

# Field report: peer support supervision as a procedure for learning from practical experience in a mental health setting

***Felician Thayalaraj Francis & Guus van der Veer***

*This field report describes a 'minimal budget project' aimed at developing the expertise of a mixed group of workers. This project included nurses, community workers, counsellors and psychosocial workers attached to, or connected with, the mental health units in four hospitals in east Sri Lanka. In order to develop expertise, the project included a series of basic counselling training, as well as ongoing guidance during monthly peer supervision meetings. The peer supervision was done according to a strict procedure, and creates an ongoing opportunity for learning, both from the practical experience of oneself, and one's colleagues.*

**Keywords:** community workers, counselling, nurses, peer supervision, psychosocial workers

## **Why did we start?**

The mental health units within the hospitals in east Sri Lanka try to offer psychiatric and psychosocial support to a population that has been affected by over 30 years of civil war, as well as a series of natural disasters (including the Tsunami of 2004 and flooding in the first month of 2011).

Yet, in none of the four hospitals visited was there an existing meeting structure to enable reflection/discussion of daily work. Few of the members of staff who were expected to offer psychosocial assistance, have participated in one or more training courses. Furthermore,

as the courses were usually given by visiting trainers, they presented programmes that were not based on a needs assessment of this particular group of local staff. The courses consisted of either a theoretical base, or covered skills that did not fit the hospital context where the staff was working. Moreover, they were isolated courses, unrelated to one another, and without any follow up.

That does not mean that the staff members we met did not appreciate the courses they had attended. They were happy with any opportunity to learn, and loved to receive a certificate at the end of a programme. However, when the authors sat down and spoke with those who had participated in several courses, they said that they didn't see any connection between the courses, that they don't have an overview and that they have difficulty in applying what they heard in their own work environment. Therefore, we concluded that there was a need for a series of training courses that would connect with their daily work experience, as well as offer them an overview that connects the problems they face in practice, with their skills for helping others.

## **Connecting with the daily reality of the local workers**

The first and second training courses were offered in February (5 days) and November

2009 (3 days) to the first batch of 18 participants<sup>1</sup>, with a follow up training in March 2011 (3 days). For the second batch, the cycle started in March 2011 (3 days). The first two workshops offered an opportunity for participants to increase their awareness and to improve their existing social skills for helping. They also offered a simple theory of practice. They were carried out as interactive '*field-based training*' (van der Veer & Francis, 2011). That meant that the practical experience of the participants was the point of departure for all items included in the programme. This included topics that introduced concepts relevant to the theory of practice. For example: the first item was a discussion, first between pairs of participants, and later with the whole group, on '*positive experiences during the work, based on having done something that made a small but still a significant difference for a patient or client*'. Using their own experience with difficult cases, the participants exercised the art of breaking down a large, complex problem into smaller, more manageable parts.

Other aspects included in the programme were: the first meeting with a client; making a report of the first interview; making contact and making a client feel at ease; making an agreement with the client on the purpose and scope of further meetings; physical sensations and emotions; recognising and giving words to the feelings of a client; breathing and relaxation exercises that could work for the local population; cooperating with self-help groups; the expectations of the beneficiaries and the job description of the worker; six possible components of personal problems connected to six methods for helping through talking; controlling outbursts of anger; helping a person facing a dilemma; and a procedure for supportive peer discussion.

The third workshop dealt with some of the same subjects, but began from the question of how the participants could help current and future colleagues to increase their knowledge base.

### **The need for ongoing peer supervision**

Many psychosocial workers think that they can become more effective simply through a combination of training and studying the literature. However, the effect of both activities is limited. If a training course does not connect directly with the context you are working in, and the problems you are encounter there, the course may only make you feel more incompetent than before. When training does connect with daily work, the main impact is that the participant becomes more aware of their skills, their ideas and of what is going on in their mind as they work. Studying books and the literature may, indeed, help the worker to develop new ideas about work, and that can also valuable. However, it is not enough, because neither training nor study alone can prepare a participant for all the new problems and unfamiliar situations they will encounter in practice.

It is the experienced workers that gradually become more at ease, and more effective. This is because they learn from their own experience and the experiences of their colleagues. So, if a worker wants to become more effective, they will have to reflect on his/her own experiences, and the experiences of their colleagues.

Many organisations that offer psychosocial services ask for written reports, for various reasons, such as monitoring the problems of the target group, or monitoring the activities of the workers. Many workers experience writing these reports as a burden, they do it more or less reluctantly because it is part of

the job. Report writing becomes more interesting for the psychosocial worker if they use it as an opportunity to learn from their experiences.

In order to learn from experience, the experience must be remembered. Therefore, it is essential to take notes, in which the problems of clients are described, the various steps taken to help them, and the effects of each of these interventions. Depending on how safe a worker feels within his/her organisation, they can put these notes either within the format of official reports, or into a private diary. These notes are indispensable in order to be able to exchange experiences with colleagues and co-workers.

Most psychosocial organisations held regular team meetings. In some cases, these meetings are often used to divide up specific tasks, or to control the work and its implementation. Team meetings can also become an opportunity to exchange practical experiences and to learn from each other. However, that is only possible if the team is a *safe place*, one in which the workers feel supported.

### **A 10-step procedure**

Whenever there was a team discussion during a workshop, it was often observed that the participants were very critical towards their colleagues. They often started by pointing out what the colleague should have done, or failed to do, in their intervention. The result was a tense, *unsafe* atmosphere. Therefore, when facilitating peer-support supervision, it is important to systematically defuse any negative criticisms, and reframe them into positive suggestions, without a blaming or humiliating undertone. During the workshops for the workers, connected to the Mental Health Units, it was pointed out extensively that supporting a client becomes easier if the worker has a certain understanding of the feelings of the client.

In that respect, what is going on during peer support supervision mirrors what it is hoped happens during the contacts with clients. If we want to support a colleague, you have to understand at least a bit of how that colleague is feeling when they meet with a client. Both principles are reflected in the following 10 steps in supportive peer discussion<sup>2</sup>. During the discussion, which may take about 45 minutes, dolls, coins and blocks are used to assist in creating an overview of the problem, and its context.

1. The procedure starts with one worker telling a story about a difficult client. If possible, the story ends in a question. The facilitator checks the following questions:  
Are all relevant persons (e.g. dead relatives) and resources on the table?  
Has the problem been broken up into components?  
Is it clear who the client is, and who are just additional characters in the drama that the client is part of?  
Do client and counsellor agree on the goals of counselling?
2. As a second step, there is a group round of questions. One by one, each participant is offered the opportunity to ask questions. These questions should only be about facts, and are meant to clarify the story. Questions that are in fact advice are put on hold; negative criticism wrapped up as a question is defused.
3. The third step is another group round, in which each participant tells how (s)he would feel if (s)he were the client.
4. After this, the worker who presented the case is offered the opportunity to react.
5. During step 5, the participants discuss in what ways the client is showing adequate functioning and strength.

6. In step 6, the counsellor presenting the case gives his/her reaction to what has been mentioned during step 5.
7. Step 7 is another group round. Now each participant tells how (s)he would feel if (s)he was in the same position as the worker presenting the case.
8. Step 8 is another opportunity for the worker to react to what was said during step 7.
9. Step 9 is a group round, in which all participants name the effective interventions the worker has already completed.
10. During step 10, the worker can ask for advice, specifying what the advice should be about. The colleagues should start the advice with saying: '*if I were in your position, I would. . .*' or end a suggestion/advice by saying '*this could be tried*'. Sometimes the previous nine steps have been so illuminating that the worker does not need additional advice. Only if the worker still wants advice, is there group round in which all participants can give motivational advice.

### Sustainability

During the whole sequence of training courses and peer supervision, contact was maintained with the four psychiatrists in charge of the Mental Health Units. They had asked for our help in developing the expertise of workers connected to their units, and have remained very supportive since. Nevertheless, it remains quite a struggle to sustain the project, since the authority of the psychiatrists is limited. Decisions they make can be (and regularly are) overruled by their administrative directors. Mental health workers are sometimes transferred to other wards on the order of the administrative managers. In a few cases, participants

in the workshop, after the sessions, had to report for night duty. For the worker it then becomes a huge effort to take part in the peer support supervision meetings, which usually takes one and a half to two hours. As a result of these constraints, in two of the Mental Health Units peer support supervision collapsed half way through 2010, only to be reanimated in March 2011.

Nevertheless, the participants mentioned that they, when presenting a case, usually feel very much supported, relieved of their worries, and have gained confidence to continue to handle their cases. They also stated that they do learn from the cases presented by their colleagues, because they have all encountered similar difficulties.

### References

- Haans, T. & Lansens, J. (2008). Culturally sensitive supervision by expatriate professionals: basic ingredients. *Intervention*, 6(2), 140-146.
- van der Veer, G. & Francis, F. T. (2011). Field based training for mental health workers, community workers, psychosocial workers and counsellors: a participant-oriented approach, *Intervention* (in press).

<sup>1</sup> The first two courses were made possible by the War Trauma Foundation (WTF), which also provided the means for 14 month of peer supervision in each of the four hospitals. Since the WTF has had to interrupt its support, the project was transformed into a minimal budget project; trainer and co-trainers worked as unpaid volunteers, colleagues of local nongovernmental organisations minimised transport costs by offering lifts, hotel bills were minimised by friends offering accommodation, participants brought their own lunch, and a training venue was improvised in a house of a friend. Therefore, the total cost of the training held in March 2011 was about 200 Euro.

<sup>2</sup> This procedure was inspired by the six-step procedure for clinical supervision developed by Haans and Lansen (Haans & Lansen, 2008). Since 2010, the same procedure has been used in a project aimed at teachers who are confronted with the immense psychosocial and material problems of children in the former war zones of north Sri Lanka.

*Guus van der Veer, PhD., clinical psychologist, is the former editor in chief of Intervention. email: guusvanderveer@hotmail.com*  
*Felician Thayalaraj Francis is a psychosocial practitioner in Sri Lanka and a founding member of The Good Practice Group (GPG). email: felician@goodpracticegroup.org.*