

Care for caregivers – self care strategies and other methods for work, care and casehandling

*The Hungarian rehabilitation centre “The Cordelia Foundation” exhibited their centre’s objectives, training and strategies in brief sentences at the poster session**

The first steps

In 1998, the Cordelia Foundation recognized the need to address the issue of care and empathy on the part of staff and administrators working in the refugee camps. As an NGO providing psychological support for these refugees, we realised that the staff had not received even the minimum training teaching them how to cope with the psychosocial problems facing the asylum seekers, how to handle the so-called “difficult cases” and conflicts. Our positive psychological attitude toward the asylum seekers met a hostile response from some of the shelters’ staff.

The great fluctuation of the staff members at the reception centres also drew the attention of the Immigration Office, and it

“ordered” its employees to participate in our sessions. Two of us – one is the medical director and a psychiatrist, the other is a non verbal therapist – began to support the social workers and the nurses.

With the help of the Hungarian UN-HCR Office, we began providing regular psychologically oriented training sessions to the staff.

Step-by-step we moved forward, and some years later, the staff realised that the work with refugees could be seriously traumatic. At the same time, they recognized the need for regular psychological support and self care strategies to protect them from vicarious traumatization and from burn-out.

Hungarian experiences – focus points

- Psychological mindedness
- Training
- Vicarious traumatization

*) Cordelia Foundation www.cordelia.hu

Psychological mindedness

- Vulnerability
- Traumatization
 - primary – secondary
- Empathy
- Compassion fatigue

Training

Participants

- decision makers/
immigration officers
- border guards
- social workers
- nurses
- members of other NGOs
involved in refugee issues

Topics

- trauma and torture
issues
- basic health care issues
- psychological definitions
- care and cure
- vicarious traumatization
- burnout

Vicarious traumatization

- is originating from the “intrusive nature of trauma” that invades the listener as well

Symptoms

- Anxiety
- Depression
- Helplessness
- Flashbacks
- Alienation from
“normal” life
- Dissociative episodes
- Paranoid thoughts
- Cynicism, pessimism
- Extended helper’s role
- Overidentification with
the aggressor
- Feelings of guilt
- Hypervigilance
- Social dysfunction
- Mistrust
- Existential panic

The burn-out syndrome

- is a psychological phenomenon of caregivers/ helpers changing their relationships towards clients, colleagues and family. A person can burn out if s/he used to or had the capacity to “burn” before!

Solution strategies

Active

- Changing stress situation
- Influencing certain stressors
- Positive attitude

Passive

- Denial of certain elements of stress
- Playing down the elements of the stress
- Leaving the stressful situation

Direct

- Speak about the stress!
- Insight, understanding
- Other activities

Indirect

- Drinking (alcohol abuse)
- Escaping into disease
- Breakdown

Supervision

It is not “super” and not a “vision”

The “rule of the 3 N-s” (never, nowhere, nobody)

Its aim is

- to elaborate a self image through introspection
- to analyse the work in a self-reflective manner
- to discuss work and self-image in a group situation

Each session is divided into a verbal and a non-verbal part

Verbal part

Focusing on psychological processes concurrent (individual) psychotherapeutic

Non-verbal part

Relaxation and contact exercises

Conclusions – where we stand now

The use of regular care for caregivers

- changing attitude towards applicants
- sensitisation towards human and psychological problems
- psychoeducation
- better understanding of clients
- more constant working teams
- prevention of vicarious traumatization and burn-out

Employee turnover at reception centres has decreased.

The rate of recognised refugees used to be very low in Hungary in the past. It was one percent per year. Lately it has increased to nine percent as the result of trainings, supervision and the impact of medico-legal reports about the victims/ survivors of torture.

Recently, in the summer of 2006, thirty Somalian refugees arrived in Hungary. After the first hearing the eligibility officers were intimidated by the “torture stories” of each of these applicants and they requested extra supervision sessions to discuss the trauma they had suffered during the hearings. The entire Immigration and Naturalization Office was deeply moved. They arranged for special care for this group of torture survivors requesting the help of Cordelia Foundation in providing services to the Somalian refugees. Each of them has received refugee status.

A final note – some advice for the prevention of vicarious trauma and burn-out

- Make your reactions conscious in the stress situation!
- Examine your ability to adapt and your coping mechanisms!
- Prioritize your aims!
- Divide your energies!
- Separate your private life and work!
- Evaluate the situation and your ego-forces!
- Positive attitude: humour and delight.