PRACTICALITIES OF MEDICAL AND PSYCHOLOGICAL COUNSELING: AN UNDENIABLE NECESSITY

Centre Laennec

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As an introduction

When they come to the LAËNNEC Center (Irigny), the great majority of the handicapped trainees encounter various personal problems, either physical or psychological, that disrupt their education in more or less serious ways.

These problems, which we will refer to later, require a medical and psychological formative counseling in order to give the trainees the means to succeed in their education and professional placement.

Thus, the medical and psychological counseling is an incontrovertible necessity, at least as important as the education itself and constitutes the core and true essence of the spirit of the Laënnec Center.

The medical team is made up of the following individuals:

- *Ms. Pascale Chabrier*, nurse and sophrologist
- *Dr. Christian Simonin*, psychiatrist and psychotherapist
- *Ms. Chantal Desmoulins*, educator for the Catharsis Technique (supervises sessions several times a year)
- *Dr. Jean Marc Pelet,* general practitioner.

I. DETAILS AND PSYCHO-MEDICAL CONDITIONS OF THE TRAINEES AT THEIR ARRIVAL AT LAËNNEC:

The various personal problems that confront the trainees can be classified in the following manner:

A. Stress management problems

These problems of stress management appear prominently during the evaluations that regularly punctuate the training. The trainee can fall apart, even if he knows how to respond to the same questions in a practical setting outside of the exam. Changes in the personal life of the trainee (e.g. separation from a spouse, divorce), and that may even transpire during the professional training, are an important source of stress and regularly come up every year, in every class. In effect, the training is experienced as a profound questioning of the functionality of the family unit. Very few trainees and their families are prepared for a spouse's entry into the training.

B. Problems with lack of confidence and assertiveness

Strong experiences of personal suffering create situations in which the trainees suffer hardships.
These automatic behaviors produce the following dysfunctions:

- interpersonal problems related to group life,
- systematic projection of responsibility onto others in difficult situations,
- positioning of self as victim, as "not responsible,
- acting without awareness or in haste,
- lack of autonomy, assistance in everyday life: such individuals expect everything from other people since they are not aware of their own resources and abilities.

C. Problems linked to the individual's history and acceptance of the reality of being handicapped

Denial of the handicap:

When they arrive, the physical handicap has not yet been accepted. This is even truer for individuals who lived alone and who were victims of a work-related accident. These individuals experience powerful resentment towards their former employer and toward society in general.

Emotional and mental fragility:

This fragility harks back to grief over an old career that could not be attained due to a lack of proper support. Thus, we had to guide the trainees to accept the legacy of a situation that was and is still painful.

Marital / familial upheaval:

The family will better accept the handicap if the subject is able to accept his handicap himself and has been legally declared to be disabled before his entry into the re-training program. However, less than 10% of handicaps have been labeled officially disabled at entry into the program. You can guess the amount of medical and psychological counseling that, in these cases, goes into helping the trainee to come to terms with the handicap.

Social and professional repercussions:

A person who has not yet personally accepted his handicap will have less motivation to learn and will have problems concentrating. This will have repercussions on his social life in the center, on his behavior in his section, and greater difficulties to attain his professional title, and will have an insecure professional re-integration.
In professional situations, the individual will be less effective, less engaged in his work, and the risk of pathologies and leave-of-absences will be heightened.

In summary: a higher price to pay for society in general.

II. POSSIBLE COURSES OF ACTION IN THE LAËNNEC REHABILITATION CENTER

Considering the problems detailed above, the team tries very hard to implement improvements in the following areas:

- stress management
- assertiveness
- self-confidence
- improvement of physical state, when possible
- improvement of emotional and psychological state, when possible.

III. OUR INTERNAL RESOURCES

Even though the medical and psychological counseling team is the spearhead of our support actions, other people are equally involved in this common project. *The whole of these resources has an essential counseling role that is not necessarily found in public re-training centers:*

- the team of trainers

In direct and continuous contact with the trainees, the trainer can offer an example to the trainees through his own experience and seniority as a former professional, but also through his know-how. He serves as a frame and a professional role-model (through his technical message).

- the service personnel

The service personnel bring a not-unimportant emotional support but the quality of their work also reminds the trainees of the need to respect the work of others and the general framework of life in the center.

- management and administration

Management and administration brings *real knowledge concerning the trainees. This knowledge is a fundamental element and, without a doubt, the essential character of our institution.*

- the medical and psychological counseling team

- *Dr. Pelet:* general practitioner. He offers somatic and psychological counseling.
- *Ms. Pascale Chabrier:* nurse and sophrologist. She works in the following areas:
  - Provides nursing care, regarded as the entryway into a larger listening role,
  - Knows how to listen to the trainees,
  - Leads sophrology sessions,
  - Co-facilitates group therapy sessions,
  - Educates trainees in issues of hygiene.
- *Dr. Christian Simonin:* psychiatrist, psychotherapist, and behavioral doctor. He is active in the following areas during his weekly visits:
  - Individual counseling for urgent cases,
  - Co-facilitating the group therapy sessions with Ms. Chabrier,
  - Facilitating assertiveness development groups and Catharsis groups. He works together with Chantal Desmoulins, who supervises analysis of drawings made by the trainees.
  - As a counselor, Christian Simonin brings a holistic approach to the difficulties encountered by the trainees.

IV. THE TOOLS USED

The tools are primarily used by the nurse and the behaviorist doctor. Our experience shows that *the successful participation and follow-through of a trainee with a specific tool depends on the personality of the trainee and his psychology, as determined by the behaviorist doctor and the nurse at the beginning of training. Thus it is important to choose the tool that will "stick" with the trainee for the best results.*

- Sophrology:
This takes the form of group sessions with 10-15 individuals and allows for better stress management.

- Group therapy sessions and "photo language":
These are group sessions that allow the trainees to express themselves about their experiences in the group and in the training.

- Individual relational therapy:
Individual therapy aimed to help the trainee overcome a difficult period.

- Assertiveness training:
Aimed at developing social skills, in other words, more confidence in both supportive and difficult social interactions.

- Catharsis Technique:
We experimented with this method in a group of 11 trainees from the Pre-professional Re-training group over a period of 6 months.
We hereby state that this method was used for the first time in a professional re-education center and that the results were very promising and motivated us to continue this experiment.
The Catharsis Method, devised by Dr. Alain Amouyal and Ms. Chantal Desmoulins, consists of listening to certain musical selections while drawing at the same time.
The method effects a real individual "purification", releasing mental and emotional blockages.

V. CONCLUSIONS AND RESULTS

Even though our analysis is still experimental, we can already clearly measure the following effects:
In a general manner, whether it is with sophrology, assertiveness training, or the Catharsis method, the trainees are better able to manage their stress (e.g. in situations of evaluation, etc.). They become aware of their responsibilities when confronted with the events of life. They are better able to accept difficulties that may appear in their interactions with others. They are better able to accept their handicap by becoming conscious of newly acquired abilities to adapt.
It is clear, after 6 months of experiments, which these tools develop increased self-confidence that will be used by the trainees in their interpersonal interactions, whether professional or private.
We confirm that all the trainees in the center were subject to psychological testing that should allow us to gather valuable information (in 2 more years) on the best method to follow and support the trainees, as well as on the appropriateness of the tool used based on the personality of each trainee. An appropriate tool for one person might not be for another.

Along with this educational counseling, a personalized psychological support envisioned for the future….

As far as precise results obtained with the Catharsis method go, after 6 months of use, we were able to confirm the following changes. Out of 11 trainees forming a Catharsis group, one person refused to confront their personal anguish and to work on themselves (thus creating a "false" self-confidence) and 10 individuals experienced significant results in the following areas:

The trainees experience an increased ability to open to others and improved communication, especially in regard to other members of their Catharsis group and their pre-professional re-training group.
The trainees were themselves surprised by their new-found ability to open up. They experience better understanding and acceptance of where they are at and what they have been through. Thanks to the Catharsis technique, their scholastic ability is improved, as is their ability to make good use of their intellectual capacities.

The combination of the Catharsis Technique with the scholastic re-education program certainly made it possible to meet the requirements for the trainees' re-education in a more efficient manner.

The Catharsis Technique, in order to be fully effective, should be used as a complement to a scholastic or technical apprenticeship. The trainees are better able to manage their stress, are more relaxed, and are less fearful of final exams, which is fairly unusual here at the Laennec Center. In fact, the end-of-year stress around the final examination was significant and had never been the subject of a special supportive structure.
The catharsis group created a secure base, a homogenous group, respectful of each of the members of the group.
They learned to listen to others and to be able to minimize their own suffering, thanks to the overall group cohesion.
It is a fact that this same group will probably remain noticeably unchanged in the service-area qualifying training, hence a better quality of spirit and motivation to participate in the training.
Even though the trainees were a little skeptical or even resistant at the beginning, they slowly became enthusiastic and self-assured (observed in their posture, clothing, speech, eye contact, etc….). They adopted more professional behavior and demeanor, fitting to their future situations.
This confident and professional demeanor, so difficult to teach, is one of the determining criteria for recruitment, especially in service, hospitality, and sales sector jobs.

V. FUTURE PROJECTS

Almost without exception, the trainees were pleased with this support structure, and a majority of the trainees wanted to continue the work in their future training sessions and even outside the context of the Center.
Unfortunately, the limited availability of the nurse and the behaviorist makes it difficult for us to plan for an extension of this work to all training sections.
This limitation notwithstanding, this work remains a priority within the context of the pre-professional re-training section, where the trainees are still in the middle of their social reconstruction.
The goal of the re-habilitation clearly reaches far beyond a simple scholastic goal, but encompasses the holistic reconstruction of the individual.

Pierre SALVETTI,
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