

Developing relevant knowledge and practical skills of psychosocial work and counselling

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In many areas of armed conflict there is an urgent need for relevant knowledge and practical skills around mental health and psychosocial interventions. Knowledge developed at Western universities, or in Western practice, does not easily translate into practice in a non-western context. In this article, an approach to developing relevant knowledge and practical know-how is described that can be utilized within the context of a developing country. This approach also is useful when working with immigrants and refugees in a western context.

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Gaps between knowledge and practice

Academic theory and practice

Although it is more than 30 years ago, I still remember how uncertain I felt when meeting my first client for counselling. I had just finished my academic education as a psychologist and I knew a lot about psychological theory and the ideas behind various approaches to counselling and psychotherapy. Moreover, I had participated in practical courses on interview techniques. I also had watched videos of experienced psychotherapists working with clients and role-played counselling sessions with fellow students. Yet, I did not feel well prepared for talking with a person with real problems who expected me to help.

Often, when I was sitting with a client I could not think of any theories that fit the particular situation and/or gave me clear directions how to address that particular client. I had expected that, as a counsellor, I would just put my academic knowledge into practice. However, that did not work. There was a gap between theory and practice. During counselling sessions, I often had to use my common sense, and it took a long time before I was at ease with doing that.

I was lucky to have the support of an experienced clinical supervisor. He encouraged me when I had completed successful interventions, and gave me suggestions when I had been less effective. These suggestions usually seemed to come from his practical experience, and less from a theoretical analysis of the case.

My clinical supervisor would never give me a blueprint, based on theoretical knowledge, on how to work with a particular client after the first few interviews. His support was more like assisting me to improvise in a series of unexpected situations. The theoretical base for his improvisations seemed, at first, to be implicit. If there was a thread in his suggestions, it was contrary to following a predetermined protocol based on theory; it was about being flexible, respecting the client's changing needs and wishes, and trying to understand the present situation of the client and the field of forces around the client.¹

Western know-how and a non-western target group

For 15 years I worked with Dutch adolescents and their parents. It was after that experience that I started to work with a new target group: traumatized refugees from all over the world. When I met my first refugee-clients, I immediately felt that I had to overcome another gap. I had to adapt my usual approach to counselling. Most of these clients had problems in their daily life that were, at that time, unfamiliar to me; they were burdened by the realistic fear of being kicked out of the country, as well as by incapacitating trauma related symptoms (such as nightmares, panic attacks and outbursts of anger). The main adaptation in my approach was to show more interest in their present day problems and to offer concrete practical help in dealing with those problems whenever I could. By doing that, I facilitated the development of a trusting relationship in which, at a later stage, more personal matters and inner problems could be discussed. In addition, I was working with the awareness that my clients and I looked at the world, and at each other, from different cultural contexts. That awareness made me more careful in interpreting the behaviour of my clients.

Western know-how in a non-western context

A few years later I was invited to train counsellors in some of the conflict areas my refugee-clients had escaped. I believed that my experience with refugees from the region where I was training might be helpful for counsellors working with traumatized members of the local population. However, just looking at the working conditions of these counsellors and the living conditions of their clients was enough to convince me that I could not just export my know-how. Here was another gap. My experience with refugees certainly was not useless, but it could

not simply be applied as it was to a context of daily violence, extreme poverty and disintegrating community life.

Knowledge and know-how should not be seen as goods that can be packed, exported and distributed. Knowledge and know-how are like living organisms that develop in a particular habitat and only survive by adapting to local conditions.

Developing contextual knowledge and know-how

One could decide that counselling simply doesn't work in a non-western context, and focus on supporting local, traditional ways of coping with personal problems, but this is not always possible. In many areas of armed conflict, traditional community structures have been destroyed and new approaches are required. Counselling and related psychosocial approaches for dealing with personal problems may then be the only available alternative (van der Put & van der Veer, 2000). In situations where no adequately trained counsellors are available, relevant knowledge and practical know-how of psychosocial work and counselling in that particular context are essential. This knowledge cannot simply be imported; it must be developed locally. Training local people in skills for helping that are alien to their daily life may bring results that are, at the least, disappointing (Baron, 2006).

Western experts who offer training courses for psychosocial workers try to contribute to the development of knowledge and know-how in several ways. In this section I will describe three approaches that I have tried over the past 18 years.

Western trans-cultural practice as a point of departure

In 1994, a group of Dutch experts were invited to contribute to the training of local

counsellors in Sarajevo, Bosnia-Herzegovina. Some of my colleagues tried to transfer knowledge through western-style academic teaching. They offered primarily theoretical lectures on psychological theories relevant for assisting traumatized people through counselling. Some of these lectures were illustrated with cases of western patients.

I tried to put myself in the place of these counsellors. They all looked tired, and I had the feeling that many of them recently had gone through very painful experiences. This raised many questions. What would help me if I had to start helping heavily traumatized people, in the midst of a war? I remembered my own difficulties in bridging the gap between academic knowledge and practice, and between western practice and practice with refugees from areas of armed conflict. What could I do in the 10 days I would be with them? I felt I could only make a difference if I connected quickly and directly with the difficult job they had to do after I left. So I decided to start by discussing my own practical experience, especially things that had worked for me: effective techniques and a few simple, useful theoretical concepts. I introduced cases of non-western refugee clients that I believed would be recognizable for the local counsellors. I described my experiences with refugees suffering from symptoms and complaints related to war-trauma that I also expected to be familiar to the participants. Hereunder is one of the cases I described.

M.K., a refugee from the Middle East, was twenty-one when he requested assistance. At that time he lived in a student home, where he shared the kitchen with fellow students. M.K.'s most important complaints were difficulty in concentrating on his academic work and intrusive unpleasant memories of the four years he spent in prison, where he had been tortured severely and had witnessed the killing of a friend. These mem-

ories caused accelerated heartbeat, sweating, blushing or flushing, a feeling of oppression and hyperventilation. He summarised his complaints with the words: fear and panic.

Anxiolytic medication had been prescribed, but had not brought much relief. I analyzed M.K.'s problems on the basis of the cognitive-behavioural approach, and departed from the hypothesis that the accelerated heartbeat and other somatic reactions were conditioned bio-physiological reactions. In this case, neutral stimuli that were contingent on the traumatic events and could be considered as traumatic reminders, were: the smell of blood, the smell of M.K.'s own sweat, the sensation of being humiliated, the sound of an explosion, and the sound of a person crying.

M.K.'s cognitive representations of the traumatic events contained memories of the prison environment and what happened during detention, thoughts of being weak and therefore inferior, thoughts of being helpless and on the verge of going mad. These cognitive representations seemed to result in behaviour illustrated in the following quote; 'the fear came when I smelt the steak my friend was preparing. The smell of the burning flesh reminded me of the interrogation session, when they burned my toes with a lighter. I left the kitchen, passed through the lounge – I did not stay there because I did not want the others to see that I was upset, I was ashamed – and went to my room. I closed the curtains and lay down on my bed. I tried not to think and to feel nothing. It often takes more than two hours before I can get up again.'

Therapy started by explaining the principles of conditioning. After this explanation, I suggested that M.K. no longer summarize his problems as fear and panic, but as 'having to learn how to cope with unpleasant physiological reactions'. I also discussed M.K.'s cognitive representations, carefully advocating the opinion that M.K.'s problem could be considered a normal reaction to very painful experiences, and not as a sign of madness or inferiority. I suggested that M.K.'s behaviour, when flashbacks occurred, was more or less identical to his behaviour during and

directly after the original traumatic events. This was confirmed by M.K. I commented that he thought that this behaviour had been most adequate at the time, but that today, under totally different circumstances, another type of reaction could possibly be more adequate. After ample discussion, I proposed M.K. to experiment with the following reaction: 'if something like this happens this week, go to your room, but leave the curtains open. Lie down on your bed, but do a relaxation exercise with help of the cassette I gave you. Then get up, look out of the window, open the door of your room. If you don't feel too bad, proceed to the lounge to see if there is company. If there is no one there, at least go to the kitchen and make a cup of tea.'

After five weeks, M.K. reported that his flashbacks had become less frequent and that he could usually control them within two or three minutes. His concentration had become much better, which then resulted in better achievements at school.

The stimulus that was still giving him a lot of problems was the sound of explosions. When children played with fireworks it took five minutes before he could start to control his breathing. It reminded him of the execution of an intimate friend. I instructed him to say 'I am startled' (in his native language) as soon as possible after the disturbing sound, and then to try to control his breathing. This instruction resulted in a diminishing of his complaints.

After such a case presentation, the participants usually contributed case examples from their own environment; frequently cases where they felt stuck. I used both my own, and their cases, as point of departure for presenting theoretical knowledge, in particular, knowledge that inspired me to think of helping interventions. This theoretical knowledge included psychological explanations of common symptoms and the complaints of people after traumatization and uprooting. After this, I would invite the participants to discuss more of their own experience with people affected by the

armed conflict. In this way, we could try out how the theory I had presented could help them to understand these people, and to support them in coping with their problems. So on the basis of the theory I had introduced, an approach in a concrete case was discussed. This usually resulted in role play, in which a participant played the role of a local client. Usually I initially took the role of a counselor, demonstrating the approach we had discussed, and then a participant would try the approach I had demonstrated.

So the working order was:

1. Problems of refugees from areas of armed conflict introduced by the trainer
2. Problems of local people introduced by the participants
3. Theory that is relevant in a western trans-cultural practice with refugees affected by armed conflict
4. Local practice with people affected by armed conflict in Bosnia-Herzegovina

During the role play I observed that some participants were lacking some basic helping skills, such as stimulating a client to discuss his feelings and introducing exercises for breathing and relaxation. So I also trained them in these skills.

The participants appreciated my practice-oriented approach and expressed their admiration for my practical skills. That made me suspicious. It appeared that they saw my skills as extraordinary, not as something closely connected with their own repertory. I started to understand that, during role play, I showed them skills I had developed during years of practice, and therefore felt natural to me. However, what felt natural to me might feel like artificial tricks to others. How could I help them to develop effective helping techniques that felt more natural, that were more connected to their own range of skills,

and give them more confidence in those skills?

Local practice as a point of departure and building a simple conceptual framework

The answer to the question above was found during training courses for counsellors in Honduras and Guatemala. For my inspiration, I had reread Paolo Freire's (1971, 2006) work. His thoughts on immediately connecting with the daily reality of the participants had become more meaningful to me. In addition, his thought that education should result in critical thinking about, and insight into, their own situation, I extended to include their intra-psychoic situation.

I decided not to depart from my own development as a practitioner and from my own successes in practice, but from their problems in daily work and their experience with effective help, so that I could stimulate their development as practitioners.

During my first meeting with the participants, I told them that I hoped to exchange experiences about working with people affected by armed conflict. I invited them to discuss the problems of the people they wanted to help. Could we make an overview of those problems, and find a way to cut the big complicated problems of individual people they knew into smaller parts? Could we then organize these smaller components of complicated problems into a few general categories? After long discussions of several concrete examples of problems, and the kind of help that was needed, six components were defined:

- *Practical problems*: the counsellor could help the client to get an overview of the problem and of possible ways of dealing with them, from which the client could choose;
- *Situational dilemmas*: the counsellor could help the client get an overview of the

various unattractive options from which the client could choose;

- *A lack of skills and knowledge necessary for dealing with a difficulty*: the counsellor could help by offering education and training of the lacking skills;
- *Complaints related to stress (including trauma related stress)*: the counsellor could help by giving advice on active ways of coping with the stress factors in question;
- *Being overwhelmed by emotions like sadness and helplessness*: the counsellor could help by listening to, and containing, these overwhelming emotions without trying to change the feelings, or offering advice and discussing possible solutions;
- *Inner problems such as feelings of guilt or a negative self view*: the counsellor could help in clarifying these inner problems by asking questions about thoughts and feelings of the client, by pointing out conflicting thoughts and feelings, and by discussing past experiences connected with these thoughts and feelings.

In this way we developed a theory, but it was a theory without technical terms worthy of mention. It was a simple conceptual framework in common sense terms. It was a theory rooted in their practical experience. It was a theory-for-practice that described a connection between the problems of the clients and the activities of the counsellor. It gave an overview and it helped the participants to order and analyse their practical experience. The participants felt empowered; that they were better prepared for their work because they were more able to divide large, complex problems in small parts that could be handled one by one.

During the process described in the previous section, the participants were not always cooperative. I was told during the first session that they were not interested in Western know

how, which was rooted in capitalist suppression. While some participants did not doubt my intentions, they still wanted to grill me about what I knew of the problems of the poorest people in their country.

Through invitations to educate me, and by stimulating group discussions, I could not be caught in the act of indoctrination. That was appreciated, but it also caused confusion. A few participants reproached me for not teaching anything new. Other participants then started to defend me.

It felt like being in a group therapy with traumatized clients, and therefore, I decided to act as if I was conducting a group therapy. I commended the critical participants for being so honest and open to me and stimulated them to express their reproaches and their emotions. I also, carefully, began to ask about their personal experiences in the past that might have fuelled these emotions. In other words, the inner processes of the participants became part of the subject for discussion. This resulted in a more personal contact among the participants and between the participants and the trainer. The atmosphere became more open, and discussion about personal feelings during, or related to, their work as counsellors became common practice. In this way, the counsellors started to become more aware of their own personality as an indispensable instrument in understanding and supporting their clients.

Discussing feelings from the beginning

We had gone through a conflict situation, but with a positive result. As a trainer, I wondered if such a conflict situation was a necessary condition for growth in regard to acquiring an awareness of inner processes. Would it be possible to discuss feelings from the beginning? That would require a disarming approach from the very first minute. Therefore, I decided to change the way I

introduced myself to the group. I would no longer volunteer my work experience, but I would tell the participants a disarming personal story. For example, a story that illustrated how an armed conflict had impacted my personal life, or a story that illustrated my personal involvement with a client affected by armed conflict. In this way, the tone was set during the first session for discussing not only practical experience, but also the personal feelings connected with these experiences. This way the knowledge and know-how developed during the training would also include knowledge how their own personality is an important instrument in understanding and supporting their clients. The order of presentation had now become: first the personal experience of the trainer related to armed conflict, then the practical and personal experiences of the participants related to armed conflict, and then the theory of practice. After this I would brainstorm with the participants on ways of dealing with each of the six categories of problems; discussing both local ways of coping and western coping techniques. After that I could also introduce tools like exercises for becoming aware of physical sensations (as a step in becoming more aware of personal feelings), relaxation and breathing exercises. I did not introduce these exercises as techniques they should copy, it was my way of challenging participants to discuss similar tools known in local practice and local tradition.

This approach can be characterized as a participant-oriented, interactive training. By participant-oriented I mean that as a trainer I am more focused on stimulating the development of the participants, than on transferring a particular body of knowledge or subject matter. Interactive training means that the participants are actively involved in the training process. By not sitting back and listening to lectures, they are actively

involved in discussions and exercises. The most important characteristic of interactive training is that the participants have an essential input into the subject matter. In fact, the training is an encounter in which existing knowledge, insights and skills of the participants are important parts of the input, even more important than the knowledge, insights and skills of the trainer. Their practical approaches to the problems they face are especially important because they are, by definition, rooted in local culture. During an interactive training the participants are not only active according to the program designed by the trainer, they are invited, stimulated and challenged to give this input by engaging in discussions on both their work experience and their personal life experience.

Resistance against discussing personal experience

The last mentioned approach, discussing feelings from the beginning of the training, often works, but not always. It usually works with people who have had little prior education in psychosocial work. However, it may cause resistance in highly educated members (like psychologists or psychiatrists) that are part of a local team. It also does not work as well when other trainers are, or have been, involved in a project and the participants have received, or still receive, Western style theoretical lectures or skill training in western counselling techniques. This type of training is given either by Western professionals, or by local trainers who had received Western style education at a local university, and were therefore not experienced in community based practice (van der Veer, 2006a).

In this situation, some participants can be reluctant to discuss personal feelings in relation to their work experience during group sessions (but frequently approached

me for an individual counselling session about their own personal problems). Shame and fear of being ridiculed, or the loss of standing among colleagues, seemed to prevent them from sharing personal matters with the other participants. They felt that, thanks to their theoretical education, they had achieved a high status. They were afraid of losing this status if they exposed themselves as vulnerable human beings to one another. Instead of discussing personal experience, they wanted to gain theoretical knowledge and to be offered clear protocols for dealing with difficult situations during their work.

Fulfilling their expectations would not be in line with the goal of developing contextual knowledge. So far, my strategy then has been to reframe the questions of these participants, replacing *theory* and *protocol* by competence. I try to discuss at length what kind of competence they already had, and which competence they might be willing to develop for dealing with situations or clients they considered to be difficult because clear protocols or theory based suggestions were not available. Competencies often identified and discussed included:

- Helping a client to tell his story in his own way
- Helping a client to formulate a purpose he could start working on
- Analysing a client's problem in the sense of breaking a big problem into smaller parts, that could be connected to a specific sub-purpose
- Evaluating oneself as a counsellor

By discussing the personal competence of the participants, an entry way can be found to discuss relevant personal experience. The underlying message of the training, that one can become a more effective counsellor through reflecting on one's own experience,

thus can be kept alive. In addition, the trainer makes clear that scientific knowledge cannot answer all questions, and that an experienced helper needs to develop a strategy for dealing with situations in which doubt or lack of knowledge prevail. The message is conveyed that counselling is not exclusively carrying out a protocol, but a journey of discovery with an unknown destination.

There is also the question as to what extent the resistance against discussing personal experience exists as part of cultural roots. My efforts at developing contextual know-how for helping people with personal problems has always been aimed at overcoming cultural differences. However, implicit in my approach is a Western, egalitarian view, which may not be easily compatible with the dominant views on status in a particular cultural context. In practice, resistance is usually stronger when a group of participants contained members of widely diverging status.

Sustaining the results of training

The results of a training course can only be sustained by follow-up training and clinical supervision. The difficulties in sustaining clinical supervision after the departure of the trainer will be discussed elsewhere in this issue of *Intervention* (Haans, 2008). Even when follow-up training and clinical supervision are organized, the results of training seem to fade away when the armed conflict escalates (van der Veer, 2006b). The same seems to happen when an organization is going through painful internal conflicts and the staff members therefore feel that it is not safe to express one's feelings. In emergencies, counsellors and psychosocial workers tend to cope with their intense emotions by warding them off. They may still be able to empathise with their clients, but they are

unlikely to discuss their feelings during group supervision or training courses. Training and group supervision then can be supportive only, and exploration of the inner processes of the participants has to be postponed until better times.

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¹ That does not mean that all theory I had absorbed turned out to be useless. Some theory turned out to be useful and some did not. It took a few years before I had selected the concepts that really helped me to understand the problems of my clients and what happened during psychotherapy.

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