



Insights into Belgian and Ugandan counselling culture

A case study on trauma counselling for adolescent girls fleeing war

Socio Educational Care Work (*Orthopedagogie*)
Applied Juvenile Criminology

Insights into Belgian and Ugandan Counselling Culture
A Case Study on Trauma Counselling for Adolescent Girls Fleeing War

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Abstract

Currently, it is estimated that over 65.5 million people worldwide are forcibly displaced. This is the highest level of forcibly displaced people due to conflict, violence, or human rights violations ever measured. One reason for people to leave their homes and everything else behind is war. The effects of war and displacement are not only losing family and property, but are often less visible, for example trauma. Particularly vulnerable groups are women and children.

This report pays attention to the concepts of conflict and trauma, comparing the trauma counselling culture for adolescent girls in Belgium and Uganda. Approaches and fundamental principles of trauma counselling are different in the two countries.

Trauma counsellors in Belgium have experience with refugees coming into the country and suffering from traumatic events. Together with the refugees trauma counsellors work towards the healing of trauma, and increasing quality of life as an important aspect of the healing process. In cases of trauma in the early years or complex trauma, quality of life together with stabilization come first, and sometimes referral to specialized services is needed. Trauma counsellors use methods like EMDR and cognitive behavioural therapy in the treatment process and master specific skills (e.g. communication skills) to bring the therapy to a successful conclusion.

Trauma counsellors of ChildVoice Uganda reach out to the most vulnerable groups in the Ugandan refugee settlements, often women and children. Counsellors of ChildVoice International guide and advise adolescent girls and offer a long-term residential program that builds on the principles of holistic counselling and works towards reintegration. Spiritual components (e.g. religion and forgiveness therapy) and vocational training find a place next to the guidance and advice from the counsellors.

Although the overall goal of trauma counsellors is similar, there are differences in Belgian and Ugandan approaches in how to make the client resilient and cope effectively. Major differences are found in organisations putting different accents in trauma healing therapy, recruitment of clients, program content, importance of evidence-based methods versus local knowledge, own ideas and experiences, religion, etc. Nevertheless, an authentic, accepting, genuine and empathic attitude and specific communication skills are always important. Cultural competence is essential for the intercultural trauma counsellor to have.

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1. Introduction

This report is the capstone of my 3-year *Socio Educational Care Work - Applied Juvenile Criminology* bachelor studies at Karel de Grote University College in Antwerp. My studies included one semester of exchange, in which to broaden my knowledge and skills base on conflict, I followed the program *Working in Contexts of Disaster and Conflict* at VIA University College in Aarhus, Denmark. During my 4-month internship with *ChildVoice International* at the Lukome Centre in Uganda, I explored my views on conflict even more. I had the opportunity to focus more on trauma counselling and was able to apply methods I had previously learned for 'victims and survivors' in real life. This is where I was confronted with the differences in trauma counselling in Belgium and Uganda.

According to the UN Refugee Agency, we are currently witnessing more than 65.5 million worldwide being forcibly displaced people due to conflict, violence, persecution, or human rights violations. This is the highest level ever measured. Nearly 22.5 million are refugees, more than half of whom are vulnerable, at-risk children under the age of 18. One particular reason for people to leave home and everything else behind, is war. Effects of war are not only losing family and property, but are often less visible, for example trauma. The purpose of this report is to give insight into Belgian and Ugandan counselling for at-risk refugee girls, by using a real-life case as starting point. I find it relevant to make this comparison as I have grown up and have been studying in what I would call a typical western context and knew very little about Africa, let alone their aid culture. It is interesting to find out what the Belgian and the Ugandan culture can learn from each other in terms of delivering aid, and more specifically trauma counselling.

2. Methodology

The report wants to give insight in how counsellors respond to trauma of adolescent girls that have fled war. It compares the approach of counsellors in Belgium and Uganda and includes a personal perspective and reflection on the subject, shaped by personal learnings, knowledge, experiences, norms and values. Counselling is examined in the context of disaster, conflict, resilience and trauma. Hence, these different concepts are addressed briefly in the beginning of the report.

The research for this report was carried out in two different countries, Belgium and Uganda, during a 4-month internship with ChildVoice International in the Lukome Centre in Gulu, Uganda. An important source of information was **informal conversations** conducted with both counsellors and students living at the Lukome Centre. Multiple **observations** were done, as well as a structured **interview** with one of the counsellors of the organisation. Field experience is taken into the report in the form of a **case story**. Additionally, **questionnaires** were sent to Ugandan and Belgian organisations and initiatives; ChildVoice, Centre for Children in Vulnerable Situations, Gulu Regional Referral Hospital for Uganda, and Solentra, AMIF (CGG Vagga), GAMS and PraxisP for Belgium.

A first possible and important limitation of the report is that ChildVoice is an American organisation, hence it is likely that the counsellor's approach is influenced by the American aid culture. This limitation is somehow lifted, by the fact that ChildVoice is working solely with local, Ugandan staff. The limited number of filled questionnaires and lack of a profound meeting or interview with a Belgian counsellor is a second limitation. This gap of information affect the representativeness of the report for all organisations that provide trauma counselling.

The structure of the report follows the **three-step Method** as developed by D. Pinto. Starting from a case, we first examine the Belgian perspective and approach on trauma counselling, which is broadly corresponding with my personal perspective on delivering aid. Next, we look at the way trauma counselling is done in Uganda so that a comparison may be made. The report opens by explaining concepts of disaster, conflict, war and trauma, and applying them to the case.

Part I. Key definitions and case analysis

To start by explaining concepts of disaster, conflict, war and trauma is relevant for multiple reasons. Firstly, for the report it is important to understand the concepts of war and trauma. Secondly, my curriculum consisted for a significant part of studying these subjects, considering my exchange programme Working in Contexts of Disaster and Conflict in Denmark. Thirdly, the possibility of exploring these subjects has been a major part of my motivation to study socio-educational care work at Karel de Grote University College. And lastly, I wish to continue studying in this field.

During the internship at the Lukodi Centre of CVI, I focused on the counselling therapy provided by the organisation. I spent one month observing and later on started doing counselling sessions myself. This is where I saw myself confronted with the differences in the counselling approaches of Belgians and Ugandans.

3. Case story

3.1 Case girl from CVI: Sunday

One of the first counselling sessions I did was with Sunday*, a 17-year old girl that grew up near Yei in South Sudan. It was in the beginning of March and Sunday had just been three weeks in CVI. She hadn't had counselling with me or with Stella before.

As Sunday was speaking in Arabic, Stella, the counsellor from CVI was translating my questions and her answers. This formulating of questions beforehand is a first element that we will reflect on. After introducing myself and comforting Sunday by saying that everything she would tell me would be confidential and stay between the three of us, I started asking the following questions: how did the war affect your life and your family? What were the consequences of the war for you? What was different when you were living at the refugee settlement? Sunday was answering quietly and addressing Stella to translate for her, even though I had the impression she understood English very well. Sunday narrated about how her parents were divorced in 2009 and she was left to live with her father. When her father later joined a rebel group in the war, she had to start taking care of herself. Ever since then, she hasn't heard from either of her parents and up to now she does not know if they are still alive.

When the situation in Yei escalated because of the war going on in South Sudan, she decided to leave the country for Uganda, she explained. She was traveling with a group of around 20 girls by foot to the transit zone, when the unimageable happened. A group of boys stopped the girls and raped them. After this event, only one girl and Sunday continued their journey to the border to arrive later on, in April 2017, in the Imvepi refugee settlement, where she found help from Save the Children.

When we were talking about life in the refugee settlement and the subject of her father came up again, Sunday started crying. At this moment, I realized I was going too fast and asking questions that were too sensitive and personal. The events were not processed yet and had left a serious trauma for Sunday. I did not see her tears coming and was insecure about how to react. Stella took over and started comforting her. She was holding Sunday's hands as she was telling her about her own past. She had lost her father in the Ugandan war and had been abducted to be a child soldier for the Lord Resistance Army. She told her that she knew the pain Sunday was feeling and that Sunday could only overcome this by **forgiving** the people that had hurt her and by **praying** to God for her parents, as she believed they were still alive, "since not all the rebels had been killed." This was how Stella had survived all the suffering, by forgiving and praying. I felt uncomfortable hearing Stella soothing the girl in this way. Was a counsellor supposed to share **personal stories**? How could I ever do that, never having experienced such trauma of losing my parents, seeing killings or being raped myself? How could I **pray** to God together with someone else if I am not used to praying three times a day, let alone out loud? These things made me think that counselling in a West-European and in a traditional African context must be very different. I wanted to find out how to overcome the obstacles of providing counselling for clients from a different cultural context. What cultural competences are important here?

3.2 Analysing key definitions in the case

In what follows we look at definitions that are important to understand the concept of war. Starting from disaster, we narrow down to conflict, violence and finally war. We also define trauma and related concepts: post-traumatic stress disorder, resilience and trauma counselling. It is important for counsellors to explore the range of explanations for trauma caused by war, in order to develop interventions that can help 'victims and survivors' deal with social and psychological sequelae of conflict.

Disaster > conflict > violence > war

Disaster is defined by the UNISDR as 'a serious disruption of the functioning of a community or society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources'.

The disaster management cycle is a much-used model to describe the sequence and process by which governments, businesses and civil society

plan for, reduce the impact of, react during and immediately following and then recover from a disaster. Care workers have various roles at all points of the disaster management cycle. After a disaster, **response** starts by addressing the most fundamental physiological and safety needs. Good disaster management will ensure that at the earliest opportunity psychosocial support is available. **Recovery** is the stage of restoring all aspects of life that have been affected by the disaster's impact on a community. This also involves psychosocial support post trauma. Invaluable is the involvement of the community in their own recovery. **Mitigation and preparedness** involve reducing vulnerability to the impact of disaster threats and requires the understanding of how a disaster may impact the community and how education, outreach and training can build capacity to respond to and recover from disaster.

Research has shown that individual intervention and response has limits in mitigating stress and sustaining resilient behaviour. Individual level intervention is adequate in the immediate response period. Collectively focused, community development interventions however have also proved effective in this phase of relief and are especially well suited for later support and intervention, where individual needs become differentiated and therefore less easily identified as part of community development strategies. Nevertheless, throughout the whole disaster response and recovery, counsellors have an important psycho-social, counselling, listening, safeguarding, facilitating and motivating function. (Sewell, 2016)

Disaster > conflict > violence > war

In *Contemporary Conflict Resolution* the authors define conflict as 'a universal feature of human society that takes its origins in economic differentiation, social change, cultural formation, psychological development and political organization, and becomes overt through the formation of conflict parties, which come to have, or are perceived to have, **mutually incompatible goals**'. Referring to Galtung's

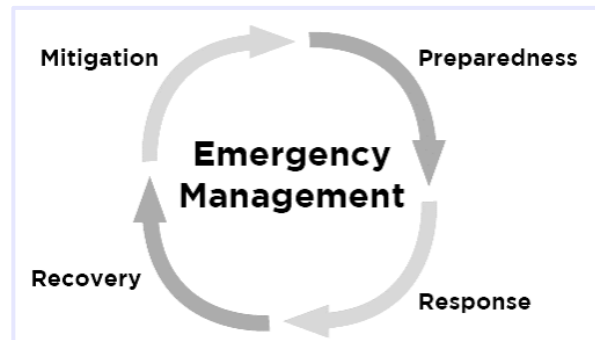


Figure 3.1 The Disaster Management Cycle

models of conflict, violence and peace in figure 3.2¹ a conflict is ‘a dynamic process in which contradiction (incompatible goals), attitudes and behaviour are constantly changing and influencing one another’. (Ramsbotham, Woodhouse, & Miall, 2011)

A conflict is not necessarily a disaster, though (large scale) conflicts that disrupt the functioning of a society or community and exceed the ability to cope using own resources, are to be considered as man-made disasters.

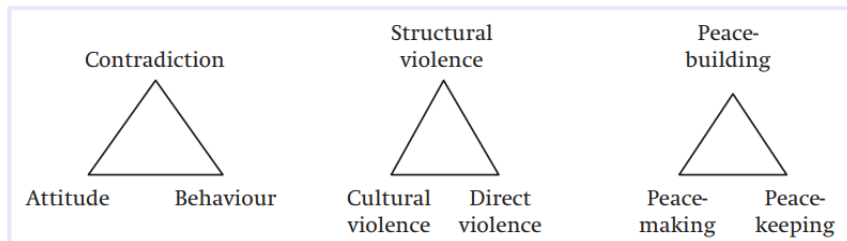


Figure 3.2 Galtung's models of conflict, violence and peace

Disaster > conflict > violence > war

Man-made disasters include violent conflict. Experience and research has showed that women and children are vulnerable groups in cases of violent conflict. Consequences for women who suffer violence may include: injuries, self-harm or suicide, alcohol or tobacco use problems, depression or anxiety disorders, unwanted pregnancies, sexually transmitted infections (including HIV). (WHO, 2017)

Defining the war in South Sudan as a disaster

War is an obvious example of violent conflict. The war in South Sudan is a violent conflict that has been going on since December 2013 and is characterised by economic destitution and political strife. Different factors play a role in making it a complex conflict. There is no doubt that this conflict is a disaster. Women and children are vulnerable groups: three million South Sudanese children are suffering from severe food insecurity, both as refugees and within their country's borders. 19,000 children have been recruited into armed forces and groups. Over 2,300 have been killed or injured since the conflict first erupted. 86% of the more than one million South Sudanese refugees in Uganda are women and children.

Trauma and acute stress disorder

When an exceptionally threatening and distressing event disturbs a person's emotional, physical and cognitive wellbeing, there is a trauma. Different events linked to war come to mind: losing home, losing property, losing family and relatives, sexual harassment, seeing violence and killings, etc. The Diagnostic and Statistical Manual of Mental Disorders-5 lists criteria to recognise trauma, acute stress disorder (ASD) and post-traumatic stress disorder (PTSD). Trauma becomes visible through symptoms of ASD (in situations that remind of the event): reexperiencing the event, avoidance, anxiety or increased arousal (nightmares, insomnia), stress, distress, anger, fight-flight-freeze response, depersonalization, dissociation and numbness, flashbacks, or other symptoms of ASD. In the long-term attachment issues, depression, addiction, self-injury, burn-out or other disorders can possibly manifest.

¹ J. Galtung is the principal founder of peace and conflict studies.

The traumatised person's processing is affected by three major factors: the individual characteristics of the person (e.g. diathesis), the nature of the traumatic event and the recovery environment. Efficient coping strategies, optimism, psychological resilience and self-reliance (e.g. positive self-fulfilling prophecy) benefit healing. Many people readjust after a few weeks, while others can experience a range of extended post-traumatic stress responses. (Hendrickx, 2016)

It is hard to comprehend the trauma of being 17 years old, living without parents, and then having to flee for your life as armed combatants invade your village. But that's exactly what happened to Sunday, who, along with one school friend, fled from her home in South Sudan to escape the civil war there. Different elements contribute to Sunday's trauma: she was separated from her mother at a very young age and later was left alone by her father; she lived in poverty; she lost her home and belongings following the violent conflict in her country; she became a victim of rape; she witnessed poverty, destruction and violence, and possibly killings. Sunday's response depends on her perception of the events and on the nature of the events. It is obvious that the events are exceptionally threatening and distressing and have caused intense fear, helplessness and horror in the life of this young girl. Her processing the traumata will be influenced by her personal characteristics and the recovery environment.

Post-traumatic stress disorder

About 70% of people are likely to experience a traumatic event. 10% of them develop PTSD. PTSD prevalence in Belgium is estimated to be 0.76% according to a study published by BioMed Central. However, this study reveals differences in PTSD prevalence that ranged from 0.56% to 6.67% in the general population of the EU member states. Prevalence of PTSD is higher for women than men. Refugees have higher risk of PTSD. 1/3 of victims of rape develop PTSD. This makes refugee girls a highly vulnerable group. (Burri & Maercker, 2014; Barends Psychology Practice, 2018)

Many people in war conflicts have experienced events that are exceptionally threatening and distressing, involving perceived threat to life or physical integrity and intense fear, helplessness or horror. These events can often cause trauma and even a post-traumatic stress disorder. Post-traumatic stress is characterised by symptoms of chronic hyper-arousal in the nervous system, flashbacks and dissociation. Other post-traumatic stress responses including nightmares, depression, substance abuse, anxiety disorders, dissociative disorders, eating disorders, etc. are often comorbid with PTSD. These responses may be the most debilitating aspect of a trauma. Many girls at CVI suffer from nightmares resulting as a result of trauma.

The individual characteristics of the person, the nature of the event and the person's recovery environment are significant for a person's processing. Lack of support from the environment, is strongly correlated with PTSD symptoms. The importance of social support and practical helpful response cannot be underestimated. Social support can be non-stigmatising and practically helpful response from supporters and aid agencies, and non-blaming and nurturing from loved ones. Sunday finally received help from Save the Children when she reached into the Imvepi refugee settlement in Northern Uganda. This organisation delivered the first aid and kept delivering aid for almost one year, before referring her to ChildVoice.

Disaster resilience

One definition of disaster resilience is 'the ability of countries, communities and households to manage change, by maintaining or transforming living standards in the face of shocks or stresses – such as

earthquakes, drought or violent conflict – without compromising their long-term prospects’. Resilience is also defined as ‘a person’s health and wellbeing, or capacity to withstand the adversity thrown up by life events as a complex interaction of their own personal coping abilities and traits with environmental protective and vulnerability factors’. Resilience is clearly connected to trauma. (DFID; Adamson, 2013)

Using resilience as a concept enables aid organisations to work on the four elements of the resilience framework (figure 3.3) together, instead of focusing on the individual elements as to date many humanitarian and development interventions do. Resilience is not the only way to understand disaster recovery, but it is a more recent and positive term to address vulnerability of countries, communities, households or individuals. Looking at resilience allows us to assess the differential exposure to stressors or **risk factors and protective factors** within the environment.

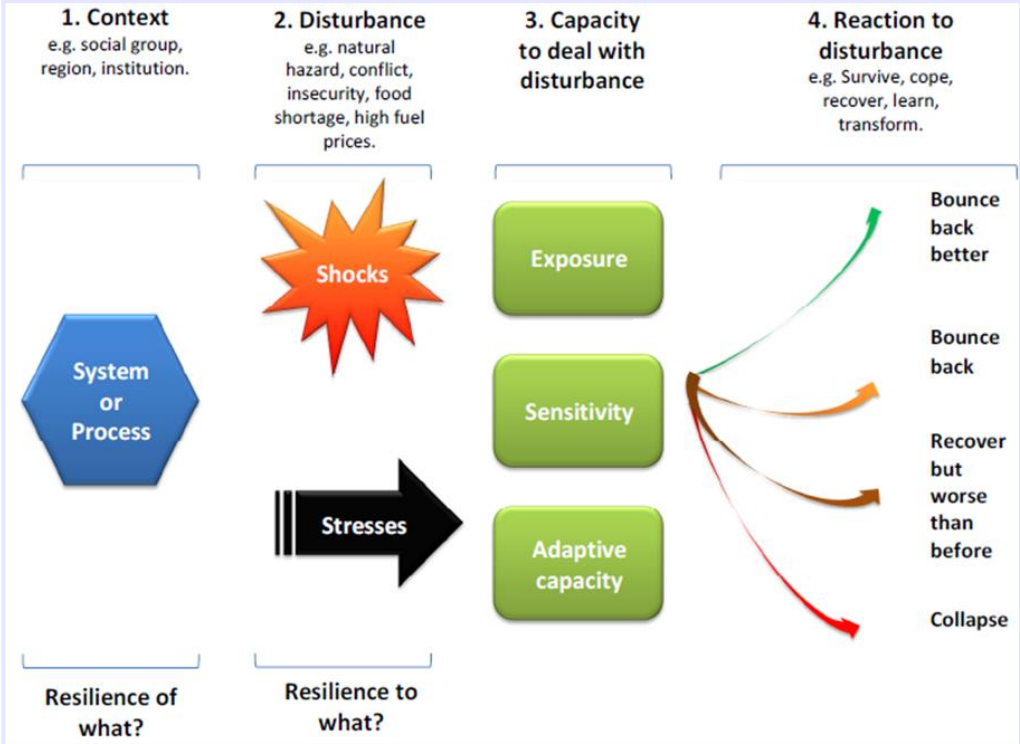


Figure 3.3 The four elements of a resilience framework

Protective factors	Risk factors
Support of others: other girls, relatives, Save the Children, ChildVoice	Turbulent history with psychosocial impact
Good feeling about how she has dealt with her situation	Physical pain
Finding professional support and people with similar experiences after the traumatic event	Seeing people get hurt or killed
Healthy coping strategy and ability to learn from what happened	Feelings of helplessness and intense fear
	Limited social support after the traumatic event
	Additional stressors after the traumatic event

Figure 3.4 Example of protective and risk factors for Sunday’s case

People are resilient in some contexts but not in others. This applies to fluctuations in the level of coping and in access to and appropriateness of coping resources over time. One can be both coping and victim, either simultaneously or over time. A key determinant of exposure, sensitivity and adaptive capacity is the set of resources and assets that is available in the face of a stress or shock, as shown in figure 3.5. (DFID)

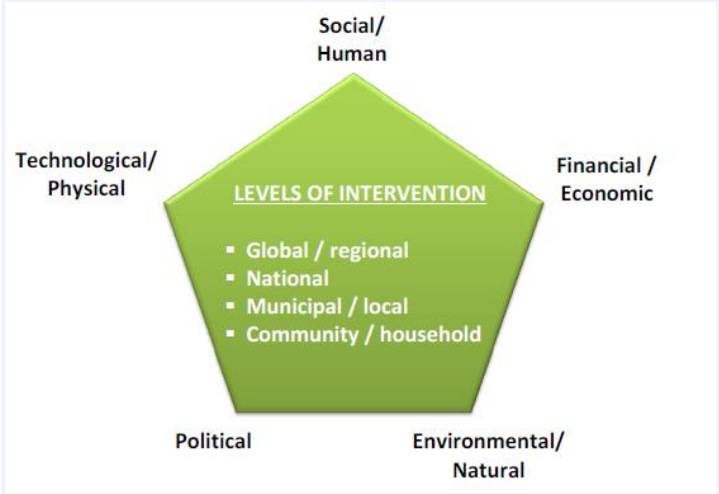


Figure 3.5 Types and levels of resilience building activities

Trauma counselling

The counsellor’s function is to provide guidance and support. They counsel, advise and help with feelings and decisions within a structured support network. Counsellors usually specialize in a certain area: relationships/couples, families, HIV and other STDs and STIs, trauma, etc. Counsellors can also be active in a country where there is war, famine, etc. As stated earlier, it is important to understand the range of causes for war trauma, in order to intervene in a way that helps ‘victims and survivors’ to deal with social and psychological sequelae of conflict.

Two ways can be used to approach ‘victims and survivors’: the top-down approach, whereby a blueprint is followed, but little space is left for the client to have input, and the bottom-up approach, that is well suited for trauma counselling throughout all the stages of the trauma healing process.

Syndrome	First stage	Second stage	Third stage
<i>War trauma</i>	Trust, stress control, informing	Reliving the trauma	Integrating the trauma
<i>PTSD</i>	Stabilizing	Integrating the memory	Develop self
<i>Multiple personality disorder</i>	Diagnose, stabilizing, communication, cooperation	Metabolism of the trauma	Healing, integration, coping skills
<i>Traumatic disorders</i>	Safety	Memories and mourning	Re-establishing relationships

Figure 3.6 Examples of different stages of healing

The first task of the therapist is to create an environment of **safety**. Knowing that one can never fully be free of a trauma, trauma therapy is a long process that aims for the client to regain control over a situation by (re)activating capacities, so that the emotional, physical and cognitive wellbeing is no longer disturbed by the trauma.

Creating a safe environment begins by learning that trauma is a normal human response after extreme circumstances. The crisis intervention, addressing primary needs, is to complete the first stage of healing. Counsellors sometimes make the mistake to deny or avoid the trauma, because it can recall strong emotions. Another possible mistake is to start exploring details of the trauma too quickly, before there is a safe environment (trust).

When the feeling of isolation is lifted and the client is more self-confident and able to control alarming symptoms, yet aware there will come a moment the trauma will manifest itself once more, the second stage of the healing process starts. The counsellor assists in the reconstruction of the traumatic event, at the same time focussing on life before the event. Close attention goes to details, feelings, interpretations, in order to create continuity between life before and after. The counsellor is always careful not to take the role of 'investigator'. Sometimes this step is countered by memory-loss. One technique for the professional counsellor is to explore existing memories, so that other memories appear spontaneously.

Trauma always goes hand in hand with loss (of trust, of physical integrity, of self-confidence, of belief in a righteous world, etc.) The **mourning** process is the most important but also the most difficult part of this second stage. The person can encounter a lot of resistance, for example, thoughts about revenge, forgiving, or compensation. However, when mourning is finalised, the traumatic event won't bring up the intense emotions as it used before.

In the third stage, the person starts to focus on the future. Proactively fighting challenges instead of staying passive is key. The client learns to trust again and relations with others are restored.

The healing process is completed when physical symptoms of PTSD, feelings linked to the traumatic event, and memories are controlled when the traumatic event is told as a coherent story, including feelings and emotions; when self-esteem and relations with others are restored; when meaning of life is restored, and the traumatic event finds a place in it. (Herpoelaert, 2015; Herman, 1999)

Part II. Trauma counselling in different cultures

In the second part of the report, we will go deeper into trauma counselling and the ways in which counsellors would approach Sunday in a Belgian and a Ugandan context. For both cultures we describe the conflict or the problem, organisations that provide trauma support, the approach that these organisations apply, the impact of these approaches on counsellors, and finally, the effectiveness of the approaches.

4. Belgian perspectives on trauma counselling

4.1 Problem description

In Europe and Belgium, we are facing a high influx of people searching for refuge. With a record of refugees coming into the country in 2015, almost 20,000 people were seeking to get asylum in 2016, whereof 30% were minors. About 1000 of the minors were unaccompanied, with a minority of 135 girls. Women and girls are more vulnerable in case of disaster and deserve special concern. Aware of the importance of a safe environment to allow recovery, there are some organisations in Belgium that provide specific trauma support for (war) refugees. (DVZ & CGVS, 2017)

4.2 Organisations for trauma support

One organisation in Belgium that provides trauma support and counselling is Solentra. Similar initiatives that have contributed to this report are the AMIE-project of OCMW, GAMS and PraxisP.

4.3 Approaches in trauma counselling

Counsellors may hold a degree in various fields, but don't necessarily hold one. Counsellors are not psychologists, but can be categorised as therapists. Counsellors can be social workers, when active in a country where there is war, famine, or other disaster.

Trauma counsellors in Belgium have experience with refugees coming into the country and suffering from traumatic events. Together with the client trauma counsellors work on the process of healing the trauma, assuring quality of life to be an important element of the process. In case of trauma in the early years or complex trauma, quality of life together with stabilization come first, and sometimes referral to specialized services is needed. Trauma counsellors use methods like EMDR and cognitive behavioural therapy in the treatment process and master specific skills (e.g. communication skills) to bring the therapy to a successful conclusion. What if Sunday was a girl with a trauma issue coming to an organisation in Belgium?

Cognitive behavioural therapy as a method for trauma treatment

Cognitive behavioural therapy (CBT) is the most widely used evidence-based practice for psycho-social intervention. Evidence-based practice or evidence-based approaches are methods that have simply proven their effectiveness through research and evaluation. CBT looks at changing the way individuals think and how they react to these thoughts. The therapy helps to process and evaluate thoughts and feelings about the trauma. CBT always focusses on the client's strengths and resources. We describe the process:

- During **evaluation**, the counsellor explores the life story of the client and assesses situations that cause disturbed behaviour.
- Together, the counsellor and the client identify goals and try to realise them, by doing **motivational interviewing and setting goals**. The counsellor triggers motivation and action for positive, strong and sustainable change (e.g. offering choices to realise positive change; empathic and understanding attitude).
- The counsellor then shares hypotheses with the client and clarifies links between trauma and present problem. This stage of **case conceptualization and psycho education** includes encountering correcting experiences, developing constructivist thinking and behaving, and enlarging the set of self-management skills (e.g. realizing choices and consequences).

- The **treatment agreement**, based on the case conceptualization, contains activities to accomplish the goals: improve safety, stability, self-managing skills, and trauma healing. The counsellor **coordinates** the treatment and focusses on the reinforcement of strengths and skills, so that **risks are limited** to a minimum and basic needs are fulfilled.
- A training in **self-managing skills** contributes to physical and psychological health, and improved affect regulation (safe environment). Affect regulation or emotional self-regulation is the capacity to tolerate intense positive and negative affect without using avoidance strategies such as dissociation, substance abuse, or other defences.
- There are multiple methods that can be used in **trauma healing** and treatment of PTSD: structured and frequent talking therapy, somatic experiencing, the counting method (CM), progressive counting (PC), prolonged exposure therapy (PE), etc. Treatment options are often combined. Practical tools for talk therapy are: drawing a timeline, visualising an ecogram to map existing networks and inventory social capital (and promote bonding, bridging and linking), balancing burden and capacity, draw an identity circle, draw pie chart of life, etc.

Burden	Insecurity about place to stay Rejections No income, nothing to do Missing family Feelings of guilt Homesickness Child to raise
Capacity	Personality Physical condition Social connections Experience from past events Coping strategies

Figure 4.1 Example of burden and capacity balance of Sunday

Effective and sometimes more bearable methods for trauma healing are written cognitive processing therapy (CPT) and eye movement desensitization and reprocessing (EMDR). These methods don't require talking about the trauma, and exposure is limited to short fragments of the trauma. The methods, just like exposure methods, increase empathy, reduce problematic behaviour, and **minimize posttraumatic stress symptoms**, such as pessimistic views on future, affect/emotional dysregulation (ED), negative opinions, avoiding strategies, intrusive memories, etc.

- **Reinforcement of skills** is to obviate remaining obstacles in achieving the goal, and to accomplish further stabilization and self-management.
- **Relapse prevention** action plan and **harm reduction** strategies anticipate and prepare for future challenges and support in achieving goals. Here the network of the client can play a big role. (Greenwald, 2013; Herpoelaert, 2015; Hendrickx & Van Litsenborgh, 2015)

Empowerment

“Empowerment is a **process**, a mechanism by which people, organizations and communities gain mastery over their affairs.” Empowerment is a dynamic process of dialogue, where needs and demands of the client are answered on. Participation is the objective. Empowerment corresponds with the interactionist perspective, that looks at responsibilities and strategies of all actors: counsellor/therapist, client and institutions. The process is meaningful for all parties.

Empowerment departs from the perspective of the other, hence requires the ability to empathize. The process is one of dialogue. Narratives can be an excellent tool for information, clarification, connection, and healing. The counsellor as a starting point concentrates on the client’s strengths, instead of on the problem itself, and points them out. He/she is aware of the different *layers* of someone’s appearance and identifies attitudes and patterns in behaviour. To believe in change and in the capability of the other to make choices autonomously is key. The counsellor has an ‘enabling mission’ to create an environment that allows empowerment, where there is space to fail, and at the same moment help and support to experience successes. In the professional relationship the counsellor connects, listens, comprehends and maintains appropriate proximity. Counsellor is also attentive to the psychological dimension. Presence, respect, strength-perspective, and partnership are key values. The expertise of counsellor and client differs, but nonetheless is equivalent.

The counsellor has a duty of signalisation and works on the structural level as well. Alone one cannot empower. There is the network of the client, the policies and working of organisations, and sometimes discriminating or oppressing operations, that need to be addressed.

Empowerment is not a result of a series of numbered sessions. It is an open-ended construction; the professional relationship between care worker and client is never finished (in contrast to Belgium where the number of sessions is always numbered). (Van Herck, 2017)

Spirituality

Depending on the preferences of the client, spirituality or religion can get a place in the therapy. For some religion plays a major role in their life. It can be a coping strategy or a part of identity. Religion then will take a position in the therapy sessions.

4.4 Principles of trauma counselling

The method of cognitive behavioural therapy as a process (in combination with other treatment methods) is mostly used in trauma healing treatment. Empowerment can be an important aspect of it. In what follows, we discuss fundamental principles that are distinctive for the Belgian and for my personal interpretation of aid delivery and trauma counselling. These principles also apply to the cognitive behavioural therapy method and to empowerment.

Macro, meso, micro

A fundamental principle that socio-educational care work students learn during their education, is to situate certain aspects of aid-delivery on the macro, meso and micro level (inspired by the model of Bronfenbrenner). In this paper, all three different levels are looked at.

Situating trauma counselling on **macro** level goes beyond the aid itself and is pictured outside the oval in figure 4.2. It includes looking at the different organisations that provide trauma counselling services, their management and way of working. There are different professions (depending on the studies) offering trauma healing services: psychiatrist, psychologist, clinical psychologist, psychotherapist,

counsellor, care worker, nurse, educational worker, etc. On the macro level is also the influence that prevailing views of a society, laws and higher institutes have on these organisations, and vice versa.

Located on **meso** level are all aspects that can have influence on the professional relationship between client and counsellor. These are the network of the client, the education, the community, the financial state, the vision of the organisation, the environment one lives in, the activities one is involved in, etc.

Trauma counselling on **micro** level is about the assets and needs of a client and the resources that the care worker or counsellor can offer to fulfil these needs. It is the professional relationship between client and counsellor; a transactional process of supply and demand, where both act out of their own background, personality, life stories and experiences. The care worker or counsellor always seeks to increase the physical and psychological healing and overall development of the client. (Hendrickx, Handleiding Het Orthopedagogisch Grondplan, 2013)

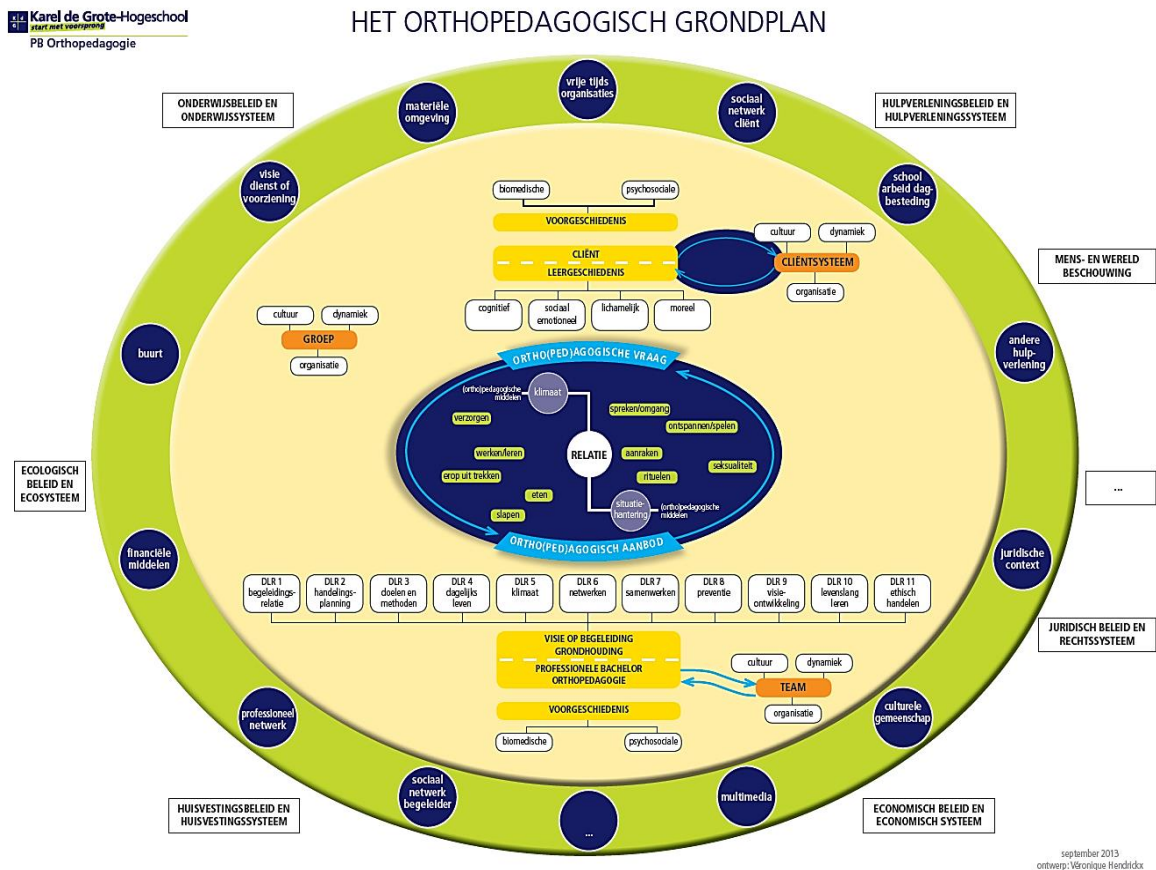


Figure 4.2 Macro, meso and micro

Rogerian psychotherapy

When looking at a more practical interpretation of aid delivery and trauma counselling, the Rogerian psychotherapy or client-centred therapy shows up. The approach of a person-centred therapist is **accepting, genuine and empathic**². According to Carl Rogers the counsellor's function is to 'assume, in

² Introduced by Carl Rogers, who was a pioneer to reject the medical or disease model for helping those with psychological problems, and promoted the idea to speak about 'clients' instead of 'patients'.

so far as he is able, the internal frame of reference of the client, to perceive the world as the client sees it, to perceive the client himself as he is seen by himself, to lay aside all perceptions from the external frame of reference while doing so, and to communicate something of this empathic understanding of the client.’ Person-centered therapy genuinely accepts the client’s feelings and the person who is experiencing them, and uses **active listening** as one technique, as well as showing **unconditional positive regard**. The person-centered therapist is accepting, genuine, empathic, non-directive and non-judgemental. Counsellors ask the question: “What is it that you think you need?” (Corey, 2013; Geerts, 2016; Hendrickx, 2016; Van Endt-Meijling, 2015; Geerts & Geerts, 2015)

Main principles of trauma treatment

Trauma healing starts with the principles of safety, structure, sensitivity and success. The therapist creates a **safe environment** by being transparent, presenting rules and expectations during the first sessions (agreements on confidentiality, objective of meetings etc.), and using routine as a tool to create safety (e.g. start and end meetings in the same way). **Structure** results from keeping track of the process and sessions: what is talked about? What level of stress can the client bear? Healing goes step by step. During sessions, it is beneficial to address the emotional part in between topics that require more rational thinking (e.g. reminder exercise on the objective of the treatment; what are outcomes of the session; what is the client’s planning for the day etc.). Sessions that follow a cognitive-affective-cognitive structure, are more effective. **Sensitivity** is observing the client and to be able to interfere when needed (e.g. slow down the healing process, when observed that the client doesn’t feel safe). The whole process centres around the client’s **success**. The counsellor is besides an advisor, also a personal trainer and creates an environment that allows successful experiences. (Herman, 1999; Greenwald, 2013)

4.5 Skills for the trauma counsellor

It is important for the trauma counsellor to have specific skills and knowledge when working with clients with a different cultural background. Certain aspects influence the process significantly. For example **communication, world perspective, poverty, and stigmatization**. Trauma counselling therefore requires a set of intercultural competences. In the first place to create a safe environment and trust, so that trauma counselling can be successful.

Intercultural competences

A transcultural attitude that understands other cultural perspectives asks for certain intercultural competences. **Expression of trauma** for example, can be very different in two cultural contexts. When doing trauma counselling for clients from a different cultural context, it is particularly important to be informed about communication, relationships, conflict management capacities, and existing perspectives. Self-knowledge about flexibility, resilience and acceptance are qualities for the counsellor working in this multicultural context (figure 4.3). (Balli, 2017; Van Litsenborgh & Geerts, 2017)



Figure 4.3 Intercultural competences

Communication

In order to communicate effectively, there has to be a minimum accordance in terminology. The counsellor is aware of the different interpretations of certain words in different settings and knows that interpretations or meanings are dynamic over time and place. Non-verbal communication plays a big role and mostly happens unconsciously. Appearance, style, facial expression, movements, eye-contact, greetings, gestures, attitude, etc. are forms of non-verbal communication. In the communication with clients who speak a different language to that of the counsellor, using a common second language can offer a solution, as well as learning basic words in the client's language or opt for an interpreter. Language was major barrier that I often experienced this during my internship.

Communication is complex; it can be verbal or non-verbal, implicit or explicit, on content level or on relationship level. The complexity of communication can be overcome through metacommunication; communication (feedback) about the communication. Another technique is intense and active listening: taking sufficient time for communication, asking questions, showing interest, recognising problems, being conscious for fallacies and interpretations, paraphrasing (reflecting), naming behaviour, interpretations, and possible insecurities, paying attention to deeper meaning of statements (double-listening), being empathic and accepting, etc. (Reekers & Spijkerman, 2010; Geerts & Geerts, 2015)

It is important to ask and give feedback. Giving feedback can be done by naming actual behaviour (I see/hear that), interpretation of the behaviour (I think that; is it correct that) and the effect of that behaviour (that makes me feel). The professional care worker reflects content, feelings and emotions in order to figure out the exact message the client is sending. (Van Endt-Meijling, 2015)

World perspective

Our world perspective is shaped by our social position, cultural frameworks and chances in life. The provided assistance or aid is influenced when these structures differ significantly for care worker and client. Effective aid requires insight in the negative effects of these **differences in background**, in order to turn them around and realise assistance that fits the client's needs. (Van Endt-Meijling, 2015)

The way one looks at the world, is influenced by the **locus of control**, either being internally or externally orientated. The person feels that he is responsible for and has control over all aspects of life (internally orientated; individual perspective), or the person feels no responsibility towards and no grip on what happens in life (externally orientated; structural or fatalistic perspective). Learned helplessness can be a sequel of an externally orientated locus of control, and participation is sometimes countered by the problem of **dependency**: the client attributes his/her situation to external factors instead of taking responsibility. Causing this dependency is a lack of connection with self, others, society, services and institutions, and future. It is the counsellor's task to recognise the problem of dependency, acknowledge it, and to align provided help with this lack of connection. For example, by creating an environment of 'enabling niches', where there are opportunities that allow success experiences, in order to enlarge self-esteem, responsibility, and the feeling of control. (Mattheeuws & Segers, 2015)

Poverty

Often, those who flee their country as refugees are more affluent before they left, with more resources and assets than the ones who don't leave. Upon arrival in the host country, privileges disappear and chances and opportunities reduce, which eventually leads them to poverty.

Poverty can't be defined by income only. Poverty is the negative result of income together with the level of participation in society and the person's perception of the personal situation. Poverty is often a conceptual or institutional problem. Certain (minority) groups are excluded by the existing mechanisms in a society.

The professional counsellor believes in an interactionist perspective: he/she is mindful that there are different internal and external factors, on macro, meso and micro level, that contribute to poverty. The counsellor also recognises mechanisms that exclude certain groups and engages in collective social actions that possibly trigger structural change. (Van Herck, 2017)

Psychological problems and stigmatization

Stigma is one of the biggest issues experienced by people with psychological problems and very important in the experience of people with psychological problems. Stigma is when others explicitly or implicitly express their prejudices towards someone with psychological problems or addiction. Stigma can also originate from taboo resting on psychosocial assistance. These actions have impact on the self-esteem and self-confidence of a person. ChildVoice students indicate that they often have to deal with stigmatization. (geestelijkgezondvlaanderen.be, sd)

4.6 Impact of trauma counselling on counsellor's life

Belgian counsellors encounter many challenges in their job, on different levels. In the relation with the client, trauma counsellors mark a lack of time to provide sufficient help and stagnation or lack of improvement of the client as most important difficulties. Surprisingly, the tragic stories are not necessarily marked.

Based on the questionnaires filled by counsellors from Solentra, AMIE-project, GAMS and PraxisP, I found that counsellors always try to finish sessions on a positive note, even when the conversation gets difficult. When a client's story comes very close to their own experiences, counsellors are able to separate their own story and feelings from the client's story, and eventually decide to look for support after the session. Support is mostly found from colleagues or a supervisor, and sometimes with a professional. A friend or relative can also be a form of support, mindful about the element of confidentiality. It is pointed out that there is a lot of space for improvement in regard to support for care workers.

Because counsellors most of the time are able to choose with which group they work, they are also passionate about working with their clients. Counsellors say thankfulness of the client is the biggest reward in the job, as noticing improvement and successful endings of therapy, with empowered, proactive, and committed clients are felt to be very rewarding.

4.7 Measuring success

Evaluation of trauma counselling is not done through quantitative analysis, but in most cases through conversation together with the client. Counsellors look at elements of the intake and compare with results of the final session. Quantitative analysis methods can be part of those sessions, but in general success is measured by visible improvement on stabilization, integration and socialization (e.g. more resilient, less complaints, positive feelings). Standard methods or specific screening tools were not mentioned by Belgian counsellors. The network of the client can give useful information about the healing process. For systematic feedback about the therapy, therapist can use rating scales to measure the process (e.g. Outcome Rating Scale and Session Rating Scale developed by Scott Miller). (Hendrickx & Van Litsenborgh, 2015)

It is hard to define key performances that make a meaningful difference in trauma counselling. In general, the individual characteristics of the person, the nature of the event and the person's recovery environment are significant for a person's processing. Statistics about prevalence of trauma and PTSD are different depending on the consulted source. Numbers about children and youth are even more inaccurate, since research on trauma of youngsters is limited and symptoms of trauma are often not linked to or diagnosed as sequelae of trauma or PTSD. Effectiveness of approaches in trauma counselling is proven for certain treatment methods, such as EMDR. Effectiveness of organisations should be measured by weighting costs and successes. Unfortunately, I was not able to insert actual numbers on cost-effectiveness of the organisations that have filled the questionnaire in this report.

5. Ugandan perspectives on trauma counselling

5.1 Problem description

South Sudan is the world's youngest nation, but has known little but armed conflict in its short history. A political conflict between President Salva Kiir and former Vice President Riek Machar has become a violent conflict. Since the first eruption of violence in December 2013, tens of thousands of people have been killed. Refugees are seeking safety in neighbouring countries. Over two million South Sudanese have taken refuge in Ethiopia, Sudan, Uganda and Kenya.

Uganda is host country to more than one million South Sudanese refugees. 60% are children. Many have travelled alone and have lost parents or siblings. In regions of conflict and displacement, children are being abused as targets and instruments of war. Sexual violence against women and young girls in some IDP camps is rampant, and adequate food, hygiene items, and medical care are virtually non-existent. Other issues are human trafficking and the exploitation of children. (War Child Holland, 2018)

5.2 ChildVoice International as an organisation for trauma support

CVI was founded in 2006. Ever since, the organisation has stepped into some of the world's most dangerous conflict zones: Northern Uganda, where there was a 20-year conflict between the government and the Lord Resistance Army (LRA) of Joseph Kony and other rebel forces; South Sudan, where the escalation of a political conflict forced many to flee the country; Northeastern Nigeria, where the notorious group of Boko Haram is terrorising the country and kidnaps young children³; and Central Africa, where the LRA is still active up to today.

CVI is operating by the slogan: 'Restoring the voices of children silenced by war'. **Advocacy** is a major part of the work they are doing with the girls. CVI is committed to raising awareness regarding the devastating effects of war upon children. By sharing the student's stories, the organisation wants to mobilize advocacy on behalf of them and by doing research CVI wants to provide the long-term interventions these children need to rebuild their lives, including holistic counselling therapy. (CVI, 2018)

5.3 Approaches and skills for trauma counselling

Sunday is one of the more than two million South Sudanese that sought safety in a neighbouring country. Upon arrival in Uganda, Save the Children supported her with crisis intervention and for almost one year kept helping her, before referring her to ChildVoice.

At the Lukome Centre in Uganda, CVI is providing **holistic counselling** for girls from 15-20 years old that are affected by war or live in other high risk situations. During my internship, 15 South Sudanese girls found shelter in the Lukome Centre in Uganda. The other 50% were Ugandan girls from local villages. On top of learning vocational skills (e.g. sewing, baking, hair braiding) and receiving an own garden plot, each girl gets group and individual counselling.

Trauma counsellors of CVI reach out to the most vulnerable groups in the villages and refugee settlements in Northern Uganda, often women and children. At CVI counsellors **guide** and **advise**

³ The hashtag #bringbackourgirls went viral in 2014.

adolescent girls and offer a long-term residential program that builds on the principles of holistic counselling. **Spiritual** components (e.g. religion and forgiveness therapy) and vocational training find a place next to the guidance and advice from the counsellors.

Life stories

CVI **reaches out** to the most vulnerable girls in the villages and Imvepi refugee settlement in Northern Uganda. Through messages over the radio and via local leaders, CVI announces the coming of counsellors to the villages or settlement. Three interviews are done to explore and verify the life story of the girl. As soon as she is recruited to come to Lukodi Village and arrives at the centre, her story is written down and an IRP is created. A skill needed when writing down these stories, is **double-listening**: The counsellor has eye for implicit purposes, values, beliefs, hopes, dreams, visions for the future, conceptions, missions, life knowledge (tradition, spirituality, cultural wisdom), etc.

Appreciative inquiry approach

The appreciative inquiry approach is inherent in the CVI counsellor’s approach and focusses on strengths of the student. It is visualised in the discovery, dream, design, destiny model (figure 5.1).

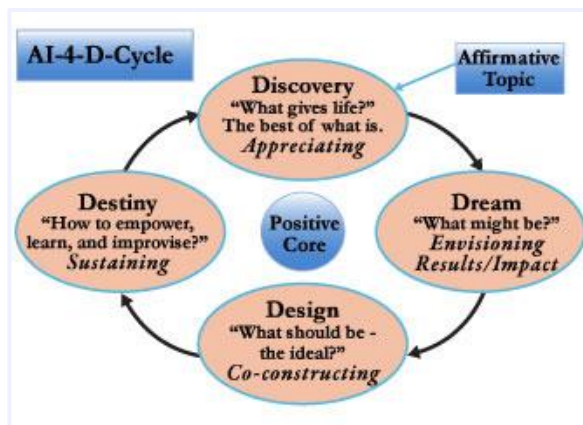


Figure 5.1 Appreciative inquiry

While exploring the life story, ‘affirmative topics’ will appear: a selection of topic(s) that becomes the focus of the intervention. The primary task is to **discover** the positive things that are present. Once the positive core is discovered, the next step is to imagine and envision its future in the **dream** phase. The **design** phase turns attention to creating the ideal situation in order to achieve the dream. Finally, the conclusion of previous phases is represented in the **destiny** phase. (Cooperrider, 2012)

Individual Reintegration Plan

CVI’s approach is all about reintegration. The counsellors follow up each girl’s process on a quarterly basis, using individual reintegration plans. These IRP’s specifically helps girls in poverty to build their resources for a more prosperous life for themselves, their families, and their communities. Each IRP has eight sections that are evaluated on both assets and needs. These sections are: **physical health, spiritual health, psychosocial health (trauma healing), child health and parenting, social skills, educational skills, vocational skills, and business skills**. The IRP is a clear example of motivational interviewing and goalsetting. To achieve their goals every girl has a set of resources (e.g. physical, spiritual, motivational, financial, emotional) (Devol, 2004)

Student Name: Sunday	Date:	First IRP
Psychosocial Health and Trauma Healing Self-Assessment		
What is the current status of your psychological health?		
PTSD, evil spirit coming to squeeze her neck		
What is your vision or dream for your future?		
Seek for help psychologically and acquire a healthy treatment		
Did you reach your last four month goal? If Yes, explain how you did it, if No, explain why you did not reach it.		
Psychosocial Health and Trauma Healing Goals		
My 4 month goal is:		
Pray to God for healing		
Is this goal specific (YES NO), realistic (YES NO), measurable (YES NO) Deadline: _____		
My strengths and the resources I have available that will help me achieve this goal are:		
She is a prayer Christian		
The weaknesses or obstacles that may hinder my achieving this goal are:		
Nothing completely		
Activities that I can do to reach this goal are:		
Deport any scenario to counselor		
Student Name: Sunday	Date:	Second IRP
Psychosocial Health and Trauma Healing Self-Assessment		
What is the current status of your psychological health?		
Her psychological status is stabilising compared to four months ago, the evil spirit is no longer attacking, she was embarked on prayers before bed		
What is your vision or dream for your future?		
Have stable mind, get activities that can keep her busy to direct thoughts and to pray tirelessly		
Did you reach your last four month goal? If Yes, explain how you did it, if No, explain why you did not reach it.		
Yes, she prayed alone and with fellow colleagues. She uses prayer as a weapon for fighting evil spirit		
Psychosocial Health and Trauma Healing Goals		
My 4 month goal is:		
Stay with colleagues with same goals and interest, follow and abide by the rules and regulations of CVI, keep busy and make good decisions		
Is this goal specific (YES NO), realistic (YES NO), measurable (YES NO) Deadline: _____		
My strengths and the resources I have available that will help me achieve this goal are:		
The weaknesses or obstacles that may hinder my achieving this goal are:		
No obstacles but sometimes human being may not be 100% perfect		
Activities that I can do to reach this goal are:		
Be social and obedient, self-participation in both work and decision making		

Figure 5.2 Example of psychosocial health IRP and goal setting for Sunday's case

Spirituality

CVI is a Christian organisation and this recurs in its trauma counselling approach. The Christian setting has a major influence on the holistic counselling provided. Counsellor Stella in the interview indicated that the individual counselling is strongly influenced by personal and client's religion. Rita doesn't agree with this in her questionnaire. From observations, we can state that the Christian spiritual aspect is omnipresent in the centre and in the counselling too: morning and evening prayers are directed to God, and returning topics of counselling sessions are faith, values, beliefs. The counsellors help the students grow their faith in God.

Besides the psychosocial, the spiritual section of the IRP can be a tool to reflect fluctuations in trauma level. Counsellor Stella notes that students participate more during prayers the longer they are in the centre. Prayers and Bible studies are presented as ways to expel nightmares, bad thoughts, insecurities.

Forgiveness therapy

Counsellors provide in individual counselling whenever there is a need. Observing these individual counselling sessions, I noticed that forgiveness plays a major role in the approach of trauma healing. In Sunday's case story this became very visible, as Stella encouraged Sunday to forgive the people that hurt her, in order to move forward in the healing process.

Forgiveness therapy is more than moving on. It is 'a way for both client and therapist to examine those situations in which the client was or is treated unfairly, for the express purpose of helping the person to understand the offender; to learn to slowly let go of anger with this person; and, over time, to make a moral response of goodness toward the offender(s). This process may require many months or even years'.

In *Forgiveness Therapy* the authors define four phases of forgiveness: the uncovering phase (admitting anger), the decision phase (understanding the connection between anger/anxiety and being treated unjustly; insight in benefits of forgiveness), the work phase (assignments in actively resolving anger) and the deepening phase (wiser, more assertive, better care of themselves and relationships, more careful about who to trust).

Individuals with PTSD regularly struggle with intense anger and frequently have powerful impulses to seek revenge against those who traumatized them. DSM-5 lists irritability and outburst of anger as among the persistent symptoms of increased arousal in PTSD. Forgiveness therapy wants to challenge the client to 'have compassion' and 'do no harm' regarding a person with whom he or she is angry and frustrated. It can be an effective psychotherapeutic technique that facilitates the healing of anxiety disorders, anger, depression, and other possible post-traumatic stress responses, in part by resolving the anger associated with them. (Enright & Fitzgibbons, 2014)

Time management

It is fascinating how time is dealt with differently all around the globe. I found that in Uganda counsellors hold on less to a schedule or agenda. Sessions were not timed. Counsellors are more flexible. Appointments are usually formulated in the style of "we will meet again Friday after tea".

5.4 Impact of trauma counselling on counsellor's life

Just like Belgian trauma counsellors, counsellors at CVI never end a session when it gets complicated. Counsellors at CVI often have experienced traumatic events themselves⁴. When a story comes close to own experiences, counsellors choose to **share their story** so that the girl knows she is not the only one that has gone through it, and that she too can survive it. Counsellors at CVI don't find any difficulties in their job, and don't look for professional support for themselves so fast. They receive a lot of reward out of the progress they see in the behaviour of the girls. This change and to see the girls smiling is very rewarding.

5.5 Measuring success of counselling and organisation

The 18-month program of holistic therapeutic recovery and practical training within the sanctuary setting of the Lukome Center has proven effective for healing the most vulnerable of war-affected girls and children. Counsellors notice a meaningful change in behaviour of the girls. From shy, isolated, introvert and quiet, they become responsible and participating girls.

Since the first graduating class of 13 girls in 2009, CVI has had 124 students from Uganda complete the program and return to their families and communities, prepared to provide for themselves and their children. Last year CVI added three years of post-therapeutic care, essential for having the girls successfully reintegrate with their communities, as more than 90% currently do.

By monitoring and assessing the results of their efforts over the past decade, it is showed that the CVI model works. Today, the organisation is approached by outside sources with the prospect of expanding into other hot-spot regions, including Nigeria, Iraq, Syria, Pakistan, and the Democratic Republic of the Congo.

⁴ There was war in the region only 12 years ago.

6. Personal perspective

Principles of trauma counselling

Trauma counselling wants to overcome lasting effects and symptoms of trauma and focuses on future and reintegration. I find it relevant to situate the counselling on macro, meso and micro level, to clarify what we are talking about. I support empowerment and an accepting, genuine and empathic attitude, as presented by Carl Rogers. **Tolerance** is a value I find most important. I understand that creating a safe environment is done by showing unconditional positive regard and active and intense listening. Values that I highly support when working with vulnerable clients, are **authenticity** and always being **honest**. I am aware that creating a safe environment and trustful relationship is a crucial step and occupies a significant period of time in the healing process. This is something I learned from doing counselling with Sunday, where it became very clear that I was going too fast and too personal in the first session together. I can relate to the principles of safety, structure, sensitivity and success. I prefer using evidence-based approaches, though I also agree with the statement “absence of evidence doesn’t mean evidence for absence”. **Complimenting** the students, for example, I find an easy and effective way to (re)activate the client’s capacities and self-confidence, which contributes the creation of a safe environment and trustful relationship.

Approaches in trauma counselling

I strongly believe in the effectiveness of **narratives** and using **life stories** as a starting point of therapy. Difficulties I experienced while talking and writing down the stories, were identifying with the girl and dealing with harrowing elements of the story. In the beginning, I sometimes felt that I was not the right person to do the counselling, because I couldn’t relate to traumatic experiences, like living in extreme poverty, being raped, or seeing people killed. I overcame these difficulties of identifying and dealing with harrowing elements by discussing with professional counsellors. A conclusion of the discussions was that it is important to **empathize**, and not to sympathize. I couldn’t share personal experiences, but I could still advice and guide, even in the short period of time of the internship.

My theoretical knowledge about war and trauma was broad before I came to Uganda, but I found it difficult to recognize the uniqueness of each story and each girl and to apply **double-listening**. I learned to recognize the unique stories and personalities by simply practicing more counselling, using **active and intense listening** as a technique. I learned to not always stick to prepared questions or forms, but to be more **flexible** and formulate in a different way; to make the session more of a dialogue. Instead of asking “How did war affect you and your family? What were consequences of war?”, I started formulating more positive future-focussed questions: “Who or what sustained you through challenging times? If someone else went through similar experiences, what suggestions would you offer them that would be helpful for them to recover from such experiences? What is your vision for the future?”

IRP forms in my opinion are an effective tool to track process of a student. Using IRP sometimes facilitates the conversation. It can be a helping tool when the process gets difficult or stuck. I have experienced that IRP’s are used in a similar way in Belgium and Uganda.

During the internship I got familiar with **forgiveness therapy**, a method that is less present in Belgian aid culture. I can see that forgiveness therapy has links to the spiritual aspect. I am still sceptical about sharing personal experiences as a counsellor, because doing this can impose certain ideas. On the other hand, local people are experts in their own lives. They have skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives.

Communities share skills and knowledge that strengthen capacities and strengths in a way that I initially may not have recognised. Curiosity and always asking questions to which you genuinely don't know the answers, is a quality of the intercultural competent counsellor.

In the counselling therapy of CVI reintegration plays a major role in the trauma healing process. In general, trauma counsellors focus on resolution of the originating feelings and emotions of trauma that require coping skills into the future. They work towards the healing of trauma, paying a lot of attention to the quality of life of the client. In case of complex trauma quality of life and stabilization get priority, and referral to specialized services might be necessary. Belgian counsellors would refer sooner than CVI counsellors.

Skills for the trauma counsellor

I am aware that there are certain aspects in life that influence the professional relationship between client and counsellor. Differences in communication, world perspective, poverty, stigmatization are aspects that I have been confronted with multiple times during my internship. In the report the focus for change is upon the individual. I tend to promote an **ecological approach** among socio-educational care workers throughout all phases of an emergency and recovery period - one that looks behind the linear cause-and-effect relationship and recognizes a two-way flow between individual and environment and not only puts the focus for change on the individual.

Impact on counsellor's life

My biggest challenges were the differences in religion practice and managing time. Spirituality or religion is omnipresent in the Lukome Centre. Praying happens out loud in group, with songs and dances and is part of the counselling. This is very different from Belgium, where the client decides whether religion will be part of the therapy or not. Time management is more flexible. CVI has the advantage of working with a limited number of clients (30) over a long period of time, which makes there is more time to counsel every girl. In Belgium we sometimes encounter the issue of lack of time to do sufficient counselling.

In ChildVoice support for the counsellors is not there. In Belgian organisations there is often a confidential advisor present or support is found with an external organisation. Assistance or support for professionals cannot be underestimated. There is still a lot of space for improvement.

I agree that the gratitude of clients is the most rewarding of counselling therapy. At the end of my internship I still found it difficult to deal with the sometimes touching stories the girls told me, but it was incredible to see the changes in their behaviour, even in the short period of time of the internship.

Measuring success

To measure the success of trauma counselling and of organisations providing these services, more profound research and accurate statistics have to be collected. Although the holistic counselling of CVI is a very time-taking and intense form of therapy, it has proven its effectiveness through success stories of graduating girls. The approach reminded me of institutions in Belgium that provide long-term residential reintegration programmes (for no specific target group), rather than specific therapeutic services for vulnerable (refugee) children - often done in a limited number of sessions. I am amazed with the long way CVI has come since 2006, improving the organisation through trial-and-error, and the changes still happening today. The therapy of CVI is time-taking and intense, but changes the life of a small group of girls and their children in a significant way.

7. Differences and similarities in Belgian and Ugandan trauma counselling culture

Trauma counsellors in Belgium and Uganda have experience working with children that have fled their home countries because of war. There are multiple organisations in both countries that offer trauma treatment services for refugees. Differences in time-span, occupancy (or waiting lists) and approaches influence the trauma healing process. CVI has the advantage of working with a limited number of clients over a long period of time (18 months) in a holistic counselling setting, which has proven to be highly effective.

Trauma healing and resilience-building activities are the overall goal of trauma counselling. Where Belgian trauma counsellors take quality of life into account, counsellors at CVI also strongly focus on reintegration. At CVI, counsellors reach out more actively to their clients. CVI offers a long-term residential holistic counselling program that is very intense compared to the often numbered amount of counselling sessions that Belgian organisations provide.

A positive aspect of the approach of ChildVoice is that they work with local counsellors. Trauma healing works best when local community members or people sharing the same cultural norms and values are involved and trained in their trauma healing and reintegration skills. Counsellors in Belgium can often be part of a team with multiple different backgrounds, yet they can encounter challenges when the client has a different cultural background and world perspective.

Trauma counsellors provide guidance and advice. In Belgium counsellors prefer using evidence-based methods like cognitive behavioural therapy and EMDR in the treatment process. Empowerment plays a big role in the trauma healing process. CVI also applies the cognitive behavioural therapy as a foundation for their work. Narratives and life stories and individual process-tracking or reintegration plans are used both in Belgium and Uganda. The approach of CVI is more holistic and beside forgiveness therapy also includes local knowledge (e.g. counsellors sharing their own experiences). Christianity and prayers determine a big part of the CVI therapy.

The professional attitude of the counsellor is important in both cultures: accepting, genuine, empathic, unconditional positive regard, active listener, etc. Cultural knowledge (e.g. relationships, conflict management, prevailing views of a society) and intercultural competencies (e.g. flexibility, resilience, acceptance) are essential when working with clients from other cultural backgrounds, like refugees. Counsellors master specific communication skills to bring the therapy to a successful conclusion.

The way time is handled differs significantly between the two countries. In Belgium, counsellors depend more on a schedule, while Ugandan counsellors are more flexible and can afford to spend more time on each individual. Planning and time management are less important. A counsellor from CVI said it like this: "if it is not working today, tomorrow it will." Sometimes this can affect the therapy also in a negative way for students, when requirements are not fulfilled before the end of a period.

Counsellors in Uganda seem to put strength from personal experiences. They share their own story in order to encourage the clients in moving forward with their lives. They are less likely to refer the client to specialized help or to go for external support when a case is complicated and often use praying to God as a solution. Counsellors in Belgium have the skill to empathize with the client's story but are careful not to sympathize. In case of a heavy story, they find support from colleagues, supervisor or an

external confidential advisor. There is a lot of space for improvement regarding support for counsellors and therapists in general.

In doing research on what works in trauma counselling and measuring success of organisations providing these services, I bumped into many obstacles. Certain methods of trauma treatment are proven to be effective, but numbers on trauma prevalence and success stories differ according to the consulted source. Data is often difficult to access because of confidentiality. Research on evidence of the effectiveness and especially cost-effectiveness is lacking in many areas.

We can conclude that even though the overall goal of trauma counsellors in Belgium and Uganda is similar, there are different approaches in how to realise the goal of an effectively coping and resilient client.

Belgium	Uganda
Trauma healing, resilience building activities, coping skills and quality of life	Reintegration, future-orientated activities and trauma healing
Referral from other institutions	Outreach
Approaches based on cognitive behavioural therapy	Approach based on cognitive behavioural therapy
Therapeutic sessions	Holistic program
Client number depending on available places, waiting lists	Small number of clients
Numbered amount of sessions	18-month program
Empowerment	Advocacy
Counsellors with different cultural backgrounds, culturally diverse teams, but mostly Belgians	Local Ugandan counsellors
Evidence based methods	Forgiveness therapy and local knowledge
Specific (intercultural) communication skills	Communication skills (e.g. double listening)
Accepting, genuine and empathic attitude of the counsellor	Accepting, genuine and empathic attitude of the counsellor
Role of religion depends on client	Christianity is omnipresent
Individual process tracking reports	Individual reintegration plan
Referral to specialized services if needed	Referral less likely to happen
Relapse prevention	Post residential program
Evaluation through conversation about stabilization, integration and socialization	Evaluation through conversation and post-therapeutic care for three years
Support for counsellors	Little professional support for counsellors

8. New insights on the case

8.1 Report conclusion

The objective of trauma counselling for refugees is to heal trauma and facilitate (re)integration in the community or society by doing exposure or other forms of therapy and resilience-building activities. Something Belgian trauma counsellors can learn from Ugandan counsellors is to **reach out** proactively to young at-risk refugees. Another thing they can learn is to recognize the importance of **local knowledge** during the counselling. The understanding that community members possess knowledge of life, specific skills of living, and problem solving (e.g. praying together) is one aspect of cultural competence essential for the intercultural trauma counsellor to have. It is important to keep the ecological approach in mind, that recognizes a two-way flow between individual and environment and not only focuses on change of the individual.

Counsellors have to work within the contexts of their organisations and with all accompanying limitations (time, placements, approaches). Nonetheless, the **attitude** of the counsellor is always accepting towards the client, genuine and empathic and most important, should be authentic. Most organisations hold onto existing methods for trauma counselling that fit in the cognitive behavioural therapy and are preferably **evidence-based** (e.g. EMDR, forgiveness therapy, individual reintegration plan). In Uganda these methods are often supported by **personal ideas** or experiences of the counsellor. Religion also plays a much bigger role in the Ugandan culture, while Belgian counsellors are taking in a more neutral position. Certain (intercultural) **communication skills** are essential in both Belgium and Uganda.

Where a case asks for referral to specialized services, Ugandan counsellors would **refer** later than Belgian counsellors. Nevertheless, CVI provides a strong three year **post residential** program and intervenes in case more therapy or assistance is needed, while follow up after the counselling often fails in Belgium. **Support** for counsellors is very limited in Uganda and in Belgium there is also space to improve.

Even though the overall goal of trauma counsellors is similar, there are differences in Belgian and Ugandan approaches in how to realise the goal of an effectively coping and resilient client. The transcultural trauma counsellor has an eye for similarities and overcomes differences and potential obstacles by mastering intercultural competences.

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10. Attachments

10.1 Interview counsellor Stella (ChildVoice)

Personal information

Name: Stella Auma Okweno **Nationality:** Ugandan **Sex:** female **Age:** 32 y/o

Organisation: ChildVoice International (since February 2017)

Studies

What did you study?

I studied for the Diploma of Guidance & Counselling in Kampala (2y), which consisted of courses such as introduction to psychology (2y), introduction to communication skills, computer applications, sociology (1y),....

Where did you study?

Ndejje University in Luweero district (Kampala)

What are fundamental principles that you have learned during your studies, for example: confidentiality, creating safe environment, being transparent to the client?

Confidentiality is the principle that I find most important. It is important to assure the client before the counselling session that everything she says will stay between the two of us. There can always be exceptions. Secondly a **safe environment**. This is an environment without other people around so that the client opens up. Thirdly I recognise the principle of **integrity, imparity and respect**, which also includes active listening, understanding, non-judging. As a counsellor there are areas that I don't talk about, such as personal information. You can always share personal experience so that the client feels that you are in the same problem and so that she can move forward, but you can not share everything. The **importance of skills** is important when speaking for a group of people, I think. This requires knowledge, but actually I don't really like to teach. So for me **confidentiality, safe environment, not judging, empathy and respect** are most important. For example when a client is very dirty, I will not say that straight forward, only after some session I will bring this up. Otherwise the client will not come back after the first session.

Work

Age target group: 15-20 **Sex target group:** Female

What is the religion of your target group?

The girls in the Centre are all **Christians**, both Anglican/Protestant, or Catholics. Other names are 'Born agains' and 'Savdis'. Childvoice is a Christian organisation, and here at the Centre everyone prays as Christians: to God. There is no Islam, but one child is Muslim. The mother is mostly eating greens and not eating meat, but this is because she is hepatitis B positive. Though she eats fish or chicken. The child, who is a Muslim, eats pork, because here it is a Christian setting.

What other tasks besides meeting with clients does your job as a counsellor imply, for example follow up the individual reintegration plans?

My tasks are **individual counselling** and **group counselling**. When visitors come I am the master of ceremony and carry out the ceremony program (introduction of the students, introduction of the visitors) and I also do the 'bye bye ceremony'. During evening times, I make sure the students are peaceful and that there is no quarrelling, no fighting, that they've eaten. I also do form filling of **IRP's** after every 4-months. And in the beginning there was no **counsellor's manual**. Right now we are trying to develop a manual so our work becomes easier. We can just read from the manual and do the group counselling.

What is the price of the counselling?

ChildVoice counselling therapy is free.

Religion

Do your religion and the religion of the client have an influence on your approach in counselling?

My religion and the religion of the client have a dominant influence on the individual counselling.

Close-up counselling

In which languages do you do counselling?

During group counselling we use three languages: **English, Luwo and Arabic**. During individual counselling, we either talk in English and Arabic, or English and Luwo. I use the language that the girl really understands. There is a challenge among group 12, since one student doesn't speak Luwo, Arabic nor English. And I can not ask for another student to translate because then there is no confidentiality. I still do counselling, with just the little English that she understands, speaking very slowly.

What are main topics during counselling sessions?

Something that comes back most often is **forgiveness** (among the students). You know, when girls are together, there can be a lot of problems. We speak about issues of **hygiene**, both personal hygiene and environmental hygiene, **parental care** and **love for the children**. About the past we don't talk very often. Once in a while, during group counselling, I may ask some people to come with **experiences from the past**. We mostly focus on **goal-setting**, so that the mindset of the students is mostly on the future. Goal setting is done mostly one on one. While we review the IRP, we help the student to set a new goal. We help and guide.

During individual counselling we can talk about **spiritual aspects**. This can be the student's value as a Christian, the way she wants her faith to be. What does she believe in? Maybe a student comes from a home where they believe in witchcraft, but here we focus on an area of Christianity. Sometimes the faith of the student is so little because of background. We teach them that they have to grow faith in order to live in a certain way. I remember a student saying: "I used not to believe, I did not go to church, but here I pray every day". It's a good thing to see the girls changing.

About **family** we talk about during group counselling. We address subjects such as domestic violence and divorce. In individual counselling we only talk about family when the client brings up the subject. When you are having continuous conversations and you see a problem about the family, you may ask to help to get the student out of such issues. Example: if the student says that her mother is a serious drunkard, you can ask if it an inherited drunkardness and give tips in how to handle this.

About **behaviour** we talk both in group counselling and individual counselling. Behaviour like discipline, respect is important. Some students tend to be undisciplined, disrespectful. When students come, I see that they have different behaviour, so we discuss about what is needed (desirable) and what is not. For example, if a student comes from home and the children were not used to go to the toilet. Here children are supposed to be taken to the toilet, otherwise the mother has to clean up the poopoo with toilet paper.

Counsellors are not supposed to do **problem solving**, we refer to the CPO any problem that inquires fighting quarrelling, the CPO can refer back to us, if needed.

Daily life is not so often talked about. It is something Madame Cecilia talks about with the students, since she is the cluster leader. Daily life is more something you talk about casually.

How do you build a relation with the girls?

Respect is one aspect. If you respect the student, she respects you and will open up to you. Further: paying attention to their problems, keeping their problem confidential, not judging. Building a

relationship is a slow process. It is not something that is built in one day. Sometimes it takes 3, 4, or 6 months. Sports can help build a relationship between students and staff, but currently sports is not being done at the Centre.

Can you describe the process of a girl coming to CVI?

Some cases need planning. For example when there is a feeling of committing suicide, I need to follow up the student and make an appointed date. Counselling is an ongoing process in the 18 months that the girls are here. In the case of nightmares, for example, I need to follow up and ask about side subjects, like the belief in witch doctors, or we pray.

The students stay at the Centre for 1 to 18 months. After graduating they go home and are under post-residential program (Winnie and Michael). Coming here goes like this: a radio announcement is made, and notices or adverts are sent to the subcounties. From the subcounties, the local council spread the adverts in their parishes. The date that ChildVoice will come is set, and the child mothers come at the subcounty for the first interview. 17 years and below are selected to participate in the first interview. A group of girls are told to come back for the second interview. When they qualify, there is third interview which is a home visit. Here is confirmed or checked if what she has stated, is true and if she qualifies for coming to ChildVoice. The people doing the interview look at the **level of vulnerability**. Finally, the girls have to come and check if their name is at the subcounty. If they are qualified, they can go to ChildVoice. There will be two girls from each subcounty. There are six subcounties. A date is set to go pick the girls. Counselling starts when they arrive in the Lukome Centre. When they leave there is no more counselling, only a post residential program for 3 years. The possibility of asking for counselling is still there. After 3 years they are believed to be independent on their own.

How is it measured that the level of trauma of the client is reduced?

In the beginning I can see that students are shy, isolated, introvert, quiet. With ongoing counselling, I can measure that the trauma is going away. With the time, the person begins to participate actively (garden work etc). By reviewing together with the student and going through the IRP together, I can tell that the level of trauma is reduced. Mostly the psychosocial section and spiritual section can tell something about the trauma. Some students have a lot of nightmares but by praying and Bible studies the student can sleep nicely at night.

What happens if a story comes close to personal experiences?

I don't stop the counselling. I make sure to tell the student that I have gone through the same so that she knows that she is not the only one that has gone through it. If you stop, you break down the student. If it has not come close to my own experience, but to someone I know, I share that story too.

When you have a need for support for yourself to deal with a case, can you find this?

Not to break down, I put myself in prayers. I don't seek for assistance again. The reoccurrence of past experience is just not realistic. The student has to protect herself f.e. after rape. I also have a mentor. I can make a telephone call.

What are difficulties you meet in your job?

There are not much difficulties in the counselling that I am doing here. I see that the students are progressing.

How is your job rewarding to you?

My job makes me happy when I see students change, when I see the trauma level reduces in them. It makes me so happy. Change in the students as they go out and as the post residential people are seeing that they are not retarding, is rewarding to me.

10.2 Questionnaires for counsellors

Questionnaire	
<i>About the questionnaire</i>	
<p>This questionnaire is to obtain more information about Ugandan and Belgian counselling culture in order to make a comparing study on this subject. The results of the questionnaire will be used in a case study about counselling with adolescent girls fleeing war, which will be the subject of my bachelor thesis.</p> <p>Counselling has different interpretations in different cultures. Counselling in Belgium is helping clients with problems, questions, discovering skills or possibilities.... by the method of therapeutic conversations. It is aid that is easy to access and that can refer to other forms of assistance such as psychologist, psychiatrist, therapist... if necessary. I aspire to get a fuller understanding of the meaning of counselling.</p> <p>The people that have been invited to complete this document have experience in working in a counselling context with adolescents suffering trauma in Uganda or Belgium.</p>	

Personal information			
Name	Rita Joyce Aol <input type="checkbox"/> I wish to stay anonymous	Nationality	Ugandan
Age	<input type="checkbox"/> 20-30 <input type="checkbox"/> 40-50 <input checked="" type="checkbox"/> 30-40 <input type="checkbox"/> 50-60	Sex	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
In which organisation are you actively counselling today?	ChildVoice		
Studies			
What did you study?	<input type="checkbox"/> Diploma of Higher Education in Counselling <input type="checkbox"/> Master's Degree in Counselling <input type="checkbox"/> Bachelor's Degree in Counselling <input type="checkbox"/> Specialization counselling after other studies, namely:..... <input type="checkbox"/> No specific education <input checked="" type="checkbox"/> Other: short training counselling		
What is the name of the institution you studied at?	TPO Care international		
Which main principles of counselling do you recognize?	<input checked="" type="checkbox"/> Being transparent towards client <input checked="" type="checkbox"/> Provide safe environment <input checked="" type="checkbox"/> Act in the importance of the client <input checked="" type="checkbox"/> Professional secrecy, confidentiality <input checked="" type="checkbox"/> Integrity, imparity, respect <input checked="" type="checkbox"/> Responsibility <input checked="" type="checkbox"/> Anti-discrimination <input checked="" type="checkbox"/> Indicating limits <input type="checkbox"/> Importance of competence		

What other main principles on counselling did you learn (during your studies)?	Practical skills of counselling f.e. paraphrasing, probing, ask the same question in different ways, confidentiality, qualities of good counselling f.e. empathy					
Which 5 principles do you find most important and do you apply in your work?	<input type="checkbox"/> Most applied: confidentiality, empathy, non-judging <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Least applied:.....					
Work/organisation						
Age of the target group of your organisation	<input type="checkbox"/> 10-15	<input type="checkbox"/> 30-40	Sex of the target group	<input type="checkbox"/> Male		
	<input checked="" type="checkbox"/> 15-20	<input type="checkbox"/> 40-50		<input checked="" type="checkbox"/> Female		
	<input type="checkbox"/> 20-25	<input type="checkbox"/> 50-60				
	<input type="checkbox"/> 25-30					
Religion(s) of the target group	Any					
What other tasks besides meeting with clients does your job as counsellor imply? (f.e. follow up individual reintegration plan)	Recruitment of new girls, writing monthly, quarter and yearly report, follow-up with the student, group counselling, filling IRP form, periodic assessment form three times a year, filling stability scale every three months					
What is the average price of the full counselling therapy at your organisation?	<input checked="" type="checkbox"/> Free	<input type="checkbox"/> 30 000 - 45 000 UGX				
	<input type="checkbox"/> 5 000 - 15 000 UGX	<input type="checkbox"/> 45 000 – 60 000 UGX				
	<input type="checkbox"/> 15 000 - 30 000 UGX	<input type="checkbox"/> Other:.....				
Religion						
My religion influences my approach.	1: not at all 2: slightly 3: agree 4: strongly 5: dominant 6: don't know					
	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
The religion of my client influences my approach.	1: not at all 2: slightly 3: agree 4: strongly 5: dominant 6: don't know					
	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

Close up counselling			
In which language does the counselling happen most of the time?	<input checked="" type="checkbox"/> The language of the client <input checked="" type="checkbox"/> The language of the client with assistance of a talk <input checked="" type="checkbox"/> English <input checked="" type="checkbox"/> Acholi <input checked="" type="checkbox"/> Arabic <input type="checkbox"/> Other:.....		
What are main topics of counselling sessions?	<input checked="" type="checkbox"/> Past experiences, possible trauma <input checked="" type="checkbox"/> Feelings, thoughts <input checked="" type="checkbox"/> Future planning <input type="checkbox"/> Religion, praying <input type="checkbox"/> Family <input checked="" type="checkbox"/> Certain behaviour <input checked="" type="checkbox"/> Problem solving <input checked="" type="checkbox"/> Daily life <input type="checkbox"/> Other:.....		
How long is the total length of a counselling process with a client?	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 3 sessions <input type="checkbox"/> 6 sessions <input type="checkbox"/> 10 sessions <input checked="" type="checkbox"/> Other: depends on the person </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> 6 to 12 months <input checked="" type="checkbox"/> More than 1 year <input type="checkbox"/> Other:..... </td> </tr> </table>	<input type="checkbox"/> 3 sessions <input type="checkbox"/> 6 sessions <input type="checkbox"/> 10 sessions <input checked="" type="checkbox"/> Other: depends on the person	<input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> 6 to 12 months <input checked="" type="checkbox"/> More than 1 year <input type="checkbox"/> Other:.....
<input type="checkbox"/> 3 sessions <input type="checkbox"/> 6 sessions <input type="checkbox"/> 10 sessions <input checked="" type="checkbox"/> Other: depends on the person	<input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 to 6 months <input type="checkbox"/> 6 to 12 months <input checked="" type="checkbox"/> More than 1 year <input type="checkbox"/> Other:.....		
How do you build a relation with your client?	You should be approachable and flexible as a counsellor and create a situation of building trust, so that the client can trust you with her story. You have to be friendly. The first impression is all that matters. If I show a bad impression it becomes difficult to get close to the person.		
Describe the process of a client coming to your organisation	(recruitment – counselling – post) Recruitment: CVI sends adverts to the community. Girls are interviewed. Successful girls are enrolled in the system. After they spent 16 months for therapeutic + 4 months for transition. National exams + graduation. Post residential program can still foresee counselling for three years. Then the chapter with the girl is closed.		
How is it measured that the level of trauma of the client is reduced? (f.e. follow-up programme for certain period; using certain scale)	Observe their behaviour. Unstable and emotional behaviour becomes calm, free, interactive. You just know there is change. The person is beginning to love herself. When you're traumatized she doesn't want to be herself. Using stability scale (paper form) and IRP. Post-residential checks once in a while on a girl.		

<p>What happens if a story comes close to personal experiences?</p>	<p> <input type="checkbox"/> Never experienced this <input type="checkbox"/> I stop the counselling therapy completely <input type="checkbox"/> I pause the session and reschedule for another time <input checked="" type="checkbox"/> I continue the session and manage to separate my story from the client's story <input type="checkbox"/> I finish the session and search for assistance afterwards <input checked="" type="checkbox"/> Other: my own story doesn't hurt me anymore. My goal is to help the girls. Sharing your own story can even help the girl to see that she is not alone and can also overcome it. </p>
<p>When you have a need for support for yourself to deal with a case, can you find this? Where?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No Where: Counsellors come and share their story and we encourage one another. There is no one to refer to. </p>
<p>What are difficulties you meet in your job?</p>	<p> <input type="checkbox"/> Not enough time to provide sufficient counseling <input type="checkbox"/> Often confronted with tragic stories that discomfort me <input type="checkbox"/> No assistance when I need it <input type="checkbox"/> Not satisfied with own counseling skills <input type="checkbox"/> Client is not making progress <input type="checkbox"/> Others:..... </p>
<p>How is your job rewarding to you?</p>	<p>When I see a change in the life of a girl, I feel happy.</p>

Vragenlijst

Over de vragenlijst

Deze vragenlijst wil meer informatie verzamelen over de counselling cultuur in België en Oeganda, met als uiteindelijke doel een vergelijkende studie te maken over dit onderwerp. De resultaten van de vragenlijst zullen gebruikt worden in een *case study* over counselling met adolescente meisjes die gevlucht zijn voor oorlog, het onderwerp van mijn bachelorproef.

Counselling heeft verschillende interpretaties in verschillende culturen. Counselling in Oeganda is het adviseren van cliënten, het bespreken van problemen, het formuleren van toekomstdoelen... door middel van therapeutische gesprekken. Ik streef ernaar een vollediger invulling te krijgen van het begrip *counselling*.

Mensen die uitgenodigd zijn om deze vragenlijst in te vullen, hebben ervaring in het werken in een counselling context met adolescenten met verschillende traumata in Oeganda of België.

Persoonlijke informatie

Naam	Warriner <input type="checkbox"/> I wish to stay anonymous	Nationaliteit	Belg
Leeftijd	<input type="checkbox"/> 20-30 <input checked="" type="checkbox"/> 40-50 <input type="checkbox"/> 30-40 <input type="checkbox"/> 50-60	Geslacht	<input type="checkbox"/> Man <input checked="" type="checkbox"/> Vrouw
Bij welke organisatie ben je actief als counsellor?	Solentra		
Studies			
Wat heb je gestudeerd?	<input type="checkbox"/> Specialisatie counseling na andere studies, namelijk:..... <input type="checkbox"/> Master counseling <input type="checkbox"/> Bachelor counseling <input type="checkbox"/> Diploma hoger onderwijs in counseling <input type="checkbox"/> Geen specifieke opleiding <input checked="" type="checkbox"/> Andere:		
Aan welke instelling heb je gestudeerd?	KUL		
Welke basisprincipes van counselling herken je?	<input checked="" type="checkbox"/> Transparantie tegenover de cliënt <input checked="" type="checkbox"/> Veilige omgeving creëren <input checked="" type="checkbox"/> Handelen in het belang van de cliënt <input checked="" type="checkbox"/> Beroepsgeheim, vertrouwelijkheid <input checked="" type="checkbox"/> Integriteit, onpartijdigheid, respect <input checked="" type="checkbox"/> Verantwoordelijkheid <input checked="" type="checkbox"/> Anti-discriminatie <input checked="" type="checkbox"/> Grenzen aangeven <input checked="" type="checkbox"/> Belang van competentie		
Welke andere basisprincipes van counselling heb je geleerd	Empathie, rekening houden met de cultuur, betekenis van gedrag, beleving, erkenning		

(tijdens je studies)?	
Welke 5 principes vind je het belangrijkste en pas je vandaag toe in je werk?	<input checked="" type="checkbox"/> Meest toegepast:..... <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> Minst toegepast:.....
Werk/organisatie	
Leeftijd van de doelgroep van je organisatie	<input checked="" type="checkbox"/> 10-15 <input checked="" type="checkbox"/> 30-40 Geslacht van de doelgroep van je organisatie <input checked="" type="checkbox"/> 15-20 <input checked="" type="checkbox"/> 40-50 <input checked="" type="checkbox"/> Man <input checked="" type="checkbox"/> 20-25 <input checked="" type="checkbox"/> 50-60 <input checked="" type="checkbox"/> Vrouw <input checked="" type="checkbox"/> 25-30
Religie(s) van de doelgroep	Moslim; christen
Welke andere taken naast het voeren van individuele gesprekken horen bij jouw job als counsellor? (vb. individuele re-integratie plannen opvolgen)	Mobiliseren van netwerk rond patient, doorverwijzing naar artsen, clientoverleg met andere betrokken hulpverleners
Wat is de gemiddelde kostprijs van een volledige begeleiding bij jouw organisatie?	<input checked="" type="checkbox"/> Gratis <input type="checkbox"/> €100-€150 <input type="checkbox"/> €10-€50 <input type="checkbox"/> €150-€200 <input type="checkbox"/> €50-€100 Anders:.....
Religie	
Mijn geloof heeft invloed op mijn aanpak.	1: geen 2: enigszins 3: invloed 4: sterk 5: dominant 6: weet ik niet <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Het geloof van mijn cliënt heeft invloed op mijn aanpak.	1: geen 2: enigszins 3: invloed 4: sterk 5: dominant 6: weet ik niet <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Close up counselling	
In welke taal gebeurt de begeleiding meestal?	<input type="checkbox"/> In de taal van de cliënt <input checked="" type="checkbox"/> In de taal van de cliënt met behulp van een tolk <input type="checkbox"/> Nederlands <input type="checkbox"/> Engels <input type="checkbox"/> Frans <input type="checkbox"/> Andere:.....

<p>Wat zijn onderwerpen die veel terugkeren tijdens counselling sessies?</p>	<p><input checked="" type="checkbox"/> Gebeurtenissen uit het verleden, mogelijk trauma</p> <p><input checked="" type="checkbox"/> Gevoelens, gedachten</p> <p><input checked="" type="checkbox"/> Toekomstplanning</p> <p><input checked="" type="checkbox"/> Religie, bidden</p> <p><input checked="" type="checkbox"/> Familie</p> <p><input checked="" type="checkbox"/> Bepaalde gedragingen</p> <p><input checked="" type="checkbox"/> Problemen oplossen</p> <p><input checked="" type="checkbox"/> Dagelijks leven</p> <p><input type="checkbox"/> Andere:.....</p>		
<p>Wat is de gemiddelde duur van een counselling proces met een cliënt?</p>	<table border="0"> <tr> <td data-bbox="435 577 906 801"> <p><input type="checkbox"/> 3 sessies</p> <p><input type="checkbox"/> 6 sessies</p> <p><input type="checkbox"/> 10 sessies</p> <p><input type="checkbox"/> Andere:.....</p> </td> <td data-bbox="906 577 1401 801"> <p><input type="checkbox"/> Minder dan 3 maanden</p> <p><input type="checkbox"/> Tussen 3 en 6 maanden</p> <p><input checked="" type="checkbox"/> Tussen 6 maanden en 12 maanden</p> <p><input type="checkbox"/> Meer dan 1 jaar</p> <p><input type="checkbox"/> Andere:.....</p> </td> </tr> </table>	<p><input type="checkbox"/> 3 sessies</p> <p><input type="checkbox"/> 6 sessies</p> <p><input type="checkbox"/> 10 sessies</p> <p><input type="checkbox"/> Andere:.....</p>	<p><input type="checkbox"/> Minder dan 3 maanden</p> <p><input type="checkbox"/> Tussen 3 en 6 maanden</p> <p><input checked="" type="checkbox"/> Tussen 6 maanden en 12 maanden</p> <p><input type="checkbox"/> Meer dan 1 jaar</p> <p><input type="checkbox"/> Andere:.....</p>
<p><input type="checkbox"/> 3 sessies</p> <p><input type="checkbox"/> 6 sessies</p> <p><input type="checkbox"/> 10 sessies</p> <p><input type="checkbox"/> Andere:.....</p>	<p><input type="checkbox"/> Minder dan 3 maanden</p> <p><input type="checkbox"/> Tussen 3 en 6 maanden</p> <p><input checked="" type="checkbox"/> Tussen 6 maanden en 12 maanden</p> <p><input type="checkbox"/> Meer dan 1 jaar</p> <p><input type="checkbox"/> Andere:.....</p>		
<p>Hoe bouw je een relatie op met je cliënt?</p>	<p>Wederzijdse erkenning, grondhouding, oprechte nieuwsgierigheid de andere te leren kennis in zijn zijn</p>		
<p>Omschrijf het proces van een cliënt die naar jouw organisatie komt.</p>	<p>(rekrutering – counselling – post)</p> <p>Doorverwezen door hulpverlener met bezorgdheid rond het psychisch functioneren</p>		
<p>Hoe wordt er gemeten of het trauma level afgenomen is? (vb. opvolgingsprogramma van bepaalde duur; d.m.v. een bepaald meet-instrument)</p>	<p>In gesprek, kijken naar de veerkracht van de client, klachten verdwenen of client die aangeeft zich voldoende goed te voelen</p>		
<p>Wat gebeurt er wanneer een verhaal dichtbij eigen ervaringen komt?</p>	<p><input type="checkbox"/> Heb ik nog nooit meegemaakt</p> <p><input type="checkbox"/> Ik stop de counseling begeleiding volledig</p> <p><input type="checkbox"/> Ik pauzeer de sessie en spreek een nieuwe sessie af</p> <p><input type="checkbox"/> Ik ga verder met de sessie en kan mijn eigen verhaal scheiden van dat van de cliënt</p> <p><input checked="" type="checkbox"/> Ik werk de sessie af en zoek nadien bijstand</p> <p><input type="checkbox"/> Anders:.....</p>		
<p>Indien je ondersteuning voor jezelf nodig hebt, kan je deze dan vinden? Waar?</p>	<p><input checked="" type="checkbox"/> Ja</p> <p><input type="checkbox"/> Nee</p> <p>Waar: collega's, supervisor, privé</p>		

Wat zijn moeilijkheden waarmee je geconfronteerd wordt in je job?	<input checked="" type="checkbox"/> Niet voldoende tijd om goede ondersteuning te bieden <input type="checkbox"/> Vaak geconfronteerd met tragische verhalen die me oncomfortabel doen voelen <input type="checkbox"/> Geen ondersteuning wanneer ik het nodig heb <input type="checkbox"/> Niet tevreden met eigen counseling vaardigheden <input type="checkbox"/> Er is geen verbetering bij de cliënt <input type="checkbox"/> Andere:.....
Hoe geeft jouw job je voldoening?	Ontzettend veel, de mensen zijn erg dankbaar en respectvol voor mijn inzet en betrokkenheid

Persoonlijke informatie			
Naam	Haya Boshart <input type="checkbox"/> I wish to stay anonymous	Nationaliteit	Belg
Leeftijd	<input checked="" type="checkbox"/> 20-30 <input type="checkbox"/> 40-50 <input type="checkbox"/> 30-40 <input type="checkbox"/> 50-60	Geslacht	<input type="checkbox"/> Man <input checked="" type="checkbox"/> Vrouw
Bij welke organisatie ben je actief als counsellor?	OCMW Antwerpen		
Studies			
Wat heb je gestudeerd?	<input type="checkbox"/> Specialisatie counseling na andere studies, namelijk:..... <input checked="" type="checkbox"/> Master counseling <input type="checkbox"/> Bachelor counseling <input type="checkbox"/> Diploma hoger onderwijs in counseling <input type="checkbox"/> Geen specifieke opleiding <input type="checkbox"/> Andere:		
Aan welke instelling heb je gestudeerd?	VUB		
Welke basisprincipes van counselling herken je?	<input checked="" type="checkbox"/> Transparantie tegenover de cliënt <input checked="" type="checkbox"/> Veilige omgeving creëren <input checked="" type="checkbox"/> Handelen in het belang van de cliënt <input checked="" type="checkbox"/> Beroepsgeheim, vertrouwelijkheid <input checked="" type="checkbox"/> Integriteit, onpartijdigheid, respect <input checked="" type="checkbox"/> Verantwoordelijkheid <input checked="" type="checkbox"/> Anti-discriminatie <input checked="" type="checkbox"/> Grenzen aangeven <input checked="" type="checkbox"/> Belang van competentie		
Welke andere basisprincipes van counselling heb je geleerd	Empowerment Systeemgerichtheid Empathie		

(tijdens je studies)?	
Welke 5 principes vind je het belangrijkste en pas je vandaag toe in je werk?	<input type="checkbox"/> Meest toegepast: veilige omgeving <input type="checkbox"/> Grenzen aangeven <input type="checkbox"/> Empowerment <input type="checkbox"/> Integriteit <input type="checkbox"/> Minst toegepast: transparantie
Werk/organisatie	
Leeftijd van de doelgroep van je organisatie	<input type="checkbox"/> 10-15 <input checked="" type="checkbox"/> 30-40 <input checked="" type="checkbox"/> 15-20 <input checked="" type="checkbox"/> 40-50 <input checked="" type="checkbox"/> 20-25 <input checked="" type="checkbox"/> 50-60 <input checked="" type="checkbox"/> 25-30
Geslacht van de doelgroep van je organisatie	<input checked="" type="checkbox"/> Man <input checked="" type="checkbox"/> Vrouw
Religie(s) van de doelgroep	Alle, maar overwegend moslims, Hindoe, Christen, Boeddhisten, Jezidi
Welke andere taken naast het voeren van individuele gesprekken horen bij jouw job als counsellor? (vb. individuele re-integratie plannen opvolgen)	Groeps counselling Sociale isolatie doorbreken Integratie in de maatschappij bevorderen
Wat is de gemiddelde kostprijs van een volledige begeleiding bij jouw organisatie?	<input checked="" type="checkbox"/> Gratis <input type="checkbox"/> €100-€150 <input type="checkbox"/> €10-€50 <input type="checkbox"/> €150-€200 <input type="checkbox"/> €50-€100 Anders:.....
Religie	
Mijn geloof heeft invloed op mijn aanpak.	1: geen 2: enigszins 3: invloed 4: sterk 5: dominant 6: weet ik niet <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Het geloof van mijn cliënt heeft invloed op mijn aanpak.	1: geen 2: enigszins 3: invloed 4: sterk 5: dominant 6: weet ik niet <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6

Close up counselling		
In welke taal gebeurt de begeleiding meestal?	<input type="checkbox"/> In de taal van de cliënt <input checked="" type="checkbox"/> In de taal van de cliënt met behulp van een tolk <input checked="" type="checkbox"/> Nederlands <input type="checkbox"/> Engels <input type="checkbox"/> Frans <input type="checkbox"/> Andere:.....	
Wat zijn onderwerpen die veel terugkeren tijdens counselling sessies?	<input checked="" type="checkbox"/> Gebeurtenissen uit het verleden, mogelijk trauma <input checked="" type="checkbox"/> Gevoelens, gedachten <input checked="" type="checkbox"/> Toekomstplanning <input type="checkbox"/> Religie, bidden <input checked="" type="checkbox"/> Familie <input checked="" type="checkbox"/> Bepaalde gedragingen <input checked="" type="checkbox"/> Problemen oplossen <input checked="" type="checkbox"/> Dagelijks leven <input type="checkbox"/> Andere:.....	
Wat is de gemiddelde duur van een counselling proces met een cliënt?	<input type="checkbox"/> 3 sessies <input type="checkbox"/> 6 sessies <input checked="" type="checkbox"/> 10 sessies <input type="checkbox"/> Andere:.....	<input type="checkbox"/> Minder dan 3 maanden <input type="checkbox"/> Tussen 3 en 6 maanden <input checked="" type="checkbox"/> Tussen 6 maanden en 12 maanden <input type="checkbox"/> Meer dan 1 jaar <input type="checkbox"/> Andere:.....
Hoe bouw je een relatie op met je cliënt?	Beginnen met gesprekken over de doelen die de cliënt wilt bereiken → inzetten op de doelen waar de cliënt zelf waarde in ziet. Pas dan, eens het vertrouwen gewonnen is, gevoeliger thema's aankaarten.	
Omschrijf het proces van een cliënt die naar jouw organisatie komt.	(rekrutering – counselling – post) Doorverwijzing door eerstelijns (maatschappelijk werkers) van cliënten die een leefloon aanvragen bij het OCMW. Mensen met een bepaald profiel worden doorverwezen (vluchteling, vermoedelijk trauma, isolatie, integratieproblemen). Begeleidingstraject (vrijwillig voor de cliënt) Nazorg, vooral door opvolging op de werkvloer (meeste cliënten gaan aan het werk na de begeleiding bij ons).	
Hoe wordt er gemeten of het trauma level afgenomen is? (vb. opvolgingsprogramma van bepaalde duur; d.m.v. een bepaald meet-instrument)	Basismeting aan de start van het begeleidingstraject (intakegesprek) – nadien afrondingsgesprek met de cliënt waarbij dezelfde vragen gesteld worden.	

Wat gebeurt er wanneer een verhaal dichtbij eigen ervaringen komt?	<input type="checkbox"/> Heb ik nog nooit meegemaakt <input type="checkbox"/> Ik stop de counselling begeleiding volledig <input type="checkbox"/> Ik pauzeer de sessie en spreek een nieuwe sessie af <input checked="" type="checkbox"/> Ik ga verder met de sessie en kan mijn eigen verhaal scheiden van dat van de cliënt <input checked="" type="checkbox"/> Ik werk de sessie af en zoek nadien bijstand <input type="checkbox"/> Anders:.....
Indien je ondersteuning voor jezelf nodig hebt, kan je deze dan vinden? Waar?	<input checked="" type="checkbox"/> Ja <input type="checkbox"/> Nee Waar: Solentra vzw (intervisie), collega's, leidinggevende
Wat zijn moeilijkheden waarmee je geconfronteerd wordt in je job?	<input type="checkbox"/> Niet voldoende tijd om goede ondersteuning te bieden <input type="checkbox"/> Vaak geconfronteerd met tragische verhalen die me oncomfortabel doen voelen <input type="checkbox"/> Geen ondersteuning wanneer ik het nodig heb <input type="checkbox"/> Niet tevreden met eigen counseling vaardigheden <input checked="" type="checkbox"/> Er is geen verbetering bij de cliënt <input type="checkbox"/> Andere:.....
Hoe geeft jouw job je voldoening?	Wanneer cliënten na afloop van de begeleiding initiatieven nemen om zelf mensen te gaan helpen (een vzw oprichten), geeft dat voldoening.

Persoonlijke informatie			
Naam	Katrien De Koster <input type="checkbox"/> I wish to stay anonymous	Nationaliteit	Belgische
Leeftijd	<input type="checkbox"/> 20-30 <input type="checkbox"/> 40-50 <input checked="" type="checkbox"/> 30-40 <input type="checkbox"/> 50-60	Geslacht	<input type="checkbox"/> Man <input checked="" type="checkbox"/> Vrouw
Bij welke organisatie ben je actief als counsellor?	GAMS België vzw		
Studies			
Wat heb je gestudeerd?	<input type="checkbox"/> Specialisatie counselling na andere studies, namelijk:..... <input type="checkbox"/> Master counselling <input type="checkbox"/> Bachelor counselling <input type="checkbox"/> Diploma hoger onderwijs in counselling <input type="checkbox"/> Geen specifieke opleiding <input checked="" type="checkbox"/> Andere: sociale agogiek; genderstudies		
Aan welke instelling heb je gestudeerd?	Sociale Agogiek: VUB Genderstudies: Universiteit Utrecht		

Welke basisprincipes van counselling herken je?	<input checked="" type="checkbox"/> Transparantie tegenover de cliënt <input checked="" type="checkbox"/> Veilige omgeving creëren <input checked="" type="checkbox"/> Handelen in het belang van de cliënt <input checked="" type="checkbox"/> Beroepsgeheim, vertrouwelijkheid <input type="checkbox"/> Integriteit, onpartijdigheid, respect <input checked="" type="checkbox"/> Verantwoordelijkheid <input checked="" type="checkbox"/> Anti-discriminatie <input checked="" type="checkbox"/> Grenzen aangeven <input type="checkbox"/> Belang van competentie			
Welke andere basisprincipes van counselling heb je geleerd (tijdens je studies)?	Vrijwilligheid – Gelijkwaardigheid - Empowerment			
Welke 5 principes vind je het belangrijkste en pas je vandaag toe in je werk?	<input type="checkbox"/> Meest toegepast: empowerend werken <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Minst toegepast:.....			
Werk/organisatie				
Leeftijd van de doelgroep van je organisatie	<input checked="" type="checkbox"/> 10-15 <input checked="" type="checkbox"/> 15-20 <input checked="" type="checkbox"/> 20-25 <input checked="" type="checkbox"/> 25-30	<input checked="" type="checkbox"/> 30-40 <input checked="" type="checkbox"/> 40-50 <input checked="" type="checkbox"/> 50-60	Geslacht van de doelgroep van je organisatie	<input checked="" type="checkbox"/> Man <input checked="" type="checkbox"/> Vrouw
Religie(s) van de doelgroep	Alle mogelijke religies of niet-religieus			
Welke andere taken naast het voeren van individuele gesprekken horen bij jouw job als counsellor? (vb. individuele re-integratie plannen opvolgen)	Informatiesessies geven rond VGV (sensibilisering), groepsactiviteiten (supportgroepen)			
Wat is de gemiddelde kostprijs van een volledige begeleiding bij jouw organisatie?	<input checked="" type="checkbox"/> Gratis <input type="checkbox"/> €10-€50 <input type="checkbox"/> €50-€100	<input type="checkbox"/> €100-€150 <input type="checkbox"/> €150-€200 <input checked="" type="checkbox"/> Anders: gesubsidieerd		

Religie					
Mijn geloof heeft invloed op mijn aanpak.	1: geen		2: enigszins		3: invloed
	4: sterk		5: dominant		6: weet ik niet
	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Het geloof van mijn cliënt heeft invloed op mijn aanpak.	1: geen		2: enigszins		3: invloed
	4: sterk		5: dominant		6: weet ik niet
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Close up counselling					
In welke taal gebeurt de begeleiding meestal?	<input checked="" type="checkbox"/> In de taal van de cliënt <input checked="" type="checkbox"/> In de taal van de cliënt met behulp van een tolk <input type="checkbox"/> Nederlands <input type="checkbox"/> Engels <input type="checkbox"/> Frans <input type="checkbox"/> Andere:.....				
Wat zijn onderwerpen die veel terugkeren tijdens counselling sessies?	<input checked="" type="checkbox"/> Gebeurtenissen uit het verleden, mogelijk trauma <input checked="" type="checkbox"/> Gevoelens, gedachten <input checked="" type="checkbox"/> Toekomstplanning <input type="checkbox"/> Religie, bidden <input checked="" type="checkbox"/> Familie <input type="checkbox"/> Bepaalde gedragingen <input checked="" type="checkbox"/> Problemen oplossen <input type="checkbox"/> Dagelijks leven <input type="checkbox"/> Andere: behandelen complicaties VGV, preventie VGV en andere vormen van geweld				
Wat is de gemiddelde duur van een counselling proces met een cliënt?	<input type="checkbox"/> 3 sessies		<input type="checkbox"/> Minder dan 3 maanden		
	<input checked="" type="checkbox"/> 6 sessies		<input type="checkbox"/> Tussen 3 en 6 maanden		
	<input type="checkbox"/> 10 sessies		<input checked="" type="checkbox"/> Tussen 6 maanden en 12 maanden		
	<input type="checkbox"/> Andere:.....		<input type="checkbox"/> Meer dan 1 jaar		
	<input type="checkbox"/> Andere:.....				
Hoe bouw je een relatie op met je cliënt?	Aangeven van kennis culturele gewoonten en gebruiken, basiswoordenschat moedertaal, representatie van doelgroep binnen het professionele team en de vrijwilligers/sters				
Omschrijf het proces van een cliënt die naar jouw organisatie komt.	(rekrutering – counselling – post) 1. Detectie van doelgroep binnen asielopvangcentra (traject VGV met referentiepersonen), medewerkers/sters K&G en CLB (vormingen gevolgd) en materniteiten (protocol VGV of meldcode artsen) 2. 1 ^{ste} onthaal en oriëntering naar groepsactiviteiten (intern), psychologische begeleiding (intern of extern) en/of andere gespecialiseerde organisaties (juridische dienst, advocaat, referentiecentrum VGV voor behandeling en reconstructie) 3. Opbouw dossier en (meestal) vervolgspraken op vraag van/in samenspraak met cliënt/e				

	4. Idealiter: Afsluitend gesprek/ afsluiten dossier (Meestal gebeurt dit echter niet.)
Hoe wordt er gemeten of het trauma level afgenomen is? (vb. opvolgingsprogramma van bepaalde duur; d.m.v. een bepaald meet-instrument)	Geen standaard methodieken of screeningstools. Wordt mondeling besproken en afgetoetst tijdens eerste of tweede gesprek. Vaak ook in overleg met andere hulpverleners/sters. Er wordt vaak binnen netwerk van hulpverlening gewerkt. Complexe dossiers/situaties worden besproken in tweewekelijks psychosociaal overleg (intern).
Wat gebeurt er wanneer een verhaal dichtbij eigen ervaringen komt?	<input type="checkbox"/> Heb ik nog nooit meegemaakt <input type="checkbox"/> Ik stop de counselling begeleiding volledig <input type="checkbox"/> Ik pauzeer de sessie en spreek een nieuwe sessie af <input checked="" type="checkbox"/> Ik ga verder met de sessie en kan mijn eigen verhaal scheiden van dat van de cliënt <input checked="" type="checkbox"/> Ik werk de sessie af en zoek nadien bijstand <input type="checkbox"/> Anders:.....
Indien je ondersteuning voor jezelf nodig hebt, kan je deze dan vinden? Waar?	<input checked="" type="checkbox"/> Ja <input type="checkbox"/> Nee Waar: vertrouwenspersoon/psychologe binnen organisatie, bespreken van algemeen welzijn binnen teamvergadering of psychosociaal overleg. Zorg voor zorgverstrekkers kan altijd nog beter georganiseerd worden, ook bij ons
Wat zijn moeilijkheden waarmee je geconfronteerd wordt in je job?	<input checked="" type="checkbox"/> Niet voldoende tijd om goede ondersteuning te bieden <input type="checkbox"/> Vaak geconfronteerd met tragische verhalen die me oncomfortabel doen voelen <input type="checkbox"/> Geen ondersteuning wanneer ik het nodig heb <input type="checkbox"/> Niet tevreden met eigen counselling vaardigheden <input type="checkbox"/> Er is geen verbetering bij de cliënt <input checked="" type="checkbox"/> Andere: afbreken van counselling door redenen gelieerd aan statuut/verblijf (bijvoorbeeld vertrek uit België door Dublin (asielprocedure))
Hoe geeft jouw job je voldoening?	Dankbaarheid cliënt/e, zeker bij verkrijgen van verblijfsvergunning, goede afloop risicosituatie VGV/gedwongen huwelijk, opmerken van vooruitgang bij cliënt/e, zeker op vlak van empowerment...

10.3 Interview PraxisP

Hoe wordt omgegaan met geloof? Welke plaats krijgt het geloof van de cliënt? Hoe komt geloof aan bod tijdens de therapie?

Geloof krijgt de plaats die een systeem of cliënt er zelf aan geeft/wil geven. Voor sommige cliënten is hun geloof erg centraal in hun leven en is het vb. een belangrijke bron van coping of identiteitsbepaling. In dat geval kan het geloof mee een centrale plaats innemen in therapiesessies. Voor andere cliënten is dat minder of niet het geval en neemt het ook een andere plaats in in therapie.

Waar wordt over gebabbeld tijdens de therapie? Hoe praat je over de traumatische gebeurtenis?

Dat is sterk afhankelijk van cliëntensysteem tot cliëntensysteem en van allerlei interfererende factoren. Belangrijk is dat we aandacht hebben voor zowel pre- als postmigratiestressoren (waarvan we weten dat deze laatste vb. trauma's uit de premigratiegeschiedenis kunnen reactiveren). Zo neemt praten over "wegen naar maatschappelijke participatie" ifv traumaherstel soms een veel centralere plaats in dan "praten over een traumatische gebeurtenis". We hanteren geen protocol voor gesprekken over "hoe we praten over trauma".

Hoe slaag je erin een relatie op te bouwen? Hoe win je vertrouwen?

Ook dat is opnieuw sterk afhankelijk van cliëntensysteem tot cliëntensysteem. We werken systemisch en bouwen soms via mensen uit het netwerk mee een relatie op. Verder werken vooral de therapeutische principes rond basishouding en houden we sterk rekening met mogelijk stigma rond psychosociale hulpverlening.

Hoe komt iemand bij PraxisP terecht en wat gebeurt er na de therapie?

Ook dit is afhankelijk van het cliëntensysteem. Ze komen via vele kanalen bij ons terecht: via nulde (scholen), eerste (caw) of tweedelijnsdiensten (artsen), via andere cliënten,... Nazorg maakt een deel uit van een therapeutisch traject indien een cliëntensysteem hiervoor open staat.

Hoe bemerk je evolutie in het trauma? Wordt dit gemeten/opgevolgd...?

Dit wordt niet gemeten in de vorm van kwantitatieve analyses. Er gebeurt wel kwalitatieve analyse tijdens de gesprekken en/of in overleg met het netwerk. Signalen van herstel observeren we binnen de drie modaliteiten van traumaherstel: stabilisatie, integratie en socialisatie.

Vind je als therapeut ondersteuning indien dit nodig is (vb. verhaal is erg beklijvend)?

We werken vanuit een team waar regelmatig teamoverleg is. Er is ook de mogelijkheid om aan te sluiten bij intervisiegroepen.

Op welke moeilijkheden bots je?

Wat bedoel je precies? Er zijn heel wat uitdagingen op verschillende niveaus, maar die zijn nogal breed (vb. cliëntniveau: wachttijden, stigma,...; samenwerkingsniveau: stigma, handelingsverlegenheid om met de doelgroep en/of tolken te werken,...; financieel luik: veel projectmiddelen (en dus tijdelijke projecten) voor de doelgroep; ...)

Hoe haal je voldoening uit je werk?

Ik vind het ongelooflijk boeiend om ("een cadeau" zoals een teamlid het uitdrukt) met deze doelgroep te mogen werken. Voldoening vinden is dus geen opgave, integendeel, het komt vanzelf.

10.4 Annual gifts and expenses CVI

	Gifts received	Expenses	Projected for the next year
2013-2014 (CVI, 2015)	\$651,404	\$754,534	
2014-2015 (CVI, 2016)	\$666,855	\$696,098	\$678,354 <ul style="list-style-type: none"> - 72% or \$491,059 program - 15% or \$97,964 management & general - 13% or \$89,322 fundraising
2015-2016 (CVI, 2017)	\$825,398	\$773,679	\$743,576 <ul style="list-style-type: none"> - 77% or \$572,554 program - 14% or \$104,101 management & general - 9% or \$66,921 fundraising
2016-2017	\$906,585	\$720,545	\$692,530 <ul style="list-style-type: none"> - 81% or \$560,949 program - 14% or \$96,954 management & general - 5% or \$34,627 fundraising

10.5 Drawing of ChildVoice Lukome Centre

