ITI PEER SUPERVISION TOOLKIT: Learning to Take Care of Survivors and Ourselves

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ACKNOWLEDGMENTS

"We have a lot of noise inside of us."
-GBV survivor, Iraq

"I can feel their stories inside of me."
GBV Caseworker, Ethiopia

GBV Caseworkers enter the world of GBV survivors, and sometimes this feels like walking in the darkness with just a candle. It is hard to see. You are not always sure where you are going. It is normal to get lost sometimes.

This peer supervision toolkit was created to help caseworkers navigate those moments of confusion and stuckness when working with GBV survivors. Supervision cultivates a space where caseworkers can tell their challenging and beautiful moments and be witnessed and guided by each other. This resource accompanies the Integrating Therapeutic Interventions into GBV Case Management (ITI).

Thank you to Serena Thomas for developing and writing this resource; Lara Fakhoury and Daniela Arocha Ramirez for their technical review; and NCA's GBV teams in Iraq, Ethiopia, Ukraine for their consultations and field testing.

This resource would not have been possible without the generous support of the Norwegian Ministry of Foreign Affairs.

*Consent was obtained for all photos used in this resource. No photos depict survivors of GBV.

Picture on front page: Håvard Bjelland, Ethiopia, 2023.

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PART 1: INTRODUCTION

INTRODUCTION

This ITI Peer Supervision Toolkit: *Learning to Take Care of Survivors and Ourselves*, is a supervision resource. It is a toolkit that provides Gender Based Violence (GBV) caseworkers with techniques for peer supervision as they learn psychological strategies for managing symptoms based on the ITI (Integrating Therapeutic Interventions into GBV Case Management) manual.

GBV caseworkers in humanitarian contexts are the frontline staff actively supporting vulnerable survivors and preventing some of the most vulnerable from needing mental health care by specialized psychologists and psychiatrists. These caseworkers' therapeutic techniques can be strengthened with comprehensive supervision. Strong, confident caseworkers are also better able to maintain their own wellbeing as they do this difficult work.

This peer supervision toolkit comes out of consultations with our field teams[1] and an understanding of the unstable contexts where GBV caseworkers work as well as an acknowledgment that electricity, internet access, and the ability to travel freely to meetings is not always available. Thus, this toolkit offers a peer supervision model with bite sized pieces of knowledge and tools meant for these challenging humanitarian contexts.

PURPOSE OF THIS ITI SUPERVISION TOOLKIT

Learning to Take Care of Survivors and Ourselves is not a stand-alone toolkit. It should be used together with the Integrating Therapeutic Interventions into GBV Case Management (ITI) manual and the Interagency GBV Case Management Guidelines.

This ITI Supervision Toolkit provides:

- A peer supervision model to help manage difficult cases and increase capacity to offer psychological support.
- Case studies, activities and provocative questions that facilitate individual and group supervision sessions related to the specific psychological symptoms of GBV survivors.
- Video recordings which provide "live" explanations, clinical examples and demonstrations of techniques to manage symptoms taught in the ITI manual.

1 Consultations were conducted with Iraq, Ethiopia and Ukrainian GBV teams for the creation of this Toolkit.

Every caseworker will experience 'stuck moments' where they may not know what to do or say. These 'stuck moments' are why supervision is essential.

WHAT IS SUPERVISION?

Peer Supervision is a time when GBV caseworkers explore the challenging and confusing moments they experience with survivors. It is a time to learn how to be a better caseworker, receive emotional support, learn new skills, and feel a sense of community when doing GBV work.

Let us imagine you are a GBV caseworker sitting with Ahna, a GBV survivor. It is her first session.

Ahna sits on the edge of her seat, gives you one word answers and keeps looking around the room. She seems anxious. You wonder, "What can I do to make her feel more comfortable?" You can see her anxiety is preventing her from sharing, but you are uncertain what to do and the session ends with you feeling defeated and wishing you had done something differently.

This is a time where supervision is needed, In a supervision session, you can reflect on:

- What might the survivor's anxious behavior be telling you that her words were not?
- What can you do differently next time?
- What new skills can you use for assisting survivors with anxiety at the beginning of the session?
- How would it feel if you began the session saying something like: "Many women feel anxious telling their stories, especially in a first session. What thoughts were going through your mind as you were walking to our meeting today?"

Every caseworker will experience 'stuck moments' like this where they may not know what to do or say. Supervision can help you learn to manage 'stuck moments.'

HOW TO USE THIS TOOLKIT

This toolkit targets GBV caseworkers who are working with GBV survivors with psychological concerns like sleeping problems and flashbacks. This toolkit can be used between peers or self-care buddies. It is not necessary to review every case in supervision, only those which are the most challenging. For all other cases, the GBV Case Management Supervision Guidelines are the foundation that caseworkers can follow for supervision.

Peer supervision sessions using this toolkit can be organized as:

- A separate, stand-alone meeting.

OR

- Integrated (at the middle or end) of an already existing Case Management meeting.

Ideally, GBV caseworkers will have already received the 5-day ITI training, however, the techniques in the ITI manual can be taught during supervision by being broken down and reviewed in regular sessions (i.e. a new symptom or technique each week or month) as this toolkit outlines. Facilitators can determine which topics and techniques are suitable for their teams and their contexts.

With supervision, a caseworker will be supported and this should result in caseworkers feeling appreciated, and filled with inspiration and new ideas.

> *In an effort to make ITI tools more accessible, there are portions of the ITI manual that can be implemented and supervised without attending the 5-day ITI training. Country Offices should consult HO for support and guidance.*

WHO CAN FACILITATE SUPERVISION?

Despite this model being a peer supervision model where all caseworkers are trained to help each other and co-facilitate discussions, it is useful that there is a senior GBV staff member, (i.e. team leader, supervisor or supervision focal point), who is responsible for organizing, prioritizing and supporting peer supervision sessions so that they happen in a consistent, powerful way.

This senior staff member could have the following roles:

- Create peer supervision groups for training caseworkers on the supervision model and how to integrate it into existing case supervision structures.
- Create a calendar of supervision topics for the group.
- Remind the group several days in advance of the meeting of the date, location and time.
- Remind the group several days before of the topic for the supervision and the required reading or questions to reflect on.
- Make sure the room is available (or that the online meeting link is available).
- Ensure tea is available (we always need tea!).
- Summarize main ideas and takeaways at the end of the supervision meeting and support with any follow up or referrals on any outstanding cases.

PART 2: TOOLS FOR SUPERVISION

ITI PEER SUPERVISION MODEL

The L*earning to Take Care of Survivors and Ourselves* peer supervision model requires approximately 60-90 minutes and uses 7 steps to guide the process and to support the work of GBV caseworkers.

Let us look at each of the seven steps of this peer supervision model:

Step 1: TOPIC OF THE DAY: Choose one psychological technique or symptom from the ITI Manual to be the focus of the day. At the beginning of the session, take 10 minutes as a group to read the section of the ITI manual or watch a video (see Appendix F) on the psychological symptom or technique for this session. If possible, create a calendar of which topics will be the highlight of each supervision session to allow caseworkers to read and prepare in advance cases and questions about the specific symptoms or techniques.

Step 2: DISCUSSION: Explore today's psychological technique or symptoms and share cultural, religious and gender perspectives on the topic. What are caseworkers thoughts about this topic? How could you use this technique in your case management work? What do you or people in your community believe about the topic?

Step 3: SHARE CASES: Caseworkers share experiences and case examples from their work related to the chosen symptom or technique. Give caseworkers several minutes of reflection to think about their cases and questions that apply. Caseworkers then share cases related to the technique or symptom. If no caseworkers have case examples, the facilitator provides a case study (see Appendix G for a list of case studies).

Step 4: PRACTICE: Roleplay or practice the new symptom or technique: The group chooses an interactive activity that allows them to integrate the knowledge they learned about the technique or symptom and practically apply tools that decrease the survivor's distress (i.e. practicing grounding techniques for when a survivor is having a flashback).

Step 5: SUMMARIZE: Check if there are follow-up support needs for complex cases (ie. referral to supervisor, psychiatrist, or other external referrals). There may be a need to follow-up with a referral to an external specialist or to consult with a supervisor. It is essential to remember that psychological referrals are needed when a survivor is at risk of harming themselves or others, or if there are signs of severe mental illness or if all attempts at de-escalation have failed.

Criteria for when to refer cases for added psychological support.
A referral to psychological services should happen immediately if the survivor meets one of the following three criteria:
1. Survivor is at risk of harming themselves or others
2. Survivor presents with signs of severe mental illness.
3. If all attempts at de-escalation have failed.

Step 6: DISCUSS SELF-CARE: Discuss how the work is affecting each caseworker[2] . Have a check in conversation about 1) how caseworkers are feeling that week, 2) how the work is affecting them and 3) have each caseworker share one emotional experience (challenging or joyful) that they experienced within the last week. The experiences can be small moments. For example, a caseworker could share a moment where a survivor was extremely tearful all session and then at the end of the session, looks at the caseworker and says "Thank you. I needed that."

Step 7: PRACTICE SELF-CARE: Do an interactive self-care activity with the group such as relaxation, journaling, affirmations and debrief the experience. Have each caseworker commit to one way they will take care of themselves until the next meeting.

2 Refer to the NCA We Matter: Staff Care and Self-Care Workbook

HOW TO SET UP SUPERVISION

Think about the best conversation you have ever had.
What made it so good? How did you feel during this conversation?

Let us ensure that the supervision session is a supportive safe environment in which everyone is comfortable to share about their work and themselves freely. The following offers some guidelines for how to set up that environment.

FIRST - Think about the best conversation you have ever had.

What made it so good? How did you feel? Take a moment and think about what are the elements that create a stimulating conversation.

Peer supervision means having stimulating conversations about GBV cases. To do this, all caseworkers present must have the ability to listen on multiple levels to what other caseworkers are saying, to ask simple, targeted questions, to keep the conversation engaging, and to share experiences and to offer guidance.

A supervisory session is a structured conversation. To be a safe context it needs to include:

1. **Setting up a strong beginning. Beginnings matter.** Our first impression of an experience matters.
   - How we start a supervision group is important since from the beginning we need to communicate what emotions and types of conversations are allowed and not allowed.
   - Caseworkers will be asking themselves, "How much of myself can I share today?"
   - The group can decide on opening rituals to begin supervision. This can be a fun activity that creates group cohesion.

2. **Create a safe, welcoming space.** Create a space where asking questions, and curiosity is encouraged and the need to prove you are a 'good' caseworker is not needed.
   - Normalize not always knowing what to do by having supervision leads or any caseworker tell stories of times that they did not know what to say or do with a survivor.
   - Everyone desires a space to be vulnerable, so that s(he) can take off her/his armor. Do activities that allow for people's defenses to lessen such as deep breaths after discussing a challenging case.
   - If possible, structure supervision differently than other meetings (ie. Add food, music or use a different space).

3. **Make the conversation active:** We learn and internalize ideas through sharing what we think and feel.
   - Caseworkers learn by practicing, making mistakes, and asking questions.
   - Use role plays, small group discussions, activities, simulations, pair work and journaling to make supervision engaging. For example, have caseworkers turn to their neighbor for 2 minutes to discuss a simple question (i.e. What were 2 challenging moments you had this week?).

4. **Ask follow-up questions.** When a caseworker shares a case, asking follow up questions allows for exploration, and deeper analysis of the topic. In peer supervision, all members are responsible for asking followup questions.
    - Start with broad open questions to the caseworker and/or group relating to the case and related themes or topics.
    - Do not ask more than two difficult questions in a row.
    - If there is no response, ask broad but easy questions to a "talker" in the group or share a personal experience with a survivor.
    - Co-facilitate a conversation by presenting questions, seeking alternate views, asking for examples, and asking for ideas or experiences of doing well, etc.

Let's look at an example of peer supervision where follow-up questions are not used (something we see all the time):
Caseworker 1: How was your first session with the survivor?
Caseworker 2: It was fine, but the survivor was very emotional. She cried a lot.
Caseworker 3: I'm sorry the session was so emotional. I am glad you are fine.
Caseworker 2: Thanks. Me too.

Here we see how the lack of follow-up questions shut down the conversation. Let's look at a different example where follow-up questions are asked:

Caseworker 3: I worked with this one survivor, and I just kept thinking about her even after she left the office.
Caseworker 2: I know how that is. How did you feel while you were talking to her?
Caseworker 3: I felt sad.
Caseworker 4: What about her story made you feel sad?
Caseworker 3: She has such a sad story.
Caseworker 1: Why do you think this particular woman made you sad?
Caseworker 3: She just seemed so helpless. It reminded me of when I was running from the war.
Caseworker 2: Listening to survivors can make us feel helpless too. What do you do to feel better when you feel helpless?
Caseworker 3: When I feel overwhelmed, I take really long walks and I pray.

Can you see the power of follow up questions? And the power of groups?

Sometimes we do not know what we think until someone asks us. Here the group's questions allowed the caseworker to go deeper and learn what was really bothering her (i.e. The feeling of helplessness triggering her own war memories).

Sometimes we do not know what we think until someone asks us

5. **Watch fellow caseworker's body language.** Adjust the activity to bring energy back into the session.
    - Are fellow caseworkers shifting in their seats?
    - Are they looking out of the window?
    - Are they bored?
    - Tired?
    - Looking confused?

If there is boredom or disconnection in the session, encourage the group to take a break, do an

interactive activity, small group work, stretching, speed up or slow down the pace of the supervision or clarify or restate the topic being discussed.

6. **Follow emotions.** Emotions that caseworkers are feeling about survivors give the group important information. Emotions tell you what the survivor might be feeling or what unresolved pain (from the caseworker) has been awoken.
   - GBV caseworkers can often feel overwhelmed or emotionally hurt by working with survivors. It is important to check in about how the work is affecting them.

7. **What if caseworkers have no questions?** Why might a GBV caseworker who works with very challenging trauma cases have no questions?
   - What is the power dynamic in the room? Is a supervisor (who evaluates caseworkers) the one leading supervision? Do caseworkers feel safe to be vulnerable? How do you know they feel safe?
   - Sometimes caseworkers have been working in high crisis situations that do not allow them to slow down to ask questions. In this way, crises can erase our curiosity. Supervision helps train caseworker's brains to slow down and remember how to be curious again.

Questions push us to slow down and think deeper

SUPERVISION QUESTIONS

Questions push all caseworkers to slow down and think deeper about the work s/he is doing.

Asking different types of questions facilitates learning, allows group members to guide the conversation in different directions and to go deeper into important topics.

The following 6 categories of questions can be integrated into the supervision discussion at any point by all caseworkers attending the peer supervision.

Opening up the conversation:
1. What is your central question for supervision?
2. Tell me what has happened with the survivor since our last meeting?
3. What would you like to talk through today?
4. Tell us a little bit about what is going on in .....
5. What do you want to get out of this supervision session we are having today?

Helping understand the survivor's issues/problems:
1. Tell me more about ....
2. What do you think caused this to happen?
3. How do you think that made the survivor feel? Any clues from their behavior?
4. What are the new and ongoing risks to the survivor's safety? How are they being handled?
5. During the session, did you feel like the survivor was holding something back? Why do you think she/he was holding someone back?
6. What do you believe this survivor needs from you?
7. Why do you think s/he (you) reacted that way?

Reflecting on the session:

1. Name 3 positive moments from your session with the survivor. Why were these moments positive?
2. Name 3 challenging moments from the session. Why were these moments challenging?
3. How can you reduce the challenging moments? And increase the positive ones?
4. What is most significant to you in what you just told me?
5. Do you want help in solving this issue, or do you just need to vent?
5. Let me say this back to you to make sure I understand this correctly
6. What are some of the things you do when a survivor goes silent in the session? Or when a survivor starts crying?
7. I'm curious; may I ask you a few questions about …?
8. You seem to be struggling with …. Tell me about what is going on.

Review of Techniques:

1. What counseling and/or case management techniques did you use?
2. How did the individual/group respond to these techniques?
3. Why did you choose these techniques? Why did you like these techniques?
4. Tell me what you have you tried so far?

Self-Care:

1. How did working with the individual/group make you feel?
2. Do you think how you were feeling this session influenced how you work? If so, how?
3. What has one or more of survivors taught you that changed the way you look at something or approached it in future sessions with others?
4. Name a moment where you were triggered or activated by work with a survivor this week?
5. Survivor responses can often make us re-experience painful feelings and thoughts from our own lives. Can you share an example of that happening this week?
5. How did you take care of yourself in the session? After the session?
6. What was said this week that made you happy, surprised, nervous?
7. Share one experience that brought you joy or meaning this week in your work?
8. What self-care do you need to practice this week?

Planning the next session and concluding supervision:

1. What new techniques will you use next time?
2. What has been avoided, missed, or minimized in the session?
3. What topics do you need to pick up on next session?
4. What new topics should you explore next session?
5. What skills or information do you need to review and/or practice for next session?
6. What do you think this case will look like next week and in 4 weeks from now?
7. What else are you worried about that you haven't talked about yet?
8. _____ went really well. Why do you think it went so well? How can you make sure you can repeat/spread this success in the future?

HOW TO IMPLEMENT THE PEER SUPERVISION MODEL

Let us look at an example of what the L*earning to Take Care of Survivors and Ourselves* model looks like in action, blending all the tools we have just read about.

Let's imagine that today's peer supervision group wants to work on the topic of Identifying Triggers

> *A trigger, or trauma reminder, makes the survivor feel overwhelming emotions and physical symptoms. Triggers can come from any of the 5 senses. Examples of triggers are the smell of smoke or anything that is the color orange.*

Step 1: TOPIC OF THE DAY: Take 10 minutes to read the Identifying Triggers section of the ITI manual all together as a group. Discuss the meaning and function of triggers. Explore how triggers can be a person, object, situation, or internal experience that reminds a survivor of past trauma.

Step 2: DISCUSSION: Discuss and reflect about:

- What kinds of triggers do you see the most with GBV survivors in the community?
- What triggers have surprised you?
- What are some reasons why triggers happen? What do people in your community think causes them?
- Let's imagine that the survivor you work with has a flashback while she is speaking with you. You can tell because she stops speaking and stares at a fixed place on the wall. What is the first thing you would do or say?

Step 3: SHARE CASES: Caseworkers share experiences and case examples from their work about triggers.

The following is an example of a peer supervision session among caseworkers. Let us imagine:

Caseworker 1 (*asks the group)*: What if we move to step 3? Does anyone have cases that are related to the topic of triggers?

Caseworker 2 (a new GBV worker): I do. I met with a new survivor and I am just feeling so confused.

Caseworker 3: Why do you think you are confused?

Caseworker 2: This woman told me that recently she walked into a busy shop in her neighborhood. She says she was feeling good and was shopping for carrots. As people passed her, she remembers seeing a man with a red shirt, then a baby and then a woman smoking a cigarette. As she told me the story, she spoke calmly and said it was so strange because when this happened she suddenly couldn't breathe and couldn't see. She couldn't explain why and from what she said I don't understand why. She said that she struggled to find her way home. When she came to see me today she said, "I have no idea what happened." This is the first survivor I've had with a problem like this. From what I have read, it seems like she was triggered, but I didn't know what to do next and what to say to her.

Caseworker 4: Yes, she sounds like she was triggered.. I wonder what triggered her.

Caseworker 1: Was the trigger the cigarette smoke or the red shirt or maybe the baby? There are so many possible triggers.

Caseworker 3: Does this survivor know the things that remind her of her trauma?
Caseworker 2: No. Not yet. This is the first time she has talked to me about being triggered.
Caseworker 4: What do you think about asking the survivor this question: "Have there been other times when this has happened to you? Where was it? What was happening around you?
Caseworker 2: I like these ideas. I'll see her Friday. Thoughts on what I should do next?
Caseworker 3: When this happens with the survivor I work with, I teach her grounding techniques. I like the activity where a survivor puts her hand on her heart and practices self talk, saying, "I am safe. What do I need right now?"
Caseworker 1: Maybe, explain to her what triggers are and that anything present during the traumatic event can become a trigger, like the sound of a baby crying. TYou could make a list of her triggers together.
Supervisor: Yes. It empowers the survivor to identify her triggers. It makes the world a little more predictable, a little more safe. What might the rest of you do?
Caseworker 4: I create an action plan with the survivors I work with. When they are triggered, I suggest they keep their earphones on in loud, crowded environments or say a protection prayer when they feel unsafe. Having a plan to minimize the triggers really helps helps the survivors I support.
Caseworker 1: Thank you everyone. I will work with this woman to make a list of triggers and try to use this to help her feel safer.

In conclusion, what we see here is a stimulating supervision conversation among caseworkers. We can see this group feels safe to say "I am stuck" or "I don't know," which is an essential part of supervision. Caseworkers all play different roles, some ask more questions than others, some share experiences. Finally, you can see the supervisor is not playing the role of the leader, instead, the supervisor is 1)facilitating the conversation among the caseworkers and 2) filling in errors or knowledge gaps as needed.

Step 4: PRACTICE: Roleplay or practice the new symptom or technique. The group decides to practice working with triggers using the case that Caseworker 2 shared with them (from Step 3).

In the roleplay, one caseworker plays the caseworker and the other plays the survivor.

- Practice exploring and creating a list of the survivor's triggers
- Review the Grounding techniques section in the ITI manual
- Choose 3 grounding techniques and roleplay and practice them.
- Have the other caseworkers offer feedback, ideas, and different approaches.

Step 5: SUMMARIZE: Summarize the main ideas about triggers that were discussed in the session and decide if this is sufficient to help the survivor or if any referral or followup support is needed.

Step 6: DISCUSS SELF CARE: How is our GBV work affecting us? Have a check in conversation about 1)how caseworkers are feeling that week, 2) how the work is affecting them and 3) have each caseworker share one emotionally joyful or challenging experience from the last week and how they managed it.

Step 7: PRACTICE SELF-CARE: Do a Self-Care activity: The group decides to complete a self-care assessment form (see Appendix E). Caseworkers fill out the form individually. The caseworkers take note of how they are taking care of themselves. They split into pairs and talk to a partner to discuss the results.

At the end of the session, every caseworker commits to one way they will take care of themselves.

PART 3: APPENDICES

APPENDIX A: CREATIVE WAYS TO ADAPT SUPERVISION TO A CHALLENGING CONTEXT

- Create self-care or supervision buddies. Divide caseworkers according to region, and have these buddies do supervision and emotional check-ins with each other.
- Set up Study Groups (according to region). These study groups meet regularly to read a handout or part of the ITI manual. They can discuss and role play the techniques together.
- Create a 'Supervision Group Chat' (ie. On whatsapp, telegram or an email chain). [3]
- Choose a psychological symptom or technique for each week (or create a calendar of topics for the month). Caseworkers can send out their questions at the beginning of the week and everyone can respond to the questions by the last day of the week.
- Send out a case study with questions[4] and have a discussion with caseworkers via email.
- Start or end staff meetings with a clinical question or a self-care check in (borrowing from toolkit).
- Several days before the staff meeting, send out a question or a reading for reflection. Have a brief discussion during the meeting.

3 With online group chats, it is important that we do not share any details that may identify the survivor. If we are unable to keep the survivor's identity confidential then we should not use the group chat method.

4 [6] For additional case studies on varying psychological symptoms and techniques, see Appendix G

APPENDIX B: SELF CARE ACTIVITIES

The following self care ideas can be integrated into step 7 of the peer supervision model.

List of Things to Do When I Feel Anxious
We all feel anxious sometimes, especially as GBV caseworkers. The most effective way to deal with anxiety is to catch it early. Create a list of 'Things to do when I feel anxious' which includes 5 things you can do when you feel overwhelmed or stressed (ie. listen to Beyonce, pet your cat, breathe). Then split caseworkers into small groups to share their lists with each other.

At the end of the session, have everyone commit to practice one thing from their list before the next meeting.

Five Things Activities
Ask caseworkers to identify five things that always bring them comfort or peace.

Have the caseworkers come back to the larger group and share their list of five things. Have everyone commit to one way they will take care of themselves until the next session.

Boats on a River Mindfulness Activity
As a caseworker, your mind can take you to a faraway place, where you exist in the past and the future, especially with GBV work. Practicing mindfulness means being in the "here and now."

Have caseworkers start with deep breathing, have them close their eyes and imagine a river.

Each time the caseworker notices a thought, feeling, or sensation, have them imagine a nearby boat floating in front of them as they place the thought, feeling or sensation on the boat and let it float down the river.

Have the caseworker do this regardless if the thoughts, feelings, or sensations are positive or negative, pleasurable or painful. Allow the river to flow at its own rate. If a boat gets stuck or won't go away, let it hang around.

At the end, have the caseworkers allow the image of the river to dissolve, and slowly bring their attention back to sitting in their chair. Have them gently open their eyes and notice what they can see and hear around them. Have them push their feet into the floor and have a stretch.

APPENDIX C: JOURNAL PROMPTS FOR CASEWORKERS

These journaling prompts are for GBV caseworkers to use individually or in a group. They are a self-care tool. The goal of these questions is to: 1) be able to have a conversation with yourself, 2) release negative thoughts and feelings and 3) create self-care plans.

- What do you need right now? (Be creative).
- What can the current experience you are having right now (positive or negative), teach you? What lessons can it give you?
- Make a list of things that you are grateful for. Put it on your wall.
- Identify five things that always bring you comfort or peace. How can you incorporate one into your day tomorrow?
- List 3 small achievements you accomplished today.
- If your anxiety could speak, what would it say? How would you respond to it?
- What is one fear you encountered today? How did you cope, or what can you do differently next time?
- If your current feelings were a type of weather, what would they be? Cloudy, stormy, sunny breaks?
- Describe your current feelings as if they were a place. What does this place look, sound, and feel like?
- Write a letter to the emotion you are feeling now, whether it is anger, sadness, or joy.
- Pick an emotion you felt today and ask yourself "why?" five times, diving deeper into the root cause.
- What advice would a calm future version of yourself give to your current self?
- Describe your day and what about it is bothering you. What are you thinking and feeling?
- What are some helpful things to tell yourself on difficult days (i.e. Mantras, affirmations)? Write them down on a piece of paper or save them in your phone.
- If a day like today happens again, what are some helpful ways for you to get through it?
- Reflect on a recent challenge or setback. Instead of focusing on the negative, find one aspect to be thankful for. Did it bring a hidden blessing? Teach you resilience? Help you discover an inner strength?
- Stand in front of a mirror, look into your eyes, and list five things out loud you love about yourself. Anything. It's a direct and powerful reaffirmation of self-worth.
- Spend a moment outdoors, feeling the air, listening to the sounds, and observing the life around you.
- What are you holding onto from work today? Is it a survivor's story? Is it sadness? Is it joy?

APPENDIX D: TREE OF LIFE (SELF CARE TOOL)

The Tree of Life is not only for survivors. Caseworkers can also use it to explore what keeps them strong and what are their dreams and gifts that allow them to do GBV work.

The Tree of Life for Caseworkers

The Tree of Life is an activity that helps caseworkers remember what protective factors they have. Protective factors are gifts, strengths, relationships, dreams, and experiences which give the caseworker the feeling that life is worth living. Protective factors can be external or internal. Caseworkers can forget their resources and strengths when they are needed the most.

So, the tree represents a person and each part has a different meaning.

Roots: where you came from, your ancestors, your family history
Ground: who you are, where you are; your life in the present, such as daily activities and routines, important parts of your daily life
Trunk: Strengths, what are you good at (how long you been good at it, who taught you, what do they think about how good you are at it)?
Branches: Hopes and dreams for the future
Leaves: Special people, places, sounds, smells
Fruits: Gifts you have received in your life (Gifts can be tangible or intangible. They can be compliments, happy memories or physical things)
Bugs: The things, feelings, people or thoughts that 'eat' the fruit, the leaves, the branches, etc.

Have caseworkers draw their tree (using crayons, paint, or just a pencil/pen). Caseworkers can then discuss and share it together as a group (using the questions below as a guide). This self care activity can be used for step 7 of the supervision model.

- How do you feel looking at your tree?
- Does anything stand out?
- How can you reduce the 'bugs' that are eating your joy?
- Where will you put your tree?

APPENDIX E: COMPASSION SATISFACTION AND COMPASSION FATIGUE SCALE (PROQOL)

Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

_____ 1. I am happy.
_____ 2. I am preoccupied with more than one person I *[help]*.
_____ 3. I get satisfaction from being able to *[help]* people.
_____ 4. I feel connected to others.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I *[help]*.
_____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
_____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
_____ 10. I feel trapped by my job as a *[helper]*.
_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
_____ 12. I like my work as a *[helper]*.
_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
_____ 17. I am the person I always wanted to be.
_____ 18. My work makes me feel satisfied.
_____ 19. I feel worn out because of my work as a *[helper]*.
_____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
_____ 21. I feel overwhelmed because my case [work] load seems endless.
_____ 22. I believe I can make a difference through my work.
_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
_____ 24. I am proud of what I can do to *[help]*.
_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a *[helper]*.
_____ 28. I can't recall important parts of my work with trauma victims.
_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

APPENDIX F: LIST OF VIDEOS ON PSYCHOLOGICAL SYMPTOMS AND TECHNIQUES

Psychological Techniques

- Mental Status Exam
- Therapeutic Stance
- Behavioral Activation
- Distress Assessment Tool
- Grounding Techniques part 1
- Grounding Techniques part 2
- Relaxation Techniques
- Mindfulness
- Social Connections Map
- Tree of Life
- Case Closure

Psychological Symptoms

- Dreams and Nightmares
- Dissociation
- Anger
- Hypervigilance and Anxiety
- Sadness and Hopelessness
- Sexuality and Intimacy
- Social Isolation and Withdrawal
- Somatic Symptoms

APPENDIX G: CASE STUDIES

The following case studies and questions can be used in supervision meetings to review and teach various psychological techniques and symptoms from the Integrating Therapeutic Interventions into GBV Case Management (ITI) manual).

1. GROUNDING TECHNIQUES

Imagine, a new GBV survivor, Abeba, arrives alone and sits down quietly in the waiting room. Abeba avoids eye contact and looks around the room rubbing her hands together. The caseworker welcomes her.

Abeba looks up trembling and shares that she is feeling anxious about 'falling apart' since she has never told anyone this GBV story. The caseworker notices she is sweating and then suddenly Abeba starts to breathe very fast and looks dizzy.

The caseworker notices Abeba's anxiety symptoms worsening and realizes this may be a panic attack.

Questions:

1. *As Abeba's caseworker, what is the first thing you would do or say?*
2. *What three grounding techniques might you use with Abeba? And why?*

2. BEHAVIORAL ACTIVATION

At the end of a session, the caseworker asks Naja, a rape survivor, "Today, we have talked about finding a doctor for your back pain. Now, I want to ask about how you are doing emotionally?

Naja gets quiet and looks down.

Naja: "I'm feeling so overwhelmed."

Caseworker: "What things are making you feel overwhelmed?

Naja: "Cleaning, cooking, washing, the children and my laundry, the laundry piles are enormous."

Naja and her caseworker decide to start small. They choose one task and divide the task down into smaller steps. For example, step 1) collecting all the dirty clothes that need washing in the morning 2) sorting the clothes into different piles in the afternoon 3) washing the clothes in the evening.

Questions:

1. *Read the Behavorial Activation section.*
2. *Think of two other tasks that Naja may have to complete in her day, such as: cooking, cleaning the house, or going to work. Once you have decided on two tasks, practice with a colleague, how you would help Naja break down these other tasks.*

3. SOCIAL ISOLATION

Start Small. When a survivor has been isolated for a long time, it can be hard for them to go back to living a normal active life again. The world can feel scary and unpredictable.

In these instances, ask them why are they isolated? What scares them the most?

Help the survivor to do small actions that start to connect them with others. For example, 1) first, the survivor could start by looking outside a window at people passing by, then 2) they could start to smile at familiar people, and this could be followed by 3) them starting to make eye contact with people who they may know (ie. Neighbors, shopkeepers).

Questions:

1. In your experience, in your work and personal life, what has helped people reconnect and reengage with other people after isolating?
2. A survivor say, "There is always a wall around me." What would you think if a survivor told you this? What would you do?
3. *Read the section on Social Isolation and think about a client you worked with who was socially isolated. Identify 3 additional techniques (from the ITI manual) that you can use to work with clients who are socially isolated.*

4. GROUNDING

Salma is walking by a daycare and hears children screaming inside. She can't tell if the screams are because they are horrified or happy and playful. As she hears their screams, she feels paralyzed and does not remember where she is. She feels like the war is happening again.

Questions:

1. *What is happening to Salma?*
2. *Imagine you are working with Salma, which grounding technique would you teach Salma?*

5. BEGINNINGS

It is the first session. The survivor Lacy is silent and twirls her hair and keeps looking around the room. The caseworker notices her nervous behavior and wonders what is making Lacy nervous. The caseworker asks himself, "What can I do to make Lacy more comfortable?"

Questions:

1. *Review the beginnings section of the ITI manual.*
2. *Identify 3 things you could say and do to help Lacy feel safer and more comfortable.*

6. THERAPEUTIC STANCE

Rita is attending her third GBV case management session. Each week she talks about different situations, but the caseworker starts to notice that there are patterns to her problems.

Session 1: Rita talks about a man in a shop who looked at her.

Session 2: Rita talks about a man who was riding his bike down the road and came very close to her.

Session 3: Rita talks about a security guard at her daughter's school who talks to her and makes her uncomfortable.

Questions:

1. *What pattern do you notice in all of Rita's 3 sessions?*
2. *What sentence would you use to let Rita gently know the pattern you have noticed? Write down that sentence you would say to Rita. Now, find a partner and share your sentences with each other.*
3. *Next, with your partner, imagine one of you is Rita and the other is the caseworker. Practice connecting Rita's pattern to her GBV experience?*

7. ASSESSING RISK AND PROTECTIVE FACTORS

Amara arrives at her case management session. She sits down and tells her caseworker:

Amara: "Bad things keep happening to me. I must be cursed. I don't think you can really help me."

Caseworker: "And yet you are here now." "Is there a small part of you that is curious if I can help?' (caseworker smiles).

Amara: "Yes there is a small part. My friends pushed me to come.

Caseworker "I want us to talk about this small part that wants to be here. When I am getting to know a new person, I like to know what things in your life make you feel strong and what things take away your strength. Can we try an activity? It is called The Tree of Life."

Questions:

1. *Name 5 possible risk factors that Amara may have.*
2. *Name 5 possible protective factors.*
3. *Find a partner and share your lists of risk and protective factors.*
4. *With this same partner, imagine one of you is Amara and one is the caseworker. Practice role-playing the Tree of Life activity (Appendix D)*

8. MINDFULNESS

Sometimes in the morning Rozina wakes up with anxiety and her chest feels very tight. Her caseworker suggested she start her day by choosing an object to focus on and to look at it as if for the first time. This is called Mindfulness. Mindfulness means being in the here and now with all of our senses.

Rozina likes this idea and chooses to look at a leaf on a tree by her house. She notices how the color of the leaf changes in the sun and in the shade. She sees the ridges and veins of the leaf and feels the leaf between her fingers. As she looks at the leaf, the tightness in her chest starts to feel lighter.

Questions:

1. *What is mindfulness. Find a partner and practice explaining mindfulness in a simple, accessible way (as if they were a survivor).*
2. *Practice one mindfulness strategy that you have learned with a colleague and then switch and have your colleague share their strategy with you.*

9. SOCIAL ISOLATION and NIGHTMARES AND SOMATIC SYMPTOMS

Therese is a rape survivor who lives with her husband and children. She is unemployed and struggles to leave the house since she was raped by 4 men who told her repeatedly, "You have dirty blood. You are dirty. We are here to cleanse you." She says she will never forget these words. She has intense nightmares, flashbacks and headaches.

Questions:

- *Find a partner. Practice offering psychoeducation on the 3 symptoms that Therese is experiencing: Social isolation, nightmares and somatic symptoms.*
- *What do you or people in your community believe about why we dream? What do you believe? Turn to a partner and share.*
- *Let's imagine that Therese has a flashback while she is speaking with you. You can tell because she stops speaking and stares at a fixed place on the wall. What is the first thing you would do or say?*

10. NEGATIVE THOUGHTS AND COGNITIVE RESTRUCTURING

Fadoul is 7 months pregnant and washing the dishes after dinner. Suddenly, she starts to feel very anxious, and she imagines all these bad scenarios that could happen to her baby.

Fadoul has learned to question and challenge her negative thoughts. She asks herself, "Where does that thought come from?" Fadoul realizes that her many painful life experiences have caused her to start to expect bad things to happen all the time. Fadoul feels calmer when she realizes the root of her negative thoughts.

Questions:

1. *Write down 5 ways you could assist Fadoul to challenge her negative thinking (review the cognitive restructuring and negative thoughts section of the ITI manual).*

11.NEGATIVE THINKING

Imagine Sewit is walking down the street, and she sees a group of women talking together. As she gets closer, they turn and look at her and continue talking. Sewit believes they are saying negative things about her.

Questions:

1. *What would you do to help Sewit with her negative thoughts? Turn to a partner and discuss.*
2. *Review the negative thinking section of the ITI manual.*
3. *What are some examples of common negative thoughts that survivors tell you?*

12.CASE CLOSURE

Zia found a job as a waitress 3 months ago and she has started smiling more. She feels less isolated since she goes to work daily and has begun to be friendly with her coworkers. She tells her caseworker about her success. The caseworker is extremely happy for her and says they can begin to plan for ending their case management work together but Zia hates goodbyes.

Zia and the caseworker decide to celebrate Zia's case closure because this ending should be celebrated. Zia's life has improved! They celebrate by inviting two close friends of Zia together to honor her. In the honoring ceremony, Zia's friends shared one way they noticed Zia had changed positively over the last 3 months. The ceremony was very beautiful, and Zia left feeling confident and loved.

Questions:

1. *With a partner, take a moment to think about one case closure you experienced with a client that was empowering? And discuss why it was empowering?*
2. *Now think about a case closure that was challenging and did not go well and discuss why it was challenging with your partner.*

13.PROBLEM SOLVING

The caseworker asks Lamiya about her problems in her life. Lamiya talks non-stop for 20 minutes and shares a long list of problems. Some of the problems she said included: being poor, the war, being a mother, feeling sad, feeling hopeless and having flashbacks.

Questions:

1. *What would be the first thing you would do with Lamiya after she shared her list of problems?*
2. *Review the problem-solving section of the ITI manual. Find a partner and practice reviewing Lamiya's problems following the problem-solving model.*

14. RELAXATION

Bolanile is lying in her bed and her mind is racing. It is 2am and she is so tired, but she cannot sleep. Bolanile decides to try something new she has learned. She slows down her breathing and then practices her visualization where she closes her eyes and travels in her mind to a garden that has purple flowers. In the garden, she hears the sounds of birds everywhere and sees a beautiful tree that she sits underneath. As she does this visualization, she starts to feel her mind slow down.

Questions:

1. *What is happening to Bolanile? Why does visualization and deep breathing help her relax?*
2. *Practice offering psychoeducation to a colleague about why relaxation is important for the body and brain.*
3. *What other relaxation techniques might you use with Bolanile?*

15.DE ESCALATION

Ezichi sits with her caseworker in a small room for her afternoon session. Suddenly, Ezichi's husband arrives at the women's center. He is angry and yelling. The caseworker quickly grounds herself by taking a big exhale and feeling her two feet on the ground.

The caseworker then stands up, goes to meet Ezichi's husband, saying calmly and firmly, "Please- you are frightening everyone. Tell me what's wrong. I will listen to you, but you need to stop yelling." The husband quiets down. The caseworker continues in a calm voice, "I want to hear your concern properly, can we please sit down here." The husband agrees to sit down.

Questions:

1. *How would you feel if you were this caseworker? What would be going through your mind?*
2. *What have your experiences of de-escalation been like? Trade stories with a partner.*

16.IDENTIFYING TRIGGERS

Gabriela walks into a shop and sees a man in a red shirt smoking a cigarette. The shop felt small, and dark and unsafe. Suddenly, Gabriela remembers the man who tortured her. Her heart starts to beat very fast, and she cannot breathe. She immediately runs out of the store and down a small street to her home. The next day Gabriela sees her case worker and says, "I have no idea what happened to me."

Questions:

1. *Review the Identifying Triggers section of the ITI manual.*
2. What may have been Gabriela's trigger?
3. *Practice explaining what a trigger is to a colleague.*

17.IDENTIFYING TRIGGERS

Achara can't understand it, every time she smells and hears the sound of fried dough cooking on the street, she remembers her rape. She learns that this is called a trigger or 'reminder."

The case worker and Achara create a list of her other triggers which include: 1) the sound of water running and 2) dogs barking and 3) the feeling of someone touching her hand or shoulder.

Achara looks at her list of triggers and feels stronger because she has identified some of things that make her feel upset.

Discuss the following questions with a partner:

1. *What kinds of triggers do you see the most with the GBV survivors you work with?*
2. *What triggers have you seen with GBV survivors that have been unexpected or surprising?*
3. *What are some reasons why triggers happen? What causes them?*

18.COGNITIVE RESTRUCTURING

During case management sessions, Chipo, a rape survivor, has learned how to manage her negative thinking, but sometimes she sits in her room and remembers all the painful words others have told her, such as "You're a disgrace to your family" and "You are useless, and people know your reputation."

She can spend hours remembering these words and worrying about her life. Chipo remembers her GBV caseworker's words: "Learning these skills is like learning a new language, even when we stop meeting, you will need to practice every day if you want to speak fluently."

When Chipo remembers her caseworker's words, she interrupts her worries by questioning and challenging them saying, *"What would I tell my friend if she were thinking these same sad thoughts?"*

Questions:

1. *Pretend your colleague is Chipo, the survivor, and practice helping Chipo to challenge her negative thought that she is a disgrace to her family.*
2. *Review the ITI section on cognitive restructuring.*

19.TRAUMA SYMPTOMS

Let us imagine that you are doing a home visit, and you are sitting on the couch of Rina, the survivor you are working with, when suddenly Rina starts waving her arms wildly and fear fills her face, but there is nothing around her. She is safe in her living. Suddenly Rina crouches on the floor and covers her head, crying, "Please, please don't hurt me."

It is clear she is seeing and experiencing something you are not able to see. You are surprised.

Questions:

1. *In this situation, what would you do first?*
2. *What do you think is happening to Rina?*
3. *After several minutes Rina comes back to the present reality, she says, "What happened? Where did I go?" How would you explain to her what has happened to her?*

20.ASSESSMENT OF THE PROBLEM

Let us imagine that you are working with Vicki, who is involved in a forced marriage. You and Vicki create a detailed plan to find a job. When the time comes, Vicki fails to go to the job interview.

The week after, she comes to see you. You are confused, maybe even frustrated and when you speak with her, she starts to cry, saying, "I can't do it. I am just too tired to go to this job. I am always so so tired."

Questions:

1. *Name 3 possible things that might have blocked Vicki from attending the interview.*
2. *What does Vicki need from you right now?*
3. *What would you say to Vicki right now?*
4. *What would be the first thing you would say or do in response to Vicki's tears?*

APPENDIX H: OTHER GBV CASE MANAGEMENT SUPERVISION TOOLS

SURVIVOR-CENTRED ATTITUDE SCALE
SURVIVOR-CENTRED CASE MANAGEMENT KNOWLEDGE ASSESSMENT
SURVIVOR-CENTRED CASE MANAGEMENT SKILLS BUILDING TOOL
SURVIVOR-CENTRED CASE MANAGEMENT QUALITY CHECKLIST

NORWEGIAN CHURCH AID
actalliance