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Psychosocial crisis

TÁMOP 5.4.4.-09/2-C-2009-0008

„Reflektív szociális képzési rendszer a 21. században”

2012

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Grounding ideas and general aims

Crisis intervention is a field where **professional protocols** should be complemented by **personal reflections** and **professional creativity**.

Humphries, when discussing changes in social work education and practice in Britain has identified two major and contradicting discourses: the dominant **regulatory discourse** that prioritizes surveillance, management and competences; while the **liberatory discourse** highlights transformative capacities, transformative dialogue and alternatives. (Humphries, 1996) Crisis states can not fully be controlled and **routes of personal development** can not be – and should not be – predicted. This is why, in certain respects, social professionals should be able to distance themselves from the dominant professional discourse in order to be able to help effectively. Genuine help **empowers** the clients and enable them to work out their **own solutions**.

The aim of the current module is to prepare the students

- to assess and intervene in psychosocial crisis states and acquire the necessary competencies

- to think critically and reflectively on the discourses related to crisis states

- to evaluate scientific models

- to evaluate related systems of social support and care

- to practice self-reflection

Study room, equipment etc.: *a room for a maximum of 25 students (preferably 12-15), suitable for group work; a DVD player and a data projector (for films, media texts etc.) and a flipchart. Availability of e-blackboard (e.g.; CooSpace) is an advantage (availability of text, e-discussions concerning home-assignments) but is not a necessary precondition for the course.*

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Themes

1. Suggested themes in the course prospectus

Social and cultural issues

Critical-reflective evaluation of the crisis model (5 hours)

- Theoretical precedents

- Caplan's model (definition, phases, outcomes)

- Erikson on psychosocial development

- Crisis matrix

- Recent theoretical developments

Discourses on crisis. Socio-cultural factors (5 hours)

- Socioeconomic factors: mental health, rehabilitation and the labor market

- Discourse studies, discursive psychology

- Cultural issues in Erikson's model

- Discursive suicidology

Connecting the social and the personal

The anthropology of psychosocial crisis. Crisis states understood as rites of transition (5hours)

- The theory of rites of transition

- Identity changes and rites of transition: Major life events

- Liminal and liminoid settings

- Self-destruction as a failure in reintegration

- Psychosocial and spiritual: the myth behind the rite

Crisis: a milestone in personal development

Crisis in the context of existential psychology. (5 hours)

- Theoretical foundations

- The problem of suicide from an existential psychological perspective

- Existential psychology and spirituality

Crisis intervention and suicide prevention. Communication issues. (10 hours)

- Crisis intervention

- Cry for help communication (metaphors, negative code)

- Pre-suicidal syndrome

- Competencies and limitations

A reflective view on the crisis model

Major ideas and concepts that constitute the core message of the module are **highlighted** in the text below. The trainer should **encourage students to discuss their own experiences, the related emotions and attitudes** concerning all these themes.

The crisis model, as a revolutionary idea in the 1940s and 1960s in the treatment of psychological problems, can be traced back to the works of such classics as Hippocrates and Ibn Sina. These classics of medical science have emphasized that there was **an optimal timing of intervention in the moments of danger when the patient benefits the most** from medical assistance.

Modern approaches highlight the **inherent learning experience** that is involved in such states. Caplan's concept on crisis relied on contemporary disease concepts, Freudian theories and General Systems Theory with such notions as "homeostasis", "dynamics", and "equilibrium".

These ideas were complemented but also questioned by the contributions of Erikson (**lifelong development through crisis states, heterostasis** instead of homeostasis) and Bateson (**second order change**, contextual change, "rebirth") Nevertheless, Caplan's holistic contribution on **community mental health** was very constructive and significant. (Bateson, 1972; Caplan cit. Rosen, n.d.; Erikson, 1968)

However, Caplan's classic definition "*an upset in the person's steady state provoked when an individual finds an obstacle to important life goals. This obstacle seems insurmountable, at least for a good while, by use of customary methods of problem solving*" has some important implications. As "customary methods of problem solving" fail, **to acquire new methods (knowledge, coping, reflections etc.)** is a must. The acquisition of new knowledge may be interpreted as the development of mentalization capacity: **Mentalization** is the capacity to understand one's and others' behavior in terms of mental states; and this capacity is related to the development of the *autobiographical stance*, that is, **connecting the person's life events to one's mental states and behavior.** (Fonagy, Gergely, Jurist & Target, 2002)

Crisis states are **universal** as everyone inevitably faces **developmental crises** and some **accidental** ones during the life course; and are most **personal** as one's **identity** is transformed in the process. Whether the person can successfully overcome crisis states depends on one's support system, role models and on personal factors (self-reflection, spirituality). In any crisis state, **social, cultural and personal factors are intertwined**. Understanding these interrelations and adopting a systemic perspective

In the crisis model some important **values** of the helping professions are represented. Crisis intervention is an activity that raises the question of **professional competencies**.

Competencies in the context of the current module

"Competency-based education is an outcome performance approach to curriculum design.

Competencies are measurable practice behaviors that are comprised of knowledge, values, and skills. The goal of the outcome approach is to demonstrate the integration and application of the competencies in practice with individuals, families, groups, organizations, and communities."
Source: http://www.oakland.edu/?id=12951&sid=336

As the above quote reveals, thinking in terms of competencies belongs more to the regulatory discourse than to the liberatory one. Although the current training material is more related to the liberatory discourse methodologically, as the theme itself demands, competencies are about **knowledge, values and skills**: therefore the issue should also be addressed.

The core competencies of social workers are the following (Concepts that have special relevance to the current module are *indented)*:

1. Identification with the social work profession and its core values. Such identification involves *self-reflection* and *self-correction*: both these aspects can be considered as most important resources for the professional. Social workers should be committed to *lifelong learning* (the core message of the crisis model), realize and respect own boundaries and use external developmental resources when needed (consultation, supervision, own *capacity to ask for help* when necessary).

2. Ethical principles will guide professional practice (adherence to code of ethics, emphasizing *empowerment*, tolerating *ambiguity and cultural differences*).

3. *Critical thinking* in professional practice (*analyzing intervention/treatment models*; evaluating evidence, *research-informed practice and practice-informed research, effective communication with other professionals* etc.)

4. Diversity and difference in practice. (Understanding *cultural differences* and temporal differences, and their possible consequences: oppression, marginalization vs. privilege and power. Appreciation of culture-specific *strengths, resources and resilience. Awareness of own stereotypes and prejudices*; work to overcome these prejudices.

5. Advance *human rights* and social and economic justice. (*Understanding*, advocacy, and other actions to advance these goals)

6. Apply knowledge of human behavior and the social environment (Applying relevant conceptual frameworks to guide the process of assessment, intervention, and evaluation; *a systemic view on people and environment*

7. Engagement in policy practice to develop social and economic well-being by *improving social work services*. (feedback from practitioners to policy shapers, collaboration for effective policy implementation and action)

8. Respond to contexts that shape practice. (Providing *relevant social services in an ever-changing social environment*; taking leadership in *promoting constructive changes* and in the improvement of social services.

9. *Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities (empathy, respect for the client's own decisions, empowering attitude, selection of appropriate interventions strategies*, work to achieve organizational goals, *monitoring and evaluation of social work interventions*.

Source: http://www.oakland.edu/?id=12951&sid=336

The international learning environment of the current module is an ideal setting for improving **cultural competence.** Culture is a system of shared and transmitted values, norms and rules that determines culture bearers' worldview, problem-solving strategies and communication patterns. Culture is a symbolic map guiding one's actions.

Studies in cultural competence were motivated by the recognition that *cultural misunderstandings may rapidly lead to fatal consequences* (e.g., in medical settings, but in psychological crisis situations as well). Cultural competence is a precondition for developing *empowering support systems and improving effectiveness and efficiency in social support and in client-helper communication*. Cultural competence is a solid foundation for genuine dialogue, tolerance and respect for each other's values.

A culturally competent professional is aware that every human community has its own culture. Therefore, cultural competence has special relevance when working with national or ethnic minorities, members of alternative communities or sects, but the approach is relevant with groups

identifying themselves by gender, age, employment, education, sexual orientation etc. A culturally competent helper is prepared *to reconstruct and/or transfer her/his previous knowledge to the given cultural setting s/he works in.* To accomplish this task the professional should be able to reflect on own stereotypes concerning the given group and integrate available and relevant information.

Developing all the above competencies is an important goal of the training module. The crisis model of human development raises many different questions and is comprehensive enough to include practically all the aspects of high-level professionalism. The different levels addressed in the module include both the professional's social and personal responsibilities.

Crisis states are life-periods of rapid transformations; witnessing these transformations may fundamentally challenge the professional's previous assumptions concerning the client, his own professional personality and available systems of care. Working with clients in crisis is a continuous exercise in open-mindedness.

The "conscious competence model" (Howell, 1986) was developed to describe the process of learning various competencies. The first level is "unconscious incompetence". Here, the learner is in the state of happy ignorance and does not know that there is something to be learnt. Because of one's overall ignorance there is no motivation to learn anything. The second level is reached when motivations are formed: one can realize that one knows nothing and is prepared to learn as new knowledge is desperately needed to solve one's problems. This leads to the third level of conscious competence when one can understand basic principles and concepts but one has to concentrate to be able to apply them. Practicing will lead to the fourth level when one is unconsciously competent and can perform the given skill without too much concentration. A newer version of the model by was complemented by a fifth stage of "conscious competence of unconscious competence". Some theorists (e.g., Chapman, 2007) term it "reflective competence", "re-conscious-competence" or "enlightened competence" when the person has mastered the given skill; still the person is aware of it and it enables one to teach it to others. At this level one can also realize the personal meaning of the given type of knowledge in one's life and is able to reach transient states of unique creativity, but that does definitely not work on demand. (Kelemen, B. Erdős, 2010)

Methodological implications of the model

The universality of crisis states opens the ground for the students for **experiential, reflective and dialogic learning.** Socio-cultural factors, including issues of mental health, diagnosis, and disorders **entail critical-reflective approaches.**

Suggested methods:

Guided group discussions promoting critical discourse (CD)

Emotional-reflective learning

Bohmian dialogue

Reflective team exercises

Reflective journal

Recommended readings

Assessment: Essay

PART I.

Themes to be discussed:

Critical-reflective evaluation of the crisis model

Discourses on crisis. Socio-cultural factors

Aims:

For these two themes, students should be enabled to practice critical-reflective thinking that involves systematic analysis of knowledges: sources and contexts; everyday vs. expert or professional knowledge; dominant and alternative discourses. (Watkins, 2007)

Students are expected to see how socio-cultural factors influence (develop or delimit) our cognition on:

- Scientific models on order (health) and disorder (depending e.g., on economic development, demand for workforce vs. a high rate of unemployment etc.)

- "Common sense wisdom" or dominant discourses of the society on crisis states

- Alternative community cognitions vs. monolithic truths concerning human problems in the context of power relations

Methods

Critical thinking & discourse studies

Critical thinking is not a mere skill restricted to special situations, but a disposition governing lives and communities. As noted by Paul & Elder (2006, p. 4), "A well-cultivated critical thinker … thinks openmindedly within alternative systems of thought … and communicates effectively with others in figuring out solutions to complex problems."

Scriven & Paul (1987) note:

> Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action. In its exemplary form, it is based on universal intellectual values that transcend subject matter divisions: clarity, accuracy, precision, consistency, relevance, sound evidence, good reasons, depth, breadth, and fairness (Scriven & Paul, 1987).

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Kincheloe (2007) sees decontextualization and dehistoricization as major barriers to critical thinking. Therefore, discursive approaches that connect human cognition (including scientific models) discourse and society may promote critical thinking (Kincheloe, 2007, Van Dijk, 2006)

Critical thinking promotes *autonomy*—the way we think is *influenced* but not *determined* by others (Mejía & Molina, 2007).

Methods of instruction can also be changed to promote critically reflective thinking. Mejía and Molina (2007) refer to Robert Young's (1992) studies on classroom discourse. Most of the genres he could identify do not support critical thinking. To raise some common examples, WDPK (what do pupils know) is an assessment of pupils' *deposits* (according to Paolo Freire's use of the term), and the teacher is in the position of a judge who decides about the merits of students. GWTT (guess what teacher thinks) is a riddle with a single, predefined correct answer of which the teacher is aware. Due to the seemingly "playful" character of GWTT, the student is considered more "active" in the process than is the case with WDPK. FO (finding out) refers to administrative issues. CD (critical discourse) is a rare form when the co-construction of knowledge takes place; neither the answers nor the ways leading to them are predetermined. CD demands the acceptance of many different perspectives and the establishment of a dialogic space for joint problem solving. When applying CD, the teacher assumes that the diversity coming from the different experiences of the participants is a resource rather than a problem to be eliminated. To switch from WDPK and GWTT to CD demands the teacher to assume a different role: a non-judgmental position where deviating views are not only tolerated but are actively encouraged.

Students should prepare for the class by collecting statistical data, examples of "commonsense wisdom", scientific papers arguing for and against of a given model etc. The trainer should be sensitive to examples of hollow rhetoric and all the forms of manipulative discourse (Van Dijk, 2006) and help the students transform these into critical discourse as detailed above.

Proposed themes for CD discussions (Part I.)

Group reflections on the roles and autonomy of both the client and the helper. What does help mean? (empowerment vs. disempowerment; problem talk vs. the strength perspective /Saalebey, 2006/ etc.)

Critical analysis of such concepts, themes and ideas as

"Midlife crisis" or "quarterlife crisis"

Critical psychopathology (Gomory, 2012)

Rehabilitation in times of a socio-economic crisis

Mental health and community support vs. community involvement

PART II

Connecting the social and the personal

The anthropology of psychosocial crisis. Crisis states understood as rites of transition

This topic, as a theme that connects the social, the cultural and the personal, is eligible to lead the students from critical discourse into the world of personal reflections. The theory of **rite of passage** (Van Gennep, 1960, Turner, 1969) is one that evokes students" personal experiences on major life transformations.

Students may confirm the conclusions they arrived at in Part I: that human problems are addressed very differently in different cultures and societies; nevertheless, social facts have their real-life consequences. Comparing the theory of rite of passage to the crisis model will add to students' understandings or own theory building on the theme of the entire module. (Constant comparison is a main method of theory building in qualitative research /Grounded Theory, Corbin&Strauss, 2008/)

Methods: experiential learning (sharing and discussing own experiences in reflective teams, Kagan Interpersonal Recall Process, Kagan 1980; Cashwell, 1994); comparative analysis. Identifying universal and special aspects of the shared experiences.

Kagan's IPR

What do you wish you had said to him/her?

How do you think he/she would have reacted if you had said that?

What would have been the risk in saying what you wanted to say?

If you had the chance now, how might you tell him/her what you are thinking and feeling?

Were there any other thoughts going through your mind?

How did you want the other person to perceive you?

Were those feelings located physically in some part of your body?

Were you aware of any feelings? Does that feeling have any special meaning for you?

What did you want him/her to tell you?

What do you think he/she wanted from you?

Did he/she remind you of anyone in your life?

Source: Cashwell, 1994

Example 1.

Suggested topics for team discussions:

What rites of passages have you experienced? Can you recollect your actions, feelings, the words that were said etc.? Can you identify the liminal phase during the rite? Based on your personal experiences, what is the difference between liminal and liminoid?

Example 2. Comparative analysis

Crisis model	Theory of rite of passage
Personality traits are hardly discernible (final common pathway)	Totality, homogenization
Re-evaluation of previous relationships, conflicts, situational constriction (pre-suicidal syndrome-Ringel)	Suspension of rights and obligations as a family member, diminishing gender differences, loss of status
Ambivalence	Ambivalence and paradoxes
Dependence, relying on others	Passivity, obeying to authorities
The communication of crisis is the crisis of communication	Silence or short ritual texts
Cognitive constriction, poor achievements	Simplicity, "poor in spirit"
Dynamic constriction (PSS-Ringel)	Dominance of pain, grief and acceptance of suffering
Loss of control	Giving up control
Existential-spiritual issues (one's fate, meaning of life etc.)	The person in the cosmic order of the universe

PART III.

This part is about the students' arrival in their own culture from a wider context; and the space is open for personal reflections. (Naturally, in multicultural groups sharing one's own understandings and attitudes are encouraged. Such a group is a most valuable source of common wisdom, e.g. in less individualized cultures Western approaches to crisis states will be understood in a different way.)

Themes

Crisis in the context of existential psychology. Suicide prevention

Crisis intervention. Communication issues.

Methods

Bohm dialogue

The ideas of David Bohm on dialogue can be traced back to Bakthtin's ideas of the transformative and liberating power of dialogue: in a dialogic setting, previous core meanings are questioned and the participants are ready to change their concepts and the related attitudes.

Dialogue is not restricted to the interpersonal sphere but, according to Bohm, is a possible form of cultural transformations and, per definitionem, a source of human creativity.

"...it is proposed that a form of free dialogue may well be one of the most effective ways of investigating the crisis which faces society, and indeed the whole of human nature and consciousness today. Moreover, it may turn out that such a form of free exchange of ideas and information is of fundamental relevance for transforming culture and freeing it of destructive misinformation, so that creativity can be liberated."

http://www.david-bohm.net/dialogue/

The basic principles of such transformative dialogue are the following:

No knowledge can be regarded as some final, unquestionable truth. Therefore, the Bohm dialogue must remain open and the group's aim is NOT to decide on some action to be followed or obligations to be taken. Free sharing of ideas is a priority.

Everyone has the right to own assumptions but own judgments should be suspended during the conversation as one's preconceptions may be a burden on the entire group, delimiting the freedom of thought and sharing. Therefore participants accept an *in-between state* of neither believing nor disbelieving these assumptions. (Such liminal settings may evoke the creative powers of communitas within the group /Turner, 1969/)

Authenticity is a core factor of dialogue – this requirement may be related to Foucault's concept on parrhesia or the well-known professional requirement of congruence in person-centered therapies. Bohm and his associates have simply termed this factor *honesty and transparency.* By the latter he meant that the participant should be willing to share an idea even if it is a bit *controversial* – similarly to what is happening in a therapeutic context.

All the participants are required to join and build on others' previous ideas: the idea does not belong to anyone particularly but is enriched by the common understandings of the entire group.

Bohm highlighted structural equality in the group as a precondition of dialogue. Bohmian dialogue works for the trainer only if s/he is willing to transfer most of her control to the group.

Traditional classroom conversational genres would not work well in such a context. The trainer should not ask any questions where there are no more than one possible answer (please see WDPK and GWTT above). Instead, the teacher should encourage the development of all the ideas even if in her/his own terms (judgments or constructs) these ideas do not seem useful at the moment. Shared understandings enrich the original idea in a way that the whole group, including the instructor, will benefit from it. The Bohmian dialogue is not a place for criticism but for reflection.

Further readings:

Dialogue - A proposal

By David Bohm, Donald Factor and Peter Garrett (1991) http://www.david-bohm.net/dialogue/dialogue_proposal.html

Articles form: http://www.david-bohm.net/dialogue/

The reflecting team is a constructivist approach (Anderson, 1987) to promote human development via shared understandings. It is often applied as a method in supervision. Reflective learning methods and supervision have many features in common, e. g., in both cases the aim is to promote the helper's (student's) professional development by inducing and maintaining reflective processes during learning. One of the main advantages of the reflecting team method is that the trainer can provide feedback for the learner in a non-threatening manner and the focus is on own insights. **In such a setting, the learning process is not a mere colonization of the learner's mind by enforcing some "strange" ideas; but is self-motivated and, this way, it is more natural. Due to the enhanced focus on internalization processes, practicing reflectivity will result a transferable competence.** According to Prest, Darden and Kellar (1990) "Not only are trainees introduced to a multiverse of new ideas and perspectives, it is done in a refreshing context which integrates some of the most challenging ideas in the field." In the original setting, a group of therapists observe part of a therapy session and then they switch places with the therapist – client system. Now members of the supervising team discuss their experiences and ideas on the session and the therapist and the client watch them. When the session is resumed the client and the therapist will discuss what they have heard. In Anderson's view, this creates a unique metaposition for the participants and enriches their perspectives, opening up new alternatives. Such an exchange of roles in any team will deepen one's understandings on others' views; this is why reflecting team exercises are most important when learning is about **human problems, major identity changes and changes in the relational system.**

Example:

Film: Ordinary People (1980, Robert Redford)

Aims:

- raise awareness on issues assessment (danger of suicide, pre-suicidal syndrome, PTSD and crisis) and the related ethical dilemmas of intervention

- identify communication patterns in psychological crisis states (cry for help)

- help students understand that persons who are in trouble are not always "nice", that is, may not be responsive to helper's interactions (Beth) – and discuss the consequences in client-helper systems

- help realize the consequences of suppressed emotions in pathological mourning (parallel loss of positive emotions and danger of loss of impulse control)

- evaluate professional practice and identify core competencies

- students do not only rationally follow steps of crisis intervention but actually *sense* the threat of suicide

- support systems and the alienating-separating nature of ambivalence and mourning

- and be open for any related issues the group raises

"Ordinary People" evokes strong emotions, especially among young people who may have some problems parallel to the ones seen in the film (pathological mourning, the internal conflict of intimacy vs. autonomy, forming one's own identity, problems in the family of origin etc.) The professional helper serves as a most authentic and competent role model for the students.

Proposed format: dialogue (Bohm dialogue, reflective team discussion)

Preferably, mixed groups of 4-5 young men and women (age differences would be an additional benefit). Heterogeneity would make the discussions more dynamic.
Each group discusses the problem from the perspective of a given character ("your character").

The task of the trainer is to encourage the conversation that is on students' emotions and ensure that basic principles of dialogue are met (no "leaders" and excessive polarization of opinion, no final and unquestionable truths etc.)

1. *How do you feel about this film? How do you feel about "your character"? Does s/he remind you of someone you know? In what ways? (**Practicing self-reflection; transference and counter-transference in crisis intervention**)*

2. *Why do "ordinary people" need professional help? (**the crisis model, PTSD, presuicidal syndrome, suppressed emotions…**)*

3. *What kind of help did "your character" receive? What could "your character" learn? (**discovering empowerment; identify steps of crisis intervention; pathological mourning in the family**)*

4. *Is there anything you would have done differently as a helper? Why? What did you like most in the professional's approach? (**reflective professional practice; mentalization; modeling "reflective team supervision"**)*

5. *What changes do you predict in "your character's" life? (**own projections, hopes & the "strength perspective"**)*

Joint dialogue: Integrating students' perspectives and promote their understandings on the relational system by changing roles and perspectives, as described in reflective team practice.

Home assignment: Reflective journal on one of the following themes

1. grief work
2. major identity transformations
3. Presuicidal syndrome
4. cry for help communication

Example 2

Haim Omer and Avshalom C. Elitzur (2001). What Would You Say to the Person on the Roof? A Suicide Prevention Text. Suicide and Life-Threatening Behavior: Vol. 31, No. 2, pp. 129-139.

In this paper, a draft of a crisis intervention text is included. The aim of the authors was to provide helpers with ideas to be shared with a client in the moments of immediate threat of suicide. The text is about the client's probable feelings and dilemmas and addresses issues of unbearable psychological pain and ambivalence. The authors did not want to prescribe what should be said and done in such situations, rather, they share their own thoughts and ideas by showing what they themselves would do as professionals.

After reading the text, students are expected to formulate their personal opinions and questions concerning the text:

1. *How do you feel about this text?* **(Sharing personal reflections; possibly realizing that the help given in crisis states is authentic only when the helper faces her/his own related emotions.** *Some students may have fears; other may have doubts and some may even be angry at the possibility of being exposed to such a situation in real life.***)**

2. *Would you apply it if you were to intervene in such an emergency? What else would you say? Is there anything you would not say and why?* **(Connecting one's own professional knowledge, emotions, experiences and reflections to the text. Reflections, arguments and reconstruction. Active role of the professional. Realizing the personal-relational nature of professional help: that is, protocols must be personalized. The problem of congruence)**

3. *May cultural differences have a role in crisis intervention?* **(Reflecting on cultural differences. Is the "final common pathway" universal or are there any culture-specific features? The problem of helper's self-disclosure in different cultures. Gender differences.)**

Students continue their work in small groups (preferably 3-4 persons). At the end of the exercise they share their ideas with the entire group of students.

Concluding remarks

The aim of the current module is not teaching reflective competence: it may take years or even decades of high-level professional work in practice. The aim is to inform students that there is "something to be learnt", that is, they should be prepared for a lifelong learning process to reach reflective competence in many different fields during their career.

By reflecting on their own experiences in crisis states, students may understand that the dividing line between the client and professional, which they often rely on as beginners, may not be as wide as they previously thought. This is the first major step in practicing empathy; the second step is reflection that differentiates empathy from sympathy. By developing reflective (mentalization) capacity, students are empowered to help their clients in the moments of vital danger.

An international course is an ideal setting to develop cultural competence: reflecting on cultural issues is a most relevant approach here.

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