



# Community Healing Dialogues

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# Overview

- Goal
- Introduction to Community Healing Dialogues
- What are the Post Ebola effects to communities?
- What is psychosocial?
- What is psychosocial support?
- Recap of Basic Listening and Helping skills

# Overview cont'd

- Recap of Communication skills
- Understanding coping skills
- Dealing with grief
- Community Healing Dialogues
- Taking care of yourself

# Goal

- The overall goal of this training is to provide training in Community Healing Dialogues in order for communities to provide peer to peer support to each other, as well as improve relationships within communities.

# Community Healing Dialogues

- Narrative Therapy, Interpersonal Group therapy, and Sociotherapy have been used before
- CHD initiated in Liberia in response to Ebola.
- It was used to mitigate stigma, to support contact tracing, to improve integration of survivors into the communities, to mitigate fear and anxiety.
- CHDs were run in the whole country

# How it works

- Facilitators are pairs, one is a HCW (MHN or CHO) and a Social Worker
- Community entry is done and the idea is introduced
- Then the groups are formed, people identified by the communities.
- Groups are 15 to 18 people each. Anyone can join but they have to commit for the full three months, or 12 weeks.

# Post-EVD, what effects do we see in communities?

- Buzz groups then report back
- Think of one positive thing and one negative thing

# How EVD affects communities (Positive)

- Some families/communities became closer as a result



# How EVD affects communities (Negative)

- Mistrust of HCW and survivors
- Stigma and discrimination of survivors
  - Refuse children to play with others
  - Do not buy from them in the market
- Do not allow HCW in public transport
- Anger was expressed towards those who report sick people in houses, what are relationships like now?
- People believe survivors are getting a lot of money, preferential treatment

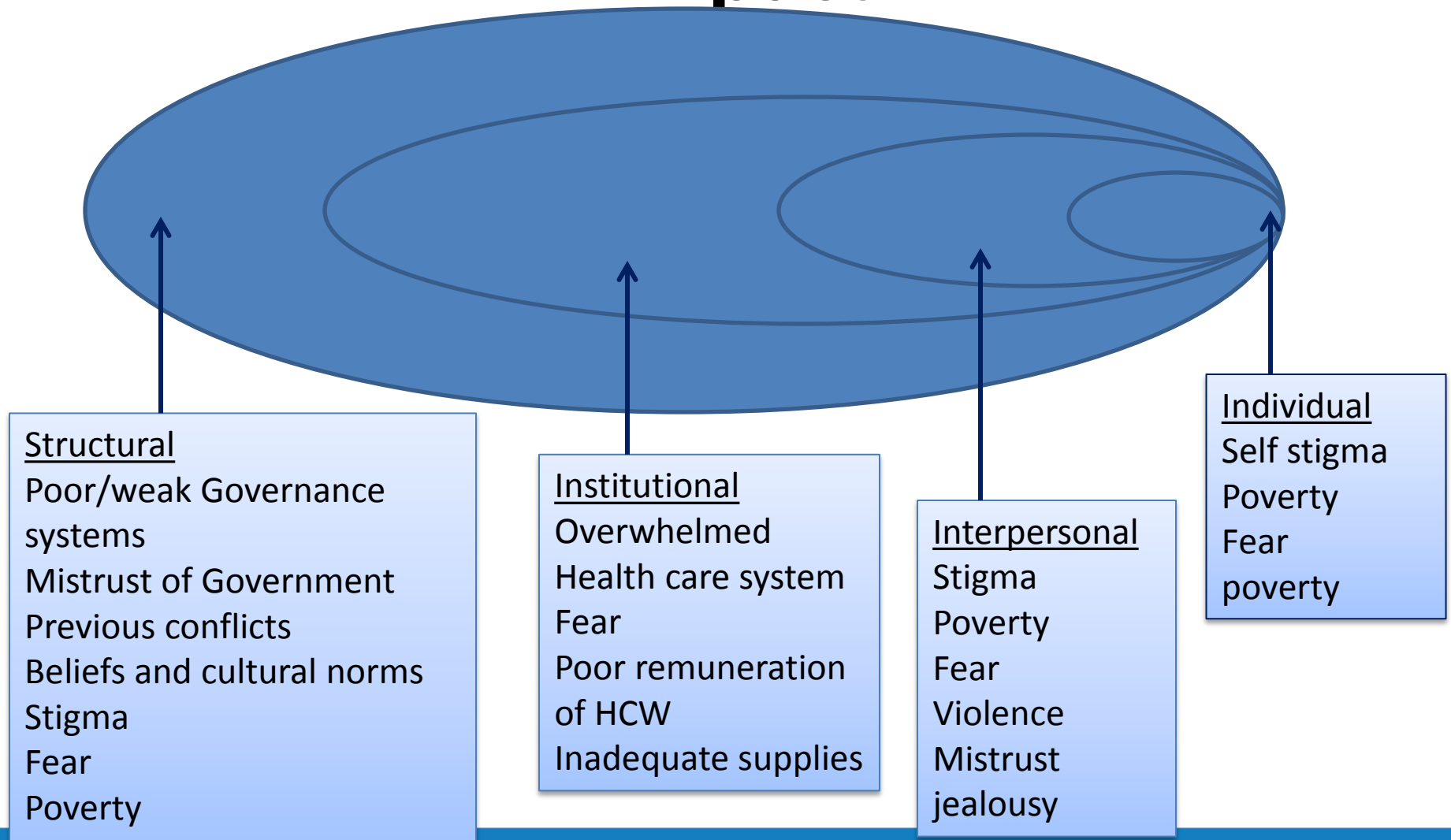
# MH and PSS Effects of EVD

Resulting from previous issues, people develop MHPSS effects such as

- People may want to commit suicide
- Survivors who isolate themselves
- People drinking or using alcohol too much
- Teenage pregnancy
- School drop out

# Socio-ecological Model: EVD

## Impact



# Psychosocial effects

- These include:
  - Feeling worried and fearful all the time
  - Having problems performing normal duties
  - Having problems concentrating
  - Feeling tired all the time
  - May feel weak or strong more than usual
  - Sweating or shaking
  - Easy to get angry
  - Memory loss
  - Wandering aimlessly

# A little revision: Definitions

- Mental Health
- Mental Disorder
- Psychosocial Disorder
- Psychosocial Support

# Mental Health

- Positive sense of well being
- Emotions, behaviour, speech, social relationships
- Self esteem, self mastery
- Not merely the absence of mental disorder

# Mental Disorder

Disorder on the following:

- Speech
- Behaviour
- Relationships
- Functioning
- Emotions

# Definition: Psychosocial

- Inter relationship between the psychological and social world. They are interacting and influencing each other. It is not a mental disorders, but is normal reaction to an extreme stress.
- Social world Examples include:
  - Children drop out of school
  - Increase in teenage pregnancy
  - Increase in use of drugs and alcohol
  - Increase violence in the community



# What does Psychosocial Support mean?

- Providing non-intrusive, practical care and support;
  - assessing needs and concerns;
  - helping people to address basic needs (food and water, information);
- Listening to people, but not pressuring them to talk;
- Comforting people and helping them to feel calm;

- Helping people connect to information, services and social supports;

In the case of Ebola disease, information is vital: those providing PFA can help

- To dispel myths, share clear messages about healthy behaviour and improve
- People's understanding of the disease;
  - »» protecting people from further harm

# What PSS is *NOT*

- It is not something that only professionals can do.
- »» It is not professional counselling
- »» It does not necessarily involve a detailed discussion of the event that caused the
- Distress (as in “psychological debriefing”<sup>1</sup>)

- It is not asking someone to analyse what happened to them or to put time and events in order.
- It is not about pressuring people to tell you their feelings and reactions to an event,

*...but rather being available to listen to people.*

# How do people provide support to each other in times of stress?

- Buzz groups:
- Think about individual level and as Groups...

# How do people provide support to each other in times of stress?

- Being there to listen and provide advice
- Helping the person identify where the help could be, within their own resources
- Providing a safe place where a child or a woman could go if they need to get away from home for some hours
- Helping with food, or water, or money
- Helping with the children or the household tasks
- Praying together, Walking together, Doing crafts together etc.

# Basics of Listening and helping

- Aims to help people cope with situations they are facing.
- One of the approaches used in the immediate aftermath of a conflict or other emergency, like this Ebola epidemic to reduce initial distress and encourage short and long term adaptive functioning.

# Key Features of “Listening and Helping”

- Establishing a trusting relationship;
- Helping the client tell their story;
- Listening carefully;
- Respecting the client;
- Being non-judgemental;
- Providing confidentiality;



# Key features cont'd

- Providing correct information;
- Helping the individual make informed decisions;
- Helping them to recognize and build on their strengths;
- Helping them develop a positive attitude; and,
- Maintaining a professional relationship

# Effective Questioning

- To learn why the client has come.
- To help the client express needs and wants.
- To help the client express feelings and attitudes, to better understand how they feel.
- To help the client think clearly about choices.

# Effective questioning cont'd

- To show the client that you care.
- To grasp the client's knowledge and experience.
- To learn about behaviour and situations that could affect the client's choices

# Coping Skills

## *Positive coping skills*

- Describe positive coping skills/resources
- Give some examples of positive coping skills/resources.

# Negative coping skills

- Describe negative coping skills/resources?
- Give examples of negative coping skills/resources

# Introduction to CHD

- CHD involves all the social measures put into practice to help a patient/survivor/affected families become a part of his or her /their community again.
- It puts into practice measures to help a traumatized person live happily with others in his or her family and society.

# Role of the HCW/SW in the CHD

- Help your clients understand their emotions and reactions to a situation, as individuals within the Group as well as what the Group collectively could be feeling.
- Have clients become aware of what the emotions, such as fear, could be causing the behaviour...discrimination as a consequence of EVD.

- Reduce negative emotions such as worry, or fear and reduce the problem behaviors that could result at the community level.
- Guide Community healing by facilitating community level coping strategies.



# Principles of CHD

- Do no harm
- Confidentiality
- Main role is facilitation of the dialogue, not “lecturing”

# Principles of CHD

Taking an interest in each other:

- only by taking an interest in one another's wellbeing can everyone survive.
- During stressful situations a person can easily fall into the habit of thinking only of himself and trust is easily lost
- Together with the negative feelings that are aroused such as anger, worry, and fear, it becomes the perfect situation for conflict to arise in the home and community.
- Only by taking an interest in one another do a person begin the process of positive change.

# Principles of CHD: Equality

- In most societies relationships are arranged along the lines of gender (male over female), wealth (rich over poor) and in some places even ethnicity.
- The *equality* principle focuses on breaking down these roots. It looks at every person as an equal.
- Thus, everyone must live in harmony because we are all human beings.

# Principle of CHD: Democracy

- In many places, the people do not govern what happens to them. Instead, they are given instruction from higher level officials, a top – down approach that leaves people on the lower levels feeling powerless and unable to speak for themselves.
- *Democracy* as a principle gives the people freedom among themselves. Everyone can give their opinion freely and everyone's opinion is valued because everyone is equal.
- It is then possible to effect changes at the community level, that impact on the well being of community members.

# Principle: Learning by Doing

- This principle suggests that once a problem is brought to the group it will be reduced or solved.
- This principle is based on the testimonies of people who have been part of Sociotherapy groups.
- Participants take advice from their peers and if it is helpful then they urge others to copy their behaviour thereby promoting positive change within the group first and the community later.

# Principle: Responsibility

- This principle shares responsibilities for problems. Your neighbour's problem becomes your problem.
- Thus, in order to help yourself you help your neighbour.

# Principle: Here and Now

- Focusing on the past usually means that the person will focus on past wounds.
- As we learnt yesterday from 'Mindfulness' this is not helpful at all.
- This principle takes you away from that to focus instead on your present day situation.
- It encourages members to try to solve their present problems giving space to think about the future.

- Safety: Each person has to feel safe within the group, that they will not be attacked or ridiculed
- Trust: There has be trust eventually built up between group members. It may not happen in the first meeting, but over time, if the other guidelines and the principles are observed, trust will be built.



# Guidelines for Successful Community Healing Dialogues

- Care: for each other; this has to be a genuine interest and care.
- Respect: Each and every member should be respected, irrespective of their social status, money or lack of it, age, sex, educational level.
- New rules: The group will come up with their own rules
- Memory: It is important for the same members to remain in the group for the 12 weeks because this is the only way that the Group healing can occur, through sharing, and then having memory for the things shared, as a group.

# Community Entry

- Aim is to introduce the activities to the community leaders
- It may be necessary to have more than one meeting, one to introduce the idea and request a meeting and the next to meet with the community leaders
- Remember to dress appropriately
- Show the appropriate respect
- Important to stress that no payments will be made

# Community Entry 2

- Greet respectfully
- Introduce yourselves and the reason why you are there
- Allow them to ask questions
- Explain who the people are who are to form the groups, how long the sessions will run for, where the groups will be meeting
- Communities will find a venue that is free, like a community hall or a members house or school...

# Role Play: Community Entry

- Community Leader
- HCW
- Social Worker

# CHD in Practice

## *Beginning (1<sup>st</sup> and 2<sup>nd</sup> Week)*

### 1. Selection:

- Facilitators meet with authorities in the community who help select candidates. These authorities are made up of local social institutions.
- They know the social life of the people in their community very well and can pinpoint those who need it most. In this case, the target group will be EVD survivors, family and friends.
- A socio-group consists of 10 -15 people.

## 2. Registration.

- Once group members have been selected facilitators must register the names and contact information.

## 3. Setting a date and place.


- Facilitators, in consultation with the Community Leaders, set a suitable time, date and place to meet.
- This can be anywhere from a playground, under a tree to a church or classroom.
- Once this has been set the group members are invited for the first time.
- Invitation is done by the Community leaders

# First Session

- There should be two facilitators for each group.
- For each meeting, one of them takes the lead in facilitation and the other keeps a record. They can alternate roles in each meeting.
- Facilitators:
  - Welcome the members
  - Ask what the normal procedure is regarding prayers
  - Explain about EVD and the MHPSS effects
  - Explain the principles and guidelines of CHD to group members
  - Explain that this group will NOT be a place of lessons from the facilitator. It will be a place where everyone can share problems, work together and find solutions.



The Facilitator will facilitate:

- Group members so they choose the rules for their group for the next fifteen weeks.
  - Group members to decide together a day and an hour to meet which is best for all members
- 



# Discussion of issues

- Facilitator asks about the group members' situation at home or whether anyone has any issue that they want to share.
- One members may volunteer to share an issue/problem
- Using effective communication skills, the Facilitator will then ask the Group members if they have understood the issue. If they have not, they can ask a few questions, but not too many.
- Then the Facilitator will ask the Group members how they can cope in such a situation

# Discussion of issue cont'd

- Many suggestions may be made;
- The Facilitator will then sum them up and then ask the person who shared, what they think about the suggestions, and if there is any that they will be able to try in the coming week.
- The person who shared will then give their own feedback
- If time allows, another person may also volunteer to share, and the process continues as before

- When the duration that was agreed is over, the Facilitator will find a way to wind down the discussion for that day. A session would normally be three hours.
- The Facilitator then reminds them about the need to keep time, and to attend every week.
- If they have agreed to close with a word of prayer, they can then pray at this point in time.
- He/she wishes them well, and then the meeting is over.
- Facilitator observes the group during the first session and writes down what is going on in the group.



# **Role Play First session**



# Second Session

- The Facilitators should be sure to keep time
- The meeting will be Facilitated by the 2<sup>nd</sup> Facilitator, the first one will observe and take notes
- The meeting will begin with a word of prayer, if that is what the group agrees.
- The Facilitator can then request one of the Group Members to go over the Ground rules. If it is possible, they can be printed and hang up on the wall.

# The Second session (cont'd)

- The Facilitator will ask the ones who shared the last time how they are getting along.
- This is a brief inquiry and follow up is only done if there is a new problem or the last solutions did not work
- Once the Facilitator and the Group finish checking in with the old problems, then new people can also begin to discuss their issues.
- It will then follow the process as in the first meeting



# **Role Play Second Meeting**

# Middle (3<sup>rd</sup> to 9<sup>th</sup> week)

- During the middle of the CHD most of the sessions take place. The facilitator's role during this time is to pay a lot of attention to the meeting to make sure it is running smoothly and all principles of CHD are being respected. They can do this by.
- Repeating the principles at the beginning of each session
- Encouraging shy members to share their experiences during group discussions
- Control discussions so they do not become arguments



- As the sessions continue and members become more comfortable the facilitator will notice that the group is leading itself and a pattern of relationships has developed.
- Members will very quickly understand the process for running the groups; they will start the conversations about their problems on their own, provide coping strategies and take the advice of others to form solutions.
- Some Groups may choose to sing and dance together as part of their regular practice in the meeting, some choose to do crafts together.

# **Role Play 8<sup>th</sup> Meeting**

# Ending (10<sup>th</sup> to 12<sup>th</sup> week)

- From the beginning, the Facilitators should make it very clear that the Groups are for a given period, maybe 12 weeks.
- In the ninth session it is the facilitator's responsibility to ensure that participants are aware that the ending is soon.
- From this point forward facilitators begin to let the Group Members lead the discussions.

- Those who are leaders among the group members will have begun to take on more of the Leadership role
- The Facilitator can also guide the discussion towards members sharing how they believe CHD has helped them. They can recall how they were when they began and how they are now feeling, or other issues like sleep or fatigue, or motivation or fear of going out into the public.

- The discussion can also be about anyone who has issues that they feel have not been solved. More time can be given to these problems that have not been solved, to try to understand what the barriers could be, or if any new coping strategies can be found.
- The Group may spontaneously decide to continue meeting, to begin a susu type scheme, or something else. These can be encouraged, but expectations must not be built about support.

- In the last three meetings or so, the Facilitators will begin to count down at the end of the meeting, i.e. saying “this is our third to last meeting, we need to tell you early, even if you agree to continue meeting, we will not be able to continue to join you”.
- Then they say, “this is our second to last meeting.....”

- In the last meetings, CHD members may also decide if they want to do something to mark the ending, in one Group, they made a walk through the village, holding hands, visiting each other, to show that Survivors are not going to infect others.
- Some may choose to bring food, or cook and eat together after the meeting is over.
- Even if the CHD members decide to continue meeting, they will have to mark the last meeting where the Facilitators are present.



# **Role Play: Third to Last Meeting**



# The Last meeting

- This can be an emotional event, so the Facilitators have to be aware
- The Facilitators too have to prepare for the separation, being part of the group for 12 weeks is a long time, and attachments are made, but they have to be broken, it has to remain a professional relationship, and all professional relationships end.



# **Role Play: Last Meeting**

# Dealing with Problem Behaviour

- Facilitators have to block certain activities of members
- Blocking these problem behaviours will help the group stay true to the principles of CHD.
- The skill here is to learn to block negative behaviour without attacking the person behind them.
- This needs sensitivity and directness.

# Examples of behaviour that needs to be blocked:

- Bombarding others with questions. Ask members to make direct statements that share the thoughts and feelings behind their original question
- Gossiping. If a member talks about another member in the room the facilitator can ask the person to speak directly to person being spoken about.

- Storytelling. If a lengthy story is taking up the group time, the leader can intervene and ask the person to show that story relates to present feelings and events and the issue being discussed in the group.
- Breaking confidences. Discuss the consequences and impact of breaking confidence such as loss of trust. Help members share experiences in such a way that they maintain the confidences of others.

- Big Boss syndrome: Someone who is a Boss in the ETU, may feel like their own contributions are the only ones that people should listen to, they may also be very authoritative, give instructions and not participating as if they are equal to others.
- Attacking another Group members contribution, such as saying *“how can you suggest that he walks away, a man has to face his problems, you have always been a coward anyway”*



# **Role Play: Dealing with problem behavior**

# How to look after yourself

- As someone who will listen to the problems of others, it is possible that even you may suffer the psychosocial effects
- Seeing patients die every single day, including colleagues
- Being blamed/accused by the community
- Being discriminated against
- Feeling unappreciated
- Living with fear of coming down with EVD



# How to look after yourself

- Adequate rest/sleep
- Create a support structure
- Tune into your emotions and your own physical health
- Avoid stress that is avoidable

# How to look after yourself

- Understand what is within your ability to do
- Do not blame yourself when people die
- Reinforce positive coping mechanisms, (yoga, prayer, meditation, reading, movies)
- avoid negative coping mechanisms
- Debrief regularly



**Next steps**

