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Introduction

During the last 15 years, psychosocial counsellors have been trained in many conflict areas. Training methods have been improved and become more skill-oriented. The content of training courses has become better attuned to local cultures. As a result, counselling has become a useful addition to other interventions aimed at communities affected by armed conflict; especially in situations where counselling was embedded in a broader healing environment.

However, in many areas where counselling was trained, this approach has not yet become a regular item in the forms of care and assistance available for people in distress. Why not?

The issue of Intervention opens with an article by Jordan & Sharma in which this matter is discussed thoroughly. Taking Nepal as an example, they describe the difficulties that may interfere with efforts aimed at giving psychosocial programmes a permanent place, and describe the steps that need to be taken in order make counselling a permanent provision.

Three articles in this issue (Scholte et al.; Sliep; Mogapi) are based on the experience of field workers in conflict areas. Scholte, Van der Put & De Jong describe a working model for psychosocial intervention for refugees living in camps in low income countries, aimed at social re-integration of individuals with psychosocial problems. The model was applied in pilot programmes in camps in Rwanda, Tanzania and Zaire.

Sliep, who published before in Intervention on the use of Narrative Theatre, this time discusses the skills needed by facilitators. She stresses the importance of structural support in terms of management, supervision in the

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field and on-going training for these facilitators and describes an example from the field.

The field report by Mogapi is inspired by findings from a support group for ex-combatants in South Africa. She concludes that the main themes from the support group suggest that most of the sufferings that ex-combatants experience are due to the lack of psychological interventions offered to them, their families and communities, rather than to living with the war memories.

The articles by Loar and Van der Weem originated from the experience of these Western mental health workers with refugees from conflict areas. Both describe their working methods, which could be inspiring for field workers in conflict areas. Loar describes a few easy and inexpensive interventions that can improve parent-child interaction. The activities described can be carried out in war zones and refugee camps that lack toys and supplies for children. The field report by Van der Weem – de Jong describes a therapeutic training course suitable for traumatised adolescent refugees, aimed at coping with nightmares. The training connects directly with the complaints and symptoms of these refugees. As a result they feel less helpless. Sometimes this training becomes a point of departure for therapy during which traumatic experiences are discussed.

This issue closes with two letters to the Editor, with reactions by readers to an article published in Intervention 2.2 on therapy for traumatised refugees in the Nakivale refugee camp in Uganda.

The Editorial Board hopes that readers will continue to send in their reactions to articles published in Intervention.

Guus van der Veer