

**Standard Package**

**For**

**Midwife and Community Supervisor or Nurse,**

**Delivering Basic Psychosocial Counselling Services**

**In the BPHS in Afghanistan**

The Standard Package includes:

- ✔ Introduction to Mental Health in BPHS
- ✔ Basic Counselling
- ✔ Mental Health
- ✔ Socio-cultural-interpersonal relationships and conditions in Afghanistan

## **Basic counselling**

Mental Health Department of the MoPH  
Kabul-group-08

## Kabul-group-08

**In fall 2008 under the leadership of Dr. Alia, the head of the Mental Health Department of the MoPH of the Islamic Republic of Afghanistan the following members of the Kabul-group-08 have met for three workgroups and have worked together on the contents of this training manual to support the integration of psychosocial care into the mental health component of the BPHS.**

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## **Foreword**

The first stage of psychosocial counselling is an important first contact of the client with counselling as a support to understand better the problems he/she is confronted with and to enable the client to find a way out of his/her difficulties, to get the feeling to be able to influence his/her life again and to regain a sense of meaning in life.

Therefore the main purpose of this training material is to give direct practical help and guidance for the health staff who will deliver those services.

Living a meaningful and healthy life is the wish and aim of all of us. With all the difficulties and adversities the Afghan people had to cope with in the last three decades this is often very difficult. The aim of psychosocial counselling is to help the people who are suffering from various symptoms of depression, unexplained somatic complaints or who have other mental health problems

- To be able to have good relationships
- Being able to solve conflicts
- To use his/her own and surrounding resources
- To live a meaningful life

The recognition and discovery of the resources of a person as well as the support of the family and community for suffering people plays a major role in this psychosocial counselling approach.

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## Psychosocial counselling

The aim of psychosocial counselling is to enable the client who comes and seeks help to regain a state of psychosocial wellbeing:

- To be able to have good relationships
- Being able to solve conflicts
- To use his/her own and surrounding resources
- To live a meaningful life

- a. Nowadays many people in Afghanistan feel helpless and powerless. They feel victimised and have the feeling of having no influence on their lives.
- b. In a victimized state, one accepts whatever he/she faces.
- c. Most of Afghans feel victimized due to social/cultural restrictions and events such as war, invasions, and migration and their consequences on every day life.

The following factors play an important role in the process of victimization:

- Social factors (tradition, value, politics, war, period of dictators)
- Learned behaviour
- Climate factors

- People feel victimized by the political situation due to living in different situations of occupation, civil war and periods of dictatorship without having possibilities to do anything about it.
- The other relevant example could be the situation of the Afghan women. According to tradition and culture they are expected to be obedient and even tolerate violence as a learned behaviour.



- **Psychosocial counselling** helps to reconnect people who feel victimised to their potential and such enable them again to participate actively in their lives.
- **Psychosocial counselling** also can help people who feel socially isolated for different reasons to be able to reconnect to family and friends.
- **Psychosocial counselling** explores the relationship of somatic, depressive and other symptoms with the problem and searches for possible causes and ways how to resolve such problems.
- **Psychosocial counselling** helps to explore the resources of the person and thus reconnects people with their strong points.

- **Psychosocial counselling** helps when people cannot see a way out of a difficult family situation or other interpersonal conflicts.

### **The process of counselling**

In psychosocial counselling a professional helping relationship between the counsellor and the client is established. This relationship is built on certain skills of the counsellor and follows certain principles. Both the client and the counsellor together try to find a good and supportive way to deal with the client's problems. The course should avoid being a judgmental advisor as well as showing him/her-self in a superior position. The task is to help the client to find a way how to deal with his problems in a positive and good way.

- Counselling is a process, where the counsellor and the client create a trusting and helpful professional relationship.
- The counsellor and the client want to understand the inner reality and the suffering of the client. They want to find out what the client can do to improve and change his/her situation so he/she feels better and can participate in an active life again.
- In the process of counselling the client learns to connect to his/her resources and develops his/her potential to take responsibility for his/her life and actions. (Getting out of the state of victimisation)
- In the process of counselling the client learns how to approach and solve conflicts and how to create good relationships.
- In the process of counselling the client understands that he can have influence on his life again, shape it according to his/her own value system (developing a sense of coherence)
- In the process of counselling the client tries to accept what has happened to him, and becomes able to integrate it into his/her biography (traumatic events)
- Psychosocial counselling tries to integrate the family or family members as a support
- In psychosocial counselling we explore the values of the client and discuss them with him. Then he can act on the basis and in accordance to his values. This point is extremely important especially in Afghanistan, because often people act out of hurt pride and against their values.

### **The first steps**

The client must understand that there is no quick way to improve his/her situation and that there is no magic stick or wonder pill, which cures immediately.

- First steps are:
  - 1) Raise awareness for the problems and explain to the client that many of these symptoms are normal reactions to an abnormal situation



- 2) Explain the client that medication does not help to solve psychosocial problems. If someone always gets a headache when confronted with a certain problem in his/her life then the medication can only treat the symptom, but not the cause of the suffering. (For instance a pill against a headache cannot eliminate the personal experience with the difficult situation)

### **Why does psychosocial counselling work?**

The human relationship between the counsellor and the client is the most important factor in counselling. We all need to have a witness for what has happened to us in our life and what we have experienced. To see and experience empathy from the counsellor helps to connect to own feelings. It helps to reassure people that his/her feelings and the experiences that have happened to him are true.

Many clients who come to our centres are in a social isolation within their families. They do not want to burden the other members of the family with their experiences. Those experiences often are connected with feelings of shame. For instance, having lost control in a very difficult situation.

We all know the suffering of being separated and of feeling alone. In some magic moments the walls of separation break-down and for these moments is searched in psychosocial counselling; then the client can feel himself with all his/her potential and possibilities.

### **The aims of psychosocial counselling**

- Giving security
- Calming down
- Support
- Giving time to listen
- Asking carefully
- Naming the problems without fear
- Discovering the resources
- Activating the social network
- Finding together a new orientation



People with psychological problems often have to re-experience what it means to live in a good relationship. It is difficult to them to get in touch with other people, often because they do not have a good contact or easy access to their own feelings.

A good relationship is defined by:

- Giving and taking
- Understanding
- Patience
- Behave as you want to be treated
- Shared responsibilities
- Being able to trust
- Being able to open yourself up

All the above mentioned necessities for establishing a good and trustful relationship depend to a big extent on the skills of the counsellor.

## Basic counselling

### I. Structure of the first 5 sessions

1) Explore and assess the symptoms and look to which category of syndromes they belong, how severe they are; have there been previous episodes, duration, treatments?

- Screening; symptom-checklist
- In order to find out what the client suffers from, we have to listen very carefully to what the client tells us
- The client tries to explain his/her mental condition by describing symptoms on different levels, namely:
  - a) **Physical – somatic symptoms**
    - ⇒ These affect the body and physical functions, and include tiredness and sleep disturbance
    - ⇒ It is important to remember that mental illnesses often produce physical symptoms
  - b) **Feeling – emotional symptoms**
    - ⇒ Being sad or scared
  - c) **Thinking – cognitive symptoms**
    - ⇒ Thinking that something terrible will happen, or that someone will harm you
    - ⇒ Difficulty in thinking clearly and forgetfulness
  - d) **Behaving – behavioural symptoms**
    - ⇒ These symptoms are related to what a person is doing
    - ⇒ Behaving in an aggressive way, attempting suicide
  - e) **Imagining – perceptual symptoms**
    - ⇒ These arise from one of the sensory organs and include hearing voices or seeing things that others cannot (“hallucinations”)
- If necessary send the patient also to the MD and discuss the case with him.

2) Explore the relationship between the symptoms and the problem. Is there a psychosocial stressor behind the symptom or in a relevant context with the symptom? Identify the main stressor. Impact of the symptoms on the patients daily life, family involvement and support

- If possible, relate the somatic symptoms to the main complaint
  - ⇒ **When did the symptom occur first?**
  - ⇒ **What was happening in your life at that time? Where there any changes?**
  - ⇒ **Explore when the problem appears and when not; can it be expected or does it happen unexpected?** (For example, it happens always after they have visited the in-laws).

⇒ **How do you feel when it appears and how when it does not appear?** (Perhaps the client feels then torn between the loyalty to the own family and the family of the husband/wife?)

- If there is a psychosocial Stressor, identify it and name it!

3) Give some psycho education regarding the connection between symptoms and problem

4) Find the main complaint of the client

- Differentiate between, symptom, problem and main complaint.
  - ⇒ The **symptom** may be a **somatic complaint** like a headache
  - ⇒ The **problem** might be the bad relationship with the in-laws
  - ⇒ The **main complaint** could be the bad relationship with the husband.



Name the main complaint

5) Agree together with the client on a solution for the main complaint.

- The solution must be something realistic and the client must have a feeling that this is meaningful.
- There must be an observable change in the feeling of the client.
- Please be careful not to give your idea of the main complaint.

6) Ask the client to say this sentence: **“What can I do to make first steps towards the solution of my main complaint. “**

- This will help him to identify with his life-situation and will give him/her the responsibility to cope with up-coming problems!



#### Rule

- Make sure you truly understand the problem and the main complaint and make sure you understand how the client perceives the problem.
- Empathise with the client, the client must experience and feel that he is understood and felt by the counsellor.
- Then focus more on solutions, don't focus too much on problems.

7) After you have agreed with the client on the solution to the main complaint the difficult question of how to reach this goal arises.

- Usually this involves the necessity:

- To try a new behaviour
- To avoid a damaging behaviour
- To see the situation in a new light (**reframing**)

- 8) In the end of the session summarize what you have heard, what you have agreed on, what you have discussed.
  - By explaining the insights you have heard during this session please relate (again) the somatic symptoms to the main complaint, if possible. (When does the somatic symptom occur, when did it occur first?)
- 9) Agree on what the client can do as a start to reach the solution of the main complaint. This means also to explore realistic possibilities for the client to influence the situation and or of gaining a different attitude towards the whole problem. It includes also self care.
- 10) Motivate the client to work together for 5 hours, and agree on the goals, which you found in these 5 hours.
- 11) After the 5 hours evaluate together with the patient the progress, improvement or no improvement.



- If further counselling is necessary, client should be referred to the psychosocial counsellor in the CHC centre
- If there is a significant improvement, the counselling is finished here and the client can take advantage of support groups or other psychosocial activities in the community

12) Register the client and write a short report

### 13) Ending

- Explore with the client the changes and improvements in his life since the beginning of the counselling
- Look again at the relationship between symptoms and problems and explore the changes
- Look at the main complaint and value the efforts and contributions the client has made to reduce the main complaint
- Explore together with the client what he has learned and how he/she will incorporate these new abilities and behaviour in the future.
- Assure the client that he/she can come back, should the symptom and problem come back and should he/she not be able to cope with it.
- Ensure the autonomy and ability of the client to be in charge of his life again.
- Discuss again the resources the client has and how he/she can use them in every day life
- Assess how the client feels about ending the therapy
- Find a good ending by showing respect to the client

- Short documentation

## II. Useful intervention techniques for the first 5 sessions

### 1) Useful interventions to explore the problems, attitudes and possibilities for a change in behaviour

#### a) Wonderquestion

- If the problem would disappear over night, what would you do first in the morning?
- What would your husband/wife/child do?
- How would they react?
- Who would be surprised most? And how would your life look like in 1 year, in 5 years from now?

#### b) Develop **phantasies** together with the client how other people would react in such a situation.

#### c) There are **different parts** of the person (compare the chapter about ego-states) that have different ideas about the situation

- Explore what the different parts would say
- Explore which part is the most encouraging for the client.

#### d) Make a **role play** with the client and an **empty chair**

- Someone he knows sits opposite to him and then encourage the client to lead a kind of imagined dialogue with this friend/mother/son/uncle....



After a new or less damaging behaviour is identified and seen as a good possibility by them, the difficulty is to which extent the behaviour can be integrated into the real life.

#### e) Some helpful ideas for the counsellor can be:

- Encourage the new behaviour by emphasising and imagining the consequences of the new and old behaviour
- Explore the process of the new behaviour
  - ⇒ **“How will you do it? You will come home now, what exactly will be different after this session then before?”**
  - ⇒ Through the imagination of such situations the client will do something like a probing acting, an exercise. That will encourage the real behaviour.
- Be very specific and look at the situation with magnifying glasses
  - ⇒ **„Please tell me in detail how you will do this?“**

- ⇒ Be careful, be specific and explore especially generalisations of the client or sentences which do not start with an „I“
- Ask directly if the client feels able to do it
  - ⇒ “Do you feel that you have the possibility to behave in such a way? Is there anything you are afraid of, as a result of showing such a new behaviour ?“
  - ⇒ This is a bit of a reality check by imagination the situation in advance.
- Last not least! Please use the language your client uses: Do not try to be smarter!



Agree with the client on homework

f) Ideas of what the counsellor could ask the client to do:

- **Please observe which part of your life should stay as it is?**
  - ⇒ **Purpose:** This question helps to shift the focus of attention from the problem to resources
- **Surprise your family with an unexpected behaviour. React differently to reoccurring problems and observe the reactions of the other family members and your own feelings.**
  - ⇒ **Purpose:** To break the circle of habitual reactions and behaviour and open a door for new possibilities.
- **Please observe closely what you do normally shortly before the symptom (crying, yelling, complaining, and beating) appears.**
  - ⇒ **Purpose:** To become more aware what triggers the appearance of the symptom. That will also help the client to develop strategies of how to avoid the trigger
- **Encourage new self-caring behaviour like doing some relaxation exercises before going to sleep, avoid self damaging behaviour and more: "Please try at least three times to do this exercise in the next week."**
  - ⇒ **Purpose:** To make the task manageable and to encourage a slow habit building


## 2) Reduction of damaging behaviour

a) Reduce damaging behaviour or leave it totally

- For instance if the main theme the family talks about is the bad behaviour of the family of the wife then just do not talk about them at all.
- Questions will be:
  - ❖ What happens when the family does not talk about it for three weeks? They will have to talk about their own issues and problems.
  - ❖ Reducing damaging behaviour: Instead of smoking 10 cigarettes smoke only 5. (drugs, gambling, alcohol etc)


b) Paradox intervention: To be handled with care but only sometimes!

- Try to do more of the same
- The benefit for the client is that afterwards it is easier for the client to decide whether he wants to change this damaging behaviour or not.

 Casestudy: A young man has difficulties to decide even small issues and thinks about it, bothers himself and is stuck. Tell him: "When the next decision comes please discuss it with everybody extensively." Or a man with sexual problems: „Do not touch your wife at all during the next months“.


c) Mark the transition from old damaging behaviour to a new behaviour by developing a **ritual**

- Rituals are symbolic actions which have a meaning and mark a transition from one stage to another. They convey meaning more than can be expressed in words.
- For example: Funerals, marriage etc...They happen according to a certain order, they involve doing something. Our every day life is rich with rituals: Greeting someone: „ Salam.....chub haste.....
- In counselling we use them to mark a symbolic change to emphasise the transition from one stage to another.

 Casestudy: A young woman had been diagnosed schizophrenic because she talked to a Dschinn. Before she started talking to the Dschinn she had had a very bad experience: A cousin had blamed her for being an immoral woman. He clued a photo of her together with a photo of a man the family knew and told everybody who wanted to hear it that she had a relationship with this man. The family luckily enough did not believe this story, investigated and found out that the cousin invented this story, because he himself had had a shameful experience and did not want to be alone with that. But nevertheless, the shame stayed with the young girl. The girl started to talk to the Dschinn, the Dschinn always told her that she was a good girl. In the counselling session the counsellor proposed to write down the whole story and to burn it in the stove. The girl threw the paper with the written story in the stove and burned symbolically the shame. From this day on she stopped talking to the Dschinn and returned to her good moods.



The ritual here was the writing down of the story, making it visible and then afterwards burning it in the stove, it disappeared in the fire.

 Casestudy: A man had a very bad conscience. His mother had died suddenly, while he was working in the provinces. He could not get home in time for her



funeral. He also felt that he should have said some words to his mother which he had never said to her.





An idea for a ritual here would be to write a letter to the dead mother and bury it as well.

### 3) Reframing

- a) With this intervention the counsellor together with the client tries to see the happenings from another viewpoint, in a different light, puts symbolically another frame around it.
- ⇒ As a result the happenings or the momentary situation can get another meaning because the context of perception changes
- ⇒ And then the self-esteem increases and with it the ability to get out of the situation increases.

b) An Example of the reframing technique


 A woman who has had a very difficult life (forced marriage, when she was 16 years old, 4 children, overload of work in the house and a very bad relationship to the in-laws), is crying a lot and complaining about her bad luck and miserable life.

 The Counsellor uses the technique of reframing: *„I find it amazing what a strong woman you are that you were able to cope with everything till today. You have given birth to 4 children, cared for them, supported them and you tried to be a good mother and wife. And now you are exhausted from this difficult life and had enough courage to come to us in order to find a solution of how to cope better with this difficult life.“*



- It is important that such a reframing gives a significant different view to the existing perception of reality.
- For instance to see an inability as a special ability!

c) A further example

 A man is very insecure and doubtful on his wife and as a result controls her very badly!

 Counselor: *„I see that you really try everything to protect your family and be a good husband and father“, then we can add after this:“ but imagine how this feels for your wife and children?“*

d) It is important to:

- Differentiate the intention of the behaviour,

- Differentiate the perception of the behaviour,
- Differentiate the effects of the behaviour
- Have a look and explore the situation itself
- Then see it from different point of view.

**Task:** Please discuss in a small group how those points could possibly be applied to the example of the man, who is doubty on his wife.

#### 4) There are life situations we need to accept because we cannot change them

##### Interventions of the counsellor:

- Listen carefully and understand what has happened to the client
- Show empathy
  - ⇒ To understand the emotions, to understand the emotional reactions, to understand the values of the person and the needs and wishes, but also try to understand the whole family system and the interests and emotional reactions of the other family members.




- ⇒ Beware of being judgemental, as counsellors we must not share those feelings but we must understand them. Even if they are not in accordance to our own value-system.
- ⇒ Remember, as a counsellor you have a professional helping relationship, in which you use all your knowledge, insight and empathetic understanding to help the client to cope better with the problems in his/her life.

**Task:** Think of a story about a person you have heard in your extended family, who has behaved in a way that you were judgemental about. Try to explore the reasons why this person behaved like this. Try to ask yourself how this person might have felt before and after doing what he/she did?

- Explore together with the client what that new situation means for his/her life
- Explore the resources of the client
- Try to help the client to develop an attitude with which it is possible to accept and cope somehow with the situation.
- Discuss what the client learns from these happenings
- Explore how those insights could change his attitude and behaviour

#### 5) Transforming negative feelings and energy into positive ones

 **Case study:** *A young woman was married by force to a mentally retarded man. 5 times she tried to kill herself. After having explored her deep values together with the counsellor, she started to care for her small son again and started to build a relationship with her husband as good as possible.*

## 6) Transferring good and positive feelings into the present life situation

- The problem is often, that the client feels better at the end of the session or during the session but loses this feeling of him/herself as soon as he/she gets home.
- In this way you could anchor this good feeling:
  - ⇒ Make the feeling conscious. Talk about it.
  - ⇒ **Say:**“You seem to feel much better in the moment? Where in your body can you feel it?”
  - ⇒ **Ask the client to press the fingertip of the middle finger and thumb together, like forming a circle with thumb and middle finger. While doing this find the good feeling again in your body and reinforce it, talk about it.**
  - ⇒ **Connect the feeling and this small movement of thumb and middlefinger. Do it slowly and make sure that the feeling is truly felt.**
  - ⇒ **Relax the body**
  - ⇒ **As soon as you do it reconnect again with the good feeling do the same movement with the fingers and hold it for some seconds. Repeat this 3-6 times.**
  - ⇒ **Then reverse, first do the movement, then find the good feeling, the same one as before**

## 7) Empowering the client

- Search for the competence of the client, his strong sides
  - ⇒ Make them conscious.
- Approach the problem with the attitude that usually there are solutions for such problems.
  - ⇒ **Danger:** When the client expects that the counsellor should solve the problem for him.
- Describe the problem in the end of the session in such a way that the autonomy and strength of the client is strengthened.
- At the end of the session offer the possibility to ask a last question:
  - ⇒ **„Is there something you have not said yet or asked me because you were not aware of it or because it is a difficult subject to approach and talk about?“**
  - ⇒ Often at the end themes which are emotionally important come up. So leave enough time for this question.



**Important to note**

**Please use the language your client uses: Do not try to be smarter!**

**Focus on solutions and not on problems**

## Communication skills

In counselling it is not only important what you communicate but also how you communicate. We can easily become so absorbed in the challenge of trying to understand what is being communicated that we lose sight of how the client experiences the process!

**Being empathic** is a very important skill, which enables the counsellor to get a very differentiated and clear feeling of the inner-world of the client. It is fundamental to use all the following communications skills in a successful way, as it enables the counsellor to get into a direct dialogue with the client's "real world". In afghan society empathy is a common used characteristic, as family-structures requires and use it all the time! Daughters feel the pain of their mothers', when leaving the house very intensive; children also feel the expectations of there parents', as they were there own! And often these produce a very similar feeling in themselves, so that they can understand the inner emotional world of their beloved! This empathic skill should be activated when talking to clients. But the counsellor has to be careful not to get involved to much. Being empathic does not mean to identify with the client and his problems (feeling as if you were in the same situation as the client.) At all times it is important for the counsellor to be able to discriminate between the client and his problems and his own life and problems. Therefore as a counsellor you must know yourself very well in order to be able to make this distinction. This is why we have self experience during the intensive training.

### 1) Attending skills

- Attending acts as a basis for listening to and observing the client
  - ⇒ Attending well to the client places you in a good position to listen to them, to both their verbal and non-verbal messages!
- There are different ways in which you can show that you are attending to the client:
  - a) **Posture**
    - ⇒ Your posture needs to be "open", so that you signal that you are willing to engage with the client. Do not cross your arms in front of your chest
    - ⇒ Face the client directly, sit in a centred way, do not lean back in your chair
    - ⇒ Do not sit in a higher chair as your client or even behind a desk
  - b) **Eye contact**
    - ⇒ Maintain constant and direct eye contact, but do not fix the client with a stare! You should use the eye contact to demonstrate your availability
    - ⇒ Be natural and communicate your interest in you client in your own natural way
  - c) **Facial expression**

- ⇒ The client will be watchful of you and your reaction to what he says, therefore you need to be aware of the information that your facial expression might convey!
- ⇒ How you look should be consistent with what you are saying
- ⇒ You can also mirror clients by matching your expression with theirs! Letting clients see, by the concern on your face, that you have some sense of the pain they have experienced may free them to begin to access those feelings



Attending to clients is a way of giving them your presence

## 2) Observing skills

- The way clients are dressed, their tone of voice, their gestures and postures will give you important information and will either confirm or conflict with their verbal messages. Use your own intuition and knowledge which comes from your feelings to gain a better understanding of the client.
  - Observing clients carefully will help you to develop your understanding of them
    - ⇒ You will learn to interpret the clues and cues that they give
- 📖 For example: *You will discover, while one client smiles when she is hurt, another narrows her eyes and talks angrily*
- Focusing on the incongruities and inconsistencies between clients' verbal and non-verbal behaviour makes the exploration much easier! Your observation can be communicated to the client in a careful way. This might help the client to dare to say something which he is afraid to say from himself for whatever reasons.
  - Clients may not be aware either of what they are feeling or the significance of their feelings
    - ⇒ You need to offer your observations in a tentative way rather than telling or informing!

📖 Example:

⇒ **Client:** *(in a flat voice, looking round the room and sighing) Yes, I was pleased when she asked me if she could stay for three months. I get on well with my aunt.*

**Counsellor:** *I notice that your voice sounded flat and I wonder that the sigh was saying*

**Client:** *(looking embarrassed) Well, I suppose it was saying I was pleased and, this will sound awful, but now she's beginning to burden, and I wish she would go*



- The counsellor specifies what he/she notices and invited the client to explore the apparent incongruities between their verbal and non-verbal messages!

### 3) Listening skills

Listening is much harder, then you may suppose! It involves attending to, receiving and understanding messages that clients are sending both by what they say and by what they do.



- Your purpose in listening is to reach a common agreement about:
  - ⇒ What concerns your client
  - ⇒ How the client experiences his/her concerns
- You will be listening “actively”, which means that you are listening with purpose and communicating what you have listened to and understood

#### **Listening to silences**

- Communication between you and clients will continue even if one or both of you are silent
  - ⇒ You should pay attention to times of silence as they (in the same way as words) transport messages!
  - ⇒ By attending carefully in sessions, you will gain some clues about what the client might be thinking and feeling when he/she is silent. You will know whether they are uneasy, stuck, bored, or reflecting
  - ⇒ Using that information will help you to decide when and how to intervene
- You should give your client the time to be silent, as it may enable him/her to understand what is happening; provides space for reflecting; helps him/her to face their discomfort!

#### **Interrupting silences**


- You can break the silence by giving specific feedback on what you observed
- Or you might break silence by asking “process” questions:
  - ⇒ **What are you feeling now?**
  - ⇒ **What are you thinking?**
  - ⇒ **What is going on for you at the moment?**



Process questions keep your focus on the client’s current experiences in the here and now

#### **Listening to your own reactions**

- As you listen to the client, you yourself will be thinking and feeling!
  - ⇒ Listening to your own reactions may provide valuable clues for understanding what is happening in the session and for understanding clients themselves

 **For example:** *You may be aware that you are irritated with a client and begin to pay attention to what happens between you when you feel irritated! You may share this at an appropriate time with your client, as it could help to explore the problem!*

### **Hindrances to active listening**

- Issues in the counsellors' life
  - ⇒ Most of us have difficulties in our own life that preoccupy us and then we may be less open to others. For instance problems, which are there but which we do not want to face in our own life. Such problems are usually avoided and not addressed in the session.
  - ⇒ You should suspend your concerns and create space for the client
- Values of the counsellor
  - ⇒ It is important that we are aware of our own values and, do not impose them on our clients
- Preparing your reply to what the client is saying
- Seeking confirmation for your hypotheses and ignoring information from the client which contradicts these hypotheses
- Becoming defensive when clients attempt to correct you
- Feeling obliged or pressed to find a solution quickly, because you are a person who is always “action oriented”



**All these skills need to be exercised well.  
In the counselling process they must come naturally!  
Important is to use them in the right mixture**



## Resources

### What are Resources?

Resources are abilities, relationships, values and experiences, which give a person the feeling that the life is worth to live. They help to stand and to overcome difficult life-crisis. Unfortunately we often forget about the importance and power of our resources, particularly in the moment we would need them at the most: when we feel overwhelmed with emotion or overstrained with all the problems and difficulties the life presents us! Instead of looking for own resources, we then tend to become desperate, negative and feel worthless, without self-esteem. To explore the resources of a client is a very efficient and powerful tool in psychosocial counselling.



- Finding the resources of the client tin cooperating with the client helps him to regain a balance and connects him to his potential and brings positive changes in his feelings. If the clients perceive their internal potential and use it for themselves, then they can regain the feeling to have influence on their life. The outlook on life changes and other people will start to relate different to them. This is a cycle of positive reinforcement.

### Types of resources in Afghan society

#### Types of resources

Relationships		Religion & Spirituality	Education
<b>1. Family</b> ❖ Children ❖ Brother ❖ Sister ❖ Husband, wife ❖ Close relatives ❖ Mother ❖ Father	<b>2. Social</b> ❖ Friends ❖ Classmates ❖ Teachers ❖ Elders ❖ Colleagues	❖ Reliance/ Trust in ALLAH ❖ Belief in ALLAH ❖ Submit to ALLAH ❖ Leading a religious life ❖ Love	❖ Knowledge ❖ Understanding ❖ Skills and abilities
Culture		Natural resources	Material resources
❖ Ethic/ moral values ❖ Tradition ❖ Art (poetry, stories, music, paintings, literature)		❖ Nature ❖ Animals ❖ Beauty	❖ Wealth ❖ Land ❖ House ❖ Job

Positive resources	Task
<ul style="list-style-type: none"> <li>❖ Good family relations</li> <li>❖ Education</li> <li>❖ Having a good wife / husband</li> <li>❖ Being brave</li> <li>❖ Religious</li> </ul>	<ul style="list-style-type: none"> <li>❖ Please make a list of your own resources and then explore the resources of your neighbour</li> </ul>



- Explore the resources with your client together and try to find out what could serve your client as positive resource
  - ⇒ Achieving an understanding of the function of your client's resources can help you both to work with them!
  - ⇒ But never forget: the client is the expert of his life! You have the function to help the client to realize his one possibilities to change and to find him-/herself

### The importance of resources in changing the psychosocial state of people

- The recognition of resources is such important, as they help:
  - ⇒ To see the positive aspects of ones life
  - ⇒ To focus not only on the negative experiences and aspects
  - ⇒ To be able to estimate what is there
  - ⇒ To feel connected to the world
  - ⇒ To increase self esteem and self confidence
  - ⇒ To recognize possible ways to get out of a desperate situation
  - ⇒ To feel that you can trust in something and that it is worth to go on
  - ⇒ To feel that there are people who love and need you

### Strategies for exploring resources


- Look together with your client at his life in order to find happy and fulfilling moments and experiences. (memory of a family event; childbirth; an experience in nature)
  - ⇒ Therefore you could use the modified **“life-line-technique”**! (Compare to the trauma intervention). Just put a row (symbolizes the life of the client) on the floor and give the client flowers (fulfilling happenings and good experiences). Then the client can look back on his/her life and give attention to the positive experiences. Write a positive biography!
  - ⇒ You also can encourage the client to sit down at the end of the day and to think of 2 small moments of the day, which were positive. If your client can not think of anything, make suggestions! Let your client describe the day and help to find positive moments, even if it is just eating a good meal!

- ⇒ Always come back to the here and now by asking the client how he/she feels now and where in the body he/she feels the positive feeling. How exactly can you feel it, where.
- ⇒ Even evoke such good body feelings with an imagination exercise by first relaxing the client, then go back to the experience and imagine all details, guide your client by asking about the sensations, the light, the weather, who else was there. Then focus the client on his/her body



⇒ The important factor is that the client practices the recognition of these positive experiences and starts to change his/her perception!

- Another possibility to find positive resources could be to explore who in the client's life is a trustworthy friend or relative and is willing to support your client
  - ⇒ It is very likely that your client judges all his friends and his family in a negative way, as your client is in a negative mood! Therefore you should explore in a dialogue if the relatives are really so "bad", or if they could serve your client as a positive resource

 A man describing his family in a negative way could be asked:

- ⇒ *What are the wishes you have for your children's future?*
- ⇒ *Do you remember how you felt, when your children were born?*
- ⇒ *Can you remember moments, when you dearly loved your wife?*
- ⇒ *How do you feel when you remember such moments?*
- ⇒ *Can you imagine seeing your wife again in such a way as you described her now?*
- ⇒ *Do you have any other way for solving the problems with your wife?*
- ⇒ *Imagine how your children can change your life in future!*



⇒ By remembering the positive feelings and experiences the man could realize which huge resource his family could be to him! And he not only uses this as a positive resource for himself, but also tries to be a good father, and husband to his family! He understands that the whole relationship serves as a resource to each member of the family.

- Another possibility to draw on past experiences could be to explore in which way your client coped with problems and barriers
  - ⇒ You could ask: **“Did you face such kind of problem in the past? How did you overcome it? Can you try that again?”**
  - ⇒ Make your client realize that he is not helpless! Demonstrate him/her on the past experiences that he proved his skills to cope with his life and that he can do it again

⇒ Your client should understand that staying active contains the chance to cope with problems




⇒ In this way, you remind your client of his conflict solving skills, which have the function of a positive resource! He himself can change situations, feelings, and thoughts into positive!

### Meaning of the suffering

- The holistic approach sees the human being as a unity which has an inner direction and possibility to integrate the different experiences by giving them meaning in the context of the personal life.
- Therefore it can be a possibility within the course of the counselling process to explore together with the client a possible meaning of the suffering. This meaning will greatly depend on the clients religious and spiritual values.
- Another issue in this context could be to understand the developmental tasks and chances which arise from this suffering.
- Furthermore it could be helpful to realise and discuss that the future is being created by our own lives now and by what is being done in the moment.
- In this context it might be meaningful to explore once more the resources in order to strengthen the coping mechanisms of the client and to enable him to participate actively in his life!

### Having no positive resources lead to low self-esteem and self-confidence

- Self-esteem and self-confidence is the perception of someone about her/his abilities, emotions and thoughts
  - ⇒ Low self-confidence and losing self-esteem is a condition in which a person feels worthless and has lost trust in him-/herself, and feels in a lower position than others
  - ⇒ Often people pay more attention to negative happenings and situations in their lives! Therefore it is very important to put the attention to positive useless!

 An example may help you, how to increase self-confidence in exploring useful and available resources:

- ⇒ *A 35 years old woman graduated form the religious-law faculty of Kabul University. 14-15 years have passed from her marriage. She lives with her husband and her two sons in an apartment. Her husband has relationships with other women. Most of the time, she is alone with her children. Her husband is paying no attention to his family (wife and children). He beats his wife, and frequently accuses her. She started to be very tired of this situation and is feeling very sad. She has lost her interest in life and cries all the time. She feels impatient, hopeless and helpless. According to her body language she looks depressed and tired. She is blaming her husband for all the issues in her life. She feels herself despised and lower than any one else.*
- ⇒ A possibility could be to search for her own resources independent of her husband:

*What are her abilities?*

*Does she have a person in the family she trusts?*

*What about her children?*

*Can she make use of her education?*



It is important to find the resources, so that the client does not feel worthless and helpless anymore

## Interventions for standard counselling

### I. Psychological stressors

#### 1) Grief, loss of family members

- Explore the relationship: positive and negative sides, experiences, memories, emotions that are related to the lost person.
- Encourage the expression of the emotions which are connected with these memories. Make them conscious.
- Encourage a discussion how the lost person is memorised today, how is his memory kept alive?
- Explore the resources
- Explore the problems connected to the death of the person

#### Difficult life transitions

- A transition in life is a short term period of a life change where life circumstances change dramatically
  - ⇒ The past life is disrupted, the new life situation not yet accepted and integrated.
  - ⇒ For example: marriage, birth, separations, divorce, disabling accidents, death, loss of job, house, land, living in a new place, with new people.



**Such transitions can cause fear!**

#### Suggested intervention

- Discuss the values the client has related to this situation (family, future plan in life, children, and religious values).
- Explore the personal and social resources the client has which can support him in the new life situation.
- Encourage the client to take good care of his/her health in this difficult period of transition
- Similar to the mourning process help the client to let go of the old situation accept the new situation (**HEALING**)
- Explore the possibilities of the new situation. What can the client make out of it and what are the possible chances (**RENEWAL**)

#### 2) Family conflicts

- Usually the people involved in a conflict show the following reactions against each other:
  - ⇒ Sadness
  - ⇒ Verbal quarrel
  - ⇒ Aggression
  - ⇒ Violence
  - ⇒ They do not talk or do not participate in their daily work with the people who participate in conflict
  - ⇒ Compensatory reactions (*a woman has a conflict with her husband; she beats her children and insults them*)
  - ⇒ Leaving home (to separate sleeping place, or to separate the room)
  - ⇒ Careless or headless about children and others work
  - ⇒ Careless about her family members' sayings and feel herself without any responsibilities

### **The process (stages) of a family conflict**

- 1) Usually it starts with a lack of understanding between each other, difference in opinions, or not having trust to each other
- 2) Afterward, both sides develop bad feelings
- 3) Meaningless discussions with high sound
- 4) Verbal quarrel (giving taunt or irony, insulting, using bad language)
- 5) Being physical violent
- 6) Break or failure of one side (injured, going to shock, losing resistance and even death of one side)



**Psychological, Physiological and Social consequences follow!**

### Psychological consequences:

- 1) Depression and anxiety
- 2) Feeling blame and guilty
- 3) Feeling themselves worthless and despised
- 4) Development of psychological problems, even PTSD especially in children
- 5) Having tendency for drugs (especially children)
- 6) Memory disorders like amnesia, problems in orientation
- 7) Problem in learning
- 8) Developing mental stresses

- 9) Children feel themselves alone
- 10) Children grown up aggressive, stubborn and careless

### Social consequences

- 1) Destruction of family tie and regulations
- 2) Destruction of secure environment of family
- 3) Weakening family economy
- 4) Sometimes family conflicts cause the separation of the husband and the wife which has direct effect on personality and authority of the person in society
- 5) Family conflict cause some psychological stresses which has a direct effect on the social relation and the social responsibilities of the person

### Somatic consequences

- 1) Somatic and psychological diseases become chronic and severe
- 2) Injury
- 3) Premature birth
- 4) Abortion
- 5) Death
- 6) Thin and weak

### **Types of violence**

#### a) Physical violence:

- In such violence the injured person gets physical injury in his/her body. This kind of violence is very dangerous.
- Example: Somatic or physical torture in different types like beating, burning, strangling, and killing.

#### b) Psychological violence:

- It is psychological injury to the injured person, for example:
  - ⇒ To ridicule someone
  - ⇒ To despise someone
  - ⇒ To control action of the injured person like using abusive or foul language
  - ⇒ To stop talking to someone
  - ⇒ To ignore the rights and interests of someone
  - ⇒ To control someone above the normal extent



**c) Sexual violence:**

- To do sexual action with physical force without someone's willingness

**Causes of Violence**

- Economic problems
- Psychological disease like depression, PTSD etc.
- Jealousy and anger
- Using alcohol and drugs
- Children learn violence from their parents
- To accept violence as a way for solving problems
- Desire for having power
- Negative and wrong understanding of culture and tradition
- Useless competition

**Ways of solving family conflict**

- To listen to the client's story completely
- To find out the stimulus of the conflict
  - ⇒ Conscious stimulus (formal)
  - ⇒ Unconscious stimulus (informal)
- Information about:
  - ⇒ Values
  - ⇒ Tradition and culture
  - ⇒ Believes
  - ⇒ Reality
  - ⇒ Interests
  - ⇒ Expectation
- Evaluation of external effects
  - ⇒ Increasing factors
  - ⇒ Decreasing factors
- To find out the base of the problems (origin of conflict)
- Communication
  - ⇒ To evaluate the effect of family members on injured person (who has effect on injured person inside the family?)
  - ⇒ What is the problem?

⇒ Who creates and which kind of problems?

### **Summary of solving the problems**

- Find out problem and main complaint the client has within this conflict
- Find out the values and interests of the client and other involved persons
- Find out the reasons of the problem and it's relation with the values
- Explain rights and obligations
- If the client agrees, invite other members of his family. But first of all, evaluate with the client because if it makes sense to invite his family members. It should not mean that one expects the others to solve the problem.
- Try to find a person within the family the client can trust and rely on
- Try to establish a contract between the different persons who are involved in the conflict



### **Purpose of counselling in family conflicts**

- To provide a secure environment for the clients
- Relaxation of the client
- Orientation
- To help the client to understand his resources, familiarity about himself and his abilities
- To enable the client in solving his problems

### **Limitation of psychological counselling in a case of family conflict**

- Although the psychological counselling has important role in solving family conflict and avoiding its negative consequence, it still has some limitation:
  - ⇒ Limitation of counselling only for client
  - ⇒ Client's expectation of having a quick and positive result
  - ⇒ Client emphasizes or stresses on his ideas, believes
  - ⇒ Problems and restrictions of counselling between male counsellor and female client

## II. Addiction or substance abuse

Addiction means that a person has developed a physical dependency on drugs or alcohol. We discriminate between substance abuse and psychological dependencies regarding specific activities such as gambling which are harmful to the individual's health, mental state or social life.

- Addictive behaviour causes feelings of guilt and shame, fear, hopelessness and humiliation
- Often people who are addicted withdraw from social life.
- Treatment usually involves:
  - ⇒ First, motivation to Stop,
  - ⇒ Second, if available a detoxification
  - ⇒ Third, a rehabilitation therapy. This includes psychosocial counselling.



### **The Vicious Cycle of Drug Dependency**

Initially a person is able to control the use of the substance. When a person moves into a regular pattern of substance use the substance starts to become the center of the person's life. S/he spends less and less time in drug-free activities and loses interest in anything that is not related to the substance. Gradually, the person encounters social, emotional, and physical problems. Due to the use of the substance the family and non-drug friends become disillusioned. The person can start to feel bad about himself (sadness, guilt) and is only able to deal with these feelings by "escaping" them through the renewed use of the substance.

### **Suggested intervention**

#### a) The motivation to stop or to reduce the abusing drugs

- Clients, who are willing to stop immediately
  - ⇒ Set a definite day to quit.
  - ⇒ Make specific plans to avoid drug use (e. g., how to respond to friends who still use drugs).
  - ⇒ Identify family or friends who will support stopping drug use.
- Clients, who want to reduce the abuse (or if they are unwilling to quit)
  - ⇒ Negotiate a clear goal for decreased use (e. g., no more than one marijuana cigarette per day with two drug-free days per week).
  - ⇒ Discuss strategies to avoid or cope with high-risk situations (e. g., social situations, stressful events).
  - ⇒ Introduce self-monitoring procedures and safer drug-use behaviours (e. g., time restrictions, slowing down rate of use).
- Clients, who are not willing to stop or to reduce abuse immediately
  - ⇒ Do not reject or blame

- ⇒ Clearly point out medical, psychological and social problems caused by drugs.
- ⇒ Make a future appointment to reassess health and discuss drug use.

- Clients, who do not succeed or relapse

- ⇒ Identify and give credit for any success.
- ⇒ Discuss situations which led to relapse.
- ⇒ Return to earlier steps above.

### III. Sexual problems

Sexuality is an important aspect of intimate, loving relationships between couples. Therefore sex is such a personal and private aspect of life that it is rarely discussed in public. For many people, there is ignorance about what "normal" sexual behaviour is and what the types and causes of sexual problems are.

However research suggests that sexual problems are common (43% of women and 31% of men report some degree of difficulty); and fortunately, most cases of sexual problems are treatable! So it is important to talk about sexual concerns.

#### What you should know when dealing with sexual problems

- Sexual problems are often the result of an unhappy relationship, moreover they can cause further problems in the relationship
  - ⇒ You should try to work with both partners!
- Some sexual problems are related to physical diseases (e.g. diabetes); and abnormal sexual behaviour is often caused by severe mental diseases
- Depression, anxiety, and alcohol misuse can cause sexual problems
- Many sexual problems are the result of ignorance about sexual performance
  - ⇒ Try to educate the couple; inform them about sexuality!



- Often Afghan women and men will not complain about sexual problems; instead their main complaint may be a physical one (tiredness)
  - ⇒ Do not force the couple to talk about their sexuality; try to ask simple questions, such as *"how has your relationship been recently"*, *"how do you feel about your partner"*
- **Remember:** Confidentiality is very important! You have to respect your client's wishes, especially if she/he does not want you to talk to the partner about his/her sexual problems.

#### Sexual problems in men

- **Impotence**

- ⇒ The man is not able to have sexual intercourse, as his penis does not become or stay hard and erect

- **Premature ejaculation**

- ⇒ This is when the man ejaculates (passes semen) so quickly that neither partner is able to enjoy the sexual act

**Causes of these sexual problems**a) Physical causes

- Diabetes, heart and vascular disease, neurological disorders, hormonal imbalances
- Alcohol misuse, as it can make a man impotent
- Cigarette smoking, which can affect the blood supply to the sexual organs
- Some medicines such as antidepressants and medicines for high blood pressure

b) Psychological causes

- Tension about sex; typically when a man is having sex for the first time with a particular person
- Nervousness over how well he will perform during sex
- Strict religious background that causes the man to view sex as sinful
- Misconception about the size of the penis, having had sexual intercourse with a woman during her menstrual period
- Depression and tiredness; it is not possible to enjoy sex
- Work-related stress
- Loss of interest in sex, if the man e. g. does not find the partner attractive
- Marital or relationship problems



- As a counsellor you should try to address feelings of anxiety, fear or guilt that may have an impact on sexual functions!

Sexual problems in women**• Pain during sexual intercourse**

⇒ This may occur if the woman's sexual passage (vagina) is dry, or when a man tries to have sex before she is ready or when he forces sex on her!

**• Loss of interest in sex****Causes of these problems**a) Physical causes

- Infection in the sexual organs

b) Social and psychological causes

- Tension of fear about having sex

- Lack of control over sexual decision-making
  - ⇒ In Afghan society often woman does not have the same control over her body and sexual life as her husband!
  - ⇒ She may not be able to choose if and when she has sex; she may have to have sex whenever her husband desires!
- Sexual abuse in childhood or other unhappy or painful sexual experiences, making enjoyment of sex difficult

### Homosexuality

- Homosexuality means sex between men and men, or women and women
- There are strong views about this sort of sexual behaviour and in many places this is seen as a mental problem or even a criminal act
- It is very important that you treat same-sex relationships in the same way as a relationship between a man and woman, as homosexuality is not a mental health problem!
- Just as sexual problems can arise in male-female relationships, so can they in same-sex relationships



- As people who are attracted to their own gender are often persecuted, some may suffer loneliness, guilt, fear and unhappiness!
- If you are sensitive to this situation and offer a space for their concerns, they will experience an atmosphere of trust and you could get the permission to help them.

#### IV. Crisis intervention in conflicts of domestic violence

Victims of violence often feel great shame about the violence and blame themselves. The society also judges victims often, believing that if a person (woman) is subjected to violence she must have done something to deserve it. Therefore it is crucial, that the counsellor does not in any way have a judgemental attitude or suggests that the victim could be responsible for the violence.

#### Being the counsellor

##### **The importance to support your client**

- You work from an understanding that domestic violence includes physical, sexual and emotional abuse, and that all forms of violence can have extreme consequences (being traumatised, being injured)
- You should be explicit about your position on domestic violence
  - ⇒ Name the violent behaviours and if necessary take the side of your client!
  - ⇒ Full responsibility for the violence is consistently attributed to the aggressor (often the father, husband)
- Domestic violence is recognized as a pattern of behaviours used to dominate and control
  - ⇒ You should encourage your client to see this pattern of control and violence!
  - ⇒ Your client should not focus on particular incidents of the violence
- Safety of your client is very important in your work as a counsellor
  - ⇒ Therefore you should express your concerns for safety:
    - ❖ Find out the level of risk and whether the violence has escalated over time
    - ❖ Your client should be able to identify warning signs of up-coming violence
    - ❖ Develop strategies together with the client how to avoid the aggression or what to do to get immediately out of it once it has started
    - ❖ Give your client "contact-details" so that she can ask you for help as soon as it is escalating



If the life of your client is in danger you have to act immediately!

##### **The social and psychological situation of your client**

- Victims of domestic violence need to have a counsellor who listens in a non-judgmental way without pressuring them to make decisions that they are not ready or able to make!



- It is important for you as a counsellor to be aware of possible consequences victims have when leaving the house of the abusive person, even if it is just moving to the house of relatives!
  - ⇒ Maybe a woman who decides to leave the house of violence, will get no money from her husband anymore; she will be afraid of the possibility of poverty
  - ⇒ Maybe after leaving, there will be a lack of a safe place to go
  - ⇒ Maybe the woman will lose her children if leaving
  - ⇒ Maybe the violence is so severe and constant that the victim has no opportunity to act or to make decisions for herself. The victim is helpless and feels powerless
  - ⇒ Maybe the victim receives no support from family, and friends



- Therefore you should be very careful in your advice and action!
- Firstly, check what is going on, and what possibilities does your client have to feel safer and to improve her situation

### **The social and personal circumstances of the counsellor**

- You should be aware of your own social life, and present situation so that you can recognise potential problems that may interfere with your counselling
- You should try to focus on your client, try to understand the client's experience and not to compare with your own experiences or feelings!



**Be professional!**

### Suggested intervention

Victims benefit from counselling in a way that enhances their sense of entitlement to their own thoughts, feelings and perceptions, increases their sense of control, and encourages them to make their own decisions if necessary.

### **Empowerment**

- Empowerment is a process of enabling your client rather than taking a position of power by determining decisions or outcomes for the client. It gives back the possibility and ability to act and thus to take influence, to take a stance. It means also getting out of victimisation

- Victims are considered to be "experts of their own lives"

⇒ You should support them to make choices about how they would prefer to be, in contrast to their present way of being



• **Empowerment means that you firstly provide information on options and help to reduce a sense of isolation**

• Furthermore it includes:

- ⇒ Together with the client name her experiences and feeling
  - ❖ Naming it gives the client a context in which she can understand what is happening to her
  - ❖ Maybe it will be the first time expressing her feelings and hurt about it; and this helps her to accept herself being abused and encourages her to identify with-her body and soul again!
  - ❖ To be seen in what one has experienced can help to regain a sense of identity and to reconnect with own feelings.
- ⇒ Make her understand the dominant and strong traditions and beliefs in gender-rolls supporting violence and abuse of women
  - ❖ This could help her to feel that violence is not acceptable and not a normal part of every women's' life
  - ❖ This will also give a relief to her feelings of responsibility for the person's abusive behaviour relieves
- ⇒ Identify strategies and forms of resistance your client has employed and that are available
  - ❖ Maybe she can go into the house of her parents or a supportive relative can come to live with her in the house of violence
- ⇒ Identify ways of challenging violence
  - ❖ Encourage you client to think about possible solutions
  - ❖ If she can not leave the situation, work on possibilities which help her to cope with the situation
  - ❖ Give her back the feeling of self-esteem!
- ⇒ Offer preferred ways of being
  - ❖ Try to find out, what is important to your client, explore the values of the client
  - ❖ What are wishes for her future
  - ❖ What would make your client more satisfied
  - ❖ What can the client do to get closer to his/her aims and realise his/her wishes



❖ You can draw a picture which shows everything that makes her life worth to live!

### Resources

- Moreover you should search for resources your client could use to cope with the situation
  - ⇒ Family and friends
  - ⇒ Does she have some skills that she could use to work somewhere
  - ⇒ Does she have special talents



- Your client needs to feel treated with respect and she has to be sure that she will be heard and understood!
- Never forget that it is your client's right to make her own decisions which should be encouraged and respected at all times

## V Sleeping problems

Sleep problems can either be the difficulty falling asleep or the difficulty staying asleep (also known as restlessness). There are a number of factors that can cause insomnia and other sleep problems, such as emotional stress, physical health (medical conditions, menopause, pregnancy, obesity, etc), lifestyle issues (workload, travelling) or even one's sleep environment (noise, light, temperature, bed).

### **Main causes of insomnia**

- Daily stress: Concerns about work, school, financial issue, health or family can keep the mind too active, and make someone unable to relax.
- Anxiety: Everyday anxieties as well as anxiety disorders may keep the mind too alert to fall asleep.
- Depression: A Person may either sleep too much or have trouble sleeping if she/he is depressed. Some people may initially sleep but get up very early in the morning, and are not able to sleep again.
- Medical conditions that cause pain e.g. arthritis, stomach problem etc.
- Some prescription drugs such as some antidepressants, high blood pressure and corticosteroid medications can interfere with sleep.
- Long-term use of sleep medications.

### **How to improve the sleep?**

- The key to feel refreshed after having slept, is a regular sleep-pattern
- If you go to bed before you're really tired, and then sleep badly, you'll tend to stay longer in bed in the morning, which will affect the next night's sleep.
- Therefore it is important to establish a good sleep-pattern.

### **Establishing a routine**

- Go to bed only when you really feel tired enough to sleep.
- Don't read or watch television in bed. These are waking activities.
- If you don't fall asleep within 20 minutes, get up and relax/do something soothing, until you're tired enough to go back to bed.
- Repeat this process, if you are awake for long periods.

- Try to wake up (set the alarm) at the same time each morning. Don't sleep in. This will only make it harder to sleep the following night. You may need to follow this program for several weeks, to establish a regular pattern.
- Avoid taking a nap during the day. But if you really are overtired, taking a short nap after lunch can be beneficial.

### **Sleep aids**

- Look at your sleeping arrangements. Is your bed and bedding comfortable? Do the temperature and light levels suit you? Is there enough fresh air in the room? If you are easily bothered by noise, try using earplugs.
- Try setting aside some time during the early evening for reflecting on your day. Think over any difficulties and write down your next step. Making an action list early in the evening may help you to avoid focusing on problems when you go to bed.
- Try to relax during the later part of the evening. Avoid any complicated work or activity.
- If your brain is still busy with daytime concerns, listening to the radio quietly for a while may distract you.
- Practice a relaxation technique before you go to bed. Breathe slowly and deeply: four seconds in, hold for four seconds and then four seconds out. Consciously tense and relax your muscles, in turn; start with your toes and work up or use any relaxation exercise you know.
- A hot, milky drink may encourage sleep.
- If you feel physically exhausted, but your mind is full of racing, intrusive thoughts, don't try to force sleep, it will only make you feel more anxious. Instead, try to keep your eyes open, and as they start to close, tell yourself to resist. The more you try to stay awake, the sleepier you'll become.
- Interrupt unwanted thoughts by repeating a soothing word (such as 'peace') over and over to yourself.
- Try visualizing a scene or landscape that has a pleasant association for you.
- If you wake up during the night, go through your relaxation routine.

**Psychopathology**  
**for**  
**Midwife and Community Supervisor or Nurse,**  
**delivering Basic Psychosocial Counselling Services**  
**in the BPHS in Afghanistan**

Responsible for this package: Dr. Azimi

With contributions from Dr. Ventevogel, Dr. Iris Jordi

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## **Mental health**

Mental health is as an indivisible component of general health, is a broad concept includes psychological well-being as well as mental illnesses and problems. It is defined as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to the community. In reality, mental health is a broad concept, and in some way or other concerns everyone in society.

Mental health is not just the absence of mental disorder. Many factors influence mental health well being of people mostly stress. Followings are main factor which shapes mental health:

- Family environment
- Workplace
- Social environment

Some characteristics of mental health are as follow:

- Self-Awareness
- Accurate self-perception
- Realizing one's full potential
- Independence in thought and action
- Accurate perception of reality
- Social and occupational ability to deal with environment
- Commitment to society
- Openness and flexibility.



## I Psychosocial health

Psychosocial health is defined as being mentally, emotionally, socially, and spiritually well which includes well-being, self-esteem, affective states, and sensory and cognitive functioning of a person.

Many factors influence psychosocial health of people:

1) External factors that influence psychosocial health are

- The family
- The wider environment
- Social supports and social bonds

2) Internal factors that influence psychosocial health are

- Self-efficacy
- Learned experiences (helplessness versus optimism)
- Personality
- Lifespan and maturity



There many factors which protect psychosocial well being of people such as:

- Belonging to a caring family or community
- Maintaining traditions and cultures
- Having a strong religious belief

## II Psychosocial stress

Psychosocial stress is a fact of daily life and is the result of both the good and bad things that happen. The importance of psychosocial stress lies in fact that too much stress can cause serious health concerns, but there are many ways of dealing with stress that can reduce the risk.

### Some common psychosocial problems are:

- Family conflicts
- Unemployment
- Security problems
- Loss of a loved one
- Financial difficulties
- Disagreement with others
- Homelessness
- A life threatening illness
- Consequences of war and traumatic experiences

Response to stress varies in people and can be physical, psychological and social.

### Some of the signs which show person in under stress include:

- Feelings of irritability, sadness or guilt
- Change in sleep patterns
- Headache and/or body pain
- Tiredness
- Worries and negative thinking
- Difficulty in concentrating or making decisions
- Loss of interest, enjoyment
- Restlessness
- Use of substance or alcohol

Prolonged stress as well as increased intensity symptoms of normal stress response causes distress. Distress does not mean that a person is mentally ill.

### Distress like stress can have physical, psychological and social consequence:

- 1) Physical: headaches, body pain, palpitation, tiredness, sweating, low appetite, sleep problem, gastrointestinal disturbance etc
- 2) Psychological: impaired concentration, forgetfulness, irritability, difficulty in making decisions, worries, fearfulness, feeling sad or depressed, anger and aggressive acts etc
- 3) Social: withdrawal, difficulty in doing daily routines, difficulty in workplace or school, relationship problems with family, friends etc, loss of interest, use of substances or alcohol etc

Coping is what people try to overcome negative effects of stress, when exposed to stressful events. Thus coping is a way to prevent, delay, avoid, or manage stress.

Examples of ways people cope with a stressful event are:

- Seeking help from others or offering help to others
- Talking about their experiences and trying to make sense of what happened
- Hiding until the danger has passed
- Seeking information about the welfare of their loved ones
- Praying, visiting shrines
- Setting goals and making plans to accomplish them
- Using defences like denial to reduce the impact
- Remaining fearful and alert to any further danger
- Thinking long and hard about the event to learn from it.

### III Abnormal behaviour

Abnormal behaviour is patterns of emotion, thought, and action supposed pathological for one or more of the following reasons: infrequent occurrence, violation of norms, personal distress, disability or dysfunction, and unexpectedness.

Abnormal behaviour has following main characteristics:

- Maladaptive behaviour
- Psychological dysfunction
- Distress to self and others

Abnormal behaviours are part of mental illnesses. The expression of mental illness is determined by culture. Symptoms of a mental illness that are prominent in one culture may be insignificant or absent in another and may even be interpreted as normal in a third.

Beliefs about mental illness are linked with concepts of religion, social values, norms and ideals of human relationships. This is true of any culture. These shared beliefs determine the nature of traditional medicine and provide the framework for interpreting symptoms and guiding action in response to the illness.

People rarely have insight into their own culturally learned ideas and values regarding normal and abnormal behaviour including mental illness. On the other hand, typically these values are seen as correct and proper for everyone.

#### IV Mental illness

Mental illness refers to the abnormal behaviour of a person who displays some or all of the following characteristics:

- Abnormality in thinking, memory or orientation
- Delusions and abnormal beliefs
- Abnormal perception
- Inappropriate or otherwise impaired emotional responsiveness
- Social maladjustment
- Impaired reasoning or intellectual functioning
- Impaired judgment or impulse control
- Unrealistic self-appraisal.

In general a mental illness has following characteristics:

- Abnormal behaviour(s) as mentioned above
- Causes distress to self and others
- Interference in daily routines such as school, work, relationship etc.

The diagnosis and interpretation of problem provides a language for both the patient and the health staff by which they each can conceptualize the distress. This process gives reassurance, dictates treatment and assigns meaning. If the two do not share the same view the treatment is likely to fail or to be less effective. The intervention must be culturally relevant.

Common causes of mental illness are:

##### **1) Biological factors:**

- Genetic abnormality
- Brain infections
- Brain injuries and trauma
- Prenatal damage
- Malnutrition or lack of micronutrients

##### **2) Psychological factors:**

- Poor coping skills

- Low self esteem
- Childhood trauma or other trauma
- Transition points in life cycle

**3) Social factors:**

- Life events e.g. bereavement, job loss, accidents
- Unemployment, migration, poverty, gender inequity, violence, insecurity, chronic conflicts.

### V Stigma and mental illness

The stigma of mental illness is real, painful, and damaging to the lives of people with mental illness also to their families. Stigma prevents patients from getting the treatment and support they need to lead healthy, normal lives. Mental disorder is an illness that can be treated; in general, people with mental illness have no intellectual impairment and can live, work and become active members of the society when their mental health problem is controlled.

Stigma towards person with mental illness is best defined as:

- Ignorance
- Prejudice
- Discrimination

## VII Mental Health and Human Rights

People with mental illnesses are some of the most neglected people in the community. In many communities, mental illness is not considered a real medical condition, but viewed as a weakness of character or as a punishment for immoral behavior. People with mental illness are exposed to a wide range of human rights violations. The stigma they face means they are often excluded from society and fail to receive the care they require.

### Some common violations seen are:

- Exclusion from society
- Lack of required medical care
- Restraining, beating and other physical abuse
- Left hungry
- Subject to abuse and neglect
- Denial of education, employment, housing
- Confined in caged beds
- Deprived of clothing, decent bedding, clean water or proper toilet

### Initiatives for preventing human rights violation of patient with mental illness are:

- Change attitudes and raise awareness
- Improve human rights in mental health facilities
- Empower mental health service users and families
- Replace psychiatric institutions with community care
- Increase investment in mental health
- Adopt policies, laws and services that promote human rights

### Health care workers should:

Respect the dignity of patients

- Protect the rights of patients
- Promote the autonomy and liberty of people with mental illness
- Ensure that informed consent of patient is the basis for all treatment
- Involve patient in the development of their treatment plan.
- Involve families in the treatment and care of their relatives with mental illness



## VII Mental Health Assessment

The purpose of mental health assessment is to provide information about a person's behavior, thoughts and feelings and the relation of these factors to the person's background, experiences and present circumstances. It helps health staff in describing, diagnosing and eventually treating problems. The information may be gathered from direct interviews with the person or from relatives.

An important issue for assessment is communication. Communication is most effective when the participants share a common tongue, so that verbal and nonverbal messages and cultural meanings are clear. (Use the counselling skills you have learned in psychosocial interventions and skills)

The following points are helpful during interview with a patient:

- Be respectful and polite.
- Maintain eye contact
- Use the person's name
- Speak slowly, do not shout.
- Ask open ended question at the beginning
- Ask closed ended question at the end
- Discuss confidentiality
- Explain impressions of feelings and emotions
- Ask for a summary of what has been discussed if needed.
- Be alert for incongruence between verbal and nonverbal clues
- Ask any suspected problems.
- Choose the appropriate words for possibly sensitive or taboo subjects



Collecting required information needs skills of putting questions in order. The common approach is asking open ended questions in the beginning and having relevant question based on patient's information. Closed ended questions should be asked latter when confirmation is needed and time is short.

1) The following are examples of open ended questions:

- What seems to be the problem?
- Tell me about the thoughts which have been bothering you?

- How well have you been sleeping?
- How do you deal with problems in your life?
- Let's talk about your work?
- Any experience with drugs (e.g. heroin)?
- What do you think about your family?

2) The following are examples of focused or closed ended questions:

- How many hours did you sleep last night?
- Have you been thinking about harming yourself?
- How much heroin have you been taking?
- Do you have headache?
- Did you go to a doctor for your problem?
- What medications are you taking?

### **Psychiatric history**

All information described below may be necessary to collect for all patients. It all depends to the knowledge and experience of health staff how and when to collect such in formations. The focus should more on current problem.

Followings are main parts of psychiatric history:

**a) Identifying information:** Age, sex, marital status, education, occupation, referral source.

**b) Chief complaint:** Reason for consultation; the reason is usually a direct quote from the patient or from relatives.

**c) History of present illness:**

- Current symptoms: date of onset, duration and course of symptoms.
- Previous psychiatric symptoms and treatment.
- Recent psychosocial stressors: stressful life events that may have contributed to the patient's current presentation.
- Reason the patient is presenting now.
- Historical evidence in this section should be relevant to the current presentation.

**d). Past psychiatric history:**

- Previous and current psychiatric diagnoses.
- History of psychiatric treatment, including outpatient and inpatient treatment.
- History of psychotropic medication use.

- History of suicide attempts and potential lethality.

**e) Past medical history:**

- Current and/or previous medical problems.
- Type of treatment, including prescription, over-the-counter medications, home remedies.

**f) Personal and social history:**

- If related collect information on childhood and adolescence period, education, occupational background, social adjustment, sexual history, substance abuse, legal problems, outstanding life events e.g. displacement, military service, jihad etc, source of income, social support/network etc.

**g) Familial history**

- Such as birth order, relationships with siblings, mental health of family members, relationship with parents etc

**h) Mental Status Examination:**

1. Appearance

- Physical condition and general health
- Dress, posture, attitude
- Eye contact,
- Relatedness to interviewer, cooperation

2. Behavior

- Motor activity
- Gestures and abnormal movements
- Awareness of environment

3. Speech

- Rate and fluency
- Barriers to communication

4. Mood

- Appropriateness
- Overall impression (depressed, anxious, angry, apprehensive etc)

5. Thought

- Flight of ideas
- Hallucinations: hearing voices, seeing unusual things, etc
- Delusions: suspiciousness, black magic, being plotted or controlled, thoughts about jinns and jado etc

- Obsessions/Compulsions and fears of things or situations
- Sense of self importance eg being powerful man etc
- Hopelessness, worthlessness, suicidal or homicidal ideation

6. Reality Orientation

- Knowledge of time, place, month and year
- Remote and recent memory
- Judgment
- Insight and awareness about current problem



**Summary of main findings**

History

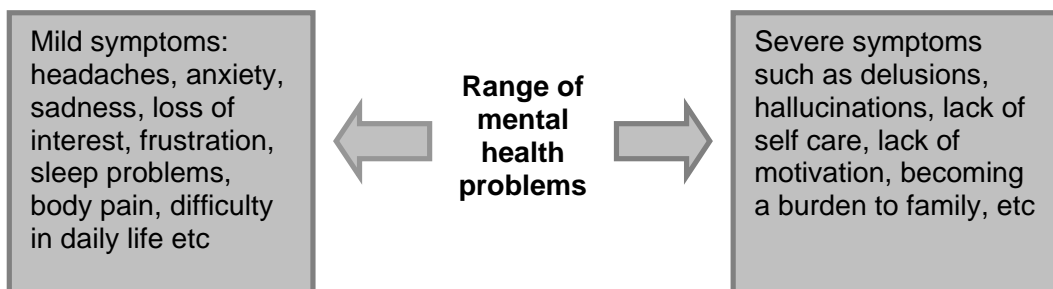
Mental status examination

### VIII Mental health problems in BPHS

Mental health problems are very common in Afghanistan. It is clear that three decades of war and subsequent impacts on life of people have resulted to a huge mental health problem. In a study of general population in 2004, the percentage of people with mental illness symptoms were as high as 70 %. Some mental health problems are more common among women but some groups such as war disabled, ex-combatant, widows, returnees and children are more vulnerable to such problems.

Following mental health problems have been discussed in this section:

- Common mental illnesses
- Severe mental illnesses
- Substance abuse and dependence
- Childhood mental illnesses
- Epilepsy (not actually a mental illness)



### Common Mental Health problem/illness

Mild mental illness is very common but less troubles others. Mild mental illness causes more distress to person. People, in most of the cases, may not notice that something is wrong with the patient.

Common characteristics are:

- Somatic complaints are prominent
- Causes relationship problems
- Decreases quality of life
- Person can continue the job or study
- Decreases productivity in work
- Can become chronic
- May cause substance use or unnecessary medication
- Severe symptoms may emerge

Mild mental illness comes in many types, some common types are:

**1) With change in mood:** This is a common illness among women and men. There are psychological and physical symptoms present:

a) Psychological:

- Unusual sadness which is persistent
- Loss of interest, not enjoying life
- Concentration problem not remembering things
- Hopelessness, helplessness
- Feelings of guilt, worthlessness
- Lack of self confidence
- Death wish or suicidal ideation

b) Physical:

- Headaches and back pain
- Generalized body pain
- Sleep problem
- Tiredness in the morning or after minor things done
- Digestive problems

**What you can do:**

- Help the person in discussing how they are feeling.
- Listen to the person without judging them as weak.
- These problems are not due to weakness or laziness - the person is trying to cope.
- Don't tell that every thing is fine.
- Don't be critical of them.
- Don't express your frustration at the person for having such symptoms.
- Don't give glib advice such as every thing is fine or cheer up

Help the person and the family to feel hopeful and optimistic and to realize that:

- Patient has a real medical condition
- Symptoms are part of a common mental illness
- This is not a weakness or character defect
- This is not laziness, the illness makes people motivationally challenged
- Effective treatments are available for the problem
- Help is available from a doctors and/or counselor
- It takes a while to develop this illness and sometimes it takes a while to resolve, but will get better faster with the right help.
- Anybody can have such problem
- Family support is very important
- Encourage person to continue normal life activities
- Person should not be isolated



Refer the patient to nearest health facility where psychosocial counselling and mental health service is available.

**2) With worries and anxiety:** Anxiety is a way for overcoming difficulties in normal life, usually goes off when the problem is solved. Anxiety can appears without any apparent reason and can be continuous or episodic.

a) Psychological symptoms:

- Excessive worries about life
- Expecting possible bad event
- Worries about ill health
- Fear of having heart attack or dying
- Irritability

b) Physical symptoms:

- Palpitation
- Increased sweating
- Chest pain
- Difficulty breathing
- Numbness at hands
- Trembling
- Restlessness, can not relax
- Dizziness

**What you can do:**

- Listen to the person without judging them as weak.
- These problems are not due to weakness or laziness - the person is trying to cope.
- Don't be critical of them.
- Don't express your frustration at the person for having such symptoms
- Don't give advice such as every thing is fine.
- Avoid confrontation unless necessary to prevent harmful acts.

**Help the person and the family to realize that:**

- It is a real medical condition
- This is a common illness
- It is not a weakness or character defect
- Effective help is available for overwhelming worries/anxieties
- Skills can be learned to reduce the effects of worries and anxiety
- Anxiety can be unpleasant but is rarely harmful
- Anybody can have such problem
- Family support is very important
- Encourage person to continue normal life activities
- Person should not be isolated



Refer the patient to nearest health facility where psychosocial counselling and mental health service is available.

**3) With Fearing situations or objects:** Fear is a normal phenomenon if it is appropriate and realistic. Fear of dark is normal during childhood but is not normal in adulthood. Some people



have unrealistic and inappropriate fears when faced feared object or situation. They experience palpitation, sweating, dry mouth, restlessness, unsteadiness etc. Some common fears are: fear of injection, blood, airplane, crowd, height, animals e.g. snakes, scorpion etc also fear of authority people, being observed by others etc

**What you can do:**

- Listen to the person without judging them as weak.
- Tell that problems are not due to weakness or laziness
- Don't be critical of patient.
- Don't express your frustration at the person for having such symptoms
- Don't give advice such as every thing is fine.
- Avoid confrontation unless necessary to prevent harmful acts.

Help the person and the family to realize that:

- It is a real medical condition
- This is a common illness
- It is not a weakness or character defect
- Effective help is available for overwhelming fears/worries/anxieties
- Skills can be learned to reduce the effects of fears
- Anxiety due to ear can be unpleasant but is rarely harmful
- Family support is very important
- Encourage person to continue normal life activities
- Person should not be isolated



Refer the patient to nearest health facility where mental health service is available.

**4) With obsessive thoughts and rituals:** Repeated unwanted thoughts, ideas, beliefs are related to normal life and is called obsession. Obsessions cause excessive anxiety for person, in turn the person is obliged to perform certain acts for reducing anxiety and distress. This is called compulsion.

- a) **Common obsessions:** Fear of dirt, fear of contamination, concern with orderliness, to do things perfectly, doubting things done e.g. locking door, sinks, switch etc
- b) **Common compulsions:** Cleaning, washing, checking, and counting.

**What you can do:**

- Listen to the person without judging them as weak.
- Tell the problem is not due to weakness or laziness
- Don't be critical of patient.
- Don't express your frustration at the person for having such symptoms
- Don't give advice such as every thing is fine.
- Avoid confrontation with patient
- Express your impression about the problem

Help the person and the family to realize that:

- It is a real medical illness
- This is a common illness in Afghanistan
- It is not a weakness or character defect
- Anybody can get his problem
- Effective help is available for overwhelming obsessions and compulsions
- Skills can be learned to reduce the effects of obsessions and compulsions
- Anxiety due to obsession can be unpleasant but is rarely harmful
- Family support is very important
- Encourage person to continue normal life activities
- Person should not be isolated



Refer the patient to nearest health facility where professional psychosocial counselling and mental health service is available.

**5) With fainting and unresponsiveness:** Some people express their emotional distress through physical symptoms. This is called conversion which helps people to survive a stressful event in life. Conversion is a mental process in which the connection between sensations and motor functions are altered. The result can be change in body functions such as sensation and motor activities. Onset is often following psychological stress or difficult personal circumstances. There are many types of conversion with change in motor or sensation functions in the body, most common symptoms are:

- Unresponsiveness with sudden fall
- Inability to move a limb (paralysis)
- Sudden blindness or deafness
- Abnormal gait or movements or loss of balance
- Loss of sensation in parts of the body e.g. numbness

A common form is fainting with unresponsiveness which is usually mistaken for a life threatening illness by family members. Symptoms usually appear suddenly following a stressful experience. The physical manifestations appear involuntarily, and a medical examination does not show any clearly defined physical cause for the dysfunction. There effective treatments for conversion disorder and the aim of treatment are to bring about increased coping with stresses and to foster a sense of empowerment.



Effective treatment is a combination of many methods, but always includes psychosocial interventions.

**What you can do:**

- Listen to the person without judging them as weak.
- Tell that problems are not due to weakness or laziness
- Don't be critical of patient.
- Don't express your frustration at the person for having such symptoms
- Don't give advice such as every thing is alright.
- Avoid confrontation with patient's ideas and concern.

Help the person and the family to realize that:

- It is a medical condition
- This is a common illness
- It is not a weakness or character defect
- Effective help is available from psychosocial counselor to overcome the problems
- Skills can be learned to reduce the effects of stressful events
- There are other ways to express emotional distress
- Anybody can get such problem when under pressure
- Family support is very important
- Encourage person to continue normal life activities
- Person should not be isolated



Refer the patient to nearest health facility where mental health service is available.

## I Management of mild mental health problems

Many people with mental illness do not seek any help for their problem. People with mild mental illness know about their suffering but do not seek help due to a variety of factors including being stigmatized. People with the less common mental illness, such as psychosis, generally do not consider themselves ill so do not seek help but usually get professional help because the relatives seek help for them.

There are effective treatments available for mild mental illness such as psychosocial treatment and pharmacological treatment. Most cases of mild mental illness can be managed with psychosocial intervention but some may need medication. Even with medication patients need psychosocial interventions. Medication improves symptoms but problems such as coping difficulty with stress, low self-esteem; unwanted worries, decision making etc remain or reemerge. Common medications used are antidepressants such as Amitriptyline and Fluoxetine and benzodiazepines such as diazepam.

### 1) Some benefits of pharmacotherapy:

- Improved sleep
- Decreased worries
- Reduced physical complaints
- Decreased negative thoughts

### Some common disadvantages of medications are:

- Abuse and dependence

Psychosocial interventions help to overcome difficulties not helped by medication.

### 2) Some benefits of psychosocial interventions:

- Better understanding of the problem
- Awareness about ways of coping with problems
- Improved coping with stress
- Improved confidence
- Improved decision making and problem solving
- Better work performance
- Improved relationships
- To be able to solve the conflicts

- A better use of own and other available resources such as family, community.

## Severe mental illness

Severe mental illness is called psychosis which can be acute or chronic and disabling if not treated. Psychosis is defined as being out of touch with reality. Psychosis is a less common condition and may cause more problems to family and others in the community. The changes are more severe and affect all aspects of personality.

Each person will have different symptoms; the common feature is that they are not experiencing reality like most people. These patients at time become agitated and may endanger themselves or others but they are not that dangerous as perceived. Abnormal behavior in psychosis can be noticed by any one when faced a patient.

### Common characteristics are:

- Detachment from reality
- Abnormal beliefs or delusions
- Abnormal perceptual experience or hallucinations
- Lack of self care
- Wandering tendency
- Abnormal emotional response
- Social isolation
- Difficulty in daily life
- Psychological disability

Delusions are unshakeable beliefs that are obviously untrue. For example, an ill person might strongly believe that there is a plot to harm them or that they are being spied on or being controlled by aliens. Hallucinations are when someone sees, hears, smells or feels something that isn't really there. The most common hallucination that people have is hearing voices, seeing things. Severity of the symptoms varies from time to time and in each patient. People with psychoses are not aware that what they are experiencing or some of the things that they believe are not real. There are many types of psychosis.

### **a) Acute psychosis**

Acute psychosis begins abruptly and its main feature is loss of testing reality. Common changes are abnormal perceptions, unusual thoughts, change in emotion/mood and disturbed behavior.

Some people only have a single episode and make a full recovery; for others, it is a longer process. Most episodes may last one month.

People with acute psychosis:

- Hear, smell, feel or see things which other people do not (hallucinations)
- Have strange thoughts or beliefs which may make the person feel they are being controlled (delusions)
- Feel persecuted, harassed or poisoned (delusions)
- Have muddled or blocked thinking (thought problem)
- At times seem unusually excited and aggressive
- May become withdrawn and avoid contact with people
- Neglect their self care
- Not realize that there is anything wrong with them (lack of insight).

Important points to remember are that they:

- Have problems with understanding reality and thinking clearly
- Talk to them self and/or appears to be listening to something else
- Have problems communicating effectively
- Lose interest in their personal appearance and life in general
- Can be restless, irritable or tense and anxious
- Avoid other people
- Can be aggressive or violent (in a minority of cases)
- Can have suicidal or homicidal behaviour

**b) Chronic psychosis**

It is a form of psychosis with a long lasting abnormal behavior and fluctuation of symptoms. It is called schizophrenia. People suffering from chronic psychosis or schizophrenia may have the following symptoms: delusions, hallucinations, disorganized thoughts, and disorganized speech, catatonic behavior (in which the affected person's body may be rigid and the person may be unresponsive).

There are two groups of symptoms, which are described as positive and negative:

Positive symptoms

Delusions: Delusions are false beliefs of a patient not supported by others. The person may believe that they are someone superior, or they may believe that other people are out to harm/kill them or controlling them. They will believe that this is true despite what others say.

Thought disorder: When someone is not thinking straight and it is hard to make sense of what they are saying. Their ideas may be irrelevant, jumbled up or blocked.

Hallucinations: Hallucination are when someone sees, hears, smells or feels something that isn't really there. The most common hallucination that people have is hearing voices. This can be very frightening and can make them believe that they are being watched or being harmed. As such, hallucinations are totally real to the person having them. People who are having these experiences may act strangely for example; they may talk or laugh to themselves as if talking to somebody can't be seen.

Agitation: Sometimes there will be anger and aggressive behavior in chronic psychosis which puts patient and others in danger. Usually patients are not that dangerous perceived by others but preventive measures should be considered all the time.

#### Negative symptoms

The person suffering from schizophrenia may become withdrawn and can appear unemotional. They seem to lose interest, stop washing regularly or spend a lot of time on their own. They are not able to carry on with their normal activities and usually find it impossible to concentrate on work or study.

### **c) Mania**

The main feature of mania is extreme changes of mood. It can be so intense that it affects the thinking and judgment. The person may believe strange things about self, make bad decisions, and behave in embarrassing, harmful and dangerous ways. They can also experience delusions and hallucinations. Delusions are focused on self importance e.g. being powerful, having special ability etc. Mania can alternate with periods of depression. Patients do not accept that thing is wrong with them.

#### Common symptoms of mania are:

- unusually happy and excited
- Increased activity
- Feeling more important than usual
- Poor judgment, making odd decisions, new ideas, plans
- Decreased need for sleep



- Irritability and poor temper control
- Rapid speech, people may not understand them.
- High risk behaviour e.g. gambling, risky investments, reckless driving etc
- Psychotic symptoms: delusions, hallucinations.

**What you can do for people with psychosis:**

- Listen to the person without judging them as weak.
- These problems are not due to weakness or laziness.
- Speak calmly, clearly and in short sentences.
- Do not criticize them.
- Don't express your frustration at the person for having the symptoms
- Avoid confrontation unless necessary to prevent dangerous acts.
- Do not argue with the person about their delusions and hallucinations.
- Accept that these irrational thoughts or perceptions are real for them.
- Do not pretend these hallucinations or delusions are real to you.
- Do not try to humour them or agree with them.
- Do not threatened the patient

**Help the person and the family to realize (if not disturbed and is cooperative) that:**

- You want to help them
- They have a real medical condition
- Psychosis is not a common illness but it is well known and treatable
- Psychosis is not a weakness or character defect
- Effective medications are available to relieve their confusion and distress.



Refer the patient to nearest health facility where mental health service is available.

### I Treating severe mental illness

People with psychosis often do not believe that they are ill or that they need treatment. Treatment should be started as soon as possible to help the most disturbing symptoms and can make it possible for other kinds of help to work. If the person has the symptoms for the first time, it is important to see the doctor as soon as possible. If the person refuses to see a doctor, the health staff or other trusted persons should try to persuade them to accept help.

Medication is an important part of treatment and often needs to be taken for a long time in order to stay well. As with medication of any kind, there may be side-effects; the doctor will be able to advise on what they are and about what can be done to help.

Medication plays an important part in the treatment of psychosis. It treats the symptoms of the illness and allows normal life to be resumed. Medication tends to be more effective with positive symptoms, less so with negative symptoms. Hallucinations and delusions may take some weeks to disappear.

A number of medications are available, and the doctor will advise which one is the best for patient. Antipsychotics such as chlorpromazine, haloperidol etc are used to treat psychosis. The treatment duration depends on the type of psychosis; this must be discussed with the doctor. Treatment of acute psychosis and manic episode may need many weeks. Chronic psychosis can recur, and may need long-term treatment. When treated properly, many people with psychosis can go on to lead a life that is enjoyable and fulfilling.

Other treatments used together with medication include psychosocial interventions when symptoms are controlled. In spite of successful pharmacologic treatment, many patients with chronic psychosis have difficulty with stress, motivation, activities of daily living, relationships, and communication skills. These patients lack social and work skills and experience. In these cases, the psychosocial treatments are helpful.

### Childhood mental illness

Children can have mental problems like adults. Some problems are similar to adults but there are mental problems seen only in childhood. It is sometimes difficult to distinguish normal and abnormal behavior in children. But when behavior problem is severe the diagnosis is not a problem.

It is helpful to consider three general kinds of behavior:

- 1) **Some kinds of behavior are wanted and approved.** They might include doing homework, doing prayers, being polite, respecting elders etc. These actions receive compliments freely and easily.
- 2) **Other behavior is not sanctioned but is tolerated under certain conditions,** such as during times of illness (of a parent or a child) or stress (a move to new house, or the birth of a new sibling). These kinds of behavior might include not doing prayers, regressive behavior such as baby talk, or not eating food when angry etc.
- 3) **Still other kinds of behavior cannot and should not be tolerated or reinforced.** They include actions that are harmful to the physical, emotional, or social well-being of the child, the family members, and others. They may interfere with the child's intellectual development. They may be forbidden by law, ethics, religion, or social mores. They might include very aggressive or destructive behavior, stealing, truancy, smoking, substance abuse, school failure, or an intense sibling rivalry etc.

### Mental Retardation

Some children have difficulty in learning new things and seem backward compare to their siblings or children of the same age. Such children may have developmental problem from early childhood e.g. the crawling, setting, walking, speech etc might have been delayed.

IQ	Category	Percentage	skills Attainment
85-100	Normal		
70-85	Normal not MR		
50-70	Mild MR	75 % of cases	<u>Educable.</u>
35-50	Moderate MR	15 % of cases	<u>Trainable.</u>
20-35	Severe MR	8% of cases	Needs Help
Below 20	Profound MR	2 % of cases	Dependent

**Common features in mental retardation are:**

- Delayed milestones such as sitting up, crawling, walking and speaking
- Continued infantile behaviour
- Decreased learning ability e.g. difficulties in school, difficulty in learning new things etc.
- Failure to meet intellectual developmental markers according to age
- Lack of curiosity
- Difficulty in self care
- Behaviour problems e.g. temper tantrums, head banging, bedwetting, etc

**What you can do for children with mental health problems:**

- Talk to them appropriate to their age
- Speak calmly, clearly and in short sentences.
- Help them to talk about their problems
- Listen to them without judging them.
- Explain that the problems are not due to weakness or laziness.
- Do not criticize them.
- Don't express your frustration at children for having the symptoms
- Involve family members e.g. parents, siblings

**Help the children to realize that:**

- You want to help them
- They have a psychological problem
- Children mental health problems are well known and manageable
- Any child can get such problems
- There are different childhood mental health problems
- Effective treatments are available.
- Parents and siblings support are important

**Early recognition is very important because there are a number of reasons why early help is better:**

- The children will be feeling lonely and distressed, and parents will be very anxious because they don't know what to do.
- Difficulties for a long time are likely to hamper children's normal development, affecting progress at school for example, or relationships with family and friends.
- Struggling with problems will weaken children's confidence and self-esteem, making it increasingly hard for them to cope.

- Problems are usually much easier to deal with in the early stages, before they have become well-established.
- Problems that are not dealt with may resurface in adult life and have a serious effect on the person's future.



Refer the children with mental health problems to nearest health facility where mental health service is available.

### **Substance use related problems**

Substance abuse is the excessive use of that a substance such as opium, heroin, hashish etc. It is a growing problem among youth in Afghanistan. A 2005 survey showed that there are around 150000 opium users and 50000 heroin users in Afghanistan. Stigma and substance use are closely linked. Using a substance or alcohol does not in itself mean that a person has a substance use disorder.

#### Substance use disorders include any of the following:

- Dependence on substance or alcohol which leads to problems at work, school or home, or to legal problems
- Use of substance or alcohol at a level which is causing damage to health. The damage may be physical or mental.

#### The symptoms of substance dependence are:

- Tolerance for the substance: person needs increased amounts over time or gets less effect with repeated use
- Problems in withdrawal: person experiences withdrawal symptoms or uses the substance to relieve withdrawal symptoms
- Use of larger amounts or over longer periods than intended
- Problems in cutting down or controlling use
- More time is spent getting the substance, using it, or recovering from its effects
- The person gives up or reduces important social, occupational or recreational activities because of substance use
- The person continues using the substance despite suffering from its negative effects.

#### Common withdrawal symptoms of opium/heroin are:

- Runny nose and sneezing
- Severe body pain
- Frequent yawning
- Sleep problem
- Abdominal pain
- Diarrhoeas
- Restlessness
- Feeling anxious and depressed
- Efforts to get opium/heroin



Quitting a substance is difficult without others help although most people initially say they could do this. Most of them fail. Even with medical help the relapse rate is very high in our country.

Another common problem is abuse of **sleeping tablets** of benzodiazepines category. Benzodiazepines are usually prescribed for insomnia and anxiety related problems in medical practice in Afghanistan. Chronic abuse of benzodiazepines can lead to the following symptoms that mimic many of the indications for using them in the first place:

- Anxiety
- Insomnia
- Anorexia
- Headaches
- Weakness

Common symptoms of benzodiazepines withdrawal are:

- Depression
- Shaking
- Feeling unreal
- Appetite loss
- Muscle twitching and pains
- Memory loss
- Motor impairment
- Nausea
- Dizziness
- Seizures

**What you can do:**

- Listen to the person without judging them as bad or immoral.
- Do not criticize them of using substances.
- You can help them in the long term if you maintain a non critical approach.
- Try not to express your frustration at the person for having the problem
- Don't give advice such as every thing is alright.
- Avoid confrontation unless necessary to prevent harmful acts.

Help the person and the family to realize that:

- Substance use is a real medical problem
- Substance use problem is a common illness
- Some people are more prone to these problems than others
- Help is available for people to deal with substance or alcohol problems
- Family members support are essential
- Mental illness may underlie a substance use problem and there are effective treatments for anxiety and depression



Refer the patient to nearest health facility or a drug dependency treatment center for medical help.



## Epilepsy

Epilepsy is a disease of the brain with a variety of causes; it is called "Mergi". Epilepsy is not a mental illness, and it is not a sign of low intelligence. Epilepsy is more common in children but can occur at any age. There are many causes for epilepsy at times it is difficult to find a cause for it.

Some common causes are:

- Brain injury
- Brain infections e.g. meningitis, encephalitis etc
- Abnormal brain development
- Brain tumor
- Stroke and other vascular diseases
- Childhood infections

Epilepsy is an episodic illness, attacks occur in undetermined intervals. Between attacks patient looks normal. During attack, patient has involuntary movements and loss of consciousness which may last minutes. During an attack, the person may fall down, shake, stiffen, throw up, drool, pass urine, or lose control of their bowels. When attack ends, the person may feel sleepy and won't remember what happened.

Common symptoms of epileptic attacks are:

- Sudden fall
- Loss of consciousness
- Shaking and abnormal movement
- Turning blue
- Tongue bite and frothing
- Urine incontinence
- Up rolling of eye balls

After attack patient is confused and drowsy. Person can not remember what has happened during attack. In most cases, the person will have the similar attacks each time, so the symptoms will be similar from episode to episode. If not treated attacks may increase in number and duration.

Tips to help person during attack:

- Don't try to keep the person from moving or shaking.
- Don't try to wake the person by shouting at or shaking
- Remove items that could cause injury if the person falls or bumps into them.
- Don't move the person to another place.

- Slowly turn person on his or her side so any fluid in mouth can safely come out
- Never try to force the person's mouth open or put anything in it.
- Place something soft such as a pillow, under his or her head.
- Most attacks are not life-threatening.
- When the attack ends, watch for signs of confusion.
- Allow the person to rest or sleep if he or she wishes.

Once epilepsy is diagnosed, it is important to begin treatment immediately. If not treated, epilepsy restricts the life and person faces social stigma. Attacks can be controlled in up to 80 percent of cases with antiepileptic medicines. Epilepsy needs a long term treatment which should be continued under a doctors' guidance. Many epilepsy patients, also their family members need psychosocial counseling.

**What you can do:**

- Listen to the person without judging them as bad or immoral.
- Do not criticize them of having the symptoms.
- A non critical approach helps them in long term
- Don't express your frustration at the person for having the problem
- Don't give advice such as every thing is alright.

Help the person and the family to realize that:

- Epilepsy is a real medical problem
- This is a common illness
- Some people are more prone to epilepsy than others
- Epilepsy is a treatable disease
- Long term regular treatment is needed for epilepsy
- Person with epilepsy can get mental illness such as anxiety and depression
- With available treatment patients can live normal life like others



Refer the patient to nearest health facility where medical service is available for epilepsy.

### **Self harm/Suicidal Behavior**

Self-harm is the act of deliberately hurting or harming oneself. Self-harm usually happens in a state of high emotion, distress and unbearable inner turmoil e.g. after a serious discussion with family. Self-harm is a way of expressing very deep distress. In Afghanistan self harm cases have been reported among women in recent years, there are self harm cases among men too.

#### Common methods used for self harm in Afghanistan are:

- Burning the body with kerosene
- Swallowing pesticide
- Hanging
- Drowning
- Cutting skin or throat
- Punching the body
- Taking tablets ( medicine overdose)
- Throwing self from height

Some people self-harm only once or twice, but others may do it regularly. The strongest predictor of suicide is mental illness.

#### Some facts about self harm:

- Young people self-harm more but it can occur at any age.
- It is more common in young women than men.
- After self harm the chance of doing so increases for other family members
- People who self-harm are more likely to have experienced physical, emotional or sexual abuse in the past.
- Self harm can occur after relationship problems with spouse, friends and family members
- People who feel helpless and depressed may self harm
- Someone who has mental health problems is more likely to self-harm.



Suicide is considered a great sin in Islam, but there is no legal punishment for the person who attempts suicide. Availability of psychosocial care opens a new window for people who have harmed or will harm themselves.

There are ways to cope with thoughts of self-harm and suicide which will help people calm down and find solution for the problem.

Some of them are:

- Talking to someone, a friend, family member
- Distracting thoughts with other activities e.g. visiting relatives, prayers, helping others such as neighbors.
- Relaxing and focusing on something pleasant
- Finding another way to express feelings
- Focusing mind on positives things.

**What you can do:**

- Listen to the person without judging them as weak or bad
- Do not blame the person for the problem.
- Non critical approach can help them in the long term
- Help person to discuss about their self harm thoughts
- Don't give advice such as every thing is alright.
- Avoid confrontation unless necessary to prevent harmful acts.
- Help person to talk about recent stresses

Help the person and the family to realize that:

- Self harm is a serious problem
- Some people are more prone to these problems than others
- Suicidal thoughts can be part a serious illness
- Self harm can be in response to stressful events
- There are other ways to express feelings of distress
- Friends and family members can help to reduce the risk of self harm



Refer the person to nearest health facility where mental health service is available.

## Unexplained Somatic Complaints (USC)

Person with unexplained somatic complaint have no genuine physical disorder but manifest psychological conflicts with somatic symptoms. These people are usually more sensitive than other person to changes in the way their body works. The problem is more common among women. Some common, unexplained physical problems seen are:

- Headaches
- Lower back pain
- Pain in arms, legs or joints
- Abdominal pain or nausea and vomiting
- Body pain and muscle discomfort
- Difficulty in swallowing
- Dizziness
- Fainting spells

Patients with USC often have sleep problems, anxiety, and depression also. They usually have long, complicated medical histories and psychological distress with interpersonal problems. They have been to many physicians, done different lab tests, and had a variety of diagnosis, taken different medicine but with no improvement. The physical symptoms in USC are real and they are not intentionally produced. The cause of USC is not specific but symptoms begin or worsen with stress.

The treatment goal is to improve coping and function rather than to eliminate the symptom completely. Important components of general management include effective initial reassurance, a positive explanation, and practical advice. Some patients may be primarily concerned with obtaining relief from physical symptoms. Others may be worried about having a physical illness and be unable to believe that no physical condition is present.

### What you can do:

- Engage the person in discussing how they are feeling.
- Listen to the person without judging them as weak.
- Explain that the pains are real and is not due to weakness or laziness.
- Don't be critical of them.
- Don't express your frustration at the person for having such symptoms.
- Don't give glib advice such as every thing is fine or cheer up

### Help the person and the family to feel hopeful and optimistic and to realize that:

- Patient has a real medical condition
- Symptoms could be due to mental health problem

- This is not a weakness or character defect
- Appropriate and effective help is available from a doctors and/or counselor
- This is not laziness, the illness makes people motivationally challenged
- It takes a while to develop this illness and sometimes it takes a while to resolve, but will get better faster with the right help.
- It is difficult to be diagnosed with lab tests, x-ray etc.



Refer the patient to nearest health facility where mental health service is available.

## Relaxation exercises

### Muscle Relaxation Exercise (Jacobson)

- Ask your client to sit in a comfortable position. And explain that you will put him in a state of deep relaxation. This will be achieved by teaching him how to tense and relax specific muscles in her body.
- Start by making him aware of his breathing (see breathing exercise)
- Ask the client to close his eyes and to concentrate fully on his breathing. Wait some moments!
- Then give her the following instructions:
  - ⇒ **Wrinkle your forehead. Make your eyebrows touch your hairline and hold the tension for 10 seconds. Then relax and try to feel this relaxation in your whole body. Observe where you still are feeling tense. Observe also your breath as a result of this relaxation; take your time to feel those body sensations after each of the following exercises.**
  - ⇒ **Close your eyes as tightly as you can for 10 seconds. Relax...**
  - ⇒ **Lips, cheeks and jaw: Draw corners of your mouth back and grimace for 10 seconds. Relax...**
  - ⇒ **Extend arms in front of you and clench fists very tightly for 10 seconds. Relax...**
  - ⇒ **Extend arms out against an invisible wall and push forward with all your strength your hand for 10 seconds. Relax....**
  - ⇒ **Bend elbows. Tense biceps for 10 seconds or more with increasing strength. Relax...**
  - ⇒ **Shrug shoulders up to your ears for 10 seconds or more with increasing strength. Relax...**
  - ⇒ **Arch your back off the floor or bed. In a sitting position, arch your back away from the chair. Do this 10 seconds. Relax...**
  - ⇒ **Tighten your stomach muscles for 10 seconds or more with increasing strength. Relax...**
  - ⇒ **Tighten thigh muscles by pressing legs together as tightly as you can for 10 seconds or more with increasing strength. Relax...**
  - ⇒ **Bend ankles toward your body as far as you can for 10 seconds or more with increasing strength. Relax...**
  - ⇒ **Curl toes under as tightly as you can for 10 seconds or more with increasing strength. Relax...**
  - ⇒ **Do all the last exercises now at once, contract all muscles, make some faces hold you breath while increasing the tension, hold this for as long as you can with**

increasing strength and then relax....and feel how all muscles are relaxing and your whole body is sinking into the floor, your shoulders touch the floor and feel wide, open your mouth, the jaw falls down and start to yawn. Stay there and enjoy this feeling.



Ask the client if he/she feels relaxed. Ask him/her if she liked the exercise and if she learned where in her body she felt any tensions. Propose to the client to do this exercise at home.

### Breathing exercise

- Choose a quiet room with little noise where you will have no interruptions
- Give your client the following instructions:
  - ⇒ Close your eyes or look at an object or on the wall. This will help you to concentrate
  - ⇒ After a moment, start concentrating on the rhythm of your breathing, observe your breath, especially the breathing out. Prolong gently the breathing out and wait till the breathing in comes all by itself
  - ⇒ Pay attention to how your body feels. Become aware of how your back feels, how you sit in your chair and in which way the bottom of your feet touch the ground
  - ⇒ Become aware of your breathing and inhale and exhale consciously
  - ⇒ Now concentrate on taking slow, deep, regular, steady breaths through the nose. Observe the rhythm of breathing in and out. Observe the pauses inbetween.
  - ⇒ When you exhale, imagine that you let go all tension in your body. If you feel while breathing somewhere is a barrier which disables you to breathe through your whole body: then stay there! If you feel the pressure in your chest try to concentrate on it! Breathe into this point and then let the pressure go in leaving the breath leave your body
  - ⇒ Imagine, that with every breath leaving your body: the worries, the pain, the thoughts also slowly leave you
  - ⇒ When you inhale, imagine that you take in new energy with each breath. You can take all this energy, as you own it!



- First explain the exercise, then instruct him in doing it, finally try to exercise together so that the client does not feel observed



- Explain that he can exercise this daily and after a while use it in a variety of situations, when she/he needs to relax!

## Working in a team

- The mental health system (BPHS) established in Afghanistan, offers the possibility to work as an interdisciplinary team! This team consists of illiterate Health workers, midwives, nurses, MD's and psychological counsellors
- Each group has a specific scope of duties, and a well-coordinated collaboration across these groups has the potential to be successful in treating patients
  - ⇒ Each group should use the knowledge and the skills offered by the other groups
  - ⇒ A counsellor who is not sure about the physical condition of his patient should ask the MD for advice!

### 1. Characteristics of the team

As a team you have overlapping tasks, namely coordination, communication, shared responsibility and collaboration

- 1) For **coordination** it is necessary to learn and to understand the roles and responsibilities of the other team members, so that your team can function effectively
  - ⇒ Therefore try to get familiar with the roles, functions and skills of the different groups
  - ⇒ As the focus of the team should be on the needs of the patient, it is important to gather skills and knowledge of all team members
- 2) There has to be an ongoing **communication** among team members and with patients and families to ensure that various aspects of patients' needs are integrated and addressed
  - ⇒ Communication is the process of transmitting and understanding information and ideas; so the team develops shared understanding!
  - ⇒ Therefore the team should meet regularly, in order to discuss and to help each other in treating the patients
  - ⇒ The social value of face to face contact should not be underestimated, as trust, respect, team identity and familiarity with one another's way of working are all developed here
  - ⇒ Members who work too much on their own and who lose touch with how their work relates to others can reduce the whole team effectiveness!
- 3) It should be very clear, in which way the **responsibility** for the work is shared
  - ⇒ Knowing who is responsible for what creates a clear working atmosphere and enables and obligates each member of the team to do his work carefully
- 4) **Collaboration** works best when team members share values and vision, and learn to work well with each other. It is important that team members know that when they pass the ball their team mates will not drop it

- ⇒ In order to be successful members do whatever is needed!
- ⇒ The team should be encouraged to recognise that the project is not just one person's effort, as all members are needed



- Effective teamwork is possible if the members identify with the team, share visions and team objectives, communicate in a proper way, collaborate, and reflect the work of the team and themselves!
- Successful teams are characterised by a team spirit based around trust, mutual respect, helpfulness and – at best – friendliness

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