Challenges of Conducting Clinical Supervision with Mental Health Care Workers Assissting Refugees in Egypt

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Abstract. Mental health workers addressing the psychological and social needs of refugees from North Africa face unusual challenges and work under conditions of extreme and chronic psychological stress. This often results in early burnout and high turnover in employment. The intensity of the work calls for an increased need for individual and group clinical supervision. The ramifications of the work on individual workers and group dynamics are pronounced. The intensity of the work sometimes calls for unconventional supervision interventions. This practice-based manuscript addresses (1) the complexity of giving clinical supervision to Psychosocial workers (PSWs) working with refugees, (2) group dynamics of PSW treatment teams, (3) interventions in supervision, and (4) the psychological impact working with refugees has on PSWs and how to avoid burnout while doing psychosocial work with refugees in Egypt.

Keywords: Refugees, Supervision, Counseling, Psychosocial, Burnout

1. Introduction

Recent estimates place Egypt as having the world's 5th largest refugee population. Official statistics report 30,000 refugees are in Egypt. However, it is widely believed that there are anywhere from 500,000 – 3 million refugees and asylum seekers in Egypt. These refugees are mainly from Sudan (Darfur), Somalia, Ethiopia, and Eritrea (Nasser, 2008). Many of these refugees have been the victims of torture.

It is common for non-governmental organizations to have teams of people who address both the psychological and social needs of refugees; they provide both counseling and social work services. Much of their work includes providing a safe and supportive outlet to discuss events contributing to clients' migration, emotionally preparing clients to give testimony in support of their refugee status and resettlement cases to the United Nations High Commissioner for Refugees (UNHCR), coordinating medical care for clients with local providers, and writing psychological assessments for legal advisors and the UNHCR. These mental health care workers are often known as psychosocial workers (PSWs) and have widely varying amounts of formal training. Clinical supervision is an essential part of PSWs' professional development and continual self-care.

Supervising PSWs working with refugees offers different complications and challenges than in other clinical situations. The high need for self-care and staggering amount of burnout demonstrate how difficult it is for PSWs to remain effective working with this population. The effect of vicarious traumatization and feelings of helplessness experienced by PSWs is tremendous. Supervision is especially important for PSWs who assist refugee victims of torture. This practice-based manuscript addresses (1) the complexity of giving clinical supervision to PSWs working with refugees, (2) group dynamics of PSW treatment teams, (3) interventions in supervision, and (4) the psychological impact working with refugees has on PSWs and how to avoid burnout while doing psychosocial work with refugees in Egypt.

2. Challenges Supervising PSWs Working with Refugees

Countertransference is a significant challenge in working with refugees. Enmeshment is a common struggle for many PSWs. Feeling too much empathy for clients and not enough distance clouds one's ability to think rationally and see the client's case in entirety. In these situations PSWs are likely to experience empathic enmeshment and report feeling helpless and angry. In contrast, some PSWs experience too much distance and not enough empathy. This empathic repression is likely to follow intense periods of involvement with a specific case ending in feelings of disappointment and guilt (Wilson, Lindy, & Raphael, 1994).

Many PSWs over-engage with their clients. In this situation it is common for boundaries to blur and for dual relationships between clients and PSWs to emerge. This is more likely to happen with PSWs with the least amount of clinical or counseling training. Many of these workers are volunteers and have no formal counseling training. Their enthusiasm and dedication is strong in the beginning of their work and decreases over time. These PSWs are more likely to keep loose boundaries and may participate in questionable ethical behavior. They are more likely to give clients money from their own funds for food or transportation, allow unscheduled walk-in visits for certain clients, and give their personal mobile phone numbers to clients. These PSWs are more likely to apply quick-fix solutions to clients' problems than to engage in any dynamic work. In general many lesser-trained PSWs do not think about the long term implications of these actions and how they may be detrimental to actual psychological work and growth. They are more likely to focus on "changing the system" and the UNHCR than to be in the moment with a client. It is an effective way of easing one's own anxiety by looking for answers outside of themselves instead of sitting with clients' feelings. Again, this is more likely with lesser trained PSWs.

In addition to over-engaging, many PSWs over-identify with their clients. Trouble distancing themselves from clients is often displayed in enmeshment. It is relatively common for refugees to work as PSWs. In these circumstances the likelihood of countertrasference and enmeshment is high. Under-trained PSWs are particularly vulnerable to this dynamic. In supervision this may appear in PSWs overly impassioned plea for the plight of a client and similarities to their own refugee history. Mental health care workers working with victims of violence or persecution are more likely to experience traumatic stress than their peers working with other populations (Lanson & Haans, 2004). In these situations retraumatization is likely for the PSW, although it generally manifests unconsciously. Outwardly the retraumatization may be demonstrated through acting-out behaviors in the workplace, increased illness and sick leave, psychosomatic illness, increased irritability, emotional and social withdrawal, and feeling overwhelmed and helpless.

In contrast, some PSWs engage in too little empathy and insert distance in the therapeutic relationship as a self-protective mechanism. This distance allows the PSW to avoid experiencing difficult feelings that accompany empathy when working with refugees and trauma survivors. This generally manifests in avoiding discussion of client's history of trauma. This seems to be especially prevalent in cases where the client has been the victim of sexual torture. These PSWs are more likely to describe their sessions with clients as similar to talking with friends. These sessions are not 'working sessions' from a psychotherapeutic standpoint. Although these sessions may have some supportive value to clients, they also tie up valuable resources. Avoiding the termination of these sessions at the risk of receiving clients that have more challenging cases is a tactic used by some PSWs as a method of emotional self-preservation.

3. Group Dynamics of PSW Treatment Teams

Weekly or biweekly group supervision meetings seem to be indispensable and are a useful way for the supervisor to take a barometer reading on how the group is functioning as a whole. As in group therapy, feelings of safety within PSW teams are essential for effective group supervision. This can be difficult to maintain with frequent staff changes and the continual turnover of volunteer PSWs. This revolving door of employment is often present in non-governmental organizations offering services to refugees.

Supervising a PSW group with greatly varying levels of training and counseling knowledge can be very challenging. Managing the need for processing, case feedback, group dynamics, and didactic information is a delicate balance. PSWs with more counseling training often want more processing and attention to group dynamics in supervision. PSWs with less training often want more didactic information and help problem solving with specific cases. This often results in two simultaneous supervision sessions within the same group and within the same room. PSWs with more advanced training seem to turn to one another and to the supervisor for emotional support and processing. Meanwhile, in the same session, PSWs with less psychological training tend to turn to the supervisor for solutions to specific case problems. PSWs with less training are much less likely to participate in group discussion, thereby alienating themselves and other group members. For these PSWs group supervision feels much less helpful than individual supervision. It's possible that PSWs with less training feel more overwhelmed which results in less cognitive space to participate in group discourse.

4. Interventions in Group Supervision

Given the range of training within PSW teams group supervision interventions range from basic to unconventional. PSWs with less training seem to benefit most from role play and didactic teaching. PSWs with more training seem to benefit most from discussion of more advanced topics like the use of silence in session, holding feelings of anxiety and hopelessness, and recognizing projective identification.

Despite varying backgrounds, almost all PSWs reported benefitting from (1) experiencing empathy within the supervision group through the use of the "secret game," (2) using emotion regulation and distress tolerance skills from Dialectical Behavior Therapy (DBT) with clients, and (3) accepting the limits of their work.

The "secret game" is an exercise used to teach empathy, experience vulnerability, and to deepen relationships within the supervision group. The game is simple. Each group member, including the supervisor, disguises their handwriting and writes down a secret that is personal to them. Everyone folds their papers with their written secrets and tosses them into a hat, then pulls someone else's secret from the hat. Members are instructed to read the secret to themselves and 'try it on' and adopt it as if it were their own secret. They are instructed to imagine what it feels like to carry that secret, what it's like to share the secret with the group, what fears they may have about sharing the secret, etc. One by one group members read their new secret aloud and share their feelings. The group is then instructed to imagine what it would feel like if that was their secret, what fears they may have, etc. The point of the exercise is to demonstrate and teach empathy. To get a feeling of what it might feel like for clients to divulge often painful histories of torture and violence to them as PSWs. It also allows group members the opportunity to feel something that they would not choose, for example to imagine what it might feel like to witness an act of violence etc., that is similar to the feelings often experienced by refugee clients. This exercise is completely voluntary. Group members wishing not to participate must leave the supervision room and may return after the exercise; they are not permitted to stay and watch as their peers divulge personal secrets.

Secondly, Linehan's (1993) DBT manual addresses teaching clients distress tolerance skills and emotion regulation. These skill sets have not only been helpful for clients, namely survivors of torture, but also for the PSWs who work with them. Employing Linehan's techniques to regulate emotion and tolerate distress has reportedly been helpful in reducing the amount of secondary retraumatization experienced by PSWs.

Lastly, verbalization and acceptance that PSWs cannot 'save' every client is often an uncomfortable experience but one that ultimately allows for greater self-care among PSWs. This is never a popular notion or experience. As a supervisor it is one of the least enjoyable parts of contributing to supervisees' professional development. This intervention is often timely if used when the supervision group comes to an impasse on how to 'solve' a client's problem. As a supervisor you merely pose the question, "Can we 'save' *everybody*? Do *we* have the ability to stimulate positive change in *all* of our clients? As the supervision group unravels these questions some members will be extraordinarily resistant to accepting the idea that PSWs and all people who work with refugees and underserved populations are human and cannot 'save' every client. These individuals generally become very angry with the supervisor; the supervisor must be able to hold the group's feelings of anger and limitation. In my own personal experience with this intervention it usually takes several weeks for this idea to be absorbed and understood. PSWs who engage in the exercise and accept human limitation generally report feeling a sense of relief and report having more free cognitive space that can be used in more productive ways.

5. Psychological Impact of Working with Refugees and Avoiding Burnout

The degree to which PSWs are negatively emotionally affected by working with refugees seems most heavily linked to their own experiences of trauma, personality, and expectations of therapeutic work (Lansen & Haans, 2004). Many PSWs report feeling emotionally exhausted, overwhelmed, uneasy, socially withdrawn, have frequent headaches, feel guilt for having more opportunities than their clients, and report decreased enjoyment in their relationships. It is common for PSWs to work significantly more hours than required. For PSWs who give their phone numbers to clients they are, in a sense, on call all day and night. This contributes to lack of a life outside of work which is linked to a low overall sense of contentment and

workplace resentment. This significant and chronic emotional strain literally takes over any free cognitive space that may be used for relaxation and fun. The more this happens the more people experience irritability and difficulty recognizing nuances and complexities in their casework and within the workplace. Some PSWs unconsciously compensate for this by splitting and viewing people and partner agencies in black and white terms, as either all good or all bad. There is little room for flexibility or being able to hold both the good and bad parts of clients, people, or other service providing agencies.

Burnout in PSWs is a significant problem and results in chronic employee turnover. This not only creates more stress within agencies working with refugees, but also is unsettling for clients who must continually start over with new PSWs. To avoid burnout supervisors must model and stress the importance of self-care. PSWs benefit from taking planned time off of work. Supervisors should strongly encourage PSWs to create and follow strict boundaries with clients including refusal to give personal mobile phone numbers to clients. Burnout can also be reduced by creating a stable and predictable work environment. To this end it is helpful to PSW's psychological well being to see clients according to scheduled appointments, not when clients drop by the office at their leisure. Having a reliable structure for when PSWs see clients helps to organize mental energy and stay focused on the tasks at hand. Building trust and cohesion within PSW teams benefits all team members and makes for a healthier and easier work environment, thereby making work more enjoyable. Developing and maintaining relationships outside of work helps PSW working with refugees maintain a sense of normalcy and gives them a break from the constant needs of their clientele. Socializing with people who do not work with trauma survivors can be a powerful reality-check to PSWs who get lost in their work and forget to live a life outside of the office.

6. References

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