

## **Field report**

# **Training counsellors in low and middle income countries in single session counselling: helping mental health and psychosocial workers to get on top of feelings of powerlessness**

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*This article describes an approach to training mental health and psychosocial support workers in post disaster areas and areas of armed conflict in single session counselling, also known as Single Session Therapy. This field report also adds further information to earlier publications on the reasons for practicing Single Session Therapy. The training here described offers the participants a systematic approach, as well as a theoretical explanation of the interdependency of three core activities of a Single Session Therapy therapist: offering recognition, psycho-education and reframing. Single Session Therapy is not only helpful for mental health and psychosocial support workers as it can be effective in restarting the development of people who have become stuck in their problems. Practicing the approach also helps workers make the best of desperate situations and enable them to continue when surrounded by hopelessness. Thus, providing training in Single Session Therapy can also work as a form of staff care.*

**Keywords:** psycho-education, reframing recognition, single session counselling, Single Session Therapy, staff care

## **Introduction**

### **Conducting each session as if it were the last**

In the late eighties, I began to train counsellors in low and middle income countries

(LMIC) to work with people who have experienced armed conflict. Often, I discovered that many of the trainees themselves had been traumatised in the same armed conflicts as those they were trying to help, with the result that I included therapeutic interventions into training sessions quite quickly. Also, some of participants would ask me for individual counselling sessions for their own mental health, outside of the training programme. This was something I couldn't and wouldn't refuse. As my training courses usually lasted no longer than two weeks, it was only possible to have one session. In doing so, almost accidentally, I started single session counselling (SSC); nowadays also known as Single Session Therapy (SST). Later, it also became clear that my approach during these sessions concurred with, and were closely aligned to, the descriptions of Miller (2011) of reframing and of identifying available resources (Miller, 2011).

Sometimes, I had the opportunity to follow-up on these sessions during follow-up training visits, usually after 6 to 12 months. In general, the counsellors who had come to me for a personal session were doing rather well, and reported that the brief counselling session really had made a difference. So, I have continued this service to the participants in my training courses until today. I

began SSC because it was all I could offer, and then discovered it was not only much appreciated by these participants, it even seemed to be effective.

In fact, in LMI countries psychosocial work (PSW) and counselling often turns out to be a matter of just one or a few sessions, especially in times of armed conflict or disaster. Client and counsellor often lose contact against their wishes, for example, because people become displaced or are moved from one refugee camp to another, or because the organisation providing assistance suddenly loses its funding and the workers lose their job. Therefore, for many counsellors in these sorts of environments, it might be prudent to conduct each session as if it were the last.

### **Recent research on SST**

Recently, a few articles published in *Intervention on SST* came to my attention (Paul & van Ommeren, 2013), which provide both theoretical justification for this approach and some evidence of its effectiveness. Both articles also offer practical information on how to do SST, such as a list of useful questions to ask the client (Paul & van Ommeren, 2013) and a two-and-a-half page description of the process of SST, from referral to termination (Guthrie, 2016). Both articles stress that SST is the preferred *framework of practice for providing mental health interventions* in environments where it is not possible to ensure continuity in mental health care.

In this field report, I will describe how MHPSS workers can be trained in SSC. Training in SSC not only helps trainees to acquire a new roadmap for using their counselling skills, but SSC also may help them to stay on top of their own feelings of powerlessness that their working conditions often generate.

### **Training counsellors in SSC**

When training counsellors in an LMIC how to practice SSC, I usually start with a

discussion of cases in which counsellors have been able to make a real difference to their clients. The next item is very brief discussion on their working conditions, especially with regard to the possibilities, or absence of possibilities, for offering continuity in support to their clients. This is followed by roleplay, in which a volunteer is invited to play the part of a client(s)he knows quite well and who has massive problems, and I play counsellor. In this roleplay, I show how I would approach this client. Before starting the roleplay, I had informed participants that the roleplay will be interrupted halfway through in order to open the group to discussion.

In the first section of the roleplay I try to include the following steps:

- Making contact with the client to ensure that it is not only the counsellor willing to listen to the client, but also the client willing to listen to the counsellor
- Get an overview of the problems the client is willing to share
- Encourage the client to choose one urgent problem (s)he wants to get a bit more under control

The roleplay is interrupted at the moment the client has made a choice, usually after 20–30 minutes. Participants are asked what they have observed so far, while I have been sitting with the client, in particular what was different from what they usually do during a first interview. Often, the observation is that I am quite active in asking questions. After some probing, they usually also mention that I have been drawing attention to matters that indicate strengths, competencies and/or resources of the client. I label that as *'giving recognition'*. I explain that I believe that this makes it easier for the client to listen to me and consider my suggestions during the second section of the interview. Sometimes a participant observes that the client appears to be a bit less gloomy

**Box 1: Examples of psycho-education**

- Explaining how the human body works in relation to emotions
- Explaining that panic attacks are not a sign of immanent madness
- Explaining the background of problematic behaviour in a child
- Explaining what often happens to families after being caught up in traumatic events, such as the family members becoming overprotective with one another, or keeping secrets and how this results in all kinds of fantasies in family members who sense that something is being kept from them
- Explaining how very painful experiences may result in a person losing all hope and ignoring all chances to change things for the better
- Explaining that teenagers need both emotional support and have a mind of their own

after (s)he has selected one item, from the list of problems, to find a way to manage better. In the second section of the roleplay I try to include the following additional steps:

- Explore the chosen problem in detail, especially what the client has already tried to do in order to cope with it; what has worked, what has not worked, what worked a least a little and what resources are available.
- Engage the client in making an action plan for the problem (often only after *reframing* the problem: offering a different way of looking at it that connects with the client's view but offers more hope and possibilities for action).
- If indicated, try out actions that are part of the action plan (such as: basic breathing exercises for tuning down a stress related body sensation as soon as the first

sign is noticed; preparing a potentially difficult conversation with a family member; or doing an exercise aimed at stopping a negative train of disheartening thoughts).

- Close the session with a summary and wishing the client well.

This is followed by another discussion of participants, which offers the opportunity to articulate the seven steps above, as well as discuss the concept of reframing. The concept is introduced as follows: most clients have ideas about their complaints and problems that are only partially true. Such ideas can be corrected by very basic psycho-education (Box 1).

The knowledge transferred through psycho-education makes it possible for the client to have a slightly different perspective of the problem, and thus reframing becomes possible. In turn, reframing also opens up new possibilities for action that can become part of an action plan (Box 2).

**Box 2: An example of reframing**

The client was a man in his forties, who had lost a leg during a bombardment. He was married and had two children, 12 and 14 years old. They all lived together, but there were no extended family members living nearby. He told the counsellor that he felt quite hopeless. His problem was that he felt that he was losing contact with his family. Things had started to go wrong after the bombardment. As he was now disabled, he had been unable to find a job, and could only do some of the work in his vegetable garden. His wife had found a job and thereby become the main breadwinner for the family. However, since then she had avoided talking to him, their sexual relationship had stopped, and when he asked her for a bit of cash to buy cigarettes, she blamed

him for wasting her money. He was afraid that she might have begun an affair with another man, although there were no clear signs that this was the case. He also felt that the children were drifting away from him. He had discussed his worries with a counsellor, who had offered to speak to the spouses together, but his wife would not cooperate and refused to make an appointment.

So the counsellor reframed the client's problem as follows, and said: *'your wife takes care of the family, she obviously loves your children, but for some reason the communication between the two of you has almost broken down and she is not ready to accept help to improve communication. At the moment, this part of the problem, appears unsolvable.*

*The second part of the problem is between you and the children, you feel that they are drifting away, but they are teenagers, so they do need the support of both their parents. You could ask yourself whether you could initiate more contact with them and find out how they are feeling about their lives, as teenagers are starting to have a mind of their own. Also, couldn't you speak to them, without interference of their mother, when she is working and they are home from school? Would you like to take the initiative to talk with them more often, and maybe doing more things with them? Could that help? Would you be able to talk with them without blaming their mother for the problems?'*

During the training, the roleplay cases used to illustrate the idea that recognition, psycho-education and reframing are all interconnected, are cases based only on their clients. Psycho-education, for example, will only be effective if the client is able to listen to the counsellor – that's why making contact with the client and recognising not only the size of his problems, but also his strengths and qualities is so important. Reframing often requires psycho-education. Tailor-made psycho-education, related to the

problem of the client, offers the arguments for reframing the situation and problem, and then provides the base for actions and action planning the client could undertake to manage the problem a bit better.

The remaining training time is largely devoted to roleplay in various forms (in pairs, in client–counsellor–observer trios, serial roleplay before the group in which the counsellor is replaced by another participant every five minutes or so, etc.). Roleplay is always followed by discussions, in which the feelings of the participants are explored, the obstacles encountered in doing SSC are discussed, and the core concepts of recognition, psycho-education and reframing are given more meaning. The discussions are facilitated by using Duplo™ dolls (Diekmann Schoemaker & van der Veer, 2003), which may help a lot in terms of visualising the fact the giant problems can be cut up into small manageable parts (Box 3).

### **Box 3: Using dolls as an extra language**

A story about a personal problem may feature the names of numerous relatives, and the counsellor may easily lose his overview. Drawing diagrams may help to visualise the person involved, coins and buttons can also be used, but we learned to work with little plastic dolls (Duplo™ or Lego™). These dolls come in various sorts: children, adults, male, female, with different coloured hair (including grey for grandparents) and skin colour. This makes it easy to represent the whole family, their neighbours, or anyone else who plays an important part in the client's life. Even someone who has died may be depicted easily by laying a doll on its back. The physical separation of family members living as refugees in another place can also be symbolized by a visual barrier

like a marker. Each complaint or symptom mentioned by a client can be represented by a button, his personal resources can be shown as the content of a little treasure box, an alcohol problem can be symbolised by a little bottle, a dowry problem by some coins, and war violence or aggression by a cardboard figure showing the silhouette of a man with a club. Making the problem of a client visual helps both the counsellor and the client to get an accurate overview; not only of the people involved, but also of the way the client feels that they interact. For example, a person the client experiences as domineering can be represented by a doll standing on a building block. An angry person is pictured by a doll with raised arms, a dysfunctional or a submissive person by a sitting doll. Two dolls with their backs towards each other depict that the client feels there is no communication between two persons. A doll with its head turned refers to someone living more in the past than in the present. Or, a doll representing the father may be absent, etc. Putting the dolls on the table while the client tells his story makes it possible for the client to look at his problems from a different angle. It can help the counsellor to recognise information that is lacking as yet, but essential for the complete understanding of the client's problem. Resources that are available to the client can be identified, and those not yet on the table can be added. The client may even use the dolls to show how he could visualise his life and changes in the future.

### **The mind-set of the counsellor when conducting a SSC: combating powerlessness**

While conducting a SSC I keep the seven steps outlined above in the back of my mind but, first and foremost I am on the lookout for opportunities, opportunities for giving recognition, for relevant psycho-education and for reframing. As a developmental psychologist, I am aiming to help the client to find a new way to become unstuck and restart his/her development. Therefore, I am less inclined to bother about the correct diagnostic label and more inclined to seek ways in which the client can manage trauma related complaints. This also means that I am less inclined to probing details of their traumatic experiences, although I will allow the client to tell me in detail about his plight if (s)he wants to, and feels that it helps. When clients become very emotional during the session, I will listen and help them to put their feelings into words, but I will also try to actively prevent them from becoming physically overwhelmed by their emotions and, if necessary, I will interrupt them in order to help them regain control.

However, there is a lot more that characterises my mind set than all of these rational considerations. When conducting a SSC, I am in a somewhat combative, yet still gentle mode; I am determined not to be intimidated by either the scale of the problems discussed by the client or the strength of client's emotions.

Watching training group participants in (post) conflict areas, I often see certain similarities. If a peer-supervision on current clients is facilitated first, participants often seem to be tired and dejected. If their feelings about their work are discussed, I often hear about feelings of powerlessness. Things already improve when I explicitly recognise their achievements; by highlighting the small, but nevertheless significant, differences they make for their clients.

**Box 4: No solution, but sharing**

A widow, 53 years old, described her experience during the last days of the war. The army had threatened that all people who had been involved with the insurgency in some way had to give themselves up to the army, or else they would be rounded up and killed. So, she had accompanied her 20 year old daughter to the army camp. That was seven years ago. Since then, she has received no news of her daughter, and the army has since denied that she was ever in custody.

During the training some participants become aware that working hard on a very limited, but still significant, goal creates more energy than listening to giant problems and remaining unable to create change for the better. Working in a focussed way is an effective medicine against the feeling of powerlessness. While training counsellors in SSC is hopefully effective for clients, SSC training also can help counsellors to find the best in desperate situations and keep themselves standing and moving forward when surrounded by hopelessness.

**SSC when there are no solutions**

One approach that will work with all clients does not exist. SSC also has its limitations. One obvious limitation is when people just want to share something other than a problem for which there is a solution (Box 4). In this case, the counsellor began by trying to get an overview of what the client was willing to share. It soon became clear that she had several things on her mind, all related to the uncertainty of the fate of her daughter. These were things she did not discuss with

other people because she feared their reaction would not be supportive. Without using explicit words, she asked for emotional support, so that was what the counsellor tried to give her. In this situation, clearly, the counsellor was not looking for solutions or actions that could be implemented by the client. At the end of the session, this client thanked the counsellor; she seemed to feel a little relieved. If possible, one would certainly permit this client to have more supportive sessions, however, even with this single session the counsellor seemed to have made a difference, just by being there and being human.

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