

Care for the caretakers: rolling out a protocol or developing tailor-made programmes on the spot?

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Some western nongovernmental organisations (NGOs) have developed protocols aimed at providing care for the caretakers. The authors, three psycho-social workers in an Asian country, show an approach that is more sensitive to the local context than any protocol could ever be. This is done by giving a detailed description of a two-day 'stress management workshop' that was offered to two groups of local staff members from an international NGO (INGO). By the end of the workshops, the behaviour of the participants had visibly changed: they were much less tense and more relaxed, and lethargy had been replaced by confidence in their ability to build a new future. They felt empowered by the seminar. During a follow up session three month later, it was obvious that these results had been sustained.

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Introduction

In 2009, six months after the final bloody battles of a civil war in an Asian country, the authors were invited by an international nongovernmental organisation (INGO) to create a programme with 23 members of the local staff active in emergency aid in camps for 'displaced persons'. These staff members had gone through a series of traumatic events. They had also recently been released from detention in camps for 'displaced persons'. In order to prepare, we did a web search using keywords such as: stress, stress management and staff care. We found

several pages of organisations mentioning programmes for stress management, or for support in situations of ongoing strength; typically these contain very general descriptions. Examples are given in Box 1.

We did not find any clear factual description of what the people facilitating stress management, staff care or staff support workshops (usually an expert from Western organisations) actually did, and how the participants reacted. They appear to work according to a protocol that is thought fit to 'roll out' in diverging situations. As a result of this lack of inspiring examples, we decided to document our own experiences in a way that shows both the individual differences in the suffering of the participants, and the struggle of the facilitators.

Making contact We decided to divide the participants into two groups. We worked with each group in a retreat centre for a period of two days. Both programmes started with introductions and included a mention of our involvement in psychosocial work. Then we tried to make contact with the participants through asking them exactly what kind of work they did (driving a van or a truck, assisting in construction, handing out relief items or food rations, etc.)? For the same reason, we asked them how they had received an invitation to the workshop and if they had heard from their managers why it was organised? Some participants knew that the programme was about dealing with stress, others had heard that it was 'something psychosocial'. They all

Box 1: Examples

Workshops in the field can be offered in all subjects, in any combination. They can last from two to seven days. The design of the field workshops will be adapted to the actual needs and demands of the organisation and workshop participants involved. Field workshops are either a follow up of a preparation course or they can be designed around special demands from the organisation and the field.

Depending on facilities and location, two or three trainers/consultants will be needed (we prefer to work together with a local trainer/facilitator if available).

Support following a critical incident can also be offered in a field context.

This support includes: debriefing of international and national staff (individuals and groups). Advice and recommendation to managing staff and headquarters in handling individuals and teams after critical incidents. (see: www.antaressfoundation.org)

appeared to trust that the meeting might be beneficial for them; there were no signs of resistance. We explained that the management had told us that they were worried about the negative effects of their experiences during the past months. We asked them whether they had observed any changes in themselves, or in their behaviour?

The difference between the two groups During the initial contact, the participants in group 1 (N=12) were quite talkative. Additionally, they showed many signs of physical tension and hyper-alertness. Four participants appeared to be unable to keep their legs still, one almost jumped at every loud sound (like pots and pans in the adjoining kitchen). All participants mentioned physical complaints, which were activated by traumatic reminders. Half of them mentioned an increase of irritation, and at times, difficulty in controlling anger.

The participants in group 2 (N=11), in general, had spent more time living in one of the camps and presented another picture. Trying to engage them to participate in an exchange of experiences and ideas felt like an uphill job. They were not unkind, but seemed to be quite lethargic and to be feeling hopeless.

Using case histories After the experiences above, the facilitators offered a tailor-made

programme, in which they could choose from a repertoire of case histories of people affected by armed conflict.

For group 1, we used case histories as examples of how people can be affected by traumatic experience(s). These cases illustrated a wide variety of complaints, symptoms and behavioural problems. They also showed the connection between traumatic reminders and physical complaints. Additionally, they were a vehicle for discussing diverging ways of active coping with all kinds of trauma related complaints, symptoms and behavioural problems.

For group 2, we discussed a case that illustrated the concept of learned helplessness and how this state of mind can be overcome, followed by a simplified introduction of Seligman's experiment on learned helplessness in dogs.

Both groups reacted with comments and nonverbal signs (nodding) that the cases reflected their experiences. The participants also spontaneously commented that they felt understood, listened to and taken seriously. The atmosphere in group 1, as a result, became more relaxed. In group 2, the verbal reactions became both more frequent and lasted longer, and for the first time we observed a few smiles.

Other activities Our repertoire also included: mindfulness exercises done while standing up (Kabat-Zinn, 2005), a very simple exercise for deep relaxation while lying on a mat (which resulted in some of the participants sleeping peacefully) and breathing exercises while sitting in a chair. Other activities included: making a 'Personal self-aid card' for stressful periods, a demonstration of the procedures of holding of a mutual support group (group 2 only), games (referring to war in a humorous way) and energising exercises.

Personal counselling In order to connect more closely to the particular needs of the participants, one of the trainers offered personal counselling sessions. Eleven participants of group 1 and four of group 2 used this opportunity. During these sessions, the participants talked about current problems (the counsellor assisting only in orderly thinking about these problems), incapacitating trauma related symptoms (for which active coping was discussed), and overwhelming feelings of sadness, despair, fear and anger related to the losses they had suffered, or their uncertainty about the fate of family and friends. Some examples of the painful and/or terrifying experiences they went through are below:

- A 28, lost a brother and a sister in the violence when he was 14 years old. His mother died during a bombing in 2008. He is afraid that his contract with the INGO will end, because it expires in December and the organisation has had problems in finding a sponsor. He has anger attacks, usually after work.*
- B 25, went through many terrifying situations and great hardships before he ended up in a camp. He just feels weak and vulnerable since he left. He calls it an inferiority complex.*
- C 40, often loses his temper and has panic attacks. During bombing, the shells landed very close to*

him. Loud noises now result in flashbacks of that experience. When that happens he appears to be far away and does not hear other people.

- D 50, is very worried about his daughter; she was conscripted by a militant group while in church. He has still has no news from her, although he did everything possible to trace her. His youngest son was wounded during shelling; he carried him in his arms to a hospital. During that walk he counted 25 dead bodies on the road.*
- E 32, is worried about a brother who has disappeared. Her parents are also worried, but they do not discuss it in order to protect each other from getting upset.*
- F 29, sometimes at night cannot stop thinking about her father, who is missing.*
- G 35, sometimes wakes up with a shock, as if in great danger, especially when someone (e.g. his wife) calls his name.*
- H 27, tells various stories of sexual harassment of women in the camp, by soldiers. His fiancé was one of the victims. During shelling, two of his friends were killed before his eyes. He has a tendency to act hostile towards soldiers when he meets them during his work.*
- I 32, mentioned how a person had died in a neighbouring tent, where a family with young children was living. It took 5 days before the camp authorities removed the corpse.*

The counselling in these cases was aimed at giving the participants the chance to express their emotions in a controlled way, and advising them how to achieve better control over the physical components of their complaints and symptoms through, for example, breathing exercises and other forms of active coping.

After the meeting As a sign of appreciation from the management of the INGO, the workshops were followed by a one-day retreat for the participants and their

families. After this retreat, all participants and their families were then taken on a five day holiday trip.

Evaluation. During an oral evaluation we received a lot of positive feedback. Some quotes from the participants of group 1 are below:

- *I was able to share my burdens and get relief. The exercises were useful, especially the deep relaxation that helps us to sleep.*
- *I could share my problem, understand it better, and found ways to address it.*
- *I learned to control or to deal with my feelings when they are about to dominate me. The story of the dogs (learned helplessness) was clarifying. I am able now to deal with my stress.*

Some quotes from the participants of group 2 are below:

- *I was tired, but now I am relaxed and know how to relax myself.*
- *I feel relieved from a burden. I feel comforted.*
- *I learned to manage my anger. I learned tools to deal with my problems. I was like a jumping frog, now I am more controlled.*
- *I feel stimulated. I learned things I can teach my family members*

The follow up after three months During the follow up meeting (one day for each group), four participants did not attend for various reasons: two had a job elsewhere, one was ill, and a fourth one had other obligations. Two people from group 1 had switched places with people from group 2. Each group had a new participant. For both groups, the follow up meeting proceeded roughly in the same way (described below).

How are you now? We started the meeting by asking 'how are you now, and what has happened since our meeting three months ago?'

We also enquired after the wellbeing of the participants who could not attend. All participants appeared to be happy to see us, and the atmosphere was friendly and cheerful.

Their answers can be summarised as: '*I am much better now.*' After this, we asked the participants to work in pairs. Each member of a pair would interview his/her partner on two questions: 1. *Can you mention something in your life that makes you feel happy?* 2. *Is there any difficulty in your present life that you like to share with the group?* The results of the interviews were exchanged in a plenary session. All participants were able to mention sources of happiness in their lives. Most of them also mentioned difficulties as well, but added that they were able to deal with these difficulties better.

You did it! The follow up programme included a repetition of some of the exercises introduced during the workshop, and an item called '*You did it!*' This item was introduced as follows: '*You all seem much better than during our workshop. The circumstances improved of course, but you also contributed yourself. How did you do this?*' The participants then gave many examples of active coping using approaches discussed during the workshop. *What could we improve?* During our last item, we asked the participants to give us, and the organisation we worked for, advice on how to handle future crises. The participants seemed to enjoy looking at their experiences in this way. We quote some of the conclusions and suggestions formulated by the participants below:

- *we cannot help others when we are overcome by our own tensions*
- *we needed a space to say what is on our minds and we need people who are willing to listen*
- *the exercises were an important addition to the talking, they really helped us*

- *two days was just fine, because you need to get accustomed to one another and to a new environment*
- *if possible, in a future case, the meeting should be organised earlier, immediately after leaving the camp. It would have helped if someone we could talk to had been sent to the camp. Even if someone comes but cannot help, it gives hope that this person is willing to help and that you are not alone*
- *it was very good that the trainers did not have a fixed programme, but listened to us and reacted to our needs*
- *the coordination during an emergency might be analysed in order to learn lessons and to check if everything that could have been done was done*
- *during an emergency we sometimes did not feel competent to help people in distress, e.g. family of staff members*
- *it made us feel better when managers trusted us to make decisions in the field, following the principle of 'do no harm'*
- *my nightmares disappeared after the meeting*
- *before the meeting I often could not sleep. After the meeting, that did not happen anymore*
- *I still use the breathing exercise. Sometimes I wake up at 1 a.m., I do the exercise and then I can sleep again.*

Conclusions A two-day stress management workshop that includes the possibility of individual counselling can be effective if it connects directly and immediately with the feelings and needs of the participants. The spiritual and leisure activities that followed the meetings may have contributed considerably to the lasting effect of the meetings.

*Because of the political situation in the country concerned, the authors prefer to stay anonymous. They can be contacted via the editor in chief of Intervention.
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In addition, some spontaneous remarks were made about the long term effect of the workshop.

- *the personal talk was very helpful*
- *since the meeting I always tell myself to be aware of what I feel in my body and to control myself*

Reference

Kabat-Zinn, J. (2005). *Full catastrophe living*. New York: Bantam Dell.