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### MENTAL HEALTH CARE OF HELPERS: EXPERIENCES FROM A TRAINING PROGRAM

*(Paper presented at the International Rehabilitation Council for Torture Victims Conference, Zagreb, May 1995)*

Victims of traumatization are not only the people who survive a traumatizing event. Rescue, relief and rehabilitation helpers are also exposed to traumatization. Primary sources of distress for care providers around the world are: (1) Close encounter with death and violence that remind them of own mortality and vulnerability; (2) Sharing of victims' experience that can result in their secondary traumatization; (3) Conflict and ambiguity of complex roles they have as helpers. Distress among care-providers can be manifested in the following areas: (1) Psychological (i.e. mood swings, undue fatigue, poor concentration, anxiety and depression); (2) Behavioral (i.e. increased smoking or drinking, self-neglect, increase of bodily symptoms, sleeping problems); and (3) Work-related (i.e. arbitrary and unpredictable decisions, loss of punctuality, inconsistent reporting, loss of work motivation, increased conflicts, etc.) (Talbot, Manton & Dunn, 1992; Stearns, 1993).

Acknowledging the mental health hazards for care providers, many humanitarian organizations try to provide general orientation to their staff, training and some support before they are sent into the field. However, the emphasis is typically on mental health needs of traumatized victims and intervention techniques for helping the victims. The impact of trauma on helpers and stress self-management techniques are mostly neglected although readily recognized. Supervision and/or debriefing are often difficult to provide in the field, especially in refugee or war victims centres located outside main cities. Overall, there is lack of awareness of the need to develop strategies in coping with relief work stress including burnout and secondary traumatization.

Very few training programs addressing the mental health needs of care providers have been offered since the beginning of the war. This was typically done by foreign experts who visited Croatia for a very brief period of time. However, there is an urgent and growing need for this kind of programs that can reach many professional and para-professional helpers in the field. This is especially true for local care givers that are not fluent in foreign languages. Furthermore, development of the locally-based program meets culturally specific issues more appropriately, and can readily provide follow-up and supervision services that one-time visits from abroad cannot. Locally developed and implemented program also serves as a strong impulse to rise awareness towards mental health issues of care providers and can be a start of a "snow-ball" type of training and support network. Finally, having a local expert team that



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can meet mental health needs of helpers in both Croatian and English languages, on a short notice basis, may be important beyond the needs of Croatian helpers only.

For this reasons, in the spring of 1994 the Society for Psychological Assistance, a Zagreb-based mental health NGO, developed and implemented a training project aimed at meeting the mental health needs of helpers. This project was funded by the International Rescue Committee/Umbrella Grant.

### **Goal and objectives**

The **goal** of this project is to develop and implement a training program for self-management and self-empowerment of care providers in order to prevent their burnout and secondary traumatization due to working with victims of war in unfavourable working circumstances.

The project has two phases. In the **first phase** the following short-term objectives were accomplished:

1. Practical assistance to 57 helpers in recognition, prevention and treatment of their secondary traumatization and burnout syndrome was provided.
2. A manual to accompany the training program was developed (Ajduković, M. & Ajduković, D., 1994).
3. The short-term and long-term outcomes of training were assessed, participant evaluations analyzed, and the workshop contents and methods refined.

In order to achieve the first objective, two three-day workshops were organized for two groups of care providers who work directly with traumatized and distressed clients. Two one-day follow-up and supervision sessions were also carried out after each workshop. Workshops were offered in two different regions of Croatia and carried out in a peaceful environment for 3 consecutive days. They followed the same daily schedule which included 3 hours of teaching and 5 hours of experiential small groups.

The workshop was built on the theoretical model of stress (Lazarus & Folkman, 1994; Ajduković, 1993). The training paradigm followed the four steps:

- \* First step - development of full awareness of warning signs and the sources of professional stress and burnout on individual level.
- \* Second step - cognitive reappraisal of stressors.
- \* Third step - insight in the alternative strategies of coping with professional stress.
- \* Fourth step - development of individual, practical and achievable program of self-help.

## Results and achievements

The sources of stress identified by participants could be divided into three groups. The first group, internal sources, is represented by sources that depend primary on the helpers themselves, i.e. personality, previous experiences, style of work, system of values, self-image, etc. The second group is related to environmental factors, i. e. working conditions, relationship with other people within an organization, organization of work, etc. The third group refers to the specific characteristics of the helping or relief work and the population a helper deals with. The participants identified a number of stressors in each of the three groups. Some of these are illustrated below:

### 1. Sources that depend on personality (internal)

- \* unrealistic work-expectation,
- \* extensive identification with people who need help,
- \* need for permanent and complete control over situation,
- \* feeling of professional incompetence, helplessness,
- \* inability to set proper limits of own work,
- \* feeling that they cannot be bartered, etc.

### 2. Environmental sources of stress

#### Working conditions

- \* small, inadequate working space and lack of privacy,
- \* cramped conditions due to an excessive number of clients,
- \* exposure to enemy attack and life-threatening danger, etc.

#### Relationship with other people within an organization

- \* lack of feedback concerning results,
- \* lack of formal system of professional support
- \* rigid and authoritarian management,
- \* lack of team spirit, mutual professional trust and support, etc.

#### Organization of work

- \* absence of clear plans for program activities,
- \* responsibility without power, influence or control,
- \* undefined organizational structure and roles,
- \* lack of daily, weekly or yearly rest,
- \* too many hours spent in direct work with clients,
- \* time pressure, etc.

### 3. Specific characteristics of the helping/relief work

- \* a large number of individuals that need help,
- \* a large number of problems that were not satisfactory resolved,
- \* emotional exhaustion because of constant awareness of the great needs of clients,
- \* uncertain future of helping programs,

- \* the kind of help that is offered (insisting only on one type of help).

Thorough whole seminar different many alternative ways of coping with professional stress and self-help were emphasized, i.e. ways of setting own limits, efficient time management, methods of self-encouragement, relaxation techniques, etc. Special focus was given to different forms of helping professional dialogues, including supervision, consultation and debriefing (Ajduković, M. & Ajduković, D., 1994).

Both the verbal feedback received during and at the end of the program, and the written anonymous evaluation showed that the program was well received and very needed. The average evaluations provided by the participants when responding to several items scaled 1 (poor; not at all) to 5 (excellent; definitely yes) are as follows:

1. How much did the workshop help you reduce your current helper's stress:  
M = 4.07; SD = 0.616; Total range: 3 - 5.
2. How much will the workshop help you reduce helper's stress and prevent burnout:  
M = 4.11; SD = 0.641; Total range: 2 - 5.
3. Would you recommend this workshop to your colleagues:  
M = 4.89; SD = 0.320; Total range: 4 - 5.
4. How do you evaluate the success of the whole workshop:  
M = 4.85; SD = 0.368; Total range: 4 - 5.

At the two follow-up supervisory meetings over the period of next three months, the supervisors were highly impressed with the progress that the participants made since the workshop. In spite of a short time, all the participants except one, fully or almost fully succeeded in achieving the goals they have set during the workshop and elaborated in their own individual plans. Typically, the participants reported improved relations with colleagues, being more able to define their limits at work, feeling less exhausted, having established better communication among group members, and many other.

In the **second phase**, the objective is to implement this model and refined methods wherever there is a need. This will be done through training others in prevention and treatment of burnout and secondary traumatization and facilitating a support system among helpers at local levels. Refined program is currently offered to humanitarian organizations and helping individuals working with victims of war throughout the country.

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