

Psychosocial interventions: some key issues facing practitioners

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The ever-growing range of approaches to psychosocial intervention in areas of armed conflict reflects a wide diversity in underlying perspective. Practitioners are faced with questions of effectiveness and appropriateness of interventions. The author presents a conceptual framework formulated by the Psychosocial Working Group that offers a way of understanding psychosocial well being that embraces the breadth of the field. This framework is used to explore the assessment of the impact of events, by directing attention towards both the depletion and accretion of human, social and cultural resources as a result of armed conflict. Issues of effective, appropriate and ethical interventions are discussed in relation to the fundamental importance of facilitation of community engagement.

Key Words: psychosocial interventions; conceptual frameworks; psychosocial best practice; ethics

How can psychosocial needs be assessed?

Practitioners have now been gaining experience of psychosocial interventions in complex emergencies for a number of decades. There is a growing body of expertise, and – as the title of this journal itself reflects – a variety approaches are subsumed under this umbrella term. For example, the directory of psychosocial projects in Bosnia-

Herzegovina and Croatia compiled by Inger Agger (1994) includes a vast array, including: psycho-education through radio and television broadcasts; summer art and music camps; support groups for trauma survivors; medical care for women; psychiatric services; legal counselling; knitting and handicrafts for income generation; educational and play activities for pre-school children; education on alcohol-related problems and recreational and cultural activities. These approaches all represent a shared recognition that the effects of armed conflict are not just physical, but also psychological and social. However, such diversity, whilst enriching the field, reflects fundamentally different theoretical perspectives on the nature of psychosocial issues and the causes of problems. These theoretical perspectives have been discussed elsewhere (e.g. Strang & Ager, 2001; Galappatti, 2003). Whilst there is an increasing range of guidelines becoming available (e.g. International Federation of Red Cross and Red Crescent, UNICEF), they too reflect different theoretical perspectives. The practitioner is thus faced with different approaches that are seen to be valid and effective according to different sets of value judgements and different contexts. As a result of this very richness and

breadth, practitioners are faced with difficulties at the most fundamental level of how appropriate interventions can be developed. Firstly the question arises as to how to appraise the impact of the crisis. It is widely acknowledged that people can be exposed to the same events and yet be affected by them differently, but there is no clear agreement on how those differences may be manifested.

Secondly, there is disagreement about how activities should be focused. Where needs are clear, there is a lack of consensus in the field as to the most appropriate response to needs.

How can cultural sensitivity be ensured?

There has been much debate around the importance of cultural sensitivity in programming. Derek Summerfield has led the way in arguing of the dangers of imposing western concepts on non-western cultures (Summerfield, 1995). However, it is not necessarily clear what this might mean in practice. Questions still remain: are efforts to use appropriate language to describe psychological phenomena enough? For example, is it appropriate to major on counselling provision amongst a community who need to be taught both the word and the concept? Is the employment and training of local staff sufficient to ensure cultural appropriateness? If not, how can culturally appropriate solutions best be discovered? If local traditional practices are to be incorporated, how can an external agency determine which are appropriate? For example, where is the evidence base for endorsing local healing or cleansing rituals?

What is the ethical basis for psychosocial intervention?

When a group of psychosocial practitioners get together, it is not long before the ques-

tion of ethics is addressed. What is the ethical basis for interfering in a society of which you are not part? Is there a danger of imposing external cultures and values and undermining traditional ways of life? Surely we must stand up for basic human rights? We should avoid patching up societies and thus enabling basic inequities and oppression to continue.

What is the role of psychosocial intervention in transforming societies?

This paper will present a framework developed by a consortium of humanitarian agencies and academic institutions known as the Psychosocial Working Group¹. The framework aspires to describe the scope of psychosocial intervention and to provide a way of understanding psychosocial well-being. It is hoped that this way of understanding will contribute constructively to these debates enabling those closest to the work to throw some more light on the issues facing the field, suggest ways of answering some of the key questions and perhaps anticipate others that might arise.

A framework

Humanitarian psychosocial programmes in areas of armed conflict are by definition concerned to promote psychosocial well-being. This term, though much used, is not easy to define. Most fundamentally it emphasises the close connection between psychological aspects of our experience (our thoughts, emotions and behaviour), and our wider social experience (our relationships, traditions and our culture). Therefore the proposed framework begins with the assumption that it is generally appropriate to consider the needs of individuals within the social context of a family or household which, in turn, is located

within an 'affected community' (Bronfenbrenner, 1976).

However, the use of the word 'community' is contentious, particularly in the context of areas affected by conflict. For example, in a refugee camp, people may have come from many different places. They may not know one another; families will be separated; there will be unaccompanied children. In what sense does such a gathering constitute a community? Similarly, even where people are returning to their home area after conflict, some former residents will be returning and some will not, social relationships may be massively disrupted by experiences of the conflict. People may be deeply divided by, for example, ethnicity or religion or politics. Perhaps, at best, it is appropriate to talk of a 'potential' community. Jean-Claude Metraux suggests a minimal definition: 'a group of persons who share a similarity which is relevant for all of them' (Metraux, 2000, p102). This definition allows the identification of those who belong to a group, inviting exploration of the factors that they share without making unjustified assumptions about homogeneity.

The framework concerns a community that

has been affected by some 'event' or 'events', such as conflict, mass displacement, natural disaster etc. The nature of these events is very diverse; they can be catastrophic or cumulative. They often contribute to broader conditions or circumstances that continue to impact people over many years. The challenge for psychosocial programming is to understand exactly how a community and its members have been affected by events, and thus how they might be best supported. If a community is seen in terms of resources (Hobfoll, 1998), then it can be argued that the common feature of such events and conditions is that they challenge the community and its members by disrupting or diminishing the resources of that community in some manner.

This framework suggests that there are three key resource areas that are most valuable in understanding the impact of conflict on psychosocial well-being.

Human capacity refers to the health (physical and mental) and knowledge and skills of an individual. Human capacity may be reduced when people become depressed, withdraw from social life or become physi-

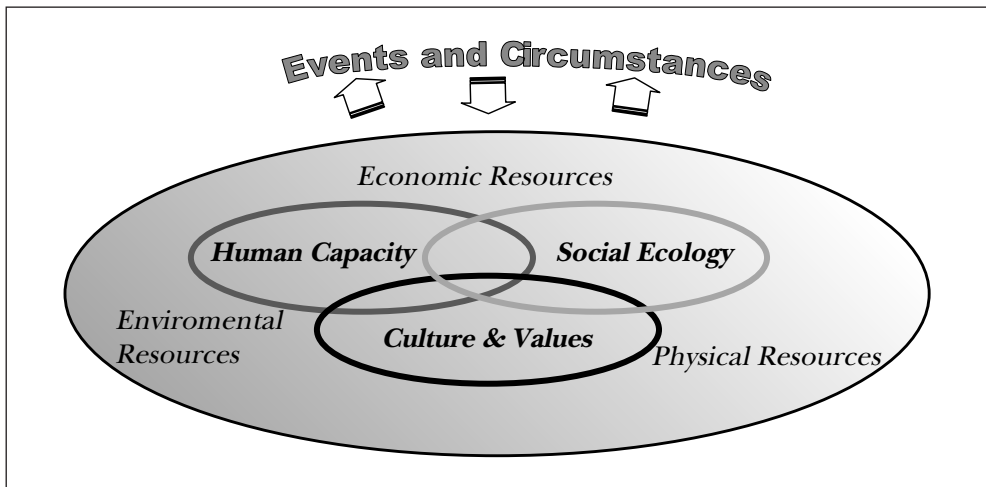


Figure 1. Factors Influencing Psychosocial Well-being

cally disabled. The deaths of people usually lead to a loss of skilled labour in household and communities. Even the feeling of having less control over events and circumstances may contribute to people feeling less able to meet the challenges they face. In these terms, improving physical and mental health, or education and training in support of increased knowledge, enhances human capacity and thus psychosocial well-being.

It is the *social ecology* or pattern of social networks in a group of people that enable them to function as a community. Through these networks and relationships individual capacities can be released as resources that support the well being of the group as a whole ('Social capital', Colletta & Cullen, 2000). Furthermore, there is strong empirical evidence linking individual mental health to the presence of effective social engagement (Goldberg & Huxley, 1992). Armed conflict often leads to a disruption of the social ecology of a community, where relations between families and peers change, or where religious and civic organisations cease to function. It is necessary to address damage to social ecology in order to promote psychosocial well-being.

Finally, conflict may also disrupt the *culture and values* of communities when common values are challenged and human rights are violated. It may become more difficult for people to follow cultural traditions that have previously provided a sense of unity and identity to communities. 'Culture' has been defined by Geertz as, '..systems of meaning which provide a cosmology, a world view, and are manifested in behaviour and beliefs.'(Geertz, 1973). Where these shared meanings are disrupted, reference points are lost, a sense of right and wrong is undermined, and behaviour loses its purpose. The framework identifies 'culture and values' as the final key resource

area crucial in understanding psychosocial well-being.

The framework identifies these three areas as providing the key to understanding psychosocial well-being itself. They cannot be separated out as distinct phenomena; rather they provide different lenses to describe the same phenomena. Thus each domain pervades the others. Human resources are essentially invested in people, and so are social relationships. Similarly social relationships reflect the culture and values of a community. Human resources themselves cannot be specified in isolation from culture and values (the knowledge of soothsaying practices, or even the ability to weave carpets, take on very different significance according to cultural context). Although these issues are seen as definitive in understanding psychosocial well-being, they are not seen as the only factors that impact on well-being in complex emergencies. It is recognized that the loss of material and economic resources of households, the disruption of infrastructure on communal and regional levels, and the degradation of the environment all have an important impact on psychological well-being. Such issues form part of the broader context within which individuals, families and communities begin to engage with the events that have affected their lives.

Affected Communities as 'Actors'

These domains suggest a way of mapping the human, social and cultural capital available to people responding to the challenges of prevailing events and conditions. The picture is essentially a dynamic one recognising that individuals, families, groups and communities actively deploy the resources available to them in order to shape their world. This engagement involves interac-

tion between the various resource areas highlighted. For example, if possible, when a parent is sick or missing, family networks (social ecology) will be drawn on to provide alternative childcare (human resource). If a child is lost (breakdown of social networks), people will spend time and energy (human resource) to look for that child. Neighbours and families will get together to celebrate festivals and reinforce cultural identity. In turn, cultural and religious explanations will provide comfort in a crisis, and strategies for action. The effectiveness of this engagement and the utilisation of resources within the community may be seen to be a measure of the 'resilience' of that community.

It follows that communities and individuals affected by armed conflict are not passive victims. They are - like the rest of humanity - actors engaged in responding to the challenges and opportunities of their lives. Like the rest of humanity, their responses may be effective, ineffective, or dysfunctional, and will probably be a mixture of all three. However, the impact of war is colossal. It can reduce the resources available drastically, and because of the close interaction between resources, the effect of disruption is not just cumulative but multiplied. For many, it can become impossible to maintain very much effective engagement. It is in recognition of this circumstance that humanitarian agencies step in.

Assessing the Impact of Events

It is much easier to measure risk factors than effects. Catalogues of exposure to traumatic events (for example, de Jong et al., 2000) have been used effectively to make the case for psychosocial assistance. However, it is generally acknowledged that individuals and communities are differentially affected by the same events. There is not a direct relationship between exposure and levels of

psychosocial well-being. In order to know how to help, it is necessary to look more closely at the impact of those events.

Psychometric instruments such as the Harvard Trauma Questionnaire (Harvard Program in Refugee Trauma), or the Impact of Events Scale (Horowitz et. al., 1979) offer a way forward that focuses on the individual response to events. De Jong used the Impact of Events Scale in Sierra Leone, where results showed 99% of the population having levels of disturbance indicative of severe post-traumatic stress disorder (PTSD) (de Jong et al. 2000). The PTSD diagnosis implies that some form of mental health treatment would be appropriate. But with those sorts of numbers, in an emergency situation, mental health treatment on a western model is impractical even if it were agreed that it would be advisable.

The resource-based framework potentially provides a structure for mapping the way communities, as well as individuals are impacted by events - a way of understanding risk and protective factors. The model broadens the focus, directing attention to appraising disruption in all three key resource areas; human resources (which includes mental health); social ecology; and the otherwise neglected area of culture and values.

The appraisal of human capacity would include an audit of physical and mental health. However, it would also, for example, look at effects on children's intellectual and emotional development (Arias, 2003). An assessment of available labour would be relevant (for example, who is there to carry the water?), and also assessment of skills. The notion of an audit directs us to be alert to increases in resources as well as losses. Whilst skills will be lost as people are injured or killed, so also will some people be acquiring new skills (use of firearms?)

and the confidence to use them. These resources may of course be used for good or evil.

The mapping of social ecology would look at issues such as unaccompanied children, and numbers of child-headed households. It should also be concerned with the destruction of friendships (Adjukovic, 2003) and loss of trust. The disruption of civic and political authorities should be accounted, and the consequent loss of public services. Once again it is dangerous to view the impact of conflict as a simple reduction in resources. Some individuals or groups may experience beneficial effects, for example, there can often be shifts in gender relations giving women more autonomy (Arias, 2003). What benefits one group may well disadvantage another. For example, some children can experience a sense of empowerment on taking on an active role in armed combat. Conflict potentially strengthens bonds within a community, but by doing so may entrench negative attitudes towards those outside that group (Crisp et. al., 2001).

It has been shown that recent conflicts increasingly target the culture and values of communities (Ager, 2002). Yet there are few, if any, examples of systematic attempts to assess these types of disruption (Eyber, forthcoming). This would include the destruction or desecration of religious or cultural places, and also attempts to prevent engagement in religious or cultural practices. Chronic conflict impacts the ways in which new generations develop their values (e.g. in Colombia; Arias, 2003). Conflict between former friends and neighbours such as in Rwanda or Croatia, can fundamentally undermine what were core beliefs, destroying shared interpretations of the world. These effects also need to be mapped if the true impact of events is to be understood.

Effective Intervention

If psychosocial well-being is seen as the ability to deploy resources effectively to shape your own world, then the primary purpose of psychosocial intervention must be to support that process of engagement. Fundamentally, it is a task of facilitation, though it is also likely to include resource building.

It follows that - as many practitioners would argue - any intervention that leads to long-term dependence on external support is not succeeding in building psychosocial well-being. This can be applied at an individual level. For example, it is recognised that medication or counselling may be valuable as a means to independence, but should not be depended upon long-term (e.g. Losi, 2001; de Jong et. al., 2000). Similarly, it can be applied at community through to the national level (Honwana, 2003). The psychosocial well-being of a community is not best served by a strategy that depends on supplies of external resources, be it physical supplies or technical support, unless that community can generate internal marketable resources that enable them to have purchasing control over those supplies.

If psychosocial well-being is characterised by the ability to take the initiative in mobilising your own (and external) resources to shape the world according to your own priorities, then psychosocial interventions should be driven as much as possible by the initiative of the affected population. Focus for action should be determined by the priorities of the so-called beneficiaries and not by the external agency; nor indeed the donor community. This is not a simplistic solution and issues of conflicting priorities will be addressed below. However, effective programmes can and do run on the principle of maintaining responsibility with those directly affected at the highest strategic level

possible. Such priorities are reflected in psychosocial interventions emerging from the field of community development. For example in their recent report on working with children in Afghanistan, De Berry et al (2003) describe painstaking work setting up children's forums where children can have a voice in a context with which their parents are happy. In these groups children have been encouraged to express their own fears and identify the issues that they feel most threaten their sense of security. As a result some of the groups, are directing their energies towards a road safety campaign on the streets of Kabul because they are acutely fearful of the chaotic traffic. At the same time, of course, they are gaining a sense of agency in their environment, and learning resource management skills.

Appropriate Intervention

This approach addresses issues of cultural sensitivity at a fundamental level. If action is generated by those affected by the conflict, if they are leading the process of identifying how and why normal coping strategies are failing to meet current challenges; then the psychosocial intervention focuses on reinforcing those normal coping strategies. Where the community is in a position to make choices, then the appropriate meaning frameworks that underpin their culture and values will guide those choices. As Alcinda Honwana points out, it is *the definition of the problem*, and not just the selection of a solution that is culturally specific (Honwana, 2003). Normal coping strategies are based on a world-view embodied in the culture. For example, in Angola (at the time of the study) the troubled spirits of the ancestors were seen as a significant cause of health problems. Reasonably then, solutions to health problems would involve traditional rites under-

stood to appease those spirits. Sometimes the issue would be seen as contamination of a person involved in killing, and part of the response would be to undertake a traditional cleansing ritual. In either case, the understanding of the cause of the problem will determine the range of solutions perceived to be relevant. In Angola, for example, these rites would be used first, followed by, or in conjunction with other solutions including western medical practices.

Where the affected people themselves define the problems and potential coping strategies, then the question of the cultural appropriateness of external strategies doesn't arise. Traditional solutions are employed, not on behalf of the external agency, but directly on behalf of the potential beneficiaries. External agencies may certainly share their experiences and perspective, but they do not have to take responsibility to endorse traditional practices of which they have little experience, and for which they have no valid means of evaluation. Equally where new strategies are being introduced, this should be on the invitation of the potential beneficiaries. The external community has a responsibility for communicating options as effectively and honestly as possible and primarily for supporting the decision-making processes rather than directly providing services.

Ethical Intervention

There are many different players with differing priorities. There may be various factions or interest groups within the affected community themselves, whilst the external community includes a range of humanitarian agencies (often competing with each other for limited resources); there are donor organisations and other international stakeholders. The distinction of 'affected' and 'external' is not an absolute distinction, but

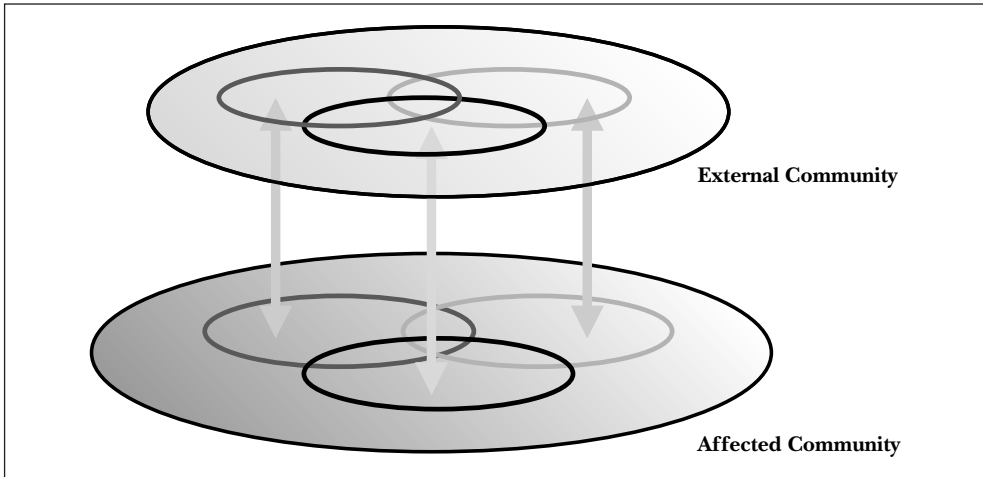


Figure 2. The 'External' Community in Complex Emergencies

rather a relative term. The framework suggests that all of these 'communities' bring the same range of resource areas as any other.

Humanitarian agencies themselves have finite resources that they can offer to support a community effected by conflict. The utilisation of these resources is mediated through the social ecology of the organisation, and according to its culture and values. It is not difficult to find examples of where the profile of the 'helper' has determined the nature of the 'help' provided rather than the profile of needs. For example, Adjukovic reports that the importing of specialist psychiatric services to Croatia was seen as resource driven. This led to resentment in a country proud of their pioneering history in the area of psychiatry. The support that was most valued was with help with rebuilding infrastructure to enable their own qualified psychiatrists to travel about to areas where there was acute need (Adjukovic, 2001). Even where services are being provided by members of the community themselves, donor interests can inappropriately steer provision simply because

of their purchasing power. Anika Mikus-Kos illustrates this when recalling the need to write job descriptions in terms of individual trauma counselling in order to get funds, when in fact the priority of her work had shifted to engagement in community mobilisation (Mikus-Kos, 2000).

It is clear that priorities should not be derived from those of the external community; this will interfere with active engagement by the affected community themselves. Yet at same time the external community can never be purely passive resource providers. They are also actors. Their involvement is predicated on the recognition of a need that they are willing and able to address. Moreover, those people affected by the conflict are unlikely to form a homogeneous group. Some may want to see the restoration of the former state of their society, others may well have been disadvantaged by former ways, and indeed some of these earlier circumstances may well have contributed to the fuelling of conflict itself. In many cases, the experience of armed conflict will have changed people's priorities. The challenge for those aspiring to provide psychosocial support is to find

constructive and ethical ways of working with different interest groups.

In navigating through this complexity, it is perhaps valuable to return to reflections on the fundamental purpose of psychosocial intervention. There is a sense in which it has been argued that the external community only has a role in intervening where it can help to restore the 'normal' state of coping. In this it is important to recognise that the 'normal' or 'healthy' state of a community is one of responsiveness to circumstances, thus of ongoing evolution and change. Such a society is not merely vulnerable to damage from external influence, but can gain and learn from it. Outside organisations can play a constructive and ethical part in building peace by bringing the resources they have (human, social, cultural as well as physical, economic and so on). The ethical responsibility is to avoid using unequal power relationships to impose choices on vulnerable communities in crisis, instead offering them resources in a true spirit of empowerment.

The Ongoing Vision of the Psychosocial Working Group

The theoretical framework described in this paper was formulated with the support of the Psychosocial Working Group (PWG), which constitutes a global partnership for defining and developing best practice in the field². It is based on the broad experiences and expertise of the members of the group, and in some sense represents their view of the ideal for psychosocial interventions.

The PWG is currently extending its work in connecting theory and practice in the field of psychosocial intervention. It is reviewing available training materials in the field, and seeking to define core competencies for psychosocial work. It is defining key programming principles that should be

adopted by agencies for field interventions. It is organising forums that bring together practitioners and academics from north and south to consider key programming issues. It is commissioning a further series of field studies to bolster the evidence base for practice in the field.

In the future, the PWG seeks to address key needs recognised within the field of psychosocial interventions. First, is the need for learning, developing a clearer understanding of the effective basis of psychosocial intervention. Second, is the need for practice development within implementing agencies, based upon such understanding. Third, is the need for policy development, shaping the priorities and approaches of both funding agencies and implementing agencies.

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the formulation of a conceptual framework with respect to which psychosocial interventions can be understood; the development of a web-based resource of 'grey literature' materials and the specification of a research agenda identifying key questions that need to be addressed to develop and effective evidence base for psychosocial practice. The PWG has commissioned an ongoing programme of collaborative research studies and a series of meetings to bring together practitioners and academics from north and south to consider key programming issues. It is currently reviewing training materials in the field, and seeking to define core competencies for psychosocial work. Further details at: www.forcedmigration.org/psychosocial and www.qmuc.ac.uk/cihs.

² The membership of the Psychosocial Working Group comprises five academic partners (Centre for International Health Studies, Queen Margaret University College, Edinburgh; Columbia University, Program on Forced Migration & Health; Harvard Program on Refugee Trauma, Solomon Asch Center for the Study of Ethnopolitical Conflict and University of Oxford, Refugee Studies Centre) and five humanitarian agencies (Christian Children's Fund; International Rescue Committee, Program for Children Affected by Armed Conflict; Medecins sans Frontieres - Holland; Mercy Corps and Save the Children Federation). The work of the group has been supported by a grant from the Andrew Mellon Foundation.

¹ The Psychosocial Working Group is a consortium of humanitarian agencies and academic institutions working in psychosocial intervention in complex emergencies. The Group was set up in 2000 and has been involved in developing and defining best practice in the field. This has involved