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ENTAL HEALTH AND COMMUNICATION SKILLS TRAINING FOR THE STAFF IN A GIRLS' ORPHANAGE IN TURKEY

INTRODUCTION

Those who receive institutional care are children or adolescents referred to an orphanage at younger age or older age as a result of problems in the family dynamics or of several abusive occasions. Therefore, they have endured more difficulties in the early years of their lives compared to their peers. It is an expected condition that these children and adolescents have emotional and behavioral problems. Furthermore, the physical conditions of the institution and the qualifications of the staff aggravate the problems rather than compensate them. In addition, the emotional and behavioral problems among the youth in institutional care points to importance of providing mental health training to the orphanage staff.

There were just several studies regarding training of mental health providers who work with youth. The study examined the need for and use of mental health services from both the adolescent's and the service provider's viewpoints. The service providers' complained that they lacked knowledge concerning mental health assessment and lacked referral or treatment resources (Stiffman et al 1997). On the other hand, in some other studies it was investigated on

Aynur Pekcanlar Akay*, Fatma Varol Taş*, Burak Baykara*, Suha Miral*, Beyazıt Yemez**

BİR KIZ ÖĞRENCİ YURDU PERSONELİNİN RUH SAĞLIĞI VE İLETİŞİM BECERİLERİ EĞİTİMİ

ÖZET

Amaç: Yurtta kalan çocuklar ve gençler, aile dinamiklerindeki sorunlar veya çeşitli örseleyici olaylar sonucunda, çocuk yuvası yahut yetiştirme yurduna yerleştirilmişlerdir. Bu nedenle de hayatlarının erken yıllarında yaşatlarına kıyasla daha büyük zorluklar yaşamışlardır. Bu yüzden bu çocuk ve gençlerde, duygusal ve davranışsal sorunların olması beklenen bir durumdur. Yurdun fiziksel koşulları ve personelin donanım kalitesi, sorunları ortadan kaldırmaktan çok, daha da artırabilir. Gençlere hizmet veren yetiştirme yurdu personelinin eğitiminde, iletişim becerileri ve özellikle de empati eğitiminin verilmesinin gerekliliği konusu oldukça önemlidir. Bu çalışmanın amacı, gençlerle çalışan yetiştirme yurdu personelinin ruh sağlığı ve iletişim becerileri eğitiminden nasıl etkilendiklerini, yararlanıp yararlanmadıklarını araştırmaktır.

Yöntem: Bu çalışma, Sosyal Hizmetler İzmir Buca Kız Yetiştirme Yurdu'nda kalan 67 genç (13-18 yaş aralığında olan) üzerinde, Dokuz Eylül Üniversitesi Tıp Fakültesi Çocuk ve Ergen Psikiyatrisi tarafından yürütülmüştür. 2000-2001 yılları arasında, yetiştirme yurdu personeli için bir yıllık eğitim programı düzenlenmiştir. Bu programın uygulandığı grupta, 1 psikolog, 2 sosyal hizmet uzmanı, 3 yönetici, 6 öğretmen, 1 pratisyen hekim ve 1 hemşirenin olduğu toplam 13 kişi bulunmaktadır. Eğitimin başlangıcında ve sonunda, yetiştirme yurdu personeli, Empati Beceri Ölçeği-B (ESS-B) anketini doldürmüşlerdir. Yetiştirme yurdunun kurumsal yapısı nedeniyle, yetiştirme yurdunda kalan gençler, 10-15 kişilik gruplara ayrılmıştır. Her grup bir personelin sorumluluğu altında bulunmaktadır. Eğitimin başlangıcı ve sonunda, gruplardan sorumlu personel, gençlerin coşkusal ve davranışsal sorunlarını belirlemek üzere 4-18 yaş grubu için davranış değerlendirme ölçeğini (Child Behavior Checklist-CBCL) doldürmüştür

Bulgular: Personelin eğitim öncesi ortalama empati skorları 158,69±24,82 iken, eğitim sonrası 59,69±25,17'dir. Bu skorlar karşılaştırıldığında, istatistiksel olarak anlamlılık saptanmamıştır ($z=-0.175$, $p=0.861$). Bir yıllık eğitim öncesi ve sonrası gençlerin CBCL skorları karşılaştırıldığında, anksiyete-depresyon, toplam içe yönelim davranış ve toplam dışa yönelim davranış skorları azalmıştır ($p=0.036$, $p=0.026$, $p=0.028$).

Tartışma: Gençlerde anksiyete-depresyon, toplam içe yönelim davranış ve toplam dışa yönelim davranış skorlarında, bir yıllık eğitim sonrasında azalma olmuştur. Bu sonuç, yetiştirme yurdu personelinin eğitimden yararlandığının en önemli göstergelerinden biridir. Yetiştirme yurdu personelinin, eğitim öncesi ve sonrası ortalama empati skorları karşılaştırıldığında, fark istatistiksel olarak anlamlı bulunmamıştır. Empati, diğer kişilerin sözlerindeki coşkusal içeriği ve coşkuların nedenlerini ifade eden sözel bir cevaptır. Empati ölçümünde, iki yöntem kullanılmaktadır; kâğıt-kalem testi, görüşme sırasında verilen gözlemci değerlendirmesi. Kâğıt-kalem testinde, tüm bilişsel, emosyonel ve davranışsal öğelerin açıklanmadığı belirtilmektedir. Bu çalışmada kullanılan ESS-B ölçeği, bir kâğıt-kalem testi gibi tanımlanabilmektedir. Bununla birlikte, hem eğitim öncesi hem de sonrası empatik becerilerin bulunduğunu söylemek zordur. Ayrıca, kâğıtta değerlendirilen bilgilerin davranışlara nasıl yansıdığı ölçülmesi olanaksızdır. Kimi personel kendi yaşamlarında kullanmadıkları doğru cevapları seçmiş olabilirler. Fakat kendi yaşamlarında daha iyi performans gösterenlerin kâğıt üzerinde başarılı olmadığı söylenemez.

Sonuç: Çocukların ve gençlerin psikolojik özellikleri, sorunları, çocukluk ve gençlik çağın-

* Department of Child and Adolescent Psychiatry, Dokuz Eylül University, School of Medicine, İzmir, Turkey.

** Department of Psychiatry, Dokuz Eylül University, School of Medicine, İzmir, Turkey.

da görülen ruhsal bozukluklar ve iletişim becerileri eğitimi, yetiştirme yurdunda kalan, özel ihtiyaçları olan gençlerde daha iyi etki sağlayabilen, güçlü ve güvenilir bir personelin gelişimini sağlayabilir.

Anahtar Kelimeler: Yetiştirme yurdu, ruh sağlığı eğitimi, iletişim becerileri eğitimi, çöşkusal sorunlar, davranış sorunları

ABSTRACT

Purpose: The purpose of the study is to research the mental health and communication skills training of the orphanage staff who work with the youth, and how they are affected by the training and whether they have benefited from the training or not.

Method: The study was conducted on 67 teenagers (13-19 years of age) who resided at "Turkish Department of Social Affairs Izmir Buca Girls' Orphanage". Between 2000 and 2001, a one-year training program was implemented for the staff in the orphanage. At the beginning and end of the training, the staff under training filled out Empathy Skill Scale B questionnaire (ESS-B); the staff responsible for the youth groups filled out socio-demographic data forms for these teenagers and Child Behavior Check List (CBCL) for the 4-18 years age groups.

Findings: While the pre-training mean empathy score of the staff (n:13) was 158.69 ± 24.82 , their post-training mean empathy score was 159.69 ± 25.17 . When these two scores were compared, it was not considered statistically significant ($z = -0.175$, $p = 0.861$). When the youth's pre-training and post-training CBCL scores were compared, except for the anxious-depressed, total internalizing behaviors and total externalizing behaviors, the difference was not statistically significant.

Discussion: Training on the psychological characteristics of children and adolescents, their problems, mental disorders seen during childhood and adolescence and communication skills, may contribute to developing a stronger and confident staff that can provide better help and support the youths with special needs in the orphanage.

Conclusion: Training on the psychological characteristics of children and adolescents, their problems, mental disorders seen during childhood and adolescence and communication skills, may contribute to developing a stronger and confident staff that can provide better help and support to youths with special needs in an orphanage.

Keywords: orphanage, mental health training, communication skills training, emotional problems, behavioral problems

what areas the professionals who work with the youths needed training. Zakus et al (1985) evaluated the training needs of professionals who work with the adolescent population. The eight highest ranked topics were depression and suicide, family disruption, sexuality, psychosocial growth and development, interviewing, incest, emotional problems, and substance abuse. The study clearly delineated specific topics relevant for continuing education programs for adolescent health care providers. Klein et al (2001) reported that health center staff was trained to implement of the Guidelines for Adolescent Preventive Services. The mental health service providers reported high levels of preventive service delivery before and after the guideline was implemented. After implementation of the guideline, adolescents reported increases in having discussed prevention content with providers including physical or sexual abuse, fighting, peer relations, suicide, eating disorders, and depression.

It is quite important that communication skills training and especially empathy training should be included in the programme. Empathy was defined as an affective state stemming from the apprehension of another's emotional state or condition (Eisenberg

and Miller 1987). Empathy is a component of communication and can only be improved with appropriate training (Winefield and Chur-Hansen 2000).

It is surprising that so little attention has been paid to the issue of mental health and communication skills training for orphanage staff. To our knowledge, this is the first attempt to give mental health and communication skills training for the staff in an orphanage in Turkey. The purpose of the study was to research the mental health and communication skills training of the orphanage staff who have worked with the youth, and how they were affected by the training and whether they had benefited from the training or not.

METHOD

School of Medicine, Dokuz Eylül University Child and Adolescent Psychiatry Department conducted the study on 67 teenagers (13-18 years of age) who resided at "Turkish Department of Social Affairs Izmir Buca Girls' Orphanage". Of the 67 girls who were residing at the orphanage prior to the training only 42 continued with their residing after the training; the rest were transferred to other orphanages.

Between 2000 and 2001, a one-year training program was planned for the staff in the orphanage. The team consisted of 13 individuals, a psychologist, two social workers, three managers, six teachers, a general practitioner, and a nurse at an orphanage. All of the orphanage staff was trained regularly. There was no staff turnover.

The program was designed to teach psychological characteristics of children and adolescents, their problems, mental disorders seen during childhood and adolescence. It was also planned to train them on communication skills (listening, verbal-nonverbal communication, empathy, assertiveness), and to create empathy on youths by using psychodrama techniques. The training lasted one year with one and half hours theoretical and two hours psychodrama techniques for discussing the cases per week. At

the beginning and end of the training, the staff filled out Empathy Skill Scale B questionnaire (ESS-B). The Empathy Skill Scale B questionnaire (ESS-B) includes 6 different psychological problems about everyday life. Below each paragraph were included 11 empathic responses which could be given to the person who would ask the questions and was also included a response irrelevant to the problem in order to determine those who gave coincidental responses. The subjects were asked to choose four responses according to their importance. The responses chosen were evaluated with the key that was prepared in accordance with empathy classification and then empathy skill score was determined by adding up the scores for a total of 24 sentences in six scenarios. Dökmen conducted the validity and the reliability of the tests (Dökmen 1990).

Because of the organizational structure of the orphanage, the youth residing in the orphanage were arranged into groups of 10-15 youths. Each group was under the responsibility of one of the staff. At the beginning and end of the training, the staff responsible for the group filled out Child Behavior Check List (CBCL) for the 4-18 years old age groups in order to screen their emotional and behavioral problems. A team of staff rated a group of youth, which attempted to control for the staff bias. The Child Behavior Check List (CBCL) for the 4-18 years old age group was developed by Achenbach and Edelbroch (1983) in order to evaluate strengths and behavioral problems of this age group. Erol et al (1995) carried out the study for the adaptation and the standardization of the Child Behavior Check List in Turkish.

The local ethics committee had approved the study.

Statistical Analysis

The mean empathy skill scores before and after the communication skills training were compared using Wilcoxon signed ranks test with SPSS 10.0 program package. The descriptive numerical data were reported in terms of means and standard errors. Mean CBCL scores before and after the mental health and communication skills training was compared using paired samples T-Test. The level for statistical significance was set at .05.

Table 1. Comparison of the pre and post training Empathy Skill Scale B questionnaire scores of the orphanage staff

Questions	n	Before Training mean±SD	After Training mean±SD	z	p
Question 1	13	30.85±5.11	27.00±5.38	-0.885	0.059
Question 2	13	21.85±7.39	24.15±5.62	-1.336	0.182
Question 3	13	23.92±7.52	23.00±5.26	-0.210	0.834
Question 4	13	26.92±4.80	26.92±5.50	0.000	1
Question 5	13	28.31±5.36	28.92±6.13	-0.385	0.700
Question 6	13	26.84±5.58	29.69±3.40	-1.140	0.254

*Wilcoxon signed ranks test used

Table 2. Comparison of the pre and post training CBCL scores

CBCL	Before Training mean±SD	After Training mean±SD	t	p
Withdrawal	59.55±10.36	58.76±10.65	0.511	0.612
Somatic problems	53.00±5.74	52.48±4.99	0.553	0.583
Anxious-depressed	56.33±6.64	54.26±5.34	2.163	0.036
Social problems	55.50±5.99	54.50±7.89	0.949	0.348
Thought problems	57.78±8.04	55.88±7.12	1.881	0.067
Attention problems	58.81±9.57	59.05±10.29	-0.209	0.836
Delinquent behaviors	57.95±8.43	58.02±9.75	-0.058	0.954
Aggressive behaviors	56.88±9.51	55.88±8.51	0.959	0.343
Total internalizing behaviors	54.19±11.81	50.31±15.19	2.308	0.026
Total externalizing behaviors	54.21±9.54	50.78±11.94	2.285	0.028
Total behavior problems	52.45±4.02	50.83±14.83	1.012	0.317

* Paired samples T-Test used

FINDINGS

The mean age of the youths evaluated before and after the training was 15.93±1.81 (n=42). While the pre-training mean empathy score of the staff (n:13) was 158.69 ± 24.82, their post-training mean empathy score was 159.69 ± 25.17. When these two scores are compared, it was not considered statistically significant (z=-0.175, p=0.861). Statistical evaluations of responses to the questions on the scale were presented in Table 1.

When the CBCL scores of the youth before and after the one-year training were compared, anxious-depressed, total internalizing behaviors and total externalizing behaviors scores were decreased (p=0.036, p=0.026, p=0.028, respectively) (Table 2).

DISCUSSION

The main finding was that the anxious-depressed, total internalizing behaviors and total externalizing behaviors scores of the youth were decreased after the one-year training program. This is one of the most important indications that the orphanage

staff benefited from the training. Vamvakas and Rowe (2001) pointed to the importance of providing mental health training to emergency shelter staff. The authors reported that such training offers the potential to significantly improve staff ability to respond to the needs of residents with mental illness, and to the behavioral problems. Since the orphanage staff benefited from the training, they may have recognized the emotional and behavioral problems and treatment needs of the youth who resided in the institution better. The more problems an individual youth has the more likely that the service providers will identify the youth as needing help (Caron and Rutter 1991). Non-specialist service providers, including teachers, may be more likely to recognize externalizing behavior, and fail to pay attention to internalizing problems, such as depression or anxiety. Training also improves identification ability. A study found that the service providers were more likely to rate the youth as having problems; they were more likely to have in-service training (Stiffman et al 1997). In the present study the staff, after the training, may have immediately recognized the important emotional or behavioral indications, and referred the youths with problems to treatment services and made them receive necessary therapy. This may have led to a decline in anxiety, depression, total internalizing behaviors and total externalizing behaviors scores, which service providers can recognize most clearly following the training. However, another interpretation includes changes occurring as a result of maturation, host of other interventions by the staff to which presumably the youth are exposed while living in the orphanage. An alternative interpretation of the results might be that the mental health training and the communications skills training might have helped staff see youth in a less pathological, accounting for the lower CBCL scores. However, there was no independent observers evaluating the youth could have evaluated this as a possible outcome in the study.

In the present study the cases were discussed especially by using psychodrama techniques in order to increase the efficiency of mental health and communication training. Drama has long been used as an educative tool. An historical overview of the relationship between drama and education was also offered. Drama challenges the power position of the participants, teacher and student alike (Wasylo and Stickle 2003). The psycho-dramatic method improves empathic ability. The results showed that the training method produced significant improvements in compared control group (Kipper and Ben-Ely 1979). When the mean pre and post-training empathy scores of the orphanage staff were compared, the difference was statistically not significant in this study. Empathy is a verbal response, which reflects emoti-

onal content of the other person's talk and the causes of emotions (Winefield and Chur-Hansen 2000). In the measurement of empathy, two measurement techniques are used: a. paper-pencil test b. the evaluation of the observers given during the interview (Evans et al 1993). It has been stated that the paper-pencil test would not reflect all cognitive, emotional and behavioral elements. The ESS-B scale used in this study can be regarded as a paper-pencil test as well. Therefore, it was hard to conclude that empathic skills existed both before and after the training. It was also impossible to measure how the data evaluated on paper would reflect on behavior. Some staff may, in fact, have chosen the correct response that they did not use in their actual lives. However, on the other hand, it was not likely to expect those who were not successful on paper to display better performance in actual life. Lack of empathic concern, poor communicative responsiveness and high emotional contagion significantly contributed to reduced personal accomplishment (Orndahl and O'Donnell 1999).

The limitations of the present study were included lack of a control group or orphanage with no training to demonstrate the effectiveness of the staff training. The study has important implications for future research and practice. The field also requires further study of the types of in-service training that best affect service providers' actions, organizational constraints and barriers. However, that mental health and communication skills training for both case management and custodial (residential supervisor or residential aide), staff may fill a gap between the general needs of the youths and the specialized needs of those youths with mental health problems.

CONCLUSION

This is the first attempt, to our knowledge, to report on mental health and communication training for the staff of an orphanage in Turkey. Training on the psychological characteristics of children and adolescents, their problems, mental disorders seen during childhood and adolescence and communication skills, may contribute to developing a stronger and confident staff that can provide better help and support to youth with special needs in an orphanage. Mental health and communication skills training should be offered to all who work with youth.

REFERENCES

- Achenbach TW (1991) Manual for the child behaviour checklist/4-18 and 1991 Profile. Burlington, VT: University of Vermont, Department of Psychiatry.
- Caron C, Rutter M (1991) Comorbidity in child psychopathology: concepts, issues and research strategies. *J Child Psychol Psychiatry Allied Disciplines*; 32: 1063-1080.

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- Dökmen Ü (1990) Yeni bir empati modeli ve empatik becerinin iki farklı yaklaşımla ölçülmesi. *Psikoloji Dergisi*; 24: 42-50.
- Eisenberg N, Miller P (1987) Emphaty and prosocial behavior. *Psychol Bull*; 101: 1-101.
- Erol N, Arslan M, Akçakın M (1995) The adaptation and standardization of the Child Behaviour Checklist among 6-18 years old Turkish Children. *Eunethy dis European Approaches to Hyperkinetic disorders*. Sergeant J, editor. Zurich: Fotorotor Eg8. Zurich; 109-113.
- Evans BJ, Stanley RO, Burrows GD (1993) Measuring medical students' empathy skills. *Br J Med Psychol*; 66: 121-133.
- Kipper DA, Ben-Ely Z (1979) The effectiveness of the psychodramatic double method, the reflection method, and lecturing in the training of empathy. *J Clin Psychol*; 35: 370-375.
- Klein JD, Allan MJ, Elster AB, Stevens D, Cox C, Hedberg VA, Goodman, RA (2001) Improving adolescent preventive care in community health centers. *Pediatrics*; 107: 318-327.
- Orndahl BL, O'Donnell C (1999) Emotional contagion, empathic concern and communicative responsiveness as variables affecting nurses' stress and occupational commitment. *J Adv Nurs*; 29: 1351-1365.
- Stiffman AR, Chen YW, Elze D, Dore P, Cheng LC (1997) Adolescents' and providers' perspectives on the need for and use of mental health services. *J Adolesc Health*; 21: 335-342.
- Vamvakas A, Rowe M (2001) Mental health training in emergency homeless shelters. *Community Ment Health*; 37: 287-295.
- Wasytko Y, Stickley T (2003) Theatre and pedagogy: using drama in mental health nurse education. *Nurse Educ Today*; 23: 443-448.
- Winefield HR, Chur-Hansen A (2000) Evaluating the outcome of communication skills teaching for entry level medical students: does knowledge of empathy increase? *Medical Education*; 34: 90-94.
- Zakus GE, Cooper HE, Egan DM (1985) Training needs for providers of adolescent health care: results of a survey. *Health Values*; 9: 16-19.