

Intervention

Strengthening
community mental health
resources
by training refugees
as peer counselors

A manual for trainers

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Preface for Trainers

The manual that you hold in your hands is born out of the dire need to offer psychological support to refugees. Many of them will share with you endless stories of deprivation, abuse, threat, expulsion, stress and trauma throughout their odyssey to a safer place, and continue to face personal challenges on a daily basis after they have found temporary protection in a camp or host country. Training refugees as peer counsellors aims at creating lasting mental health resources within such refugee communities that can be easily approached, offer a range of empowering support measures, and link with more professional services as far as necessary and available.

The training curriculum that is presented here has been developed with the purpose of providing a broad and sound knowledge base for the trainees who are lay persons, to strengthen their helpful interpersonal skills, and to introduce them to community mental health work.

As trainers, this manual provides you with an overview of all teaching units according to the following structure:

- Each unit contains a summary of the most important information.
- Activities are suggested that deepen the understanding of the subject and/ or train the participants in relevant skills
- An additional section describes the challenges that you might face in the teaching process and makes suggestions how to address these.

These will hopefully inspire you to create your own training programme according to local conditions. Your feedback on the usefulness of this manual is most welcomed.

1. Context and Purpose of the Peer Counsellors Trainings

During the last 20 years, global, regional and local political and economic power struggles have led to unprecedented human suffering and created millions of internally displaced persons and refugees in many parts of the world. At the same time, professionals as well as the general public have increasingly acknowledged that the psychological wounds of war, occupation, expulsion, et cetera are often more severe and long-lasting than the physical injuries that people encounter. “Traumatization” and “resilience” have become familiar terms in the debate about the psychological impact of war and civil strife on the affected communities. Organizations and professionals who care have become more and more concerned about the protection of the mental health of populations in and after emergencies.

These concerns have found their expression lately in the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. The IASC core principles stress in particular

- the need to protect the universal human rights and special needs of all members of affected communities without discrimination, and to provide access to social support and services for everybody;
- the prevention of harmful practices in assessments and interventions;
- the principle of building on available local resources and capacities;
- the need to integrate psychosocial support mechanisms in existing social, educational and health services, so that the social discrimination of users is avoided;
- the development of multi-layered responses that

- a) secure basic physical and safety needs,
- b) strengthen existing community and family support systems,
- c) offer focused, non-specialized support mechanisms, and
- d) finally create specialized mental health services. The latter will only be necessary

for a minority of severely suffering community members, provided that the other layers are well developed.

Training peer counsellors is a response to the fact that a considerable percentage of community members will always suffer significantly psychologically after large-scale violence, but that there will never be a sufficient number of trained professionals who can help them to recover. The peer counsellors training curriculum that is presented here has been developed, applied and evaluated repeatedly with Iraqi refugees in Jordan who live either in camps or in urban settlements. It has also been adapted for the training of Jordanian peer counsellors who assisted the survivors of the bombings of three hotels in Amman in November 2005. The author and the publishers believe that this curriculum provides a good foundation for training peer counsellors in different cultures. Trainers need, however, to adapt it sensitively to local conditions.

2. Basic Philosophy and Practices

Within this programme, peer counsellors are members of communities that have been and eventually continue to be affected by stress and trauma, and who are capable and ready to assist their fellow community members in maintaining or regaining a satisfactory level of bio-psycho-social well-being. Well-being is understood here first of all as a subjective, personal experience. It goes together with adequate self-care, social and occupational functioning, given the resources and constraints of a difficult situation.

Peer counsellors practise also prevention and early intervention, in order to contain and minimize further life stress. Their activities aim at equipping other refugee community members with knowledge and skills so that they can master their daily problems successfully. Thus, they contribute to the psychosocial empowerment of refugee communities, and hopefully promote the resilience of their peers in the long run. They work particularly on establishing self-help and support groups. In this way they create an important, protective social support network.

Mental health professionals tend to look at peer counsellors with critical suspicion. How can members of communities under distress be of help in the protection and restoration of public mental health, without undergoing first of all years of teaching, training and supervision? Professionals tend to forget that we always find personally resourceful and resilient people who cope well with and even grow through the adversities that they face, and that even highly stressed and traumatized persons continue to function well in many areas. Humanistic psychology in par-

ticular has documented that genuine care and concern, as they can be practised by every human being, are major factors in successful counselling and therapy processes. Finally, stress and trauma are common human conditions that everybody can be forced to face. Their bio-psycho-social impact and methods of help can likewise be understood by everybody who has a sound mind and seriously strives for it.

Whoever wants to assist fellow community members in dealing with the impact of stressful and traumatizing experiences needs, of course, strong ethics, a high sense of social responsibility, and continuous critical self-reflection. Peer counselling activities need to be guided by the principles of “Do no harm!” and “Act in the best interest of the person you want to help!” The selection of trainers and trainees, the teaching methodology, the training curriculum, the follow-up supervision and on-the-job training all aim at promoting a selfless attitude of serving others, establishing and anchoring strong ethical standards, optimizing the understanding of bio-psycho-social processes starting with oneself, and maximizing technical competence.

3. Requirements for Trainers and Trainees

Peer counsellors are commonly lay persons from communities under distress. They undergo a condensed training program in community mental health work that does not build on any preconditions. This creates special demands for the trainers. They have to fulfil three main requirements:

- They must hold a genuine belief in the potential of the trainees to become competent and conscientious semi-professional helpers, and respect them as equals partners in the protection and development of their community, with their experience and honest desire to learn and help.
- They must be technically well-versed in stress and trauma management and the whole range of helpful strategies, particularly community mental health strategies. They must also be able to transmit relevant knowledge from developmental, social, ecological, gender, and personality psychology.
- They must be able to transfer this knowledge in a precise, condensed, understandable and empowering way to the trainees.

The main trainer should be a community mental health specialist. A multi-professional team with expertise in anthropology, psychiatry, clinical psychology and psychotherapy, counselling and social work will be most powerful. This team needs, however, to own a shared conceptual framework so as not to confuse the trainees by the multitude of theoretical and practical approaches within their different specialities. As much as possible, trainers should come from or be familiar with the cultural background of the refugee community whom they serve.

The groups of trainees should reflect the composition of their community with regard to gender and age. They need to

- Own a sincere desire to help others;
- Enjoy general respect in their community;
- Own basic communication skills;
- Have sufficient perseverance to commit to the training process as a whole;
- Be able to listen and learn with and from the trainers and each other;
- Be ready to learn from field experiences and their successes and failures;
- Be willing to develop and grow personally in the course of the training and follow-up;
- Be ready to assume responsibility, and adhere to ethics and standards.

4. Training Methodology

The training is trainee-centred and empowering. This means practically:

- The trainees' experiences come first. Their personal experiences are the most important material to learn from, and called upon in every new learning step.
- In addition, the training creates systematically new learning experiences through exercises, role games, simulations, as well as field work assignments between the different training workshops.
- The training is problem-solving oriented at all times, and provides opportunities for the trainees to create small, but tangible positive change within their community and according to their evolving capabilities.
- Difficulties and failures are considered as important sources for further learning.
- The relevance of the material that is taught is continuously evaluated in critical discussions. This helps trainees to understand, own and use information competently.
- Rules of conduct for the trainers and the trainees are explained and discussed whenever necessary. They are valid for everybody and consistently applied.
- Learning by doing and critical, cooperative reflection are the guiding training principles.

Consequently, each teaching unit adheres to the following basic structure:

- a) Introduction of the new subject by connecting it with the previous learning material and/or participants' experiences;
- b) Presentation of information (lecture);
- c) Open group discussion that focuses on consolidating the meaning and understanding of the presented topic, and creating an outlook on its practical use;

- d) Individual or group exercise that deepens the understanding of core information and/or trains skills;
- e) Plenary discussion of the trainees' experiences during the exercise;
- f) Summary of learning experiences;
- g) Suggestion of practical application and/or field work assignment

5. Training Peer Counsellors as Intercultural Dialogue

The trainers need to be aware that they teach concepts, knowledge and skills that have been primarily developed within a western-based mental health discourse. For most refugees, mental health as such is an unfamiliar topic. Some of the curriculum content might also collide with their cultural and religious beliefs, values, and practices. Training refugees as peer counsellors requires, therefore, that the trainers are ready and able to sustain a patient dialogue and debate with the trainees throughout the training, in which they continue to listen to their understanding of the presented topics, questions and reservations, and are always ready to provide more explanations. The purpose of the training is fulfilled if trainers and trainees find a common understanding of the most relevant concepts and strategies of peer counselling, and if the trainees feel empowered and experience practically that they are able to help their peers in psychologically challenging situations.

6. The Curriculum

The peer counsellors training curriculum consists of four basic training workshops of five consecutive days each, with four hours of training every day. This format has been found most useful in light of the average trainee's capacity to concentrate and learn, and with regard to the many social responsibilities that most of them hold, particularly concerning their families. The timing of the daily training should also be adapted to the participants' own daily schedule. This excludes usually noon time.

One to two breaks are recommended during each workshop day, in order to ensure that the trainees maintain attention and concentration. It is vital to offer drinks and snacks during these breaks, as many participants suffer from poor nutrition, a fact that also impairs their cognitive capacities.

The workshops should be separated by intervals of 1-3 weeks during which the trainees conduct their field work in small groups. It is advised to have them summarize the field work process and results in writing according to guiding questions. Although some participants might have little formal education and many might not have practised their writing skills for a long time, the majority of trainees have always considered report writing as an honourable and positive challenge. It also helps them to observe and analyze their experiences in a structured way. If possible, the trainers should receive these reports prior to the next workshop, in order to consider the participants' field experiences in their planning. The quality of the field work reports improves usually in the course of the train-

ing. It is one tool to assess the trainees' learning progress.

Training groups should ideally consist of twelve to twenty participants. Because of refugees' interest in the training, the training has been repeatedly conducted with up to 35 participants and one co-trainer. Co-trainers should preferably be staff members of the established health, social and/or educational services for refugees. They can take over the responsibility for the follow-up training and supervision.

6.1. Workshop 1: Refugees' Stress and Trauma

Day 1: Forced migration and temporary settlement – understanding stress and resilience

Unit 1.1: Forced migration and temporary settlement

Purpose: This unit provides the trainees with a conceptual framework for the description and understanding of their own shared experience. It introduces a common starting point for the training and stimulates interaction between the trainees.

Content: The number of internally displaced persons and refugees has increased during the last decades. Refugees are involuntary, forced migrants who have fled their country of origin because of a well-founded fear of persecution due to race, religion, political affiliation, gender, war, or occupation. Their departure, flight and temporary settlement in a camp or host community happen frequently under conditions of stress, trauma, and deprivation of basic needs. Specific subgroups of refugees are at a particular risk of suffering psychologically more than others due to their limited personal and social resources: older refugees, single young men, unaccompanied minors, women and girls.

Activity: After the trainer has presented first examples for the stress, trauma, and deprivation of basic needs and how these can affect different subgroups of refugees psychologically, she/he asks the trainees to share their own experiences and observations.

Challenges: The trainees might be hesitant to share their experiences because of lack of trust in the trainer and each other. The trainer needs to emphasize respect for privacy and confidentiality, and that personal information is only shared and used for joint learning and in no way mentioned outside the workshop. She/he might need to emphasize that trainees who violate this rule will be excluded from the training, and might have the trainees sign a written commitment to this rule.

Unit 1.2: Understanding stress

Purpose: The trainees will understand the subjective experience of stress and its moderating conditions and become aware of their own immediate and chronic stress reactions.

Content: Stress is a shared human experience that takes place if situations change and things happen for which people are not prepared, their physical, mental and/or social well-being is threatened, and they feel that they cannot manage and control the situation. It is based on the genetically determined fight-and-flight reaction. The stress experience depends on situational (severity, length and frequency of stressful conditions; access to material and social resources) and personal variables (competence and control perception, personal philosophy, education, skills and knowledge, gender, health). Immediate stress symptoms affect the whole person: body, feelings, thoughts, behaviour organization and social relationships. While people recover well from circumscribed stressful life experiences, accumulated stress can cause more serious spiritual, psychological, physical and social harm, and cause psychosomatic diseases, cognitive impair-

ments, depression, anxiety, social isolation, and spiritual despair. Physical exercises, deep breathing, relaxation, talking to others, praying, meditation, and engaging in other comforting activities are important ways of managing stress symptoms.

Activities: Have the trainees find out what are their typical immediate and long-term stress reactions, after handing out a check list with the most frequent symptoms. Discuss the findings with the whole group. Conclude this unit with a relaxation exercise that combines deep breathing, progressive muscle relaxation, and imagery.

Challenges: The trainees might own little self-awareness and hyper-focus on their major life stressors (insecurity, poverty, isolation, et cetera). The trainer needs to emphasize that people might not be able to influence the main causes for their stress, but that they can always protect and strengthen themselves by applying what is within their reach. She/he should encourage the participants to consider this training as a chance to learn more about such self-help tools and strategies. Some trainees might find it difficult to relax. The trainer needs to explain that this is normal in a first exercise, but that the effect will improve with repetition. The positive feedback of the other participants reinforces usually the value of relaxation. Most trainees actually adopt the relaxation exercise as a self-help tool, because it makes them feel that they can achieve some control over their sense of well-being.

Unit 1.3.: Understanding resilience

Purpose: The participants learn that people can remain strong under stress and that this strength can be promoted.

Content: Resilience is the capacity to do well when faced with difficult circumstances, by protecting one's personal integrity under pressure and maintaining a positive outlook on life. It shows as a person's capability to act competently under threat, to recover quickly from stress and trauma, and to pursue a normal course of development in spite of high risks. The following factors play a role in building resilience in individuals and families: the experience of empathy, care, acceptance, respect and support in close relationships; participation and social responsibility; gaining knowledge and developing life skills; solving problems successfully; having resilient role models.

Activity: Have the participants describe persons whom they admire, and discuss in how far these show features of resilience. Have them complete a resilience questionnaire and discuss their personal findings. Reinforce signs of resilience among the trainees.

Challenges: None. This unit is usually very encouraging. It helps the trainees to achieve a balanced perception of personal strengths and vulnerability in situations of distress.

Day 2: Understanding trauma

Unit 2.1.: Characteristics of traumatic experiences and immediate reactions

Purpose: The trainees will learn to identify potentially traumatizing life experiences and understand the normal human immediate reactions to them.

Content: Traumatic experiences are sudden and unexpected external events outside the range of normal human experiences, that threaten the life, health, and/or personal integrity of a person or others, and to which the person responds with intense fear, horror, or helplessness. The effect of a potentially traumatizing experience depends on situational and personal variables. As a subjective experience, a trauma is best understood as an experience of 100% stress, in which a person feels absolutely unable to act competently and protect himself/herself and/or relevant others from physical and/or psychological harm. Normal immediate reactions are shock, a sense of unreality, misperceptions, a freezing or storm of emotions, extreme attention and alertness, or the continuation of life routines as if nothing had happened. Normal after-reactions, many of which normalize within a month, are fears and anxiety, the avoidance of reminders, misconceptions, fantasies and dreams, recollections of the event, sadness and anger, guilt and self-blame, concentration and sleep problems. People's recovery from a traumatizing experience depends on the restoration of safety and security, the fulfilment of basic needs, the resumption of daily routines, as well as the social support that helps to process and give meaning to the experience.

Activity: After presenting various examples of typical traumatic situations for refugees, encourage the trainees to share their own experiences and observations. Elaborate the general features of traumatic experiences and responses again by using these examples.

Challenges: The trainees might become emotionally involved while sharing their experiences. The trainer must express respect and understanding for the trainees' reactions and explain that these are normal. Some trainees might feel an urge to leave the room. Accept this but make sure to contact the trainees during the break time or at the end of the workshop day and have them share their feelings. If possible, ask one or two other trainees who are close to them to join you, so that they can offer immediate peer support.

Unit 2.2.: Understanding depression, PTSD and other anxiety disorders, and anger

Purpose: This unit enables the trainees to identify and understand the emotional long-term consequences of stress and trauma

Content: Depression, anxiety disorders and anger are common long-term reactions to accumulated stress and trauma. Anxiety disorders are caused by an ongoing sense of insecurity. Depression is best understood as a consequence of learnt helplessness. Anger stems from the strong wish to do something about a situation but not knowing how to achieve positive change. Explain the clinical features of depression, the different anxiety disorders, and elaborate the features of PTSD in detail. Explain the changes in cog-

Day 3: Risk and protective factors in refugees' past and present lives – helpful general community interventions

nitive information processing if persons are under vital threats and how this causes nightmares and flashbacks. Explain the causes of anger (violation of human rights, deprivation of needs, and disrespect for personal values) and steps to transform it into positive action. Activity: Provide the trainees with checklists of the clinical features of depression and the anxiety disorders, including PTSD. Let them assess themselves or persons whom they know by using these lists. After sharing these findings, form three working groups in which the trainees collect their own suggestions how to help people with depression, anxieties, or anger. Let the trainees choose freely which working group they want to join. Have the groups choose a speaker who presents the results to the plenary, and have a short discussion about each presentation.

Challenges: The emotional challenges that this unit contains for the trainees need to be handled as described before. The working groups make them realize that they have experiences and capacities to deal with the impact of stressful and traumatizing experiences. Sometimes denial of the personal impact and anger about the perpetrators and causes for refugees' stress and trauma prevails among the trainees. The trainer needs to acknowledge these causal factors, and express understanding for the difficulties of looking at the personal suffering with open eyes. She/he needs to emphasize that these are common problems. Problems need to be acknowledged before they can be solved. Although the trainees might not be able to remove the causes for past and present stress and trauma, they can protect individuals, families and their community from their destructive impact.

Unit 3.1: Creating a matrix of risk and protective factors

Purpose: The trainees create a comprehensive conceptual framework for the understanding of refugees' personal well-being and suffering in a cooperative effort.

Activity: Organize working groups of 8-5 participants. Invite them to brainstorm all past and present risk and protective factors for refugees' bio-psycho-social well-being, draw them on a big sheet of paper and present their findings to the plenary. Encourage an open discussion.

Lecture: Bronfenbrenner's ecological model of human development lays out that people's health and development evolves from their relationships and experiences within four levels of social organizations. The microsystem consists of people's relationships with their immediate daily environment, such as their family, neighbourhood, school, work place, et cetera The mesosystem is the second level. It consists of the relationships between the various microsystems which can be marked by cooperation or conflict. The exosystem as the third level includes settings that influence people's lives indirectly, like health, education and social service systems, work environments et cetera The macrosystem finally consists of the overarching ideology, values, laws, regulations and customs of the local culture as well as global influences that may have an indirect but sometimes profound impact of people's lives. The trainer re-organizes the

findings of the working groups within this framework by using four concentric circles and supplements them according to need.

Challenges: The trainer might need to counterbalance the trainees' hyper-focusing on risk factors on the exo- and macro-system level by elaborating both the risk and protective factors of individuals and their immediate environment. She/he needs to reiterate that peer counselling activities target first of all the micro- and meso-system levels.

Unit 3.2.: Helpful general community interventions

Purpose: The trainees acquire a first overview of principles of intervention that can be immediately applied.

Content: The trainer explains Abraham Maslow's hierarchy of human needs. This model provides guidelines for creating situations that promote normalization and recovery, by establishing the conditions for the satisfaction of these needs. She/he discusses with the trainees how these basic human needs can be satisfied under the current conditions in the family, in schools, health and social services, in the general community, through the activities of the peer counsellors et cetera She/he introduces the IASC intervention guidelines as another useful framework for action. Visual support is needed in both presentations.

Activity: Organize working groups of 58-participants that come up with their own preliminary 'Seven lessons to be learnt for intervention'. These are written up, presented to the plenary, and discussed shortly.

Challenges: None. Maslow's hierarchy of human needs has proved to be self-explanatory and is usually very appealing to the trainees. It can be easily linked with the IASC guidelines. Both models empower the peer counsellors to act competently and with a clear purpose. The trainer needs, however, to emphasize that lack of satisfaction of basic survival needs will always challenge the efforts to satisfy the higher human needs and promote psychosocial well-being.

Day 4: Interventions addressing special stress and trauma reactions

Unit 4.1.: Addressing sleep problems; anxieties, nightmares and flashbacks; low self-esteem and depression; anger and violence; attention, concentration and learning problems et cetera

Purpose: The trainees develop their own strategies to assist their peers in dealing with common personal problems resulting from stressful and traumatizing experiences.

Activity: Establish a profile of the most prominent mental health issues in the refugee community through a brainstorming and voting process with all trainees. Select 3-5 of the most pressuring individual mental health topics as mentioned above. Have the trainees work in groups of 5-8 participants on one topic each, analyze it and come up with suggestions for helpful interventions. Discuss the working group results in the plenary.

Lecture: Explain in-depth the usefulness of physical activity, deep breathing and relaxation exercises; systematic desensitization and gradual exposure; positive thinking; small challenges and achievements; emotions as guides for recognizing and identifying problems; problem analysis and problem solving; talking about critical life events; social support.

Challenges: This unit makes the trainees usually feel competent, yet they also question the value of such personal interventions in light of ongoing major life stressors and their own belief systems. The trainer needs to reinforce the value of self-protection from

the impact of major life stressors that may be impossible to address on the individual level. She/he also needs to sensitize the trainees for acknowledging their limits of helpful interventions, and the ethical commitment to ask for help if needed.

Unit 4.2.: Finding positive meaning in the refugee experience

Purpose: As most trainees will have a strong spiritual orientation, this unit provides an opportunity to find shared meaning in the refugee experience and identify beliefs that will strengthen them in dealing with the hardships of their lives.

Activity: After the trainer has informed about the importance of personal philosophy and faith as protective mental health factors, she/he invites the trainees to discuss either in the plenary or in small groups the reasons and purpose of their and their peers' fate in light of their spiritual orientation, and develop building blocks of spiritual guidance for themselves and their peers. These are presented and discussed in the plenary.

Challenges: This unit asks the trainer to practise utmost respect and unconditional acceptance of the diversity of personal beliefs, and to demand the same from the participants. If the participants adhere to different faiths, they should work together in homogenous subgroups before presenting to the plenary.

Day 5: Stress and trauma reactions and helpful interventions according to gender, age, social and health status

Unit 5.1.: The impact of gender, age, social and health factors on psychosocial well-being

Purpose: This unit sharpens the trainees' awareness and understanding for important moderating variables of psychosocial well-being that are related to gender, age, social status and general health.

Content: Women and men need to learn from each other and work together in order to deal with life's stressors. They need to combine women's learnt ability of self-expression and emotional sharing with men's orientation to solve problems in a hands-on way. - Children's stress and trauma responses are similar to those of adults, but, depending on their age, more unspecific, somatic and/or more behavioural. Adults need to make sure that children's physical and security needs are met through basic provisions and the re-establishment of routines. Understanding and reliable care-giving is vital for their recovery. Stressed and traumatized parents might need personal support in this matter. – Maintaining familiar social relationships is an important buffer against the destructive impact of stress and trauma. Family, neighbourhood, ethnic and faith community relationships need strengthening. – Disability and chronic diseases are additional stressful life events for many refugees. The concurrent loss and mourning experiences need to be shared and understood. Affected refugees need to be supported in learning to cope with their limited physical capabilities.

Activity: Have an open plenary discussion about the content of the lecture.

Unit 5.2.: Case study

Purpose: The trainees apply their knowledge in a case study and prepare themselves for their field work assignment.

Activities: Divide the trainees into four working groups that focus on gender, age, health or social status issues. Let the trainees join a working group of their interest. Instruct the working groups to choose a chairperson, note taker and rapporteur. The chairperson needs to make sure that every group member can speak and is listened to. Each working group has the task to collect relevant personal experiences and observations, and then choose one case example for further analysis. The groups are instructed to provide basic biographic information about the case;

- to describe the relevant critical life events;
- to describe the person's immediate and long-term stress/trauma reactions;
- to describe protective and risk factors in the person and his/her environment;
- to describe the person's self-help strategies and their success or failure;
- to describe the impact of gender, age, health or social status on the person's psychosocial well-being in the given situation;
- to brainstorm helpful interventions as peer counsellors.

The case studies are presented and discussed in the plenary.

Challenges: The trainer has to make the trainees aware of achievements and weak-

nesses of their presentations and fill gaps of information through open inquiry.

Unit 5.3.: Field work assignment.

Purpose: The trainees apply the knowledge that they gained during the workshop in a real life situation and on the complexity of a real case. The requested interview introduces them to the challenges of interpersonal communication and strategies of information gathering. The case study documents their current level of understanding of the presented topics.

Activity: The trainees are tasked with preparing a case study in writing prior to the next workshop. They need to apply the above mentioned technical guidelines. They can work individually or in teams of two persons. They can use their own experiences, or interview a family member, a friend or somebody else for whom they genuinely care. The interviewees need to be informed that the provided information will be solely used within the workshop and for training purposes.

Challenges: The trainees might be reluctant to interview peers who do not belong to their close circle of family members or friends because they still feel insecure in their competences. They should be encouraged to work in teams of two and take on as much of a challenge as they feel they can manage, yet their final decision will be respected in any case.

6.2. Workshop 2: Communication Skills, Problem Solving and Conflict Resolution

Day 6: Learning from the field / Effective communication

Unit 6.1: Presentation and discussion of the field work

Purpose: The participants practice public presentation and learn to evaluate their data collection strategies, communication and analytical skills. They learn from examples of good practice. The knowledge that they gained from the first workshop is reactivated.

Activity: Every participant/team has up to 10 minutes to present and analyze their case, describe challenges of the interviewing process, and discuss his/her work with the whole group. The trainer highlights good performance aspects. She/he fills gaps in the presentation and analysis through targeted inquiry. At the end of the presentations, she/he repeats the technical guidelines and points out the strengths and weaknesses of the trainees' current communication skills. She/he acts according to the principles that 'mistakes are golden opportunities for learning'.

Challenges: The trainees are usually eager to present and discuss their case studies. Those who are hesitant to speak in public need to be encouraged. The trainer needs to contain eventual negative feedback and turn it into 'lessons to be learnt'. She/he needs to practice constructive feedback and make the participants aware of the impact of different feedback strategies.

Unit 6.2.: Principles of effective communication

Purpose: The trainees understand the components of effective communication and become aware of the vital importance of active listening as the basis for effective help.

Content: Effective communication creates good relationships. It is based on understanding exactly what the other person wants to say, and getting our own messages across in a precise and acceptable manner. We always communicate both verbally and non-verbally. While we usually pay conscious attention to what is said, our responses are influenced considerably by non-verbal communication. Our posture, gesture, facial expressions, eye contact et cetera inform the other person about how we feel in general, and specifically about our attitude towards him/her and the subject of our conversation. We often misunderstand verbal messages because we do not listen attentively, but select and judge what we hear, and prepare our responses already before the other person has stopped talking. If we want to be helpful, we need to clear our mind from all other subjects while listening, take information in without selection and judgment, encourage the other person to speak freely, and make sure that we have understood everything correctly before we answer. We achieve this by active listening, through non-verbal attentive behaviour, paraphrasing and reflecting feelings. If we need to ask for more information, we should use open-ended questions (Who did what, when, where, why and how?).
Activity: Prepare written instructions for different trainees to display emotions such as anger, happiness, depression, anxiety, frustration, et cetera in a short role game about

a typical normal conversation between refugees. The other trainees have to find out the presented emotion. – Distribute a check list of active listening behaviour.

Challenge: None. Trainees usually gain much insight and enjoy the role games.

Day 7: Active listening and constructive feedback (introduction)

Unit 7.1.: Practising active listening

Purpose: The trainees experience the benefits of active listening skills in a helpful conversation.

Activity: The trainees get together with their active listening behaviour checklist in groups of three according to their choice. Each group conducts role games in which one member is a peer counsellor, the other one a refugee, and the third one the observer. Roles are exchanged after each role game. The ‘refugee’ is instructed to share a stressful experience with the peer counsellor. The counsellor applies active listening and open-ended questions. The observer evaluates the counsellor’s behaviour according to the checklist. If time allows, have all groups act out three role games. Evaluate the exercise with the whole group. Ask first the ‘refugees’ to provide feedback about their experience, then the ‘peer counsellors’, and finally the ‘observers’. Add your own constructive feedback as you see necessary, and introduce first ideas about principles of constructive feedback. Conclude with an open discussion of ‘lessons to be learnt’ from this exercise.

Challenges: Some trainees might become emotionally involved while sharing their stressful experiences. Comfort them and their group by explaining that this is normal when speaking about a critical event, and encourage the ‘peer counsellors’ to continue practising attentive listening, particularly reflecting feelings. Practise active listening during the feedback in the plenary and make the trainees aware of your strategies. At this

point, many participants will find out that their active listening skills are not yet well developed. Give them hope for improvement in the course of the training, and remind them frequently during later exercises to practise these skills consciously.

Unit 7.2: Understanding constructive feedback

Purpose: The trainees understand the components of constructive feedback as a productive way of expressing opinions in response to others.

Content: Constructive feedback strengthens relationships and reinforces future communication. Constructive feedback is immediate, concrete, specific, descriptive, non-judgmental and non-labelling. It is provided when people are ready and capable to absorb it, without overloading them, in a respectful manner, and always starts with something positive. Constructive feedback asks the speaker to talk 'I', and not to generalize personal observations, thoughts and feelings. Before we can provide constructive feedback we need to be good listeners.

Challenges: The trainer needs to explain the components of constructive feedback through various examples from everyday life.

Day 8: Constructive feedback (practice) and introduction to conflict resolution

Unit 8.1.: Exercising constructive feedback about a controversial subject

Purpose: The trainees support each other in groups to prepare and execute a conversation about a controversial topic while using the rules of constructive feedback. They realize their own competences and further practice needs.

Activity: The trainees work in groups of up to 8 members. Each group works on a controversial topic that is of relevance for most trainees (for example: refugee women's freedom of movement outside their homes; domestic violence; suspicion and fears regarding the host community and supportive organizations). Each group splits in two subgroups. One subgroup collects all experiences, arguments and opinions for the positive, the other subgroup for the negative view of the controversial topic. Each two subgroups meet in front of the plenary and exchange their arguments while observing active listening and constructive feedback rules. The plenary serves as observer, provides constructive feedback on the group performance and comes up with 'lessons to be learnt' from listening to both sides.

Challenges: Active listening and constructive feedback competences usually differ between the various groups. The trainer needs to highlight positive examples and suggest how to improve skills. She/he needs to discourage the common habit, particularly for males, to display an attitude of strength and superiority in all public activities. This un-

dermines good mutual understanding and productive cooperation. Constructive feedback practices need to be reinforced throughout the training programme.

Unit 8.2.: Introduction to conflict resolution

Purpose: The trainees learn that background problems and the natural differences between people are causes for conflicts, and learn to respond to them in a constructive manner. This is a prerequisite for helpful group interventions.

Content: A conflict is an expressed or apparent opposition between two or more persons that is accompanied by strong feelings such as anger and frustration. Conflicts usually come up when problems arise, people have different ideas how to handle them, but they have not yet agreed on a way that serves all of them. Differences between people are natural because of their different needs, goals, perceptions, judgments, and experiences. Such differences can be an important source for learning and dealing with problems more successfully. Joint conflict management is best achieved by considering the following rules of conflict conversation: Define the area of conflict. Collect all different opinions about the subject of the conflict. Find out the background needs and requirements. Turn anger and tension into wishes for concrete change. Brainstorm all kinds of possible solutions. Evaluate all options together and agree on a win/win solution that considers the needs of all partners.

Challenges: As many trainees come from an authoritarian social background, the presented concepts and strategies are new to

them. The trainer needs to present numerous examples from the trainees' real life in order to make them understand the usefulness of this approach. She/he needs to encourage open discussion and the expression of different opinions on the presented topic.

Day 9: Problem analysis and problem solving

Unit 9.1: Introduction to the IDEAL problem solving strategy

Purpose: The trainees understand the IDEAL problem solving strategy.

Content: The I D E A L problem solving strategy consists of five steps:

I = Identifying the problem. Successful problem solving requires recognizing when a problem exists. Whenever people feel uncomfortable in a situation, experience mental confusion and/or have many questions there is usually a problem in the background.

D = Defining the problem accurately by mapping its context and different levels. Asking 5WH questions (Who? Where? When? What? Why? How?) helps in mapping.

E = Exploring, evaluating and deciding on problem solving strategies. Based on the relevant information, strategies for solution are explored. The most common strategies are: breaking a difficult problem into more manageable sub-problems and a larger task into smaller ones; solving minor similar cases before trying more difficult problems; working backwards in solving a problem, starting from the ideal end situation; brainstorming by trying to come up with as many new and original ideas as possible for the solution of a problem, without evaluating any of them prematurely. This helps in overcoming mental rigidity. The following questions are helpful guides for the evaluation process, in order to find the best possible solution: What resources – including persons, time, money and means – are available to implement any of these proposed strategies? What are their benefits and drawbacks? How can

these drawbacks be contained? People need to think of their priorities in order to reach their final decision. As far as a problem involves more than one person, these need to agree also on the mode of decision making (majority voting, expert decision, group consensus, delegation of decision making to a leader, et cetera).

A = Action plan and application

L = Lessons to be learnt. The implementation of the action plan needs to be supervised and its effects monitored, with the aim of learning early from mistakes and failures.

Challenges: The trainer needs to apply the presented strategy on several model real life problems of the refugees, so that they understand the importance of each step.

Unit 9.2.: Solving individual, family and community problems

Purpose: The trainees develop their problem solving competence by applying the IDEAL problem solving strategy on practically relevant topics of their choice.

Activity: Ask each trainee to name 3 pressuring problems that she/he experiences either individually, in the family, or in the refugee community and write up all problems on a board. The most frequently mentioned problems are chosen for the exercise. The trainees join a working group according to their choice. Each working group adopts a problem and chooses a group leader, note taker and rapporteur. The groups are encouraged to assign these roles to such trainees who have not yet had the chance to assume these responsibilities. The groups analyze their problems according to the IDEAL problem solving

strategy and present their problem solving process to the plenary who comments.

Challenges: The trainees usually enjoy this exercise as they gain a sense of competence. The trainer needs to fill eventual gaps in the problem solving process by targeted inquiry and reinforce constructive feedback during the plenary discussions. She/he should stimulate the self-evaluation of the group performance by asking group members what they liked about the group process and what they felt needs improvement. She/he needs to emphasize that individual differences are normal and need to be treated with respect.

Day 10: Exercises in problem solving and conflict resolution

Unit 10.1.: Working groups on problem solving and conflict resolution

Purpose: The trainees practice problem solving and conflict resolution in realistic role games.

Activity: The trainer has prepared several realistic case scenarios about typical refugee problems and conflicts. After presenting them to the plenary, the trainees decide which case they want to work on, and meet in groups of up to 8 members. Groups choose again a leader and a note taker. They are instructed to first perform an IDEAL problem analysis of the case and then prepare a role game for a conflict conversation. They assign one group member for monitoring the correct use of the problem solving strategy and another one for monitoring the steps of conflict conversation. After a rehearsal, the role games are presented to the plenary and discussed with the whole group with regard to the subject in general and the efficiency of the problem analysis and conflict resolution. The trainees are encouraged to identify the strengths and weaknesses of the performance by using constructive feedback.

Challenges: None. This exercise is highly motivating. The trainees develop a stronger sense of competence. If the trainer has monitored and reinforced active listening, constructive feedback and joint conflict resolution throughout the training, communication between the trainees has become quite open, honest, positive and respectful for differences at this point.

Unit 10.2.: Field work assignment

Purpose: The trainees apply their communication, problem solving and conflict resolution skills in a real life situation.

Activity: The trainees are asked to work in teams of two on a real life situation in which two or more refugees face a conflict. They are tasked with meeting with all parties, conducting a problem analysis and facilitating a joint conflict resolution session with all parties. Both the problem solving and the conflict resolution process have to be structured and documented according to the earlier mentioned steps.

Challenges: None. At this stage, the trainees usually feel that they have gained a considerable body of basic knowledge and skills, and they are eager to apply their felt competence

6.3. Workshop 3: Group Leadership and Support Groups

Day 11: Learning from the field / Understanding support groups

Unit 11.1: Presentation and discussion of the field work

Purpose: The participants present their case of a conflict between two or more refugees, evaluate their own data collection strategies, communication, problem solving and conflict resolution skills and become sensitized for areas that need improvement.

Activity: Every team has up to 10 minutes to present their conflict case, describe the successes and difficulties that they encountered during the problem analysis and conflict resolution process, and benefit from the questions and comments of the whole group. The trainer highlights good performance aspects, identifies eventual gaps in the presentation, analysis and intervention, and suggests constructive alternatives. At the end of all presentations, she/he gives a summary feedback concerning the current competence of the whole group and draws attention to skill areas that need to be strengthened.

Challenges: Practising non-judgmental listening, considering different opinions as an asset and not as a threat, conducting thorough problem analyses and remaining impartial during conflict resolution processes are attitudes and behaviours that need much practical training. The trainer needs to encourage the participants to apply them in as many daily life situations as possible.

Unit 11.2: Understanding support groups

Purpose: The participants understand the purpose and characteristics of support groups and discuss their value in strengthening the mental health of refugee communities.

Content: Support groups are groups of people with equal status and expertise who meet around a common subject for the purpose of personal development and individual empowerment. The main aims of support groups are to raise individual and collective awareness, gain information and knowledge from each other, develop personal insights, support each other through care and understanding, and to solve practical problems. Everybody can be the leader of a support group. The leader's task is to facilitate the work of the group in such a way that everybody has maximum benefit from it. All group members bring their life experience, skills and knowledge as assets to the group. They learn with and from each other, based on mutual respect. Support groups develop in four stages: orientation – dissatisfaction – resolution – production.

Challenges: In order to make the participants understand the nature and advantage of support groups, the trainer has to present a variety of successful examples from the history of the support group movement. The participants' own cultural background often raises spontaneously discomfort and mistrust with regard to sharing and addressing personal concerns publicly with peers. It is important to accept this. With more practical experiences about how support groups work and what they can achieve, the participants usually acknowledge the value of support groups for protecting and enhancing the mental health of their communities

Unit 11.3: Support group exercise

Purpose: The participants gain a first-hand experience how support groups work and become aware of the facilitation skills that they already own.

Activity: The participants agree on a distressing problem that affects many of them, such as securing water and food, earning money, access to health care and education, dealing with insecurity and threats, lack of a future perspective, et cetera. The trainer invites between eight and twelve volunteers to gather for a support group simulation which she/he facilitates. The other participants observe. Following the simulation, the trainer asks the participants to describe their personal experiences during the meeting, its process and outcomes. She/he invites the observers to also comment on the process, outcome, interactions and facilitator's behaviour. Consequently, she/he reiterates the different functions that support groups can serve, as well as the communication, problem solving and conflict resolution skills that she/he applied. She/he emphasizes particularly the empowerment aspect of support groups and its value for community mental health.

Challenges: Volunteers in the support group exercise are often not yet used to listening to each other well and practising constructive feedback. The trainer will need to intervene frequently in order to coach them in these aspects. They also often think about their problems on a macro-level on which they cannot act competently on their own and become, therefore, easily discouraged. It is important to discuss with them a realistic range of actions that they can indeed take. Reminding them of Bronfenbrenner's ecology of human development is also helpful in defining their scope of influence.

Day 12: Facilitating support groups

Unit 12.1: Understanding support group facilitation

Purpose: The participants will understand the strategies of group facilitation and evaluate their own facilitation skills. Content: Members of a support group meet because they share common problems, interests, goals and visions, and the motivation to help each other. They might have the same or different life experiences, views, competencies and capabilities, yet all of those are valuable in achieving the goals of the support group. The effectiveness of such a group depends on the participation of all members and their readiness to listen and learn with and from each other. A support group facilitator has two main responsibilities. First of all, she/he has to make sure that the group reaches its goals through practicing so-called "tasks behaviours". Secondly, she/he has to establish and maintain good relationships between the members of the group through practising so-called "maintenance behaviours". Both kinds of behaviours are important to empower the group to reach its purpose. In well-functioning support groups, facilitation rotates among the group members.

Typical task-oriented behaviours of a facilitator are: taking initiative; searching for and offering information; explanation and clarification; coordination; summarizing; activation; keeping records; evaluating the group process and outcome. Typical maintenance-oriented behaviours are: providing personal support and creating harmony in the group; ensuring consensus; reconciling different

opinions; setting standards; being flexible; expressing feelings; minimizing tension.

Activity: The participants rate their own task and maintenance behaviours on worksheets on a scale from 0 – 7 and report their greatest current strengths and weaknesses to the plenary.

Challenges: The trainer has to explain repeatedly facilitation as a service to the support group. This view on peer leadership contradicts the authoritarian concept of group leadership with which most participants will have been raised. The participants identify usually numerous shortcomings in both sets of facilitation skills. They need to be encouraged to practice in order to overcome these initial weaknesses

Unit 12.2: Facilitating a support group

Purpose: Participants experience themselves as support group facilitators and sharpen their awareness for group processes and outcomes.

Activity: The participants agree on subjects for group meetings and split into various support groups of 8 – 10 members. Each group nominates a facilitator, an assistant, and an observer/rapporteur. The groups work for 45 minutes. In their report to the whole group of trainees, the facilitator and assistant evaluate their own task and maintenance behaviour before the observer/rapporteur and other support group members provide their feedback. The trainer adds his/her constructive feedback with regard to task and maintenance behaviours, as well as group efficiency. After the presentation of all groups,

this unit concludes with a general discussion of observations, experiences, and lessons to be learnt.

Challenges: Group facilitators present often very diverse facilitation styles that range from autocratic to participatory. Attentive listening, suspending judgment and respecting different opinions are attitudes and practices that need continuous reinforcement throughout the training and particularly in the more difficult group situations. The trainer needs to emphasize and elaborate on the positive examples by inquiring how the support group members actually benefited from these different styles.

Day 13: Solving problems in support groups

Unit 13.1: Evaluating the quality of problem solving in the previous support groups

Purpose: This unit sharpens the participants' awareness of the quality of problem solving in the previous support groups and of strategies that need strengthening in dealing with problems in a group context.

Activity: The trainer opens the floor for an open discussion of the efficiency with which the previous support groups dealt with the chosen problematic topics. She/he reminds the participants of the IDEAL problem solving strategy and applies it in a collaborative manner on those topics that have not been sufficiently addressed in these groups.

Challenges: None

Unit 13.2.: Solving problems in support groups

Purpose: The participants apply the IDEAL problem solving strategy during a support group simulation and acquire competence in addressing problems in a group context.

Activity: The participants agree on new subjects for group meetings and split into various support groups of 8 – 10 members. Each group nominates a facilitator, an assistant, and an observer/rapporteur. Each group works for 45 minutes. In the group reports to the plenary, the facilitator and assistant evaluate their own problem solving strategies before the observer/rapporteur and the

other group members do so. The other participants and the trainer add their constructive feedback.

Challenges: The trainer will have to clarify the different goals of support group meetings several times. She/he needs to make sure that all problem solving steps are sufficiently elaborated so that the group meetings are successful.

Day 14: Solving conflicts in support groups

Unit 14.1: Analyzing conflict situations in previous support group simulations

Purpose: The participants sharpen their awareness for group conflict processes and the strengths and weaknesses of their current conflict resolution skills.

Activity: The trainer and the participants review and analyze conflicts between two or more group members that have occurred during the previous support group simulations. The trainer reminds the participants of the rules of conflict conversation.

Challenges: None.

Unit 14.2: Solving conflicts in support groups

Purpose: The participants develop their conflict resolution skills in group contexts.

Activity: The participants agree on new subjects for group meetings and split into various support groups of 8 – 10 members. Each group nominates a facilitator, an assistant, and an observer/rapporteur. The remaining group members gather in two or more subgroups that present different views on the chosen topic. They prepare for conflict conversations. Each group works for 45 minutes. In the group reports to the plenary, the facilitator and assistant evaluate their own strategies of conflict resolution before the observer/rapporteur and the other group members do so. The other participants and the trainer add their constructive feedback.

Challenges: None.

Day 15: Guidelines for group facilitation – preparation of support group meetings in the community

Unit 15.1: Developing guidelines for group facilitation

Purpose: The participants develop their personal guidelines as group facilitators in preparation of the field work.

Activity: The participants meet in groups of four, discuss and write up their ten most important guidelines for support group facilitators. The groups present these guidelines as posters and explain them in detail. The plenary provides constructive feedback on each set of guidelines.

Challenges: The trainer needs to monitor that the ten guidelines are comprehensive. She/he needs to fill eventual gaps by referring to the shared group experiences.

Unit 15.2: Field work assignment

Purpose: The participants prepare for applying and refining their facilitation skills in a real life situation, thus acquiring a higher level of practical competence.

Activity: The participants are asked to form working groups of three members and distribute the roles of support group facilitator, assistant and observer/rapporteur between each other. They prepare for the following field work assignment: “Organize a one to two hours support group meeting with 5-8 group members, or provide a support group meeting to a family in order to find solutions for shared problems. Prepare a written report about the meeting that includes the following points:

Names of the peer counsellors
Subject of the meeting
Attendants (gender, age, roles and functions)
Place and time of the meeting
Context and background of the problem
(in detail)
List of suggestions for solving the problem
Chosen problem solving strategy and its justifications
Action plan and follow-up
Feedback of support group members about their personal comfort and felt efficiency of the meeting
Facilitator's and assistant's self-evaluation of their facilitation skills, current strengths and weaknesses
Observer's comments
Lessons to be learnt for future support group facilitation."

The trainees are asked to share their plans for conducting the support group meeting, including an outline of the problem background, a definition of its purpose, and a list of challenges that they expect to face with the plenary. The plenary and the trainer provide constructive feedback and support.

Challenges: The participants are usually highly motivated at this stage of the training to work practically, but they are also anxious regarding their acceptance as peer counsellors by their community. The trainer needs to develop with them communication strategies that help them to connect successfully with the other refugees and organize the support group meetings.

6.4. Workshop 4: Dealing with Special Mental Health Problems - Peer Counselling: Ethics, Standards and Collaboration with Other Services

Day 16: Learning from the field / Dealing with disability, loss and grief

Unit 16.1: Presentation and discussion of support group meetings

Purpose: The participants present their experiences as facilitators of support group meetings, evaluate their group facilitation skills and work on skills development. Activity: Each team has up to 10 minutes to present their experiences according to the above mentioned report outline and benefit from the questions and comments of the whole group. The trainer highlights good performance aspects, suggests ways for each participant how to improve his/her facilitation skills, and elaborates on the concluding “lessons to be learnt”.

Challenges: At this stage of the training, the participants are usually confident in problem analysis and problem solving and some of them will share true success experiences. A certain percentage will, however, have experienced natural difficulties in keeping the support group communication open and focused at the same time. The facilitator and the assistant might also have encountered difficulties in their cooperation. Following the reports, the trainer should encourage the participants to repeat typical difficult group situations in role games, and model or coach them into more effective interventions as facilitators.

Unit 16.2: Dealing with disability and loss

Purpose: The participants will understand the normal human reaction to disability and the loss of significant others, property et cetera.

Content: Many refugees lose their homes, belongings and money; family members, friends and neighbours; their social status and sense of identity; and sometimes even their physical capabilities in their journey to a safer place. Single and child headed households are particularly affected by multiple losses. This leads to natural reactions of grief and mourning that involve body, mind, feelings, and behaviours. Peer counsellors can help refugees to work through the ‘four tasks of mourning’:

- To accept the reality of the loss (instead of remaining in denial);
- To work through the pain of grief (instead of staying numb and depressed);
- To adjust to a new environment that signifies the losses (instead of remaining helpless);
- To emotionally relocate the loss and move on with life (instead of staying withdrawn and disconnected).

Guidelines for peer counsellors are:

- Help the survivor actualize the loss through talking about its specific circumstances, looking at photos, documents, et cetera;
- Help the survivor to identify and express feelings of anger, guilt, anxiety, helplessness, and sadness;
- Assist living with the loss through teaching problem-solving techniques and encouraging decision making;
- Facilitate emotional relocation through help-

ing people realize that, although the loss can never be replaced, it is all right to fill the void with time through new relationships and activities;

Encourage taking time to grief actively;

Help people understand 'normal' grief reactions;

Help families understand individual differences in grieving;

Provide continuing and reliable support as long as needed;

Identify serious mental health problem such as depression, unhealthy coping styles such as alcohol and drug use, and initiate referrals to the appropriate services.

Activity: The trainer invites the participants to share their own experiences of losses, their reactions and ways that helped them to work through their grief and mourning. This takes place according to the participants' preference either in the plenary, in teams of two or in bigger working groups. The most important insights from the group discussions are shared in the end with the plenary. The activity concludes with a summary of helpful ways to facilitate healthy mourning.

Challenges: This topic is highly emotionally charged, because most participants will have encountered one or more significant losses. The trainer needs to encourage free expression, but also respect for those participants who do not want to share their experiences. Some participants are usually good role models by going ahead and speaking about their experiences. This will encourage the others to open up and share their losses with their peers. Participants may also speak about their observations of how other refugees have dealt with their personal losses.

Day 17: Understanding and helping children and adolescents

Unit 17.1: Understanding the impact of the refugee experience on children and adolescents

Purpose: The participants will understand how the refugee experience deprives children of various age groups of chances for healthy growth and development, and what are possible resulting developmental and behavioural problems. This will help them in identifying children in need of support.

Content: The trainer provides a synopsis of MASLOW's hierarchy of human needs, ERIKSON's developmental growth con-

flicts, and behavioural problems that may result from the inability to achieve satisfying solutions to these normal developmental challenges under the refugee condition. The following table is helpful

Challenges: As most participants will be unfamiliar with child development issues, the trainer needs to use many examples from their culture in order to explain the relationship between developmental needs, conflicts, and children's behavioural responses to deprivation. Awareness needs to be created for how different environmental conditions and expectations lead to different developmental outcomes. Special attention needs to be paid to developmental delays, children's social isolation and aggression

	Physical well-being	Growth conflict (E.H.ERIKSON)	Typical behaviour problems
Infancy (0 – 12 months)	Physical well-being Safety and security	Trust – mistrust	Withdrawal and isolation; unspecific hyperactivity Stereotypes; auto-aggression; depression
Early childhood (1 – 3 years)	Love and belonging	Autonomy – shame	Unspecific aggression; antisocial behaviour; stuttering/tics
Play age (3 – 6 years)	Self- esteem	Initiative – guilt	Phobias; obsessions/ compulsions; enuresis
School age (6 – 12 years)	Self – actualization	Industry – inferiority	Lack of motivation, interest and concentration; daydreaming
Infancy (0 – 12 months)	Self – actualization Self- transcendence	Identity – role diffusion	Impulsivity; indecision

Unit 17.2: Helpful interventions for children

Purpose: The participants brainstorm interventions how to secure children's needs as refugees.

Activity: The trainer asks the participants to build five working groups. Each working group concentrates on one of the aforementioned developmental stages. The group members agree to discuss the situation and support needs of one or more children of the respective age group whom they know, and analyze in how far their developmental needs have been successfully met. After looking into both the deficits and the resources in the children's immediate environment, they brainstorm what can be done under the current circumstances to support their healthy development. They try to determine which interventions will be in the children's best interest. The groups present their case discussions and findings to the plenary and receive further comments and suggestions.

Challenges: All refugees care deeply for the future of their children. The participants will, therefore, be highly engaged in this activity. The trainer has to make sure that the working groups conduct thorough case analyses, examine all opportunities for support, and come up with realistic suggestions.

Day 18: Helping families

Unit 18.1: Understanding refugee families' support needs

Purpose: The participants understand how the relationships in refugee families become strained through experiences of deprivation, isolation, stress and trauma, and how to identify individual and collective support needs.

Content: Becoming refugees strips many families of their material resources, familiar support systems, established roles and responsibilities, and all aspirations and dreams of the future. The developmental needs of all family members are at a high risk of deprivation. In addition, refugee families are often exposed to various stressful and traumatizing experiences. These circumstances may induce typical stress and trauma reactions in one or more family members, which again increase the probability of family conflicts and violence. Younger and female family members are at a particular risk of abuse and neglect. The protective role of refugee families for the well-being and development of all their members needs to be strengthened through family education, conflict resolution and individual support. Peer counsellors need to understand the needs of all family members and the problems and conflicts of the whole family before they can be helpful.

Challenge: The participants need to apply their knowledge about developmental needs, stress and trauma reactions, problem solving and conflict resolution in the analysis of complex family situations while keeping the needs and well-being of all family members in mind. The trainer has to provide real life examples that show how to analyze a difficult family situation in a comprehensive manner.

Unit 18.2: Understanding and helping refugee families in need – case discussions and role games

Purpose: The participants conduct family problem analyses and apply helpful interventions in role games.

Activity: The participants meet in groups of six to eight members and agree on a real life case example of a refugee family under distress. After a description of the family problem, they analyze the developmental and support needs of every family member and brainstorm helpful interventions for both the individuals and the family as a whole. The groups present their cases and the suggested interventions to the plenary for feedback and recommendations. They rehearse the interventions in a role game with two participants as peer counsellors. The other groups and the trainer observe and provide constructive feedback.

Challenges: During both the group work and the role games the trainer has to direct the participants to pay attention to the situation and needs of all family members equally without bias and premature judgment. These attitudes and practices need to be monitored and further strengthened during the follow-up training. The participants should be encouraged to practise family interventions as often as possible in order to refine their skills. They should work in teams of two for mutual support and learning together.

Day 19: Crisis interventions

Unit 19.1: Principles of crisis interventions

Purpose: The participants learn about crisis interventions

Content: Refugee life is full of crises. A crisis occurs when people face insurmountable obstacles to important life goals that they cannot remove through the use of previous habits and coping strategies. The goal of crisis intervention is to resolve the most pressing personal problems within a limited time through focused and direct interventions. Crisis intervention helps to solve the problems at hand. It reduces subjective stress, helps to re-establish a sense of competence and control and provides hope. Peer counsellors can start their crisis support work by conducting debriefings. Debriefings are structured ways of talking through such critical incidents, by reconstructing what happened, sharing thoughts, sense impressions and feelings, highlighting self-help actions that may have led to some relief, acknowledging current stress symptoms, educating about stress management methods and orienting about when to turn to professionals for help. Other acute stress management strategies are: quick relaxation techniques to regain emotional control, simple physical exercises to reduce restlessness, resuming normal life habits as soon as possible, adjusting performance expectations to one's actual capabilities, talking to somebody trustworthy whenever needed, and paying attention to a healthy diet with a lot of water. Crisis intervention ends once people feel again empowered to be in charge of their lives.

Challenges: None.

Unit 19.2: Rehearsing crisis interventions in role games

Purpose: The participants prepare for real life crisis interventions in role games.

Activity: The participants meet in small groups and agree to work on a crisis scenario that they have either encountered personally or witnessed among their fellow refugees. They describe the scenario, its background and context in detail and brainstorm crisis intervention strategies. The groups prepare and present role games with an individual refugee, a group or a family in crisis and two peer counsellors who conduct the crisis intervention. The role games are evaluated and discussed in the plenary. The trainer summarizes lessons to be learnt.

Challenges: As this is a first time experience in crisis intervention, the participants need detailed individual feedback about their strengths and weaknesses. They need to be encouraged to practise crisis intervention in reality as frequently as possible in order to develop their competences. Working in teams of two is advised for mutual support and learning together.

Day 20: Peer Counselling: Ethics, Standards and Collaboration with Other Services

Unit 20.1: Ethics and standards for peer counselling

Purpose: The participants become sensitized for basic ethics and standards of performance as a precondition for successful work as peer counsellors.

Content: Peer counsellors need to adhere to five basic principles for their work:

To be honest, transparent, and serve their community;

To assist their peers in finding a more satisfying way of life by helping to solve their problems and supporting their personal development;

To respect their will and their choices, but to prevent them from harming themselves or others;

To treat personal information confidentially and to share it with others always and only for professional purposes and in the best interest of their peers;

To be aware of their capabilities and limitations, invest continuously in personal and professional self-development, and ask for professional support if needed.

Activity: After explaining and discussing these principles in the plenary, the participants meet in their future work teams of two and lay down in writing their own 'ten commandments' for their work as peer counsellors. They present them as posters to the plenary. This is followed by an open discussion, with feedback from the trainer.

Challenges: The trainer needs to make sure that the commandments contain the above principles.

Unit 20.2: When to refer to professional services

Purpose: The participants become aware when they need to refer their peers for professional help.

Content: Peer counsellors need to be conscious of their capabilities and limitations as liaison persons between their community and the available professional services. Whenever they deal with refugees who meet the criteria for anxiety disorders and/or depression, are particularly withdrawn or aggressive, lost important previous skills and capabilities, and/or are negligent in basic self-care, they need to discuss their case with their professional supervisor and/or institutional counterparts. The trainer presents typical cases.

Challenges: None.

6.5. Graduation, follow-up supervision and training

It is of high value to the participants to receive a peer counselling certificate at the end of the training. This should state the amount of training hours, the topics of the training, and the commitment of the graduates to continuous learning and self-development. For optimum skills development, the graduates should be obliged to attend regular supervision sessions and on-the-job training for a minimum of three months. This can, for example, take place in the form of biweekly meetings for case discussions, and a monthly training day. The topics of the training should address questions that evolve in the course of their field work. During this period, the peer counsellors should be affiliated as community liaison workers with the local health or social services for refugees. These services can be responsible for the follow-up, if staff members joined the peer counsellors training as co-trainers.

7. Training Evaluation

A variety of strategies and tools are used to evaluate the efficiency of the training as it progresses with regard to the participants' attitude, knowledge and skills development. These are first of all the work group presentations, role games and field work reports. Asking the participants to summarize the content of the previous day in the beginning of a new training day is also a means to keep track of their evolving understanding. At the end of each workshop, they always evaluate their own competence development. Knowledge quizzes are occasionally applied. The follow-up supervision phase shows in how far the peer counsellors are able to generalize and transfer their knowledge and skills into the field. Feedback from the refugee community about the value of peer counselling support is also sought.

Acknowledgements

CARE International in Jordan has been instrumental in kicking off the training of refugees as peer counsellors in Jordan. The first training programme was conducted on behalf of CARE in 2004 with Palestinian, Iranian, Kurdish, Somali and Sudanese refugees from Iraq in the Karama and Ruwashed refugee camps near the Iraqi-Jordanian border. Urban Iraqi refugees from Amman were trained as peer counsellors as part of the project “Reducing Gender Based Violence in the Refugee Community”, one component of the CARE International in Jordan Dignity and Self-Help for Refugees (DASH) Programme 2007/8. Based on the refugee training programme and upon initiative of the Jordanian Society for the Protection from Family Violence, Jordanian volunteers also underwent training as peer counsellors in response to the Amman bombings of 2005.

CARE programme managers Elly Cotsell and Reema Masoud supported the trainings whole-heartedly and skilfully. Reema Masoud, Nasser Obeidat, Nadeen Jaradat and Mohedin Waissi never tired to deliver the training messages through their excellent translation skills and became competent co-trainers. All participants helped to shape the training programme through their thoughtful and critical feedback.

Reema Masoud took upon herself the responsibility to write the Arabic version of the manual. Jehan Bseiso contributed her professional English-Arabic translation skills to carrying in to perfection. Editor Reinde Reiffers from the War Trauma Foundation provided gentle guidance throughout

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About Al Himaya Foundation (Jordan) - Mission Statement

Peace and wartime trauma are common experiences among the people of the Middle East, leaving many of them with physical and psychological injuries. Often, survivors of these events have limited access to professional care and support. The prospective demand is substantially in excess of what the regional resources are currently capable of delivering.

Al Himaya Foundation has been established to bring together professional expertise from within and outside the Middle East. Its chief objective is to create a resource centre, where culturally integrated psychosocial and medical support initiatives are developed, tested, and accredited, as a way of strengthening local capacity and serving the needs of all trauma victims and their families, in Jordan and the region.

Specifically, the Foundation aims to:

- Provide training and technical support for professionals within the medical, psychological and social service communities.
- Encourage and support the integration of psychosocial programmes into other development projects.
- Develop and deliver crisis interventions.
- Develop, apply and evaluate comprehensive community psychosocial intervention programmes.
- Enhance policy makers' and service providers' policies, strategies, program and project development and institutional capacity building.
- Design, apply and evaluate educational programmes that promote resilience in both children and adults.
- Generate research on traumatised populations that is both ethical and reflective of gender, religion and culture, in support of client-centred interventions.
- Develop ethical standards for research and interventions in the field of medical and psychosocial rehabilitation following traumatic experiences.

- Raise awareness of the human potential for psychological survival and resilience through public relations and media outreach.
- Enhance prevention awareness and disaster preparedness.
- Develop a sustainable quality control system for the improvement of all aspect of physical and psychosocial trauma care in a cost effective manner.

In undertaking its work, the Foundation seeks to optimise the use of local human resources and to work in full consideration of cultural norms and values. In pursuing its objectives, the Foundation will adhere to the highest international ethical standards of professional service delivery.

About the War Trauma Foundation

War Trauma Foundation is dedicated to the provision, via aid organisations, of psychosocial and mental health training programmes for the benefit of victims of war, terror and organised violence, throughout the world. WTF promotes and facilitates capacity building initiatives with local mental health professionals in post-conflict areas.

In the past half century, a new science has been developed to counteract the horrifying trauma caused by war, terror and organised violence. These scientific developments have found wide areas of application. Today, many organisations are engaged in programmes fostering capacity building in local communities, for example by offering training to individuals as psycho-social workers, counsellors or potential trainers.

WTF supports local organisations, both professionally and financially.

These organisations may apply for this assistance.

War Trauma Foundation has been engaged in projects in Angola, Algeria, Cambodia, Brazil, Sri Lanka, Nepal, India, Kashmir, Chechnya, North Ossetia, Croatia, Bosnia Herzegovina, Serbia, Slovenia, Kosovo, Macedonia, Egypt, Israel, Palestinian Territories, Cameroon, Afghanistan, the Democratic Republic of Congo, South Africa, Tanzania, Uganda, Rwanda, Burundi, Namibia and East-Timor.

War Trauma Foundation counts on the voluntary professional advice of the Scientific Advisory Council of 13 experts, including psychiatrists, psychologists and anthropologists.

If you wish for professional, and perhaps including financial support, or if you would like more information on War Trauma Foundation, you may contact us:

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درجہ: بی اے

اساتذہ کرام: ڈاکٹر

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اساتذہ کرام: ڈاکٹر

Intervention