

Peer counsellors training with refugees from Iraq: A Jordanian case study

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The author trained 49 peer counsellors in two refugee camps, over the course of 2004, and traced the impact of their work until the end of 2005 at the request of CARE International in Jordan. The article gives an overview of the training content and strategies, as well as the process of integrating peer counselling as a self-help tool into a community that is affected by ongoing stress and trauma. 'Peer counselling' was understood as a process of mutual support that addresses people in need in their respective environment and also therefore includes components of community social work. The article highlights the main components of a culturally sensitive, client centred empowerment approach to psychosocial intervention in a situation of continuous deprivation and insecurity, as well as its challenges. Further details of the training will be presented in a separate publication.

Keywords: client centred psychosocial intervention, empowerment, evaluation, intercultural dialogue, ongoing stress and trauma, peer counselling, refugees, temporary settlement

Circumstances of the training

Following the occupation of Iraq in 2003, Iraqi citizens started to look at some of the ethnic minorities in the country as favourites of the former regime, and forced them to flee their homes, often under serious threats to their lives. Several thousands Kurds, Palestinians, Sudanese, Somalis and Iranian leftists

sought refuge in Jordan. As of May 2003, they were temporarily accommodated in two camps in the northern Badia semi-desert. The Karama camp was established in the no man's land between the Iraqi and Jordanian borders; the Ruwayshed camp is situated approximately 20 kilometres away from the most northern Jordanian township. CARE International in Jordan was charged with providing essential health, educational and social services to the refugee population. The political circumstances of that time complicated the process of finding durable settlement solutions for the refugees, so that they had to spend the entire cold winter in the camp. The harsh living conditions and the absence of a positive future outlook caused considerable psychological distress. Service providers realized that the personal support their staff members could offer was far too little to cater for the needs of the refugees.

In April 2004, more than 1000, mostly Kurdish, refugees were still living in Karama camp and around 400 in Ruwayshed camp. CARE asked the author at that time to conduct a psychological needs assessment of the two communities, and to design and implement a peer counsellors training programme over three months. Monthly follow-up training supported the peer counsellors' work until the end of 2004, particularly in Ruwayshed camp¹. Various work contacts with the camps made it

possible to observe the long term effect of the peer counsellors' work until the end of 2005. At the time of writing this article, around 120 refugees are still living in the Ruwayshed camp.

Negotiating the project with the refugee communities

The author conducted an assessment of the psychological status of the two refugee communities by talking to the members of the women's, men's and health committees and organizing separate focus groups with men, boys, women and girls in both camps. This dialogue also aimed at creating a transparent information base for all parties, and promoting a sense of ownership of the programme among the refugees. Interest in the peer counsellors training programme was initially strongest among the camp youth. Young men attended the focus groups in large numbers. Additional evaluation sessions took place with staff members of the CARE community and health services. Other organizations that provided essential services, such as the United Nations High Commissioner for Refugees (UNHCR) and the Jordanian Hashemite Charity Organization (JHCO), were also informed.

The following points show how refugees characterized their psychosocial situation.

- The atmosphere in both camps was generally tense because of the difficult living conditions, scarce resources for survival, fear of an uncertain future, worries about family members left behind in Iraq, and frustration because of a sense of paralysis and helplessness.
- Many men voiced their problems with anger control.
- Incidents of domestic and street violence were increasing steadily and affected all groups.
- Many parents felt unable to take proper care of their children.
- A considerable number of refugees suffered from sadness, depression, social withdrawal, self-neglect, self-harming behaviour, aggressive destruction of personal and community resources, nightmares and flashbacks because of previous traumatic experiences

Men felt particularly helpless, because they were unable to generate income and provide for their families. Women complained that they were overburdened by keeping their family households functioning with limited means and under difficult conditions. They were especially worried about the poor diet and subsequent state of health of their children, and reported that they themselves encountered many health problems. They felt they had to care for both their children and their husbands. Many of them were also subjected to spousal abuse. Girls felt they were imprisoned in their family tents. The young men voiced great frustration because they felt they were wasting their life doing nothing, while their adolescent years were meant to be the time of the most learning, and building for their future. They found it difficult to tolerate the boredom in the camp, and thought about returning to Iraq in order to fight the occupation forces. Many, in fact, took this step before the first Iraqi government was re-established in June 2004 and the Jordanian–Iraqi border was subsequently closed. The Palestinian refugees appeared to be the most distressed, as they felt no country wanted them. The small Iranian community was very concerned about being forcefully repatriated and expected torture and death.

The refugees accepted the peer counsellors training programme reluctantly. Many expressed their suspicion that it was meant

to calm them down and distract them from voicing their legitimate interests and rights. Some thought the real aim was to place spies among them. CARE and the author had to argue patiently and at length in favour of the programme. We emphasized that its sole purpose was to enable all community members to deal better with past stress and present challenges, and to protect them from breaking down under these continuously difficult circumstances. The women were, in the end, the most supportive of the idea of the training.

Identification of participants

The two camp committees had maximum freedom to select the trainees; however, a number of principles were discussed and agreed upon before the selection took place. The most important principles are shown below.

- The trainees should represent, as much as possible, the total camp population with regard to gender, age and ethnicity, so that they would be able to speak for the diverse needs and interests of the sub-groups, and therefore be able to reach out to all refugees.
- Trainees should enjoy respect in the community, be known for genuinely caring for others, have good general communication skills, want to acquire new information and skills, and be able to commit themselves to the whole training.
- Good education was considered an asset for the trainees, but willingness to learn counted most.

The selection process lasted well into the first week of training, as various ethnic and political factions tried to influence the final composition of the training groups. Closing the list of trainees after the third training

day ended this interference. When several trainees dropped out after the first workshop due to deportation or migration to another host country, several highly motivated, mostly female, volunteers took their places under the precondition that other trainees would teach them the course material that they had missed. These participants turned out to be among the most personally and socially resourceful trainees.

As no systematic evaluation of the personal prerequisites of the participants could take place prior to the start of the training, their knowledge and skills development was carefully monitored throughout the training during the supervised practice units. In fact, several trainees dropped out during the first three training days, once they realized the seriousness of the subject and the intensity of the required personal commitment. The remaining participants developed at least average peer counselling competencies.

The trainees shared similar past and present life stresses with all other community members. The training focused, therefore, on increasing the trainees' self-help skills in dealing with stress and trauma, developing self-awareness with regard to personal distress, and defining realistic measures for their own capacity to cope with the distress of other community members. They were encouraged to gauge their capacity for care and support depending on their personal situation, and to remain attentive to the necessary self care at all times.

In the end, 30 refugees participated in the Karama camp training group (7 women, 23 men; 26 Kurds, 4 Palestinians) and 19 in the Ruwayshed camp (6 women, 13 men; 1 Iranian, 4 Sudanese, 2 Somalis, 12 Palestinians). Most participants were between 20 and 40 years old.

Conditions of the training

The training conditions were difficult, because sessions took place during the summer time, from mid May to the end of July 2004. Temperatures sometimes went up to 48 degrees Celsius at noon. The electricity supply of the camps was frequently interrupted, so that the air conditioning of the training facilities could not be used, and no cold drinking water was available. Several sand storms made breathing and working at these times difficult.

During each workshop, training took place for three hours over five consecutive days, either in the early morning or in the late afternoon, so as to avoid the noon heat, and to allow the participating women enough time to prepare lunch for their families.

Short breaks were arranged after every hour of teaching, when the trainees' capacity to pay attention was exhausted and/or they longed to smoke a cigarette. Most trainees had never, or not for a long time, spent time on any learning activity, and many participating men were heavy smokers.

In consideration of the limited food supply in both camps, it was of vital importance to provide food and beverages (juices, milk drinks, and small cakes) to the participants during the training sessions. These enabled them to maintain attention and concentration during the three daily training hours. In general, the participants' capacity to stay on task improved throughout the training. In the course of the first workshop most of them became quite time conscious, disciplined and focused on the training.

On the author's suggestion, the two groups decided not to have any additional service provider, camp authority or refugee attend and observe the training sessions. This allowed the participants to express themselves freely, and guaranteed that everyone owned the same knowledge.

Training goals

The peer counsellors' training was conceptualized as 'life skills training'. It aimed at enabling the refugee community to develop efficient community self-help strategies. These should empower the camp inhabitants to protect themselves to the best possible extent from the destructive effects of past trauma and ongoing distress, and to build up stress coping skills for the future. Through their training, the peer counsellors would add to the human resources in the community, by spreading awareness, educating others about stress, trauma, and self-help strategies, organizing support groups, and providing basic care and support to people in need, both individually and in families. They were also to acquire basic conflict resolution skills, in order to defuse tension. A clear line was drawn between peer counsellors and professional services, and referral criteria were elaborated. Because of the remote location of the refugee camps it was, however, impossible to install the minimum necessary professional services in the camp.

Training strategies

Intercultural dialogue and ownership of the training content by the trainees were vital features of the training. The author and the translators/co-trainers worked in full awareness of the fact that the concepts of stress, trauma and coping have been largely generated within a Western scientific discourse. They explained this to the participants in the beginning of the training and always invited critical comments and questions. They also emphasized their role as transmitters of knowledge that has been found useful under certain cultural and social conditions, but pointed out that this knowledge needed to be tested and re-evaluated under these very different circumstances. They explicitly acknowledged the right of

the trainees not to adopt information and suggested actions, however only with good arguments. The trainers exercised constant mutual and self-monitoring during the training to ensure they acted in alignment with these expressed attitudes.

In order to make sure that the trainees were able to apply the provided information and skills proactively with a thorough understanding and in the best interests of their suffering peers, each teaching unit included the steps listed below.

1. Introduction and explanation of new concepts, critical 'intercultural dialogue'
2. Real life examples elucidating the meaning and application of the concepts, if possible from the participants' own experiences
3. Extensive question-and-answer periods and in depth discussion of participants' comments
4. Self-application of the concepts under supervision during the workshop, through individual and small group exercises, role play games, and simulations. These were all carefully discussed and evaluated
5. Individual and small group fieldwork assignments between the workshops that the trainees had to document in writing. The translators/co-trainers were available for support and guidance during this fieldwork. They also collected the documents prior to the following workshop and translated them into English, so that the author was able to consider the participants' experiences, competences and challenges in the planning process.

Concentrating on the trainees' and refugee community needs also made it necessary to adapt the training content flexibly to fit

their evolving knowledge and skills needs. This was achieved by including an extensive feedback mechanism in all training steps. At the same time, the author had to ensure that all trainees acquired solid core knowledge and competence. This meant, in practical terms, that the participants had to vote at several stages of the training about the length of time that they wanted to allocate to specific questions, in light of the time that was needed to cover the core subjects. On the whole, the two training groups managed to strike a comfortable balance between these different training aspects.

Content of the training

The topics included in the 60 hours of training are shown below.

	<i>Workshop 1 Understanding and dealing with personal distress reactions due to forced migration</i>
Day 1	Forced migration, stress and resilience; understanding stress and trauma
Day 2	Analyzing personal experiences of stress and trauma
Day 3	Stress and trauma reactions of different age groups
Day 4	Interventions addressing tension, anxiety, and sleep problems (including progressive relaxation)
Day 5	Interventions addressing concentration, memory and learning problems
	<i>Fieldwork assignment: Identify and describe stress and trauma reactions in one family, propose helpful interventions</i>

Workshop 2 Communication skills

Day 1 Principles of effective communication; active listening

Day 2 Exercises in active listening

Day 3 Constructive feedback; exercises

Day 4 Solving problems and conflicts; exercises

Day 5 Exercises in solving problems and conflicts

Fieldwork assignment: Practise active listening and problem solving with one community member. Prepare and execute an intervention to solve a conflict between two community members

Workshop 3 Organizing and leading support groups

Day 1 Principles and practices of support groups; exercises

Day 2 Leading support groups; exercises

Day 3 Solving problems and conflicts in groups; exercises

Day 4 Exercises in group conflict management

Day 5 Critical incident stress debriefing

Fieldwork assignment: Organize, chair and document a support group meeting.

Workshop 4 Dealing with mental health problems in the community

Day 1 Mental health problems in childhood, adolescence and adulthood; women's and men's mental health needs

Day 2 Dealing with anxiety related problems

Day 3 Dealing with depression related problems

Day 4 Dealing with anger related problems

Day 5 When to refer to professional services; content and organization of follow-up programme

Fieldwork assignment: Describe the mental health problems of one community member, plan, conduct and document a helpful intervention, identify additional training needs

Training evaluation

Qualitative and quantitative evaluation methods and various sources of information were used in order to monitor the development of the trainees' competences. At the end of each training day, the participants wrote down the five most important lessons that they had learnt, as well as questions that had been left open. Their performance was monitored during the group exercises. As many trainees as possible were given opportunities to practise. Their field exercise reports were carefully evaluated. The author and co-trainers also invited the refugees with whom the peer counsellors worked during their fieldwork to voice their opinion, and asked for regular feedback from the service providers and camp authorities. The training concluded with a written exam and the trainees obtained certificates. The author kept a diary of daily observations and events that indicated the progress and difficulties of the training, and provided CARE with qualitative reports after each workshop.

Training process and outcome

The following sketches of the four training workshops shed light on the dynamic development of the trainees' commitment, confidence and skills, and the relationship between the trainers, trainees, and the refugee communities.

Workshop 1. Contrary to an agreement made at the end of the needs assessment phase, neither CARE nor the camp committees had identified any participants. The first workshop day was, therefore, used to discuss the purpose, content and organization of the training programme, and the selection criteria for the participants, once more with the committees of both camps. Full attendance was reached as of the second day and maintained throughout the training, except for those instances in which participants were granted immigration to third countries for permanent settlement or forcefully deported. The training always started and finished on time. The participants' motivation, interest, discipline and commitment to the training appeared consistently high as of the third training day. At the end of the first workshop, the majority expressed an understanding of their own and their peers' situation and psychological needs much better than before, and that they were ready to undertake the first helpful interventions. All participants were keen on practising the newly learnt relaxation techniques and on teaching them to other refugees. They asked for more practical exercises and accepted their fieldwork assignment willingly.

Workshop 2. Karama camp: All trainees had completed their fieldwork assignment and had talked to community members. The community members found this contact helpful; however, some of them believed that no one could help them. Several trainees had spontaneously gone beyond the assign-

ment and talked to more than one refugee under distress. The fieldwork brought up many questions, and made the participants eager to learn more. Two female trainees dropped temporarily out of the workshop because of acute family distress. Other trainees decided to take care of them and encouraged them to join the training again after a few days. The whole refugee community appeared to be no longer suspicious about the training programme.

Ruwayshed camp: All trainees had produced in-depth case analyses. In the course of their communication skills training, some of them initiated additional interviews with troubled community members because they wanted to test their newly acquired skills in serious situations. The Somali and Sudanese trainees showed growing mutual support inside the workshop, and became more active in providing personal support within their minority group outside the training sessions. The trainees in both camps started to trust and speak more with each other, and began to share their personal problems in the training sessions. They were always enthusiastic about the practical exercises. While they all acknowledged that they were gaining important new knowledge and skills, the younger trainees especially indicated an increasing level of distress. They said that now they were able to identify the psychological problems in the camps more accurately, but at the same time they did not yet know how to address them. They voiced the need to help themselves more before they could help others, and a training session was used to address these personal issues in depth. As of this workshop, other refugees usually came to the training tent at the end of each day, asked the author for advice regarding family members or neighbours with psychological problems, and often invited her to their homes. Peer counsellors usually

came along for these visits, and took over the care for their troubled community members, after discussing the most appropriate support strategies with the author and the co-trainers.

Workshop 3. The trainees had addressed a variety of community problems during their fieldwork, such as water distribution issues, fights between different families and tribes, marital conflicts, community and family violence, and children's misconduct. They felt that they had a good understanding of many subjects that are related to stress and trauma, and that they had acquired basic communication, problem solving and conflict resolution skills. Many of them expressed a strong sense of responsibility for the wellbeing of their community. They also felt that community conflicts had lessened recently, and other service providers and the camp authority had confirmed this.

The participants wanted to know more about how to gain the trust of other refugees, how to explain the normal psychological problems that result from the stress and trauma to them, and how to deal with the special problems of children, the elderly and the chronically ill. These topics were consequently addressed in the sessions.

During the workshop, each group of three trainees had to plan, organize, document and evaluate a support group meeting in their camp. Several teams spontaneously conducted additional support group sessions with individuals, families, tribes and peer groups, because they trusted their skills and competences. Such sessions focused on subjects such as a fatal accident, mental retardation, sexual abuse, forced separation, depression and self-mutilation. The increasing public activity of the trainees caused the camp committees, the formal camp authorities and the service providers to ask for clarification regarding the peer counselors' future role in the community.

Workshop 4. The trainees in Ruwayshed camp were psychologically affected by the recent forced deportation of 12 refugees to Karama camp. The trainees in Karama camp suffered, at that time, from very difficult environmental conditions. This distress had to be addressed in the initial session before the training could proceed further. In spite of these difficulties, many participants conducted additional support group meetings and undertook some very creative initiatives to help other community members in stress and crisis.

As the training course approached its end, the participants wanted to discuss ethical principles of their work as peer counsellors, and asked for clear role descriptions. The groups decided to define themselves first of all as voluntary supporters to their peers, and to be a bridge between the refugees and the health and social services in the camps.

Finally, the trainees underwent a written examination (see Box 1) in which they had to prove their knowledge of basic concepts. They met regularly in small preparatory groups in which they reviewed the course material and helped each other in their studies. Members of the CARE social services assisted the few illiterate participants during their exam as scribes. The trainees in Karama camp obtained an average score of 77,4 out of a maximum of 105, while the trainees in Ruwayshed camp scored an average of 66,9, in spite of their generally better formal education status. Several of the Palestinian trainees in Ruwayshed suffered from significant concentration and memory problems at the time of the exam due to personal and family distress. No trainee had sub-average knowledge.

The Kurdish trainees in particular had encountered some suspicion and social pressure from their tribal leaders in Karama camp, who perceived their community work as a threat to their influence. It was, therefore,

very important to include the tribal dignitaries in the extensive graduation festivities, and to publicize the work of the trainees and their future responsibilities quite officially in both camps. The graduation ceremony was attended by delegations from all tent clusters of each camp, formal and informal community leaders, as well as representatives of UNHCR, JHCO and CARE. All groups lauded the peer counsellors training as successful and helpful. The participants received training certificates. Several of them

expressed in emotional speeches how the training course had restored their sense of identity and being human. They had lost both during their forced migration and under the difficult living conditions in the camps.

Follow-up training and evaluation (August 2004 – December 2005)

First follow-up workshop (end of August 2004). Karama camp: All peer counsellors participated in this follow-up workshop that was

Box 1: Final examination questions

1. What are the three main characteristics of a stressful situation?
2. Describe at least one typical short- and one typical long-term stress reaction for each of the following domains: physical reactions, feelings, thinking, behaviour, social relationships, spirituality.
3. Describe five important observations that tell you that a person might be depressed.
4. Describe five important observations that tell you that a person might be suffering from anxiety attacks.
5. What are the four most characteristic features of a post traumatic stress disorder?
6. Name at least three symptoms that tell you that a child might suffer from a post traumatic stress disorder:
7. What are the six most important human needs that psychologist Abraham Maslow describes?
8. What are the seven actions that experts propose in order to create mentally healthy communities after people have suffered from displacement and migration?
9. What are the three main techniques that help to achieve deep relaxation?
10. Name three ways through which we communicate nonverbally with others.
11. What is the best way to ask questions so that you understand people correctly?
12. What are the main features of attentive listening?
13. Name the five steps that you need to take in order to solve any problem.
14. Name the six steps that you need to take in order to solve conflicts between two people.
15. Describe the five main characteristics of a support group.
16. Give three examples of leaders' task behaviours.
17. Give three examples of leaders' maintenance behaviours.
18. What are the seven criteria that tell you that a group works efficiently?
19. What are the five main functions of any family?
20. For each dominant developmental need, name two typical behaviour problems that occur in case these needs have not been sufficiently satisfied.

(by author)

hampered by very hot weather conditions. They had started to cooperate with CARE's social services in helping individual refugees in distress, and were generally satisfied with their success. They had intervened in cases of divorce, hunger strike, drug addiction, complex medical conditions, and children's problems. Part of the Kurdish refugee population was, however, suspicious about their cooperation with CARE. About half of the peer counsellors felt that they had a difficult status in their community, because they were young (between 18 and 30 years old) and, therefore, not respected by older community members. They also felt that peer counselling was a new service in the community and many people were still not used to it. The group discussed several initiatives to educate the whole camp population about the advantages of peer counselling, and worked diligently on a *public profile for peer counsellors*. The counsellors decided to work primarily with groups of lesser social status, which meant children, youth and women. They planned a number of lectures that addressed topics of concern for these groups.

Ruwayshed camp: The remaining Palestinian peer counsellors had initiated numerous community activities, such as a French language course, a computer course, civil defence and fire fighting training. They had also conducted youth groups for boys and girls and organized a democratic election system for the new camp committee. Three of the peer counsellors were in fact running for this committee and were subsequently elected, among them two women. They felt that the community trusted them and did not object to their cooperation with the CARE social services. The counsellors felt responsible for screening the whole camp population for psychological distress problems and intervening at the earliest possible

time. They reported good success in their support work. Other camp inhabitants expressed their interest in peer counsellors training. In the meantime, the counsellors prepared lectures in order to pass on the knowledge that they had gained to other community members.

As much as all peer counsellors were convinced that it was necessary for them to cooperate with the CARE social services for the benefit of their community, several of them complained about lack of appreciation and respect by the social workers.

Second follow-up workshop (end of November 2004). During this time, the Kurdish refugees in Karama camp had ended their collaboration with CARE, in order to put pressure on a durable settlement solution for their community. They were, therefore, not ready to continue any joint activity. Around 300 Kurdish refugees had, however, moved to the Ruwayshed camp in the meantime and were preparing to emigrate to Sweden. Among them were several peer counsellors. This badly affected the Palestinian community, including the peer counsellors, who felt left behind and forgotten.

Two separate trainings were organized for both groups. The training for the Kurdish counsellors dealt with the psychological challenge of moving into exile again and integrating into a foreign host country. The topic for the Palestinian counsellors was how to maintain hope and optimism while living in prison-like conditions in a camp without a positive future outlook. Building on the participants' own experiences and teaching them coping skills helped them to identify the strategies that they could use in supporting other community members. The Palestinian peer counsellors were determined to remain a strong resource of hope and encouragement for their community.

Third follow-up workshop (middle of December 2004). This last workshop was conducted with only the Palestinian peer counsellors. It took place exactly during the time period the Kurdish community was finally leaving for their new host country. The cold and rainy weather conditions impaired the health of many refugees and made them acutely aware of the limited protection that their tents offered. A feeling of despair and hopelessness prevailed among the Palestinian community. The training concentrated, therefore, on counselling with regard to difficult topics such as depression, hopelessness, despair and death. The counsellors worked again on, and with, their own experiences. The training concluded with an intense reflection on how to maintain hope and continue to extend support to desperate community members. The peer counsellors expressed their determination not to surrender to the hopelessness of the situation.

Follow-up observations (January–December 2005). The author had a chance to pay several visits to the Ruwayshed camp throughout 2005 in the pursuit of other work responsibilities, and met repeatedly with the peer counsellors. Although they indicated that the prolonged period of waiting for a still unknown better future exhausted them as it did all other camp inhabitants, they continued to be a source of inspiration for their community and tirelessly continued to encourage, help, organize and support others. The female peer counsellors proved to have more stamina and perseverance than their male colleagues, who sometimes withdrew for a limited period from their responsibilities in situations of particular hardship. The author observed their invaluable work after a crisis situation, when a tent fire led to the

death of a little girl and burnt several refugees severely. The peer counsellors organized hospital, family and child care with great competence and effectiveness. None of this would have happened without their presence.

Afterthoughts

Mostly qualitative data were gathered through various means and from diverse sources over a period of one and a half years in order to evaluate the effectiveness of the peer counsellors training. The peer counsellors were obviously able to provide significant personal support to other community members in many different, and sometimes quite complex, situations. They themselves grew noticeably with their work and experienced much appreciation, even though they also encountered obstacles in the process of establishing themselves as a relevant factor in the social fabric of their cultural communities. Peer counselling as a public action of individuals who choose this role out of personal interest can obviously become a threat to traditional local authorities. Such a *'clash of two cultures'* has to be addressed with great sensitivity and mutual respect. Established professional services also need to acknowledge peer counsellors as valuable partners in the joint effort to protect the psychosocial wellbeing of vulnerable communities.

The case study also documents that peer counsellors are equally subjected to the influences of ongoing stress and occasional trauma in a refugee camp as everyone else. Deprivation of basic needs, lack of opportunities for active future building, and continuous stressful life events threaten to deplete even their personal resources. Yet in spite of their personal vulnerability, they give evidence of the human capacity

to continue to learn, grow, and act for the common good under the most adverse circumstances.

¹ Many people cooperated to make this project a success story. Only a few can be mentioned here. Special thanks go to CARE project manager Elly Cotsell for her steadfast and thoughtful support of the project. CARE community services staff members Nasser Obeidat and Nadeen Jaradat contributed their invaluable Arabic–English translation skills throughout the training and developed considerable competence as co-trainers. Mohedin Waissi from the Kurdish refugee community added his quick wit and unique Arabic, English, Kurdish and Farsi language skills to the work, and also became an inspired and inspiring co-trainer.

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Correction

The Use of Consensus Methodology in Determining Key Research and Practice Development Questions in the Field of Intervention with Children Associated with Fighting Forces; Intervention 5.2, 124–129.

A typesetting error introduced some ambiguity in the above paper.

The study was conducted as part of the Care and Protection of Children in Crisis Settings

Initiative, which is funded by USAID's Displaced Children and Orphans Fund (DCOF), the Oak Foundation and the United States Institute of Peace (USIP). Alastair Ager, PhD, is Professor of Population & Family Health with the Program on Forced Migration and Health at Columbia University's Mailman School of Public Health and the Research Director of the initiative.