

# Field based training for mental health workers, community workers, psychosocial workers and counsellors: a participant-oriented approach

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*This article discusses the training of mental health workers whose basic job is with clients that have been seriously affected by armed conflict and/or natural disasters by using 'helping through talking', and who have had little education that is relevant to this work. It sums up the characteristics required of the workers, their learning needs, the messages that the training needs to convey, and the characteristics and potential contents of a tailor made, participants-oriented<sup>1</sup> programme. This approach is illustrated with a few key points from such a training programme.*

**Keywords:** community workers, counsellors, 'helping through talking', mental health workers, participants-oriented approach to training, psychosocial workers, training

## **Workers with little education**

From the very first day, the authors were involved in psychosocial work, we observed that the bulk of the psychosocial/mental health/community work in (post)conflict and disaster areas is carried out by those who have little, or no, education that is relevant to this work. Some were totally lacking in training, others – and this may have just as unfavourable consequences – had some training programme experience, but these were inadequate. These mental health

workers often remarked that they felt burdened with subject matter they could not use in their daily working environment(s). Others reported that they were trained in (counselling) skills, but it was then observed that this training had often alienated them from their natural social skills towards helping others (Box 1).

The grassroots workers usually trained by the authors shared the following characteristics:

1. *They lack adequate training.* If they have received any training, it was usually on isolated subject matter that did not connect with their particular field of work.
2. *They are overburdened.* They have to deal with complicated, heart-breaking cases (and are often surprisingly able to cope). However, they also lack opportunities for reflection on their work, and are receiving little emotional support, or appreciation, for what they do.
3. *They have some relevant skills, insights and knowledge.* They do have relevant knowledge and skills that sometimes the trainer may not. Unspoilt by abstract academic education, they are often down-to-earth and practical. They often possess common sense, as well as an impressive natural social skill towards

### **Box 1 The collateral damage of inappropriate counselling training**

1. During training of fieldworkers whose job it was to organise community meetings, as well as offering emotional support to individuals and families, all questions were asked during the sessions were noted. During the first sessions, most (85%) of the questions started with the phrase *'is it appropriate to'* and was then followed by a description of an intervention that had occurred during a meeting with an individual client. When discussing this observation, the participants started to talk about a counselling training they had received, and from which they particularly remembered some *'don'ts'* such as: do not ask directive or closed questions, do not give advice, etc. It seemed that they had learned there were (rigid) *'correct'* or *'wrong'* ways of providing support.
2. During another training course, the participants were invited to share difficult cases they had encountered during their daily work using client/worker role-play. The participants playing the worker(s) were frequently simply parroting, in almost identical words, what the client had just told them a moment ago. We were informed that this was the way they had learnt to proceed during a counselling training. When asked to play the same client/worker again, but now as if they were talking to a friend, their responses became much more helpful.
3. During a workshop on *'helping through talking'*, with a group that was known as counsellors, the participants were asked to show an example of how they did counselling in their daily work. It was at the end of the first day, after some of the successes they had experienced during their work had been discussed, so at that moment the atmosphere in the group felt safe enough to challenge a few of the least shy participants into a role-play. The first role-play was with two female participants. One, playing the role of the client, started to complain, while the other participant did not give any verbal response. An uncomfortable silence occurred. After that, the *'client'* continued to complain and mentioned more problems, again not receiving any verbal response from the *'counsellor'*. This was followed by more uncomfortable moments of silence.

When asked if a different participant could play the role of the counsellor, the same thing happened again. The role-play was stopped, and the participants were asked whether this approach to *'helping through talking'* had been useful for achieving the successes discussed earlier? A discussion unfolded, during which time it became clear that the approach they had used was one they had learned during training in co-counselling; they did not use this approach in practice.

helping others. Often identical to most of their clients, they usually belong to a group with a low social and/or economic status. Therefore they recognise the problems of their clients, and the backgrounds to them. They often have the

experience of actively coping with similar problems to their clients, and know the local resources.

4. *They have strong opinions.* Often based on cultural and/or religious beliefs, they sometimes have strong opinions on

- what they consider 'good' or 'bad' behaviour, and on what they consider is helpful or not. This, they believe, is self-evident.
5. *They are not very systematic.* The interventions that occur when they talk to clients, at first, seem to be guided by impulse rather than by a systematic approach. There does not seem to be much thinking before they speak or think aloud.
  6. *They have specific personal virtues and problems.* They are willing to assume a substantial level of social responsibility. They are eager to learn, if the matter is useful in practice. They are often very young (in their early twenties), open to new ideas, energetic and flexible. Regarding their ability to help others through talking, they often lack the self-confidence required. Furthermore, they are often not taken seriously by the more senior people in their organisations, and in fact are often shy towards people they consider as 'higher' in status, including trainers. They sometimes struggle with personal problems related to very painful experiences.
- Showing a client that you understand their problem(s), as well as the feelings related to them;
  - Dealing with their own emotions during meetings with clients;
  - Dealing with people in the community who are judged, by their neighbours, as either mad or bad, and still maintain a good relationship within the community and their own family;
  - Reacting in a neutral, non-judgemental way. This requires awareness of one's own norms and values as something that may be open for discussion;
  - Handling the tension between, on the one hand, the high expectations of some of their clients, the community and the organisations they cooperate with, and on the other hand, their job description and limited resources;
  - Negotiation skills, e.g. saying no in a pleasant way and offering an alternative.

## Learning needs

*Knowledge* These workers lack conceptual knowledge of personal problems and 'helping through talking'. As a result, they are often unable to work in a systematic way.

*Skills* From a counselling perspective, some of their skills need to be developed further. These skills include:

- Making contact with a client and making them feel at ease;
- Recognising emotions in their clients and the ability to discuss them. This requires both an awareness of their own emotions, and the physical sensations related to them;

*Attitude and awareness* At the start of the workshops, there is often evidence that the participants have a low opinion of their own capabilities. They often feel overwhelmed by the scope and complexity of the problems their clients experience, feel obliged to come up with quick solutions, and are often too shy to ask for support from their colleagues. During our training, we try to convince them that they *already know a lot about helping other people* and that some problems cannot be solved, but that *showing that you care makes the client feel that they are supported*. We try to give them opportunity to experience the ways in which *big problems can be cut up into smaller ones, and that with a little help the client can often think of a way to actively cope with a small problem*. We try to make them aware of the fact that *being aware of the feelings of the client* often makes so-called difficult clients more understandable. We also show

that a very effective way to become a better worker is exchanging work- experience(s) with colleagues, in a mutually supportive atmosphere.

### **A field-based, participant-oriented training programme**

*Purposes* The purpose of a training programme for this group can be summarised as follows. For starters, the programme is aimed at offering the participants emotional support. It is meant to empower them, by making them aware of their existing skills, so that they can develop these skills further, as well as use them as part of a more systematic approach to 'helping through talking'.

In addition, through the programme, the authors hope to offer the participants an opportunity for reflection over their work, in practice, and some simple conceptual tools to guide their reflection and their planning.

Finally, we want to assist them to become more aware of the fact that their opinions are open to discussion, and thus to help them to develop a more open-minded attitude to clients who have become outcasts. We hope that this will make them think a bit more before they speak.

*Characteristics of the training programme* A field-based, participant-oriented training programme presents new subject matter only when the participants present a case, or ask a question, that offers the opportunity to work on new subject matter by connecting it to experiences of the participants. In that sense, there is no prepared programme – the programme unfolds during the workshop, and is tailor-made each time. Although we think we know what their learning needs entail, we do not want to force feed them a particular package of knowledge and skills. The programme aims to connect at the level that each of the participants is functioning,

and then stimulate their personal development and growth.

In addition, the programme departs from the assumption that 'helping through talking' (just as in helping through providing training) is primarily based on making a genuine contact with the client, rather than simply carrying out a protocol.

The programme offers a form of experiential learning, and is aimed at starting a process of learning from practical experience that will continue after the programme ends. It is quite concise, e.g. over two times three days, followed by four times two days, with intervals of three months in between, during which there are regular (preferable bi-weekly) peer-supervision meetings.

Last but not least, we try to make the programme coherent, in the sense that it systematically tries to convey messages mentioned in the paragraph above, on *learning needs, attitudes and awareness*. These messages are not only contained in the comments on role-play and other exercises; they fully determine the choice of educational methods. For example, by providing the participants with a piece of theory that summarises their own work experience, this conveys the message that they know many important things already. Presenting the same subject matter out of the blue, not originating from the experience of the participants, may convey the message that the participants are ignorant of important matters.

*Designing a programme* As trainers who begin with a programme where the order and timing of training items have not been fixed, a repertory of items that can be used when indicated is required. In relation to the learning needs, three types of components: knowledge items, skill items and attitude/awareness items can be highlighted.

*Knowledge items* It is our experience that the participants can benefit from items that

make them familiar with a simple conceptual framework on *'helping through talking'*. For an overview of these concepts and the assumptions we present, see Box 2.

*Skill items* These items are usually based on a story by a participant about what (s)he sees

as a *'difficult client'*. Stories about difficult clients often form the background to questions the participants begin to ask as soon as they feel that the workshop could be relevant to their daily work. For examples of such questions, see Box 3.

### **Box 2 Concepts and assumptions**

*Assumption 1:* When a client has large and complicated personal problems, these can be divided into components.

*Assumption 2:* In practice, six possible components of a problem can be distinguished:

1. Practical problems – the worker can help the client by helping them to think about options for dealing with this part of the problem;
2. Dilemma's or choices between two evils – the worker can help by listening to the pro's and con's of each of the two courses of action, and explore if there is a third way in between, but which leaves the decision to the client
3. Lack of skills, e.g. social skills or skills to help relax the body – the worker can help by offering exercises or instructions
4. Symptoms, complaints and problematic behaviour related to extreme stress and trauma – the worker can help by looking for ways of active coping with these matters, with the client
5. Being overwhelmed by strong feelings (e.g. sadness) – the main task of the worker in this case is to listen and to help the client express and share their feelings without being overwhelmed
6. Internal problems, such having a negative self-view or irrational guilt-feelings – the worker may be able help by exploring how these problems came into existence (for more details, see van der Veer, 2003, 2008).

*Assumption 3:* Each of these components can be approached with a particular form of *'helping through talking'*. (For more details, see van der Veer, 2003).

*Concepts related to the purpose of the first interview:* making contact, getting information, showing understanding of the feelings of the client, making an agreement between client and counsellor.

*Concepts related to the content of first interview:* Complaints, symptoms, and problematic behaviour, problems, background to the problem, strength of the client and adequate functioning, resources, plans and first steps.

*Concepts that are useful when working with couples or families:* Circular interaction (Hayley, 1963), blaming others as part of a conflict and the need behind such blaming.

**Box 3 Examples of questions asked during workshops for psychosocial workers, community workers, counsellors and mental health staff**

The participants in our workshops often remark that they have a client with whom they find it difficult to work. When speaking to this client, they feel stuck. The participants hope that the trainers can provide a special method or protocol that can help them to deal with this particular type of client. In most cases, such special methods and protocols don't exist. Some examples of questions we were confronted with:

- How do you work with widows?;
- How do you deal with homosexuality in the hostels?
- How can we respond to clients in contexts where we are unable to fulfil their expectations? (We don't want to disappoint their hopes or trust in us.)
- How do you work with children who are scared to divulge information about their problems (for example in the camps or in children's homes)?
- If there is lack of client cooperation, even when we are struggling to help them, how can we work with such non-cooperative clients?
- How can alcohol-addicted patients, who want to overcome this, but find it difficult to avoid temptation, be helped?
- I am dealing with a woman, who is beaten by her husband, but he does not want to talk to me; what techniques can I use to engage both of them?
- How can I help a woman who was sexually abused and now isolates herself? She has recurring memories of what happened.
- How can I help a grieving woman, who avoids group counselling because she does not want to talk about the past?
- How can I change the attitude of a person who does not want to see his daughter because she has eloped with a boy of a lower caste?
- How can we help the children who have lived all their life in an institution, to (re)integrate back into society?

Skill items usually begin with an introduction by a participant over a client that presents difficulties for them. The trainer tries to clarify what happened during the contacts so far, and what already is known about the client. Then the participant is invited to take part in a role-play, and play the role of that client. In the early sessions of the workshop, one of the trainers will first play the role of the worker, saying; *'I don't know how to handle this, but let's give it a try'*. After that, they can

invite one of the other participants to play the role of the worker.

When one of the trainers plays the role of the worker; the only thing they do is to try to make contact with the client (and, if applicable, with the other persons involved), and to show that they are interested in what (s)he has to say, and tries to understand his or her feelings. However, if it is required, they also confront the client with reality. During this role-play, the trainer is also

taking note of how working with this client makes them feel.

In most cases, this is enough to make it clear why the worker has found it difficult to work with this client. When working with a client feels like too large a burden for this target group of workers, usually one of the following things will occur:

1. The client wants the worker to make an important decision for her/him;
2. The worker feels that they have to serve various masters: not only does the client have expectations of them, but also others;
3. The worker is afraid to hurt the feelings of client, or make them angry by confronting him/her with reality;
4. The worker is reminded of his or her own pain;
5. The worker wants more than the client, e.g. the client just want to talk about their problems, whereas the worker wants her to actively deal with them;
6. There is no clear, shared agreement over the goals of the 'help through talking' sessions between the worker and the client.

In later sessions, one of the participants (or a series of participants) is invited to show how they would react to the *'client'*. In that case, the participant will receive a simple assignment, such as: *'the only thing you have to do is trying to make the client feel at ease'*, or, *'tell the client in a nice way that you cannot make this decision for him, but that you can help him by discussing the pros and cons'*.

Other skill items that may be useful for the participants are:

- Engaging a client in a relaxation exercise;
- Educating a client or a group about symptoms, complaints and problematic

behaviour related to stress and painful experiences;

- Discuss possibilities for active coping with such symptoms, complaints and problematic behaviour.

*Attitude/awareness items* When participants seem to be judgemental towards a certain category of clients (e.g. people abusing alcohol, or gays and lesbians) we may introduce an item aimed at increasing their empathy. It may also be observed that the participants need emotional support in relation to a particular theme, such as the feeling of being overburdened. See Box 4 for an example.

In addition, there are three types of items related to the process of the training: assessment items, processing items and feel-good items.

*Assessment items* An item can be aimed at assessing the insights and skills the participants are already using, as well as the insights, skills and attitudes they could develop in order to become more effective as professional or voluntary helpers. See Box 5 for an example.

*Processing items* These items are aimed at processing the information that is shared during the workshop. See Box 6 for an example.

*Feel good items* These include energisers (in order to restore concentration), relaxation exercises and games.

### **Trainer's rules of the thumb**

*Safety first* Establishing and maintaining a sense of safety in the group is the trainer's first, and most enduring, concern. When participants criticise each other in a blaming or humiliating manner, the trainer intervenes and tries to reframe their comments in a more constructive way.

**Box 4 Example of an attitude/awareness item: *expectations and our job description***

*Purpose:* To make the participants aware of all the conflicting expectations they are facing.

*Procedure:*

1. Participants discuss the following questions in small groups and summarise the answers on paper:
  - What tasks do you expect to achieve/carry out in your job?
  - What kind of things do your clients expect of you?
  - What do other people in the community expect of you?
  - What does your boss expect of you?
2. In a plenary session the answers are put on flipcharts, discrepancies in expectations are highlighted and unrealistic expectations underlined.

**Box 5 Example of an assessment item: *making a difference***

*Procedure:* One of the trainers tells a story about a client he met and who, thanks to the talks he had with that client, improved a little. The trainer concludes that he has certainly not solved all of the problems of the client, but that he has made a difference, perhaps a small difference, but still a significant one. He then asks the participants to sit in pairs, or small groups of three, and discuss an example of a small but significant difference they were able to make while they were trying to help a client. Some, or all, of the stories that come up are subsequently discussed in a plenary session, during which the trainers try to highlight the effective actions and approaches of the participants. The stories that have been shared by the participants reflect the problems they are facing, as well as the skills they have for helping others.

**Box 6 Example of a processing item: *what did you learn?***

*Procedure:* at the end of day 1, the participants are asked to write down, in silence, what they have learned from the sessions during day 1, and to bring these notes to the first session of day 2. On day 2 they are asked to sit in small groups and to first compare their notes, and then are asked to see if they have any questions related to what happened during day 1.

*Wait for the opportunity to introduce a subject* When choosing from the repertoire of items, always base the choice on the material that has either been produced during the assessment items, or arisen during items on difficult cases. Do not parachute subjects in from out of the blue, but always connect to *their* material.

*Work thoroughly* When time is limited, it is better to do few things thoroughly than many things superficially and hastily. Doing things thoroughly means that it may be necessary to repeat items a few times, with different case examples, to be thoroughly understood.

*Emotions come first* Theoretical concepts are only introduced if the opportunity arises to connect them to a case that just has been, or is being, presented. Additionally, the trainers should feel that the participants are ready to look at the case in question from a certain distance. Otherwise, if the case or subject seems to trigger an overly emotional response, the theory should be left for another time.

*Take small steps* Trainers should never introduce all of the concepts at the same time; it is best to divide them over (various) sessions.

*Use your radar* Awareness of one's own feelings during contact with clients is important for a worker in this field. The same is true for trainers: an awareness of one's own feelings during the sessions may help to understand the interaction within the group, and therefore guide the trainer's choice of items.

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<sup>1</sup> In earlier publications (e.g. van der Veer, 2003; 2006) referring to the same approach the first author has used the term person-oriented or contact-focussed.

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