

TRAINING FOR TRAUMA CARE PROVIDERS
IN EAST TIMOR

TREINAMENTO SOBRE CUIDADOS PARA O TRAUMA
EM TIMOR-LESTE

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Abstract: The psychological damage (trauma) brought about by long periods of war and conflict causes various problems throughout the lifetime of a person. In order to alleviate and resolve trauma, specialists who are able to provide psychological care are indispensable. In East Timor, due to a shortage of specialists capable of psychological and mental care, it cannot be said that the people are able to receive sufficient trauma care. Therefore, it is believed that, while training specialists who can give trauma care, the establishment of a system that can be implemented to provide effective support in the long term is an urgent issue. For this reason, the goal of this study is to report on a “Support Provider Training Workshop” that has been implemented continually since 2012, examine ways for support-provider training in East Timor, and identify the issues in the training. Workshops have been implemented two to three times each year continually from 2012 for well-motivated people who wish to develop as trauma care specialists. The workshops covered basic knowledge in clinical psychology and the basics of psychological therapies, especially focusing on sandbox therapy, in combination with practical work that encourages the self-understanding of the participants themselves to clarify and relieve their traumas. The participants stated, in addition to the joy and gratitude for what they had been able to learn at the workshops, that self-understanding is the basis for support for others and that the workshops had also become opportunities to relieve their own traumas. Moreover, it seems that the motivation to develop into a psychological support specialist was also strongly aroused. As an issue in conducting psychological supporter training in East Timor, in addition to a shortage of basic psychological knowledge and support skills, it was also confirmed that there is the difficulty of translating specialist terminology into the Tetun language. In the future, considering that the provision of systematic and continued study opportunities is necessary to train specialists, a proposal was also presented for a program that would consist of the stages of an introductory course, a basic course, an intermediate course, and advanced course and an applied course.

Keywords: War/Conflict; Trauma Care; Workshop; Psychological Training.

TREINAMENTO SOBRE CUIDADOS PARA O TRAUMA EM TIMOR-LESTE

Resumo: O dano psicológico (trauma) causado por longos períodos de guerra e conflito causa vários problemas ao longo da vida de uma pessoa. A fim de aliviar e resolver o trauma, especialistas capazes de fornecer atendimento psicológico são indispensáveis.

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Em Timor-Leste, devido à escassez destes profissionais não se pode dizer que as pessoas são capazes de receber cuidados de trauma suficientes. Portanto, acredita-se que, enquanto se treinam especialistas que possam prestar assistência ao trauma, o estabelecimento de um sistema que possa ser implementado para fornecer suporte efetivo a longo prazo é uma questão urgente. Por este motivo, o objetivo deste estudo é relatar um "Workshop de Treinamento para Provedores de Suporte", que tem sido implementado continuamente desde 2012, examinar as formas de treinamento do provedor de suporte em Timor-Leste e identificar os problemas no treinamento. Os workshops foram implementados duas a três vezes por ano continuamente a partir de 2012 para pessoas bem motivadas que desejam desenvolver-se como especialistas em atendimento ao trauma. As oficinas abordaram o conhecimento básico em psicologia clínica e os fundamentos das terapias psicológicas, especialmente com foco na terapia sandbox, em combinação com o trabalho prático que estimula a autocompreensão dos próprios participantes para esclarecer e aliviar seus traumas. Os participantes afirmaram, além da alegria e gratidão pelo que puderam aprender nas oficinas, que a autocompreensão é a base do apoio aos outros e que as oficinas também se tornaram oportunidades para aliviar seus próprios traumas. Além disso, parece que a motivação para se tornar um especialista em apoio psicológico também foi fortemente despertada. Como questão na condução de formação de apoiantes psicológicos em Timor-Leste, além da falta de conhecimentos psicológicos básicos e de apoio, também foi confirmado que existe a dificuldade de traduzir a terminologia de especialista para a língua tétum. No futuro, considerando que a provisão de oportunidades de estudo sistemáticas e continuadas é necessária para formar especialistas, foi também apresentada uma proposta para um programa que consistiria nas etapas de um curso introdutório, curso básico, curso intermediário e curso avançado. e um curso aplicado.

Palavras-chave: guerra/conflito; cuidados traumatológicos; oficina; treinamento psicológico.

INTRODUCTION

War and conflict not only destroy the foundations of livelihood, including human health, the economy, and lifelines, but also give rise to immeasurable suffering in the countries involved. Especially when war continues for a long period, it becomes impossible to train specialists such as education-related personnel to nurture the next generation and medical personnel to support the health of the people, bringing about a shortage of specialists.

Further, war and conflict cause people to be afraid for their lives, resulting in fear and anxiety, not knowing what will happen at anytime. This becomes trauma, causing a person to experience extremely distressing emotions. The more

trauma is left untreated, the more serious will be the problems that occur in that person's psychology and mind. Appropriate care is required for the person's psychological and spiritual facets to alleviate and resolve trauma. To provide trauma care, specialist knowledge and skills, as well as specialists who possess a compassionate and empathetic humanity, are necessary.

In East Timor, due to a very harsh period from 1975, following a long period of colonial rule, there was an acute shortage of specialists, resulting in a situation where appropriate care could not be given. After independence, the country received overseas assistance to respond to the shortage of education-related personnel and medical personnel, and it is said that the issue of the shortage of specialists is being gradually resolved.

That said, specialists capable of psychological care were virtually non-existent at the time of independence. Even now, when nearly 20 years has passed since independence, it cannot be said that sufficient training has been given. In this situation, the staff of Fokupers (Forum Komunikasaun ba Feto Timor Lorosa'e), AcBit (Asosiasaun Chega! ba ita), Pradet (Psychosocial Recovery & Development in East Timor) and others have carried out support activities for the people of the country, providing care for people who were severely traumatized. They, however, are unable to receive sufficient education and training in the theory, knowledge and skills that underlie their activities, which has left them struggling to assess the elements of appropriate services as they attempt to provide care. Consequently, there is a strong demand for education and training for their support activities.

BACKGROUND TO THE INITIATION OF THIS RESEARCH

In light of the current situation in East Timor, it was decided to initiate this research due to a sense of urgency and pressing need for support provider training. The research includes understanding of the current state of trauma in East Timor and inception of the training for human resources capable of providing trauma care with support from a Grant-in-Aid for Scientific Research from the Japan Society for the Promotion of Science.

Considering that long-term support will be essential, we believed that priority should be given to construction of a framework where East Timorese could support East Timorese domestically rather than depend on care from overseas.

We examined methods that would be best for training human resources who would carry out the work of trauma alleviation (resolution) for the local people who are suffering from traumas due to their experiences in the long period of war and conflict. Furthermore, we decided to design methods that were appropriate for East Timor that would result in the best possible *support* and workshops through which *the basics of psychological care* could be studied and acquired.

Recognizing that the support would be long-term and broad in scope, targeting residents in the whole of East Timor, we believed that it was important to construct a framework in which the support providers would form a network among themselves, enabling them to provide effective support while engaging in mutual coordination.

TO PROVIDE CLINICAL SUPPORT ACTIVITIES

Here the training program currently implemented in Japan for the required human qualities, knowledge and skills enabling people to be active as support providers is introduced. In Japan at present, basic knowledge of psychology is offered and the basics of psychology are acquired through practical classes involving psychological experiments and psychological tests over four years in a Faculty of Psychology. Following this, further specialist training is provided for two years at a graduate school for the training of clinical psychologists. In graduate school, a student studies the theory and skills required for projective psychological tests such as the Rorschach Test, psychiatry and pharmacology as well as a variety of psychological therapies. In addition, students are trained to become aware of themselves, deepen their self-understanding, and develop an attitude of continual cultivation of their 'human qualities'. The student then begins to practice psychological therapy with an actual client while under the observation of a supervisor. At the same time, the student is trained as a clinical psychologist through practical training at psychiatric hospitals, foster care institutions, and so on².

We reviewed the necessary knowledge, support skills, and so on for people to provide care and support services. As can be seen from Table 1, an extremely wide scope of learning is required. Workshops were planned and implemented with reference to and by combining these elements.

² In Japan, the formulation of the Certified Clinical Psychologist training course was completed in 1988, and it became compulsory to pass the examination (a written examination and an interview) to receive the qualification of Certified Clinical Psychologist after two years of study at graduate school. After becoming a Certified Clinical Psychologist, it is necessary to attend designated training courses and renew the license every five years.

CONTENT OF STUDY (KNOWLEDGE)	
1. History of Psychology	
2. Basic Psychological Methods 1) Psychology Research Methods 2) Psychological Statistics	3) Psychological Experiments 4) Research Ethics
3. Introduction to Psychology 1) Psychology of Learning and Thinking 2) Psychology of Memory and Cognition 3) Psychology of Language 4) Psychology of Perception 5) Psychology of Personality (a) Definition of Personality (b) Measurement of Personality (c) Factors of Personality Formation (d) Change of Personality (e) Descriptions of Personality	6) Motivation, Emotion, Needs 7) Stress 8) Coping 9) Attachment 10) Trauma PTSD 11) Social Psychology (a) Leadership (b) Conformity (c) Groups, Group Pressure (d) Family Psychology 12) Structure and Function of the Mind
4. Developmental Psychology 1) Overview of developmental states from birth to old age and death (a) Fetal Stage (c) School Age (b) Neonatal (f) Adolescence (c) Infancy (g) Adult (d) Early Childhood (h) Senescence	2) Problems of Infancy 3) Problems of Adolescence 4) Handicapped Children 5) Problems of Adults 6) Problems of Climacteric Age 7) Problems of Senescence
5. Psychological Tests 1) Points to bear in mind, ethics and privacy protection when implementing psychological tests, etc. 2) Questionnaire Method (Egogram, MMPI, etc.) 3) Performance Tests	4) Projective Personality Test (Rorschach Test, Baum Test, S-HTP, LMT, etc) 5) Intelligence Tests 6) Development Tests 7) Language Tests 8) Aptitude Tests, etc. 9) Test Battery
6. Psychiatric Disorders 1) Schizophrenia Spectrum 2) Depressive Disorders 3) Personality Disorders 4) Anxiety Disorders 5) Obsessive-Compulsive Disorders 6) Trauma and Stressor-related Disorders 7) Eating Disorders 8) Addictive Disorders 9) Dissociative Disorders	10) Disorders Usually First Diagnosed in Childhood and Adolescence (a) Intellectual Disability (b) Attention Deficit/Hyperactivity Disorders, Autism Spectrum Disorders, Learning Disorders, etc. 11) Others Epilepsy, Major Neurocognitive Disorders
7. Basic Clinical Psychology Theory 1) Psychoanalytic Theory (a) Structure and Function of the Mind (b) Defense Mechanisms (c) Dreams 2) Theory of Jung (a) Association (b) Introvert and Extrovert (c) Symbol, shadow, anima, animus, etc. (d) Complexes 3) Client-centered Therapy, Focusing (a) Attitude of the Therapist (b) Conditions for Change of Personality (c) Concepts of Counseling 4) Transactional Analysis 5) Cognitive Therapy, Behavior Therapy 6) Sandplay Therapy	7) Encounter Groups, Training Groups, Group Psychotherapy 8) Psychodrama, Playback Therapy 9) Play Therapy 10) Collage Therapy 11) Music Therapy 12) Dance Therapy, Autogenic Training, Relaxation, etc. 13) Family Therapy 14) Naikan Psychotherapy 15) Crisis Intervention 16) Consultation 17) Prevention 18) Mourning Work 19) Suicide 22) Adjustment and limit of theories
8. Ethics and law 1) The Duty of Confidentiality 2) Informed Consent	
9. Relevant academic fields 1) Human Body Structure, Functions and Diseases 2) Psychology of Social Welfare 3) Psychology for Adults and Children with Disabilities 4) Pharmacology (Psychotropic drugs)	

Tabela 1: Content of study required to perform clinical activities

CONTENT OF STUDY (COUNSELING SKILLS)	
1. Counseling Skills for Therapists	
1) Listening Skills 2) Communication Skills (Verbal and non-verbal communication, self-disclosure) 3) Unconditional Positive Regard, Empathic Understanding	
2. Psychological Assessments	
1) Information Gathering Methods 2) Basic Information (a) Personal History (b) Chief Complaint	(c) Desire of Client (d) Family Make-up (e) Symptoms (When and what kind of symptoms the client has) (f) Personality Structure
3. Skills for Psychological Interviews	
(1) Intake Interview (2) Therapeutic Structure (3) Discrimination of Client's Condition (4) Understanding of Personality Structure (5) Diagnosis (6) Plan for Therapy	(7) Transference and Counter Transference (8) The Early Stage of the Interview (9) The Middle Stage of the Interview (10) The Final Stage of the Interview (11) Others
CONTENT OF STUDY (GROWTH AS A THERAPIST)	
1. "Self-analysis" and "Self-growth" as a Therapist	
1) Self-analysis (a) Self-understanding by Experiential Learning (b) Self-personal History (c) Understanding of Self (d) Value System of Myself (e) Understanding my Communication	(f) Recognizing the impacts one has on others (g) Recognizing the nature of one's human relations (h) Training Analysis, Didactic Analysis (i) Training for Self-analysis 2) Supervision 3) Case Study
2. Practical Training in Psychology	
1) Training for Psychological Tests 2) Training by Role play 3) Training for Interviews	4) Practical Training in Nursing Homes 5) Practical Training in Hospitals (Psychiatry, Pediatrics, etc.)

Table 1: Content of study required to perform clinical activities (cont.)

GOALS OF THE RESEARCH

The goals of this research are to develop methods for the training of support providers in East Timor and to identify the issues involved as well as to report on the *Support Provider Training Workshop* that has been implemented since 2012.

a) Situation of Implementation:

The implementation schedule of the workshops from 2012 to 2018 is given at the end of this article (table 4).

- 1) Participants: Recruiting was conducted targeting people who are

carrying out some kind of psychological support and who are intending to implement similar support in the future. We called upon teachers at special education schools, staff who are carrying out support activities at Fokupers and AcBit, orphanage staff, Pradet staff, sisters and fathers at monasteries, and kindergarten teachers.

2) Location: a house in the *suku* Fatuhada district of Dili was used.

3) Time: the time for each workshop was 10 a.m. to 4 p.m.

4) Lecturer: the instructors with the support of an interpreter.

5) Instructional mode: in addition to lectures and practical classes, we used discussion-based workshops and participatory experiential learning using the laboratory method³.

b) Structure of the Workshop Program:

The workshop program was constructed by combining lectures, skills for implementing support, and practical classes for aiding the supporters to understand themselves (see full schedule at table 4 in the end of this article).

LECTURES

In 2012, as sandplay therapy is effective as a method of performing trauma care, the workshop program was constructed with priority on understanding and being able to implement sandplay therapy. *Structure and Function of the Mind* and *Clues for Knowing the Mind*, the basis for understanding sandplay therapy, were taken up and lectures begun with *Introduction to Sandplay Therapy*, followed by lecture content on *Emotions* and *Self-concept*, indispensable for a better understanding of sandplay therapy (see table 4.1).

Sandplay therapy, a psychological therapy introduced into Japan by Hayao Kawai, was devised by M.D. Kalf, who studied diligently under Carl Jung. It later spread to all countries of the world, including the West,

³ The participatory experiential learning using the laboratory method is a learning method in which participants notice the situation of themselves, and the group, and examine the nature of their own human relations as they implement the process of: Experience > Identification > Analysis > Hypothesis > Trying. Then returning to Experience.

the International Society for Sandplay Therapy being established in 1985. A great amount of research is currently being carried out on sandplay therapy. In order to apply sandplay therapy effectively, it is necessary to understand the underlying theory (structure and function of the mind, theory of psychoanalysis, and ego psychology).

Sandplay therapy is carried out by placing sand in a tray of dimensions 57 centimeters in width × 72 centimeters in length × 7 centimeters in depth into which miniature figures are placed freely. Through observation of the sandplay work, it is possible to comprehend the subject's inner world. Moreover, the act of creating the sandplay itself is therapeutic.

In 2013-2014, lectures were given on overviews, causes and response methods to *crisis*, *Trauma*, *Post Traumatic Stress Disorder* (PTSD) and *Resilience*, which are most urgently needed in East Timor.

Crisis refers to a state where a person, when faced with obstacles to the attainment of crucial life goals, attempts to cope with the situation through the use of customary methods, but a resolution proves to be impossible. Once the person falls into a crisis, confusion and a state of panic continue for some time, during which various means of coping with the crisis are tried. Depending on the person's personality, cognition, and the existence of experiences up to that time, it is said that the person may fall into a further state of crisis or that the person's growth as a human being will be promoted.

According to Mori (2005,), the word "trauma" is said to "have originally signified an injury to the body, but from around the end of the 19th century a shocking event that had impacts on the psychology and mind came to be known as a trauma." Trauma thus refers to suffering that differs from ordinary experience, in which the agony is not reduced with the passing of time, and is triggered by the occurrence of some situation that brings about intense stress in the mind and body, such as war, terror attacks, traffic accidents (including train and aircraft accidents), natural disasters such as tsunami, rape, abuse, and so on. This term was employed as a hint to link up with practical training to discover the traumas that each of the persons were experiencing.

The concept of PTSD first appeared in Diagnostic and Statistical Manual of Mental Disorders III – DSM-III – (American Psychiatric Association,

1981). Later, passing through DSM-III-R (American Psychiatric Association, 1987), DSM-IV (American Psychiatric Association, 1994), and DSM-IV-Tr. (American Psychiatric Association, 2000), this became the independent concept of “Trauma and Stressor-Related Disorders” in DSM-5 (American Psychiatric Association, 2013).

PTSD is an after effect that has impacts across the whole daily life of a person following a trauma caused by a life-threatening event such as a war, accident, disaster, crime, and so on. There are occurrences of re-experiencing with sudden flashbacks of the time and situation of the traumatic event; “numbness” where the traumatized person attempts to avoid feeling the distress of the time of the trauma; “avoidance” of places, people, and conversation that might remind the person of the event; or “hyperarousal,” where the traumatized person may show a hypersensitive reaction to a slight stimulus. When appropriate care is not given, it is said that there may be violence against others (especially domestic violence by a husband against the wife), attacks against the self (in the worst case, suicide), or falling into a state of apathy, where there is a danger of total collapse of daily life, addiction to gambling, tobacco, alcohol or drugs. Through the lectures, the participants said that they thought the remote cause of the various kinds of problems that have arisen in East Timor is possibly related to traumas during the former periods of war and conflict.

Resilience is said to be the state of maintaining an adaptive stance while experiencing extremely intense stress (such as torture), even after a long period of time has elapsed since that experience. Alternatively, while it was impossible to display normal functioning when the intense stress was being experienced, it is the ability to return to the state existing before the stress was experienced after the stress has passed. Moreover, it may be that this also expresses how experiences of intense stress lead to increasing strength to get back on one’s feet after difficulties or the ability to gain the strength to cope with severe situations.

In the lectures, six steps for recovering from trauma and growing as a person, i.e. resilience, were taught. As a basis for this, it was confirmed that everyone has the strength to grow and when one is able to cope with an adverse event in an appropriate way for oneself, growth will happen. Having confirmed that: 1) Be aware of your present self. 2) Trauma smashes the hopes that a person has. When

you are able to have hopes, the desire to bring about change will occur. For that to happen, you must discover and nurture hopes. 3) Write narratives of the past to examine the meanings past experiences have for yourself. 4) Notice what has changed in yourself between the time of the trauma and now. 5) Recognize and accept the changes discovered in 4) and become aware of the values that you feel to be important. 6) Implement 1 to 5 again. It is thought that it was possible to rejuvenate the resilience embodied in each person through this method.

Since it is necessary for the supporters to know the basics of counseling in order to handle trauma, from 2012 to 2018, the workshop program was pushed forward with continual repetition of lectures on “What is Support?” “Introduction to Counseling,” “Rules and Structure of Counseling,” “Points to Bear in Mind when Conducting Counseling,” and so on.

From 2015, the training workshop provided “Psychology,” the basis for implementing support activities. In 2015 and 2016, “The Personality” was taken up, and in 2017, lectures were given on “Human Development and Growth” and “History of Psychology,” and in 2018, on “Factors for Change in People” (see Table 4.2). In this way, lectures were given on the essence of psychology, the basis of clinical activities, aimed at effective use of sandplay therapy.

PRACTICAL CLASSES

Practical classes were offered to interlock with the content of the lectures. In order to gain the ability to apply sandplay therapy, the supporter her/himself needs to gain sandplay therapy skills experientially. Therefore, the participants were given opportunities for sandplay experience. When performing sandplay therapy, the therapist stands by the side of the client, experiencing the production process, feeling the impressions of the sandplay artwork, and actively listening to the client. An “active listening exercise” was offered in order to achieve this. In introducing sandplay, considering that various kinds of miniature figures used in sandplay therapy are difficult to obtain in East Timor, practical classes were also held for the participants to make the figures themselves.

In addition, the Landscape Montage Technique (Kaito, 1994), one kind of psychological test, and drawing the Baum Test (Koch, 1952) and “Squiggle” (Naumberg, 1966) were also incorporated into the practical

classes. In 2018, support activities currently being practiced were also clarified and practical classes on deepening understanding of difficult cases were also incorporated.

PRACTICAL CLASSES ON SELF-ANALYSIS

To engage in effective support activities, it is crucial that the supporter is able to comprehend her/himself more broadly, more deeply and from various standpoints. To achieve this, it is first necessary that the past trauma experiences of the supporter her/himself are reflected upon, clarified, and even to a small extent resolved.

Thus, participatory experiential learning using the laboratory method is employed to understand oneself, with “my feeling,” “my personality,” “my values,” and “my needs” being examined. Further, an exercise on looking back at one’s “growth process of the self” was conducted, in which “painful things in the past and bitter events,” as well as events that resulted in “past trauma” were clarified. The participants listened to each other’s stories using “active listening skills,” and an effort was made to be able to give the actual experience of support.

PARTICIPANTS RESPONSE

At the end of each day, participants were asked to write freely on their impressions, questions regarding the workshop and what they would like to learn more about (Table 2). The most frequent impressions were the participants’ delight in “being able to learn a lot”, “knowing what I had not known before,” and “I was able to study what I wanted to know at the workshop.”

The next most frequent feedback was the idea that through being able to know oneself, knowing oneself was connected with the support, and, moreover, this led on to being able to find means to alleviate one’s own pain.

Participants stated that they were able to study sufficiently about how to support others, and impressions such as “I understood what kind of study is necessary in order to become a support specialist” were also seen. Additionally, strong hopes such as “I would like to become a psychology specialist” and “I would like to study much more” were also expressed.

IMPRESSION	IMPRESSIONS AS WRITTEN BY THE PARTICIPANTS
I was able to know myself	It was very good because I was able to know about myself. I was able to look back on myself. I was able to learn how to think about myself. I was able to learn what I have to do with myself to know about myself. I was able to talk about changing myself.
I found ways of alleviating my pain	I was able to learn about how to protect my own mentality. I understood what I can do myself to help myself.
I learned that knowing myself leads on to support for others	I learned that it is important to know my own emotions before I help others. I realized that I have to help myself in order to help others. I realized that I can help others by cherishing my own emotions.
I learned about supporting others	I understood what it means to help others. I was able to discuss how it is possible to help others. I was able to know how I can help others. I learned a lot more about support. Knowing about other people's past through discussion, I realized that I could help alleviate other people's pain. I realized that it is useless to give money when providing support. I realized that by studying I will be able to give better support to the people who need my help. I realized how to become a specialist.
I learned a lot	I learned a lot of new things. I learned a lot in one day. I gained various kinds of new information. I studied a lot about psychology. I was able to gain knowledge.
I learned things I didn't know before	I was able to know things that I did not understand before. I was very happy because I was able to know about things I did not know about up to now.
Understanding was deepened by discussion	Understanding was deepened when we had discussions. I was able to hear the opinions of the other participants because of the discussions.
I was happy because I was able to study in the workshop	I was able to learn a lot of things in the workshop. I thought this workshop was very important. I was very happy to participate in this workshop. I think the training is very good. I was very happy to receive the various sandplay figures.
Hope for further study	I would like to become a psychology specialist. I would like to study more and gain more abilities. I would like the workshops to be longer. I would like the teacher to come for about half of each week to give the psychology course I would like very much to have this kind of workshop again next time. I hope the workshop will be run again next year. I would like more time to be given over to discussions. I would like to participate again. I would like many more people to be able to participate in the workshops.
Delight at having participated in the workshop	I was very happy to participate. (Three participants) The workshop was really wonderful. It is very important to have workshops like this in East Timor.

Table 2: Participants' Impressions

Many methods to encourage discussion among the participants were also incorporated into the workshops. This enabled the participants to say, “I deepened my understanding” and “I was able to listen to other people’s opinions” and to mention the benefits of this. Moreover, it was possible to understand the participants’ strong desire for continuing study from their statements such as “I would like to study more to acquire further abilities”.

ISSUES IN THE IMPLEMENTATION OF THE SUPPORT PROVIDER TRAINING WORKSHOP

One of the issues in giving lectures on introductory psychology and the necessary knowledge and skills for implementing clinical activities is the difficulty of translating the special terminology into Tetun, the language of East Timor. For instance, we were unable to find words in Tetun to express “the structure of the mind.” We considered the problem with the interpreter and it was decided to give explanations using the following terms (Table 3). During the workshops, concrete examples were given, and attempts were made, along with the participants, to find words to better express the ideas.

JAPANESE	ENGLISH	TETUN
Esu	it	ne'e
Jiga	ego	an-rasik
Cho jiga	super ego	superu an-rasik
Ishiki	consciousness	sentido moris
mu ishiki	unconsciousness	sentido la moris
zen ishiki	preconsciousness	pre sentido la moris
konpurekkusu	complex	komplexu
retto konpurekkusu	inferiority complex	inferioridade komplexu
edhipusu konpurekkusu	Oedipus complex	komplexu oedipus
meshia konpurekkusu	messiah complex	komplexu maksoin
yume	dream	mehi

Table 3: Comparative of Japanese, English and Tetun expressions for structure and function of the mind

Additionally, the fact that basic knowledge of Psychology has not been acquired is thought to be a serious issue. For instance, knowledge of Developmental Psychology, the Psychology of Learning and Psychology of the Personality are insufficient. For this reason, performing assessments of persons requiring support from various viewpoints and finding support methods for clients having very serious traumas was not possible, and it became apparent that great difficulties have been faced in the past. Nevertheless, the participants actively engaged in the workshops by asking many questions and it was felt that the participants were highly motivated toward study.

TOWARD THE FUTURE

It is thought that the provision of systematic and continual study opportunities is necessary. We would therefore like to propose the following program.

1) Introductory course: Around 15 hours of three-hour courses.

Goals: To clarify the mental attitude for becoming a supporter; to learn the concepts that form the basis of Psychology.

Content: Examining oneself from various angles; reflecting on and clarifying one's own trauma and problems; introductory lectures on Psychology.

2) Basic course: Around 100 hours of five-hour courses.

Goals: To acquire the basics of Psychology and to have a deeper understanding of humans; to acquire knowledge and skills about clinical psychology.

Content: Composition of "knowledge + skills + self-knowledge"; learning the basis of Psychology, Psychology of Learning (including Memory and Cognitive Psychology), Psychology of the Personality, Developmental Psychology, Social Psychology (including Group and Family Psychology); experience of psychological tests and becoming able to implement the tests; acquiring the theory and skills of clinical psychology; acquiring the skills for interaction with clients (including active listening skills and role-play).

3) Intermediate course: Around 100 hours of five-hour courses.

Goal: To lead on to practice the content learned in the basic course

Content: Deeper learning of the knowledge and practices of Clinical Psychology; interaction with clients and carrying out support for clients while under supervision; reflecting on one's interactions, examining one's values and the nature of one's communication, etc.

4) Advanced course: Ten or more three-hour group supervision sessions.

Goals: To further deepen the learning in the intermediate course and to practice more skillfully.

Content: Deepening understanding of clients through group supervision; gaining the ability to give presentations at academic conferences and meetings.

5) Applied course:

Goals: To educate people who wish to carry out clinical activities; to gain the ability to conduct supervision.

It is hoped that specialists in the provision of psychological support who will engage in trauma care in East Timor will be trained through this training workshop, and that people who are suffering from past traumas will be able to receive more abundant support.

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Year	2012	2012	2012	2013	2013	2014	2014	2015	2015
Date	26-Sep	3-Oct	10-Oct	25-Sep	3-Oct	17-Sep	29-Sep	30-Sep	7-Oct
Content of Lectures	Structure and function of Intro to Sandplay therapy	Clues for knowing the mind Self-concept	Emotions	What is trauma (1)	Various methods for handling trauma	Structure and function of Crisis Resilience	What is trauma (2)		Introduction to counseling (2) What is personality
					Intro to counseling (1)				
			(Practical) Exercise for noticing feelings	(Practical) Reflecting on one's trauma experience	(Practical) One's experience inventory	(Practical) Reflecting on unpleasant and unbearable experiences or happy experiences	(Practical) How I have lived and my future life	(Practical) Using the landscape montage technique	(Practical) What kind of experience lead to trauma?
Content of Practical Classes			((Practical) Summarizing and clarifying trauma experiences			(Practical) Egogram for knowing one's personality	
Content of Practical Classes for Self-Analysis	(Practical) Intro to Sandplay container making	(Practical) Practice in Sandplay therapy skills	(Practical) Intro to Sandplay container making	(Practical) Intro to Sandplay container making	(Practical) Intro to Sandplay container making	(Practical) Intro to Sandplay container making	(Practical) Methods of alleviating trauma	(Practical) Necessary qualities and conditions of a supporter	(Practical) How do the impacts of trauma appear?
		(Practical) Active listening exercise (1)	(Practical) Active listening exercise (2)			(Practical) Implementation of LMT	(Practical) Producing Sandplay figures		(Practical) Active listening exercise (3)

Table 4.1: Support Provider Training Workshop Program 2012-2015 (Monju, 2017)

	10	11	12	13	14	15	16	17
Year	2016	2016	2017	2017	2018	2018	2018	2018
Date	3-Oct	10-Oct	21-Sep	29-Sep	6-Oct	21-May	23-May	25-May
Content of Lectures	Learning for becoming a supporter	Stress	What is support?	Concept of psychology (history, the field of psychology)	6 steps for recovery from trauma	Learning for growing to be a therapist	Assessing Sandplay and its significance in treatment	Points to bear in mind when conducting counselling
	Formation of the personality	Methods for alleviating trauma (2)		Overview of growth and development		History of Sandplay	Definition, rules and structure of counselling What is mental?	Relations with friends and therapist-client Factors for change in people
Content of Practical Classes for Self-Analysis	(Practical) Comprehending the personality	(Practical) What stresses me	(Practical) "My window" 1: Reflecting on my past	(Practical) "My own growth and developmental status	(Practical) Painful things and bitter events in my life	(Practical) "My window" 2: Things I want, troubles and joys of work		(Practical) Looking for the good in oneself
	(Practical) Formation of the personality		(Practical) "My window" 2: Considering my activities as a	(Practical) My values		(Practical) "Introducing my work"		
Content of Practical Classes for Support Skills		(Practical) Body work				(Practical) My expressions now		
	(Practical) Active listening exercise (4)				(Practical on test methods) Procedure for implementing LMT	(Practical) Method of implementing Sandplay	(Practical) Demonstration of Sandplay (to deepen understanding of Sandplay)	(Practical) Clarifying counselling now being carried out
					(Practical) Review of Sandplay	(Practical on test methods) Baum test	(Practical) Listening, talking, observation	(Case study) Difficult cases
						(Practical) Sandplay experience		(Practical) Experience of the squiggle method

Table 4.2: Support Provider Training Workshop Program 2016-2018 (Monju, 2017)

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