexual violence of infants, children, and adolescents by parents, caregivers, or other authority figures (World Health Organization [WHO], 2020). Globally, it is estimated that one out of two children aged 2–17 years experiences some form of violence each year (Hills et al., 2016). About 120 million girls have suffered sexual abuse before the age of 20 years. Emotional violence affects one in three children, with one in four growing up witnessing the mother's exposure to intimate partner violence. Moreover, three in four children aged two to four years regularly suffer physical punishment and/or psychological violence perpetrated by parents or caregivers (WHO, 2020). Child maltreatment is related to negative outcomes, such as anxiety, depression, poor cognitive and language skills, low self-esteem, difficulties forming peer relationships, lack of empathy for others in distress, anti-social behavior, and poor educational attainment (United Nations Children's Fund [UNICEF], 2014). In addition to the direct negative consequences for children's health and development, child maltreatment also entails high costs for governments. In the United States, the estimated lifetime cost per victim of non-fatal

maltreatment was \$830,928 in 2015 (Peterson, Florence, & Klevens, 2018).

Brazil has a population of over 211 million inhabitants and is the largest country in South America and in Latin America & the Caribbean (Brazilian Institute of Geography and Statistics [IBGE], 2010). The Convention on the Rights of the Child was ratified by Brazilian government in 1990 (Federal Decree No. 99,710, 1990). In the same year, the Child and Adolescent Statute came into effect and determined that no child or adolescent should be subjected to any form of violence (Law No. 8.069, 1990). Despite the advances made in recent decades, violence against children remains a severe problem in Brazil (UNICEF, 2021). According to the Human Rights Dial (Dial 100), 86,837 notifications of violations against children and adolescents were recorded in 2019. Neglect was the most reported form of violence (38%), followed by psychological (23%), physical (21%), and sexual violence (11%). Parents and caregivers were identified as the main perpetrators of violence against children (Ministry of Women, Family and Human Rights, 2020). Macedo et al. (2020) performed an analysis of 14,564 cases of child maltreatment reported by health professionals in the state of Rio Grande do Sul (South of Brazil) between 2012 and 2014. Results indicated that boys were more likely to experience neglect and physical violence. On the other hand, girls were more vulnerable to psychological and sexual violence.

Given the high frequency and seriousness of situations of violence against children, interventions should be promoted to raise awareness about negative impacts, to teach positive caring practices, and to prevent aggressive behaviors. Professionals, such as psychologists and social workers, must be trained to implement interventions to prevent and combat violence against children (WHO, 2020). In Brazil, the protection of children is conducted by the joint action of a network composed by different services and professionals (Faraj et al., 2016). However, the reality indicates that these professionals are sometimes unable to provide adequate interventions due to gaps

in their professional training (Egry et al., 2017; Souza et al., 2009). Among the difficulties faced by Brazilian professionals is the lack of knowledge about the dynamics of violence, poor training in evidence-based interventions, work overload, lack of support to deal with emotionally exhausting work demands, and precarious working conditions (Freitas et al., 2015). It becomes increasingly important to provide and evaluate training for professionals to implement evidence-based interventions and qualify their work.

ACT Raising Safe Kids Program

One of the internationally recognized programs to prevent child maltreatment is the ACT Raising Safe Kids Program (Altafim & Linhares, 2016; National Center for Parent, Family and Community Engagement [NCPFCE], 2015). The American Psychological Association (APA) Violence Prevention Office developed the intervention to teach positive parenting skills to parents and caregivers of children from birth to age 10. During the nine meetings, topics related to child development, violence against children, anger management, parenting styles, and positive discipline are discussed with parents and caregivers (Silva, 2007). The ACT Program has been implemented and evaluated in different countries, such as United States, Brazil, Colombia, Peru, Greece, Turkey, Croatia, Bosnia and Herzegovina, Portugal, Romania, Taiwan, and Japan (Howe et al., 2017). Studies indicate that it contributes improving parenting practices and reducing parents' aggressive behaviors (Altafim & Linhares, 2019; Knox & Burkhart, 2014; Portwood et al., 2011; Weymouth & Howe, 2011).

Psychologists, social workers, educators, and other practitioners are trained to conduct the intervention with parents and caregivers. APA Violence Prevention Office plays a centralized role in training and supporting program sites through master trainers who provide 2-day trainings for service providers (Howe et al., 2017). Despite the importance, few studies

evaluate the ACT Program Training (Guttman et al., 2006; Miguel & Howe, 2006). In the United States, a study examined the utility of the training in disseminating knowledge to early childhood professionals. Results revealed that the program was effective in terms of both participants' increase in knowledge and perception of knowledge regarding violence in childhood (Guttman et al., 2006). No published studies evaluating the ACT Program Training in Brazil were found.

Integrated Model for Assessing the Impact of Training at Work (IMPACT)

The systematization of training processes has been a topic of interest and has led to the development of evaluation models. Kirkpatrick (1976) proposed one of the first training evaluation models, which encompasses four levels: reaction, learning, behavior, and results. In Brazil, Abbad (1999) developed the Integrated Model for Assessing the Impact of Training at Work (IMPACT), which consists of seven components: 1) Characteristics of the participants (e.g., demographic, behavioral, and motivational information of training participants); 2) Training characteristics (e.g., duration, objective, instructor performance, and quality of material); 3) Perception of organizational support (e.g., participants' perceptions of organizational practices, professional enhancement, and support for training); 4) Reaction or assessment of participants' satisfaction with training; 5) Level of assimilation and retention of the content learned in the training; 6) Impact of on-the-job training (e.g., direct and indirect effects of training); 7) Support to the transfer (e.g., support of the organization regarding the application in the workplace of the contents and skills learned in the training; Abbad, 1999; Seidl, 2018). In Brazil, the IMPACT has been adopted in the evaluation of social technologies for training professionals who work with children exposed to violence (Damásio et al., 2014; Freitas et al., 2015).

The training of professionals to intervene preventing and combating child maltreatment should be expanded and qualified in Brazil. The main goal of the present study is to evaluate the ACT Program Training for psychologists and social workers in Porto Alegre, the capital of the state of Rio Grande do Sul (South of Brazil). Specific objectives are: 1) to identify participants' course reaction, tutor performance assessment, self-assessment, transfer of learning, and physical punishment beliefs; 2) to compare physical punishment beliefs in pretest, posttest, and follow-up. It is hypothesized that, after participating in the training, participants will present lower averages of legitimizing beliefs of physical punishment; 3) to understand participants' motivations and perceptions of the training.

Method

Study Design

It is a mixed and sequential study. The first stage of the study involves a quantitative approach to respond to the first and second specific objectives. The second stage encompasses a qualitative approach to respond to the third specific objective. Mixed method was performed to complement results (Schoonenboom & Johnson, 2017).

Participants

A total of 18 professionals were included in the first stage of the study. Ages ranged from 25 to 55 years ($M = 35.56$; $SD = 9.25$). Most of the participants lived in countryside cities (61.1%), were female (83.3%), white (94.4%), single (50%), graduated (83.3%), psychologists (83.3%), worked at Social Assistance Reference Centers (31.5%), and did not have previous training to work on situations of child maltreatment (83.3%). Sociodemographic characteristics are presented in Table 1.

Table 1
Participants' sociodemographic characteristics (n = 18)

Variables	<i>M (SD; range)</i>
Age (years)	35.56 (9.25; 25-55)
Working time at the current workplace (months)	36.71 (35.87; 4-108)
Working time with situations of child maltreatment (months)	86.76 (85.73; 4-834)
Variables	<i>n (%)</i>
<i>City of residency</i>	
Countryside cities	11 (61.1)
Porto Alegre and metropolitan area	7 (38.9)
<i>Gender</i>	
Female	15 (83.3)
Male	3 (16.7)
<i>Race/ethnicity</i>	
White	17 (94.4)
Brown	1 (5.6)
<i>Marital status</i>	
Single	9 (50)
Married/stable union	8 (44.4)
Divorced	1 (5.6)
<i>Level of education</i>	
Graduation (completed or in progress)	15 (83.3)
Complete higher education	3 (16.7)
<i>Occupation</i>	
Psychologists	15 (83.3)
Social workers	3 (16.7)
<i>Workplace</i>	
Social Assistance Reference Center	6 (31.5)
Basic Health Unit	3 (15.7)
Association of Beneficial Nurseries	2 (10.5)
Specialized Social Assistance Reference Center	2 (10.5)
Association of Parents and Friends of Disabled People	1 (5.2)
Family Health Support Center	1 (5.2)
Municipal schools	1 (5.2)
Secretary of Education	1 (5.2)
Secretary of Health	1 (5.2)
Missing	1 (5.2)
<i>Specific training to work on situations of child maltreatment</i>	
No	15 (83.3)
Yes	3 (16.7)

Six professionals were included in the second stage of the study. The selection of participants was conducted by drawing lots. All of them were psychologists and ages ranged from 26 to 55 years ($M = 35.83$; $SD = 10.14$). Three participants lived in Porto Alegre and three of them lived in countryside cities. Regarding gender, three participants were females and three males. In relation to educational level, four participants were graduated and two had completed higher education.

In the two stages of the study, inclusion criteria specified social workers and psychologists working with children and their families for at least six months. Interested professionals should not be undertaking other trainings and priority

was given to professionals working in public services.

Measures

Sociodemographic data. Participants answered a sociodemographic questionnaire at pretest including information on age, city of residency, gender, race/ethnicity, marital status, education level, occupation, workplace, and specific training to work on situations of violence against children.

Course reaction. The Course Reaction Scale, developed in Brazil by Abbad (1999), aims to assess participants' satisfaction with the training (e.g., programming, applicability, utility, results, and expected support). The scale consists of 24 items (e.g., "Adequacy of the program content to the objectives of the course") evaluated through a 5-point Likert scale ("Great" to "Bad"). In this study, the values were inverted so that higher averages represented a better reaction to training. The scale was completed at the end of the second day of training and the internal consistency was 0.94.

Tutor performance assessment. The Tutor Performance Scale was developed in Brazil by Zerbini and Abbad (2009). Participants evaluate tutor's performance during training. The scale is composed by 15 items (e.g., "Use of strategies to motivate participants regarding the topics covered in the module") evaluated through a 5-point Likert scale ("Great" to "Bad"). In this study, values were inverted so that higher averages represented a better assessment of tutor's performance. The scale was completed at the end of the second day of training and internal consistency was 0.82.

Self-assessment. The Self-Assessment of Training Impact at Work was developed in Brazil by Abbad (1999). The objective of the scale is to evaluate participants' self-assessment regarding the effects produced by training in their performance, motivation, self-confidence, and openness to changes in work process. The scale is composed by 12 items (e.g., "I often use what was taught in training in my current work")

and evaluated by a 5-point Likert scale ("Strongly disagree" to "Strongly agree"). Participants of this study completed the scale at six months follow-up and the internal consistency was 0.88.

Transfer of learning. The Learning Transfer Scale was elaborated in Brazil by Freitas (2013). The scale aims to assess levels of transferring the content covered in the training to the work context. Behaviors related to the application of knowledge, skills, and techniques acquired during the training are investigated. It is composed by 17 items (e.g., "During the training I developed skills to discuss about children and adolescents who were victims of violence") evaluated through a 5-point Likert scale ("Strongly disagree" to "Strongly agree"). Higher scores indicate greater learning transfer. In this study participants completed the scale at follow-up and the internal consistency was 0.86.

Physical punishment beliefs. The Physical Punishment Beliefs Scale was developed in Portugal by Machado et al. (2000) and adapted to Brazil by Lawrenz et al. (2020). The aim of the scale is to evaluate conceptions about parenting practices, specifically the degree of tolerance or acceptance towards the use of violence as a disciplinary strategy. It consists of 21 items (e.g., "Hitting is often the only solution to bad behavior") answered through a 5-point Likert scale ("Strongly disagree" to "Strongly agree"). Higher scores indicate more tolerance or acceptance towards the use of physical punishment. Participants completed the scale at pretest, posttest, and follow-up. In this study, the internal consistency was 0.75. The scale is not available as an attachment because it is marketed.

Semi-structured interview. The second stage of this study included a brief sociodemographic questionnaire and a semi-structured interview. The questions were as follows: 1) What made you interested in participating in the ACT Program Training? What were your motivations? 2) Tell me how the training experience was for you; 3) Have you implemented the ACT Program at your workplace? Can you report how the experience was? 4) If you have not implemented the ACT Program, what aspects made it difficult

to implement it? 5) Did participation in the training impact or has it impacted the work done with parents and caregivers? If so, in what way? 6) Have the content covered in the training contributed to the work with parents and caregivers? If so, what content has been used the most? 7) Do you think the training provided some new knowledge for you? If so, which one? 8) What are your suggestions for improving ACT Program training?

Data Collection Procedures

The ACT Program Training was advertised through postings on social media (e.g., Facebook) between 11 and 25 October 2019. Postings contained information about training objectives, inclusion criteria, duration, local, and contact. Professionals interested in participating in the training needed to complete an application form and send a letter explaining their motivations through e-mail. Sixty-three professionals sent e-mails showing interest in participating in the training, but only 27 sent the required registration documents. Of these, 19 professionals were selected to be part of the training. Priority was given to professionals working in public services in different cities of the state of Rio Grande do Sul. The training was held in person at the Pontifical Catholic University of Rio Grande do Sul (PUCRS), located in the city of Porto Alegre (capital of Rio Grande do Sul). It took place on the 7th and 8th of November 2019 and had a load of 16 hours. The training was conducted by a psychologist certified as an ACT master trainer by APA Violence Prevention Office. Two research assistants helped to carry out the evaluations. The training was free, and all materials were made available by the research team.

The training was organized in such a way that participants carried out activities of all sessions of the ACT Program. Participants received all materials that are necessary in groups with parents and caregivers and include the ACT Facilitator Manual, Motivational Interviewing Manual, Parents' Handbook, and Evaluation

and Instruments Guide. The ACT Program is organized into nine weekly meetings lasting two hours and involves a preliminary meeting and eight sessions exploring different themes related to child development and parenting practices. In the training, the most important contents of each session were presented, which are: 1) Preliminary meeting: parents and caregivers are introduced to the objectives of the program, as well as facilitators and other group members; 2) First session: basic elements of child development are presented and discussed; 3) Second session: helps parents and caregivers to understand how children can be exposed to violence and the consequences for health and development; 4) Third session: includes a discussion about emotions and how parents and caregivers can control their anger; 5) Fourth session: parents and caregivers learn about children's emotions and how they can help children to understand and control anger; 6) Fifth session: helps parents and caregivers to understand the impacts of electronic media on children's behavior and health; 7) Sixth session: discipline and parenting styles are discussed. Parents and caregivers learn that the way they educate children has an impact on their behaviors for life; 8) Seventh session: aims to teach parents and caregivers ways to prevent difficult behaviors and how to use positive ways to discipline children; 9) Eighth session: helps parents and caregivers to identify what they learned from the program and how to use the tools.

From the moment the training was advertised, professionals were informed that it was part of a research project. Regarding the first stage of this study, evaluations were carried out in four moments (see Table 2). On the first day of training, before any content was presented, the 18 professionals who attended the training responded to questionnaires (pretest). At the end of the second day of training, the same participants were asked to answer questions to assess the training and trainer's performance. One month (December 2019) and six months (May 2020) after training, an e-mail was sent to each participant asking them to answer the questionnaires again (posttest and follow-up).

Online data collection was performed using the Qualtrics platform. Only two participants did not answer the questionnaires one month and six months after training. Concerning the second stage of this study, interviews were conducted in October 2020, eleven months after training. Interview participants were selected by lot and invitations were sent by e-mail. Ten training participants received the invitation, but only six agreed to participate in the interview. The interviews were conducted individually by two trained research assistants. The Zoom platform was used to conduct the interviews, which lasted an average of 30 minutes.

Table 2
Inclusion of pretest, posttest, and follow-up measures

Variable	First day of training (pretest)	Second day of training	One month after training (posttest)	Six months after training (follow-up)
Sociodemographic data	X			
Course reaction		X		
Tutor performance assessment		X		
Self-assessment				X
Transfer of learning				X
Physical punishment beliefs	X		X	X

Ethical Procedures

The research project was submitted to the Pontifical Catholic University of Rio Grande do Sul (PUCRS) Research Ethics Committee and approved under opinion 2.378.392. All participants signed the Free and Informed Consent Form and were informed about the purpose of the study.

Data Analysis

Regarding the first stage of the study, frequency and percentage were calculated for the categorical variables. For the descriptive variables, mean, standard deviation, minimum, and maximum were calculated. Comparison analysis was performed using Friedman Test. Analyses were conducted through the Statistical

Package for Social Sciences 23.0 and level of significance was 5%.

Concerning the second stage of the study, interviews were transcribed respecting confidentiality and identity. Analysis was guided by the method of Braun and Clarke (2006), which includes the following steps: 1) Familiarization with data; 2) Identification of initial codes; 3) Search for themes; 4) Review of themes; 5) Definition and naming of themes; 6) Report writing. The units of analysis were phrases, and it was performed by two independent judges based on inductive guidance. In case of disagreement, a third judge was included.

Results

The analysis of the IMPACT components allowed to identify high averages of course reaction ($M = 106.13$; $SD = 12.21$; theoretical range: 24-120; observed range: 71-117), tutor performance assessment ($M = 72.79$; $SD = 4.00$; theoretical range: 15-75; observed range: 61-75), self-assessment ($M = 47.12$; $SD = 5.57$; theoretical range: 12-60; observed range: 38-59), and transfer of learning ($M = 51.25$; $SD = 6.21$; theoretical range: 17-85; observed range: 39-62). Regarding beliefs of physical punishment, participants presented an average of 28.11 ($SD = 5.43$; theoretical range: 21-105; observed range: 22-42) at pretest, 26.63 ($SD = 4.16$; theoretical range = 21-105; observed range = 21-36) at posttest, and 25.53 ($SD = 4.98$; theoretical range = 21-105; observed range = 21-38) at follow-up. It was possible to identify a significant effect of the training on beliefs of physical punishment ($\chi^2(2): 6.000$; $p = 0.05$; $W = 0.02$). This was the result of participants being less likely to legitimize physical punishment six months after training compared to pretest ($p = 0.02$).

Through the qualitative analysis of the interviews five themes were established (e.g., Motivations, COVID-19 Pandemic, Contextual Aspects, Evaluation, and Repercussions). Themes and subthemes are presented in Figure 1 and Table 3.

Motivations. This theme concerns demands of professionals that motivated participation in training. It was possible to establish two subthemes: *training need* and *violence against children*. Participants sought training to increase knowledge and tools for working with children and families. Some of them worked in countryside cities and did not have access to regular training. In addition, they reported identifying and having to act in situations of violence against children. Parents, caregivers, and teachers were identified as perpetrators of violence. Thus, professionals also sought training to learn ways to approach the theme and raise awareness about the damages caused by children's exposure to violence.

COVID-19 Pandemic. The theme involves the consequences of COVID-19 pandemic for the work of professionals and the implementation of the ACT Program. Two subthemes were established: *non-implementation of the program* and *application of contents*. Professionals received the training at the end of 2019 and the intention was to implement the program in 2020. However, group activities were suspended in schools, social assistance, and health services. Assistance to families started to be carried out individually after the lock-down period. Therefore, no training participant implemented the ACT Program. On the other hand, the pandemic context contributed to the emergence of new demands and professionals reported that contents learned through training were important for working with parents and other caregivers.

Contextual Aspects. This theme is related to factors that challenge the implementation of the ACT Program. In addition to the pandemic, other contextual aspects were identified by professionals. It was possible to establish two subthemes: *institutional* and *cultural*. Not all professionals reported receiving institutional support to implement interventions. Bureaucratic issues, lack of resources, and work overload are some of the aspects that hinder professionals' plans. Institutional support is an important factor for the successful implementation and maintenance of activities. Moreover, professionals recognized that parents

and caregivers who attend the services end up not adhering to proposed protocols. In their opinion, factors related to Brazilian culture make it difficult to implement the program as it is structured. For example, parents and caregivers like to speak and share experiences. Due to lack of time, it could be difficult to follow the structure and complete all activities.

Evaluation. The theme involves professionals' assessment about *positive* and *negative* aspects of training. In general, professionals evaluated the training positively. One aspect valued was the way professionals were welcomed on training days. The room was organized, and all materials were available. Moreover, the trainer was considered competent and attentive. Professionals were from different cities and services, so they were able to talk and share experiences. They worked in public services and did not have access to regular training regarding violence against children. The fact that it was free training made it possible to participate and was well evaluated. The only negative aspect was the training load. Professionals understood that many contents were presented in a short time. Therefore, training was considered intense and tiring. The main suggestions given by participants were to increase the number of group meetings and to have more time to address program's sessions. Considering the pandemic context, meetings could be remote.

Repercussions. This last theme concerns different repercussions of the training. Five subthemes were established: *changes in beliefs*, *acquisition of new knowledge*, *support for work*, *sharing contents*, and *desire to implement the program*. Participation in training contributed to change professionals' beliefs about the use of violence as an acceptable educational practice. Moreover, training was important to the acquisition of new knowledge and tools, which were put into practice while working with parents and caregivers. Participation in the training made professionals feel more supported in their actions and able to share contents with colleagues. Although they did not implement the ACT Program due to the pandemic, everyone reported the desire in doing it in the future.

Table 3
Themes, sub-themes, and excerpts from the interviews

Themes	Subthemes	Excerpts from the interviews
Motivations	Training need	"We study the issue of development, study the issue of behavior, but I had never had any specific training in this area of non-violence, to handle these situations, to guide parents" (Participant 6)
	Violence against children	"I work in three public schools, and we receive some cases of negligence, you know, of violence against children. In our region we still have the culture of physical punishment" (Participant 5)
COVID-19 Pandemic	Non-implementation of the program	"Due to the pandemic we had to cancel all group meetings" (Participant 5)
	Application of contents	"Due to the pandemic, there were demands related to childhood, care, the permanence of children at home. Although we did not apply the program, we were able to use techniques that we learned" (Participant 3)
Contextual Aspects	Institutional	"The implementation of the program would be a little more difficult for institutional reasons" (Participant 1); "I am free to carry out the practices at my workplace" (Participant 5)
	Cultural	"A concern I have in relation to the protocol is that Brazilian likes to talk, to do things his way, to take his time talking about different things" (Participant 2)
Evaluation	Positive	"The reception was very good, it was very warm" (Participant 1); "For us to have access to training for free is very nice" (Participant 2); "The trainer was able to explain all the subjects in a very clear way, there was no doubt about one topic or another when she explained" (Participant 3)
	Negative	"For me it was tiring because it was very intense" (Participant 4)
Repercussions	Changes in beliefs	"We carry very limiting beliefs that we often bring from a very personal context" (Participant 3)
	Acquisition of new knowledge	"I am able to present contents in a more objective way for families" (Participant 2)
	Support for work	"Training is a support we have to say: 'Look, it has scientific proof'" (Participant 4)
	Sharing contents	"Our intention is to share the content with colleagues" (Participant 4)
	Desire to implement the program	"We will apply, we have the desire to put into practice everything we learned" (Participant 6)

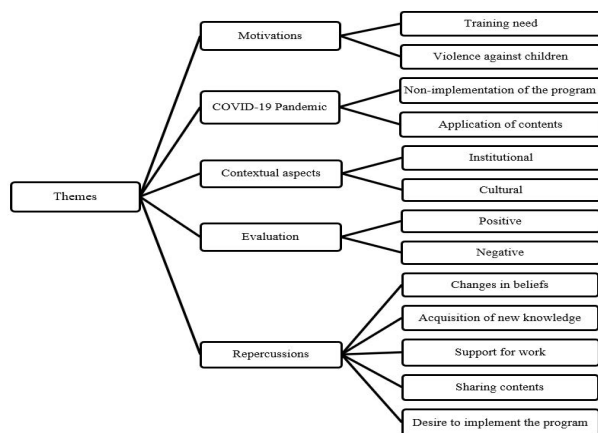


Figure 1.
Themes and subthemes resulting from interviews (n = 6).

Discussion

The main goal of the present study was to evaluate the ACT Program Training with psychologists and social workers in Porto Alegre, the capital of the state of Rio Grande do Sul, Brazil. Evaluation was carried out through scales and interviews with training participants. Despite being part of the child protection network, most of them did not have specific training to intervene preventing and combating child maltreatment. The lack of knowledge and skills to manage these situations was identified as one of the aspects that motivated their interest and participation in the ACT Program Training. In addition, they reported that violence against

children is a demand that they often deal with at work. The lack of training is a reality that has been identified in studies conducted with professionals from different fields (e.g., Medicine, Nursing, and Education) and other regions of Brazil (Donat et al., 2016; Moreira et al., 2013). The theme of violence is not included in the undergraduate and graduate curricula of many institutions. In addition, after graduation, not all professionals study and discuss the topic of violence in their workplaces (Moreira et al., 2013). These gaps should be urgently filled to ensure that effective interventions to prevent and combat child maltreatment are put into practice in Brazil.

One of the aspects that affected the implementation of the ACT Program by trained professionals was the COVID-19 pandemic. The virus, identified in late 2019 in the city of Wuhan (China), spread rapidly around the world and became a massive global health crisis (Bavel et al., 2020). Measures were adopted to try to slow the contagion, such as restriction or prohibition of the functioning of schools, universities, community centers, public transports, as well as other places where people gather. Pandemic changed people's lives and the work in different institutions (Malta et al., 2020). All participants of the ACT Program Training who were included in the interviews reported that the context of pandemic changed their work planes. Group activities were suspended and assistance to children and families became individual and remote in many cases. Although they were unable to implement the ACT Program as it is structured, contents and skills learned during training were useful in guiding parents and caregivers. It is important to notice that different stressors caused by pandemic, such as financial problems, fear of contamination, and social restriction, contribute to increase irritability, confusion, and mental health problems (Brooks et al., 2020). According to UNICEF (2020), children are increased at risk of exposure to violence because of the pandemic context. In this sense, governments and other authorities should ensure that child protection is an integral part of pandemic prevention and control measures.

In addition to the COVID-19 pandemic, interviewed participants also identified other contextual aspects that may difficult the implementation of the ACT Program, such as lack of institutional support, absence of resources, and work overload. Precarious working conditions of professionals from the child protection network have been identified and discussed in other studies (Faraj et al., 2016; Moraes, 2012). In recent years, government investments in social assistance services and programs have decreased in Brazil, which has a negative impact on population (National Human Rights Group, 2017). In this context, professionals usually work without counting on the necessary support and resources to implement effective interventions (Faraj et al., 2016). In Brazil, according to the Child and Adolescent Statute, children's and adolescents' protection is a duty of families, communities, and the State (Law No. 8.069, 1990). The State must implement public policies that guarantee the access of families to the necessary conditions to perform the function of caring and protecting children. Dealing with violence against children is a complex task and requires governments to invest in programs that promote children's protection (WHO, 2016).

Another aspect identified through interviews was the concern about not being able to implement the ACT Program as it is structured due to cultural factors that interfere in the adherence and participation of parents and caregivers. According to interviewees, parents and caregivers who attend the services end up not adhering to protocols. Besides that, Brazilian parents and caregivers like to speak and share their experiences. Due to lack of time, it could be difficult to follow the ACT Program structure and complete all activities. Training participants were informed that minor changes were made to adapt the ACT Program to Brazilian context previously (Silva, 2011). Strategies, such as providing childcare, calling, and texting class reminders, offering snacks, and giving certificate, were created to increase interest and adherence of parents and caregivers (Howe et al., 2017). In any case, implementation

of interventions in public services generates new challenges. Participants included in this training who implement the ACT Program in their workplaces will be supported to deal with difficulties. One of the functions of the master trainer is to continuously support with practitioners to provide implementation and evaluation guidance.

Through the analysis of the IMPACT components, it was possible to verify that participants evaluated training as positive. They were satisfied with programming, applicability, usefulness of contents and skills learned through training. Participants also considered that the experience promoted improvements at work and assessed tutor's performance as very satisfactory. Equivalent results were identified through interviews. In the opinion of interviewees, the only negative aspect was the training load. They mentioned that did not have enough time to assimilate all contents presented. Moreover, they felt tired after the two days of training. The main suggestions were to increase the number of group meetings and to have more time to address program's sessions. One of the few studies that investigated the ACT Program Training included 51 adults living in rural Humboldt County, California. Pre-, post-, and 3-month follow-up measures were collected to assess the impact of the training. Results indicated that those trained in the ACT curriculum rated themselves as having increased knowledge and skills in violence prevention and child development at post-training assessment (Miguel & Howe, 2006).

Another result of this study was the changes in beliefs about physical punishment after participating in training. Professionals already started training with a low average of beliefs that legitimize the use of physical punishment as a way of educating children. Despite that, results demonstrated that participation in training contributed to reduce legitimizing beliefs of physical punishment. Although the scarcity of studies in this area, it is relevant to assess professionals' beliefs because they can influence their performance while dealing with situations of child maltreatment. According to a study carried out in Brazil to investigate beliefs and

attitudes of Primary Health Care professionals in relation to domestic violence, participation in an intervention contributed to increase their knowledge about violence and beliefs about the importance of their work (Brum et al., 2013).

The results of this study must be taken as preliminary and interpreted with caution. The training evaluation should be conducted in other regions of Brazil and countries where the ACT Program is implemented. Results are not generalizable due to the small sample size. Moreover, it is necessary to consider the particularities of the sample, composed mainly by women, whites, and psychologists working in public services from cities of Rio Grande do Sul, Brazil. Assessment was conducted through self-report measures, and it is necessary to evaluate the perception of parents, caregivers, and children about the influence of training on the services provided. It is important to notice that professionals participated because they were interested, meaning the group was motivated.

Overall, results demonstrate the importance of promoting and evaluating trainings that enable professionals to work with families and prevent child maltreatment. Although participants were unable to implement the ACT Program in their workplaces due to difficulties imposed by COVID-19 pandemic, they considered that contents were useful to assist parents and caregivers individually. Novel studies should be conducted to evaluate the ACT Program Training with a larger number of participants and the inclusion of other assessment methods. Participants included in this study are being followed up by researchers and will receive support if they implement the ACT Program in their workplace.

The COVID-19 pandemic demonstrated the importance of developing interventions that can be conducted remotely. However, this is a challenge in developing countries like Brazil because a huge portion of the population does not have access to electronic devices and the internet. The results of this study also allowed to identify the difficulties that professionals had to maintain the care provided to families despite the recommendations of isolation and physical

distance. Unfortunately, Brazilian children are exposed to an elevated level of violence and few families have access to programs that aim to prevent child maltreatment and build better relationships. The main goal should be that interventions such as the ACT Program reach professionals and families in different economic, social, and cultural contexts. This is a responsibility that must give rise to serious and inclusive public policies.

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Notes

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