

The proposal for supervision training in Palestine/Middle East

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Abstract

Clinical supervision has been known for decades. However, only in the past decade have training courses for supervision been developed and offered for health professionals working with a severely traumatized client population. Health professionals working as supervisors in this field are faced with specific problems. Together with Johan Larsen and Ton Haans, the Berlin Treatment Center for Torture Victims (bzfo) adapted the training method developed by Larsen/Haans in 1999, which offers participants a structural framework.

In cooperation with the German Society for Supervision (DGSv), the bzfo offers this training course in Germany where it takes one and a half years to complete. To meet the vast need for supervision in countries where health professionals work under difficult and adverse conditions, the bzfo is now in contact with colleagues in the Gaza region with a proposal for supervision tailored to their specific needs.

Key words: Supervision, training method, health professionals

Project proposal for supervision Training in Palestine/Middle East

Basics of culture sensitive supervision training in areas of armed conflict

During recent years the German Berlin Treatment Centre for Torture Victims (bzfo) has developed a licensed training course for trauma supervisors and supervisors for complex mental health problems. Parts of this training course can be adapted to specific requests and tailored to local circumstances. This paper describes some basic principles of this training as a basis for further discussion and colloquium development. It also presents a selection of papers and books written in English about trauma and cross-cultural supervision.¹⁻⁵

We distinguish management supervision from clinical supervision. Management supervision is a means of control, of judgement about the right applications of methods in relationship to work output.

Clinical supervision is a joint reflection of supervisor and supervisee about professional problems of the latter. In this context the supervisor is an experienced counsellor or therapist with an additional formation as supervisor. Her/his task is to stimulate the critical reflection of the counsellor/therapist and to promote a higher level of professional and personal self-awareness. The ultimate beneficiaries of the supervision

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are of course the clients of the counsellor/therapist.¹

The target institutions and professionals of this training method are local trauma counselling and social organisations that provide assistance to survivors of man-made disaster. These include survivors of political violence, refugees and internally displaced persons, as well as survivors of domestic and social violence, including children, adults, women and men.

In the training, intercultural aspects are very important. Not only because of cultural distinctions between the European trainers and the trainees, but also because of cultural differences within the trainee group. Especially in large countries, the cultural differences between regions and varying levels of education can have a substantial impact on the counselling and supervision process.²

In any supervision the supervisor has to address her/himself to basic concepts in a specific manner. Elisabeth Holloway (1995) described these as tasks and functions.

According to her, the supervisor performs several tasks during a supervision session. She/he observes the skills of the supervisee, her case concept, the professional role, emotional awareness and the capacities of self-evaluation. If the supervisee has a supervision question, this question can be categorized under one of these tasks. The supervisor monitors to which tasks the supervision question applies, and also searches for the more complicated interconnectedness of these tasks and a, sometimes hidden, theme that the supervisee is unaware of.³

According to Holloway,⁴ the actions of the supervisor are the functions of supervision. The supervisor monitors and evaluates the professional activities of the supervisee; he provides instruction and advice if re-

quired. The supervisor is also a model, both explicitly and implicitly. He/she can give advice to the supervisee, support him and share own professional or, if necessary, personal experiences with him.

These are very formal criteria and topics derived from Western supervision practice. In non-western cultures these elements acquire a culture specific outlook. In the training these culture specific manifestations of the general supervision features (tasks and functions) are the basic part of the training.

Next to this cultural adaptation practice, supervision is a real life simulation. Here the trainees perform supervisions on the spot, which are observed and commented on according to the tasks and functions. In this way the daily practice of the trainees, their complicated war and post war events are an integrated part of the training.

The most effective form of supervision is group or team supervision.⁵ Lansen & Haans¹ developed a trauma group supervision method which is applicable to the consequences of man-made disaster in politically insecure conditions. It is highly structured in several rounds, which allows the supervisees to identify with relevant aspects of the case presented. It also helps the supervisee who presents the case to acquire new perspectives on her/his difficult professional situation.

The supervisor works with the problem solving potential challenges of the group and team members using their knowledge, skills and experience for the benefit of the patient. Thus, this structure is a reliable instrument in different cultural settings. Here again, the actual professional situations of the trainees form the basic exercise material of this training to connect the acquiring of the supervision skills as closely as possible to the supervisee's questions.

Concept of a training course in Palestine/Middle East

Step 1

Investigation of the needs and the working conditions of the prospective supervisors via e-mail and telephone.

Investigation of the need for group, team or individual supervision.

Step 2

Training Block 1 (5 days).

Proposed topics: what is clinical supervision, local characteristics of joint reflection, tasks and functions of the supervisor, application in the most desired setting (group, team, individual).

Step 3

Practice in daily life, consulting via e-mail (3-6 months).

Step 4.

Training Block 2 (5 days).

Based on the consultations and experiences from step 3, a deepening of skills and knowledge will be developed according to the needs of the trainees.

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