

Lay counsellor training in trauma and traumatic bereavement: interventions that promote psychosocial change and strengthen healthcare systems

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WHO Definition of Health (1946)

"a state of complete **physical, mental, and social** well-being and not merely the absence of disease or infirmity."

“No Health Without Mental Health”:

http://www.who.int/mental_health/who_urges_investment/en/index.html

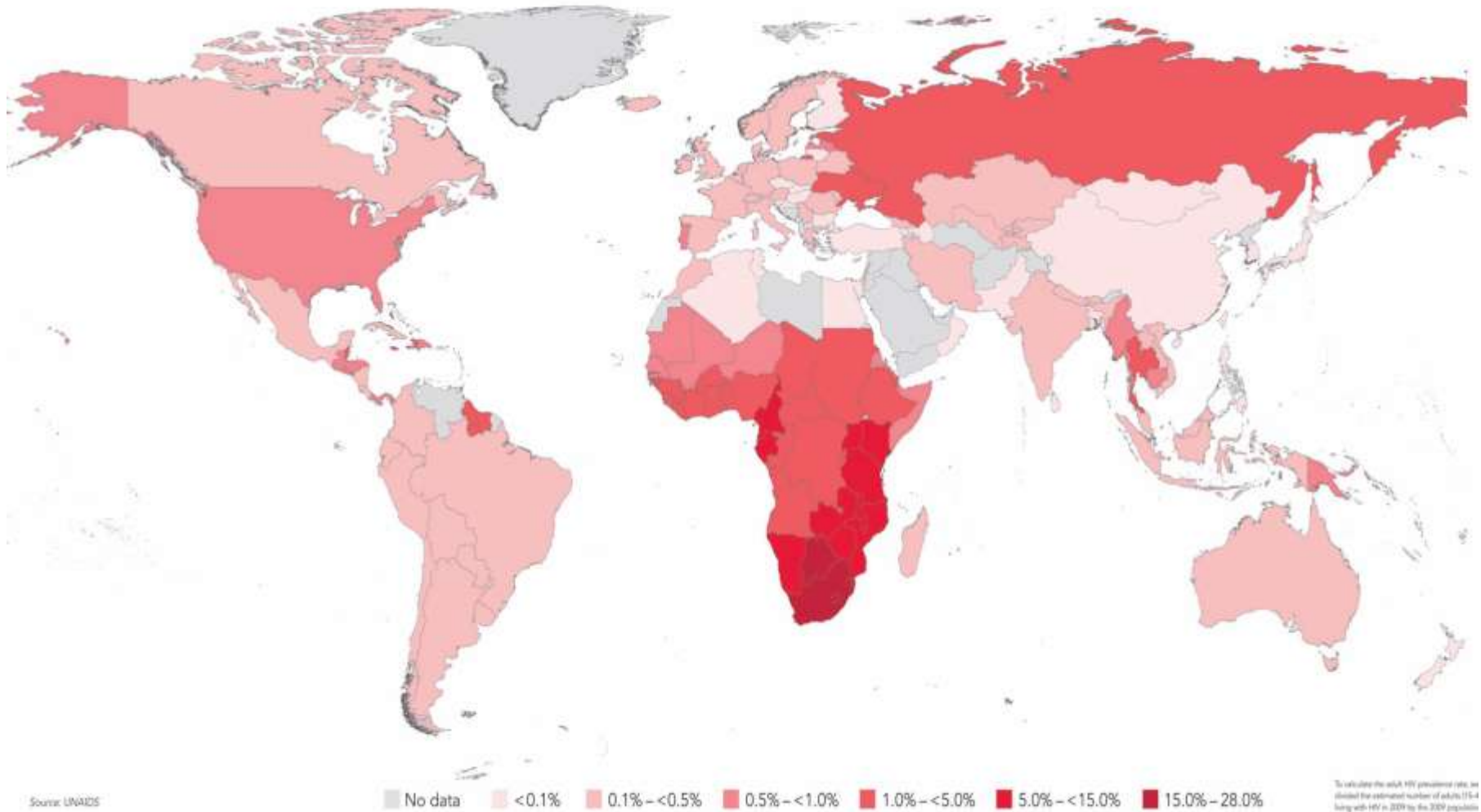
- “One in four patients visiting a health service has at least one mental, neurological or behavioural disorder but most of these disorders are neither diagnosed nor treated.
- Mental illnesses affect and are affected by chronic conditions such as cancer, heart and cardiovascular diseases, diabetes and HIV/AIDS. Untreated, they bring about unhealthy behaviour, non-compliance with prescribed medical regimens, diminished immune functioning, and poor prognosis.
- **Mental ill-health is associated with physical ill-health and vice versa...**
- Cost-effective treatments exist for most disorders and, if correctly applied, could enable most of those affected to become functioning members of society.
- Barriers to effective treatment of mental illness include lack of recognition of the seriousness of mental illness and lack of understanding about the benefits of services. Policy makers, insurance companies, health and labour policies, and the public at large – all discriminate between physical and mental problems.
- Most middle and low-income countries devote less than 1% of their health expenditure to mental health. Consequently mental health policies, legislation, community care facilities, and treatments for people with mental illness are not given the priority they deserve.”

What mental health issues are coming at us in the healthcare system?

- After HIV/AIDS, violence leading cause of death for South Africans (5 and 8 times higher than the global average); rates of reported rape in South Africa is 4 times the global average (Seedat et al, 2009; Suffla & Ratelem, 2009; Jewkes et al, 2002)
- Violence is both a cause and consequence of HIV and AIDS. It limits women's ability to protect themselves from infection, and those who are HIV-positive are often targeted for stigma and abuse upon disclosure of their status (Maman, S. et al, 2004).
- Levels of depression as a result of multiple and consistent losses, largely from HIV/AIDS pandemic and inability to properly mourn as a result of stigma (leads to traumatic bereavement symptoms).

2010: A global view of HIV infection

33.3 million people [31.4–35.3 million] living with HIV, 2009



Source: UNAIDS

To calculate the adult HIV prevalence rate, we divided the estimated number of adults 15+ living with HIV in 2009 by the 2009 population aged 15+.

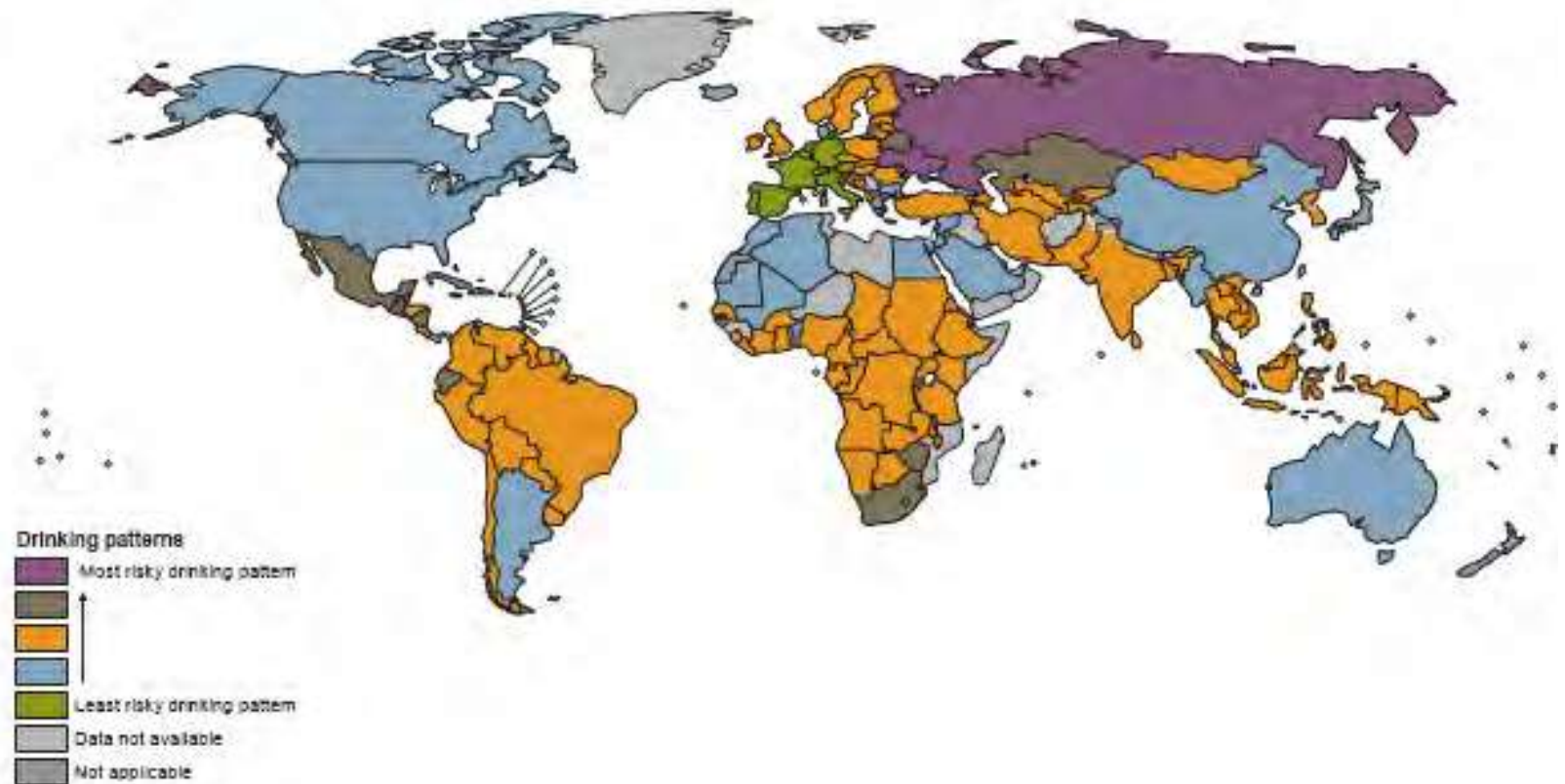
What mental health issues are coming at us in the healthcare system?

- A significant body of South African research is built around the prevalence of PTSD symptoms and strongly suggests that they constitute a significant public health concern (Edwards, 2005; Richter, 2008; Dawes, 2004, etc.)
- Nearly 75% of South Africans experienced at least one traumatic event during their lifetimes. The most frequent type of trauma reported involved a close other (unexpected death of a loved one), witnessing trauma, threat to one's own life, criminal victimization, and intimate partner abuse (Williams et al, 2007 – South African Stress and Health Study)
- Several studies have demonstrated that 70-80% of children who live in homes of domestic violence have social, emotional, cognitive and mood problems (van der Kolk et al, 2007; Frick-Helms, 1997; Mullender et al, 2004; Huth-Bocks et al, 2001).

Rates of drinking worldwide

WHO 2011

Figure 7. Patterns of drinking score, 2005



Common and intersecting mental disorders

- Consist of depression, anxiety and substance use disorders
- However, substance use is commonly co-morbid with depression and anxiety
- Triad of disorders – HIV, depression/anxiety and substance use disorders – often all need intervention
- Impact of social circumstances on common mental dx– poverty, social transition, economic inequity, economic recession, food insecurity, crime and violence
- Issues of children and adolescents who suffer from common mental disorders even more problematic (need nuanced intervention, difficult to diagnose and recognise, system approach which leads to more resources).

Who will deal with this?

- Lay counsellors take on the burden of this work in a healthcare system that is already overburdened
- South African National Department of Health estimates that there are **75,000** community health workers (CHWs) in South Africa (including lay counsellors, home based carers, community health workers, etc.)
- The ratio of clinical psychologists to population is approximately **1:304,000** (Paper commissioned by the Professional Board of Psychology of the South African Medical and Dental Council, November 1994)
- Idea of referring to psychologist in resource limited settings is absurd.

Lay counsellors are expected to manage these very toxic mental health issues with almost no specialized training or support!

In fact, in developed countries one needs a PhD at minimum to deal with these issues in patients...

The role of community development through community based training

- The work is TOUGH!
- Community members know best what the issues are in the populations they serve.
- People who get involved in this work are typically self motivated, passionate and leaders in their communities.
- The work is sustainable when it is the community who is facilitating the change and support.
- There are very few mental health professionals working in under resourced (and overwhelmed) communities – community members are the ones who need to be supported in the service delivery.
- Community members are doing the work...we need to give them the skills to enable sustainable change in patients.

Things to consider in training...

- Trainings and interventions need to be TARGETTED to common mental health problems – not general psychosocial.
- Many evidence based interventions that can adapt for settings; use what already working.
- Counsellors are from the communities they serve and often equally affected by issues they ‘treat’.
- To maintain ethical integrity and quality of intervention; to curb burnout/vicarious trauma; and to retain staff, management MUST invest and budget for supervision and debriefing of staff.



**RECOGNISING AND TREATING TRAUMA AND TRAUMATIC
BEREAVEMENT IN CHILDREN AND ADOLESCENTS:
A COUNSELLOR'S GUIDE**

**PROJECTION AND NON-VERBAL COMMUNICATION
THE POWER OF PLAY
FEELING IDENTIFICATION AND EXPRESSION
STORYTELLING'S POTENTIAL
UNDERSTANDING TRAUMA
DYNAMICS OF GROUP WORK
DEALING WITH GRIEF
GRASPING DOMESTIC VIOLENCE
COUNSELOR SELF AWARENESS**

**OPENING RITUAL - HELLO SOPHIE
CLOSING RITUAL - GOODBYE SOPHIE
A FINAL WORD**

RESOURCES AND HANDOUTS



Training DVD and manual

- Particular mental health needs identified: trauma and traumatic bereavement (PTSD/complex trauma and depression).
- 12 day training for counsellors recorded then edited to make DVD.
- Group work the focus, but interventions can be directed individually or in groups.
- Format deliberately parallels that which can be practiced outside of the training in work, i.e. one lesson builds on the next, group process highlighted and reflected on, beginning-middle-end discussed and interventions for group process delivered.
- Experiential and interactive in focus.

Training DVD and manual cont..

- Psycho-educational approach utilized to assist participants in exploring various difficulties and encourage learning through the sharing of information and experience. Again, a model that can be used in practice with patients.
- Counselling for children and adolescents is child/adolescent friendly and utilizes the expressive therapies (art, play, drama, music) as primary techniques of intervention towards symptom reduction – the language of childhood and adolescence is rooted in these more nonverbal communications, hence appropriate services and increased participation tends to be through the utilization of these methods.

Theoretical consideration...

- The interventions are based on understanding child and adolescent developmental stages.
- The trauma model is based on best practice for acute interventions, that include:
 - Promoting a sense of safety
 - Promoting calming
 - Promoting a sense of self and community efficacy
 - Promoting connectedness
 - Instilling hope

(Foa et al, 2009, *Effective Treatments for PTSD*).

Why are the creative arts therapies relevant and effective?

- CAT are easily accessible for children and adolescents – they willingly engage in treatment, increasing safety, sense of calm and connectedness.
- The non-verbal nature of the CAT process transcends cultural divides and language barriers.
- CAT are particularly relevant in resource-limited settings, as they can be powerfully employed in group work and can be utilized without too much prior training.
- CAT can often lead to quicker access to the emotional core of the traumatic experience, in part through the non-threatening, safer expression that the modalities afford and their ability to bypass verbal defenses.
- With the help of a skilled counsellor, clients are able to control the depth of their own processing through the artistic medium, they are in direct control of the process and learn to contain their own affect by extension.

Topics covered in training

- the value of non-verbal interventions
- understanding projection
- the basics of art and play therapy
- understanding child and adolescent development and the developmental spectrum
- the importance of play in development
- recognizing signs and symptoms of trauma, traumatic bereavement and esp. domestic violence
- interventions to use for trauma, traumatic bereavement and domestic violence
- managing vicarious trauma
- group facilitation skills
- lay counsellor professionalism (including: confidentiality, boundaries, self care, self awareness and reflection; supervision, etc.)
- with regard to HIV counselling – pre and post testing; issues of disclosure and adherence

UNDERSTANDING TRAUMA

REFLECTING ON DIVERSE OPINIONS

WHAT IS TRAUMA

CREATING A SAFE PLACE: A WORD ON DOMESTIC VIOLENCE

POST TRAUMATIC STRESS DISORDER (PTSD)

STORY - A TERRIBLE THING HAPPENED

PERCEPTION

MANAGING AND EXPRESSING ANGER

PHYSICAL ACTIVITY - BUBBLE WRAP

PLAY ALL

RETURN



DEALING WITH GRIEF

YOUNG CHILDREN AND DEATH

PRE-ADOLESCENTS AND DEATH

GETTING THE FACTS

ACTIVITY - WORRY ENVELOPE

CHALLENGING WORRIES

PHYSICAL ACTIVITY - BOPPITY-BOP-BOP-BOP

STORY - THE BUMBLEBEE WHO COULDN'T STOP STINGING

U.N. RIGHTS OF THE CHILD

PLAY ALL

RETURN



GRASPING DOMESTIC VIOLENCE

INTRODUCTION TO DOMESTIC VIOLENCE

POWER AND CONTROL

CHILD WITNESSES

UNDERSTANDING THE BEHAVIORS OF CHILDREN

ACTIVITY - CARTOON ILLUSTRATIONS

ACTIVITY - GENDER AND CULTURE

SAFETY PLANNING

ACTIVITY - VIGNETTES

MY HAPPY PLACE VISUALIZATION

PLAY ALL

RETURN



If trainings are effective , meet the demands of the community and are practically understood (experiential), they need to be accredited and standardized in an effort to get counsellors credentialed and their true value properly recognized and supported.

NEXT STEPS...



Thanks

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