

Training trainers for counsellors and psychosocial workers in areas of armed conflict: some basic principles

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Training counsellors, or psychosocial workers, in areas of armed conflict requires an explicit vision of the relationship between the educational methods used by the trainer, and the main messages of the training. This article describes the educational methods, subject matter and main messages of contact-oriented training of trainers for counsellors or psychosocial workers. The approach described herein is an interactive process in which the participants and the trainer become engaged in through personal contact. It is this contact that helps both parties develop their expertise.

Keywords: contact-oriented training, development of expertise, grass-root counsellors, main message of a training, psychosocial workers, training methods

Academic training versus a contact-oriented approach

Academic, subject matter-oriented training. In western countries, counselling and psychosocial work is taught at universities and institutes of higher education. During years of academic training, the students learn about therapeutic techniques and the theoretical background of these techniques. They exercise these techniques in practice, under supervision. The trainers and teachers involved tend to focus more on the subject matter conveyed during the training than on the quality of the contact with their students. Using their own life experience and their personal style

as an instrument in educating others is often overlooked as a possible tool.

This approach to training implicitly conveys the following messages.

1. Counselling and psychosocial work help because they are forms of applying academic, theoretical knowledge in practice; not because they provide personal encounters between human beings in which the counsellor's personality is his main instrument.
2. The essence of counselling and psychosocial work is the use of theoretically founded and evidence-based psychotherapeutic techniques; not the opportunities offered to the client for the corrective emotional experiences of feeling respected and understood by another human being.

The contact-oriented approach. Some authors argue that the importance of therapeutic techniques has been over-rated, and that the quality of the contact that develops between the helping professional and the client determines the effect of helping processes (van der Veer & vanWaning, 2004). A helping process can only become effective when the professional helper and the client experience the contact between them as personal and meaningful.

Specific therapeutic techniques may contribute to the development of such a meaningful contact, and in that sense they are useful, but they are not the primary focus. Training

for professional helpers should therefore focus primarily on developing an openness to meaningful personal contact with relative strangers. The use of specific therapeutic techniques should come second. This approach could be characterized as a 'contact-focused' training.

When departing from this approach, the trainer tries to create a safe, therapeutic space during the training sessions in which the participants can share their personal problems, as well as their already available skills for helping others. An academic training comprising primarily theory and techniques could be seen as counter to a contact-focused approach and easily tempt the participants to keep too far a distance between them and their future clients.

Combining both approaches to training. In areas of armed conflict, there is simply no opportunity to provide years of academic training to counsellors and psychosocial workers. In such cases, a contact-focused approach is a useful alternative because it departs from a basis of already existing human skills for helping others. It also teaches the participants to learn from their own, already available, life experience. Often, however, some trainers of counsellors and psychosocial workers still try to provide slimmed down versions of their own academic training. They attempt to transfer theoretical knowledge without connecting it to the experiential world of the participants, and to train therapeutic skills without anchoring them in the existing skills of the participants.

A few years ago, I was invited to contribute to a training of trainers of psychosocial workers in a conflict area. The training had already started, was planned to last for a year, and the 20 participants met 5 days per week full time. They all were university graduates, who had just finished their studies, and their future task was to train psycho-

social workers. When I asked the organizers of the training what exactly they wanted me to do, they told me that the programme so far included various subjects such as: psychology, mental health and psychopathology. Presently they needed a trainer who could fill in a gap in the schedule for 1 day a week in which counselling should be the main subject.

When I started the training, the trainees were sitting in rows; the first row was empty. I invited the participants to sit in a circle. After introductions I asked them to inform me of the problems of the local population. I have experienced such discussions with numerous groups in diverging areas. Usually, the participants easily follow my suggestion to discuss the problems they have observed in their own social environment: the problems of friends, neighbours, relatives or themselves. But with this group, the discussions were held in general, abstract terms. Moreover, the atmosphere was competitive, not mutually supportive. Some of the participants actually tried to ridicule the remarks of their peers.

In order to make things more concrete, I tried to engage some of the participants in a demonstration role-play, in which they would play a person they knew with a problem, and I would play a helper trying to understand. It was very difficult to get volunteers to contribute to the role-play. It seemed as if the participants were very much afraid of their peers.

By the end of the day, the atmosphere in the group had changed. It felt safer, less competitive, and more supportive; and I felt I had made personal contact with at least some of the participants.

But during our next meeting, a week later, things seemed to back at square one. I started with asking the group if they had questions about the things we discussed during our previous meeting; nobody responded. The participants looked tense. I tried to start a dialogue with the group on the purpose of a first interview with somebody requesting assistance, but the interaction

remained slow and laborious. After a few hours, the atmosphere seemed to be safe again.

Week after week I battled uphill with the group: at the start the participants seemed scared of one another; at the end of the day they seemed to interact more freely, and a week later all progress seemed to be lost again. Trust of the participants in me, as a trainer seemed to be the issue: in fact several members visited me for private counselling sessions.

In the example above, the two different approaches to training did not blend well. During the 4-day per week training, approximately ten different teachers taught the participants, in a traditional, academic way. Knowledge on most of the subject matter was transferred through lectures.¹ The subject matter during these days was primarily theoretical, and the theory was never related to the personal experiences of those participating in the training. Therefore, in spite of the fact many of them had undergone traumatic war experiences, this manner of teaching the theories also remained at a huge distance from the experiential world of the participants.

Then one day when I was with the group, the training became contact-oriented. On this particular day, the personal experiences of the participants suddenly became the central topic of discussion.

In all likelihood, that was a confusing experience for the participants. However, the combination of a traditional scholastic training with a 'contact-focused' training approach apparently did not work in this group.

A month after the training year had finished; I had the opportunity to observe four of the participants of this training of trainers during a meeting with grassroots psychosocial workers who wanted to exchange experiences. During the introduction round, most of the grassroots workers introduced them-

selves by telling something about the problems of their target group and the project they were involved in for their groups. The 'trainers' introduced themselves by reviewing their diplomas and certificates, mentioning the names of some of the distinguished professors that had contributed to their training. Later during the meeting, one of the psychosocial workers began to share some of the difficulties she experienced during her work. Two of the 'trainers' took that as an opportunity for severely criticising the psychosocial worker in question, using theoretical terms more than likely unfamiliar to her. They humiliated her instead of creating a safe atmosphere; exploring the difficulty she had described, encouraging her and providing ideas for an alternative approach.

These 'trainers' had been trained with the objective to support psychosocial workers. Yet, the two that participated in this meeting with grassroots psychosocial workers were unable to do that.

This experience has convinced me of the importance of delineating the basic principles in training trainers using a contact-oriented approach more explicitly.

Grassroots counsellors and psychosocial workers

The contact-oriented approach to training trainers described in this article fits within a community-based approach. Psychosocial projects with such an approach have the following characteristics.

1. Active participation of members of the community. The project is started in such a way that members of the community can actively participate in both designing and carrying out the project.
2. Empowerment. The project is meant to give the community members more control over their life situation.

3. Bottom-up strategy. What the members of the community see as the problem or needs the project is meant to deal with is taken very seriously. They co-operate closely with the professionals involved in the project.

The skills and knowledge required by *psychosocial workers* are defined by the exact nature of the psychosocial interventions they carry out. For example, befriending alcoholics and trying to support them when they want to stop drinking requires different skills and knowledge than organizing playgrounds for children. However, some skills are needed by all psychosocial workers, such as basic listening skills. A short training can prepare future psychosocial workers to use listening skills during psychosocial interventions (Olij, 2005). Such training would then have the goal of stimulating the participants to use their own natural talents for helping others. The trainer can encourage the participants to use the memories of their own painful experiences and their methods of coping with the after-effects, as resources. These resources help them to empathize with members of their community. In this way, they can encourage community members to use their common sense for problem solving in every-day life.

When *counselling* is part of a community-based approach, it is often offered in combination with other psychosocial interventions such as: support groups for widows and other vulnerable groups, psycho-education on the consequence of traumatization and of uprooting, income-generating or expenses-saving projects, after-school programmes for children and adolescents, etc.

Counselling as part of a community-based approach is based on the assumption that counselling survivors of armed conflict requires a relatively simple set of skills, in combination with a small body of theoretical

knowledge. Further, that these skills are similar to the basic social skills for helping others many people acquire spontaneously in life.

In counselling survivors of armed conflict by grassroots counsellors, the focus should be on creating a safe atmosphere, making contact with the client, trying to understand his experiential world, and empowering the client; rather than on using sophisticated psychotherapeutic techniques, or carrying out treatment protocols for mental disorders (Onyut, Neuner, Schauer, Ertl, Odenwald, Schauer, & Elbert, 2004; Schauer, Neuner, Elbert, Ertl, Onyut, Odenwald, & Schauer, 2004)². Therefore, a short, intensive training of a few weeks (see Van der Veer, 2003, 2005 for a detailed training manual) may be sufficient for preparing motivated people ready to start as grassroots counsellors.

Main messages of a training

Grassroots counsellors and psychosocial workers should be trained by experienced, practising counsellors and psychosocial workers who are able to account for their choices in regard to training method and subject matter. This is important because the training methods and subject matter chosen determine the main messages conveyed by the training to the participants.

It is the author's experience that some trainers and trainers-to-be do not focus on the impact or meaning of their educational methods in relation to the needs of the future grassroots counsellors or psychosocial workers they want to train. They are therefore unaware of the main messages conveyed by their training.

Some trainers simply copy the educational methods used during their own studies without any reflection, and in this way present mostly theoretical knowledge. The

theoretical views presented are often based on the assumption that the clients of counsellors or psychosocial workers have disorders for which they need treatment. The educational methods in question are often designed for people with sophisticated prior education occurring as part of lengthy programmes, not for quick courses comprising barely educated people. Moreover, they may avoid interactive training methods that invite the participants to discuss their personal experience so that the training becomes a form of parachuting knowledge and skills onto the participants. The main message unwillingly conveyed by the trainer using this method can be summarized as follows: *Counselling and psychosocial work is the result of the application of sophisticated techniques; only bright intellectuals can acquire the required knowledge and skills. Your existing skills and life-experience are irrelevant.*

As an alternative, the contact-oriented approach starts with helping the participants to recognize what they already know and which skills they already possess without any further specialist education. In this approach, theoretical concepts are introduced only as a means to empower the participants to use their existing knowledge and abilities in a more conscious way.

A contact-oriented trainer will use training methods that stimulate the participants to understand and learn from their own personal experiences, including coping with very painful events. The trainees may then develop more tolerance for reflecting on painful subjects. This creates a habit of trying to learn from their experiences, even when they are painful. The main message here is: *Your life-experience is a relevant source of knowledge, and you already have valuable skills for helping others.*

A contact-oriented trainer uses methods aimed at making the participants active part-

ners in increasing their knowledge and expanding their skills. The implicit or explicit main message is: *Your future clients can be approached as active partners who can expand the coping skills they already possess.*

Such a main message cannot be expected or offered from a training in which the participants spend most of their time listening passively to lectures.

Often, trainers of grassroots counsellors and psychosocial workers are consultants from outside organizations. As temporary guests and outsiders, these grassroots and psychosocial workers have to join the traffic within the organization. They not only have to work with the future fieldworkers; in addition they have to put energy into connecting with all key-figures in the organization. Explaining the main messages of their training to all the key-figures in the organization, obtaining their informed consent, and securing their co-operation is an important part of the task.

The input from the participants in a training of trainers

Training is an interaction between the trainer and the participants, as well as also an interaction among the participants. The participants have an important contribution to make. Training is not simply the transfer of expertise from the trainer to the participants. It is an interactive process in which expertise is developed. At the end of the training sessions, the trainer may have learned as much as the participants.

During a training of trainers of grassroots counsellors and psychosocial workers, the participants have several types of personal experience that can be used as resources in the training process: their experiences of their own personal problems, their ongoing practical experience as counsellors or psychosocial workers, their experiences as pupils

in some form of education, and their existing skills in educating others.

Experiences as persons with personal problems. Discussions of these experiences in a group of future trainers may have therapeutic value. For example discussion of participants experiences such as suffering from the psychological consequences of traumatic experiences, or those on the edge of a burn-out. As a result of these discussions, all participants present can be helped to become more aware of what is required to create a safe atmosphere within a training group.

Ongoing practical experience as counsellors or psychosocial workers. Discussions of these sorts of experiences are indispensable for creating an overview of the problems and difficulties the participants and the people they will train in the future face in the field. Such an overview is essential for developing a curriculum that connects with the experiential world of future trainees.

Experiences as pupils in some form of education. Discussions of the participants experience as pupils can make them aware of dynamics within in groups, different educational methods, diverging forms of giving feedback by teachers and trainers, etc. In practice, the majority of the participants in training courses in areas of armed conflict have more experience with authoritarian, top-down educational methods and punitive feedback, than with egalitarian methods and encouraging feedback. Therefore, training using egalitarian methods can make participants feel quite insecure at first, as if they are in a game where they don't know the rules.

Counselling and psychosocial work are, by definition, egalitarian and non-punitive approaches. Therefore, these approaches are often contradictory to the educational traditions in many conflict areas. Future trainers should be aware of this and be prepared for the task of overcoming this 'cultural' gap.

Promoting an egalitarian and non-punitive approach to education may be the most important task of the trainer of trainers.

Existing skills in educating others. The existing skills of the participants in educating others in an egalitarian and non-punitive way may be limited. However, they can sometimes be identified, for example, in the way some of the participants 'teach' their parents to adapt to changed circumstances after an armed conflict. No matter how limited these skills might be, they are an important resource, as sometimes they may be more culturally appropriate than the skills of the trainer.

The trainer can use all of these resources by stimulating the participants to discuss their own experiences, and by inviting them to demonstrate their skills through role-play.

The input of the trainer

The trainer assumes the role of leader in the process of sharing these experiences and skills with one another. He/she does that through creating and protecting a safe environment where personal experiences of the kind mentioned above, including painful ones, can be openly discussed. As a contribution to this goal, he/she may, at times, be the first to discuss some of their own personal experiences: as a human being with personal problems, as a counsellor, as a pupil of teachers and trainers, or as a trainer.

In addition, the trainer acts as a model for giving respectful, encouraging feedback, opposing through example neglect (by not giving feedback), or punitive and/or humiliating feedback. Whatever the trainer says or shows in their non-verbal behaviour, it should never be perceived as an attack on one of the participants. This requires a strong awareness of the trainer of their own irritations, impatience, positive and negative prejudices towards some of the participants,

tendencies to ignore less attractive participants, aggressive impulses, etc.

Lastly, the trainer is ready to offer a simple conceptual framework for ordering, summarizing and making sense of the experiences discussed during the training sessions and for describing the skills that were shown. This framework is meant to service the participants, and is not an opportunity for the trainer to go off on their own theoretical hobbyhorse or force professional jargon on them.

Making a programme for training trainers

A training programme can be characterized by its main message, by a description of the attitude the trainer wants the participants to have at the end of the training, by the knowledge he hopes to transfer, and by the skills the participants are supposed to have available at the end of the training.

Main message. In the type of training for trainers I recommend, the main message is that a trainer for psychosocial workers and grassroots counsellors, when it comes to helping people with personal problems, is not all knowing, but assumes leadership of the group in a shared search for ways of helping clients.

The attitude to be developed during the training. This attitude can be described as non-judgemental, warm, respectful, encouraging and supportive towards the participants in training courses.

The knowledge transferred during the training. For a trainer of counsellors, this knowledge could include the following items.

1. Theoretical knowledge on general psychological subjects: at least one theory introducing the concept of unconscious mental activity, a basic introduction to learning theories, a basic introduction to developmental psychology with at least one description of developmental

stages, and a basic introduction to social psychology including the concepts of communication, conformity, group pressure and obedience to authority.

2. Information about problems often occurring in individuals and families within traumatized communities, such as: alcoholism, family conflicts, sexual problems, depressive complaints, and complaints and symptoms related to traumatic experiences, including sexual violence.
3. Basic knowledge of psychopathology: knowledge of the core symptoms of psychotic disorders.
4. At least one theory on the use of various counselling strategies in practice that can be applied in areas of armed conflict and developing countries, for example the one described by van der Veer (2003, 2005).
5. Knowledge related to training: training methods and how to select them, how to make a programme, how to write a report of a training seminar and how to evaluate the effect of the training. For a trainer of psychosocial workers, an even more basic knowledge repertory could be selected by omitting some of general psychological subjects, and the theory on the use of various counselling strategies in practice.

The skills the participants should have acquired at the end of the training. These can be summed up as the following.

1. Basic presentation skills: they are able to keep the attention of a group, they can speak quietly with clear articulation, they can lead a group discussion, they can interrupt punitive feedback by one participant to the other in a respectful way and rephrase it as encouraging feedback.
2. Generic training skills: they are able to establish contact with the participants, they are able to explain complicated

matters step by step, they are able to ensure a secure atmosphere in which personal experiences of the participants can be discussed, they are able to monitor themselves during the training sessions, they are able to monitor the participants during the training sessions, they are able to write a report on a training in which they describe each item in the programme in terms of purpose, content and educational methods.

3. Specific training skills; they are able to use most of the following training methods: dialogue-lecture, brain storming, group discussion, demonstration of some counselling skill by the trainer(s), dramatic expression by the participants, role-play counselling by the participants and counselling by the participants of one-another about real problems, questions and answers, the use of dolls or similar material to clarify the social context of individual problems, the use of dolls or similar material to clarify inner problems of individuals, and the use of a video-recorder (van der Veer, 2003).
4. Designer skills: they are able to design a training programme for psychosocial workers or grassroots counsellors, tailor-made for the particular needs and problems of the community in which the counsellors will work. This programme should be based on an explicit view on what knowledge, skills, attitude and level of personal development is needed for a counsellor or psychosocial worker within the community in question.

Training for trainers can best be given in parts, alternating with on-the-job-training (a training seminar for counsellors or psychosocial workers during which the participants of the training of trainers present items under supervision of an experienced trainer).

The initial training in a training for trainers programme: an example

In 2003, the author was invited to train a group of 12 experienced counsellors and community health promoters in Vavuniya, Sri Lanka.³ This group was often asked to give basic training to workers in psychosocial projects. This first, introductory training of trainers lasted 5 days and focused on training skills.

Purpose. The purpose was formulated as follows: after the training the participants feel more confident about themselves as trainers of basic skills on helping and have become more skilled in preparing and presenting a training programme for workers within a psychosocial project.

During the training the participants have become acquainted with a training approach that is aimed at mobilizing existing skills and knowledge of the participants, and actively involves them in the training sessions.

Program. The program included the following core items.

1. Positive experiences at school as a pupil or during participation in a training.
2. Negative experiences at school as a pupil or during participation in a training.
3. Concepts for describing a training programme: such as training item, purpose of the item, content of the item in terms of the knowledge, skills or attitude change, educational methods used while facilitating the item.
4. Designing a global programme for a training on HIV and sexually transmitted diseases for psychosocial field assistants and working out one item in detail.
5. Different kinds of giving feedback to participants in training.
6. An overview of training methods (such as: dialogue lecture, structured group

discussion, brainstorming, discussion in small groups or couples, demonstration of role-play, role-play, practice in pairs, instruction).

7. Preparing a 3-day training seminar on developing and recognizing helping skills for groups of teachers, midwives and volunteer community workers.

Educational tools. Large paper sheets, white board and markers, video, handouts were used (the latter were distributed after the training and meant to function as concise reminders of the subject matter).

Evaluation. As a result of the training, the participants were able to develop a training programme when working co-operatively in small groups. All participants experienced more self-confidence as a team worker with regard to presenting a programme and reacting to questions from participants. Some of them had progressed observably in regard to their presentation skills.

Example of a follow-up training after a year

After the training described above, the participants carried out further training courses based on the programme developed. After a year, they were offered a follow-up training in which the participants could discuss their experiences during that time.

Purpose. The purpose was formulated in the following way. After the follow-up training, the participants feel that they have developed in regard to the learning needs mentioned during the learning needs assessment at the start of the training. They have more insight in the basic principles of a contact-oriented training approach that is aimed at mobilizing the existing skills and knowledge of the participants, and actively involving them in the training sessions. They also feel that they have improved their presentation skills. They understand the concept of inner mental pro-

cesses and can discuss these inner processes during a training session, especially in reference to case material.

Programme. The programme included the following core-items.

1. Experiences as trainers over the past year and current needs for training. The participants mentioned the following difficulties spontaneously.

- Difficulties relating to their attitude towards the participants: dealing with their tension when training people who are older and more experienced, when training age peers, and when training people they know personally.
- Difficulties in relation to skills: how to deal with a person that is showing off his/her knowledge, how to deal with a person that claims too much attention, how to summarize a brainstorming or other group session, how to give critical feedback to older, more experienced people, and how to bring participants back to the topic when they wander off during a discussion.
- How to deal with participants that become overwhelmed by their feelings when traumatic experiences are discussed.

2. A discussion about other needs for education. The trainer offered the participants a questionnaire that listed all training skills mentioned in this article. The participants were asked which skills they needed more training for themselves and which skills needed more training by some of their colleagues. As a result of this questionnaire, the following subjects were put in the programme.

- *Basic presentation skills:* to interrupt punitive feedback from one participant to another in a respectful way and rephrase it as encouraging feedback.

- *Generic training skills:* to monitor their own feelings during the training sessions, to monitor the feelings of the participants during the training sessions, and to write a report on training.
 - *Specific training skills:* to give a dialogue-lecture, to demonstrate helping skills in front of the trainees, to use dolls or similar material to clarify the social context of individual problems, to use dolls or similar material to clarify inner processes of individuals.
 - *Designer skills:* to assess the training needs of a particular group, to design a training programme based on the identified needs, to plan an evaluation of the training programme.
3. An on-the-job-training of the aforementioned skills. The participants were first asked to design a training for community health promoters (CHPs), aimed at making the participants aware of inner processes and how these processes may influence their work with clients. They had to prepare a training plan for this training. Coached by the trainer, they had to carry out the prepared program with a group of CHPs. They evaluated their performance, adapted the programme and then trained a second group of CHPs using the revised training program.

Evaluation. On the job training of a group of 12 trainers is possible within a period of 10 days. During the programme most of the participants show increasing insight in training as a profession and in their own functioning, as well as an increasing awareness of their own emotions.

Conclusions

Training is a complicated process, and a trainer needs to reflect on the process. A trainer of trainers, as well as a trainer of counsellors

and psychosocial workers in areas of armed conflict needs not only to reflect on the subject matter he/she includes in the programme, but also on the educational methods chosen. The chosen educational approach should reflect the approach to counselling and psychosocial work. The interaction processes during the training should also reflect the interpersonal processes during counselling, and include matters such as creating a safe space, development of trust, expression and sharing of emotions, encouragement, reflection on the inner dialogue, etc. The trainer should continuously try to connect with the experiential world of the participants, just as a counsellor tries to connect with the experiential world of his client. Counselling and psychosocial work concerns the painful personal experiences of the clients, and the trainer therefore should stimulate the discussion of the personal experiences of participants, including the very painful ones. Just as in counselling and psychosocial work, creating a safe atmosphere in which such painful experiences can be exchanged is the main priority during a training of psychosocial workers, counsellors and trainers.

Training is not simply transferring packets of skills and knowledge. It is far more than that; it is a temporary relationship between trainer(s) and participants aimed at stimulating development. In this way, by the end of the training, the participants are more able to consciously use both the skills and knowledge they already had, and new skills and knowledge acquired during the training from the other participants, and the trainers.

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¹ It was only during the psychopathology classes the participants had the opportunity to view interviews between a psychiatrist and patients from the local psychiatric clinic from a distance during the interview, but they never really met the patients.

² On this subject, there is no consensus in the field. Some authors (Schauer et al., 2004; Onyut et al., 2004) recommend training refugees to use specific protocols for treating traumatized victims of armed conflict.

³ This project was started by Médecins Sans Frontières Holland, but now continues as a local non-governmental organizations under the name 'Shade'.

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