Pragmatic Empowerment Training (PET)

Course 1: Introduction to Working with People and Self-Care

Version 18 August 2018

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Forward

This manual is intended to accompany the first of the courses in the Pragmatic Empowerment Training (PET) series of the Coalition for Work with Psychotrauma and Peace (CWWPP). As will be explained in the introductory section, these courses have been developed by workers from the CWWPP since 1988. They are intended for people without previous education in these fields who are working with traumatized people, that is, asylum seekers and refugees, tortured people, abused people, people from minority groups, etc.

Although these courses are copyrighted, they are open source. Thus, feel free to adapt them to your own needs. However, before changing basics, we ask you to contact us. We also ask you to contact us to tell us how and under what circumstances and conditions you are using the course. Another purpose of contacting us is to build up a community of practice, that is, a group of people in the field working with these issues. In this context, we very much want to hear about your local experience and how your experience is the same as and differs from ours. We will include that experience in future versions of the course. Please contact us on cwwppsummer at gmail.com.

Through these courses, we hope that you gain further insight into the issues that you and your clients are facing. We wish you all the best with them.

Section 1: Introduction

1.1. Introduction to the PET Series and to this Course

The aim of this series of courses is to give people some basic knowledge, skills, and attitudes so that they can assist other people within their own communities with psychological traumatization. The series also is directed at people assisting those people, that is, long-term and short-term volunteers, staff members of various non-governmental organizations, governmental organizations, inter-governmental organizations, etc.

We’re not assuming that you’re a psychologist or a teacher or a social worker or that you’ve worked with people before. Our aim is to take you through enough material so that you can assist people so that they can live with their psychological traumatic reactions.

These courses are particularly directed at people living in areas that are undergoing or have undergone violent conflict as well as at people who are vulnerable in some way. In this sense we are thinking of asylum seekers and refugees and people on the move, people who are challenged emotionally, physically, and intellectually, members of minority groups, people in prisons, poor people, and people who are challenged in other ways.

Something that we want to make clear at the beginning is that psychological trauma is not a disease. We all have reactions to events that threaten us and/or people close to us. Those reactions can be psychological, such as depression or anger, they can be physical and can be a combination of those. Every person reacts in his or her own way. We’ll look at those reactions in detail in a course a little further into the series.

The series is divided into a number of courses. This first one is an introduction to working with people and to dealing with your own feelings, which naturally will arise when you work with other people who have traumatic reactions. It’s very important that you recognize the traumatic events that have occurred in your own life and how those relate to the traumas in people with whom you’re working. It’s also important that you keep balance in your life. Working with other people, of course, involves gaining their trust and a great deal of careful listening. We’ll get into that later in this course and others in the series.

The second course deals with how you communicate with other people individually and in groups. We’ll give you some background and some techniques. Because this series is meant for people in various cultures and because individuals are very different, these are meant as foundations on which you can build according to your own culture and in your own style.

The third course gives an introduction to psychology and counseling. We’ll take a look at the various directions in psychology, at various concepts of psychology, and at techniques that you can use. We’ll also look at how you work with specific groups of clients.

The next course deals with non-violent conflict transformation. We’ll look at mediation and other forms of conflict resolution, including restorative justice.

In the course after that, we’ll look at civil society in general. Civil society, that is, non-governmental and non-commercial organizations, have a very important role to play in society. They’ve always been important and now are increasingly so. Civil society organizations differ between regions. However, there are some principles that are very similar everywhere.

Finally, we’ll get into some basics of human rights. We’re not lawyers, but we think that there are some things that everyone needs to know.

There are a number of things that we need to say before we begin to look at the material of the first course. First, we urge you strongly not only to look at this course but to look at everything you can find on the Internet and elsewhere. The more diverse opinions you see, the better.

Another point is that our aim is to give you the basics. Please, if you don’t know something, ask someone else, even better, a few people, and look it up. The most important principle of working with people is to do no harm.

Also, legally, depending on where you are, you may or may not be allowed to do certain things. We’ll get into that a little later in several of the courses.

Also, from a legal standpoint, we take no responsibility for what you do or for what may or may not be legal or proper in what we say.

We hope that you gain something from these courses that will help you to assist people around you. We very much welcome your communicating with us. Please tell us what you think, what we’re doing right, what we’re doing wrong, and what we could add to the courses. We look forward to hearing from you. Please feel free to contact us at cwwppsummer@gmail.com

1.2. Introduction to the CWWPP and the Beginnings of PET

Here, we want to tell you a little of what the CWWPP’s history, who we are, what we do, and the standpoints that we take.

Charles David Tauber, M.D. CEO of the CWWPP

The leader of the course, Charles David Tauber, is a physician. He got his medical qualification from the University of Groningen in The Netherlands in the late 1980s. After that, he did a number of graduate courses in psychological trauma, general practice, forensic medicine, and other medical areas. He is one of the founders of the CWWPP.

He grew up in a refugee family in a refugee neighborhood in New York. Thus, he learned a good deal about refugees and traumatization at home as well as professionally. By the way, one of his grandmothers was an illegal immigrant to the USA.

He has been working in movements for social change since 1966, first in the environmental and peace movements and later in work with refugees and asylum seekers. He also has had training and experience in non-violent conflict transformation.

The Beginnings of Pragmatic Empowerment Training (PET) and the CWWPP

When he finished his medical qualification in 1988, Tauber became a member of the Amnesty International-International Physicians Medical Examination Group and other Dutch local and national groups giving assistance to asylum seekers in their requests for asylum. The group also was treating asylum seekers where other doctors weren’t. As we’ll see later in this series, working with asylum seekers is not easy, and takes special skills and a large amount of time and energy. At the time the group was working, there were a lot of very good people volunteering their time and effort with asylum seekers. There also were staff members of the asylum seekers centers. Most of both groups of people had little or no education about working with such people, that is, with the cultural differences and the high levels of traumatization, and they were not getting assistance with the traumas that they themselves were getting by hearing the stories of trauma (this is known as secondary traumatization). Out of that, the education and supervision method known as Pragmatic Empowerment Training, otherwise known as PET, was born. We will discuss PET in detail on the next page of the course.

In the early 1990s, the wars in the former Federal Socialist Republic of Yugoslavia broke out. Some of the people from various groups formed a working group on the region. The CWWPP was formed out of that.

Tauber came to Croatia, Bosnia-Herzegovina, and Serbia in June 1995 and the CWWPP has been here ever since. Our main field office is in Vukovar in eastern Croatia, which suffered heavily in 1991.

The region in which we live and work is on the Danube River. The cultures here are 8,000 years old and one of the first calendars in Europe was found close by. It’s a beautiful and fascinating place, but also a sad one in many respects.

Registration

Formally, we are a non-profit organization registered in The Netherlands (a “stichting”). We also have a local organization registered in Croatia and are registered as a foreign organization in Bosnia-Herzegovina. In the USA, we have a fiscal agent, the Baudouin Foundation of the USA.

The Aims and Functions of the CWWPP

The main aim of the CWWPP is to increase capacity in working with psychological trauma and the physical consequences of it. We know there are not enough psychologists and psychiatrists and social workers and others around to deal with all the people who have reactions to severe traumatic events such as wars, natural disasters, discrimination, migration and other man-made and natural disasters. We also know that, very frequently, experts don’t reach people on the ground as well as their friends and neighbors can. It’s not that the experts don’t have the knowledge, but they’re at a higher level. Thus, what the CWWPP does is to train people on the ground, in villages and communities, to assist one another. They then become “barefoot therapists”, who otherwise are called “peer supporters” or “helper therapists”. We use the method known as Pragmatic Empowerment Training, PET for short, to do that. We will explain PET in detail on the next page of the course.

We also do a very limited amount of direct counseling with anyone who comes to our door.

Another important part of our work is giving psychological supervision to people who are assisting other people. When we work with people, unconsciously, we absorb some of their traumas. We also tend to work too hard when we care about something. This leads to reactions called burnout, which we will explain in detail later in this first course. Psychological supervision means that anyone who is working with other people talks to someone else and gets out the absorbed traumas and tries to get balance into his or her life. Every person working with traumatized people needs supervision, be they psychologists or doctors or teachers or volunteers. We will come back to supervision very frequently in this series.

Our Biases and Standpoints

Before going further, we want to discuss our biases and prejudices and our standpoints. We all have them, whether or not we’re aware of them or not. We would ask you to become aware of yours.

First, we believe that all people should have control of their own lives and should take that control. Our mission is to give people the knowledge, skills, and attitudes to do so. That’s called empowerment.

Next, we don’t believe that we have all the answers. Thus, we believe that any learning process, and any process of interaction between people, is a two-way street. Thus, we never stop learning.

In a similar way, we believe in working from the bottom up rather than from the top down. Like the psychologist Carl Rogers, we believe that people have the answers to their own issues, rather than having those answers dictated from above.

With regard to psychological trauma, we believe that people have normal reactions to traumatic events and that those reactions are not pathological. The reactions can be psychological and physical and usually are a combination of both. Although there are some common combinations of reactions, the specific combination is individual to the person. We’ll talk about those common ways of reacting later in the series. The important point here, which we will come back to many times, is that, if you have a reaction to traumatic events, you’re not sick.

Another point here is that the work in dealing with traumatic reactions is long-term. It is very rare that things happen overnight, as much as we would like them to. It takes patience to deal with them. That’s difficult.

In a similar way, we don’t believe much in drug therapy. We know that drugs can assist with relieving symptoms sometimes, but they don’t get to the heart of the problem. That takes a variety of types of work, which we’ll discuss later in the series. Again, the type of work that is effective is different for each person and can change in the course of time.

Finally, we believe in self-help groups, also known as mutual interest groups, also known as Balint groups. These are groups of people with similar interests who get together to discuss the issues affecting them. These can be people with specific experiences, people living in a village, people with a specific disease, former solders, teenagers, and a very wide variety of people in other circumstances. Frequently, people in such groups know more than the experts. Also, knowing that you’re not alone and that you can share with someone else helps a great deal.

Please think about the points we’ve made here. If you’d like to, please post your views about what we’ve said and about your own biases. Please remember that everyone and anyone can see what you’ve written. You also can write to us directly at cwwppsummer at gmail.com.

1.3. Pragmatic Empowerment Training (PET)

History of PET

PET originally was developed in The Netherlands in response to the needs of volunteers with asylum seekers who were good people with big hearts but who had little if any education in these areas or in psychological supervision. These people were being asked to deal with cultures that were not their own and with people who had very high levels of psychological traumatization from what had happened to them in their regions of origin and along their journeys, as well as through the administrative processes of seeking asylum. Later, doctors, nurses, social workers, and other professionals also asked us for assistance.

Aims of PET

In the September 2007 edition of the medical journal, *The Lancet*, it was reported that more than 90% of the people needing psychological assistance weren’t getting it. Unfortunately, in the years since then, the situation hasn’t improved.

Thus, the main goal of PET is to increase capacity to deal with psychological traumatization.

Some Advantages of PET

Another point is that the so-called experts tend to be elite and not closely related to the people whom they’re trying to serve. People accept things much better from members of their own communities than they do from experts. They feel better understood and that the person working with them is more on their wavelength.

Also, getting psychological therapy is highly stigmatized in many cultures. Other people think that the person is crazy, out of his or her mind. Having a talk with a friend or with someone from your own community is much less stigmatized than going to a psychologist or a psychiatrist. Then, you are not sick or crazy, but you *are* getting help.

Terminology of People Trained in PET

We call the people trained in PET “barefoot therapists” or “peer supporters” and sometimes “helper therapists”. You might want to give such people a name more appropriate to your own culture. You need to be careful in that you don’t violate the laws or conventions of the place where you’re living. For example, in many places, the term *therapist* is reserved for people who have undergone a specific sort of training and/or who have been tested by a governmental or professional body. The same may be true of the word *counselor*. Please be careful of that.

Methodology of PET

The methodology of PET is as important or even more important than its content.

First, it’s important to keep the size of the educational or self-help group small so that everyone can participate fully. Our guideline on this is between three and twelve people. If the group gets larger, we split it into two or more groups.

Next, it’s important to limit the amount of time that each session lasts. Our experience is that people can concentrate for a maximum of about an hour and a half to two hours, usually with a break at about the half-way point. That may differ, depending on the group.

An important aspect of PET is that every group is specific. Thus, even two groups in the same town with people of the same age and the same background will be different.

The curriculum of PET is the one that you’ll be getting in this series of courses. However, there may be specific things that you want to add to the curriculum. You might even want to take certain things out, depending on the needs and desires of the people in the group, although we don’t recommend that.

The order of what is covered is not important as long as it all is covered in the long run. One of the roles of the facilitator of the group is to keep track of that. We’ll talk about facilitation in the next section of this course and in the course on communication.

In general, a session starts with each person telling what has happened in his or her life since the last session. The group then picks a topic to discuss.

The topic is important. It can be something that happened in the community, in the life of one or more members of the group, or it can be something that people want to know. The point is that there is discussion and that people gain trust with one another so that they can discuss virtually everything that they want to discuss. The psychologist Carl Rogers said that we’re the best experts about ourselves. Therefore, we also know the best order in which to discuss topics of concern to us.

In this sense, PET can be very much like therapy. We talk about ourselves and our own issues in a safe place, which is what therapy really is. Of course, in a PET group, that kind of discussion is much less stigmatized.

Also, practice becomes an important part of PET groups. Thus, in the course in communication, we practice how to have a conversation between two people and how to have a good group conversation. Also, it’s possible to practice dealing with specific situations.

Psychological Supervision

Psychological supervision frequently takes place in PET groups. Psychological supervision has a number of parts to it. In the first instance, it involves looking at what you’re doing with a client or with other people. The role of the supervisor or the supervisory group, which also may be called an intervision group or a Balint group, is not to criticize someone but to give new insights and angles that perhaps he or she hasn’t thought of. Two or more heads usually are better than one.

The other point of supervision is for a person to get out into the open how work is affecting his or her private life and vice versa. Work with highly traumatized clients is difficult and has emotional effects on everyone. People think that they have to be strong and don’t want to look at these difficulties, which are natural. It's very important to get balance into life. Talking to another person about what’s going on helps.

As we’ve already said, we think that supervision is essential for anyone working with other people at any level. That applies not only to psychologists and psychiatrists but to everyone, including social workers, teachers, police, fire fighters and volunteers, however long-term or short-term their involvement is. We go so far as to say that people who don’t have supervision are not acting responsibly professionally. Supervision helps to prevent and cure burnout. We’ll talk about burnout in detail later in this course.

Because of all the personal material involved in PET groups, it’s very important to establish rules of privacy, that is, that the personal material discussed inside of the group may not be discussed outside of it. Other rules will be dependent on the group and we’ll talk about some of the rules for PET groups that we use in the next section. We’ll get into more about how groups work in the course on communication.

The Content of PET

First, PET involves people learning how to work with other people. There are some general principles of this that we’ll get into a little later in this course. Not the least of these is how to gain trust. Ethics in dealing with other people also is essential, and we’ll talk about that in detail.

As we mentioned, it’s also very important that you learn to care for yourself.

It’s also very important to learn how to communicate with other people individually and in groups. That will be different in various cultures, and so what we’ll talk about is a foundation that you can adapt to your own specific situation.

Psychology, trauma, and how to deal with it is a very wide field. We think that people need to know as much as possible. Thus, we’ll talk about various approaches to psychology, about various concepts in psychology, about what trauma is from various points of view, about specific situations that can cause trauma, and about how to deal with people in those situations to assist them to live with what they’ve been through.

Next, we’ll talk about how to transform conflict from violent and negative situations into something positive so that people can live with one another without resorting to violence. Psychological work is very important in this.

After that, we’ll talk about civil society, that is, non-governmental and non-commercial work. There is a long tradition of this kind of work in many places. In other places, it is relatively new. Certainly, it is changing very quickly.

Also, we feel that that it is important to talk about how people can integrate into societies and how societies can change to include people. We see this as a two-way street.

Finally, we’ll talk about human rights. There are some basics that we feel that everyone should know.

Some Final Comments

Thus, PET includes a lot of material. Our advice is to take it slowly and to deal with the issues that affect you most.

One final point. If you’re seriously going to take this series of courses, we think that it would be a good idea for you to form a small group to discuss things among yourselves. We’ll talk about that in the next section.

As always, tell us what you think of all of this. We very much want to hear from you. Please write to us at cwwppsummer at gmail.com. Please also see our website, [www.cwwpp.com](http://www.cwwpp.com).

1.4. Introduction to Facilitation

Introduction

On the last page, we talked about getting together a PET group. Here, we’ll talk about how to facilitate such a group. We’ll have a lot more to say about this in the course on communication later in the series.

Roles of the Facilitator

Ideally, in a PET group, everyone participates equally and takes full responsibility for the group and so that a facilitator is not really needed. That doesn’t happen in many groups and so it’s generally a good idea to assign that kind of responsibility to one or two people. Also, people can facilitate in turns.

Facilitation takes experience. Even the most experienced people don’t always get it right. It’s also sometimes hard to see what is working and what isn’t. Our advice is to keep with it and, after each group session, to look at what you did and ask other people in the group what they thought about it. You can do that privately or, even better, ask during a group session what people thought of it. That also can bring solidarity to the group and increase trust.

One of the most important parts of a PET group is participation. Thus, everyone needs to speak and to express his or her point of view and to practice. It’s the responsibility of the facilitator to get the people who don’t speak to express themselves fully and to control people who dominate. That can be difficult, particularly when people have strong personalities. This is especially important when you’re talking about sensitive and personal issues, as frequently happens in PET groups.

Also, remember that PET groups are *sharing* groups and that they shouldn’t be lectures, at least not for the most part. That isn’t to say that it isn’t good for the facilitator or for someone else to talk for a while about a specific topic or to demonstrate a specific technique. However, one of the emphases of PET is on the experience of the participants and how various experiences contribute to the overall knowledge, skills, and attitudes of the group.

Another important role for the facilitator is keeping track of time. We’ve found that it’s difficult for most people to concentrate for more than about 50 minutes without a break and that a session of between an hour and a half and two hours is more than enough for most people. There are exceptions, of course, particularly on some sensitive and personal topics and sessions can be longer or shorter, depending on the needs and desires of the members of the group. Yet, we find that taking a break in time, even until the next session, gives space and distance, and can help. That allows people to absorb things in terms of their thinking and their emotions. Again, it is the role of the facilitator to keep an eye on the time and to make the judgment as to when the time has come to break or stop.

Location

Another point is where the group takes place. We’ve held groups just about everywhere you can think of, in formal classrooms and offices, in people’s living rooms and kitchens, in cafés, in parks, and in other places. The environment should be reasonably pleasant and private so that people can express themselves without the danger of them being overheard. Also, it’s important that the background noise level isn’t loud.

Other Equipment

It’s handy to have some paper with you to be able to draw or demonstrate things. That also can be done electronically. Mobile telephones generally are a little too small in our experience, but tablets can work fairly well. Doing things electronically also has the advantage that you can distribute the material to everyone later.

Rules and Procedures in the Group

We like to establish the working procedures, or rules, if you’d like, during the first or second session of the group so that everyone is on the same page. What follows are a few of the ones that we use. However, every situation is different. These procedures shouldn’t be dictated from above, but should be agreed on by every member of the group. The rules may need to be changed as circumstances change, of course.

The first point is that everyone has to be present, this in several senses of that word. People have to come on time and to every session of the group. It’s very frustrating for members of the group who are loyal when other people come late or not at all. It also means that things may need to be repeated and that important points may be lost between people. While some of the material can be given to absent group members, the spirit and trust of the group is damaged when people aren’t there, particularly when personal issues are discussed.

A similar point applies to people being concentrated on what’s happening in the group. Under some circumstances and with some people, that’s difficult. Those difficulties should be discussed openly within the group. In this same spirit, we have a rule that mobile phones need to be put on silent and that no one can text during the group except for extreme emergencies.

Generally, we start every session of a group by asking people what happened to them between the last session and now. People can speak in any order they like as long as everyone speaks. People can, of course, say that they don’t want to speak. We discourage that.

The members of the group then choose the topic of that session. It can be theoretical or personal. Very frequently, the two go together. One example that has occurred in our groups is the topic of domestic violence. We have spoken about it from the very personal point of view of several group members and from several theoretical points of view of traumatization and also have talked about what to do about it practically, and how to heal from it. This kind of discussion generally goes on over several sessions. It’s the facilitator’s role to bring the group back to where it was when the new session begins.

Privacy within a group is essential. We’re very strict about that. Of course, people can talk about the theoretical material to anyone. However, no personal material can go outside the group, even to partners, close friends, or anyone else. We’ve thrown people out of groups for violating this rule. This is crucial for gaining trust and solidarity. Especially in small communities, this is essential. Loose talk can damage people badly.

Another rule we have is not to judge people, but to talk about their actions. This is a crucial difference. We all try our best. We all fail at times. Compassion and empathy are essential. This is a large part of what these courses are all about.

It’s also very important that people speak the truth in the group. Frequently, people want to make themselves look better. Doing that destroys trust. This also is connected to the previous point, namely that people should not be judged harshly as people. Not telling the truth distorts the situation and makes education much more difficult.

Another rule that we have is that anyone in the group can say “no” or “stop” if the topic gets too difficult to handle. Many things that go on in PET groups get emotional and hit sensitive areas. In that case, usually, the topic is put off until another session. One of the roles of the facilitator is to talk to the person who says “stop” and to find out what is going on, if the person is willing to talk about it. If not, in our groups, the group has to respect the person’s wishes.

Another point in PET groups is that we find that it’s ok for people to react emotionally. Given the material that we’re dealing with, that happens fairly often. The emotions can be crying, anger, fear, pulling back, and a number of other reactions. We encourage the group as a whole to support the person in his or her reaction. The facilitator can play an important role in doing that.

As we’ve said, there may be other procedures or rules that each group will want to take.

So, facilitating and participating in a PET group is serious business. It takes experience to get it right. Even the most experienced facilitators don’t always. Remember what we’ve said and what we will continue to say, namely that we’re always learning.

1.5. Some Final Remarks on How the Course Works

For Whom this Series of Courses is Meant

This series of courses is meant for anyone working with traumatized people in whatever context.

There is no requirement for previous education in these areas. What is required is a love of working with people.

Our experience is that professionals, as well as people with less experience, greatly benefit from these courses, especially if there is a possibility for working through them in the context of a group.

Our aim in this series is to build capacity at the grassroots level. Thus, we are directing the material at people working in that context.

This isn’t to say that we will not get into theoretical material at times, as we feel that a theoretical background helps in assisting beneficiaries.

We specifically are directing this series at people working with vulnerable groups such as asylum seekers and refugees, civilian war victims and ex-combatants, victims of torture, minority groups and people who are discriminated against, prisoners and their families, LGBTI people, and so on. In certain parts of these courses, we will discuss specific approaches to some of these groups.

Another aspect is culture. In this version of the course, we are approaching all cultures and none. That means that we are providing outlines that will need to be adapted to specific cultures and to specific groups. We encourage you to do that for the people with whom you are working. We ask you to send your adaptations to us so that we can learn about your culture and your specific group. This is important for us.

Terminology and Language

There are many ways of saying the same thing.

In various locations, in various cultures and sub-cultures, in various languages, and in various legal contexts, words may have different meanings and may be more or less acceptable.

We thus urge you to be extremely careful in interpreting and translating the concepts that are given in these courses into your own situation. As examples, the words “therapist”, “counselor”, and even “advisor” may have legal or other connotations. The same may be true of the word “client”.

Throughout these courses we will use a number of terms. We will *not* speak of “patients” but always of “clients” or use another neutral term, such as “traumatized person” or some such.

While, for the most part, we will use the term “caregiver”, we may use the words “therapist”, “counselor”, and “advisor” at times. Again, please be careful in translating these into your context. Some additional terms that we have found useful in various contexts are “barefoot therapist”, “helper therapist”, “assistant therapist”, “facilitator”, and “accompanier”. Again, we urge you to find terms that are appropriate to your language, culture, and situation.

Timing and Working Through this Course

With regard to this first course in Working with People and Self-Care, we estimate that it will take you about 25 hours to read through the texts and listen to the audios or watch the videos and to carry out the activities that we recommend.

We urge you to have a regular routine and to do a little every day or every few days. It’s easy to get lost by not setting up that kind of routine. Still, take the time to work through the material. Do it at your own rate.

We strongly recommend that you read through the texts and listen to the initial audio or video. Generally, these will be very similar to the texts, although there may be some differences at times.

Naturally, we ask you to think about what you’re learning critically. If you have questions and/or don’t agree with what we’re saying, that’s great. Please communicate that to us. We’re very interested in your views. We’ll try to answer your questions and comments directly to you and in the commentary on the course website.

One point here on ethics and confidentiality is that we ask you *never* to use the names of real people or describe situations in which people can actually be identified, especially when you’re online. This can damage people badly.

Further, we encourage you to form a small group of people with whom you can work through these courses. That can be onsite or online.

In these courses, there is a fair amount of material that may bring up emotions in you. Go with those emotions. Don’t repress them. Take the time to deal with them. In the section of this course on self-care, we’ll describe in more detail how to deal with them. Take this slowly.

Certification

At the time of writing, there is no certification of these courses outside of the CWWPP. If you contact us, we will try to figure out a method of certification of your completion of each course appropriate to your situation. We make no promises, though.

Contact with the CWWPP

We welcome contact with you. Please write to us with your comments and questions. The address is cwwppsummer at gmail.com. Our website is [www.cwwpp.org](http://www.cwwpp.org/). We are quite busy and so cannot promise how quickly we will answer.

Taking Inventory

Before going further, we urge you to take inventory and to answer a few questions for yourself. If you are in a group, each member of the group should answer these questions. It also would be interesting for us to see your answers, but this is not required.

* Who are you?
	+ What is your age?
	+ What is your gender identification?
	+ What kind of background do you come from?
* What is your current work?
* Do you work with traumatized people? If so, with which groups?
* What are your goals in taking these courses?
* For yourself, but *do not reveal this publicly now*, have you been traumatized? If so, what were/are your experiences. NOTE: If you do not feel comfortable with this question and/or do not have good support, *DO NOT* answer this question now.

Section 2: The Caregiver-Client Relationship

2.1. The Relationship as the Basis of Everything

Introduction to this Unit on the Caregiver-Client Relationship

In the last unit, we introduced this series of courses and the CWWPP and how we think that you should work through these courses.

Now, in this unit, we’ll get down to the interaction between the caregiver and the client.

In this first section, we’ll talk about the relationship in general. We’ll then look at some first principles. After that, we’ll look at some points about language and getting to know the client. We’ll then look at some important aspects of the interaction such patience and persistence. After that, we’ll look at identification with the client and the client’s identification with the caregiver. We’ll then discuss gaining – and losing – the client’s trust. A very important discussion that we will have is that about ethics. In the course of all of that, we’ll discuss belief and religion and hope and some practical aspects such as time planning.

In the final unit of this course, we’ll discuss you, that is how you can, and in our eyes must, care for yourself and prevent yourself from burning out. That’s extremely important for all of us.

The Relationship as the Basis of Everything

Numerous studies have shown that the relationship between the caregiver and the client is much more important than the specific techniques used. Thus, setting up and maintaining the relationship are crucial. The caregiver thus needs to put large amounts of time and energy into this, and be self-critical about how it is going. Some people are “naturals” at this. For other people, it takes more effort. In this unit, we will explore various aspects of making it work and figuring out what to do when it doesn’t.

The Responsibilities of the Caregiver and the Client

Ultimately, it is the client who is responsible for his or her own life. As much as the caregiver would like to do so, he or she *cannot* – and we emphasize this, *cannot* – be responsible for what the client does.

In this sense, the caregiver is a *facilitator,* that is, she or he provides the time and the environment in which the client can work on him or herself. The caregiver cannot force the client to do anything. At most, the caregiver can make suggestions, and even that is questionable. The psychologist, Carl Rogers, said that a person is the best expert about him or herself. Thus, the caregiver, in addition to providing a good environment for the client to explore, can give encouragement and support. Almost always, that is precisely what is needed for the client to find new ways to move forward.

Providing a Good Environment for Progress

The caregiver’s primary responsibility is to provide a safe space. That means that there is a specific time in which the client can speak and explore, and that that time is not rushed. Physically, the space must be pleasant and as un-medical as possible and comfortable with regard to temperature and light and color. There must be few if any interruptions. Thus, unless there are emergency situations, the mobile telephones – and all telephones – must be turned off for the duration of the session. The caregiver must not make judgments about the person of the client and try to understand the context of the actions that the client has taken. The expression of emotions should be permitted and encouraged. The client should be encouraged to speak about everything. We will describe how to hold a client-centered conversation in the next course, namely that on communication. The point of all of this is to provide a place where even the most difficult issues can be dealt with.

The Caregiver-Client Contract

The agreement between the caregiver and the client as to what each will provide is very important. For that reason, we sometimes like to have it on paper and/or electronically, so that there are no doubts on either side.

In our practice, the responsibilities of the caregiver are

* to provide a safe environment, as described above;
* to keep everything that the client says private from anyone else, except as otherwise agreed;
* to provoke and encourage the client to explore himself or herself and to support him or her in that exploration.
* to maintain objectivity with regard to the client to the greatest extent possible;
* to maintain the highest level of professionalism possible;
* to keep all promises that the caregiver makes to the client, including those about time of meeting, place of meeting, fees, etc.

In our practice, the responsibilities of the client are

* to work on himself or herself conscientiously as agreed with the caregiver;
* to take responsibility for his or her own life;
* to keep to the agreements with the caregiver with regard to coming on time, payment of any possible fees, etc.

Sometimes, one side or the other doesn’t fulfill the contract. It then is the responsibility of the caregiver to discuss this with the client in detail.

When the Relationship Doesn’t Work

As hard as the client and the caregiver try, the relationship between them may not work.

One reason for that is simply a clash of personalities. That can happen in any relationship.

Another reason is that the client may see in the caregiver someone who has been influential in his or her life and reacts to that person rather than to the actual person of the caregiver. This kind of reaction is known as *transference*. This also can happen in the opposite direction, that is, that the caregiver sees in the client someone who has been influential in his or her life and reacts to that person rather than to the person of the client. This is known as *counter-transference*. We’ll get into transference and counter-transference in a later section of this unit. It is the responsibility of the caregiver to recognize these and to discuss them with the client.

Another reason for the failure of the relationship is that either the client or the caregiver doesn’t keep to the agreements made, such as coming on time or working on the issues agreed.

It may also be that, in the judgment of the caregiver, he or she doesn’t have the skills or the techniques required to assist the client.

Also, the client may not be making the kind of progress that the caregiver expects.

There also may be other reasons for the failure of the relationship.

If the relationship doesn’t work, it is the responsibility of the caregiver to discuss these with the client openly and fully.

Sometimes, the issues can be resolved. Sometimes, however, it’s better for one side or the other to end the relationship, at least temporarily. If that happens, except under extreme circumstances, we leave the door open for the client to come back.

Final Remarks

As we said at the start of this section, the caregiver-client relationship is the most important aspect of what we are doing. It takes time and effort.

2.2. Some First Principles

Introduction

In the next few sections, we will give a number of “golden rules” for working with clients. Most of these are things that we know somewhere deep down but have forgotten. We start with what we think are the most basic.

*Please note: in all of the activities that we ask you to carry out that ask for client situations,* do not *give situations in which clients or other people can be identified directly.*

Taking an Interest in and Concentrating on the Client

The first point is that, when we are with a client, we must devote our entire attention to that person and not to other things. This is easy to say and difficult to do for most of us. In general, we have difficult and complicated lives. Thus, we may be thinking about something in our personal life or something that we will have to do later or even about what we are going to have for dinner. We may be interrupted by the telephone or by someone coming in and asking about something or by something else.

It is simple, in one sense. Unless we give our complete concentration to client, the relationship won’t work.

Another point is whether or not we like or can empathize with the client. In most cases, we do. However, there are a number of situations in which we have our opinions about the client and don’t like him or her or the kind of life she or he is leading or the actions that he or she has taken. There may be a clash of personalities. This can create very substantial problems within the relationship. In the most extreme instances, we find that the sessions with the client are a burden to us. Our advice under such circumstances is, first, to get supervision about the client. If the relationship really isn’t working, our advice is to end the relationship and send the client to another caregiver. We will discuss identification and empathy with the client in a further section of this course.

Activities

Give an example of a situation in which you concentrated on a client and it worked.

Give another example of a situation in which you didn’t give your full attention to the client. What happened?

Are there situations when this doesn’t apply? Describe your experience.

Taking an Attitude of Humanity and Compassion

Another fundamental principle of working with clients is to have humanity and compassion. We all are human beings. We all have our strengths and our faults. The point here is to attempt to feel what the person is feeling and to see the person’s actions from a human point of view. Frequently, we are occupied, and preoccupied, by the formalities that we need to carry out with the client and the information that we want to get to assist the person. We forget that the person has feelings and emotions and is in a situation that may not be his or her usual one and thus that the person may be under a great deal of stress. Such humanity and compassion should not blind your objectivity, however. Objectivity on the one hand and humanity and compassion on the other are two very different things and are very much compatible with one another in our experience. It takes experience to separate them. We will get into identification with the client and remaining objective in another section in more detail.

Activities

Give a situation in which a client was treated with humanity and compassion. How did the client feel? How did you feel?

Give a situation in which a client was not treated with humanity and compassion. How did the client feel? How did you feel?

Give situations in which having humanity and compassion doesn’t apply.

Listening and Responding to the Total Person

It is crucial to look at the entire person and not only her or his words. In fact, we know that about 70% of communication is non-verbal. Thus, we want to look at the total person. How is the person dressed? Does the person have a distinct odor? What is the person’s posture? What are the person’s muscles and body doing? How does the person walk and move? What are the person’s facial expressions? Also, are the person’s words saying what other aspects of his or her speech saying? One example might be the person saying, “I’m very calm” in a very excited or angry tone of voice. Another typical example might be the person saying, “I’m all right” when it’s obvious from the low volume and the tone of voice that the person is depressed or angry.

Our point here is that the caregiver needs to be looking at the client continuously and critically to get as much information as possible about the client and not take account only of what his or her words are saying.

We’ll get into this in much more detail in the courses on communication and psychology.

Activities

Give a few examples of situations in which a person’s words did not match his or her behavior and other characteristics.

Give an example of a situation in which the client’s words did, in fact, match her or his behavior and other characteristics.

Are there situations in which it is not important to look at the total person?

In the next section, we’ll get into a few points about language and getting to know the client better.

2.3. Some Points About Language and Getting to Know the Client

Introduction

In this section, we’ll look at a few more basic factors that assist with the caregiver-client relationship, these with regard to language and the way that you work with the client. Some of these may seem obvious to you. However, these are things that we frequently forget or assume that we’re doing. Our point here is to make you aware of them and to encourage you to carry them out. It takes experience to do all of this in a way that works. Also, each client – and each caregiver – is different.

Please be sure to carry out the activities. You don’t have to reveal your answers to anyone. Also, please remember again that, if you do post answers, do not reveal any information that may make it possible to identify a client.

Using Language that the Person Can Understand

Using a language that the client can understand doesn’t have to do only with a language or dialect or accent that is foreign either to the client or to the caregiver. It also relates to words that are within the experience of both people. This has to do with the education, social class, occupation, and other points in the lives of both. It is important to realize that this can go in both directions. It also is important to respect the cultures of both people. This can be a minefield. We can give a few examples here. A doctor we knew once asked a woman to pronate her arm (to extend it and raise it with the palm in front of her). Of course, she had no idea of what he was talking about. Another time, one of us, a male, used the word “luv” in the British sense to a woman with whom he was friendly, not in the sense of wanting to have a relationship with her but as a synonym for “mate” or “friend”. She interpreted this as offensive and their relationship was ruined. Especially with the complex histories that are a large part of the work that we are doing, this kind of thing can lead to serious problems.

As we’ll see a little further on in this section, it is a rule to ask for clarification of what you don’t understand of what the client is saying and to tell the client that it is fine for him or her to ask if he or she doesn’t understand you or if he or she doesn’t know why you’re asking. If communication is not possible or if there are misunderstandings, we urge you to get an interpreter. We will discuss this issue of the use of language, and of interpreters, in great detail in the course on communication.

Activities

Describe one or more situations in which there were problems in which two people didn’t understand one another.

Describe a situation in which people thought they understood one another but didn’t.

Watch these two classic videos which illustrate the point.

<https://www.youtube.com/watch?v=pV1IP4N9ajg>

<https://www.youtube.com/watch?v=B3Vx0VvcQyY>

Taking the Time and Getting As Much Information as Possible

The more information that you have about a person the more you can assist. Getting that information may not be an easy process for a variety of reasons. One extremely important aspect of this is gaining and maintain trust. We will devote another section of this course entirely to that issue. Obviously, the relationship between the caregiver and the client is important in getting this information, and that is one reason for this course. Another aspect is knowing what is relevant to ask. We will devote several sections of the courses on communication and psychology to that. Still another aspect is the skills of communication of both the caregiver and the client.

Our experience is that getting sufficient information about a person to meet his or her needs takes time and energy and patience and persistence. It cannot be done quickly under most circumstances. Unfortunately, the workloads of many people doing this kind of work are overburdened and thus don’t allow the caregiver to do the job properly. Our advice is figure out how much time you need and to discuss this within your organization if you need to. Otherwise, you are doing half-work.

Activities

Describe a situation in which the relationship between you and the client didn’t allow you to get the information you wanted.

Describe a situation in which you didn’t know what to ask the client.

Describe a situation in which other factors got in the way of your getting the information that you wanted from the client.

Describe a situation in which you didn’t have sufficient time to work with a client properly. What happened? How did you feel? How did the client feel? What were the consequences?

Are there circumstances in which it is not important to get sufficient information about a client or when time isn’t important?

Clarification

It is essential that the caregiver and the client understand one another as well as possible. Even though, as we have said, the main role of the caregiver is as a listener and facilitator, each must know what the other is saying, thinking, and feeling. Thus, it is important for the caregiver to ask for clarification when necessary and to let the client know that he or she can do the same. Furthermore, asking for clarification can encourage the client to go deeper.

There are a number of aspects on which we can and should ask for clarification.

Feelings

The questions, “How do you feel now?” and “How did you feel then?” probably are the most important questions that we can ask. One of the points of working with traumatic events is the release of feelings. There are many reasons that people don’t express them and even deny that they have them. One is feeling that the person must be strong. This particularly applies to men. This also may be cultural. Also, we have had the experience that, in war and other disastrous situations, there is a collective societal desire to be strong. Furthermore, a person may feel shame and/or guilt about his or her feelings. To be quite clear, a large part of the healing process for any traumatic event is the expression of feelings. Thus, one of our tasks is to give a person permission to express to express feelings and to be there for the person during the process.

Activities

Give a situation in which feelings were not expressed. What happened to the person?

Give a situation in which feelings were expressed. What happened to the person?

Are there situations in which feelings should not be expressed?

Motives

It also is very important to clarify the motives for actions. Why did the client do what she or he did and/or why is he or she doing it now? Did the person learn the action somewhere? Were the actions for the good of another person? Is it revenge? Is it out of guilt and/or shame? Is it for profit of some sort? Are these motives part of the past or are they also relevant now? Again, the clarification of motives is part of the therapeutic process, getting the person to realize what is going on. The motives may be quite complicated, hence the need for clarification.

*Activities*

Describe one or more situations in which the motives for an action were unclear. How did clarification assist the client?

Describe a situation in which the motives for an action were part of a past pattern that was no longer justified.

Describe a situation in which motives were purely for profit.

When is asking for clarification of motives not justified?

Interests

Interests and motives are similar but not the same. Interests generally involve something that will profit the person in some way. This profit need not be financial. One example is what is known as the profit of illness, that is, to gain attention by being ill. Another interest of a person might be to be in a social situation or just the opposite, that is, to escape from a difficult situation. Again, there may have been interests that were relevant for the past but no longer are so now. For the therapeutic process, it is important for the client and for the caregiver to realize what the interests of the client are and deal with them.

*Activities*

Describe a situation in which interests played an undesirable role for a client.

Describe a situation in which interests assisted a client.

When is asking for the clarification of interests not justified or important?

Content and Its Interpretation

A situation can be perceived and interpreted in many different ways. People see situations according to their own views of things. Both the facts and the perceptions are important in facilitating work with traumas and it is important to ask clients to clarify both. A large variety of factors, including virtually every factor considered in this section and more can contribute to that perception. Thus, feelings, motives, interests, assumptions, prejudices, expectations, personality, education, experience, and many more factors can play a role. It is important for both the caregiver and the client to understand as many of these as possible to be able to deal with the situation. Again, we stress that it is important to continue to ask to get as clear a picture as possible. Again, this can be a very time-consuming process, and patience and persistence with it are essential.

*Activities*

Describe a situation in which the client’s perception played a significant role in his or her description of the content of an incident or a situation.

Are there situations in which it is not important to ask for the clarification of content?

Assumptions

The assumptions of the caregiver and those of the client may be very different. This applies to virtually every situation imaginable. Thus, it is very important for the caregiver to find out what the assumptions of the client are and thus to ask for clarification of them. Frequently, these assumptions will need correction or modification. This can apply to the process of giving care as well as to situations within the life of the client. Work with these assumptions can be a fundamental part of the process of transforming the life of the client. They also may very significantly affect the relationship between the caregiver and the client.

*Activities*

Describe a situation in which the client’s assumptions played a significant role in his or her perception of a situation in his or her life.

Describe a situation in which the client’s assumptions played a role in the relationship between them.

Describe a situation in which the caregiver’s assumptions played a role in the relationship between them.

Are there situations in which it is not important to ask for the clarification of assumptions?

Prejudices

Prejudices are very similar to assumptions. Like assumptions, we all have them, including us as caregivers. These may have to do with race, religion, occupation, social or economic class, national origin, sexual orientation, etc. There is no one who doesn’t have them to one degree or another. Again, it is very important to clarify them. They may arise unexpectedly in the course of a therapeutic process. As caregivers, they may arise in relation to our reactions to certain clients.

*Activities*

Describe a situation in which the client’s prejudices played a significant role in his or her perception of a situation in his or her life.

Describe a situation in which the caregiver’s prejudices played a role in the relationship between the caregiver and a client or another person.

Are there situations in which it is not important to ask for the clarification of prejudices?

Expectations

Both clients and caregivers have expectations of one another. It is very important to clarify these at the beginning of the relationship and throughout the relationship. The clarification of expectations also is important for the client in the sense of what the client expects from other people and groups – partners, friends, a state body, an institution, as examples. Another aspect of this are the expectations that the person has of himself or herself. The expectations need to be realistic and need to be corrected if they are not. The expectations may be too high or too low. This coming to reality is an important part of the therapeutic process.

*Activities*

Describe a situation in which the client’s expectations of the relationship with the caregiver were not realistic.

Describe a situation in which the caregiver’s expectations of the client were not realistic.

Describe a situation in which the client’s expectations of a partner, friend, institution, etc. were not realistic.

Describe a situation in which the client’s expectations of himself or herself were not realistic.

Are there situations in which you feel it is not necessary to deal with expectations?

Generalizations

Generalizations are similar to assumptions and prejudices. Almost always, they get in the way of coming to the real issues, which, usually, are very specific. Getting to the specific and “individualizing” the client’s statements is the heart of the clarification process with regard to them. Frequently, the use of generalizations has to do with the way that the client thinks, and this also is a process on which the client and the caregiver can work together.

*Activities*

Describe a situation in which the client made generalizations that got in the way of the process. How did you work with that?

Describe a situation in which you made generalizations that got in the way of the process.

Are there situations in which it is not necessary to clarify generalizations?

Some Final Remarks

In this section, we have tried to give some points about the use of language and about how to get to core of what the client is feeling, not only what he or she is saying. We emphasize that this is a very individual process for each client and for each caregiver. We repeat that the relationship between the caregiver and the client is the key to the kind of work that we’re doing. We also repeat that it takes experience to do this well and that even people who have a great deal of experience don’t always get it right.

We’ll see you soon in the next section, which is on creating the right atmosphere for the discussion.

2.4. Creating the Right Atmosphere

Introduction

Creating a good atmosphere in which people can work is extremely important for the success of the processes of dealing with traumatic reactions and for education. The physical environment, the tension between people, the tension on the caregiver and the client, the theme of the discussion, and many other factors can contribute positively or negatively. The main point here is that the caregiver is responsible for creating an atmosphere in which the client feels safe and can work through his or her issues in a productive way.

Again, we strongly urge you to carry out the activities suggested. If you post any of your answers, please never give details such that other people can be identified. This is highly unethical.

The Physical Environment

The physical environment for the work is important. In our view, in working with traumatized clients, it should be as informal as possible so as to make the client as relaxed as possible. Medical settings may remind the client of torture or of medical procedures. Formal offices with desks may remind the client of interrogation. Light and temperature also are important. It should be the client who determines these. Doors should not be locked and the exit route should be clear, as locked doors may remind the client of imprisonment. Sound levels should be low. We recommend against music, as various clients may like various sorts of music and, again, it can bring up a variety of memories, good and bad. Music also may distract the caregiver and the client.

As we have said before, interruptions should be avoided except in emergencies. In this direction, the mobile telephones of the client and the caregiver should be turned off. There may be circumstances, however, in which the client feels safer with the mobile telephone turned on, this as a means of escape. The caregiver needs to be sensitive to this.

We have held individual and group sessions, that is, therapeutic and educational sessions, in virtually every setting imaginable. We also have had the client suggest where the session should be held. Flexibility is important.

Activity

Describe the physical environments under which you have held sessions and the challenges that you have faced.

Formality

Opinions differ on the level of formality that should be observed between the client and the caregiver. In general, we maintain a fairly high level of formality. In languages in which there is a formal “you” (German: Sie; French: Vous; Croatian/Bosnian/Serbian: Vi), we use that form. During the first conversation, we use the form Mr./Ms. X, perhaps later switching to the first name and allowing the client to use our first names if the client feels comfortable with that. This also will be dependent on culture. We never talk down to the client. Thus, if the client calls us Mr./Ms./Dr. X, we use the same form of address with the client. Our points here are to maintain a relationship of objectivity and to see the client as a valuable person who is determining the course of the work. Later in this course, we will deal with the question of closeness to the client and the possible loss of objectivity in a number of contexts, including ethical ones. It is important for both the client and the caregiver that the caregiver maintains that objectivity.

Activities

What level of formality do you use with clients?

What are the cultural aspects of your use of formality with clients?

Do you have different levels of formality with different clients? Why or why not?

Describe a situation, if you have had one, in which you used an inappropriate level of formality, either too formal or too informal.

The Theme of the Session

The theme of the session may be an easy one or may lead to a high level of tension. We don’t believe in avoiding difficult topics, and there are many such topics that are important to work with. The point is to handle them in as relaxed a way as possible and in a way that the client feels safe in dealing with them. This comes down to a non-judgmental and accepting approach in which the caregiver is attentive and listening. It may be necessary to leave a given topic and come back to it later if the level of tension gets too high. However, sometimes, high levels of tension may stimulate the client to deal with the issues and sometimes are necessary to do so. Experience is key here.

Activity

Describe a situation in which the topic of the session created a tense atmosphere.

Describe a situation in which the tension of the topic was useful to the client.

Describe difficulties that you have had with the topics of sessions.

The Presence of Other People in the Session

We strongly discourage the presence of people other than those directly involved in the session. Thus, in an individual session, only the client and the caregiver should be present and, in a group session, only the members of the group should be there. This is a matter of the privacy of the client. The presence of a spouse, a parent, or anyone else can inhibit the client and can strongly influence the relationship between the caregiver and the client and what the client is prepared to talk about. This also applies to educational sessions where personal material is dealt with. In our view, this is a matter of ethics. We also must note that, sometimes, donors, students, or others wish to attend sessions. We have a blanket rule that we do not allow the presence of anyone except the client(s). Very occasionally, we will ask a client or a group if someone else could be permitted to sit in. If there is agreement, the client or group may ask the person to leave at any moment. We will discuss this in greater detail in the section on ethics.

Another point here is the recording of sessions. We will get into that extensively later in this course. In brief, we tell the client why we want to make the recording and who will see or hear it. We will not make the recording if the client doesn’t agree. This, again, is a very important ethical point.

Activities

Describe a situation in which the presence of another person disturbed the session and the relationship between you and the client or the group.

Are there any circumstances under which it is useful or even required to have another person present in the session or to record the session?

The Pressure on the Caregiver and the Client

Both the client and the caregiver can be subject to internal and external pressures. Each of these pressures separately as well as the combination of them can contribute to make the atmosphere more difficult.

One frequent issue is the time available for the session. In general, we allow about an hour for individual sessions and an hour and a half to two hours with a break at about the half-way point for group sessions. Also, we allow time for ourselves to prepare for the session and to depressurize after the session has finished. We find this critical for ourselves. We will discuss this in greater detail in the section of this course on self-care.

There may be personal pressures on both the caregiver and on the client. It is the responsibility of the caregiver to be aware of these on both sides. The caregiver also is responsible to keep the influence of his or her own personal pressures to the absolute minimum during the session. Unfortunately, this doesn’t always happen. If the caregiver feels that the internal pressures on him or her are too great, the session should be canceled. The internal pressures of the client should come out during the session. This frequently will make the atmosphere easier, as the client will find a place to express them. That opportunity may not be available elsewhere. This also will be part of the therapeutic process.

The same is true of external pressures. Again, it is the responsibility of the caregiver to be aware of such pressures and to minimize these for himself or herself to the greatest degree possible and to bring the external pressures of the client into the open. Again, if the pressures are too great, the session should be canceled.

Activities

Describe a situation in which the internal pressures on the caregiver influenced the atmosphere.

Describe a situation in which the external pressures on the caregiver influenced the atmosphere.

Describe a situation in which the internal pressures on the client influenced the atmosphere.

Describe a situation in which the external pressures on the client influenced the atmosphere.

Are there situations in which internal and external pressures on the caregiver or the client are not relevant?

Final Activity

We have tried to be fairly inclusive in describing the influences on the atmosphere of a session. Are there things that we have left out? Do you have any further comments?

Final Remarks

The point that we want to make here is that the creation of a safe place is essential if the therapeutic and educational processes are to succeed. It takes thought, time, and experience to get it right. Each individual and each group is specific.

2.5. Persistence, Patience, Insistence, and Discipline

Introduction

The four qualities, namely persistence, patience, insistence, and discipline, that we are discussing in this section are absolute necessities for every caregiver. They also are qualities that we want to cultivate in all of our clients.

As always, we strongly urge you carry out the activities that we recommend. We repeat that you never should post anything that could reveal the identity of another person, as this can be extremely damaging and is, in our view, unethical.

Persistence

Persistence is very important for the caregiver. Many times, it takes a great deal of persistence to build up a relationship with a client. Also, frequently, it takes a great deal of persistence to get to the core issues of a client and to work through each of those issues. Thus, our message is to stay with it and be persistent. Persistence also plays a role in the formation of therapeutic and educational groups. Sometimes, it has taken us as much as 18 months to form a group. We thus believe in being pit bulls.

A further point in this regard is to support and encourage clients to be persistent. Very frequently, it is very difficult for them to get through the psychological and practical parts of their lives. Such support and encouragement can be crucial.

Activities

Describe a situation in which your persistence assisted in the formation of a good relationship with a client.

Describe a situation in which your persistence assisted in getting to a client’s core issues.

Describe a situation in which your support and encouragement assisted a client in getting through a difficult situation.

Are there situations in which you should not be persistent? Give an example.

Patience

Patience can be very difficult for both the caregiver and the client. Frequently, we know where we want the client to go, where he or she will go eventually, but have to wait for him or her to go there himself or herself. The client also can be very impatient with the pace of the change that she or he is experiencing and with other people and circumstances in his or her environment. Again, we find that one of the roles of the caregiver is to support and encourage the client in waiting and being patient. Very occasionally, distracting activities can help. We don’t particularly endorse this as a strategy, as it can lead to avoiding facing real issues.

Activities

Give a situation in which you as a caregiver were impatient. How did you deal with it?

Give a situation in which your patience paid off.

Give a situation in which you supported and encouraged a client in her or his impatience. How did it turn out?

Are there situations in which it is not good to be patient?

Insistence

In our view, there are very few situations in which the caregiver needs to insist on something. Rather, we feel that the client must take responsibility for her or his own life. However, in our view, a few such situations do exist. Examples are taking steps when the client would put himself or herself or another person or an animal in danger. Another situation is when the client is not thinking rationally, that is, is seeing visions or hearing things or “is not in this world”. Still another situation is when a client is not taking responsibility, particularly for his or her own actions. Again, we say this carefully.

Activities

Give a situation in which you were unnecessarily insistent.

Give a situation in which you had to be insistent.

Discipline

Discipline is necessary for both the caregiver and the client. For both, it means coming to appointments on time and, if it is not possible for the appointment to take place, calling it off in a timely manner. For the client, if the contact is online, it means finding a suitable place for the meeting that is free of noise and interruption and in which the client is alone. For both, it means carrying out the tasks that each has promised. For the client, it means taking responsibility for his or her own life. Frequently, a part of the reaction to trauma is to let go of good discipline that has been built up over time. Other clients may never have had discipline in their lives and it may be difficult for them to learn it. Still other clients use what might be considered to be excess discipline as part of a reaction to a traumatic situation. Such discipline may give a degree of certainty and stability in an otherwise difficult situation. Another possibility is that lack of discipline is a rebellion against otherwise difficult external or internal forces. Further, there may be cultural aspects to discipline. In any event, discipline is part of the therapeutic process for virtually all clients.

Activities

Give a situation in which you as the caregiver lost your sense of discipline. How did you handle it?

Give a situation in which the client did not have sufficient discipline, in your view. How did you handle it?

Give a situation in which the client had too much discipline.

How do you handle the question of discipline with clients in general?

Are there situations in which discipline is not necessary?

Some Final Remarks

Persistence, patience, insistence, and discipline all are important qualities for both the caregiver and the client. They are important parts of establishing the relationship between the caregiver and the client as well as being part of therapeutic process.

2.6. Identification and Maintaining Self-Identity

Introduction

For the relationship between the client and caregiver to work, they must form what is known as a *therapeutic alliance*. That means that they must see things in one another that they recognize and to which they can relate. At the same time, the caregiver must maintain objectivity with regard to the client. However, the caregiver can get sucked into the client’s identity and over-identify and not maintain his or her own identity. Almost always, this is a very difficult balance. As we have noted already, supervision is essential.

Please carry out the activities given in this section. As always, never use examples in which a person can be identified.

Identification of the Caregiver with the Client and of the Client with the Caregiver

While various schools of psychology have various ideas about this, we believe strongly that, in order to be of real assistance, it is necessary for the caregiver to get into the skin of the client to the greatest degree possible. This means that the caregiver not only has to imagine the circumstances under which the client is living but also to attempt to think in the same way as the client. In this way, the caregiver can best facilitate the processes that the client is experiencing. Again, this is not always an easy process.

In the other direction, for the work with the caregiver to be effective, the client must find something in the caregiver with which he or she can identify.

Virtually always, the client projects a person whom he or she knows onto the caregiver and reacts to the caregiver in the way that he or she would react to that person. This person can be a relative, friend, teacher, or anyone else whom the client has known and even someone whom the client idealizes but doesn’t know personally. Gender is not important in this. Thus, the client might project his or her mother onto a male caregiver. This process of projection is known as *transference*. Transference can be positive or negative. When the client has had a good relationship with the person who he or she is projecting onto the caregiver, this can make the relationship with the caregiver easier. Transference also can be negative when the relationship that the person who he or she is projecting onto the caregiver has been troublesome.

The same type of projection can occur in the opposite direction, that is, from the caregiver to the client. This is known as *counter-transference*.

Transference and counter-transference are normal processes and occur as part of every relationship, whether that relationship is in caregiving or work or in other contexts.

Both transference and counter-transference can work positively and negatively in the relationship between the client and the caregiver.

Being aware of and working with both transference and counter-transference are the responsibilities of the caregiver.

It is very much the responsibility of the caregiver to be aware of and deal with his or her own positive and negative counter-transference. There always are questions as to the origins of these in the caregiver. The caregiver needs to explore these for every client, ideally during supervision. A part of this is the caregiver looking at why a particular client is evoking these reactions and what meaning they have for the caregiver. This is a part of the caregiver’s development.

It also is the responsibility of the caregiver to explore transference, both negative and positive, with the client. This can lead the client to new insights and can be extremely important in the process of the client’s development.

Activities

Give examples in your own practice or your own life of each of the following and describe how you dealt with them and what significance they had for you and for the client or other person:

* positive transference;
* negative transference;
* positive counter-transference;
* negative counter-transference.

Maintaining Your Own Identity

We have emphasized the need for the caregiver to identify with the client. Yet, this can go too far and the caregiver can get almost totally absorbed in the personality and the issues of client. We have seen this happen to a number of very experienced professionals. Obviously, this leads to a loss of objectivity and makes it impossible for the caregiver to carry out his or her task. It is very important for the caregiver to be aware of the danger of this. If this goes too far, it is necessary for the caregiver to end the relationship with the client and perhaps to take time to restore himself or herself. This obviously is a point to be dealt with in supervision.

Activities

Have you ever had a situation in which you over-identified with a client? How did you deal with it?

What measures do you take to maintain the balance between good identification and over-identification?

Some Final Remarks

Identification of the caregiver with the client and of the client with the caregiver is one of the key elements in forming and maintaining the therapeutic process. As we have seen, it is a very delicate balance which takes constant vigilance on the part of the caregiver and which requires supervision.

This again brings up the point about supervision. We cannot emphasize the need for it enough. If you don’t have it, get it!

2.7. Tolerance and Taking a Non-Judgmental Approach and Individualization

Introduction

In passing, we have spoken about tolerance and taking a non-judgmental approach several times in this course. We also have spoken about prejudices, assumptions, and generalizations, and the need to move ourselves and the client toward individualization, that is, toward dealing with specific people rather looking at and perhaps blaming whole groups. Both of these topics have to do with peacebuilding and reconciliation and the transformation of collectives, that is, societies, as well as with individual and group work with clients. Later, in the course on psychology and trauma, we will describe the levels on which traumatization can occur and how we need to work on it on several levels in parallel. Here, we want to introduce the general concepts.

As always, we strongly urge you to complete all of the recommended activities. We also remind you not to post anything that would lead to the identification of another person. As we will continue to say, that can cause harm and is highly unethical.

Tolerance and Taking a Non-Judgmental Approach

A very important principle in giving care is to distinguish people from their acts.

In this, we need to present several important principles.

The first principle is that, in virtually all cases, we are talking about actions that are the result of psychological *reactions* rather than psychological *diseases or disorders*. People carry out actions based on their backgrounds, education, the way they have been treated, the cultures in which they grew up and lived, and a wide variety of other experiences that they have had. These reactions may have become habit. A reaction that a person has now and the action that the person takes may have its roots in what worked in the past and may not necessarily be based on what is happening at the current moment. Also, the person simply may not know how to react to a given situation.

In this context, another principle is that every person does the best that he or she possibly can at any given moment given his or her background and the circumstances. Almost no one does something deliberately that he or she thinks will be harmful. Almost everyone has morals or standards. These also can get in the way of other things. The effort to do something good may backfire and do unintended harm.

We must mention that there are two groups that are exceptions in this context. One is people who are known as *psychopaths*. These are people without feelings. There are very few such people.

The other group is people who are known as *sociopaths*. These are people who, in general, have been highly traumatized, usually at an early age, and who react only in their own interest.

Both psychopaths and sociopaths may be considered to be psychologically ill people and should be worked with only by specialists. Sometimes, they are difficult to identify. However, the number of such people whom you will see probably is very small.

Many people have guilt for their reactions and they feel shame about them, whether they deserve to or not.

Guilt has to do with responsibility. It can be positive or negative. We see positive guilt as admitting that something was wrong when it really was wrong, which frequently is not the case, and trying to put it right. Negative guilt is taking responsibility for something that was not the person’s fault. Shame is the negative feeling within the person for his or her actions. Guilt and shame are different, and must be distinguished.

Our point here is that it is the responsibility of the caregiver to explore the client’s reactions with him or her. The caregiver may judge the reactions and the actions that have followed them as inappropriate, but it is not the place of the caregiver to judge the person as a person. This is tolerance. This is an extremely important principle and is central to the relationship between the caregiver and the client and to the transformational process of the client. Thus, it is the responsibility of the caregiver to accept the client as a person and to get the client to accept himself or herself.

Under some circumstances, it is not possible for the caregiver to work with clients who have carried out certain actions. Obviously, in such cases, the caregiver should refer the client to someone else.

Activity

Give a situation in which the client had difficulty accepting his or her own actions. How did you deal with that?

Give a situation in which you had difficulty accepting a client’s actions. How did you deal with that?

Give a situation in which you had difficulty in accepting your own actions. How did you deal with that?

Individualization

Individualization is the opposite of making generalizations or assumptions or having prejudices. That is, it means taking the responsibility or blame away from a larger group and putting it onto specific individuals. Thus, it was not the (fill in your least favorite group here) who carried out those acts, but it was Mr. X or Ms. X. This is very important at a collective level and also at the level of the transformational process for the individual in several respects. Again, we first must look at a principle that we will get into in more detail in the next section, namely that each individual has responsibility for his or her own actions. This is an important psychological principle as well as one that has its foundation in international law. Under such law, no one may be forced to carry out orders that he or she deems to be immoral or illegal. Individualization leads the client to see the traumatization in a different context. Thus, it was the individual who carried out the action and not the group as a whole. At one level, the system might be blamed for brainwashing them, but the individual still had the responsibility for his or her specific actions. With regard to the client, this can have deep consequences, as it can for the societies involved. This realization can lead the client to take restorative action, both psychological and legal, with regard to the trauma. The interaction between legal action and individual psychological transformational action by the client also can be therapeutic. We will discuss this in more detail in the courses on psychology and human rights.

Activities

Describe a situation in which a client benefited from work with individualization if you have had one.

Even if you haven’t done this sort of work, describe one or more situations in your own context in which clients could benefit from work with individualization.

Final Remarks

Tolerance and looking at actions as the consequences of the person’s entire background, reaction patterns, and circumstances is extremely important for the client as well as giving the caregiver deeper insights into the client and into traumatization in general. As everything in this work, it takes a great deal of time and effort and thought and feeling.

Individualization is another one of those processes that requires thought and work.

With work on both of these, we think that you will become a better caregiver who is more useful to your clients and yourself.

2.8. Getting the Client to Take Responsibility for His or Her Own Life, Giving the Client Control Over the Processes, and Giving the Client Permission

Introduction

In this section we discuss several central points of the transformative process of the client, namely putting the work of it into the hands of the client.

We are now beginning to use another term for therapy, that is, the transformative process for the client, partly to remove the stigma from it and to take it out of the pathological sphere. Also, the term “therapy” is limited legally in many contexts, and we urge you not to use it.

In passing, we have mentioned the points discussed in this section before. We feel that they are essential if the relationship between the client and the caregiver is to succeed and if the transformative process for the client is to succeed.

As always, we ask you to complete all of the activities described. Also, as always, we remind you not to make it possible to identify any person. This can do great damage and is unethical.

Getting the Client Take Responsibility for His or Her Own Life

We cannot stress strongly enough that it is the *client* and *not* *the caregiver* who has the responsibility for the client’s life. The role of the caregiver is to encourage and support the client. In the end, however, it is the client who determines what happens to him or her and what actions he or she takes. The caregiver can point out resources and places that the client can get information and conceivably can assist the client in making connections, but we feel that doing more than that is not in the interest of client. Clients will, of course, make mistakes and will learn from them. Among other things, taking responsibility for the life of the client makes him or her dependent on the caregiver and can give the client a sense that he or she is not capable of living in the real world. Many clients like this dependency and express a desire for it and wish to avoid taking responsibility. Unfortunately, we also know that some caregivers stroke their own egos through taking responsibility for clients. Again, this is a topic for supervision.

In our view, there are very few circumstances in which this principle does not apply. Those are when the client would physically harm himself or herself or another person or an animal. Another circumstance is when the person is a psychopath or a sociopath.

Otherwise, as we have said several times, we cannot and should not control what the client does.

Activities

Describe a situation in which the caregiver took responsibility for at least parts of the life of a client. How did the caregiver feel? How did the client feel? What happened?

Describe a situation in which the client took responsibility for his or her own life, perhaps supported and encouraged by the caregiver. How did the caregiver feel? How did the client feel? What happened?

Are there any circumstances in which the client should not take responsibility for his or her own life? Give your own experience if you have it.

Giving the Client Control

Many clients feel completely powerless to control their own lives, that everything is being controlled from the outside by other people and by circumstances. While some things are, of course, determined, a surprising number of things can be manipulated and changed, even if slightly. Frequently, the client is not used to doing that. This kind of control is extremely good for the self-image of the client and for his or her self-esteem. Thus, it is one of the roles of the caregiver to encourage and support the client in taking as much control as possible. To external people in the client’s life, this may seem like rebellion. Again, it is the role of caregiver to support and encourage the client in this, despite the pushback. Very infrequently, this can go too far. Eventually, a balance will be reached with the client having as much control as possible. Of course, this is very individual.

Activities

Describe a situation in which giving a client more control assisted the client. How did the process go? What was the final balance that was reached?

Are there circumstances in which the client should not have control?

Giving the Client Permission

Many people feel that they don’t have permission to have certain feelings. One example is that men in many cultures cannot be “weak” or cry or get angry toward relatives, friends, or others. In difficult situations, frequently, people feel that they must be strong. Another situation that we have seen frequently is that of being angry at and/or not loving an abusive parent or other relative or someone else who has influence in the client’s life and not having the permission to express that, feeling that it is “not right”. In some places, even speaking against the government or “authority” in general is not permitted. In our view, one role of the caregiver is to give the client permission to have such feelings and to express them. To be clear, the feelings are present in any case. Getting them out and taking action about them both internally and externally is an important part of the transformative process for the client.

Activities

Describe a situation in which a client did not have permission to express his or her feelings. What behavior did the client show?

Describe a situation in which you gave a client permission to express his or her feelings. What happened then?

Are there situations in which it is not good for a person to express his or her feelings?

Final Remarks

Taking responsibility for one’s own life, taking control and power and not feeling powerless and having the permission to express feelings are extremely important for the transformative processes for every client. It is the responsibility of the caregiver to facilitate these processes.

2.9. Giving Time and Space and Listening vs. Preaching

Introduction

Again, we come to fundamental principles of facilitating the transformative process of the client. We see the caregiver as a facilitator, that is, someone who creates a safe space for the client in which the client can work out his or her own issues and move forward. This means that the caregiver may need to change the way he or she thinks about his or her role, that is, not as an advice giver but as someone who listens and supports and encourages. This is quite difficult for some people and yet it is essential if the transformative process for the client is to succeed.

As always, we urge you to complete all of the activities given. We also, as always, remind you not to give any information in which a person could be identified. This can be damaging and is unethical.

Giving Time and Space

The transformative process for the client can be a difficult one. Many things need to change. These frequently include ideas and patterns of behavior that have been built up over the client’s entire life. That involves digging and modification. That can take a great deal of time and energy. It also requires opening up emotional space that the client, in most cases, will not have had and which the client may not now have in his or her home environment. Thus, one of the central roles of the caregiver is to allow the process to occur and not to worry about the time that it takes. The client also probably will feel confused by many of the things that are happening emotionally and by his or her fundamental ways of thinking and his or her approach to events in life. Thus, as we have said before, it is the role of the caregiver to provide a safe space that gives support and encouragement to the client to explore and change.

Activities

Describe a situation in which the client had the time and the emotional space to explore his or her issues. How did it go? How did the client feel? How did you feel?

Describe a situation in which the client did not have the time and space to explore his or her issues. How did it go? How did the client feel? How did you feel?

Are there situations in which the client should not have the time and space?

Listening vs. Preaching

The psychologist Carl Rogers said that the client is the best expert on himself or herself. Thus, who are we as caregivers to differ? This points out the role of the caregiver as a listener rather than as someone who gives advice or preaches. We have seen that kind of behavior in too many caregivers. This is a point that we have repeated and will continue to repeat. In the course on communication, we will describe techniques of active listening that facilitate clients exploring their issues.

Activities

Give a situation in which you listened and the client moved forward.

Give a situation in which you gave too much advice and the client didn’t move.

Are there situations in which it is all right to preach?

Final Remarks

Creating a space for the client is a fundamental and essential role of caregiving. This involves taking time, giving space, and listening.

2.10. Gaining and Maintaining Trust

Introduction

Trust is very hard to gain and maintain and very easy to lose. This is particularly true when you’re working people who have been psychologically traumatized. As we will see in the course on psychology later in this series, loss of trust is one of the most typical reactions to traumatization. Everything that the caregiver does has to do with gaining and maintaining trust. All of the qualities that we discuss in this course are a part of that. Here, we highlight a few qualities that we haven’t yet mentioned. Another group of qualities involving trust has to do with ethics. We will deal with ethics in the next section.

The characteristics described in this section and the next form the foundation for a specific type of communication between the client and the caregiver. We will describe that in detail in the next course, namely that on communication.

As always, we ask you to carry out all of the activities given. As always, when writing things that can be viewed by other people, we remind you not to say anything that could reveal the identity of another person. That could be damaging and is unethical.

Honesty

It is very easy to tell a client something that he or she wants to hear. The caregiver who does that thinks that doing it will make life easier for both the client and the caregiver in the first instance. While this may calm the client for a while, it destroys the client’s trust in the caregiver the minute that the client discovers what is going on. In our view, it is far better for both the client and the caregiver to have the truth, however difficult that may be, out in the open. That makes it possible for both to deal with the real situation.

Activities

Describe a situation in which the client was not told the truth. What happened in the short term? What happened in the long term?

Describe a situation in which the client was told the truth, which was difficult. What happened in the short term? What happened in the long term?

Are there situations in which you should not be honest with a client?

Openness

Openness is similar to honesty but is not the same. It is possible to be honest but not open about what is happening or about what you think. Again, while being open can lead to difficult sessions if the circumstances are challenging, it assists in the relationship. With openness, everyone knows where he or she stands and can act accordingly. In our view, the short-term difficulties lead to long-term trust and a better relationship.

Activities

Describe a situation in which you were not open with a client, whether or not you were honest. What happened in the short-term and the long-term?

Describe a situation in which you were open with a client. What happened?

Are there situations in which you should not be open with a client?

Directness

Again, we find directness essential for a good relationship between the client and the caregiver. Going around things confuses the situation. This also may lead to the client, or, for that matter, the caregiver, being able to deny a specific situation, which is not good for either the client or the caregiver or anyone else concerned. Again, this is one of the elements of a style of communication that we think is important in working with traumatized clients.

Activities

Describe a situation in which you were not direct with a client. What happened?

Describe a situation in which you were direct with a client, even if the situation was difficult. What happened?

Are there situations in which you should not be direct with a client?

Keeping Promises

Keeping promises is one of the fundamental ways to keep and maintain trust. Not doing so destroys trust virtually immediately. This is true of the promises made by the caregiver to the client. It also is true of promises made by the client to the caregiver. Caregivers, and others, frequently promise clients things to calm them down or to give them hope. Those promises must be kept or must not be made at all. There are, of course, exceptions when circumstances arise where the caregiver cannot keep a promise and didn’t know that when he or she makes the promise. It is then the responsibility of the caregiver to speak to the client about this in great detail and at length. Promises that the client makes to the caregiver that are not kept must be dealt with during one or more sessions. Discussion of these can lead to greater insight by the client. Here, we also include such seemingly trivial promises such as coming to sessions on time.

Activities

Describe a situation in which the caregiver made promises that he or she didn’t fulfill. What happened? What were the consequences for the relationship?

Describe a situation in which the client made promises that he or she did not fulfill. What happened? What were the consequences for the relationship? How did the caregiver deal with this?

Are there circumstances under which promises should not be fulfilled?

Humanity

We discussed the necessity for humanity and concern for the client at the beginning of this course. We repeat this point here as a basic element of gaining and maintaining trust. Without it, the client will not trust the caregiver.

Activities

Describe a situation in which there was little humanity shown to a client. How did that affect the trust between the caregiver and the client and the relationship in general?

Describe a situation in which humanity was shown toward the client. Again, how did that affect the trust between the caregiver and the client and the relationship in general?

Are there situations in which it is not necessary to show humanity toward the client?

Privacy and Ethics

Privacy of the client’s information and ethics in general are so important to gaining and maintaining trust that we have devoted the following section of this course to them.

Final Activities

What are your experiences with gaining and maintaining trust with clients? Describe positive and negative situations.

We have tried to be relatively inclusive in describing elements that contribute to trust. What have we left out?

Final Remarks

Gaining and maintaining trust is a fundamental element in the relationship between the client and the caregiver. Once lost, trust is almost impossible to regain. The qualities that we have discussed here also form the basis for a type of communication that we find essential in working with clients.

2.11. Ethics

Introduction

We consider the ethical behavior of the caregiver to be absolutely fundamental in general and particularly to the relationship between the caregiver and the client. In our view, there are no excuses for violating basic ethical principles. As we will see, while, under the difficult circumstances under which some of the people taking this course are living and working, some ethical principles are slightly variable, the basics remain. We are extremely strict about this in our practice.

As always, we ask you to complete all of the activities given. It goes almost without saying, especially for this section, that you should not reveal any information that would lead anyone to be identified. That certainly would be unethical.

Your Responsibility

The principles that we describe here are universal throughout the world among medical, psychological, social work, and other caring professionals. Whether or not you are formally educated in these fields and whether or not you have a formal license to practice, the principles expressed in this section form a basis that you may not violate, whatever the laws or customs of the region in which you are living and whatever the rules or practices of the governmental, inter-governmental, or non-governmental organization you work for.

In our view, and we hold this view very strongly, following orders is not an excuse for not working in an ethical manner and not following these principles. This also is a part of international law. Thus, YOU are responsible for your actions, not your boss or the judge or the prime minister. We understand that this may bring you into conflict with officials at various levels. We find it unfortunate that such officials frequently do not abide by these standards.

Do No Harm

A basic ethical principle is to do no harm to a client. We find that no one may violate this principle. We will describe situations in the section on professionalism in which the question arises of doing nothing or doing something not wholly within your competence. Unfortunately, given the low numbers of trained and fully competent people in the field, this is not unusual. There are other situations in which there are questions as to the best course to take with a given client. We will discuss those specific situations later.

Here, we wish to state quite strongly that, whatever the laws of the entity in which you are working, we feel that cooperation with torture, “enhanced” interrogation, or any situation in which a client is put under physical or psychological pressure is completely and totally unethical. We feel the same about cooperation with the death penalty and about cooperation in any way with corporal punishment or any other measure that would harm a person physically or psychologically in any way. While governments state that this is “for the greater good” or for “national security”, we most strongly disagree.

Another point is work in prisons and with police officials and other official bodies. Sometimes, it is in the interests of the client to be examined by and/or to speak to a professional or a caregiver of another sort. Under such circumstances, any work that you do *MUST* be in the interest of the client and *NOT* primarily in the interest of the official body. Furthermore, the client must be informed clearly as to what is happening, what information will be transmitted, and to whom. To do otherwise is HIGHLY unethical in our view.

Another point which, unfortunately, is fairly common is that laws exist in some places and rules exist in some organizations that forbid working with certain groups of people, asylum seekers being just one example. We feel that it is not ethical for caregivers to obey such laws and rules. We see the right to care, including assistance with mental health and thus including reactions to trauma, as a fundamental human right.

Activities

Describe one or more situations in which you have been, if you have been in one, in which the principle of *do no harm* has been in question. Please do not put yourself or anyone else in danger if you answer this question.

Do you feel that the principle of *do no harm* does not apply in certain situations? Please describe.

Privacy

According to virtually every international code, and according to our strong belief, the caregiver-client relationship is completely private. The only exception to this is if the client would hurt himself or herself or another person or an animal physically in the immediate future. The threat must be a real one. In such cases, the caregiver MUST take action and must inform the client that he or she is doing so. This exception *does not* include a situation in which there would be damage to property that would not do injury to another person or an animal. This exception also includes a situation in which a child is being abused in any way, that is, physically or psychologically.

We are aware that that governmental legal officials and people within inter-governmental and non-governmental organizations may attempt to extract material from the caregiver, sometimes under the threat of serious consequences to the caregiver. We believe that the release of material to such people without the written consent of the client is completely unethical, even if the caregiver is violating laws or rules.

In the same context, the caregiver must inform the client fully as to with whom he or she will discuss the situation of the client. Preferably, this will be on paper. Also, it must be clear to the client how this material will be used further, and who else will obtain the information. This also includes the use of client information with bosses, students, donors, and others. We feel that anyone else obtaining the information must have the same pledges of secrecy.

In a similar context, the client must be informed explicitly what notes will be made by the caregiver, who will see them, and how they will be stored. Again, preferably, this information to the client should be on paper.

When working with a group, it should be clear that the personal material discussed within the group may not be discussed with anyone outside the group including partners, friends, etc. Some groups have the rule that such material may not be discussed between group members outside of group sessions. Those sorts of rules are dependent on the specific circumstances of the group.

With regard to external people sitting in on individual or group sessions, we also have strict rules. In general, we do not allow it. When we do, it is with the explicit consent of all of the clients and caregivers involved. A condition of an external person sitting in is that any member of a group, or an individual client, or the caregiver may ask the external person to leave at any moment for any reason and that this will not be questioned. Furthermore, the external person must sign a written statement saying that any personal material will not be transmitted further.

Activities

Give your experience with guaranteeing the privacy of clients, good and bad. Again, we ask you not to put yourself or a client in danger if you post this material.

What are your views on what we have written here?

The Relationship Between the Caregiver and the Client Outside of the Caregiving Situation

In general, we find any relationship between a client and a caregiver outside of the sessions between the caregiver and the client to be unethical. Such external contact and involvement compromise the caregiver’s objectivity. Furthermore, the caregiver knows a great deal about the client and can use that information, usually unconsciously, to manipulate the client. Maintenance of this distance is the responsibility of the caregiver.

We realize that this is difficult in areas where there are few caregivers, in situations in which the caregiver and the client are in the same social and/or professional circles, and under a number of other circumstances. Under such circumstances, the caregiver and the client must avoid one another to the greatest possible extent. This is the responsibility of the caregiver.

Certainly, the mixing of roles can cause severe problems. For example, we have seen the negative effects of mixing friendship and caregiving and of situations in which the caregiver also is the employer. With very rare exceptions, these situations of mixing of roles do not work.

Obviously, no sexual relationship or close personal relationship may be allowed to occur between a client and a caregiver.

In general, we maintain a rule that a caregiver may not have any other relationship with a client for at least one year after the caregiver-client relationship has ended.

Activities

Describe a situation in which you have been involved in a mixture of roles or a situation in which you have observed that kind of mixture of roles. What happened?

What is your view on what we have said here? Are there circumstances in which a client and a caregiver may have a relationship outside the caregiving situation? Give your experience.

Professionalism

In our view, what you may and may not do is a question of the circumstances under which you are working and the location in which you are working.

It is obvious that, in a place in which there are well-trained, well-supervised professionals and health care is available to all who need it, it is not ethical to work if you are not so trained and supervised, except under the supervision of someone who is.

Yet, under the conditions that many who will be taking this course are working, such universal, competent care is not available, particularly for vulnerable groups. We then return to the questions raised in the part of this section called *do no harm* earlier. Do you let the client go without care? Do you carry out work that you are somewhat unsure of? These are very difficult decisions when people are suffering. Certainly, there are some partial answers if you do decide to act. There is a great deal of information and some training available without charge on the Internet. Also, there are organizations such as the CWWPP and the Global Psychosocial Network of Psychologists for Social Responsibility that offer training and supervision without charge. We urge you to look for local organizations and individuals who can supply such training and supervision.

Another point is that, frequently, there are traditional methods of care. Very frequently, we find these equivalent and at very least complementary to northern/western methods and frequently much more appropriate to working in local situations.

Whether or not you are formally trained, we find it unethical to offer care without obtaining regular and comprehensive supervision. Unfortunately, we know all too many professionals who should know better who do not have it. We will discuss supervision in detail in the section of this course on self-care.

Activities

Describe the situation in your region with regard to well-trained and well-supervised people.

Are there people in your region who are competent but do not have formal training in your region? How do they work and what is your opinion of them?

Are there local and/or traditional methods used in your region? Please describe them, so as to educate us about them. How well do they function?

Do you have regular supervision? If you do, how does it work and how do you feel about it? If you don’t have it, what are your plans to get it?

What other comments about professionalism do you have?

Payment and Gifts

With regard to payment for services, we feel very strongly that health, including mental health, is a basic human right. We do not believe that anyone should be making profits because of the suffering of other people. This also applies to drugs. Yet, the other side of this is that caregivers and their organizations must eat, pay rent for facilities, pay for Internet use, etc. Yet, we do not believe that it is ethical for anyone to be refused care because of the inability to pay. Unfortunately, this occurs in quite a number of places, even in regions that are quite rich.

The next question is that of gifts. In virtually all codes of ethics, gifts to practitioners are considered to be unethical, however well meaning. There is a difference between such gifts to individuals and contributions to the organization as a whole. There also is a difference as to whether the gift is more or less expected or whether it is completely voluntary. This can be a very thin line. Our position is that we do not accept gifts except those clearly within the ability of the client to pay, and then as contributions to the organization.

Activities

Describe the situation with regard to payments in your region. Is there health insurance? Does it cover mental health services? If so, which and for how long?

What are the policies with regard to payment within your organization?

How do you work with clients who cannot pay?

What are the practices with regard to gifts within your organization?

What is your personal policy with regard to gifts?

Conventions and Codes

The principles that we have given in this section mirror the codes of ethics of a number of organizations. We give a few links here. There are many others. We strongly urge you to look at these as part of your education.

World Medical Association <https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/>

British Psychological Association <https://www.bps.org.uk/news-and-policy/bps-code-ethics-and-conduct>

American Psychological Association <http://www.apa.org/ethics/code/>

Activities

Find the conventions and codes appropriate to your region and your organization. Please send these to us so that we build up a collection of them and can send them to other people in your region.

How do the conventions and codes for your region, organization, and circumstances differ from most international conventions and codes? What are the similarities?

Final Activities

Have you had any difficulties with officials in the government or your organization with regard to ethics? Please describe these. Again, do not say anything that would put you in danger.

How do you approach ethics in your practice?

What other comments about ethics do you have? Have we left anything out?

Final Remarks

We believe ethics to be one of the cornerstones of practice and of the relationship between the caregiver and the client. As we said at the beginning of this section, without ethics there is nothing.

2.12. Preparation, Flexibility, and Adaptation

Introduction

Preparation, flexibility, and adaptation to changing situations are important for working with clients. They not only include the situation of the client but also that of the caregiver and of the environment, particularly in regions in which people taking this course may be working. Thus, we can see that working with people is something of an art as well as a science. This also is partially dependent on the personality of the caregiver and on his or her experience. Also, the way in which the caregiver reacts is partially dependent on his or her degree of freedom within the organization.

As always, we ask you to complete the activities described and not to reveal any details that could identify another person or that you wouldn’t want to be public. This is unethical.

Preparation

The caregiver needs to prepare for the interaction with the client and to take the time to do that. At very least, this involves looking through the client’s notes. It may involve other things, such as consultation with colleagues, research on the Internet and in the community about the issues that the client is dealing with, finding available resources, or other work. It also involves emotional preparation by the caregiver, that is, taking a few breaths and taking other personal measures, even if this lasts only a minute or two. This kind of intellectual and emotional preparation is a part of the professionalism of the caregiver.

Activities

Describe a situation in which you did not prepare for a session with a client. What happened?

Describe a situation in which you did prepare for a session with a client. What happened then?

Are there situations in which you should not or cannot prepare for a session?

Flexibility and Adaptation

Even with the best preparation, the client can come with issues that the caregiver is not expecting or which, at the moment of the session, are more important than those which the caregiver was expecting to work with. Thus, the caregiver must be flexible enough to deal with these.

Furthermore, during the session, things can change very rapidly. The client’s mood may change. Memories and emotions may arise, and these also can lead to other issues coming up.

Also, the session with the client may trigger memories and emotions within the caregiver.

Also, the physical or political or legal situation within the region may change.

Our point here is that the caregiver frequently needs to flexible and to adapt to all of these changing situations and emotions. This is not always easy even for the most experienced caregivers. This also can cause caregivers distress. Again, this is a point for supervision. We will go into these issues for caregivers in more detail in the part of this course on self-care.

Activities

Describe a situation in which you have had to adapt to the changing situation of a client within a session.

Describe a situation in which you have had to adapt to circumstances in the client’s environment.

Describe a situation in which you have had to adapt to a situation in your own life and how that affected your relationship with one or more clients.

Are there situations in which flexibility and adaptation are not necessary or desirable?

Final Remarks

Preparation, flexibility, and adaptation are part of the essence of being a good caregiver. Some people have these qualities naturally. For everyone, it is a process of learning.

2.13. Belief, Religion, and Hope

Introduction

Belief and religion are important in the lives of all people, even though some people may deny this. These beliefs may go in various directions and frequently change during and after traumatic events. Further, hope, or the lack of it, strongly influences the reactions of clients.

These qualities are important within the caregiver as well as within the client.

While we realize that some people will disagree with us, we give strong warnings to caregivers against proselytizing or attempting to change the beliefs of clients. We believe strongly that this can damage people and is unethical.

Again, we emphasize the role of the caregiver as a facilitator, not as someone who is there to give advice.

As always, we ask you to complete the activities that we suggest. Again, we ask you not to post any information by which a person could be identified, as this is unethical.

The Role of Belief and Religion

Belief of some sort is a part of the life of every person, whether or not that is a belief in a higher being or whether it is belief in something else. This changes during and after traumatic situations in almost everyone. Belief can become stronger or weaker and it can change in nature.

Many caregivers never discuss this aspect of trauma with clients. By contrast, we have seen that bringing it up is a relief to many clients, many of whom want to speak about it.

As we mentioned in the introduction, we see the role of the caregiver as a facilitator. We believe that it is highly unethical for a caregiver to try to convert a client to the caregiver’s religion or way of thinking about belief. We know that many in various religious communities disagree with us on this. Nonetheless, we stand by it. We have seen such conversion efforts do great damage on occasion. Again, it is not the place of the caregiver to determine the client’s life.

Still another side is the participation of the caregiver in the client’s religious practice. As one example, we have had clients ask us to pray with them. In general, we decline. However, there may be circumstances in which a caregiver may want to do so to support and encourage a client.

Activities

Describe a situation in which a client spoke about his or her belief and/or religion. How did that belief and religion change through the traumatic events? How did the client feel after speaking about it? How did you feel?

Has a client ever asked you to participate in his or her religious system? How did you react? What happened?

Are there situations in which it is not appropriate to talk about belief and religion?

Hope

In an earlier section, we spoke about honesty and openness and directness and the necessity of the client facing situations and dealing with them. Yet, in all of that, we want to leave room for the client to have hope and to have something toward which to work. That motivates the client to go further. This does not mean exaggerating or not being honest with a client. One doctor that we know, faced with a cancer patient, rather than saying that the person would be dead within six months, said that only 10% of people lived longer than six months. The person then could hope to be within that 10% and still go about getting things in order. Hope can be a powerful force in moving people to change and to process things.

Activities

Describe a situation in which unrealistic hope was given. What happened?

Describe a situation in which giving hope assisted a client.

Final Remarks

Religion and belief are important in the life of most people. Caregivers should not shrink from them but should deal with them directly. Again, we stress that it is not the role of the caregiver to attempt to change belief. Facilitating hope in the client assists in processing the trauma, sometimes helping the client to come to a new state.

2.14. Time and Closeness Revisited

Introduction

Before ending this section of the course, we wish to return to two important concepts, namely time and how close the caregiver gets to the client. Both of these are undervalued and underestimated in their importance, in our view.

As always, please complete the activities suggested. Also, as always, do not reveal any information that would identify any person, as this is unethical.

Time

We repeat what we have said in other sections of this course with regard to time, that is, that there needs to be sufficient time for the client to be able to express himself or herself in a manner that is not pressured, and that the atmosphere and environment of the session should allow that.

In general, for an individual client, we allow 45-75 minutes for each session. For a group session, we allow an hour and a half to two hours with a break for about 15 minutes at the half-way point. With some individuals and with some groups, more or less time will be optimal because of the need to go into issues more deeply and because of the personality of the client or group members. Thus, the caregiver must be sufficiently flexible not always to keep to the standard 50-minute hour.

We do not put a limit on the number of sessions in total. We are aware that some insurance companies and some health systems do so. We end the work when the client and the caregiver feel that it is appropriate to do so.

As we have mentioned, we feel that it is extremely important for the caregiver to plan sufficient time between clients and groups. In general, we like to allow around a half hour after an individual client and around 45 minutes after a group. This gives the caregiver time to deflate and to process what has happened, as well as to make a few notes. In the sections on self-care, we will see just how important this is for the caregiver.

Still another point here is planning over the week or longer periods. This involves not putting very difficult or exhausting clients and groups one after the other and allowing time for other activities.

Activities

Describe your time allocation of clients. Is this working? Do you have the time for each client and each group? Make suggestions for changing this.

Are there situations in which you cannot plan time for clients in the way that you think best?

Closeness

We already have spoken about closeness between the caregiver and the client in the section of this course on ethics. The key is that the caregiver maintains objectivity.

Nonetheless, there are situations in which the caregiver may want to approach the client outside of the usual situation. One example is that caregiver might want to go to the client’s home to observe the situation there firsthand. Another might be that the caregiver might want to attend a social event to see objectively how the client behaves. Particularly in small communities and in situations in which there are small numbers of caregivers, contact may be unavoidable. Again, it is the responsibility of the caregiver to maintain distance and objectivity.

Activities

Describe a situation in which there may be advantages to getting closer than usual to a client. What is your experience?

Describe a situation in which you wished to maintain a distance that is further than usual from a client. Describe your experience.

Final Remarks

Time and closeness both are difficult for many caregivers. They require, first, determining the needs of the individual clients and groups and balancing those against the needs of the caregiver and the organization for which he or she works and what is possible logistically. We will discuss this in more detail in several places. It also is important that there is space between clients and groups so that the caregiver can work with them adequately. With regard to closeness, the caregiver always must maintain objectivity.

2.15. Some Final Remarks and Final Activities

Final Remarks

In this section of this course, we have tried to give an idea of the important factors in forming the relationship between the caregiver and the client. This relationship is the key to giving assistance of whatever sort.

On the one hand, the caregiver must identify with the client sufficiently. On the other, he or she must maintain objectivity. This is a difficult balance.

Another central point is obtaining and maintaining trust. As we have repeated, trust is very difficult to gain and very easy to lose.

Still another important part of the relationship is a regard for ethics. These never should be violated despite the frequently strong external pressures to do so. This is crucial.

Finally, we wish to remind you that we always are learning. Each client and each relationship teaches us something, however experienced we are.

In the next section of this course, we will discuss some ways of caring for yourself. Without that, it is difficult to survive, particularly under the circumstances under which some of us are working.

Final Activities

Describe some of the relationships that you have had with clients, good and bad. What have you learned from them?

How did you find this section? Are there things that we have left out? What would you like us to change in this section?

Section 3: Self-Care

**3.1 Introduction**

Many, if not most caregivers care for themselves badly. We tend to regard our clients as more important than we are and give them a great deal of our time and emotional and physical energy, frequently exceeding our limits. In the end, that kind of strategy backfires, as we reach a point, known as burnout, in which we cannot function for the client or for ourselves. We thus need to be aware of this and take measures to prevent it from happening.

In this section of this course, we will look at some of the ways that we can prevent or soften burnout such as

* setting limits;
* self-reflection;
* creating a balance between our professional life and our private life and
* supervision and intervision.

At the end of this section, we will ask you to make a new plan for self-care.

Activities

Describe how you care for yourself now.

What are your greatest issues with self-care?

What issues have you observed with colleagues?

3.2. Limits

Introduction

As much as we don’t always want to admit it, we all have limits. There are 24 hours in a day and seven days in a week. Even though we don’t always believe it, we have limits on our physical and emotional energy. Many of us cannot accept that we can do some things and not do others.

One issue here is our commitment to our clients. Many of us see what we are doing not as a job for which we are paid but as moral obligations.

Yet, when we exceed our limits, we burn out. That means that we cannot function for our clients nor can we function in our personal lives.

Thus, it is imperative that we become aware of our limits and respect them.

Time

Fortunately or unfortunately, there are 24 hours in a day and seven days in a week, no more.

Therefore, it is crucial that we create priorities as to how we will spend our time.

At least some of our time must be spent on ourselves, our families, and our friends. Human beings function in that way. It also is very good to spend some time in quiet and in reflection. That makes us more functional, that is, more useful to our clients, ourselves, and everyone around us.

Even within our work, we must allocate time. Actually, we function better if we take time to reflect on a client and what we have experienced in the contact before and after seeing the client. We generally allow about 10-15 minutes before seeing a client and about 20 minutes to a half hour afterwards to reflect on what the client has told us and how we feel about it. It helps to write up our notes about the client during that period. Also, in our private journals, we have the habit of writing about how we feel personally about the client. We show this to no one. Yet it, helps us to clarify our feelings and get them out. We take somewhat longer – about 45 minutes – after each group. Again, this makes us much more aware of what is happening with the clients and with our feelings about them.

Activities

What are your priorities for your time allocation?

How do you allocate your time with clients?

How do you allocate your time during the day?

How much time do you allocate your time during the week?

How do you feel when you take more time with clients and groups?

How do you feel when you take more time *between* clients and groups?

How do you feel when you take more time in your private life?

Are there situations in which you should not take time, either in your professional life or in your private life?

Physical and Emotional Energy

Working with highly traumatized people takes a great deal of emotional energy. As we have described in the previous section of this course, we identify with them, and have to do so to make the caregiver-client relationship work. Yet, that can exhaust us.

The same is true of many situations in our private lives. As much as we love and care about people around us, dealing with the difficult situations that we all have at various moments takes the emotional and physical energy out of us.

Again, we need to make priorities and allocate time and activities for ourselves that *we* enjoy doing, that renew us and give us pleasure and satisfaction. Also, as we will see later in this section, writing and finding ways of getting the frustrations out are very important.

Activities

Describe the situations that take up your emotional and physical energy.

Describe how you renew yourself.

What are the priorities for your use of your physical and emotional energy?

How can you change the use of your physical and emotional energy?

Acceptance of What We Can and Cannot Do

As much as we would like to, we cannot change everything that we would want to. As we have repeated a number of times, we cannot change clients’ lives. Only they can do that.

Also, there are things within the organizations in which we work and in the societies in which we live and work that we cannot change.

Very frequently, there are things in our private lives that we also cannot change.

Thus, we need to come to an acceptance of what we can and cannot do, as difficult as that is. We acknowledge that it *is* difficult for many of us. We see no other way.

Activities

Describe a situation that you could not change. How did you deal with it?

In the future, are there things that you can do to assist you in accepting things that you cannot change?

Final Remarks

Accepting the limits of time and emotional and physical energy that we all have is difficult for many people, particularly those of us in caring work. Yet, setting priorities and learning to take measures to accept and deal with what we can and cannot do in our professional and private lives is essential if we are to survive. The most experienced professionals have difficulties with this. Thus, we urge you to take the time and make the effort to work through your own situation.

3.3. Burnout

Introduction and Definition of Burnout

Burnout is a state in which people who have been under large amounts of stress in their professional and/or their private lives can no longer function properly.

It involves:

* physical and emotional exhaustion;
* cynicism and detachment and
* feelings of lack of accomplishment and ineffectiveness.

It can lead to physical illness.

Burnout occurs in virtually all caregivers, whether they are professionals, trained, or untrained, at one point or another.

Burnout doesn’t appear overnight. It builds up over a period of time.

A person with burnout frequently is unaware that it is happening.

Thus, burnout is dangerous for the caregiver and his or her clients.

In this section, we will describe the causes and prevention of burnout, and how to deal with it once it happens.

Activity

Describe an incident of burnout that you have had. What consequences did it have for yourself, for your clients, and for your personal life?

The Causes of Burnout

Burnout is caused by caring a great deal and by working very hard without taking time and making space for yourself. You feel strong obligations toward your clients, toward your family or friends, to a cause, and/or to other things. You wear yourself out physically and emotionally and do that chronically.

Activity

Describe an incident of burnout in yourself or another person. What caused it?

Symptoms and Signs of Burnout

There are quite a number of signs and symptoms of burnout. We give a few here. First, the psychological symptoms:

* emotional exhaustion;
* physical exhaustion;
* sleep problems, that is insomnia, because of thinking about the circumstances, and/or sleeping too much, this to escape from the world;
* not being able to concentrate;
* forgetfulness, even of simple things;
* problems with eating, either eating too much to get pleasure or eating too little because of “nervousness”;
* anxiety;
* depression;
* irritability and anger;
* frustration;
* feelings of being detached and isolated;
* a lack of optimism;
* being cynical about everything;
* apathy;
* hopelessness;
* a feeling of being useless in life;
* low performance levels in your professional life and your private life.

Also, there can be a large number of physical symptoms. We emphasize that you *must* get these checked out by a doctor.

* stomach pain;
* headache;
* chest pain;
* irregular heartbeat;
* shortness of breath;
* sexual dysfunction;
* frequent urination;
* other symptoms in any part of your body.

As we will see in the course on psychology and trauma, high levels of stress can lead to serious physical illness. This is still another reason for dealing with and preventing burnout.

Activity

Give the symptoms of an incident that you or a friend or a colleague has had. How did you deal with them?

Dealing with Burnout

The first point in dealing with burnout is realizing that you have it. People with it tend to ignore colleagues and friends who tell them about it. We thus urge you to take it seriously.

The next step in dealing with it is to find someone to talk to. As we already have mentioned in previous sections of this course, supervision and/or intervision are essential. As we have said before, if you don’t have it on a regular basis, whether or not you have burnout, you are not acting as a responsible caregiver. If there is no “professional” supervisor around, find a colleague with whom you can speak. If worst comes to worst, contact us.

In mild to moderate burnout, you may have to stop work and give your other obligations to others. In serious burnout, you certainly will have to do this. The period of your getting out will vary between individuals and with circumstances.

It is essential that you do things that you like and that give you satisfaction that do not have to do with your obligations and the activities that caused the burnout in the first place.

Obviously, it is important that you make a plan for preventing burnout in the future.

Activity

Describe an incident of burnout that you or another person has had and how you or the other person dealt with it.

Prevention of Burnout

There are a number of important aspects to the prevention of burnout.

One of these is prioritization both in your work and in your private life.

Another is creating a balance between your professional life and your private life.

Still another is taking time for yourself, doing activities that give you pleasure and satisfaction.

Again, we repeat that supervision is a key element in preventing burnout.

Much of this takes planning.

For many people, this takes adaptation and changing of their thought processes.

Activity

Make a plan for preventing burnout in your own life.

Final Remarks

Burnout is almost inevitable in people in caring work. It is crucial to have a plan to prevent it and to deal with it when it occurs. Anything less is shortchanging your clients and yourself.

3.4. Self-Reflection and Self-Criticism

The Importance of Self-Reflection and Self-Criticism

In our view, reflection and self-criticism are extremely important parts of self-care.

It is important to reflect on what you do with clients as well as to reflect on virtually every aspect of your personal life.

These need to become regular practices of every caregiver, in our view. Even a few minutes a day helps to bring you to a better place.

We recommend looking at clients after each session with a general review daily or weekly. We also recommend a review of your personal life at least weekly.

There are many ways to do this. One is through writing. Writing helps you to get your feelings out and to organize them. Also, walking quietly is another way. Still another way is meditation. Each person will find an individual way of doing it.

The point is that it happens.

Activity

Do you have a regular scheme for reflection and self-criticism? What methodology do you use?

If you don’t have such a mechanism, we recommend that you establish one.

3.5. The Balance Between Professional and Personal Life

The balance between a caregiver’s professional life and his or her personal life frequently is an uneasy one. Both are important .

All of us cannot help being affected by the people with whom we work, especially if they are highly traumatized and have difficult situations. Inevitably, we bring that into our personal life.

The same is true in the other direction. We all have difficult things happening in our personal lives at one point or another. We cannot help but bring those into our work.

One point is to be aware of this in both directions and to try to separate the two as much as possible. In particular, we must not bring our personal issues, including our emotional ones, into the work with our clients.

As we have emphasized throughout this section of this course, it is important for us as caregivers to get relief from personal and professional issues and to create space for ourselves.

Another point here is to prioritize and to be able to let go of professional issues and of personal issues at the appropriate times. This is a process of creating balance. For many people, it is not an easy process.

As we already have said, we need to reflect on this balance regularly.

It also is good to discuss this with our partners, friends, and colleagues and, of course, during supervision and intervision.

Not creating and maintaining balance in our lives leads to burnout.

Activity

What is the current balance between your professional life and your private life? What changes do you want to make?

3.6. Supervision and Intervision

*Supervision* is speaking with another caregiver. The topics of the conversation, in general, are the issues of the clients and groups who the caregiver is seeing as well as the interaction between the caregiver’s professional life and his or her private life.

*Intervision* is doing this in a group. Sometimes, such groups are known as *Balint Groups* after the Hungarian general practitioner who started them.

The reasons for supervision are to gain perspective on the work in general and on issues that are contributing to it and on the specific issues of the clients and groups as well as gaining perspective on the person of the caregiver. It is important that the caregiver gain insight into himself or herself. This strengthens the caregiver in virtually all aspects of his or her life.

In an earlier part of this course, we mentioned the identification of the caregiver with the client and counter-transference. Supervision is the place to deal with these issues. Further, virtually all caregivers undergo *secondary traumatization*, that is, being traumatized by what the client is telling you, when seeing highly traumatized clients. It is necessary for the caregiver to process these traumas. The facilitation of this processing is one function of supervision.

Another function of supervision is to deal with the issues that have affected the caregiver’s life, much as the caregiver would give to a client.

Further, the interaction between the client’s reactions and the caregiver’s experience can have profound effects on the caregiver. Another function of supervision is to deal with this.

A person giving supervision need not be the most senior person on the team. People within a team can form pairs and/or small groups and supervise one another. It is even better to find someone outside of the team to give supervision. This gives greater objectivity and allows the person being supervised to feel freer and less threatened.

There are varying opinions about the language of supervision. Many feel that it should take place in the language of the person receiving the supervision. Other people feel that doing it in another language gives distance. Our reaction is that this is a decision for the person being supervised.

The time taken for supervision should not be rushed. It is extremely important that it occurs in a relaxed manner and that as many issues as possible be explored in depth.

The frequency of supervision is dependent on the circumstances. There are a number of factors that play a role here. One is the number of clients that the person being supervised is seeing. Another is the difficulty of the clients for the person being supervised and the levels of the traumas being seen. Still another is the experience of the person being supervised. A further factor is the depth to which the types of issues being seen affect the person being supervised. In general, we find one hour per week an absolute minimum.

We find supervision crucial for all caregivers without exception. This includes not only caregivers giving psychological assistance but also such people as firefighters, police, lawyers, and anyone working with traumatized people.

We also find that even people working for a short period of time as volunteers MUST have supervision during and after their period of volunteering. They also must be prepared for what they will face.

We find not having supervision unprofessional. We will come back to this in future courses.

If you cannot find a supervisor in your region, please contact us.

Activities

How is supervision working for you?

Again, we emphasize that, if you don’t have supervision already, you MUST get it.

3.7. Factors and Activities Promoting and Detracting from Self-Care

Introduction

We cannot emphasize the need for self-care enough. The first step is realizing the need and making a plan for it.

In this section, we will summarize some of the things that we’ve said until now and suggest some activities that could assist you.

Some Factors and Activities that Promote Self-Care

As we said in the introduction, the first step in self-care is being aware of the need for it.

The next step is to make a plan. That plan should include regular times for the activities that we suggest as well as other activities that are individual to you. The plan should include the specific days and times that you will carry out the activities. It is essential that you stick to the plan. It is very easy to find excuses not to.

The plan should include doing something each day that you like to do. That can vary with the day. It can be something as simple as walking or eating a piece of chocolate or listening to music. The point is, is that it is your time. It should be a minimum of 15-30 minutes and preferably more. This time should be sacred, that is, that you shut out everything else, however urgent. This is extremely important in that it gives you a point to look toward and it gives you relief.

Another part of the plan should be doing something creative that will get your emotions out. This can be writing a journal, playing music, drawing, or anything else that gives you the possibility to express yourself and get things out.

Taking time for self-reflection is very important, as we have said. This also should be a part of your regular plan.

In this sense, accepting your limitations is very important. You need to take the time to look at these.

Still another part of the plan is some sort of physical activity. Exercise helps, as much as some of us are not athletes. “Just” walking helps considerably. Walking and running are very good exercises. They also can be a time for self-reflection.

It also is important that you get a sufficient amount of sleep. This is different for each person in each stage of life. The point is that physical tiredness and lack of sleep contribute considerably to emotional exhaustion and burnout. Sleep also is an escape from the world and allows the processing of your emotions through dreaming.

Further, it is important that you work out a balance between your personal life and your professional life and that you prioritize the factors in both.

Last but certainly not least, regularly scheduled supervision is essential, as we have stated quite a number of times.

Some Factors and Activities that Detract from Self-Care

Working obsessively, both in your professional life and in your private life, is harmful to you, to your clients, and to people in your private life. Thus, it is extremely important to avoid this and to prioritize your activities in both.

Also, taking too little time for yourself also is damaging.

Holding in your emotions and feelings about your professional and personal issues eventually will lead to explosions or implosions. Thus, you must get them out in some way.

The same is true about ignoring and/or denying personal issues.

Not paying attention to your physical state also will harm you emotionally as well as physically.

Activities

What are the most important factors for you as an individual for self-care?

What are you doing, and not doing, now?

Final Remarks

Again, we cannot emphasize enough the need for self-care and the need to look at yourself carefully and to change your attitudes and activities to make it possible for you, your environment, and your clients to benefit.

3.8. Final Remarks for this Section

In this section of the course, we have tried to make it clear that self-care is absolutely essential if you are to serve your clients, your family and friends, and yourself. It is something that you cannot do without.

In the previous section on factors that promote and detract from self-care, we have given a number of things that you can do to assist yourself and a number of things that you should not do.

Of all of those things that you *should* do, the most important are supervision and/or intervision and expressing your feelings. Without those, you will either explode or implode.

We thus wish you great success with working with yourself and hope that we have contributed to your doing that and to assisting you to keep your balance.

Activities

If you haven’t already, make a plan for self-care including the elements discussed in this section.

Please tell us what you think of this section. Have we left anything out? Do we need to change parts of the section? We welcome your comments.

Section 4: Some Final Remarks and Activities for This Course

In this course, we have tried to give you an idea of the basics of the caregiver-client relationship and how to care for yourself. Both of these are essential, whatever your role, be it giving psychological and/or medical assistance, giving humanitarian assistance, giving legal assistance, being a long-term or short-term volunteer, or whatever other role you may play. While the specifics of your situation may differ, what we have described here are the basics of the way that work with clients, the way that you establish and maintain trust, the ethics that you must maintain.

Also, while your specific situation may be different in terms of your self-care, the basics of having supervision and/or intervision, getting your emotions out, and taking time for yourself are the same under all circumstances.

In the next course, we will work on communication, which is another basic competency. There, we will give some background and some practical ways of communicating with clients.

Activities

How did your ideas and methods of working with clients change as a result of this course?

How did your ideas of caring for yourself change as a result of this course?

Are there ways in which we could adapt this course to suit your needs better? Tell us what we’re doing right and doing wrong?