

Power and ethics in psychosocial counselling: reflections on the experience of an international NGO providing services for Iraqi refugees in Jordan

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This paper reflects on some of the moral dilemmas inherent in the provision of counselling for Iraqi refugees by highlighting the day-to-day experiences of psychosocial counsellors employed by an international nongovernmental organization (INGO) in Jordan. It is argued that the lack of clarity in role, short term recruitment policies, confused demands on INGOs and the complexity of the political situation of Iraqis in Jordan contribute to profound, and often insoluble, moral dilemmas for local staff charged with providing front line counselling services. These dilemmas are rarely discussed explicitly, but permeate every aspect of the refugee and counsellor interaction. Having identified the issues raised, specific suggestions as to how they may be addressed are put forward.

Keywords: psychosocial counselling, Jordan, refugees, assessment of INGO services

Introduction

This paper stems from work undertaken by the author as part of a review of programmes for Iraqi refugees provided by an international non governmental organization (INGO) in Jordan. The review included office and management systems, training centres and other aspects of the programmes. However, this paper focuses

specifically on the provision of psychosocial counselling. Methodology included field visits, direct observation, meetings with staff and partners, and a reflective workshop for all counsellors.

Political context

According to the International Crisis Group (2008), up to five million Iraqis have now abandoned their homes. Half remain internally displaced within Iraq, half have fled to neighbouring countries. Jordan and Syria have taken in the greatest number of refugees and the FAFO Research Foundation estimates that there are now between 450 000–500 000 Iraqis resident in Jordan (FAFO, 2007). Neither Jordan nor Syria is a signatory to the 1951 UN Refugee Convention, and therefore neither is under any legal obligation to recognize or confer refugee status. The United Nations High Commissioner for Refugees (UNHCR) operates under a Memorandum of Understanding with the Government of Jordan (GoJ) that enables only those that arrived prior to 2003 to register as refugees. Those who have arrived after 2003 are registered as ‘asylum seekers’. Under this status, Iraqis are not allowed to work and their rights to health and education are granted by special dispensation of the state, rather than their rights as refugees.

In spite of these restrictions, the Government of Jordan and the Jordanian population at large have, over the last four years, extended enormous generosity, with Iraq refugees being considered *'guests'*. However, given Jordan's history with Palestinian refugees, there are well founded fears that the Iraqis may not leave, and that the already stretched resources will be pushed to collapse in providing for the newcomers. The influx of large numbers of Iraqi refugees is a strain on the Jordan government and the nation's scarce resources and ageing infrastructure. The hospitality of the host communities in many areas is waning, and Iraqis are increasingly being blamed for rising property prices and the cost of living.

These concerns manifest themselves in a number of ways: restrictions on those entering Jordan from Iraq; residence permits are possible only with significant private funding; access to services is intermittent; and working is illegal. Most Iraqis therefore, remain in Jordan illegally: their initial three-month stay visas having expired. They risk arrest if they work and are highly vulnerable to exploitation.

The Iraqis that have arrived in the last three years come from all social classes, religions and ethnic groups (Jayawickrama & Gilbert, 2007). However, the majority are either middle class or poor, with dwindling resources, little or no access to employment, and are living in cramped, often squalid, conditions in East Amman. Assessments have revealed the confined nature of much of daily life. Salem-Pickartz (2007) found that four out of five people spent time watching TV, and only 5% were involved in activities outside the house. CDC-Mercy Corps (2007) found that 77% of their respondents spent their time sleeping and watching TV. The daily life of very many Iraqis reflects both isolation and grief¹.

Remit of international nongovernmental organizations

Due to the lack of legal obligation to give refugee status to those seeking refuge in Jordan from Iraq, a significant proportion of services and support has been provided by the UNHCR and a small number of INGOs. However, since 2006/7 the size of the problem has had to be acknowledged. As a result, there have been increases in funding and response interest, and the number of INGOs operating in Jordan has increased significantly. Assessment reports reveal considerable consensus regarding the overall situation of Iraqis in Jordan:

- Many Iraqis live in poverty without access to basic services.
- There is an absence of durable solutions and therefore an inability to plan for the future.
- The plight of men and male adolescents is a particular cause for concern, due to fundamental changes in roles within the family, and lack of access to employment and education.
- The absence of legal status creates a climate of fear and prevents Iraqis forming support networks that would enable them to care for their own communities.
- The lack of social fabric makes it difficult to organize efficient outreach provision.
- The lack of a reliable referral system has prevented comprehensive and holistic responses, with programmes tending to be compartmentalized: health, education, non food items, etc.
- Women are increasingly subject to domestic violence and sexual harassment, while the stress and burden of caring for the family often rests with the women.
- It is considered *'shameful'* and *'disrespectful'* for many women to express emotions

outwardly, and prayer and religious belief are used as significant coping mechanisms.

In terms of recommendations, most reports highlight the following:

- The need for the greater development of specialist mental health services;
- Increased outreach provision;
- Greater community involvement;
- Improved case management (to enable appropriate support to be given for complex and multiple problems);
- Improved systems of referral;
- Increased coordination between INGOs and all organizations;
- Greater utilization of strengths and skills of the Iraqi population and involvement in the design of projects for them;
- Setting up more safe spaces for children and families; and
- Expansion of peer counselling programmes.

Assessment reports also outline the limited government provision in Jordan in terms of mental health services, as well as the scarcity of mental health professionals.

Definition of terms

The definition of terms within mental health and psychosocial programmes has been the subject of continuous debate for many years². Due to the limitations of space, no further contributions to this debate will be made, but difficulties arising from confusion in definition of terms within Jordan will be highlighted. The terms *'counselor'* and *'counselling'* are particularly problematic. Almost all INGOs describe conversations with refugees as *'counselling'*. This makes it extremely difficult to understand what is exactly taking place, and to

identify the small number of highly experienced, professionally trained counsellors within Jordan.

IOM (2008: 12) lists the work of INGOs in Jordan as follows:

- "CARE provides psychosocial counselling and rehabilitation activities;
- Mercy Corps is offering basic counselling through Community Development Centres;
- International Rescue Committee is currently carrying out a psychosocial assessment and has planned to establish a mobile unit for basic counselling;
- World Vision is providing basic counselling to the Iraqi community;
- WHO have planned training on specialized counselling;
- International Medical Corps will be offering in the next months training on mental health for general health practitioners."

In addition to the generalized use of the word *'counselling'*, the following terms are taken from INGO assessment reports in Jordan:

'psychosocial worker'; 'intensive psychosocial training'; 'psychosocial uneasiness'; 'resilience'; 'post traumatic stress syndrome (PTSD)'; 'psychotherapy'; 'psychosocial support'; 'retraumatized'; 'short term mental health interventions'; 'social counselling'; 'psychosocial activities'; and 'durable psychological well being.'

All of these terms were used without being defined.

In addition to confusion in terminology, also of great concern is that very few studies have reviewed traditional coping strategies. The author is unaware of any unique approaches

to psychological help which have been developed specifically for Iraqi refugees. A number of professionals providing assistance to Iraqis in Jordan have also commented informally on the limitations of Western frameworks for understanding *ongoing* unresolved 'trauma' (personal communications). Some have also expressed the view that a heavy emphasis on Western modes of intervention/help may actively inhibit the creativity necessary to respond to the uniqueness of the situation of Iraqi refugees in Jordan.

To illustrate, some INGO reports in Jordan prioritize the percentage and type of 'symptoms' of emotional distress. For example, one INGO survey identified the problems of refugees as stress (64%), violence (22%), grief (21%) and depression (21%). While there are understandable levels of emotional distress within the refugee population, these sorts of statistics must be approached with extreme caution. If normal reactions to distress are presented as 'mental health problems', which then require 'treatment', there is a grave danger that funding may only be allocated to mental health services, and that basic subsistence, community and psychosocial approaches may therefore be neglected. Given the exceptionally difficult circumstances in which people live, with so little capacity to plan for a future, fear, a sense of hopelessness and helplessness, a loss of control, anger and frustration, low self esteem, emotional difficulties and behavioural problems, are common and *normal* reactions. The author is not aware of any report to date, which has commented on what might constitute 'psychological wellbeing' in the highly abnormal circumstances in which most Iraqis live.

Below two case studies are presented to help illustrate the living situation for many Iraqi refugees.

Case study 1 *Salwa, is a mother caring for four children, the eldest, aged 21, mentally handicapped. Her husband was killed in Iraq, and she has been in Jordan for four years. She was pleased that her younger children now attend school, and she has had one 'resettlement interview' with UNHCR. She has debts of JD 200, her rent and electricity is JD 80 per month and she receives JD 170 per month from the INGO. She did receive food packages, but the budget has come to an end so she no longer receives them.*

A visit from the field counsellors was undertaken to assess whether there had been any change in her circumstances.

Case study 2 *Fatima has one handicapped child and three other sons. She was last seen by the field counsellors six months previously, and this visit was to reassess her circumstances. On the visit last year she was in a room with no furniture, and was extremely distressed. She has also been in Jordan for four years. Her husband is 'missing' and her brother-in-law was killed because he was a translator. Now she has furniture and her sons are in school. Her handicapped son is overweight and spends all his time in the same two rooms.*

For both of these, and many other families, daily life is severely constrained by lack of funds. Financial assistance and non food items are a lifeline.

Provision of psychosocial counselling for Iraqi refugees

The information in this section has been collated from the author's direct observations, interviews with staff, a reflective workshop and feedback from focus groups of Iraqi refugees. The INGO described in this paper has counselling centres in Amman and employs 20 counsellors. At the time of the review, only three counsellors had worked with the organization for more than nine months. Most had been employed for six months or less. Counsellors came from a variety of backgrounds, including the commercial sector. A small number had previous counselling experience and a significant number (eight) had previously worked as teachers. Due to the difficulties in obtaining long term funding, staff are employed on short term contracts as either 'office' or 'field' counsellors.

Day to day work

Office counsellors.

Office counsellors are expected to see five to eight cases per day, four days per week. However, in practice, many see a greater number. Their primary role is assessment in terms of financial assistance and non food items, using a standard assessment form. They also provide 'psychosocial counselling', information and referral to other agencies. As the primary task is to complete the form, the opportunities for refugees to talk explicitly about more difficult emotional problems may be restricted. Counsellors were unanimous in saying that the refugees who attended for interviews were most in need of financial assistance and non food items. Other priorities included: resettlement, education for their children (particularly higher education as this is not available to Iraqis in Jordan), work, fear of deportation, poor housing, and rejection/non acceptance by

Jordanians. In the counsellors' experience psychological problems were less common, but this may also be due to the 'script' of the interviews.

Field counsellors

Field counsellors are allocated to particular geographical areas, and work in pairs with a driver. They receive direct referrals from the staff at the counselling centres. These include those who cannot visit the office, as well as follow up visits for those who have already visited an office counsellor to check on information provided, and they also carry out reassessments to check for changes in circumstances. (At the time of this review, they were also making assessments for reductions in financial assistance due to project funds having been spent.) There is an expectation among the counsellors and their managers that field based counsellors see a greater number of people. This has an impact, not only on the time available for each case, but is also unrealistic because of the time needed to find particular dwellings, given the density of housing and the lack of clear street addresses. The pressure to transcribe all information electronically also impacts on the stress experienced by counsellors. As most counsellors are under 25 and female, they are also vulnerable to insults on the street from men and boys. The driver's role is therefore crucial, providing protection as well as support, and skills and knowledge when trying to find particular dwellings in densely populated areas.

Senior counsellors

Senior counsellors spend a significant amount of time checking the basic needs assessment forms that the counsellors have completed. While their objective is to ensure that the recommendations for assistance can be met through existing funding, they, in fact, spend considerable time correcting and editing the English. Senior counsellors

feel frustrated by this, and it is an inefficient and a wasteful use of their time and skills.

Referrals

Of the 6500 families seen in 2007, outgoing referrals for more intensive psychological therapy are estimated at 2600 families. Yet, only 150 of these families are actually receiving services. In the view of the counsellors, some of the families only attend two or three sessions in order to receive a psychological report to use in their resettlement case with UNHCR. Furthermore, counsellors are not sufficiently qualified to deal with *severe trauma* and there is no established referral system due to lack of capacity in Jordan.

Reflection: the counsellors' experience of their work

A day of reflection was designed and facilitated by the author – an opportunity much valued by the counsellors. The workshop gave everyone a chance to express their views regarding their work and their perceptions of the refugees' situation³. Overall, counsellors were very committed and sympathetic to the refugees' situations. Many experienced distress at the helplessness of the refugees, and at not being able to offer more help.

'It hurts my heart to see families with young children and see the helplessness on the parents' faces that they cannot offer their children basic things and decent food and clothing'

'I feel with the refugees' problems, which is mostly their lack of a decent life and the limitation in money and income.'

'It hurts deeply I see that an ancient civilization has been ended and its people scattered everywhere'

Some specific difficulties identified were having to carry out reassessments due to reduction in funds and being blamed by refugees for the lack of further funding. Counsellors also had to tell refugees attending the centre for the first time that they could *'only'* provide counselling. This situation caused great anguish for most counsellors as they felt they were going back on promises and commitments already made.

'Most of the refugees come for financial assistance. When I explain to them that we are here for psychosocial help (which we are not very qualified for, by the way) the refugees lash out at us, and their frustration grows on me. The refugees are not aware that I don't own all the magical solutions for their problems, and that I myself work under the organizations laws and rules.'

Many counsellors felt unable to provide sufficient help and found it difficult to deal with the resulting frustration and anger of the refugees.

'At the beginning I used to love what I am doing very much and felt rewarded every day by seeing the smile I put on the refugees' faces, but after the recent changes when the financial help became limited, and I am supposed to cut even most of the people I already started helping, I feel very frustrated and I find it difficult to take all the abuse (verbal) and frustration from refugees.'

Several counsellors considered that they were insufficiently trained for the work they had to do.

'I am undergoing a lot of stress from work and would appreciate a training for stress management. My educational background is not related to my work. I am doing well in it'

though, but I think now, since almost all financial help (which is what they really need) is finished, I need to have more specific training in psychotherapy as I am not really qualified for it.

Other difficulties identified included: perceived lack of support and understanding from managers, lack of a comprehensive database system to retrieve information, team difficulties due to the diversity in counsellors' skills and experience, as well as the emotional toll on counsellors' themselves. In spite of all the difficulties, counsellors experienced satisfaction in being able to provide assistance and establish a 'humane' relationship. They were particularly encouraged when refugees expressed gratitude, rather than anger.

'That I can make a difference in people's lives, even if I only listened to them and smiled at their faces, and make them feel that I am ready to listen to them and help them, hearing their thanks and appreciation makes me feel good.'

'When a refugee tells me: I don't want anything from you, I just need someone to listen to me.'

Ethical dilemmas

Complex ethical dilemmas affect both the INGO and the work of the counsellors. Some of these dilemmas relate to the helplessness they all feel regarding the socio-political situation. Iraqi refugees in Jordan are seen as 'temporary', but many have now been resident for at least four years. Their savings and resources have dwindled and it is still not possible for them to legally work to support themselves and their families. Issues relating to maintaining funding for the provision of basic financial

assistance are complex. Front line staff are confronted by all of these dilemmas on a daily basis.

Role and task confusion

There is confusion within the INGO whether to prioritize assessment for the provision of financial assistance, or to provide 'psychosocial counselling'. This confusion is exacerbated by the fact that some donors are unwilling to provide funds for desperately needed financial assistance, but will provide funds for 'psychosocial counselling'. The confusion within the INGO regarding the role of counsellors also means that the counsellors themselves are confused about their role. Counsellors spend most of their time assessing families and individuals for basic needs and financial assistance, but yet their job is described as 'psychosocial counsellor'. This dual role produces a potential 'conflict of interest' within their work, increasing the stress of an already stressful job.

'If it is financial assistance, why am I called a counsellor? If I am a counsellor, I have not had the training to be competent.'

This confusion of role also has a negative impact on the perceptions of other agencies who assume that the 'psychosocial counsellors' have a higher level of competence and capacity than is the case, and of Iraqis who have expectations of the INGO for financial assistance that cannot be fully met.

Therapeutic relationship

Counselling is a Western concept with specific underlying assumptions. The counsellor is expected to provide empathy, genuineness and unconditional positive regard. It is assumed that, with the provision of these

conditions, self healing and the fulfilment of potential can take place. The notion of self actualization is fundamental to counselling theory. In situations of acute powerlessness where choices are extremely limited, as is the case with the majority of Iraqis in Jordan, what may need to be provided is *'sympathetic listening'*, rather than counselling.

If the aim is to build a therapeutic relationship, it is confusing for both counsellor and refugee that the same person has the power to give or withhold financial assistance, as well as provide emotional support. Asking people for specific information to complete an assessment form can be counter to the development of a therapeutic relationship. While the need to complete the form can limit the counsellor's time/capacity to attend to emotional issues.

People whose basic needs are not met will not be receptive to counselling. Basic needs must come first. Refugees who need financial assistance can become aggressive when told only *'psychosocial counselling'* is available. Reduced availability of financial assistance puts all staff in the difficult position of having to say no. This breaks previously established relationships of trust, and is not conducive to a therapeutic relationship.

Training

Assessment for basic needs *does* require skilled interviewing techniques. However, interviewing is not the same as providing counselling, and it is not appropriate for those in emotional distress or who have complex psychological problems. If contracts for counsellors can only be for a maximum of 12 months, as a result of donors not funding longer term projects, it is not cost effective for the INGO to invest in expensive and high levels of training. Short term contracts also encourage younger applicants,

rather than those who may be more experienced, to apply.

Supervision and support

Most of the support given to counsellors is in response to practical difficulties. There is no systematic supervision system to help counsellors deal with the emotional consequences of their work. This is particularly difficult for those who currently are having to break previously established trusting relationships with refugees. Those counsellors struggling emotionally tend not to tell others, and/or feel a sense of *'failure'*.

Language

Interviews are in Arabic, but internal and external reporting requires that the electronic record be in English. This is a struggle for many counsellors, and the numbers of interviews to be transcribed accumulate rapidly.

Power

Many Iraqis are desperate for basic subsistence, but are very embarrassed to ask for help. Many had previously significant status and a high standard of living in Iraq, but hopes of returning to this previous life have faded. Counsellors have achieved job satisfaction by having the power to make a difference. The present situation, when financial assistance is no longer available, engenders feelings of powerlessness in the counsellors and disappointment and frustration in many Iraqis whose resources are quickly running out.

What needs to change?

There are many dilemmas presented here which have to be accepted as a reflection of a very complex situation. However, specific changes were suggested, both by the counsellors themselves and the consultants, many of which the INGO has already implemented. The recommendations presented here only refer to the provision of

psychosocial counselling and may be relevant for settings outside Jordan.

1. *Prioritise the assessment and provision of financial assistance*

The first layer of the intervention pyramid in the *IASC Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings* (IASC, 2007) implies the basic activities necessary for psychosocial wellbeing, such as primary health care services, work and other sources of income, nutrition, basic information, legal position and shelter. Although it seems obvious that the first priority is basic survival – food, water and shelter – this seems more difficult to acknowledge within the environment of a bustling modern city such as Amman. Iraqi refugees living in desperate poverty are only a short distance from modern hotels and expensive shopping malls. Counsellors are observing a severe deterioration in people's livelihoods, as a result of lack of employment opportunities. This is confirmed by all recent assessments that state that the resources which were available to some of the Iraqis on arrival in Jordan has now been exhausted. Thus increasingly, the Iraqi refugees in Jordan are dependant on the provision of assistance for survival. International organizations need to continue advocacy for additional funding for financial assistance, and the *Inter-agency Technical Advice Mental Health and Psychosocial Support for displaced Iraqis in Jordan*, a joint document endorsed by twelve international organizations (UN agencies and INGOs) active in Jordan in May 2008, also stresses basic needs be met.

2. *Separate the functions of assessment and provision of financial assistance, and the provision of counselling*

In relation to the conflict of interest currently being experienced by the counsellors in this INGO, it is essential to separate financial assessment from counselling and to clarify the tasks being undertaken. However, it must also be recognized that assessment for basic needs and identification of those who may require other services *does* require skilled, sensitive and supportive interviewing techniques. There is a risk that the role of assessment for financial assistance may prove less attractive to some staff and may be insufficiently valued by other staff, as well as within the INGO.

3. *Clarify the role/responsibilities of counsellors*

If the functions of assessment for basic needs and counselling were separated it would then be possible to utilize the expertise within the counselling teams more effectively.

The majority could maintain the essential primary role of assessment and provision of basic needs, and those who were more experienced as counsellors could provide dedicated counselling services. Job descriptions would need to be revised to more accurately list and reflect the skills and experience needed.

4. *Develop clear guidelines for referrals to other agencies for further psychological support*

A number of assessment reports recommended the development of *'case management'*. This would ensure that the INGO had clear guidelines for referral to other agencies and to ensure that those with complex needs could access the necessary range of services, including psychological support. (Since the work described here, the INGO has appointed six case managers (a new role) and a training programme is being designed by the author.)

5. *Provide support and supervision to deal with the emotional stress of front line staff*

Present team meetings focus mainly on 'business' and administrative issues.

All front line staff would benefit from:

- Sessions on dealing with their own responses due to their constant exposure to refugees' difficulties, particularly in relation to field visits.
- Sessions on dealing with the anger and frustration expressed by refugees.
- The setting up of personal supervision/support systems.

6. *Minimize the time front line staff spend on certain tasks*

Staff in the front line of interaction with Iraqi refugees come under huge emotional stress/distress as a result of trying to respond to Iraqi queries and needs, as well as often bearing the brunt of the refugees' anger and frustration. If an information pack with basic descriptions, contact details and maps of all services accessible to refugees in Jordan were available, it could be distributed by all front line staff. This would greatly assist refugees in making informed choices about where to go for specific assistance, and significantly reduce the time staff currently spends on giving this information. This recommendation has now been implemented.

7. *Set up a dedicated counselling unit*

The IASC Guidelines on MHPSS in Emergency Settings stresses the need for the provision of services on all levels of the intervention pyramid. The absence of services on the level of 'specialized services' is recognized as a particular difficulty by most INGOs working in Jordan (Horn & Strang, 2008). On a day-to-day basis, this means that less experienced counsellors have very limited referral options, if any, for those with more complex psycho-

logical difficulties. To address this gap and as a contribution to developing local capacity, a dedicated unit for psycho-social counselling could be set up. This would involve identification of more experienced counsellors, investment in further training and major restructuring for the INGO. It could have significant advantages, such as those identified by staff as needing supportive counselling could be referred 'in house'. Advice, support and training to all other units within the INGO could be provided, e.g. interview techniques, management of 'difficult' situations, and discussion of cases when required. Personnel from the unit could make specific links with partners, both to ensure case management for complex cases, and to assess capacity and criteria for referrals to these organizations.

Concluding comments

Through a description of some elements of a complex review of services provided by an INGO, this paper has attempted to highlight some of the ethical dilemmas of providing counselling to Iraqi refugees in Jordan. The influence of the present political situation where the majority of Iraqis do not have legal status and INGOs have to negotiate sensitive relationships with the Jordanian government on the provision of basic services is profound, and cannot be accurately reflected here. The irresolvable nature of the situation, the powerlessness felt by most of those working with refugees, and the ever decreasing personal resources of many Iraqis during the last four years means that the provision of basic subsistence must take priority. As an ever greater number of INGOs work in Jordan, it is essential that clarity between the provision of counselling and the assessment for financial help is maintained.

References

- Ager, A., Strang, A. & Wessells, M. (2006). Integrating psychosocial issues in humanitarian and development assistance: a response to Williamson and Robinson. *Intervention*, 4, 29-31.
- CDC-Mercy Corps (2007). *East Amman Survey of Iraqis*. Amman: CDC & Mercy Corps.
- FAFO (2007). *Iraqis in Jordan: their number and characteristics*. Available at: <http://www.fafo.no/ais/mideast/jordan/IJ.pdf>.
- Horn, R. & Strang, A. (2008). A Jordanian case study: the implementation of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. *Intervention*, 6, 291-293.
- International Organization for Migration (IOM) (2008). *Assessment on psychosocial needs of Iraqis displaced in Jordan and Lebanon*.
- International Crisis Group (2008). *Failed responsibility: Iraqi refugees in Syria, Jordan and Lebanon*.
- Inter-Agency Standing Committee (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva: Author. Available at: <http://www.humanitarianinfo.org/iasc/content/products>.
- Jayawickrama, J. & Gilbert, J. (2007). *Responding to the mental health and well being of refugees in Jordan: challenges for systems, organizations and staff. Report prepared for UNHCR and Northumbria University, UK* (unpublished document, available from author on request).
- Salem-Pickartz, J. (2007). *Survey of living conditions among Iraqi refugees in Amman*. Unpublished document.
- van Ommeren, M., Morris, J. & Shekhar, S. (2006). Integrated programme planning and psychosocial concepts in humanitarian response: a response to Williamson and Robinson. *Intervention*, 4, 26-28.
- Williamson, J. & Robinson, M. (2006). Psychosocial interventions, or integrated programming for well-being? *Intervention*, 4, 4-25.

¹ Information on daily life and coping strategies from this assessment is not included here, but is available from the author.

² See Williamson & Robinson, 2006; van Ommeren et al., 2006; Ager et al., 2006) for an overview of the issues and IASC Guidelines on Mental Health and Psychosocial Support (2007) for current thinking and terminology.

³ Only part of the collation of the workshop tasks is presented here (more information on structure and outcomes is available from the author).

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