



**T** raining   **E** conomic Empowerment   **A** ssistive Technology   **M** edical Rehabilitation

Introduction to Basic Psychosocial Support and Counseling for People with Physical and Psychological Impairments In Lao PDR

**TEAM** Laos

## World Education Laos TEAM Capacity Building Approach

As well as providing funding to 15 local and international organizations to develop and strengthen the disability and rehabilitation sector in Laos, World Education USAID-LWVF funded TEAM project works with sub-recipients to strengthen their ability to manage grants and to efficiently implement their projects. WEL-TEAM conducts an *Organizational Assessment* of all applicants for TEAM funding to look at capacity in grants management, financial management, human resources, activity implementation, and monitoring and evaluation. If the organization is approved for funding, WEL-TEAM staff work with the organization to discuss the outcomes of the assessment, including both organizational strengths and areas for improvement. TEAM and the organization then work together to create a *capacity-building plan* with specific measurable objectives. Most of the capacity-building relates to the organization's ability to successfully implement the project activities and manage the sub-award, but if there are specific areas that the organization has identified as priorities, these are included if possible.

Capacity-building is one of the core components of the TEAM project, and inputs by World Education take many forms. One approach is individual coaching, where a TEAM staff member who has the required expertise will work closely with one or several members of an organization regularly over a longer period of time, to discuss a specific issue, either by phone, email or in person, or a combination of those methods. Other times WEL-TEAM organizes formal trainings for all sub-recipients. So far, TEAM has conducted trainings on USAID Regulations, World Education TEAM Finance Procedures, and Monitoring and Evaluation. In addition, some trainings are provided on an optional basis, allowing the sub-recipient to choose topics which are most relevant or needed for their organization. So far, TEAM has offered trainings on Curriculum Development, Psychosocial Support, Training of Trainers (ToT), Project Cycle Management (PCM), and Gender Inclusion. TEAM encourages sub-recipients to send an appropriate staff member to the training, and all trainings are open to any staff member as relevant, not just project staff who are funded by TEAM. All WEL-TEAM trainings are participatory, reflective and allow as much time as possible for 'learning by doing' and practical application of skills and knowledge.

TEAM recognize the importance of reflection, goal setting, and the long-term, regular follow up needed for effective capacity building. Examples of how TEAM promoted these values are:

- Many WEL-TEAM trainings are followed up by practical sessions conducted by the trainer or TEAM staff with each sub-recipient individually or in small groups to allow opportunities for the organization to apply and practice what they learn in the training to their own situation with guidance and feedback
- Video sessions are used in the ToT training practice session to allow the participants to view themselves delivering a training as a tool for self-reflection and self-assessment
- Participants in trainings set SMART goals at the end of the sessions for future action which are followed up by the organization's management, the trainers and/or TEAM staff
- Capacity building plans with individual sub-recipients are followed up on monthly in some cases to assess and reflect on progress of specific observable behaviors to measure capacity over a long period of time

These participant handbooks were used in trainings for TEAM sub-recipients, and are available in print on request from WEL TEAM (bernard\_franck@la.worlded.org), or online at <https://sites.google.com/site/teamlaopdr/capacity-building>

Currently available:

1. USAID Rules and Regulation for TEAM
2. TEAM Finance Processes and Regulations
- 3.1 Introduction to Monitoring and Evaluation
- 3.2 TEAM M&E Monitoring Tools.
4. Curriculum and Training Design
5. Introduction to Psychosocial Impairments
6. Training of Trainers (TOT)
7. Project Cycle Management (PCM)
8. Gender Inclusive Development

Under development and available soon:

9. What to Know about Disabling Conditions
10. Understanding impairment and disability in line with UNCRPD, ICF and World Report on Disability
11. Optimizing functioning of persons with impairments by using diversified assistive technology
12. Case Management in Disability Inclusion

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## I. Background

World Education's USAID-funded TEAM project is intended to develop and strengthen the disability and physical and rehabilitation medicine sectors in Laos. The goal of the TEAM project is to enable people with disabilities, especially women and girls to attain and maintain maximum independence to fully and equally participate in all aspects of life. The four components of the TEAM project are (i) Training, (ii) Economic Empowerment, (iii) Assistive Technology and (iv) Medical & Physical Rehabilitation.

Through delivering sub-grants to several national or international organizations, World Education Laos manages the overall grant from USAID and coordinates the achievement of different targets in each of the four components. World Education Laos ensures capacity-building in grant management and technical support to sub-grantees.

### Purpose

The objective of the training is to raise awareness of psychosocial issues for people with disabilities and their caregivers, and to provide basic strategies on how to respond in day to day practice.

TEAM would like to build the capacity of frontline staff in the field and medical and rehabilitation professionals to engage in person-centered, empathetic, respectful and supportive relationships. Moreover, TEAM would like to equip personnel with basic psychosocial support knowledge, skills and attitudes for people with disability who may be experiencing mental health issues **as a result of their trauma or their moderate and severe disability** (not suffering from a mental illness in itself).

It is expected that after the training and with further reference to this handbook, sub-recipients will recognize psychosocial needs in their daily work with people with disabilities, and develop basic strategies to provide support, and know of services to seek further support from. **As a result of this training field staff of sub-recipient organizations that are working directly with people requiring psychosocial support as a result of their impairment (and their families) will:**

- understand the basics of psychosocial support
- understand their own psychosocial wellbeing and put themselves in the shoes of people experiencing psychosocial issues
- reflect on their own practice and cases in the field, and how they can build resilience in their beneficiaries to become mentally stronger and help themselves.

This handbook will refer to people with disability or anyone who seeks assistance from the organization or institution as "client" or "patient" depends on the type of organization providing services. If a person with disability seeks assistance from a healthcare facility, they will be called a "patient". If the organization is a social service provider or community based or civil society organization, then the person with disability will be called a "client."

## II. Introduction

### 1. What is Physical Health?

Physical health is the general condition of a person in all aspects of his/her overall health which includes overall sense of well-being.

### 2. What is Mental Health?

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society<sup>2</sup>.

### 3. Disruptions in Mental Health

There are several factors that can interfere and disrupt mental health including: social environment, biological make-up of a person, pre-programmed instructions in the genes, medical disorders, traumatic life event and experiences such as loss and abuse which led to physical and mental disabilities. While one factor could be dominant than the other, all of these are contributors to the development of the majority of mental health disorders. In some cases, a single factor may be sufficient to trigger the disorder but the majority of disorders require an accumulation of experience that constantly challenge the well-being of a person.

### 4. Mental Disorders

Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental disorders result from biological, social, and psychosocial factors and can be managed using approaches comparable to those applied to physical disease (i.e., prevention, diagnosis, treatment and rehabilitation)

### 5. Mental Illness

Mental illness is a recognized medically diagnosable illness that results in the significant impairment of an individual's cognitive, affective or relational abilities. It is the term that refers collectively to all diagnosable mental disorders.

### 6. Mental Health across Cultures

The World Health Organization (WHO) believes that there is no single definition for mental health due to differences in culture. What could be mentally 'healthy' (or acceptable behavior) in one culture may present something too eccentric in another<sup>1</sup>.

### 7. The Relationship between Physical and Mental Health

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases for example diabetes, heart disease, arthritis, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery<sup>3</sup>.

### III. What Mental Health can look like in Laos

There is no mental health concept in Laos. Unlike Western perspectives, people in Laos believe that the health of body and mind are inseparable. Therefore, the illness of the mind is treated by attending to the body<sup>4</sup>.

In Laos, people usually express their mental health issues as physical pain or somatic complaints (psychosomatic symptoms), headache, stomach pain, unhappiness, sleep difficulties, thinking too much, pains in the chest, increased heart rate and tightness in the chest, unable to think clearly, feeling tired most of the day, worrying a lot, being possessed by an evil spirit (psychotic symptoms) or making ancestors mad or unhappy<sup>5</sup>.

### IV. Human Development Through the Life Span

Life is a journey, with each developmental stage posing a new set of challenges and opportunities. As social and healthcare professional, we are in the unique position of not only experiencing our own growth and development, but also facilitating our clients' journeys. Understanding stages of life through psychosocial development theory is crucial for working with people with physical and mental impairments.

#### Erickson's Stages of Life

The Erickson's theory of psychosocial development is one of the well-known personality theories. The theory addresses development across the entire lifespan, from birth through death. At each stage, the individual deals with a conflict that serves as a turning point in development. When the conflict is resolved successfully, the person can develop the psychosocial quality associated with that particular stage of development. Erikson proposed that humans are motivated by the need to achieve competence in certain areas of their lives. According to him, human experience eight stages of development over their lifespan, from infancy through late adulthood. At each stage, there is a crisis or task that they need to resolve. Successful completion of each developmental task results in a sense of competence and a healthy *personality*. Failure to master these tasks leads to feelings of inadequacy.

Psychosocial theory does not focus on the obvious physical changes that occur as children grow up, but rather on the socio-emotional factors that influence an individual's psychological growth. At each point in development, people cope with a psychosocial crisis. To resolve this crisis, children and adults are faced with mastering the developmental task primary to that stage. If this skill is successfully achieved, it leads to an ability that contributes to lifelong well-being<sup>6</sup>.

***The eight key stages Erikson described were:***

#### 1. Stage Infancy: Trust Versus Mistrust: (Between birth to 24 months)

This stage is the earliest psychosocial stage that occurs during the first year of a child's life. During this critical phase of development, an infant is utterly dependent upon his or her caregivers. When parents or caregivers respond a child's needs in a consistent and caring manner, the child then learns to trust the world and people around him.



## **2. Stage Early Childhood: Autonomy Versus Shame and Doubt: (Between age 2-3 years old)**

This stage takes place between the ages of 2 and 3 and involves gaining a sense of independence and personal control. Children who successfully complete this stage feel secure and confident, while those who do not are left with a sense of inadequacy and self-doubt. Children who struggle and who are shamed for their accidents may be left without a sense of personal control. Success during this stage of psychosocial development leads to feelings of autonomy, failure results in feelings of shame and doubt.

## **3. Stage Preschool: Initial Versus Guilt: (Between age 3-6 years)**

The first two stages of children's development are concerned with trust versus mistrust and autonomy versus shame and doubt. During these first two periods, the focus is on children forming a sense of trust in the world as well as feelings of independence and autonomy. Each of these foundational stages plays a role in the later stages that will follow. At preschool stage, children begin to explore their environment and exert more control over their choices by taking initiative by planning activities, accomplishing tasks and facing challenges. Children need to try things on their own and explore their own abilities. By doing this, they can develop ambition and direction. Success in this stage leads to a sense of purpose. Children who try to exert too much power experience disapproval, resulting in a sense of guilt.

## **4. Stage School Age: Industry Versus Inferiority: (Between 5-11 years old)**

This stage focuses on developing a sense of personal pride and accomplishment. Children need to cope with new social and academic demands. Success at this point in development leads to a sense of competence, while failure results in feelings of inferiority. Through social interactions, children begin to develop a sense of pride in their accomplishments and abilities. At this stage, children who are encouraged and commended by parents and teachers develop a feeling of competence and belief in their skills. Those who receive little or no encouragement from parents, teachers, or peers will doubt their abilities to be successful.

## **5. Stage Adolescence: Identity Versus Confusion: (12 to 18 years)**

This stage plays an essential role in developing a sense of personal identity which will continue to influence behavior and development for the rest of a person's life. During adolescence, children explore their independence and develop a sense of self. Those who receive proper encouragement and reinforcement through personal exploration will emerge from this stage with a strong sense of self and a feeling of independence and control. Those who remain unsure of their beliefs and desires will feel insecure and confused about themselves and the future. Teenagers who successfully pass this stage lead to fidelity and the ability to live by society's standards and expectations.

## **6. Stage Young Adulthood: Intimacy versus Isolation (19 to 40 years)**

Young adults need to form intimate, loving relationships with other people. Success leads to the ability to have strong relationships, form committed, lasting, and nurturing relationships with others; while failure results in suffer emotional isolation, loneliness and depression. The stage that takes place in early adulthood is all about forging health relationships with others.

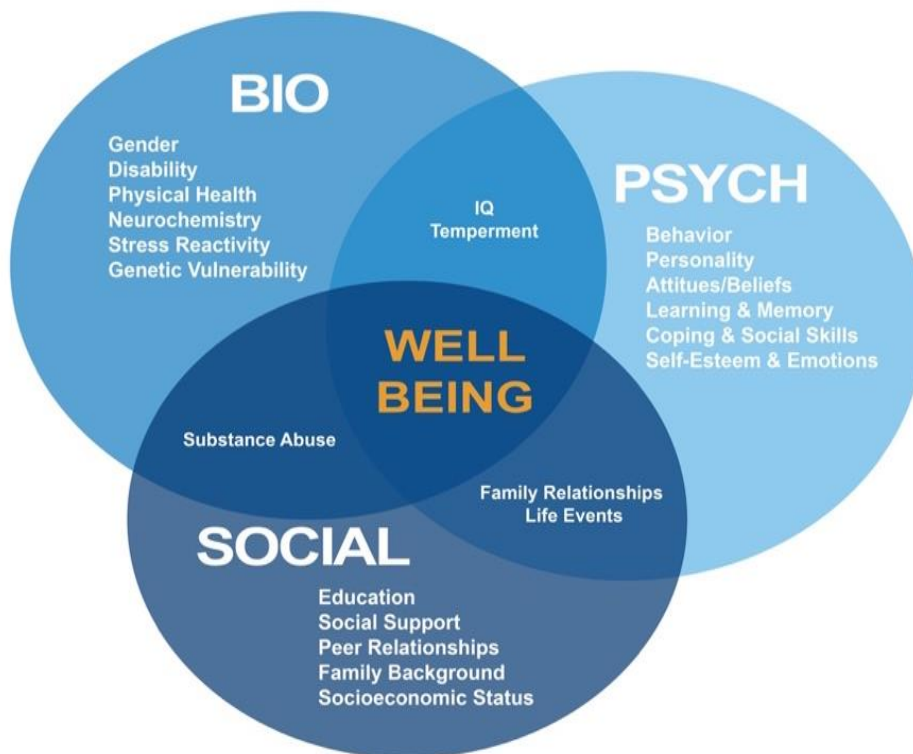
### **7. Stage Middle Adulthood: Generativity Versus Stagnation: (40 to 65 years)**

At the stage occurring during middle adulthood, people need to create or nurture things that will outlast them, often by having children or creating a positive change that benefits other people. They become concerned with contributing something to society and leaving their mark on the world. Raising a family and having a career are two key activities that contribute to success at this stage. Successful leads to feelings of usefulness and accomplishment, while failure results in shallow involvement in the world.

### **8. Stage Maturity: Integrity Versus Despair: (65 to death)**

The final stage of psychosocial development takes place in late adulthood and involves reflecting back on life. Those who look back and feel a sense of satisfaction develop a sense of integrity and wisdom and ready to face the end of their lives with a sense of peace, while those who are left with regrets may experience bitterness and despair and only feel regret will instead feel fearful that their lives will end without accomplishing the things they feel they should have.

## V. Biopsychosocial (BPS) Model of Well-Being



**Figure 1: Biopsychosocial Model of Well-Being**

The biopsychosocial approach was developed at Rochester University, New York, USA decades ago by Drs. George Engel and John Romano. The biopsychosocial approach systematically considers biological, psychological, and social factors and their complex interactions in understanding health, illness, and health care delivery<sup>7</sup>.

### **Biological**

The 'bio' component of this theory examines aspects of biology that influence health. These might include things like brain changes, genetics, or functioning of major body organs, such as the liver, the kidneys, or even the motor system. For example, let's say Mr. Kham has an accident that leaves him with reduced movement in his left leg. This biological change might influence how he feels about himself, which could lead to depression or anxiety in certain situations.

### **Psychological**

The 'psycho' component of the theory examines psychological components, things like thoughts, emotions, or behaviors. Mr. Kham might go through many different psychological changes. He might experience decreased self-esteem, fear of judgment, or feel inadequate in his life or job. These changes in thoughts might lead to changes in behaviors, like avoiding certain situations, staying at home, or quitting his job. As he engages in these behaviors, his injury might worsen, or he could suffer further depression and anxiety.

### **Sociological**

The 'social' component of the model examines social factors that might influence the health of an individual; things like our interactions with others, our culture, or our economic status. A possible

social factor for Mr. Kham could be his role in his household. Perhaps Mr. Kham is a new father. An injured leg might reduce his ability to care for his new baby. Being unable to fulfill this social role might trigger problems with his wife or other family members, causing Mr. Kham stress that could lead to further biological or psychological problems.

An important connection to make here is that the elements of the biopsychosocial model are all connected. Biology can affect psychology, which can affect social well-being, which can further affect biology, and so on. Mr. Kham's biological state changed, which affected his psychological state and social interactions, which all went on to affect each other over again.

## VI. Biopsychosocial Influences on Health

### **Biological Influences on Health**

Biological influences on health include an individual's genetic makeup and history of physical trauma or infection. Many disorders have an inherited genetic vulnerability. It is clear that genetics have an important role in the development of certain mental illness. For example, schizophrenia, but equally clear is that there must be other factors at play. Certain non-biological (i.e., environmental) factors influence the expression of the disorder in those with a pre-existing genetic risk.

### **Psychological Influences on Health**

The psychological component of the biopsychosocial model seeks to find a psychological foundation for a particular symptom or array of symptoms (e.g., impulsivity, irritability, overwhelming sadness, etc.) Individuals with a genetic vulnerability may be more likely to display negative thinking that puts them at risk for depression; alternatively, psychological factors may exacerbate a biological predisposition by putting a genetically vulnerable person at risk for other risk behaviors. For example, depression on its own may not cause a liver problem, but a person with depression may be more likely to abuse alcohol, and, therefore, develop liver damage. Increased risk-taking leads to an increased likelihood of disease.

### **Social Influences on Health**

Social factors include socioeconomic status, culture, technology, and religion. For instance, losing one's job or ending a romantic relationship may place one at risk of stress and illness. Such life events may predispose an individual to developing depression, which may, in turn, contribute to physical health problems. The impact of social factors is widely recognized in mental disorders like anorexia nervosa (a disorder characterized by excessive and purposeful weight loss despite evidence of low body weight). The fashion industry and the media promote an unhealthy standard of beauty that emphasizes thinness over health. This exerts social pressure to attain this "ideal" body image despite the obvious health risks.

### **Cultural Factors**

Also included in the social domain are cultural factors. For instance, differences in the circumstances, expectations, and belief systems of different cultural groups contribute to different prevalence rates and symptom expression of disorders. For example, anorexia is less common in Lao cultures because they put less emphasis on thinness in women.

Culture can vary across a small geographic range, such as from lower-income to higher-income areas, and rates of disease and illness differ across these communities accordingly. Therefore, the importance of Biopsychosocial model is that it looks at health and disease in a variety of context and examines how the interaction of different factors leads to specific issues for an individual. To successful treating or assisting a person, you might incorporate physical, psychological therapy and social therapies so that the person can recover.

In summary, the biopsychosocial model states that the workings of the body, mind, and environment all affect each other. According to this model, none of these factors in isolation is sufficient to lead definitively to health or illness—it is the deep interrelation of all three components that leads to a given outcome<sup>7</sup>.

To apply the biopsychosocial approach to health practice, you should:

- Recognize that relationships between you and your client are central to providing health care
- The client-doctor relationship influences treatment outcomes, even if only because of its influence on adherence to a chosen treatment
- Use self-awareness as a diagnostic and therapeutic tool
- Elicit the person's history in the context of life circumstances
- Decide which aspects of biological, psychological, and social domains are most important to understanding and promoting the person's health
- Provide multidimensional or multidisciplinary treatment approaches for faster recovery

## VII. Basic Value and Ethical Guideline

This basic value and ethical guideline is not intended to replace medical ethics or human service ethical guidelines of an academic institution or any existing value and guideline which has been practiced in the country.

The user of this handbook is encouraged to follow value and ethical guidelines which have been recognized in the country while applying this guideline during their work. This guideline is a broad view and it can be modified or adapted for the specific group of people being served. The BPS approaches to helping people with serious and persistent physical and mental impairment is anchored in the following values and ethical guidelines:

- The relationship between the you and the client is essential
- Treatment focuses on individual strengths and needs
- Treatment is based upon the principle of client self-determination
- The family and community are the primary resources for attaining the goals of the client
- Provide treatment with no discrimination regarding a person's race, culture, gender, disability, socioeconomic status and sexual orientation
- Treat each individual you come in contact with as you would a client
- Seek and provide culturally sensitive services for each client and to continue to increase cultural competence
- Be committed to helping clients find or acknowledge their strengths and to use these strengths in their journey of recovery
- Be committed to helping clients achieve maximum self-responsibility and to find and use services that promote increased knowledge, skills and competencies
- Acknowledge the power of self-help and peer support and encourage clients to participate in these activities
- Keep confidential all information entrusted to him by those he serves, except when to do so puts the person or others at grave risk
- Commit to a holistic perspective, seeing each person he serves in the context of their family, friends, other significant people in their lives, their community, their religion, and their culture, and working within the context of this natural support system.
- Consult with your supervisor, obtain training, or refer to a more qualified service providers any individual with a need they do not feel capable of addressing
- Advocate for the people you serve, for their rights, for equal treatment and for resources to meet their needs

## VIII. Clients Not Cases

One of the strengths of a social or healthcare service provider is the ability to see clients as people, not "cases" or collections of physical and mental health symptoms. They have skills, abilities, hopes and dreams and, like everyone, they may have barriers that prevent them from reaching some of their goals. The social or healthcare service provider job is to help them overcome and adjust to those barriers so that they can meet their goals and live as independently as possible. **When the focus is on abilities rather than disabilities, then the person is strengthened.**

## IX. Recovery

One of the important concepts in the field of medical and mental health is the idea that people can recover from a physical and mental illnesses, even the most severe illnesses such as schizophrenia and bipolar disorders. Guiding principles of recovery include hope, empowerment, meaningful roles in life, and personal responsibility. The person is able to maintain or regain social roles and activities within their community. It is essential that social or healthcare providers have an understanding and support these principles of recovery. Recovery often depends on the person finding someone who believes in him or her. When a social or healthcare provider is able to take that type of supportive and encouraging role with a person, it is empowering and can be instrumental in that client's success.

### 1. Key Concepts in Recovery

- **Hope** – Person needs to feel they can recover.
- **Personal Responsibility** – Person needs to feel he can control his own lives and take responsibility for their own care.
- **Education** – Person needs information about their illness and treatment options.
- **Self-Advocacy** – Person needs support from others, including: family, peers, professionals, and the community.

Recovery is a process of change through which individuals work to improve their own health and wellbeing, live a self-directed life, and strive to achieve their full potential<sup>8</sup>. There are four major dimensions that are essential to a life in recovery:

- **Health:** overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope.

### 2. Meaning and Purpose in Life for Recovery

Meaning and purpose in life is central to leading a full and healthy life. Regardless of how this desire for meaning in life manifests, most persons know when it is absent and seek it. The following steps are suggested in assisting a person in the process of biopsychosocial rehabilitation and social reintegration to uncover what, for them, constitutes meaning in life:

- Making an initial assessment, taking into account spiritual interests of clients, is useful in defining the content of the therapeutic counseling process

- Suggesting different types and practices of spiritual practice, depending on the cultural context, might have an added value (e.g., as a relaxation strategy to face fears, anxiety, anger, and create a mental sense of recovery and well-being)
- Encouraging spiritual practice in groups, if applicable in the cultural setting, might support the connection with others and a sense of belonging
- Working with therapeutic staff to develop skills to approach and explore the spiritual and religious interests of clients in the process of rehabilitation and social reintegration. Once the “what” and the “how” of implementing the various aspects of recovery capital—an essential part of sustained recovery management—have been realized, the next step is to increase recovery supports, through a systems approach, for impairment persons.

## X. Community integration and cultural renewal

Community integration and cultural support often have a startling effect on persons with disability. In some more traditional settings, complementary cultural and indigenous activities, when embedded in or closely linked to a treatment program, may help to induce relaxation; facilitate self-regulation of physiological processes; release emotional trauma; alleviate isolation and alienation; encourage personal transformation; promote spontaneous manifestations of leadership skills, and, more importantly, create a sense of interconnectedness between the self and the community<sup>9</sup>.

## XI. Relationships and Obstacles

### 1. The relationship

Relationship between social or healthcare provider and client is very crucial and is based upon trust, mutual respect and a willingness to work together to attain agreed-upon objectives. The service provider does not attempt to change or judge the client’s beliefs, values or emotions, but works with the client to access needed services. The provider can help the client increase skills, gain improved attitudes and expand the client’s horizons. Providers attempt to bring about solutions to barriers that clients experience including discrimination or actions that impose on their civil rights. The provider develops a network of community supports for advocacy. Community supports or natural supports are resourceful, caring, and responsible individuals who are committed to the growth and development of the client. Often these natural supports are family members, friends, neighbors, and community agency personnel. A strong partnership, when it is conscientiously pursued, can assist clients to succeed in their recovery. The provider-client relationship, like any other, thrives on consistency, openness, honesty and the careful building of trust.

### 2. Obstacles

A variety of factors can make development of this relationship especially difficult. Sometimes clients find it difficult to develop this kind of relationship due to the nature of their physical and mental impairment and history of difficulty accessing agencies and institutions. Other obstacles may include communication problems that prevent anything other than occasional or irregular contacts. In many instances, the physical and mental illnesses have interfered with many aspects of the client’s life including medical, mental health, educational, social, and other services.



## XII. Conducting a Biopsychosocial Support Needs Assessment

Assessment is an ongoing process, and does not stop at the first interview. Good assessment is essential to the continuing care of the client. Not only can it enable the client to become engaged in treatment but it can begin a process of change even before a full assessment is completed. The primary purpose of assessment is to carry out a functional analysis and determine the best type of response. However, the initial assessment is also a time when client and provider establish a therapeutic relationship.

The client is active participant in the psychosocial needs assessment. The psychosocial needs assessment should consider the physical, psychological, and social cultural needs. The psychosocial needs assessment identifies assets, strengths, and capacities of a client to help him maintain a sense of identity, dignity and self-esteem. The psychosocial need assessment procedure should be natural and flexible.

### **1. The following may help guide the psychosocial support and needs assessment process when meeting with a client**

#### ***Setting***

For good interviewing and supportive interview and counseling you can work under a tree. What is important is that you are out of earshot, so others cannot listen. If you are working in a normal scruffy office, there are ways to make it friendlier. Making office friendly and comfortable is crucial when interviewing or providing support to those who seek help from you and your organization. The layout of the consulting room can assist good consulting. It can facilitate establishing rapport with people by, for example, allowing for good eye contact, making the people feel good and comfortable and enabling easy access to computers or notes and avoiding 'distance' between you and client.

#### **Greeting**

All clients deserve respect, whatever their age, marital status, ethnic group, or sex. The most important contact will be the first greeting which will be key to making people feel comfortable sharing critical information with you. Remember that the first impression that a person receives of you is made within the first 20 seconds of meeting you. The first meeting may assist or inhibit rapport. Generally, it helps to be warm and welcoming so as to put the person at ease. Good eye contact, shaking hands or Lao way of greeting with the persons and showing an active interest in the person should help to establish trust and encourage honest and open communication.

#### **Building Rapport**

Introduce yourself as what is appropriate and acceptable in yours and clients' culture. Ask the person how he or she wants you to call them. This is based on culture and tradition of the people you serve how they want to be called either by name or by hierarchical order and you follow them. For example: In Lao culture they might want you to call them brother, sister, mom, grandma or uncle instead of using their name like in western culture.

#### **Respect**

You have to show respect, and, if possible, feel respect for each and every client regardless of the person age, sex, education, ethnicity, religion, and physical appearance. Respect his/her point of view, beliefs and feelings toward the situation.

#### **Giving Empathy**

This is the ability to enter the perceptual world of the other person, to see the world as they see it. It is important to understand his/her problems from his/her point of view. This provides emotional

support.

### **Assuring confidentiality**

Confidentiality is very important for the human services field and for building trust with the person you serve. It is the respect of a person's right to privacy. Information about clients is not passed on – not to husbands or best friends or to anyone except your colleagues when you need advice. Explain you have a moral obligation to break confidentiality if the person's life is in danger of hurting his/herself or others.

### **Active listening**

Active listening is one of the elements of effective communication. Active listening is a model for respect and understanding. Listen to what your clients say and also how they say it. Notice tone of voice, choice of words, facial expressions, and gestures. Give your clients time to think, ask questions, and talk. Move at the client's speed. Listen to your client carefully instead of thinking what you are going to say next. Sit comfortably and avoid distracting movements. Look directly at your clients when they speak, not at your papers or out of the window. Every now and then repeat in your words what you have heard. This is called "paraphrasing"

### **Making Observations**

Making observations is very important for you to collect more information when conducting an interview. You observe whether he is calming down, emotionally overwhelmed or distraught individual, or interact in a non-invasive but compassionate way. Be aware of non-verbal behaviors such as facial expressions, physical appearance, body movements, as they may provide valuable clues about how the person is feeling and what is really troubling someone. This is very useful where there is a psychological origin for physical symptoms, of which the person may be unconscious, but you could get at if you noticed that talking about a certain aspect of their story makes them uncomfortable or hesitant. Remember that speech is not the only means of communicating, especially where someone has a poor command of the language in which you are taking the history, or has hearing impairment. Make full use of communication aids such as translators, sign-language interpreters, picture boards, drawings done by the client showing where the pain is, when this is a more appropriate form of discourse.

### **Attending skills**

This means giving your physical attention to another person, and looking involved by adopting an open body position. Maintaining eye contact and showing facial expressions and other signs that you are interested in what the person is saying.

### **Following skills**

This means not interrupting and diverting the speaker, and maintaining attentive silence. Use minimal encouragers - simple responses that encourage the speaker to tell their story, and ask relevant questions which allow for more than yes or no responses. Not taking on the role of inquisitor and ask too many questions.

### **Reflecting skills**

Telling the other person what you think they are feeling.

For example:

"You're obviously happy about this project."

"Sounds like you are angry."

"It seems to me that you feel annoyed."

### **Showing and Checking Understanding**

Use many tools to make sure you have understood correctly, clarify the story and keep conversation moving. Put in different words what the other person said and check you have heard it correctly. For example:

- "If I understand you correctly..."
- "What do you mean when you say...."
- "Is this what you mean?"

### **Asking questions**

What questions to ask during interview are also important for you to acquire more information and for persons to tell their stories. Usually, there are three major types of question used in biopsychosocial needs assessment interview

#### ***Asking closed questions***

A question that only gives a limited choice of answer, such as 'yes' or 'no'. Use when you want very specific information from the client when talking to a client who tends to go off on tangents, is evasive, or tends to become overly detailed in his or her answers

For example: *"Do you have a headache?"*

*"Do you have any question for me?"*

#### ***Asking open questions***

A question that can be answered freely, with as much or as little information as the responder wants to give. These are questions beginning with "who", "what", "how", "when", "where." Some open-ended questions may be widely focused such as,

For example:

- *'What is troubling you at the moment?'*
- "Tell me about your life?"

Narrowly focused such as for example:

- "Tell me what happened last Saturday night?"

#### ***Asking Probing questions***

These are more direct questions than open questions, as they are based on information already obtained but allow a free response.

For example, *'In what way does your broken leg affect your daily living?'*

### **Self-Determination**

The right to make your own choices and decisions, particularly about decisions that affect your life. When working with people and communities this means supporting them to understand their choices, explore alternatives best suited to his/her capability and situation (coping strategies). For example: When developing a care plan the client is always included in decision making and determining what the expected outcomes are for them.

### **Cultural sensitivity**

When working with people be aware of cultural differences. Example of cultural differences: distances in conversation; eye contact; touch; appropriateness of being one-on-one with a member of the opposite sex. Distances between two people in conversation will differ: from culture to

culture; from person to person; from gender to gender. For example: two women will come closer physically while in conversation as compared to a man and a woman.

#### **Using the Right Level of Language**

- Use easy and simple none technical terms
- Use clear and appropriate level of language with children and adults
- Avoid jargon and technical terms
- Avoid using complicated or scientific words

You need to monitor how you talk during the conversation and adjust accordingly.

#### **Space Between People**

Interviewing, guidance and counseling are more successful if you sit fairly close together – but not too close. Try to limit barriers such as a desk or another object between you and your client.

## 2. Things to AVOID when providing biopsychosocial support

Biopsychosocial support involves with supportive counseling to the client. It is an interaction, with cooperation and mutual respect between provider and client, to help the client confidently face problems and enhance his capacity to solve his own problems. Effective biopsychosocial support therapy should be client or client-center and responsive to the client's needs, help the client create resources and self-confidence to solve his problems. To achieve this there are things that provider should avoid.

### **Moralizing**

Remember the goal of your work is to help client with problems solve those problems. Never moralize his experience or behaviors.

For example: Moralizing - "You should do this..."

### **Ordering**

You are a service provider, not their supervisor or employer. You have no right to order. What you can do for clients is provide suggestion and guidance, not orders.

For example: Ordering - "You will study two hours a night."

### **Threatening**

Try to avoid attitude or language that makes the client feel that they are threatened. Your role is to provide a supportive environment that encourages the client to share their problem so that you can help.

For example: Threatening - "If you don't do this."

### **Arguing**

The client may not take your advice and he may use words that hurt you. Try to understand his worries and do not argue with him. Stay calm and help him understand that he has the right to make his own decisions, and you respect that.

For example: "The only way to improve your results is to study more."

### **Disagreeing**

It is not your role to rate what is wrong and what is right – he may lead to disagreement. Learn from him so you can teach him new skills and give advice.

### **Over-interpreting**

Your role is to try to understand your client and to bring together his words into a package that is easier to understand, but do not over-interpret what he is telling you – this is likely to lead to misunderstanding

### **Sympathizing**

A good psychosocial support counselor should have empathy with his or her client, but a counselor also knows how to avoid sympathizing never takes sides or involves his or her emotions in directing the counseling session. A counselor should understand clearly the difference between empathy and sympathy. Sympathy is the ability to feel and experience the emotion of others. Sympathy places emphasis on sharing of grief and loss, while empathy does not emphasize any specific emotion. Sympathy can include agreeing with some aspects of others' beliefs and emotion, while empathy focuses on understanding the belief and emotion but does not express agreement or disagreement with these. An empathic person grasps the inner world of others, while the sympathetic person captures only the aspects that he or she agrees with. A counselor, in order to help her client, besides being able to understand and feel the client's emotion, must maintain a certain objectivity, not to

sympathize, “to cry with and to laugh with” the client. A counselor should empathize but not sympathize with the client.

### **Judging**

Judging involves imposing your values on another person and giving solutions to their problems. When you judge, you don't fully listen to what someone is saying because you are too busy assessing their appearance, the tone of their voice and the words they use.

Examples include:

- *criticizing* - “You don't understand anything?”
- *name-calling* - “You are crazy”;
- *diagnosing* - “You are not really interested in this subject”;
- *praising to manipulate a person* - “With a little more effort you could do a lot better”.

Judging will cause miss-trust and denials of problems and lead the discussion in the wrong direction. You should listen without judgment, criticism or blame, and try to gain a better understanding of the client from his or her viewpoint.

### **Sending solutions**

Interrupting before the speaker has finished or giving your idea of a solution before being asked can be irritating for the speaker and can prevent them from transmitting their original message. It may also encourage individuals to become dependent on us to solve problems for them and deny them the opportunity to practice decision-making skills. This type of communication may convey to them that their feelings, values and problems are not important.

Examples include:

- Excessive/inappropriate questioning - “Where did you go? What did you do? Who were you with?”
- Finishing sentences for the speaker.

### XIII. Areas of Biopsychosocial Support Needs to Be Assessed

An assessment of the client's situation and circumstances may include:

- medical/psychological wellness
- mental health/substance abuse services
- vocational/educational
- social, family/social support
- benefits/financial resources
- housing
- leisure/recreational activities
- legal
- activities of daily living skills

An assessment of each need area is based upon:

- social history
- the client's current circumstances
- stated personal goals
- internal and external resources
- priority of needs
- information from others including family, friends, service providers with client release of information

The following may help guiding the biopsychosocial support needs assessment process when meeting with the client:

- asking what kinds of experiences the client has had in receiving community and other services up to this time
- asking what services are most important now for the client
- reviewing the physical/mental health provider's Recovery/Treatment plan with the client
- asking what resources could help the client make the desired changes
- asking what talents or experiences the client can use to meet the desired goals
- asking what step the client needs to take to make the changes

The biopsychosocial needs assessment is an ongoing working document and is to be updated when the client's status is altered, goals change, or new services and resources are needed. Since a biopsychosocial support needs assessment is ongoing, you may stop the assessment process at any point to:

- respond to a client's restlessness or unwillingness to continue
- start the prioritization of needs to move into the development of a care plan
- set a continuation date/time to gather further information prior to developing care plan

#### 1. Prioritizing Needs

After completing the biopsychosocial needs assessment, you and your client must identify which areas should be chosen as priorities for goal setting. These are first based on critical basic human survival needs (food, shelter, clothing, medical, and mental health care) and then less critical needs. Once the needs have been prioritized, then you and your client are ready to develop a care plan to

accomplish one or more of the goals.

## **2. The Care Plan: Development and Implementation**

A care plan is a set of action steps designed to achieve one or more of the client's goals as stated during the biopsychosocial support needs assessment. It is a plan that contains:

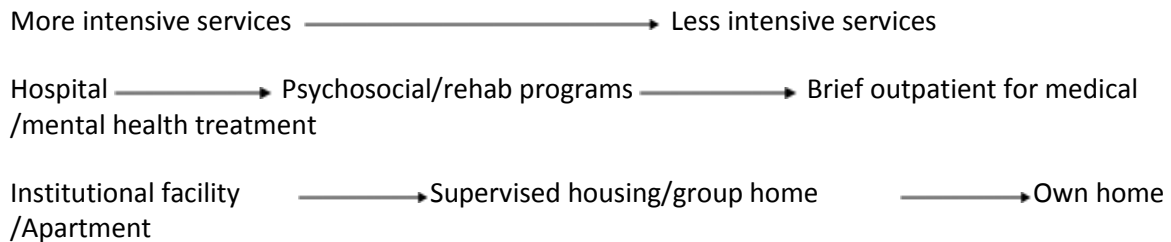
- short term goals or action steps
- long term goals
- parameters of service delivery
- review date

## **3. Linking/Assisting Clients to Access Biopsychosocial Support Needed Services**

After finishing biopsychosocial support needs assessment, you and your client have to identify if possible to refer or link your client to more services or care outside of your organization for continuum of services.



#### XIV. Continuum of services



The provider should be familiar with the medical/mental health/social services continuum and resources existing in the community.

##### 1. Community Service Programs and resources

There might be several government and none government assistance program in the community in Laos. However, those assistances might not be available in every district and province. The best way to help your client or victim access and connect to resources available in the areas is done through community resources. Each community has a variety of other services that will be crucial in assisting the client in fulfilling their goals to ward recovery. For example: temple, church, Civil Society Organization, peer-to-peer support group, community association, etc...

##### 2. Linking the clients to more support and services

- needed health care services as well as regularly scheduled physical and mental health examinations
- other appropriate treatment programs within community
- educational programs, and employment training and/or work opportunities
- a range of social and natural supports in the community, i.e., religion (Temple, church, spiritual healing, client self-help groups, family network, connecting with peers and other support

##### 3. Assisting client access to

- all benefits for which they are eligible
- obtain a satisfactory living situation, including basic living needs
- referral and related activities which is appropriate for client's condition

##### 4. Monitoring

- Monitoring and follow-up activities, including activities and contacts that are necessary to ensure the care plan is effectively implemented and adequately addressing the biopsychosocial needs of the client.
- Monitoring the client progress and continued needs for support and other services.

##### 5. Documenting

It is extremely important you accurately and carefully document the services or treatment you have provided to a client. Documentation should be followed the documentation requirements outlined and requires in the organization policy. Good documentation will help produce good report of the services and productivities of you to your organization and funders in addition to keep tracking your client progress in their journey for recovery.

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## Annexes

### Annex 1: Taking Care of Yourself

Working with people can be stressful. It is important to take care of yourself – physically, emotionally, and socially. Utilize opportunities to attend time management and stress management workshops or exercises if there is one in your area.

#### ***Time Management***

- Make a daily plan of tasks.
- Prioritize the list. Identify those tasks that have to be done today (A's) from those which should be done, but could be done tomorrow (B's) and those which are not that important (C's).
- Be sure to do your "A" tasks first.
- Keep lists simple and realistic.
- Carry your list with you – consult it often.
- Let your list be your guide. You will find that you often have to adapt and revise.
- Let clients know when you will have time to provide case management services for them. Set appointments with them and stick with it. If they are not there for the appointment, make another appointment for another time. They will soon know they can rely on you if they will make their appointment times with you.
- Be on time. Treat clients the way you want to be treated.
- Always ask "what is the best use of my time right now?"
- Do not always do other people "A" tasks at the expense of your own.

#### ***Stress Management***

- Talk with colleagues and your supervisor about your experiences and feelings. Sharing with others helps to reduce the tension and find humor in difficult situations.
- Learn how to use relaxation exercises.
- Use humor appropriately.
- Recognize the stages of burnout.

*Take action to deal with your burnout if you recognize it.*

- Talk to your supervisor for assistance.
- Take time-outs. These can be mini time-outs, such as taking the afternoon off, or longer vacations.
- It is okay to say you are having a difficult time. We all do at times. It is not okay to ignore the stress symptoms and do nothing about them.
- Cultivate pleasurable activities and hobbies that will offer you balance and peace.
- Develop a positive, nurturing support system.
- Set limits with yourself and others. Know your own boundaries
- Exercise regularly

## Annex 2: Biopsychological Assessment Checklist for medical providers

Once the doctor and the client have made contact, the doctor begins the process of gathering information. It is important to use as many resources as possible during this process to collect information from the client i.e. parents, teachers, peers, other staff in the center, and of course the client. Making observation during interview or meeting with the client. Screening psychosocial well-being of the client using some of the brief screening questions below. If there are few positive to the following symptoms, you might want to refer the client for further psychological assessment.

### Collect information through observation:

General:	Observe physical and mental appearance, physical complaints and tiredness personal hygiene, friendly
Attention:	good attention, concentration impulsiveness level of activity/ restlessness reactions to frustration patience
Contact with you:	engage with your conversation, excited, quality (superficial, defensive, closed, provocative, etc.) eye contact (none, avoiding, intense, etc.)
Mood during interview:	happy, sad, lonely, shy, embarrassed, spontaneous
Cognitive level:	oriented to place, people and time language use/fluency of speech general knowledge, memory

### Symptoms of Emotional Distress

#### ***Depressed Mood***

Significant change in posture, speech, facial expressions, dress, etc.

Mood swings, feeling low or sad

Pessimism and hopelessness

Feelings of worthlessness

- There is no future for me, I am useless.

- I am no good and never will be, or

- I d be better off dead. I am a big failure.

#### ***Loss of Energy***

Fatigue; feeling heaviness in arms and legs

Felling Tiredness most of the day

Refuses to go to school or work, inability to concentrate, refuses or is unable to work

### ***Change in appetite***

Loss of appetite but sometimes increased food intake, often in the evening  
Refusal of food

### ***Difficulty in sleeping/insomnia***

- Difficulty falling sleep
- Being awakened in the middle of the night by frightening dreams and uncomfortable body sensations
- Early morning awakening
- Un-refreshing sleep
- Sleeping then waking and staying awake all night

### ***Loss of interest in work and other activities***

Indifference to people, ideas, and pleasure  
Isolation, withdrawal, avoiding people, isolation from others

### ***Behavioral changes in children***

Pacing up and down, wringing of hands, nail biting, tapping fingers on the table, increased smoking, bedwetting, anger tantrums

### ***Decreased ability to think and/or concentrate***

- Inability to decide, reason, comprehend, pay attention or anticipate
- Pre-occupied by ideas as self-doubt, worries about the future, etc.
- Doing things slowly and with uncertainty

### ***Remorse***

Feeling guilty about things in the past that s/he should have done but did not do  
Feelings of shame

### ***Physical complaints/psychosomatic complaints***

A headache is the most frequent complaint, burning sensations or rapid heartbeat, blurred vision, trouble in breathing, constipation or diarrhea, pressure or pain in the chest, muscle ache and cramps in the legs and back, sweating, weakness in the body, pain or urination, vomiting, dry mouth.

The person might believe s/he is suffering from a serious illness like cancer or tuberculosis.

### ***Anxious/Angry***

- Nervousness, irritation, anger, lack of patience, etc.
- Thoughts of terror, fear, and anticipation of danger or harm.

- Fear and worries about health, finance, affairs, and job.

***Violent tendencies***

- Danger to self, others and property; attacks people, usually family members, spouse and child abuse.
- Suicidal thoughts and attempted suicide, tries to injure self by swallowing pills, self-starvation, etc.

***Drop in self-esteem***

- Feeling of inadequacy, incompetence, failure, etc.
- Believes that his/her family and friends have a similar view of him.
- Loss of self-confidence/sense of self-worth

### Annex 3: Initial Biopsychosocial Interview Guide for Health Providers

1. What is the referral problem and does the client see this as the main problem or is there something else?

Short-term                      long-term problem

2. What is the intensity and frequency of the problem?
3. What does the client do that makes the problem better or makes it worse.
4. How does the problem functionally impair the client?
  - a. work performance:
  - b. work relationships:
  - c. familial relationships (spouse, children, etc.):
  - d. social activities (going out with friends, church):
  - e. fun/recreational/relaxing activities:
  - f. exercise; if stopped what did they used to do and how long ago did they stop
5. Any Changes in Sleep:  
Energy:  
Concentration:  
Appetite:
6. Do they consume caffeinated drinks; how many a day\_\_\_\_\_ and how many ounces each time\_\_\_\_\_.
7. Do they consume ETOH; if so, how many per sitting\_\_\_\_\_, how many lite\_\_\_\_\_.
8. Any over the counter meds or supplements\_\_\_\_\_
9. Ask client to describe what a typical day is like for them during the week. Ask what a typical weekend looks like.
10. Mood: \_\_\_\_\_
11. Summarize understanding of client's problem

#### Annex 4: Change Plan Worksheet for Clients

The change(s) I want to make are:

The most important reasons why I want to make these changes now are:

The steps I plan to take in changing are:

The ways other people can help me are:

PERSON	POSSIBLE WAYS TO HELP

I will know that my plan is working if:

Some things that could interfere with my plan are: (also help identify possible solutions to these barriers)

List some activities and recommendations for client to do every day or week (which seem doable). For example:

- ↑ Enjoyable/Meaningful Activities
- ↑ Challenging negative thoughts
- ↑ Stimulus control for sleep
- ↑ Sleep hygiene
- ? difficulty functioning with depression or anxiety ↑ medications
- ↑ Relaxation skills (deep breathing & cue controlled relaxation)
- ↑ Physical Activity
- Eating behaviors for weight or headache
- ↓ Calories for weight (current wt x 12, minus 500 to lose 1 lb. a week)
- ↑ Self-help book