PSYCHOSOCIAL SUPPORT IN ACADEMIA

A REGIONAL SYMPOSIUM

REPORT

Dead Sea | Jordan | 30th & 31st July 2018
Venue: Crowne Plaza Hotel Dead Sea
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### Acronyms

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<th>Description</th>
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<tbody>
<tr>
<td>AUC</td>
<td>American University in Cairo</td>
</tr>
<tr>
<td>BAU</td>
<td>Al-Balqa Applied University</td>
</tr>
<tr>
<td>BLP</td>
<td>Better Learning Programme</td>
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<tr>
<td>BMZ</td>
<td>German Federal Ministry for Economic Cooperation and Development</td>
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<tr>
<td>CH4S</td>
<td>Charité Help for Syria</td>
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<tr>
<td>CVT</td>
<td>Center for Victims of Torture</td>
</tr>
<tr>
<td>DAAD</td>
<td>German Academic Exchange Service</td>
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<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
</tr>
<tr>
<td>GIZ</td>
<td>Deutsche Gesellschaft für Internationale Zusammenarbeit (German)</td>
</tr>
<tr>
<td>GJU</td>
<td>German Jordanian University</td>
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<tr>
<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
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<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
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<tr>
<td>IMC</td>
<td>International Medical Corps</td>
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<td>IOM</td>
<td>International Organisation for Migration</td>
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<tr>
<td>IRC</td>
<td>International Rescue Committee</td>
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<tr>
<td>JICA</td>
<td>Japan International Cooperation Agency</td>
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<tr>
<td>IPP</td>
<td>Institute for Psychotherapy and Psychotraumatology, University of Duhok</td>
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<tr>
<td>JMC</td>
<td>Jordanian Medical Council</td>
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<tr>
<td>JRP</td>
<td>Jordan Response Plan</td>
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<tr>
<td>JRS</td>
<td>Jesuit Refugee Service</td>
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<tr>
<td>KRI</td>
<td>Kurdistan Region of Iraq</td>
</tr>
<tr>
<td>LGBT</td>
<td>Lesbian, Gay, Bisexual and Transgender</td>
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<tr>
<td>MASPP</td>
<td>Master of Advanced Studies in Psychotherapy and Psychotraumatology, University of Duhok</td>
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<tr>
<td>MENA</td>
<td>Middle East and North Africa</td>
</tr>
<tr>
<td>MH</td>
<td>Mental Health</td>
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<tr>
<td>mhGAP</td>
<td>Mental Health Gap Action Programme</td>
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<tr>
<td>mhGAP-HIG</td>
<td>Mental Health Gap Action Programme – Humanitarian Intervention Guide</td>
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<td>mhGAP-IG</td>
<td>Mental Health Gap Action Programme – Intervention Guide</td>
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<td>MHPSS</td>
<td>Mental Health and Psychosocial Support</td>
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<tr>
<td>MNS</td>
<td>Mental, Neurological, and Substance Use Disorders</td>
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<td>MoE</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<td>MoHE</td>
<td>Ministry of Higher Education</td>
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<td>Mol</td>
<td>Ministry of Interior</td>
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<td>Acronym</td>
<td>Description</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>PCC</td>
<td>Palestinian Counselling Center</td>
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<td>PFA</td>
<td>Psychological First Aid</td>
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<tr>
<td>PM+</td>
<td>Problem Management Plus, WHO Manual</td>
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<tr>
<td>PSES</td>
<td>Psychosocial and Educational Support</td>
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<td>PSS</td>
<td>Psychosocial Support</td>
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<tr>
<td>PSTIC</td>
<td>Psycho-Social Services and Training Institute in Cairo</td>
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<tr>
<td>PTSD</td>
<td>Post-Traumatic Stress Disorder</td>
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<td>QEIP</td>
<td>Quality of Education Improvement Programme, GIZ, Yemen</td>
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<td>RDFMSC</td>
<td>Refugees, Displaced Persons and Forced Migration Studies Center, Yarmouk University</td>
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<tr>
<td>RMS</td>
<td>Royal Medical Services</td>
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<td>SAMS</td>
<td>Syrian American Medical Society</td>
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<td>SDGs</td>
<td>Sustainable Development Goals</td>
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<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
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<td>SOPs</td>
<td>Standard Operating Procedures</td>
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<td>SSUA</td>
<td>Social Sciences University of Ankara</td>
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<td>ToT</td>
<td>Training of Trainers</td>
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<td>TVET</td>
<td>Technical and Vocational Education and Training</td>
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<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organisation</td>
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<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>UNRWA</td>
<td>United Nations Relief and Works Agency for Palestine Refugees in the Near East</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>4Ws</td>
<td>Who is Where, When, doing What in Mental Health and Psychosocial Support (Service Mapping, IASC Reference Group for Mental Health and Psychosocial Support)</td>
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Project Introduction:
The project for “Psychosocial Support and Trauma Work in Jordan” of the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) was commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ) for the duration 1/2017-12/2019. The Jordanian Ministry of Health (MoH) is the project’s political counterpart. Its overall objective is to quantitatively and qualitatively improve psychosocial support services provided by state and civil society actors in selected host communities.

Project Outputs:
1. One aim of this project is to integrate psychosocial support services into the comprehensive Health Centres in Sahab, Zarqa and Mafraq. Through the establishment of interdisciplinary teams, psychosocial support services for women, men, children and youth can reach the communities. The teams will be supported with special trainings in order to adequately address the needs in the communities. In order to support the provision of services in a long run, a strategy will be developed and implemented in a participatory way.

2. Through Interdisciplinary Dialogue Sessions, the project further promotes dialogue between relevant actors to support the understanding of psychosocial support services and to raise awareness on the importance of their provision.

3. In cooperation with the University of Jordan in Amman and the Yarmouk University in Irbid, the project is supporting the integration of academic training courses on Community-based Psychosocial Support into higher education in Jordan. The short courses focus on strengthening the psychosocial competencies of graduates and professionals, e.g. doctors, nurses, social/community workers, or school counsellors who are working in host communities with refugees.

4. Another focus of the project lies in supporting psychosocial support providers concerning staff care and self-care, which will be integrated at ministerial level and in the Community Health Centres.

Project Contact Information:
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✉️ julia.long@giz.de

Dr. Christine Müller / Head of Project
📞 + 962 (0) 790926031
✉️ christine.mueller@giz.de
**Background of the Symposium**

Through forced migration, refugees experience severe disruptions to their identity and social networks as well as material and personal losses, the loss of control and autonomy, and of access to resources. Such traumatic experiences often get aggravated by the situation they face in refugee camps as well as in host communities, e.g. poverty, discrimination, violence, and hopelessness. Ongoing personal distress may increase the risk of developing moderate to serious mental health problems over time.

However, it is important to note that not all refugees are traumatised and in need of counselling, therapy or medical treatment. Depending on their internal and external resources, most people are able to cope with difficult experiences and supportive environments can help to build their resilience. Psychosocial Support (PSS) services and support structures significantly contribute to the well-being of individuals and can prevent the need for specialised support through non-clinical interventions. The benefits of such interventions and of client oriented services are at individual (e.g. healthy citizens) and societal (e.g. secure and safe environment) level.

The inclusion of mental health and well-being in the Agenda 2030, which was adopted at the United Nations General Assembly in September 2015, fostered recognition of these topics as health priorities on a global level. The third of the 17 Sustainable Development Goals (SDGs) focuses on "ensuring healthy lives and promoting well-being for all at all ages". Also on the level of national policies, e.g. in the Jordan Response Plan (JRP) 2018-2020, Mental Health and Psychosocial Support (MHPSS) interventions have become integral to achieving health sector objectives.

However, services do not always reach the ones who need them most. Even in areas where MHPSS services are available, barriers such as financial and physical accessibility as well as persisting stigma and ethical challenges have to be overcome. It requires national and international coordination to promote the topic of MHPSS from policy level to implementation, to clarify the mandates of MHPSS providers, to ensure effective referral mechanisms for those who require specialised support, and to expand research and capacity development in order to strengthen PSS provision in the context of forced migration. In promoting the topic of Psychosocial Support in the Middle East and North Africa (MENA) region, academia can play a crucial role, and some relevant approaches already exist.

The Regional Symposium on Psychosocial Support in Academia organised by the GIZ project on Psychosocial Support and Trauma Work in Jordan brought academic institutions and other relevant actors (governmental and non-governmental) together for a thorough exchange and a stocktaking of existing study programmes and academic short courses related to PSS in the region. It promoted the general discourse on PSS in the context of forced migration and generated a space for exchanging experiences, mutual learning and collaboration, working towards a common understanding and an increased acceptance of PSS in the region.
# Agenda of the Symposium

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<th>DAY 1</th>
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<td><strong>Keynote Speaker and Introduction</strong></td>
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<td><strong>Introduction:</strong></td>
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<td></td>
<td>• Dr. Christine Müller – Head of Project, Psychosocial Support and Trauma Work in Jordan, GIZ, Jordan</td>
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<td><strong>Keynote Speaker:</strong></td>
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<td></td>
<td>• Mr. Guglielmo Schininà – Head, Mental Health, Psychosocial Response and Intercultural Communication-Global, International Organisation for Migration (IOM), Belgium</td>
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<td>10:40 – 11:00</td>
<td>Coffee Break</td>
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<td>11:00 – 12:40</td>
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<td></td>
<td><strong>Mental Health and Psychosocial Support: The importance of understanding specialised and non-specialised services</strong></td>
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<td><strong>Lead Discussion Questions:</strong></td>
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<td></td>
<td>• What are the mandates of practitioners? Which skills are required? Based on your experiences, where is it necessary to distinguish between specialised and non-specialised services?</td>
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<td>• Where are the interlinkages of specialised and non-specialised services? What does an effective referral system look like?</td>
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<td>• How can we reach a common understanding of specialised and non-specialised services?</td>
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<td><strong>Moderator:</strong></td>
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<td></td>
<td>• Dr. Ashraf Alqudah – Clinical Psychology Associate Professor, Department of Psychology, The University of Jordan, Jordan</td>
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<td><strong>Panellists:</strong></td>
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<td></td>
<td>• Dr. Maher Alasasleh – Project Manager, Help/Charité, Jordan</td>
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<td></td>
<td>• Dr. Atef Alqasem – Manager of Training and Consultation Unit, Institute for Family Health, Noor Al-Hussein Foundation, Jordan</td>
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<td>• Dr. Ahmad Al-Sheikh – Associate Professor, Department of Psychology, The University of Jordan, Jordan</td>
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<td>• Dr. Ahmad Bawaneh – Director of Programs, International Medical Corps (IMC), Jordan</td>
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<td>• Ms. Amanda Lane – Executive Director, Collateral Repair Project, Jordan</td>
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<td>Time</td>
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<td>12:40 – 14:00</td>
<td>Lunch Break</td>
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<td>14:00 – 15:40</td>
<td>Session 1.3</td>
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<td></td>
<td><em>Psychosocial needs of refugees/IDPs and training needs of Psychosocial Support providers – a topic for academia?</em></td>
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<td><strong>Lead Discussion Questions:</strong></td>
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<tr>
<td></td>
<td>• What are common psychosocial needs of refugees/IDPs and what are the main challenges regarding Psychosocial Support provision in the MENA region, based on research findings?</td>
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<td>• Which training needs of Psychosocial Support providers can be derived from these findings and how can academia address such needs? Do academic institutions have an advantage in this regard in comparison to other offers?</td>
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<td>• What is needed to foster research/academic teaching in the field of Psychosocial Support in the MENA region?</td>
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<td><strong>Moderator:</strong></td>
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<td></td>
<td>• Ms. Golrokh Ansari-Khah – Team Leader, Scholarship Programmes MENA, German Academic Exchange Service (DAAD), Germany</td>
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<tr>
<td></td>
<td><strong>Panellists:</strong></td>
</tr>
<tr>
<td></td>
<td>• Dr. Faiza Alabdullah – Consultant, Supervisor and Trainer in MHPSS, Syria; Alumna of the Executive Professional Masters in Psychosocial Support and Dialogue, Lebanon</td>
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<tr>
<td></td>
<td>• Dr. Ali Alodat – Assistant Professor of Special Education, Counselling and Educational Psychology Department, Faculty of Education, Yarmouk University, Jordan</td>
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<td>• Dr. Kate Ellis – Graduate Director, Assistant Professor and Clinical Psychologist, American University in Cairo (AUC), Egypt</td>
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<td>• Prof. Ayman Hamdan-Mansour – Professor of Psychiatric Mental Health Nursing, School of Nursing, Community Health Department, The University of Jordan, Jordan</td>
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<td>• Ms. Sara Safadi – Clinical Psychologist and Former Lecturer at the German Jordanian University (GJU), Jordan</td>
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<tr>
<td>15:40 – 16:00</td>
<td>Coffee Break</td>
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<td>16:00 – 17:40</td>
<td>Session 1.4</td>
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<td><em>Cultural adaptability of academic MHPSS approaches</em></td>
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<td><strong>Lead Discussion Questions:</strong></td>
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<td></td>
<td>• What are differences between Western and local academic MHPSS approaches and how can they inform one another?</td>
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<td>• In how far should and can trainings/study programmes be adapted in a culturally sensitive manner? Which culture-specific aspects have to be taken into consideration?</td>
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<td>• What are examples for successful blending of Western and local methods and techniques?</td>
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</tbody>
</table>
**Moderator:**
- Dr. Christine Müller – Head of Project, Psychosocial Support and Trauma Work in Jordan, GIZ, Jordan

**Panellists:**
- Dr. Nancy Baron – Director, Psycho-Social Services and Training Institute in Cairo (PSTIC), Egypt
- Prof. Dr. Dr. Jan Kizilhan – Dean, Institute of Psychotherapy and Psychotraumatology (IPP), University of Duhok, KRI
- Ms. Rana Nashashibi – Counsellor and Director, Palestinian Counselling Center (PCC); Lecturer, Psychology Department at Birzeit University, Palestine
- Mr. Guglielmo Schininà – Head, Mental Health, Psychosocial Response and Intercultural Communication-Global, IOM, Belgium

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>17:40 – 17:45</td>
<td>Announcements</td>
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<tr>
<td>19:00 – 21:00</td>
<td>Dinner Reception</td>
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<td>Time</td>
<td>DAY 2</td>
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<tr>
<td>09:00 – 09:30</td>
<td><strong>Registration</strong></td>
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</table>
| 09:30 – 11:10 | **Session 2.1**

**Quality aspects important for academic MHPSS trainings**

**Lead Discussion Questions:**
- Which quality aspects should be considered when designing academic MHPSS trainings?
- Which guidelines exist/are being developed? Are standards necessary and can they contribute to the quality of academic MHPSS trainings?
- What does this mean for MHPSS service provision?

**Moderator:**
- Dr. Christine Müller – Head of Project, Psychosocial Support and Trauma work in Jordan, GIZ, Jordan

**Panellists:**
- Ms. Fadwa Abbad – General Director, Psychological and Social Counselling Development Center, Sunna al Amal (Hope Makers), Palestine
- Ms. Hadeel Al Far – Mental Health Officer, World Health Organisation (WHO), Jordan
- Dr. Nader Alsmady – Psychiatrist, MoH Ministry of Health, Jordan
- Dr. Zamdar Karim – Lecturer, University of Sulaymaniyah, KRI
- Ms. Sylvia Wutzke – Psychosocial Support for Syrian and Iraqi Refugees and Internally Displaced People, GIZ, Germany

| 11:10 – 11:30 | **Coffee Break**                                  |
| 11:30 – 13:10 | **Session 2.2**

**New forms of teaching and learning**

**Lead Discussion Questions:**
- What are examples for innovative teaching approaches, combining theory and practice, in the context of MHPSS? Which methods are used?
- What are advantages and limitations of online learning and what does this mean for teaching? What gets lost, what is gained, moving from traditional to blended/distance learning approaches?
- What are implications for implementation, e.g. online counselling?

**Moderator:**
- Dr. Ashraf Alqudah – Clinical Psychology Associate Professor, Department of Psychology, The University of Jordan, Jordan
<table>
<thead>
<tr>
<th>13:10 – 14:30</th>
<th>Lunch Break</th>
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<tbody>
<tr>
<td>14:30 – 16:30</td>
<td>Session 2.3</td>
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</tbody>
</table>

**Panellists:**
- Dr. Hamza Alduraidi – Assistant Professor, School of Nursing, Community Health Nursing Department, The University of Jordan, Jordan
- Mr. Abduljabbar Alwajih – Technical Advisor for PSES, Quality of Education Improvement Program, GIZ, Yemen
- Ms. Allison Church – Director MENA, Kiron Open Higher Education, Jordan
- Ms. Insherah Musa, Country Director and Higher Education Project Director, Jesuit Refugee Service (JRS), Jordan
- Dr. Vanessa Tinker – Assistant Professor, Department of International Relations, Social Sciences University of Ankara (SSUA), Turkey

**Parallel Working Groups:**

**Working Group 1 - Selecting and supporting participants of MHPSS courses**

**Lead Discussion Questions:**
- What are requirements for selection? Which aspects are important, e.g. gender aspects?
- How should information be disseminated to reach the right candidates and include refugees? Who might be excluded?
- How can interest and commitment of participants be promoted, especially if courses are not free or in the case of in-service courses?
- What does the inclusion of refugees mean for the course design? How to remain sensitive to refugees’ experiences and participants’ needs?
- How could participants be supported in the long run (strengthening of networks, participants as lecturers, etc.)?

**Facilitators:**
- Ms. Golrokh Ansari-Khah – Team Leader, Scholarship Programmes MENA, DAAD, Germany
- Dr. Sahar Makhamreh – Head, Social Work Department, School of Applied Humanities and Languages, GJU, Jordan

**Working Group 2 - Ways to ensure sustainability of academic MHPSS programmes**

**Lead Discussion Questions:**
- What are the main sustainability concerns?
- How can regional academic trainings become inherently sustainable, i.e. independent from external funding?
- Which strategic alliances/partnerships could be formed in this regard?
Facilitators:

- Dr. Sebastian Wolf – Research Associate, Supervisor and Curriculum Responsible, Institute for Psychotherapy and Psychotraumatology (IPP), University of Duhok, KRI
- Dr. Azad Ismael – Head, Department Clinical Psychology, Koya University, KRI
- Dr. Jafar Udwan – Technical Advisor, Psychosocial Support and Trauma Work in Jordan, GIZ, Jordan

Working Group 3 - New approaches and ideas for future cooperation

Lead Discussion Questions:

- What are untapped potentials regarding Psychosocial Support in academia?
- How could these potentials be used, e.g. through new partnerships?

Facilitators:

- Ms. Sylvia Rombach – Region Manager MENA, AMICA e.V., Germany
- Dr. Vanessa Tinker – Assistant Professor, Department of International Relations, SSUA, Turkey

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<thead>
<tr>
<th>Time</th>
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<td>16:30 – 16:45</td>
<td>Coffee Break</td>
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| 16:45 – 17:45 | Session 2.4  

**Presentation of Working Group results and Closing**
DAY 01, 30th OF JULY
Session 1.1  
Keynote Speaker and Introduction

- Dr. Christine Müller – Head of Project, Psychosocial Support and Trauma Work in Jordan, GIZ, Jordan
- Mr. Guglielmo Schininà – Head, Mental Health, Psychosocial Response and Intercultural Communication-Global, IOM, Belgium Support (MHPSS) interventions have become integral to achieving health sector objectives.

Dr. Christine Müller – Head of Project, Psychosocial Support and Trauma Work in Jordan, GIZ, Jordan

Dr. Müller welcomed the audience to the Symposium and introduced the Psychosocial Support and Trauma Work project which started in 2017, commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ). One area of activity of the project is the establishment of academic short courses on Community-based Psychosocial Support with two Jordanian universities.

She continued to speak about the research the project’s team did to have an overview of academic trainings related to PSS in Jordan and the region. What was identified were courses from Turkey, Kurdistan Region of Iraq (KRI), Palestine, Lebanon/Syria, Egypt, Germany working in the MENA region, Jordan and an interest in academic PSS courses from Yemen.

She underlined the high importance to bring the actors of this field together, so they can have a closer look at each other, to share what has not worked well and what has worked well. And also to use the opportunity to dig out the potentials that academia has already or might have concerning the topic of PSS in the future.

Dr. Müller raised the question why she thinks academia plays a crucial role in every society and emphasized that academia is a source of “reliable” knowledge, which is open for change and inspirations, it is also a space which opens future perspectives, it provides a space for reflection, critical thinking and empirical research, and it also supports one’s growth by gaining new knowledge, producing it and influencing public discussions.

Academia can contribute to social change and drive social change especially by transferring knowledge to the next generations. It is further an institution that remains within a country, while organisations might leave or projects and programs come to an end. By knowing that academia is a “driver of knowledge”, the challenge to be discussed at the Symposium is how to integrate the concept of PSS into it. Taking this fact into consideration evokes crucial aspects that were thought of as initial discussion points when selecting the topics of panels and working groups for the Symposium:

1. Why should MHPSS be integrated into academia? Should national and international actors provide PSS in the context of forced migration or in emergency settings? How can academia contribute to the topic? And what is expected from it?

2. Can academia translate international concepts into local situations?

3. Which quality aspects need to be integrated into teaching and training to ensure that applied services are appropriate, adequate and do no harm?

4. What is needed to integrate the topic of PSS into academia on a sustainable basis?

Dr. Müller underlined that what she expects from this Symposium are not ready-made answers, but to open the discussion for ideas and thoughts which need to be explored further in order to adequately address psychosocial needs and also to draw lines where they are needed. The ways should also be of benefit for every speaker and participant of the Symposium.

There is a need for such a Symposium, Dr. Müller continued, since the number of conflicts, refugees, and fragile situations is rising in countries where refugees came from as well as in the hosting ones, such as Jordan and Germany. Since psychosocial activities directly touch individuals, communities and societies, even intentions and attitudes might affect a person’s...
personality, dignity, biography, and security. And it should be part of every human being’s action to contribute to the well-being of others.

Concluding, Dr. Müller emphasized that she observes a huge potential lying in connecting different perspectives, within and across culture, professions, ages and societies. And this potential is sitting in front of her. She thanked the assisting organizers and note takers and warmly welcomed the keynote speaker, Mr. Guglielmo Schininà.

Mr. Guglielmo Schininà – Head, Mental Health, Psychosocial Response and Intercultural Communication-Global, IOM, Belgium

Mr. Schininà holds a Master of Arts in Communication and Applied Theatre and a Master’s of Science Degree in Psychology. Apart from his long experience as field practitioner across continents and policy maker, he has taught several academic courses in Psychosocial Support, Population Mobility and Social Theatre e.g. at the Catholic University of Milan, University of Turin, Lebanese University in Beirut, University of Tripoli (Libya) and Social Science University in Ankara, among many others. Further, he set up the Summer School in Psychosocial Interventions in Migration, Emergency and Displacement at the Scuola Sant’Anna in Pisa, Italy.

Mr. Schininà underlined how the theme of granting dignity and promoting the worth of migrants and people affected by conflicts and disasters through a psychosocial approach, and especially on the very issue of capacity building and engagement of academia has defined his personal and professional life in the last twenty years. In his speech, he unfolded a few concepts that are embedded in the rationale of the conference by presenting questions like how can we define population mobility? What does a psychosocial approach to population mobility consist of? What is the fundamental role academia should play in promoting a psychosocial approach to the management of population mobility, and which are the risks and problems inherent to this engagement?

Mr. Schininà emphasized that it is important to tackle the issue of a psychosocial approach to asylum in this region, by reading the experience of refugees within two wider contexts: the one of human mobility, and the other of post-conflict or endemic-conflict societies. In fact, we need to enhance psychosocial capacities in the region by addressing the needs of refugees with the needs of their friends, families, peers or even enemies left behind. Speaking about psychosocial needs of refugees bound to their being guests and foreigners, bring us directly to speak about those of the thousands of victims of trafficking, of exploited foreigner domestic workers, but also of the ones of migrants from the region who return back, or of transnational families, that remain largely unaddressed in the region.

Mr. Schininà continued that a deep understanding of migrants’ wellbeing requires the involvement of different fields of knowledge and academic domains. While the dominant narrative tends to limit psychosocial capacity building to the formation of clinical psychologists and counsellors, or the training of doctors in mainstreaming the treatment of mental disorders in primary health care, in his understanding, psychosocial approaches to population mobility invest many other academic domains, including anthropology, ethnography, sociology, linguistics, applied arts, humanities, theology, conflict mediation and dialogue, social work, history and social and community psychology.

Further, Mr. Schininà highlighted that the public discourse and national social access policies on migration and refugees from the 1980s on have progressively transformed migrants and refugees from subjects to objects and from objects to “abjects”¹. This paradox lies at the center of the ongoing migration debate, Schininà continued; the very suffering of the migrant is the only reason that makes us finally

¹ For further reading, please see the article Schininà, Guglielmo, Objectification and abjectification of migrants: reflections to help guide psychosocial workers, Intervention 2017, Volume 15, Number 2, Page 100 – 105.
look at a migrant or a refugee as more than a category, but also the main reason why we reject him or her. On the other hand, if a migrant or a refugee still suffers when he/she arrives in our country, then he/she must be sick, even more so, mentally ill.

The principal argument is in fact that all the academic domains mentioned above have a fundamental role to play in redefining the current narratives on migration and, the way migrants and refugees are received and accompanied upon their arrival in transit and destination and in redefining the administrative understanding of the service provision for vulnerable migrants and refugees through a person centered approach and at the same time awareness of the complexity of the systems involved.

Mr. Schininà finished his speech by asking to work more together in the creation of always new bar- ters of exchanges and encounters that can help us in finding new narratives and new solutions to the "objectification" and "abjectification" of migrants and refugees. Stop objectifying and abjectifying migrants and re-abjectify war, apartheid and discrimination, by working together. Only like this we can consider migrants and refugees new citizens and subjects rather than thinking of them in terms of objects of assistance, since this is fundamental for everyone, the migrant, the origin and the host societies.

Since migration is a fundamental part of today's anthroplogy, societies should be made resilient to migration, and able to redefine their symbolic order to accept migration exclusive of racism, sovereignty, and war. This can be achieved only through education, and through partnership and multidisciplinarity. Good academia can grant them all, Mr. Schininà emphasized.
Session 1.2
Mental Health and Psychosocial Support:
The importance of understanding specialised and non-specialised services

Moderator:
- Dr. Ashraf Alqudah – Clinical Psychology Associate Professor, Department of Psychology, The University of Jordan, Jordan

Panellists:
- Dr. Maher Alasasleh – Project Manager, Help/Charité, Jordan
- Dr. Atef Alqasem – Manager of Training and Consultation Unit, Institute for Family Health, Noor Al-Hussein Foundation, Jordan
- Dr. Ahmad Al-Sheikh – Associate Professor, Department of Psychology, The University of Jordan, Jordan
- Dr. Ahmad Bawaneh – Director of Programs, IMC, Jordan
- Ms. Amanda Lane – Executive Director, Collateral Repair Project, Jordan

Dr. Maher Alasasleh – Project Manager, Help/Charité, Jordan
Dr. Alasasleh presented the Help/Charité project “Charité Help 4 Syria” (CH4Syria) with clinics in Mafraq, Zarqa and Sahab in Jordan. He defined the PSS activities as a facilitating process to higher resilience within the refugee community by empowering them to deal with a crisis and to build a strong experience in dealing with such crises in the future. The project aims to provide free of charge MH treatments by the clinics in collaboration with the Ministry of Health (MoH). The project’s target groups are contacted by SMS, internet platform and outreach activities.

Research activities are implemented in collaboration with other Non-Governmental Organisations (NGOs). Dr. Alasasleh continued that a small percentage of the whole population need specialised interventions and a good referral system can be efficient to provide them. The Balsam Project (CH4Syria) provides PSS with specialised (Psychologists, Psychiatrists) and non-specialised providers, which means that they don’t require professional MH interventions but strengthening social bonds and improving psychological well-being.

Questions from the audience:
What are you doing regarding the non-specialised service in your project? Can you give us more information?

Response:
The outreach of activities is implemented by non-specialised providers. Also we provide information about the project, its services and about MH. In addition, we offer workshops through non-specialised services helping out of trauma after crisis, as well as trainings for people and volunteers are implemented.

Dr. Atef Alqasem – Manager of Training and Consultation Unit, Institute for Family Health, Noor Al-Hussein Foundation, Jordan
Dr. Alqasem spoke about the existing gaps and challenges in psychosocial interventions referring to the pyramid of the Inter-Agency Standing Committee (IASC). He used Quality Control as an example. He further captured problems related to specialised services, such as facing the challenge to depend on a project’s fund. Once you have a good relationship between the patient and specialised service provider, you are forced to stop the service mostly because of the low budget, Dr. Alqasem gave as an example.
Further, he named M&E as a challenge. There is a missing link between what is planned and what is not, and why more data based evaluation is needed to see what is effective and what is not in the end. Specialised and non-specialised interventions need a strong M&E system, as well as systematic database for follow-up services at three levels:

1. Planning
2. Implementation
3. Evaluation.

Networking and referral systems face the difficulty of sharing information and statistical data. Further, there is a lack of cooperation between the organisations internally and regionally. Dr. Alqasem highlighted the importance of connecting academia with the community level, since there is a gap between specialised and non-specialised services. He also confirmed the importance to provide services according to the severity of the psychological status – once a person is more negatively affected, the need for more specialised intervention is urgently requested. Concluding, he noted that most of the modern and advanced techniques are not available, such as play- and music therapy. There is a lack of a clear, global working protocol and evaluation tools, he added.

**Questions from the audience:**
What are the main challenges for service providers in Jordan?

**Response:**
The main challenges are within the case management and the professional techniques.

**Question from the audience:**
What are realistic next steps to reach a level of professionalism in order to avoid the risk to keep analyzing the challenges without real action plans? We are now talking about theories but universities should cover the gap between theory and praxis. How about post-graduation trainings?

**Response:**
The main issue is the lack of adequate practical trainings for graduate and undergraduate students during their studies. There is a lack of free of charge trainings in an appropriate environment with structured supervisions. We need more field training and more agreements with organisations that should offer students the opportunity to train in the field.

**Dr. Ahmad Al-Sheikh – Associate Professor, Department of Psychology, The University of Jordan, Jordan**

Dr. Al-Sheikh raised the question why non-specialised services are really needed. The answer for this question came after the Syrian crisis and refers to two points: 1. to the crisis and war, and 2. to an expanded MH culture. Non-specialised services should expand the MH culture but the most important thing to take into consideration is to be aware to do no harm – that’s why we need to draw the line between these services. In order to prevent any harmful effect of non-specialised interventions, we need to build a hierarchy where the bottom is the community and the upper level is the individual.

He further emphasized the importance of supervision and training at all stages for both, specialised and non-specialised providers. Starting with community empowerment, there is a need for a huge number of practitioners to make efficient use of non-specialised services, such as for empowerment, psycho-educational practices in terms of resilience, etc. We assume that there are levels where specialised services are essential, which in those situations that demand skills building and coping or in mental disorders settings require specialised services as well. However, at all levels, it is important to keep the ethical issues in mind to do no harm, as well as to make efficient use of referral based case management.
Further, Dr. Al-Sheikh highlighted that service providers need to have the ability to identify symptoms and to make a suitable referral in case management procedures.

**Questions from the audience:**
When the terms specialised and non-specialised are presented are we speaking about providers? And is a specialised service always entitled and good? Just because it is specialised it does not mean it is more specialised that the other.

We should distinguish also between traditional and non-traditional, mainstream and non-mainstream.

**Response:**
To be non-specialised means not having a degree in Psychology, Clinical Psychology, Counseling or other related fields and in addition the license to implement specialised services. The difference lies in the technical interventions. Non-specialised service providers have no technical interventions even if they have 20 years of experience and are not ethically or by law allowed to use any technical interventions. Only the experience without a degree can't make the person a specialised practitioner.

**Comment from the audience:**
What impact does this distinction have in the professional identity especially when speaking about multidisciplinary teams? And would that benefit the relationship with the beneficiary?

**Response:**
It is very important to know that MHPSS might include professionals from different fields and every one of them should do his duty accordingly. The identity is created once the person is aware of what he/she knows and how to approach this knowledge.

**Comment from the audience:**
It is important to organize everything in the evidence base and available data. It could be efficient to form a multi-disciplinary team of non-specialised PSS providers.

**Response:**
The line between specialised and non-specialised interventions is clinical settings that require psychological interventions at all levels of mental disorders. The importance of non-specialised providers is to enhance the MH in the community with trainings and supervisions. WHO has categories for non-specialised providers and others who intervene with beneficiaries, for example through Psychological First Aid (PFA). Further, it is important to give a value to non-specialised interventions especially in an emergency context. The do no harm effect in the specialised and non-specialised services should be always kept in mind.

**Comment from the audience:**
When speaking about MH interventions we need to think not only about the academic background but also about the personality and attitudes. It's not about who has the power to provide and who needs to be the recipient.

**Response:**
The importance of building the personality during the years of studying is an essential part of the academic’s preparation. We need to adapt our services according to the target groups.

**Comment from the audience:**
I have issues when we are talking about non-specialised and specialised services. Many people are in this room and many have personal opinions and definitions what is what. There should be their criteria distinguishing both.
Dr. Ahmad Bawaneh – Director of Programs, IMC, Jordan

Dr. Bawaneh presented the 4Ws (1. Who is 2. Where, 3. When, doing 4. What in Mental Health and Psychosocial Support) developed by the IASC reference group. The 4Ws tools were developed to map MHPSS services in emergency contexts, especially the accessibility of services based on the need of people. In fact, the 4Ws aim to raise awareness about the gaps in services, improve the transparency and make a better coordination by providing information and data.

The main findings of the MHPSS Mapping Objectives from 2017 are reflected in the increasing amount of implemented activities, especially under level two and three on the IASC pyramid, also due to the increased need of refugees at the family and community level, which, on the other hand, created more MHPSS interventions in different organisations. The mapping objectives highlighted that the most frequent interventions and services are concentrated in the activities of “strengthening the family and community support”. Dr. Bawaneh emphasized that the focus of interventions according to the IASC intervention pyramid is also mainly placed on level two (Strengthening community and family supports) and level three (Focused, non-specialised support).

The majority of service providers, he continued, are non-specialised staff and the main activities are implemented in the camps, even though only a small number of refugees are living in camps in Jordan while the majority live in urban communities. Therefore, capacity building should be focused on community centers and schools, etc. Capacity building should be in general provided on all levels but focused more on staff who provide services in community centers, safe spaces and non-specialised services, Dr. Bawaneh emphasized. It is important to increase capacity building in these community centers in order to offer better services and to prevent any deterioration caused by inadequate intervention.

Comment from the audience:
I noticed that most activities are community-based but statistics, as well as national and international reports highlight the highest need in individual interventions. How can we address this need by making an efficient use of projects resources?

Response:
One of the advantages of the 4Ws is the development of a referral system. Many services are offered in general for a lot of beneficiaries, like at schools, because the majority of refugees are under eighteen and once more specialised interventions are needed, they can be referred to specialised services. This helps to avoid any interference between the specialised and the non-specialised interventions.

Comment from the audience:
Are these findings shared with policy makers in order to organize services and to prevent duplication in the services from different organisations?

Response:
The main reason of 4Ws is to have better coordination, and the mapping of the 4Ws happened within the MHPSS working group. The results are shared with policy makers and with any organisation that requests information about the gaps and needs.

Question from the audience:
Why are only four percent of the services in the educational sector?

Response:
There is a higher percentage for the educational sector services and there is a working group focused on the educational sector. In fact, more than fifty percent of refugees are at schools, which reflects the need to implement PSS in this sector. A lot is designed for schools and counseling in the school environment. There is a need for capacity building to provide more professional services in schools and outside.
**Question from the audience:**
What is the importance behind the 4Ws?

**Response:**

4Ws should be the first document to guide new implementers towards understanding which services are needed where and when. Most of the services are provided in Amman and the north, but no services are provided in the south, for example. We need to observe where the needs are. We have many gaps and we should cover them. For example, development disorder is a big gap in Jordan and we are still trying to deal with this.

**Ms. Amanda Lane – Executive Director**
**Collateral Repair Project, Jordan**

Ms. Lane presented the Collateral Repair Project that serves refugees, vulnerable Jordanians and everybody who seeks help regardless their nationality in community centers. The project was established in the east of Amman in 2006 and since then they served many Iraqis and Syrians. The main value of the project is to get to know the community well, to provide services by refugee themselves and to connect directly to the real needs of the beneficiaries. Ms. Lane emphasized that all of their work is about the community, so for example there is a living room, where beneficiaries can spend their time together, as well as a kitchen, where beneficiaries can cook together. To strengthen the community is what the project aims. Also, Ms. Lane continued, they have activities for all ages, for example, they have educational programs, community building activities and also PSS is becoming more part of the project. Further, a new center is planned to open in Amman for Sudanese, Yemenis and Somalis this year.

Ms. Lane highlighted the main two programs in their project, which are emergency assistance – which provides basic needs assistance – and a program for trauma healing – like self-care and wellness. These activities aim to empower and to strengthen the resilience, as well as to heal from different psychological problems, like Depression and Post-traumatic Stress Disorder (PTSD). Further, these activities should help the beneficiaries to face personal stress or stress caused by physical illness like hypertension and diabetes.

In addition, a Yoga activity was launched to help the beneficiaries to focus on the own mind and body and to learn tools to cope with their own stress. These Yoga courses were in particular done with men on a daily stress level. Ms. Lane listed the different PSS programs run in the project, which are: Yoga for men, women and children, mind based courses like meditation and breathing, art programs, acupuncture, music therapy, small group discussions and super girl groups. Further, nearly all of the courses are run by volunteers and many of them are refugees.

Ms. Lane ended her speech by explaining that trust in the community is very important between the project’s team and the beneficiaries. The goal is that the beneficiaries not only begin to heal, but also begin to be resilient. And a lot of empowerment and resilience is what the team of the Collateral Repair Project could see in the end. **Question from the audience:**

Many beneficiaries made a torture experience and some Yoga positions on the slides you showed can be a trigger for trauma re-experiencing. How do you deal with that? And are the volunteers getting a sensitive training to teach Yoga?

**Response:**

All Yoga teachers are going through trauma sensitive courses before teaching and how to not do harm during the activities. Some of these trainings are implemented by a specialised group coming from the UK. In addition, they have a special attention to cultural sensitivity, like the topic of touching during the Yoga pose from cultural and religious aspects. Also, they have Yoga chairs for disabilities for example, so teachers can also learn how to be sensitive before coming in touch with the beneficiaries.
**Question from the audience:**
What is your definition of a trauma?

**Response:**
Ms. Lane underlined that she is not an academic teacher and the model the project uses is a very simple one. But most participants are Iraqi and many have been kidnapped or tortured. Trauma can affect everybody and the stories that she hears are based on trauma.

**Question from the audience:**
Do you have any selection criteria to target persons with trauma?

**Response:**
There are no selection criteria and all people have equal access to the activities.

**Question from the audience:**
Where did the idea start?

**Response:**
The program started in the US for general activities, then they developed to offer other services related to PSS.
Session 1.3
Psychosocial needs of refugees/IDPs and training needs of Psychosocial Support providers – a topic for academia?

Moderator:
• Ms. Golrokh Ansari-Khah – Team Leader, Scholarship Programmes MENA, German Academic Exchange Service (DAAD), Germany

Panellists:
• Dr. Faiza Alabdullah – Consultant, Supervisor and Trainer in MHPSS, Syria; Alumna of the Executive Professional Masters in Psychosocial Support and Dialogue in Lebanon
• Dr. Ali Alodat – Assistant Professor of Special Education, Counselling and Educational Psychology Department, Faculty of Education, Yarmouk University, Jordan
• Dr. Kate Ellis – Graduate Director, Assistant Professor and Clinical Psychologist, AUC, Egypt
• Prof. Ayman Hamdan-Mansour – Professor of Psychiatric Mental Health Nursing, School of Nursing, Community Health Department, The University of Jordan
• Ms. Sara Safadi – Clinical Psychologist and Former Lecturer at GJU, Jordan

Dr. Faiza Alabdullah – Consultant, Supervisor and Trainer in MHPSS, Syria; Alumna of the Executive Professional Masters in Psychosocial Support and Dialogue, Lebanon

In her presentation, Dr. Alabdullah emphasized the importance of the needs of refugees, Internally Displaced Persons (IDPs) and returned persons, as well as the importance of this knowledge for MHPSS practitioners, specialised and non-specialised. IDPs, for example, have different needs than other refugees. The crisis affected a lot of things and lead to a lot of problems, Dr. Alabdullah said, and she continued to talk about the changes in the lives from different perspectives.

Women in Syria, for example, experience a change of roles in the society after the crisis, since they have more responsibility now. Men in Syria are nowadays more involved in roles related to the political situation, while the women are involved in the economic role in their families by finding a job. Though sometimes they have to work in an insecure place and are also often left alone without the support of family or husband, having to deal with the psychological problems of their children affected by war and crisis.

Men in Syria are also facing issues related to the economic situation and a role change within their family and the social community. They have a lot of needs, concerning the labor situation or child and family protection. The effects of the crisis in Syria affected especially the life of the children negatively, since, through the lack of resources, it is almost not possible to respond to their basic needs. This leads to deep psychological problems related to fear, anxiety, change of behavior and roles in the family, etc. The issues of children left alone without a family or the issues of school dropouts are a real challenge, once there are also no SOPs to deal with these problems. The service providers and volunteers are also affected by the crisis and in the need of adequate MH services. Dr. Alabdullah reminded the audience to also think about their care, since they have a responsibility to not do harm.

Dr. Alabdullah highlighted further that she does not want to use the term of PTSD since there are no accurate studies and no evidence base in reflecting PTSD symptoms in Syrian children and no accurate studies in general of those who suffer from PTSD. Further, it is not possible to generalize needs, since they can change with age.
There are a lot of needs, Dr. Alabdullah continued, but the structure is not clear in the country and there is a lack of adequate MH services, which makes the provision of services most challenging. Whom do they have to provide for and what do they have to provide? There is a lack of specialised services in Syria since only 70 psychiatrists are based in Syria and most of them are in Damascus, creating a marginalized area. This number is not enough to meet the actual needs and there is a big burden on the medical service. She summarized by listing what is required for the future: field work, more research, sustainability and not depending on who is specialised and who is non-specialised.

**Question from the audience:***
Do you have statistics on how many Syrian students living outside of Syria have an interest in PSS in academia? And how many are interested in receiving MH services? Is there any action plan to face MH issues for the post-crisis?

**Response:**
In Syria, there are a lot of organisations. But the structure is not clear and not sustainable. The main problems that we are facing are the Syrians that returned or are going to return. Their needs are different from the needs of IDPs and we have a lack in specialization. In Syria, there are PSS specialists but they are not actual specialists. They just received trainings. We have also action plans, but there are no official protocols and ways to intervene. Mainly the first interventions aim to provide shelter to cover basic needs, but there is a lack of clinical interventions. The past experience with the Iraqi refugees in Syria taught us a lesson and we learned to design interventions and action plans and could benefit from this. However, the Iraqi and Syrian situation is very different.

**Question from the audience:**
Is there a risk for people who returned to be re-traumatized if they didn’t receive appropriate clinical interventions before going back to the country of origin? What do you think needs to be done to prevent any deterioration? Is there anything we can do to prepare for this? Extra medication for example?

**Response:**
This step – when the Syrians are going back – is very complicated. It is not clear how many and who will go back, if they are educated and aware where they can get help in Syria. There is a big lack of education and mistreatment and the risk to be re-traumatized. How can we educate these people to let them know where to go and to seek help? They would not think about this issue when they are going back, they would think about security and about safety first. Resource orientation for MH services to all the people who return is highly important, because the main focus is more on the humanitarian assistance than on the MH services.

**Dr. Ali Alodat – Assistant Professor of Special Education, Counselling and Educational Psychology Department, Faculty of Education, Yarmouk University, Jordan**

Dr. Alodat focused in his speech on disabilities and special needs among refugees and IDPs. He talked about PSS for refugees with special needs and underlined the lack of accurate statistics of Syrian refugees with special needs in Jordan. He mentioned that Handicap International and Help Age International reported that disabled, injured and older refugees are the “hidden victims of the Syrian crisis”. People - especially refugees - with special needs remain among the most hidden, neglected and socially excluded of all displaced people and are often literally invisible in refugee and IDPs assistance programs.
Dr. Alodat highlighted the importance of psychosocial needs for these refugees with special needs since they also suffer from a group of mental disorders and are in need of psychosocial services. The special needs they have are making the situation psychologically complicated and unfortunately, this issue is marginal next to others when speaking about refugee needs in general. He continued that it is a challenge to provide PSS for refugees with special needs. The biggest challenges are: facilitating physical accessibility to help people with disabilities, inclusive education, vocational training, research, community inclusion and protection activities. He further informed that the IASC guidelines on MHPSS in emergency settings provided a framework for understanding mental health and psychosocial problems applied to people with disabilities. The guidelines state that mental health and psychosocial problems might be social or psychological in nature.

Dr. Alodat mentioned the statistic from the World Report on Disability, which estimated that around 15.3% of the population worldwide has a moderate or severe disability and that this proportion is likely to increase to 18-20% in conflict-affected populations. Further, he explained his background at Yarmouk University and mentioned the Refugees, Displaced Persons and Forced Migration Studies Center (RDFMSC), which was established in 1997 and is today cooperating with the GIZ, among others. Yarmouk University is taking steps towards creating a supportive environment by research and appropriate centers for refugee studies, further the RDFMSC is providing trainings and currently establishing a new curriculum with the GIZ’s Psychosocial Support and Trauma Work project. What we still need, Dr. Alodat continued, is to identify the psychological impacts of refugee students with special needs, gain more knowledge about the prevalence of Syrian refugee students in Jordanian schools and design counselling intervention programs.

Dr. Alodat said that the academic institution’s role is vital by providing information about the emotional, physical and cognitive development of children. Further, academia is responsible for training PSS providers, developing programs and creating a friendly environment by becoming comfortable with children with special needs. This environment will enable children with disabilities to enroll and stay in school, receive support from peers within the school and share hope for the future. Further, academia should train PSS providers to empower children with disabilities to make their own choices with regard to their future and provide guidance and counselling services for children with disabilities. In conclusion, Dr. Alodat said, we need to focus more on refugees with disabilities.

**Question from the audience:**
Children with disabilities need more than psychological interventions. They need special interventions by specialised people to do the rehabilitation. Do refugee children with disabilities in Jordan have this type of assistance? Is there any program to help the refugee families that have children with disabilities to deal with stress and anxiety caused by their special situation?

**Response:**
Yarmouk University is working to adjust the curriculum of special education to face the specific need of these people. The starting point should come from academia to support in a professional way the gifted persons, persons with disabilities and their families. NGOs should play an effective role by providing adequate PSS for refugee families who have relatives with disabilities.
**Question from the audience:**
From where are you taking your research? Can you give more information about this sample and the area?

**Response:**
The sample was taken from inside and outside the camps by qualitative and quantitative research. The participants included in the research were families with a relative with a disability, as well as teachers in Irbid and Mafraq. The research was done through surveys and interviews. Multi-disciplinary work is essential after the evaluation phase.

**Question from the audience:**
What is the current work with teachers, the Ministry of Education (MoE) and the Ministry of Higher Education (MoHE) to enable teachers to identify these disabilities?

**Response:**
Unfortunately, there is nothing in place to deal with a person with special needs.

**Question from the audience:**
What about the special needs such as autism? Who might need treatment like physiotherapy? And how do you provide for those people in your curriculum?

**Response:**
Those people need special care and we need to adapt to their needs. The curriculum is done by academic specialists who are adapting it to these needs.

Dr. Kate Ellis – Graduate Director, Assistant Professor and Clinical Psychologist, American University in Cairo (AUC), Egypt

Dr. Ellis spoke about the challenges in providing services and focused on two main points; 1. on the common psychosocial needs of refugees and IDPs and 2. on how organisations respond to these needs. She emphasized the importance to leave the idea that all refugees are traumatized. Thinking about MH and disability issues it is very important to keep the contextual diversity in mind, as for example Sudanese refugees living in Egypt have more difficulties and will face another situation than Syrian refugees in Egypt. Further, we should also consider the hosting country. Dr. Ellis raised the question, how refugees and IDPs adapt to their new situation. They have to deal with stress and other problems like sexual harassment, lack of protection, illegal work, and living in general in an extremely difficult and challenging life. The role of academia is very important in this case, to learn from practical experiences and to put a framework for research, to publish and disseminate this knowledge.

Dr. Ellis also highlighted accessibility to MHPSS services as a big challenge. There are barriers like language issues, cultural barriers and also the integration in the host community is a real challenge for most of the refugees, especially when there is a lack of resources. Academia has a crucial role in improving the integration. Further, there is the challenge of many non-registered people, who have no access to any service. How can we reach them? Dr. Ellis highlighted the importance to make sure that service providers, who work with beneficiaries, are aware of these challenges. There is also a lot of upset and mistrust, since refugees cannot trust everyone who is offering them help. For example, beneficiaries might tend to trust a special person providing a service, who they already know and don’t want to be referred to another, who might be more specialised. Further, linkages between service providers are not good.
No one knows what the other is doing and often the work is repeated. Dr. Ellis emphasized the importance to better link services.

She continued that vulnerability in refugees covers different issues, as, for example, people with disabilities, sexual abuse survivors, children that have been tortured, etc. People experiencing gender-based violence (GBV), for example, are stigmatized and have difficulties to reach resources related to their particular needs, due to their stigma. It is further very important to take other aspects in consideration when offering a service, such as age, context and type of problem in order to make it accessible for the one in need.

In the end, Dr. Ellis summarized that we do not need to keep diagnosing since many refugees have no trauma. We need to think in other levels, we do not need psychologists and psychiatrists all the time. Not to forget that services often contain a lack of sustainability. It is important to develop something on a ground level that will stay long for refugees and people, who might also stay longer or not go back to their countries at all. Therefore, it is very important to create services on the ground with local people who provide trainings, do capacity building and provide services for non-registered people. There is a need for assessment and regional capacity building in the MENA region.

**Question from the audience:**
How to deal with LGBTs with disabilities?

**Response:**
In Egypt, it is very difficult to provide any services, due to the legal status of such individuals. Further, there are problems providing "open services" and it is not generally advertised, as this leads to risk for the clients and those providing the service.

**Comment from the audience:**
The sustainability of services and to train the local staff is essential.

**Prof. Ayman Hamdan-Mansour – Professor of Psychiatric Mental Health Nursing, School of Nursing, Community Health Department, The University of Jordan, Jordan**

Prof. Hamdan-Mansour covered two main points in his presentation: 1. the needs of service providers and 2. the role of academia. He presented a study that reflects the reality of refugee children from six to 16 years suffering from social and psychological disturbances. He highlighted that many young refugees are spending their time alone and feeling depressed, further, many have anger problems and as known there is a strong connection between anger and physical problems. The results of a survey further showed that beneficiaries – children and youth – are not satisfied with how they deal with their stressors.

Prof. Hamdan-Mansour emphasized the importance to train providers to be aware of the beneficiaries’ needs – especially the psychological ones. However, once providers want to offer their service and help, they 1. have to teach children how to deal with their problems and 2. teach them how to express anger and grief, depression and loneliness.

Prof. Hamdan-Mansour also highlighted the importance of collaboration and raised the question of who is evaluating the work of organisations.
Organisations are evaluating themselves, he answered, and asked the present NGOs and other organisations to open their doors for researchers and collaborate and fund research projects that evaluate the services provides to refugees. He reminded that research and science is not the task of organisations, since academia has the methods and the professional people.

He emphasized the need to work together. Further, he underlined the need to train and hire the capacity of local staff to be able to identify and assess psychological needs and problems.

**Comment from the audience:**
We need to integrate PSS services in other services, because these people will not go to health centers of reasons of fear, among others. They do not know that PSS is important or even do not understand the concept itself and the importance of it.

**Response:**
A way to reach out is through mobile health clinics and the use of technology to reach people to provide them with appropriate support.

**Question from the audience:**
Why is PSS absent in the curriculum of the undergraduate studies in all its subjects?

**Question from the audience:**
What is the MH system in Jordan doing to explore a new way of reaching people/refugees?

**Response:**
There is no need for new specialists because we have the resources, all that is needed is to change the approach and the way we reach people.

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Ms. Sara Safadi – Clinical Psychologist and Former Lecturer at the GJU, Jordan

Ms. Safadi highlighted in her speech the challenges and recommendations regarding the work with beneficiaries. The refugee community is suffering from more problems than only PTSD and over time, the psychosocial needs of refugees are becoming similar to the needs of the local community. To put refugees in the context of depression, anxiety or PTSD is only an old version of the refugee situation, since many things are affecting the MH of refugees. The most important point to take into consideration is the ability to identify symptoms and to have a deep understanding of the cultural and contextual differences, Ms. Safadi emphasized.

Further, the need for a strong assessment system that covers emotional, psychological and physical aspects can be the key to adequately address the needs. Ms. Safadi underlined that we have further to assess the well-being of providers. People who work in camps are also often suffering from MH disorders, so we need to be careful who we take as workers in order to not do harm. We further need to assess the knowledge of the providers and use their personal growth and their skills. Once interventions are not effective we need to look for the reasons and do more evaluations.
Session 1.4
Cultural adaptability of academic MHPSS approaches

Moderator:
- Dr. Christine Müller – Head of Project, Psychosocial Support and Trauma Work in Jordan, GIZ, Jordan

Panellists:
- Dr. Nancy Baron – Director, Psycho-Social Services and Training Institute in Cairo (PSTIC), Egypt
- Prof. Dr. Dr. Jan Kizilhan – Dean, Institute for Psychotherapy and Psychotraumatology (IPP), University of Duhok, KRI
- Ms. Rana Nashashibi – Counsellor and Director, Palestinian Counseling Center (PCC); Lecturer, Psychology Department at Birzeit University, Palestine
- Mr. Guglielmo Schininà – Head, Mental Health, Psychosocial Response and Intercultural Communication-Global, IOM, Belgium

Dr. Nancy Baron – Director, Psycho-Social Services and Training Institute in Cairo (PSTIC) Egypt

Dr. Baron referred to her experience in the MENA region and addressed culture and academia in her work in Egypt. During a humanitarian crisis, there is a common misperception that using a team of local professionals to work with distressed populations in their own country will lead to more cultural sensitive interventions. However, a cultural bias favoring Western clinical methods often comes from within the non-Western institutions as professors teaching in the MENA region take pride in their own Western education and deliver mostly the same knowledge as professors in the West. She underlined the importance and need for cultural and contextual acceptability of training contents. When training people working in MHPSS it is essential to address attitudes, including cultural, traditional and religious beliefs.

Dr. Baron further explained her role as Director of the PSTIC in Egypt. All workers have to be trained, starting with basics like time management, etc. PSTIC assists about 1500 cases with 4000 beneficiaries monthly; further, their philosophy is to have refugees living in the same urban context to help their own communities in their own language and in accordance to their own culture. In addition, cross-cultural trainings begin with a clarity of the language, especially when using translation. Dr. Baron emphasized the importance of words in a cultural context. Words are different among cultures and the understanding of words as well. She gave the example of the word “rape”, which, in some cultures, is understood as sex outside of marriage, even if both parties agreed.

Once we train people we have to be careful about the cultural context and how the providers are going to deal with this problem, she continued. So the responsibility of academia, Dr. Baron summarized, is not only to build the knowledge, but also to adapt it to the cultural context. PSTIC trainings include skills development and ensuring practical adherence to professional ethics, which is an important part of these trainings. The challenge of these trainings is to supervise and train workers to build their knowledge, their skills and their awareness and to help them to find a comfortable personal and professional line to fairly work with beneficiaries regarding any issue. Dr. Baron highlighted that academia has to ensure that providers are educated in a culturally and contextually sensitive way by including discussions in their curricula about the integration of attitude, cultural and contextual behavior with comprehensive skills development.
Prof. Dr. Dr. Jan Kizilhan – Dean, Institute for Psychotherapy and Psychotraumatology (IPP), University of Duhok, Kurdistan Region of Iraq

Prof. Kizilhan focused on two main aspects of psychotherapy; 1. how psychotherapist work with victims and survivors and 2. transcultural psychiatry and psychotherapy. He emphasized that he does not prefer to use the word victim but instead prefers using the term “survivor”. Prof. Kizilhan talked about his experience regarding his current work in KRI. Kurdistan faced massacres and traumatization from generation to generation and produced a trans-generational trauma. There are three types of trauma existing: the individual trauma, the collective trauma, and the transgenerational trauma. And all these traumata belong to each other and are affecting each other with their dramatic events of being hurt, raped, tortured or watched others to be killed. At the same time, each person has his/her own experiences and his/her own trauma once confronted with violence and destruction. To help beneficiaries one needs to have a bright knowledge about the culture – her past and her present. We can not only reduce symptoms, Prof. Kizilhan highlighted, as this is not the reality of the beneficiary.

Further, he underlined the importance of different concepts of body codes and diverse concepts of health and disorders. He used the metaphor of a “burning liver” as an example that is known and very common in Jordan and some parts of the MENA region, while a German provider would be confused by this term. Prof. Kizilhan continued that the concept of pain is also a cultural one. People show pain differently among cultures. Asking someone belonging to the Arabic culture, for example, to tell on a scale from zero to ten his/her pain would lead to a higher rating. While in northern countries, Irish people, for example, would prefer to rate lower because of a cultural understanding and unwillingness to show their suffering. Medication is also a problem. More and more people use it instead of going to the doctor, or they go to the doctor to get medication. Psychotherapists and psychiatrists have to acknowledge the culture in order to provide the right treatment. For example, they have to be aware of poses people experienced during a traumatic event or by being tortured. The concept of psychotherapy, Prof. Kizilhan emphasized, is generally applicable to all ethnic groupings. However, the differing conceptions demand alternative approaches or additions. It is very important to learn skills and to have the knowledge that meets cultural sensitivity applications in psychotherapy.

Ms. Rana Nashashibi – Counsellor and Director, Palestinian Counseling Center (PCC); Lecturer, Psychology Department at Birzeit University, Palestine

Ms. Nashashibi started her presentation by raising the question of what the differences are between Western and local academic MHPSS approaches and how both can inform each other. Further, in how far training and study programs could and should be adapted in a culturally sensitive way and which cultural aspects have to be taken into consideration. Ms. Nashashibi introduced her position as Counsellor and Director of the PCC, which has been offering MHPSS services for 35 years and has a long experience in the development and provision of MHPSS. The most important role of the PCC is to introduce issues related to counseling in a socio-political context regarding the Palestinian occupied area. Ms. Nashashibi emphasized that the people’s reaction in Palestine is a normal reaction to an abnormal situation - the occupation - which they are facing day by day and which is beyond the people’s control. She highlighted that the definition of PTSD is difficult to compare with the situation of Palestinian people, who have a more complex and intergenerational trauma.

She further talked about the Palestinian situation in academia.
There is a shortage of educational staff for special-
ised psychology courses, which is mainly due to un-
attractive conditions prevalent at Palestinian univer-
sities given low salaries, scarcity of research centers
or funds allocated to research. However, many travel
abroad or work in private sectors instead of investing
their skills and capabilities in research and teaching.
Students who obtain the first degree in psychology or
social work, she continued, are not expected to work
in the field since the first degree focuses usually on
the theoretical rather than the practical aspects of
the profession. However, in the Palestinian context,
new graduates become workers in the field of MH
prematurely. So in view of the scarce qualified staff
resources, the field depends on graduates of universi-
ties from outside Palestine – such as American, Euro-
pean and Israeli universities. These graduates receive
Western education in counseling and psychotherapy
and attempt to apply it or customize it to correspond
with the local culture.

The PCC’s approach of counselling is to look at the
strength of the clients, not their weakness or their
problems. Further, they are working on empowering
the person to cope with stressors and difficult situa-
tions. The environment in which PCC operates is one
with abnormal living conditions and continuous life
stressors due to the occupation causing emotional
distress and creating complex and intergenerational
traumata. Ms. Nashashibi further highlighted that the
common understanding of a trauma is not transfer-
able for the Palestinian context since the traumatic
events are happening continuously. “Where is the
trauma in Palestine?” she asked, and gave an exam-
ple: Once a child is killed and the parents cannot
reach him/her because Israeli soldiers are keeping
the dead body away, the relatives are not able to bury
the dead body and cannot grieve. This is Palestine’s
trauma. Ms. Nashashibi further talked about the pro-
grams offered at the PCC and their approaches, such
as integration of MH in primary care, trainings (diplom-
a programs), crisis interventions, PFA-complex trau-
ma, and women and youth empowerment. She high-
lighted the need to work on the root causes, not only
looking at symptoms and reactions, and also the risk
of patronizing and victimizing the survivor instead
of healing him/her. Further, she talked about the im-
portance to include political determinants of health
and MH in interventions and to broaden the category
beyond war and conflict to include bio power, bio pol-
itics, necropolitics, racism, internal conflicts, unequal
distributions of power and money within and across
countries. Ms. Nashashibi gave the Institute of Com-
munity and Public Health at the Birzeit University as
an example.

In conclusion, she underlined the need of a para-
digm shift. The ability and need to reframe is very
important since the knowledge is there but we need
to look how to reframe it. The approach of interven-
tions should be a different one, she said, to act on the
cause instead of dealing with the consequences and
working on the strength of the Palestinians instead
of victimizing them.

Mr. Guglielmo Schininà – Head, Mental Health,
Psychosocial Response and Intercultural Com-
munication-Global, IOM, Belgium

Mr. Schininà raised the question why the MH sector
is the most stigmatized domain of health care, in al-
most any culture. He referred to Tom Burns, who fa-
mously said that there are five reasons for this. From a
westernized and scientific point of view, the research
in MH is the weakest, as there are no defined and
clear root causes for MH problems. Clinically, most
treatment is counter-intuitive and the therapist has
a comparatively bigger power in the clinical relation,
due to lack of clear protocols. In fact, MH is the only
domain of non-communicable diseases, where treat-
ment can be imposed on the patient.
He further said that most diagnoses have to do with what is acceptable or unacceptable behavior in a given community. The criterion of normality is, however, related to a cultural context, and the expectations of the clinical system. Psychotic disorders are usually more prevalent among migrants and refugees than resident populations. Yet, these are disregarded and the focus is given to PTSD, because that is what the care system expects from refugees. By contrary, when looking at the prevalence of psychotic disorders among migrants and refugees, we can’t downplay the role that cultural differences play in the manifestation of certain disorders and in misdiagnoses. For most people in the world, MH has to do with possession, not symptoms. Yet, if someone feels or represents to be possessed, which is a valid explanatory issue in his or her culture, is likely to be considered delusional in a Western health care system.

Yet, when we talk about culture, we do not talk of a monolith, Mr. Schininà underlined. The culture of each individual can be changed and modified due to migration or living in a new culture, and subcultures exist in any culture. We cannot say, for example, that Iraqi culture in Iraq is similar to the culture of Iraqi people living somewhere else. There will be elements of continuity, but also elements of change. Language is a key element of culture and cultural relationships. And language remains a barrier in MH interventions in Europe even with the presence of a translator or a mediator from the same community. Why? Because the movement of the beneficiary changed his/her culture.

Mr. Schininà further spoke about the relation between training and academia. The idea of adaptation is not welcome in his opinion, because he thinks that there is a subtle colonial concept attached to adaptation that is “I am bringing the truth from my centers of power and you have to adapt it to something digestible to your people”. Mr. Schininà promoted another culture that is building the culture of relationship, between academic centers of knowledge, as well as between cultures and subcultures, as well as a key for adaptation and integration among societies.

**Discussion between the panellists:**

- Ms. Nashashibi added that it is important to distinguish between trauma and PTSD. For example, Palestinian people can have a trauma but there is no base evidence that they have PTSD. The Palestinian people are under continuous stressors and traumatic events, which put them in a state of vigilance, but that does not mean that they are diagnosed with PTSD. With Palestinians you do not see PTSD. We are in survivor mood, living with it. We can never allow our mind to relax. So there are no post traumatic symptoms. This is not PTSD and also not the symptoms of trauma. We have a lack of control! Life is unpredictable and unpredictability is the main issue in Palestine. In Palestine, we treat the clients based on what the person is presenting us and what is stressing him or her.
- Translators should have psychosocial preparation in order to deal properly with refugees and to translate the terms in the right way.
- MH is the capacity of an individual to cope.
- Dr. Baron highlighted that we do not treat people because they have traumatic events. We treat people because they have symptoms. Traumatic events do not necessarily lead to disorders. Love and support are sometimes everything a client needs when there is a traumatic event and this can be often enough when these people are highly resilient.
- Dr. Baron related to her experience working in South Sudan. 25 years ago, they opened the first MH clinic. Opening a MH clinic does not mean to not respect cultural rituals, but people deserve MH treatment. Culture is changing. Just look at the world of the Internet for example.
- From the audience: Most people in the MENA region are probably traumatized, but do not necessarily have symptoms.
- Dr. Baron underlined again that we do not need to treat everybody. People can be strong and resilient, too.
Comments from the audience and the panellists:

- From one of the participant’s experience in the medical field and MH, it is important to acknowledge culture as science.

- Concepts and vocabulary to be used in MH context services have to be connected to the cultural context as well.

- Culture and education are not a contradiction and all that we need to do is to reshape the behavior by reflection and service learning.

- The individual is part of the community. Community involvement and family support are essential when we speak about intervention and prevention and need to be included in the treatment.

- Mr. Schininà added that community change will affect the community involvement because of movement and migration and the integration into the new culture.

- Methods used in MHPSS have to be adapted according to cultural sensitivity.

- Dr. Baron added that in emergency, the most important thing is stability and safety.

- Cultural changes should be shared with people themselves in order to involve them in the changing process and making the design of what is acceptable and what is not acceptable.

- Ms. Nashashibi said there is fine line between being culturally sensitive and patronizing. What does it mean when someone is cultural sensitive?
DAY 02, 31st OF JULY
Session 2.1
Quality aspects important for academic MHPSS trainings

Moderator:
• Dr. Christine Müller – Head of Project, Psychosocial Support and Trauma work in Jordan, GIZ, Jordan

Panellists:
• Ms. Fadwa Abbad – General Director, Psychological and Social Counselling Development Center, Sunna al Amal (Hope Makers), Palestine
• Ms. Hadeel Al Far – Mental Health Officer, WHO, Jordan
• Dr. Nader Alsmady – Psychiatrist, MoH, Jordan
• Dr. Zamdar Karim – Lecturer, University of Sulaymaniyah, KRI
• Ms. Sylvia Wutzke – Psychosocial Support for Syrian and Iraqi Refugees and Internally Displaced People, GIZ, Germany

Ms. Fadwa Abbad – General Director, Psychological and Social Counselling Development Center, Sunna al Amal (Hope Makers), Palestine

Ms. Abbad introduced NGO Sunna Al-Amal, which means “Hope Makers” in Arabic, that aims to develop the MH sector in Palestine while taking other sectors – economic, political, educational and cultural – into consideration. Ms. Abbad gave further more information about it. The In-depth Psychotherapy Training Program, offering graduates a High Diploma in MH with a psychotherapy track, is an accredited long-term psychotherapy clinical training program that combines theory with practice. As specified, the entire region and its population remain dependent on international support. Until now, only a few specialists could pursue long-term training in psychotherapy in Palestine. Instead, the specialists could obtain a Master’s Degree only in counseling and counselors are not equipped to work with mentally ill clients who have other disturbances, with only a Bachelor’s Degree.

However, owing to the efforts of this project, this is the first time in the West Bank that a High Diploma/Master’s Degree in Psychotherapy is available. The project is implementing in partnership with a Palestinian academic partner – the Al Quds University and clinical training partners, such as other selected NGOs, CSOs and MH organisations and clinics in the central and south West Bank. This Technical and Vocational Education and Training (TVET) program initially enrolled fifteen students for a two-phases program, who upon completion will receive a High Diploma in Psychotherapy and students will also have an option to continue and complete a Master’s in Psychotherapy in the third year, in addition to the clinical practice and residency during the first and second years of the project.

Dr. Christine Müller, Head of Project, Psychosocial Support and Trauma Work in Jordan, GIZ, Jordan

Dr. Müller opened the second day of the Symposium by calling upon the participants to think about the importance of MHPSS trainings, when a training is offered, to whom, what are the frameworks guiding and assessing the training and who is doing this assessment. She also raised the question if having a certificate means that one can apply what they learned in the field. Then Dr. Müller introduced the lead discussion questions for the panel discussion:

1. Which quality aspects should be considered when designing academic MHPSS trainings?
2. Which guidelines exist/are being developed?
3. Are standards necessary and can they contribute to the quality of academic MHPSS trainings?
4. What does this mean for MHPSS service provision?
The High Diploma requires 27 hours and the accredited Master's Degree 37 hours. After finishing these hours, the students need to do field work in mental health or human rights in their communities, in addition to internal trainings for their colleagues. Sustainability was taken into consideration while developing this project. In other words, in case the project's funding stopped it will continue in the university. Sunna Al-Amal is currently working on a similar project that will graduate 45 other students in five years in Gaza.

**Question from the audience:**
Can you share the list of courses of the Diploma and the Master's Degree programs?

**Response:**
The courses are: Psychopathology and Diagnosis, Theories of Counseling and Psychotherapy, Developmental Psychology, Individual Therapy, Expressive Therapy, Group Interventions, Diagnosis Tests and Psychometrics, Cognitive Behaviour Therapy, Clinical Practice in Psychotherapy, Child and Adolescent Mental Health, Psychodynamic Psychotherapies, Family and Couples Therapy, and elective courses in addition to more than 500 hours in the field to combine theory and experience.

**Question from the audience:**
In Duhok, KRI, they have a very similar project to Sunna Al-Amal. Therefore, what are the criteria for choosing the participants? And why is the project duration five years? What is the certificate for the High Diploma or the Master's Degree? How did you coordinate with the Ministry as an NGO to provide the courses? We would like to benefit from your experience.

**Response:**
The participants are Psychology, Psychiatry, Counseling and Social Work graduates. They should have at least two years’ experience in the fieldwork and are working as the purpose is to improve not only individuals but also institutions they are working in. A committee of psychotherapists chooses the participants. After finishing the program, each student has to work in his/her institution for at least two years. The whole program is for five years, not only the Diploma or the Master's Degree. Choosing an academic partner was to get an accredited certification. The funding covers 70% of the tuition fees, 45% covered by Sunna Al-Amal, 25% from the university and 30% are on the student.

**Question from the audience:**
Developing professional capacities as Ms. Abbad mentioned is interesting to UNRWA. Does Sunna Al-Amal have supervision programs? Are there programs that target the supervisors?

**Response:**
They are discussing with the Bethlehem University to develop a two years High Diploma specialised in supervision. However, currently, in the High Diploma/Master's Degree programs, there are two groups where students meet with a supervisor each month for five to six hours and individual supervision once a month. This is a very important factor in linking the academic part with the training part.

**Comment from the audience:**
PCC has done an accredited Diploma program and Training of Trainers (ToT) in supervision for different ministries and NGOs in cooperation with the Free University in Berlin. Birzeit University has also done a High Diploma program for the MoE. Supervision is very important, but from PCC’s experience, coaching in the field is more effective.
Ms. Hadeel Al Far - Mental Health Officer, WHO, Jordan

The WHO is famous for their quality aspects, guidelines and the Mental Health Gap Action Programme (mhGAP) that has been implemented in Jordan since 2011. The mhGAP is a program developed for non-specialists that aims to scale up care for Mental, Neurological, and Substance Use Disorders (MNS), due to the limited availability of specialised care in low- and middle-income countries. Ms. Al Far suggested guidelines that should be adopted in MH trainings to ensure its efficiency:

1. The recommended number of participants for this training is 12–24 people. This allows participants to be easily divided into groups of three to four for skills building activities, and ensures that the facilitator is able to spend time supporting each participant.

2. Trainers should familiarize themselves with local systems, to help with problem solving, know local specialised services and which interventions are available.

3. Trainers should be organized and professional during the training. Trainers set the tone for the training, and should understand the plan, keep to time, be prepared and organized, and show passion and enthusiasm for the content. Trainers should model supportive teamwork and good communication with each other.

4. Trainers should consider time management crucial to the training process.

5. Trainers should have effective communicative skills, pay attention to their body language, speak clearly, using non-judgmental body language, use open-ended questions, and model respect and dignity to all persons with mental health conditions.

6. Trainers should apply experiential learning and have an interactive lecture.

7. Trainers should be encouraging and positive to build participants’ confidence.

8. Trainers should encourage participants to come up with their own case examples from their own experiences.

9. There should be a feedback from both trainer and trainees and a pre-and post-evaluation of the training, to help with participant development.

10. Supervision of the trainees should be facilitated.

She also suggested training techniques, such as group discussions, role-playing, showing videos, and planning a follow-up training after the initial training to make sure the trainees utilized the training materials efficiently.

Dr. Nader Alsmady – Psychiatrist, MoH, Jordan

The MoH in cooperation with the WHO – both in Jordan – established three community clinics, two in Amman and one in Irbid. During the first few years, the WHO had direct supervision and support to these clinics who serve Jordanian, Syrian and Iraqi communities in Jordan. The MoH also integrated MH services within primary health care services. To do so they adopted mhGAP. This training covers all MH disorders and equips trainees with the knowledge to intervene or refer to someone else when needed. The MoH training is followed by a job supervision for at least six months.

Recently, the WHO and UNHCR developed the program Mental Health Gap Action Programme – Humanitarian Intervention Guide (mhGAP-HIG), which is a simple practical tool, adapted from the Mental Health Gap Action Programme – Intervention Guide (mhGAP-IG), that aims to support general health facilities in areas affected by humanitarian emergencies. The training is conducted in three days - the first for the introduction, the second for assessment and the third for management, including the following modules: stress, grief, moderate to severe depression, suicide, psychosis and epilepsy. Such trainings are conducted due to the emergencies in the region and the existence of refugees, which creates a mandatory need for PSS.
Dr. Alsmady highlighted that in a time of crisis, PSS is not an optional extra, it is an obligation. National and international aid workers play a key role in the provision of MHPSS in emergencies. To be prepared to do so it is required that all workers have the necessary knowledge and skills. Training should prepare workers to provide those emergency responses identified as priorities. Inadequately oriented and trained workers without the appropriate attitudes and motivation can be harmful to populations they seek to assist. The training consists of three elements: 1. the trainer, 2. the trainees and 3. the content of training. The trainer selects competent and motivated trainers. Local trainers with prior experience of the affected location are preferred when they have the necessary knowledge and skills, as well as cultural sensitivity and basic knowledge about local cultural attitudes and practices and systems of social support. Further, they need a good knowledge about MHPSS emergency response, including understanding the value of integrated and collaborative responses. Dr. Alsmady further emphasized the need to utilize learning methodologies that facilitate the immediate and practical application of learning by using a participatory teaching style, training in local languages, using audio/visual reference materials adopted to local conditions and matching trainees’ learning needs with appropriate modes of learning.

Further, he spoke about the brief orientation seminars, which should provide immediate basics, essential and functional knowledge and skills relating to psychosocial needs, such as a review of safety and security procedures, methods of workers to cope with their work, human rights knowledge, the importance of empowerment and involving the local population in relief activities as well as basic knowledge on the impact of emergencies on MH and psychosocial well-being of populations. Regarding the training seminars, Dr. Alsmady underlined that more extensive knowledge and skills are recommended for those working on focused and specialised MHPSS.

The training length and content vary according to trainees’ needs and capacities. Also, training seminars should always be accompanied with field work – based on support and supervision. Dr. Alsmady also emphasized that trainers should be competent, motivated, and culturally sensitive and they also need to have knowledge about MHPSS trainings. He added that trainees are workers from different sectors, such as social services, education, health, protection and emergency response.

**Question to Dr. Alsmady and Ms. Al Far from audience:**

What is the mechanism existing that makes sure that the people in the program are supervised and that ensures participants are not doing harm?

**Dr. Alsmady in response:**

After the training, supervision and support are being given to trainees. When case providers go to the field, they are registering the faced cases, interventions they have done, and the difficulties they faced. In Dr. Alsmady’s point of view, the main goal of mhGAP is to give other colleagues an orientation on MH disorders. And if they are motivated and gain essential knowledge they can do proper assessments and interventions for each priority of MNS disorders, also because after the graduation health providers are not trained enough to practice. It is also necessary to minimize the stigmata of going to psychiatric institutions. Therefore, the supervision needs to be done regularly. It is also important as it allows those in primary health care to give PSS and in case a client needs further intervention, they need to refer him/her to specialised providers.

**Comment from the audience:**

The quality aspects of MHPSS trainings should address more areas in Jordan, not only trainings. For example, programs at the university, processes of student admission, available knowledge, gaps in university theory and practice and who is eligible to be licensed.
Moreover, the terms and manuals are duplicated in organisations; therefore, it is important to look for the gaps in existing ones instead of creating others.

**Comment from the audience:**
mhGAP is a blueprint that helps deliver information for primary health centers and non-specialised services.

**Comment from the audience:**
The difference lies in the short-term and long-term. A distinction between the two is needed. When it is about short-term we need to ask, who is it helpful for? And for who and how is it helpful if it is long-term? We need to think about long-term consequences when using mhGAP. There is also no clear definition of psychotherapy in the MENA region, that’s why we need more qualified academics in higher education.

**Comment from the audience:**
There is almost no psychiatric therapy for Palestinians in Lebanon. mhGAP is often misunderstood as a substitute for psychiatric services. Therefore, it should be highlighted to use PSS along with mhGAP.

**Dr. Alsmady in response:**
mhGAP is a part of MHSSP as it aims at scaling up the MH services for the entire country, not only for refugees. In his point of view, it is more than an orientation and in case there is a need for psychiatric intervention, there should be a referral to a specialist. Actually, mhGAP is based on a tool designed for non-specialised health providers that could not substitute specialised services, but could help instead a lot of people who have problems that can be managed without specialised interventions.

Further, he underlined to keep in mind that anyone who needs specialised services must be referred to the specialised mental services and also clinical psychological and psychiatric interventions need to be available for specific problems. These interventions should only be implemented under the leadership of MH professionals.

**Dr. Zamdar Karim – Lecturer, University of Sulaymaniyah, Kurdistan Region of Iraq**

In his presentation, Dr. Karim explained how training aids and co-facilitation during training can positively affect the quality of it. This can be seen when pre- and post-assessments are implemented. For example, the overhead projector can be an effective tool when it is not crammed with information. In case scenarios and case studies, trainees can explore different themes (e.g. grief, alcohol, violence) that can be faced in the work field. Using flip charts and paying attention to the 5Ts of flip charting (1. touch the points, 2. turn to the audience, 3. talk to the audience, 4. tear the paper and 5. tape it to the wall). Other training aids include electronic equipment, handouts, and video recorders. The co-facilitation allows using variety of training methods, help in sharing the workload, gives good chance for the trainers to cover subjects that they are excellent and well experienced in explaining them. Finally, the co-facilitation can maintain gender balance.
Ms. Sylvia Wutzke – Psychosocial Support for Syrian and Iraqi Refugees and Internally Displaced People, GIZ, Germany

In her presentation, Ms. Wutzke first introduced the GIZ regional program, which works on strengthening PSS for Syrian and Iraqi refugees and IDPs, as well as the resilience of host communities by facilitating cooperation among actors working in this field. In order to do this, the project contains four fields of action, which are 1. to develop standards for MHPSS, 2. to organize expert exchanges, 3. to develop a staff care approach and 4. to set up a knowledge management system. The project area is Jordan, Iraq, Lebanon, Turkey and Syria. The program is currently developing a recommendation paper on training and capacity development in MHPSS in the context of the crises in Syria and Iraq, which was developed in a participatory way with organisations working in this field in the region. The paper addresses key questions relating to training design and provision in five chapters:

1. The first chapter addresses the context and conditions for capacity development in MHPSS with regard to the Syria and Iraq crises (e.g. How to work in an emergency context with scarce resources?) One of the key questions in this chapter is how to deal with the fact that psychological distress in conflict- and post-conflict settings in most cases has a political dimension. According to this political understanding of psychological distress, the acknowledgement of injustices is an important step in the healing process. Yet, talking about politics in highly politicized contexts is also often delicate or even dangerous. It is important to leave room – in counselling sessions as well as in trainings – for political topics to come up, but not actively push them.

2. The second chapter looks at the requisites for capacity development and training in MHPSS (e.g. What are important traits of a trainer? Should there be any preconditions for the trainees and which ones? How to deal with interpretation during the training?). An important requisite is a thorough assessment before the training – who is already doing what and where, what are the needs on the ground, what do trainees already know, etc. The training should be tailored according to this assessment.

3. The third chapter addresses the content of MHPSS trainings. Psychological distress in contexts of conflict and displacement is a normal reaction to an abnormal situation and MHPSS is mainly about empowerment and stabilization. While theoretical background knowledge and practical skills are important to train, the most important aspect in a training therefore is personality development (such as relationship building, communication, the development of an empowering, respectful attitude, etc.) – the success of an intervention depends on the quality of the interpersonal contact between counsellor and client. Moreover, trainings should build on what trainees already know – many of them are already confronted with distressed persons in their daily work and have developed ways of dealing with distress, which often only need to be formalized, systematized and theoretically underpinned in order to professionalize them. Another important aspect is that trainees should be enabled to understand the basic ideas and assumptions behind intervention approaches in order to select an appropriate approach and adjust it to the client’s needs. Providing only technical step-by-step logics/manuals can keep trainees from truly understanding an approach and being able to adapt it to case and context.
4. Chapter four addresses the training methods. Since training is essentially about personality building, a participatory learning style and much experience-based learning (counselling practice) under supervision/on-the-job coaching is necessary.

5. The last chapter looks at the questions of how to evaluate a training and what are chances and risks of certification.

Ms. Wutzke informed that the recommendation paper is still being validated and edited.

Comment from the panel:
Certification is a very important part of a training and certificates also provide a big incentive for persons to participate in a training.

Response:
Certificates should definitely be distributed after a training. But if they are not precise enough, they can also lead to persons performing tasks they are not qualified for. Certificates should state very precisely what was trained and what the holder of the certificate is qualified for. If the skills of the trainee weren’t evaluated, there is the option to only hand out certificates for participation.

Comment from the audience:
Suggestion to do two tracks: The operational part and the strategic part.

Response:
The suggestion will be taken into consideration.

Session 2.2
New forms of teaching and learning

Moderator:
- Dr. Ashraf Alqudah – Clinical Psychology Associate Professor, Department of Psychology, The University of Jordan, Jordan

Panellists:
- Dr. Hamza Alduraiidi – Assistant Professor, School of Nursing, Community Health Nursing Department, The University of Jordan, Jordan
- Mr. Abduljabbar Alwajih – Technical Advisor for PSES, Quality of Education Improvement Program, GIZ, Yemen
- Ms. Allison Church – Director MENA, Kiron Open Higher Education, Jordan
- Ms. Insherah Musa, Country Director and Higher Education Project Director, Jesuit Refugee Service (JRS), Jordan
- Dr. Vanessa Tinker – Assistant Professor, Department of International Relations, Social Sciences University of Ankara (SSUA), Turkey

Dr. Hamza Alduraiidi – Assistant Professor, School of Nursing- Community Health Nursing Department, The University of Jordan, Jordan

Dr. Alduraiidi emphasized the significance of non-traditional educational methodologies, including blended learning. In today’s education, it is important to let the recipients of knowledge participate in its making. This will make them active participants of the educational process, who feel responsible to keep the knowledge as high quality as possible rather than mere passive receivers of information. Thus, non-traditional methods are the future of the teaching process. For example, online platforms, such as www.moodle.com provide teachers and students with the chance to be in touch outside the time and place of lectures.
This can be done through forum discussions and extra learning materials, making them eager to participate in lecture discussions and giving a sense of engagement and belonging to the material, because they feel the success of this educational experience is their responsibility. Furthermore, through using these diverse teaching strategies, students with different sets of skills and talents are given the chance to shine, each in their preferred way. Non-traditional educational strategies also make learning less boring and as fun as possible. As an example of diversifying learning methods, Dr. Alduraidi referred to the course on Community-based PSS being delivered at the University of Jordan – in cooperation with the GIZ project "Psychosocial Support and Trauma Work". Dr. Alduraidi explained that course participants have in-class meetings every Saturday, online assignments through www.edaura.com, and field assignments during weekdays, where mentors make sure students are utilizing the information they have learned in an efficient way.

Mr. Abduljabbar Alwajih – Technical Advisor for PSES, Quality of Education Improvement Program, GIZ, Yemen

Mr. Alwajih presented the Quality of Education Improvement Program (QEIP) of the GIZ in Yemen with six districts in Hajja and Sana’a City. The implementing partners are the MoE, the University of Sana’a and the University of Aden. Regarding the MoE, QEIP is part of its national strategy (Humanitarian Response Plan) together with the Education Cluster to respond to the escalation of the conflict in Yemen. The program has three components:

1. Qualification of school teachers,
2. School development and Psychosocial Educational Support (PSES),

Mr. Alwajih highlighted that violent conflicts create an overwhelmingly stressful context where the capacity for children to thrive is diminished and severely challenged. However, PSES targets children and youth through schools. It also recognizes the interdependency and indivisibility of the development of a child’s psychological, physical, social and educational abilities. Creating a safe environment in the crisis where children can learn and develop is crucial. The PSS part of the project aims to normalize the child’s daily life, to create a social reconnection and to build social support mechanisms, as well as to use individual and community coping mechanisms to grow resilience.

Mr. Alwajih emphasized further that also the teachers are suffering from daily airstrikes; therefore, it is important to care for them as well. For monitoring and evaluation, they established a mechanism starting from schools and supervising at district levels, in addition to the evaluation of quantitative and qualitative methods. For school-based trainings, there are master trainers, school supervisors, school-based trainers, and teachers. Recreational activities are also utilized in schools, creating a space for the high number of both original students and IDPs to work together.

Through PSES, achievements have been obtained at different levels: Recreational activities were successfully implemented in lesson plans and teaching practice and school based trainings and activities with teachers, trainers, and social workers have strengthened their relationship and encouraged an exchange of experiences between them and with other schools. Teachers, for example, have become more confident and more innovative in their teaching methods. They are able to support students in solving problems instead of referring them to social workers. Students speak more openly about problems, are more motivated and less violent. Social workers have become more confident in dealing with traumatised students and have successfully built trust with students of different ages.
Also the attitudes and the behaviour of parents have improved – they are more cooperative, supportive and understanding. "Fathers & Mothers Councils" have played a major role in communicating the idea and benefits of PSES activities to other parents and in the support of teachers. PSES has overall contributed to the continuity of the educational process and revived extra-curricular activities.

Comment from the audience:
Do you use the BLP (Better Learning Programme)?

Response:
The situation in Yemen is tough therefore such programmes cannot be used in the current situation, but maybe later when it becomes better.

Ms. Allison Church – Director MENA, Kiron Open Higher Education, Jordan

At the beginning of her presentation, Ms. Church showed the following video: https://www.youtube.com/watch?v=zMVFC3eDVmw

Ms. Church presented in her role as the MENA Director of Kiron Open Higher Education in Jordan. Kiron enables access to higher education and successful learning for refugees and disadvantaged locals through digital solutions. Students at Kiron can reach their studies for free and in their homes based on their own schedule and availability, with all the different access barriers deleted (financial, physical, etc.). Refugee students have their social networks disturbed, thus in Kiron, they can reach other students in the courses they are taking via the student forum. This will help them gain intercultural and international exposure and regain the pride they have as individuals, not as refugees. To ensure refugees are applying for the courses that will fit their long-term career goals, students are required to fill a form when applying to Kiron.

Kiron also partnered with Ipso (https://ipsocontext.org/) to provide students with counseling in the context of learning and other contexts in their lives. In case a student needs additional psychosocial support, they can be referred to the necessary professionals. Ms. Church also raised the question of how training of professionals in the field can be enhanced. How can Kiron help them develop their digital competencies, so they can do counseling in an online environment? As Kiron has the ability to help building these skills and reach a lot of professionals.

Comment from the audience:
Why did you choose the name Kiron? Which students have the right to apply? What kind of certificate do the students get? And is this certificate accepted by the government?

Response:
Kiron comes from the Greek word "Chiron", which is a mix of human and horse known for his knowledge and skills. As for the qualifications; Kiron doesn't target refugees alone, but also Jordanians. Students need to be at least 15 years old and those who are under 18 access soft skills that prepare them for college. The courses are recognized as they are from the top 500 universities worldwide and they are accredited by the American Council on Education and by European accreditation agencies. Kiron also has partnerships with six universities in Jordan and the MoE. In Lebanon, they are recognized by three universities and by the MoE and the MoHE. In Egypt, they are starting negotiations with the MoHE.

Comment from the audience:
At GIU, the MHPSS module in the Master’s/Professional Diploma is presented to students from various disciplines (Architecture, Logistics, Forensic Medicine, Nursing, Social Work and other humanitarian fields). There is no need to be revolutionary, but what is needed is the sustainability and joint efforts to change.
Response:
There is a need for joint efforts. In the online learning world, there is an extreme advocacy where people from around the world combined with the technology industry and professional industry put significant pressure on ministries in the region and internationally. Take different working groups and partner with them and give them your strategy. The "Connected Learning in Crisis Consortium" (www.connectedlearning4refugees.org) is a new consortium for connected learning efforts worldwide that can be used in connecting the international efforts with the local ones. This sort of combined power of resources can be used to properly advocate for your services. Ms. Church mentioned she would be willing to be part of that effort.

Ms. Insherah Musa, Country Director and Higher Education Project Director, Jesuit Refugee Service (JRS), Jordan

In discussing the refugees' situation and education, Ms. Musa pointed out that it is not easy for them to access universities, especially since some of them have missing documents and their education has been interrupted during the crisis. She further posed questions about whether online education is a good thing for refugees – once they are left alone with their computers - and how they can be supported. Some refugees need language skills and computer skills to enroll in online education while others don't have the basic equipment to reach online education, such as laptops. Online education has a lot of positive aspects, but also its limitations. For instance, refugees who missed a lot of their school experience will not get it back during online sessions.

With regard to online counselling, Ms. Musa raised a few questions to be considered: Who is the target? Which MH issues can be addressed? And what are the approaches addressing these issues? At the end of her presentation, Ms. Musa read some of their students' experiences.

Dr. Vanessa Tinker – Assistant Professor, Department of International Relations, Social Sciences University of Ankara (SSUA), Turkey

Dr. Tinker presented the Executive Professional Certificate Program in Psychosocial Support and Conflict Transformation in Turkey, which has been offered by the SSUA in collaboration with IOM. It addresses professionals from humanitarian backgrounds from both Syria and Turkey. Priority of the program was to put the methods, concepts, and acquired tools during the training into practice, while national and international instructors provide diverse perspectives.

The program is divided into three areas:
1. Psychosocial Support;
2. Dialogue and Conflict Mediation;
3. Arts and Creativity.

These areas were chosen as Turkey is now hosting the largest population of Syrian refugees and tension has arisen in the hosting communities for different reasons.

Therefore, there is a need for conflict transformation skills, nonviolent communication skills, and creative ideas to minimize such tensions and conflicts. The program also aims to create empowerment and resilience in communities. Some of the innovative aspects of the program include the curriculum, pedagogical approach, and theory linked to practice. Dr. Tinker gave a final recommendation to try to find ways to collaborate with national and international organisations, as well as more effectively with academics.

Comment from the audience:
Are you working on the issue of conflict resolution with Kurds?

Response:
For this particular program no, but it has been discussed.
Questions and comments from the audience to all panelists:

Comment from the audience:
There is a need for undergraduate health professionals to know more about MHPSS in general.

Response from Ms. Church:
This would be helpful if universities became more flexible regarding the student education. Traditional education approaches are not allowing enough practice. So if universities invigorated service learning into programs while giving credit for doing so, it would make it easier for students to apply what they learned.

Response from Dr. Alduraidi:
I agree. When we train our students as health providers we need to prepare them to provide their patients or prospective clients the necessary skills. The nursing schools and medical schools in Jordan do have the necessary materials regarding MHPSS. Learning these skills is important not only for the prospective clients but also for students to apply for themselves.

Comment from the audience:
On the partnership and providing advocacy on PSS in the Yemeni experience. Providing teachers with knowledge about PSS on how to deal with students who are in need of such support. For this, there is a networking with the MoE and other agencies like the MoH who can provide treatments for the traumatized students. Therefore, there must be partnerships and collaborations in PSS.

Comment from the audience:
In Yemen, there is constant suffering; therefore considering these students as patients is against the principles of PSES. We have also distributed a questionnaire for the parents of traumatized students, they responded the first time after they said my son/daughter is not sick.

Response from Dr. Alduraidi:
I agree with you that labeling these children as patients because they are victims of this crisis will only burden them and their parents and might even create a bleak future for them. We wish peace and prosperity to Yemen.
Session 2.3
Parallel Working Groups
Input, discussion and presentation of results:

Working Group 1 - Selecting and supporting participants of MHPSS courses

Facilitators:
- Ms. Golrokh Ansari-Khah – Team Leader, Scholarship Programmes MENA, DAAD, Germany
- Dr. Sahar Makhamreh – Head, Social Work Department, School of Applied Humanities and Languages, GIU, Jordan

Lead Discussion Question 1:
What are the requirements for selection? Which aspects are important, e.g. gender aspects?
- Background of specific knowledge to entitle them to be in the courses
- Communication and listening skills
- Positive attitude toward the cases and the related issues
- Cultural sensitivity and awareness to deep understanding
- Gender diversity, age, nationality considerations
- Open for all people refugee and non-refugee
- Educational level and cognitive abilities
- Motivation and personal attitudes
- Ability to deal with MH client
- Inter-sector participation
- Emotional status of the participant
- The middle level of professionalism

Lead Discussion Question 2:
How should information be disseminated to reach the right candidates and include refugees? Who might be excluded?
- Internet and social media like WhatsApp groups
- Working groups
- Advertisements
- Flyers and posters and any printed material

- Journals
- In the universities and all academic institutions
- Community focal points
- NGOs
- Not to exclude anyone. Specialised courses may require specific previous education.
- Awareness sessions
- Traditional and religious gatherings
- Word of mouth

Lead Discussion Question 3:
How can interest and commitment of participants be promoted especially if courses are not free or in the case of in-service courses?
- Providing certification
- Sharing success stories
- Offering blended learning
- A qualified trainer and high-quality level of training in the content and in the tools
- Encourage self-evaluation
- Accessibility of trainings by taking in consideration geographical distance and offering online courses and means of/support to transportation when it is needed
- Practical and job-related courses
- Installment to support and motivate trainees
- Involvement of the trainees themselves in future trainings

Lead Discussion Question 4:
What does the inclusion of refugees mean for the course design? How to remain sensitive to refugees’ experiences and participants needs?
- Involve them from the very beginning in the need assessment
- Include their experience in designing the manuals, training tools, and content
- Content sensitivity and keep the content related to their personal experience
• Have a co-trainer who should be a supportive person
• Training should benefit them and can be used in their real future life
• Involvement of local community
• Make their voice heard
• Create an appropriate environment where sharing life experience is possible
• Avoid language barriers

**Lead Discussion Question 5:**

**How could participants be supported in the long run (strengthening of networks, participants as lecturers, etc.)?**

• Maintain communication between participants
• Create job opportunities
• Offer mentoring opportunities
• Refresh training and follow-ups
• Stakeholder harmonization
• Social media platforms
• Peer-to-peer supervision
• Funding availability for further trainings
• Networking
• Preceptorships
Working Group 2 – Ways to ensure sustainability of academic MHPSS programmes

Facilitators:
- Dr. Sebastian Wolf – Research Associate, Supervisor and Curriculum Responsible, Institute for Psychotherapy and Psychotraumatology (IPP), University of Duhok, KRI
- Dr. Azad Ismael – Head, Clinical Psychology Department, Koya University, KRI
- Dr. Jafar Udwan – Technical Advisor, Psychosocial Support and Trauma Work in Jordan, GIZ, Jordan

Lead Discussion Question:
1. What are the main sustainability concerns?
2. How can regional academic trainings become inherently sustainable, i.e. independent from external funding?
3. Which strategic alliances/partnerships could be formed in this regard?

At the beginning, the facilitators gave presentations about three different academic training approaches:

Dr. Sebastian Wolf: Master of Advanced Studies in Psychotherapy and Psychotraumatology (MASPP), Institute for Psychotherapy and Psychotraumatology (IPP), University of Duhok, Kurdistan Region of Iraq

In 2017 the IPP at the University of Duhok started the MASPP program, funded by the German Ministry of Foreign Affairs and the State Ministry and Ministry of Science of Baden-Württemberg, with 28 students from KRI. Most of these students had Bachelor’s Degrees in Psychology and Basic Education. This Master’s Degree program duration is three years including one preparation year.

Students will have 120 hours of personal experience/self-awareness, 1800 hours of practical experience during internships in psychiatric institutions, refugee camps, clinics etc., and 600 hours of independent treatments (individual or group settings) of patients under supervision (150 hours).

Further, they receive 600 hours of theoretical training and 930 hours of additional specialised training. Moreover, the current students are taking ToT, since they will co-train the next generation. A need for such studies has emerged due to the prevalence of PTSD and Affective Disorders after ISIS. There is also a lack of local psychiatrists and psychotherapists.

Dr. Azad Ali Ismael: Bachelor in Psychology, Koya University, Kurdistan Region of Iraq

Dr. Ismael emphasized, how important it is to have a very good knowledge of the context in which we are working, but also how important it is to have it about tragedies, wars, discrimination, persecution, and ISIS. It is also important to note that cross-generational trauma can affect the population, especially where there are very few psychiatrists and there is a lack of MH services and provisions on these services. Regarding the curriculum, Psychology departments have a theory-based curriculum, making graduates unable to offer MH interventions. Moreover, the course is taught in the English language which is not their first language and takes four years to complete. Since the Psychology faculty is under the Department of Science and Health, only students from the scientific-stream are accepted. However, graduates have good chances in the job market and often work in NGOs where they provide MH services. Some of them continue their studies and enroll in the Master’s program at Duhok University.

There are a number of collaborations between the Department and institutions or foundations, such as Heartland Alliances, where there used to be a two-years Master’s Degree, SEED Foundation, who offer a revision of the curriculum, enhancement of the faculty’s capacity, and improvement of supervision-structures, Jiyan Foundation, and the Wchan organisation.
Dr. Jafar Udwan: Academic advanced trainings on Community-based Psychosocial Support, GIZ, Jordan

The GIZ project "Psychosocial Support and Trauma Work in Jordan" is cooperating with two universities in Jordan, in the development and implementation of two courses on Community-based Psychosocial Support. One is a certified advanced in-service training course in cooperation with the Center for Consultation and Training and the School of Nursing at the University of Jordan in Amman. The second is a certified advanced post-graduate training course at the RDFMSC at Yarmouk University in Irbid. The first course started at the end of June 2018 and has a duration of 11 weeks. It consists of 25 Jordanians and Syrians (m/f) who are holding a first degree in Medicine, Nursing, Psychology, Social Work, Special Education, or Counselling. They need to have ongoing and practical experiences working in host communities and/or with Syrian refugees for national or international NGOs, the Jordanian MoH or UN agencies.

The second course has a duration of nine weeks starting mid-September 2018. The maximum number of participants is also 25 Jordanians and Syrians (m/f) who are holding a first degree in Medicine, Nursing, Psychology, Social Work, Special Education, or Counselling. They need to have ongoing and practical experiences working in host communities and/or with Syrian refugees for national or international NGOs, the Jordanian MoH or UN agencies.

The lead discussion questions were then discussed in three separate groups that came up with recommendations for each of the programs that were later presented in the plenary:

Recommendations for the Master’s in Psychotherapy:

1. Sustainability: Psychotherapy is a new profession in KRI.
   - There is a need for a degree and an accredited certificate.
   - Clear job descriptions and structural anchoring are required.
   - Board in the MoHE and MoH.
   - Administration and control to clarify that there are no other professions doing psychotherapy.

2. Teaching and Curriculum
   - Establishing PhD programs to have national lecturers, not only international ones. In addition to conducting ToT trainings.
   - Establish a College of Psychotherapy within the university.

3. Financial Independence
   - Concrete financial plans are needed.
   - One possibility would be to introduce fees for students.
   - Encouragement/advocacy that these studies are needed.

Recommendations for the Master’s in Psychology:

1. Curriculum
   - Gender, culture, and religion should be addressed within the curriculum. For the curriculum to be sustainable it should be relevant to the context. Examples given were the cases of Yazidi women being raped by ISIS, and issues of forced conversion and reconversion.
2. Professional Development
- Establish an Alumni network.
- Establish PhD exchange programs with universities in the region or other countries, e.g. Germany.
- Conduct joint research with other universities.
- Establish an outpatient clinic related to the university where staff and students can practice.

3. Networking
- Invite professors and graduate students for research and teaching.
- Develop/offer online courses to train faculty members.
- Alumni network.

Recommendations for the academic advanced trainings on Community-based Psychosocial Support:

1. Concerns
- Recognition of the training certificate
- Outcomes for the students, institute, and beneficiaries
- Accessibility
- Community-based assessment needs to be done before the training

2. Means of Sustainability
- Needs assessment
- Backup HR
- Systematic planning including risk assessment
- Inclusion of minorities
- Inclusion of politicians
- Involving stakeholders

3. Alliance / Partnerships with:
- Private sector
- Peer institutes (private and governmental organisations)
- Governmental sector

In conclusion, it was highlighted that there is a need for good marketing and that the outcome of the course will affect the sustainability of the training course.
Working Group 3 – New approaches and ideas for future cooperation

Facilitators:
- Ms. Sylvia Rombach – Region Manager MENA, AMICA e.V., Germany
- Dr. Vanessa Tinker – Assistant Professor, Department of International Relations, SSUA, Turkey

Lead Discussion Questions:
1. What are untapped potentials regarding Psychosocial Support in academia?
2. How could these potentials be used, e.g. through new partnerships?

Ms. Rombach presented the work her organisation AMICA, Germany, is doing in Libya, in cooperation with partner organisations. In Libya, there is a huge need for MHPSS in the MH system. Especially given that it is a neglected and underdeveloped area with almost no psychiatrists and fewer social workers. In each of their centers, there are social workers and lawyers to give advice and they also established a referral system. They further work with a gynecologist in case a woman experienced sexual and gender-based violence (SGBV). They are currently facing some difficulties as they cannot work in Libya since no traveling is allowed.

So they are working remotely and they meet their partners outside Libya, mostly in Jordan and sometimes in Egypt. AMICA is providing Libyan social workers with tailor-made trainings, team development, supervision, and coaching. However, the follow-up and supervision from a distance is very complicated. To ensure sustainability and to achieve a greater impact within Libya they provide their social workers with ToT with the aim that the social workers are qualified to train other professionals when they go back to Libya.

One of the biggest challenges within the project is that the social workers are often put in the position of psychotherapists, even though they are not qualified. This is due to the fact that in Libya there is a lack of psychotherapists and MH in Libya has a stigma.

Questions from the audience:
We have been hearing a lot about rape across countries in the Middle East. It is an educational issue and a situational issue. Is there a movement in PSS agencies? Is there a way to improve how sexual crimes are reported and how to address the sexual context? Can we do more as a community and as those working in education? How do we do it?

Response from the audience:
Colonization is a rape of a nation. How would you consider the ones who colonize to see that rape is wrong?

Response from the audience:
How do we as a national and international community build a society and improve sexual education?

Dr. Tinker in response:
Dr. Tinker introduced the topic of sexual harassment in her class for example with LGBT. Her students opened a Facebook page and did a survey for women and men about sexual harassment.

Many male students were shocked by the results. Reporting a rape case to the police is not easy if it is within the family as it is considered a family problem. We have to look at the existing models not only nationally but also internationally. Every organisation should target different levels in order to create a collaborative model.

Response from the audience:
There are instances of people such as prison guards that don’t know about the issue of SGBV.
Response from the audience:
What’s the role of PSS providers? Just to provide the services? We need to change all of our roles and strategies.

Dr. Tinker in response:
Certificates which are not recognized internationally are a problem; however, people still need these skills. Funding and sustainability is a big issue. From her experience, by linking with the IOM, they received funding from the US, which allowed Turkish and Syrian students to meet and participate in the trainings. The final certificate has the IOM name on it and it has an academic validation. Because it is funded it gathered students from all over the country and each of them had a background check.

Questions to the working group participants:

1. What is your experience with PSS in academia?
   - In talking about academia, we talk about research centers and other institutions, not only academic ones.
   - The International Labour Organisation (ILO) – Better Work noticed that there is only one organisation providing PSS for migrant workers. The focus of organisations is mostly on refugees.
   - Once people finish their university studies, they have the theory which is not linked to the practice.
   - In the academic world, it is difficult to distinguish between MH and PSS.
   - Academia is not independent and not innovative enough and stuck with old models.
   - Academia has a lot of power in bringing attention to MHPSS and supporting PSS.
   - What is the role of academia in MHPSS? To develop the knowledge and curriculum and develop research that work can be based on?
   - Academia should make research and open work for developmental organisations.
   - There is a difference between academia and practice. Research does not reflect the field.
   - The role of academia is to develop the knowledge and not create a practitioner, it should develop a research that we base our work on.
   - Academia is directed by funding. When academia and research are done, they can be brought together by training.
   - There is a gap between theories and practice. Students are not aware of techniques. Academia doesn’t always touch upon PSS.
   - The gap exists even for people who are studying Psychology and Social Work who do not know basic terms and techniques.
   - The difference between specialised and non-specialised is also an issue. What is the level of knowledge that should come with the specialised and which with the non-specialised services? The specialised are the actual people working in the field. The non-specialised are the people you train to take psychosocial actions in certain situations where no referral is needed.
   - The idea of academia is how can this theory be applied? Academia needs to evolve and bring the person to develop his/her techniques.

2. How can this gap be filled?
   - If universities and organisations work together.
   - The academic research in the university need to be done with a more academic credibility.
   - The gap is created on purpose because some topics in research are forbidden by the government. Furthermore, it is a problem that foreigners often have more possibilities to criticize and be loud about a topic, locals are not allowed to, or are at risk if they do so.
   - There is a difference between practice and theory and this difference is a grey area.
• Ethical research is problematic. According to the experience of one participant from the audience, weak MHPSS researchers are going to the camps and conducting PSS in Lebanon. A lot of unethical research has been done there.

• There are guidelines existing for these cases but they are almost never used. That is what is making the research not very valid.

• An academic association where psychologists and social workers along with academics work together need to be created in order to close this gap.

• This association needs to be a national movement by locals, which should then be connected with international institutions.

• In PSS you are not only a service provider. You need to believe in it as a cause and not just go to work to get the money without any other motivation.

3. How can PSS be explained for those who are not working in the field of MHPSS?

• The term needs to have a specific meaning and it shouldn’t change according to the situation.

• Provide courses or trainings as a general knowledge in different fields and jobs.

4. Conclusion

• There is a need for greater awareness of what psychosocial support is because people have a different understanding of what it is.

• How can academia help in PSS: It can help develop conceptually and practically what PSS is.

• Academia and research can highlight the need for further funding and projects. Also, academics who want to do research might not have the appropriate training and ethics to do it.

• Sustainability can be reached through cooperation between academic institutions and practitioners who can organize trainings or workshops at universities.

• Students are not capable of applying in the field what they learned if theoretical academic trainings are not linked with the practice.
Session 2.4
Closing
Dr. Christine Müller, Head of Project, Psychosocial Support and Trauma Work in Jordan, GIZ, Jordan

Dr. Müller thanked the participants for their attendance and their constructive and fruitful discussions. She underlined how much she appreciated the very respectful way the discussions took place. She emphasized that the two days of the Symposium happened in a very open minded way, sometimes a little bit controversial, but it could have been even more controversial, as it shows there is a real interest in the material. She wished all the participants a safe return back to the countries they travelled from. Dr. Müller mentioned that, while the two days were not enough to dig deeply into the subject matter, she felt sure that additional opportunities to meet and discuss certain aspects in further detail would follow. Dr. Müller promised that her and her team will share the documentation with all participants and interested stakeholders, and encouraged everyone to keep in touch and keep the conversation going.
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<td>Jordan</td>
<td>Assistant Professor of Mental Health and Vice Dean, Psychiatric Mental Health Nursing Department</td>
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<td>Prof. Aymann Mansour</td>
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<td>Lecturer, Mental Health Specialist</td>
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<td>MHPSS Coordinator</td>
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<td>Ms. Kholoud Homsi</td>
<td>UNRWA</td>
<td>Chief Social Services</td>
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<td>Ms. Leila Kaissi</td>
<td>UNRWA</td>
<td>Chief Relief and Social Services Program</td>
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<td>UNRWA</td>
<td>Deputy Chief, «Field Education Programme»</td>
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<td>UNRWA</td>
<td>Deputy Chief, «Relief and Social Services Programme»</td>
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<td>Ms. Amal Dmour</td>
<td>Vision Hope International e.V.</td>
<td>Psychological Counsellor</td>
<td>Jordan</td>
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<td>83</td>
<td>Ms. Brooke Peacock</td>
<td>Vision Hope International e.V.</td>
<td>Consultant</td>
<td>Jordan</td>
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<td>Ms. Eva Schade</td>
<td>Vision Hope International e.V.</td>
<td>Junior Consultant</td>
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<td>Ms. Ayat Shawaqfeh</td>
<td>Vision Hope International e.V.</td>
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<td>Mr. Mohammad Al-Adam</td>
<td>War Child UK</td>
<td>Deputy Project Manager</td>
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<td>87</td>
<td>Ms. Hadeel Al Far</td>
<td>World Health Organization</td>
<td>Mental Health Officer</td>
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<td>Dr. Ali Alodat</td>
<td>Yarmouk University</td>
<td>Assistant Professor of Special Education, Counselling and Educational Psychology Department</td>
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## GIZ Project: Psychosocial Support and Trauma Work in Jordan

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<th>№</th>
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<tr>
<td>1</td>
<td>Ms. Rawan Abu Farwa</td>
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<td>4</td>
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<td>Ms. Ilona Schewtschuk</td>
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<td>7</td>
<td>Dr. Jafar Udwan</td>
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</tr>
</tbody>
</table>
Ms. Fadwa Abbad-Abu Laban holds a Master’s Degree in Social Work and is the founder and General Director of Sunna Al-Amal (Hope Makers), independent human rights, non-profit organisation in Palestine. Ms. Abbad-Abu Laban has more than 20 years of training experience in social work and gender issues, and in developing training programs for Palestinian professionals. She established a program titled “High Diploma/Master in Psychotherapy”, which is the first of its kind in the Middle East that aims to strengthen the capacities of psychotherapists and mental health institutions in Palestine. Before she became the General Director at Sunna Al-Amal in 2015, she was the Regional Director for Roots of Peace in Palestine for four years where she led a campaign to demining mines in a Palestinian village turning a dangerous area full of mines into a safe playground for children. She also worked in a number of organisations from the health field and civil society as a social worker, trainer, researcher, and advocate. During her career, she has set up and run a number of voluntary initiatives “Women Make Change”, “Joy Flashes” and “Tomorrow is Better”. She is now the Head President of the Arab Women Union Leaders.

Mr. Abdul Moula Abdulhak – GIZ, Yemen

Mr. Abdul Moula Abdulhak is a Senior Education Advisor with more than 33 years of experiences in teaching, educational supervision, training, psychosocial support, school development, education in emergencies and conflict sensitive education in some governorates of Yemen and at all different levels such as community, governorates or national level. He has a Diploma in International Vocational Education from Germany. Mr. Abdulhak used to work as a Technical Supervisor, Training Consultant and Trainer and also as a GTZ Project Assistant for the Yemen German Project for Health and Environmental Education (IBM Governorate) for many years. Furthermore, he worked as a Senior Education Advisor in the GIZ Quality Education Improvement Program where he is until now the Project Coordinator. This program is working to support the Yemeni Ministry of Education in implementing the school development and psychosocial educational support activities in 107 schools in six districts and two governorates including monitoring and evaluation. Mr. Abdulhak is working with the GIZ since 1996.
Dr. Faiza Alabdullah – MHPSS Consultant and Trainer, Syria

Dr. Faiza Alabdullah is an Alumna from the Executive Professional Masters in Psychosocial Support and Dialogue in Lebanon. Dr. Alabdullah worked as a ToT and a Trainer for volunteers and psychologists with many organisations for several years in Damascus. She holds a PhD in Psychological Counselling from the Damascus University and further worked as a Professor at the Faculty of Education, Department of Psychological Counselling at Damascus University, as Technical Supervisor of Clinical Psychotherapists with WHO and as Child Protection and Psychosocial Support Coordinator with local NGOs. Dr. Alabdullah has experience working with young Iraqi conflict survivors, preparing them to be trained to deal with psychological stress and to train other youth to overcome the problems they are going through. She completed several academic courses focusing on psychosocial support in crisis settings with the Swedish Red Cross in Stockholm, the Danish Red Cross and the WHO. Currently, Dr. Alabdullah is working as a Freelance MHPSS Expert in Syria.

Dr. Maher Alasaleh - Help/Charité, Jordan

Dr. Maher Alasaleh is Head of the Charité Help 4 Syria BALSAM project which is working closely with the Ministry of Health in Jordan. He holds a Diploma in Medicine and General Surgery from Al-Kufa University in Iraq and received a fellowship in Psychiatry from the Free University and the Charité Clinic in Berlin. Dr. Alasaleh worked as a Clinical Teacher and Trainer of fifth year medical students in several Jordanian Universities and as a Psychiatric Physician with the UN - including Liberia, Sierra Leone and Haiti. Further, he worked as a Supervisor and Trainer for psychiatry residents and was speaker in many lectures and seminars. He was Team Leader and Manager of in-patient wards in the Mental Health Hospital and Clinical Teaching Psychiatrist in Royal Medical Services (RMS) in the Princess Aisha Center in Amman. He is also a Psychiatrist in RMS at the King Hussein Medical Center in Amman.

Dr. Hamza Alduraidi – The University of Jordan, Jordan

As an Assistant Professor at the University of Jordan, School of Nursing, Dr. Hamza Alduraidi has two main roles: academics and research. In the academic role, he teaches undergraduate and graduate courses at the Schools of Nursing and Medicine in community/public health topics, such as health education and promotion, community health nursing, quantitative research methods, and health informatics, among others. In the research role, Dr. Alduraidi conducted several research studies, which include interests such as in public-, global- and community health, quality of life research, clinical prevention and refugee health. Dr. Alduraidi’s work with refugees in Jordan contributes to a better understanding of their health and health-related quality of life in the physical, psychological, social, as well as environmental domains. Dr. Alduraidi’s ongoing research projects include both funded and non-funded studies that are currently taking place in collaboration with colleagues from the School of Nursing and other school faculty members. Currently Dr. Alduraidi is working as one of the Lecturers on the establishment of a Community-based Psychosocial-Support course in cooperation with GIZ that is taking place at the University of Jordan.
Ms. Hadeel Al Far – World Health Organisation (WHO), Jordan

Ms. Hadeel Al Far is a Mental Health Professional and is serving as a Technical Professional at the World Health Organisation's (WHO) Jordan Country Representation supporting the country’s mental health program. She has diverse educational backgrounds - such as in Occupational Therapy and Rehabilitation, Management, Human Rights and Mental Health Law - with ten years of experience in the mental health field. Ms. Al Far practiced her skills and received trainings from Jordan, the Kingdom of Saudi Arabia, the United Arab Emirates, Italy, Germany, India, Libya and Egypt. She has served in many capacities in psychiatric and addiction hospitals and outpatient clinics to international non-governmental organisations. She also contributed to several trainings and studies, and co-founded the first National Association for Mental Health Service Users “Our Step”. Royal Medical Services (RMS) in the Princess Aisha Center in Amman. He is also a Psychiatrist in RMS at the King Hussein Medical Center in Amman.

Dr. Sahar Almakhamreh – German Jordanian University (GJU), Jordan

Dr. Sahar Almakhamreh is an Associated Professor and the Head of the Social Work Department at GJU where she is leading and managing the establishment of a Master in Social Work/Migration and Refugees. Prior, she was a Lecturer in the Social Work Bachelor programme at Al-Balqa Applied University (BAU)/ Princess Rahma University College in Jordan and also the Head of Department and Dean Assistant for Developing and Planning at BAU. She is one of the co-founders of the Jordanian Association of Social Workers and is also an Instructor of the Professional Diploma for Migrants and Refugees and is focusing currently on developing Social Work with refugees, such as professionalizing Social Work. Dr. Almakhamreh has worked and led many international projects in developing Social Work and has published widely internationally.

Dr. Ali Alodat Musleh – Yarmouk University, Jordan

Dr. Ali Musleh is an Assistant Professor of Special Education at the Department of Counselling and Educational Psychology at Yarmouk University in Jordan. He earned his PhD in Special Education Major from the Wayne State University, United States of America. His researches focus on gifted and special needs learners from minority and disruptive areas, especially among refugees. The latest researches in this topic and under review in international journals are: “Gifted Syrian Refugee Students in Jordanian Schools: Have we identified them and evaluating educational services offered for Syrian gifted refugee students in Jordanian schools”.
Dr. Ashraf Alqudah – The University of Jordan, Jordan

Dr. Ashraf Alqudah is a Clinical Psychology Associate Professor at the University of Jordan and graduated from the University of Florida with a PhD in Clinical Psychology. Dr. Alqudah is a Director at the School for International Training in Amman. Furthermore, he is a Trainer for multiple organisations such as the Antares Foundation and the Free Press Unlimited. He has done over 60 training workshops in different psychosocial support fields and built several Psychosocial Support programs for different organisations. His research interests include psychosocial support, refugees and MHPSS.

Dr. Ahmad Al Sheikh – The University of Jordan, Jordan

Dr. Ahmad Al Sheikh is an Assistant Professor at the University of Jordan. He holds a license as a Professional Counsellor from the Ministry of Health. Furthermore, he is a Psychological Programs Consultant at the Syrian American Medical Society (SAMS). Dr. Al Sheikh is a Trainer in many different mental health subjects, such as a Reviewer in different Psychological Journals. He published many works in Counselling Psychology.

Dr. Nader Alsmady – Ministry of Health, Jordan

Dr. Nader Alsmady works as a Trainer at the Ministry of Health in Jordan on the program of mhGAP, domestic violence and psychiatric relations. Furthermore, he holds the position of a Psychiatrist at the National Center Hospital for Mental Health in Jordan and is the Head of the Judicial Department at the National Center Hospital for Mental Health in Jordan, as well as Consultant for mhGAP-IG (Intervention Guide) at International Medical Corps (IMC). He studied Medicine in the Tishreen University in Syria and holds a PhD in Psychiatry from the Jordanian Medical Council (JMC). Since 2010, Dr. Alsmady has been working as a Supervisor at the Multidisciplinary – Al Hashmi Clinic for Mental Health. He held a position as Physician, at both the Ministry of Interior (MOI) in the Kingdom of Saudi Arabia and at the Royal Jordanian Medical Services in Jordan.
Mr. Abduljabbar Al-Wajih is working in the Psychosocial and Educational Support (PSES) project for GIZ in Yemen as Technical Officer. He is responsible to provide professional advisory services to the governorate, district education offices and schools on PSES, manage and supervise activities that are related to PSES. He holds his Master’s Degree in Leadership and Management and has more than three years of experience in advisory and technical support in Good Governance in Education (GGE) and Psychosocial and Educational Support (PSES), as well as over ten years of experience in Training and Moderation. Mr. Al-Wajih delivered many training courses and workshops in educational leadership and management, teaching and learning and child protection in many cities in Yemen. He represented Yemen in regional conferences held by the British Council in Yemen and abroad. Mr. Al-Wajih had field visits to schools and visited teachers of English in their classrooms to train them on teaching methods and learning strategies. Also he is working on to assist the project coordinator with PSES activities. Mr. Al-Wajih worked for more than ten years with international Organisations as a Master Trainer, Consultant and Adviser.

Ms. Golrokh Ansari-Khah is a Consultant and Team Leader for the project “New Perspectives for Young Jordanians and Syrians” (JOSY) in the DAAD in Germany. She studied Law and Asian studies in Germany and got her Master’s Degree in Religion and Art in Asian Cultures. She worked as a Tutor for GIZ and as an Assistant for the DAAD where she used to be responsible for the event management in the project “Internationalization of research and young scientists”. Ms. Ansari-Khah furthermore worked as an Administrator for the “Pan African University” – Institute of Water and Energy Sciences” (PAUWES) for the DAAD. She completed various trainings, such as in project management, rhetorical and presentation skills, conflict management and moderation. more than ten years with international Organisations as a Master Trainer, Consultant and Adviser.
Dr. Nancy Baron is the Founder and Director of the Psycho-Social Services and Training Institute in Cairo. This organisation provides community based mental health and psychosocial support services to refugees and asylum seekers from Eritrea, Ethiopia, Somalia, Sudan, South Sudan, Syria, Iraq and Yemen in the urban centres of Egypt. Dr. Baron also directs Urban Life a global training centre specific for learning how to provide MHPSS in the urban context. She received her Doctorate in Education at the University of Massachusetts, U.S.A. with a concentration in Family Therapy and Counselling Psychology. Since 1989, she has provided consultation, assessment, training, program design and development, research and evaluation for UN organisations and international and local NGOs in community and family focused psychosocial, mental health and protection initiatives for conflict and post-conflict countries in the Middle East, Africa, Asia, Eastern Europe, South America and the South Pacific.

Dr. Ahmad Bawa’neh is the Deputy Country Director for programs at the International Medical Corps’ Jordan office. He has more than 12 years of experience in mental health and psychosocial programs management in working with refugees and vulnerable populations, as well as in the management of projects. Dr. Bawa’neh holds a Project Management Professional Certificate (PMP). His experience also includes training, capacity building, and mental health and psychological support. He supported IMC’s missions in other countries like Iraq and Libya. His professional experience includes consultancies with UN agencies and the Government of Jordan. Mental health and psychosocial support on the international guidelines, including inter-agencies standing committee standards, is one of his areas of capacity building, in addition to trainings on other relevant areas such as participatory rapid assessments and capacity building of Psychologists and Social Workers.

Dr. Azad Ismail is a Lecturer and Head of the Clinical Psychology Department at the Faculty of Science and Health at the Koya University in the Kurdistan Region of Iraq with a PhD Degree in Psychology. He teaches several topics, such as Abnormal Psychology and Psychology of Adjustment. Furthermore, he is focusing his research on stress and coping, such as mental health and religion. He also works with various NGOs on mental health issues among refugees.
Ms. Allison Church joined the Kiron Jordan office in 2017 and began leading its operations and education program in 2018 as the MENA Director. Since then Kiron has welcomed over 3200 students worldwide, expanded its regional operations in opening an office in Lebanon, and launched substantial projects to address refugee access to higher education and workforce certifications. She has a long history in the field of online learning and professional development in higher education, as well as expert knowledge in the MENA region. She was selected to lead a US State Dept. funded project on collaborative virtual exchange between students, faculty, and institutions in the US and MENA Region. After the conclusion of the project Ms. Church had been responsible for providing professional development between the 27 institutional members of the COIL Network of SUNY campuses and university partners in Lebanon, Morocco, and Egypt. Over ten years in international education between the MENA and US she has developed intercultural faculty training programs with a focus on applied learning in virtual environments and collaborative team-teaching. With the SUNY COIL Center she co-designed and managed the implementation of the first intercultural assessment for virtual exchange with over 700 students in 25 higher education institutions.

Dr. Kate Ellis is an Assistant Professor of Psychology at the American University in Cairo, and serves as both the Graduate Programs Director and the Coordinator of the leadership in the mental health course. She is also a Clinical Psychologist who works predominantly with refugees and individuals who have experienced trauma. Her research focuses on the impact of violence and conflict, with a particular focus on young people. Dr. Ellis has published several peer review works regarding the experiences of young people exposed to community and political violence. Also she published works on the mental health experiences and the challenges faced by detained youth offenders. She has recently completed an empirical study, training lay counsellors from a Sudanese refugee population to deliver narrative exposure therapy within their community. Currently, Dr. Ellis is involved in projects to develop and evaluate intervention programs in conflict-affected settings such as Egypt, upscaling mental health interventions in low economic countries and developing accessible online, culturally appropriate interventions for trauma in Arabic.
Dr. Zamdar Karim is a Medical Doctor with a specialty in Mental Health and experience in MHPSS for more than ten years. He is Lecturer at the University of Sulaymaniyah, College of Medicine. Further, he is Director of the Shahid Salah Rehab Hospital in Sulaimaniyah and also MHPSS Consultant for World Vision International-Iraq, responsible for training and supervision. Dr. Karim holds a Doctorate Degree (Board certification) in Psychiatry and is Fellow of the Iraqi Board for Medical Specialization of Psychiatry. Furthermore, he holds a Diploma in Advanced Psychological Management in California School of Health Sciences and did a special training in Child and Adolescent Trauma Focused Psychotherapy at the Hamburg University. He is now Chairman of the MHPSS working group in Sulaymaniyah and Master Trainer for several emergency MHPSS related approaches including mhGAP, PFA (Psychological First Aid) and IPT G (Interpersonal Therapy for Group). Recently, Dr. Karim and a group of clinical psychologists established a Mental Health Center and Clinic based on biopsychosocial approach services.

Prof. Dr. Jan Kizilhan became the founding Dean of the Institute for Psychotherapy and Psychotraumatology at Duhok University in Northern Iraq in 2014, where the Master of Advanced Studies in Psychotherapy and Psychotraumatology (MASPP) was established, which provides a broad understanding of theories and practices of Psychotherapy and Psychotraumatology necessary for safe and effective clinical and scientific work. He is a Psychologist, Author and Publisher with research interests in psychotraumatology, sexual violation, trauma, terror and war, transcultural psychiatry, psychotherapy and migration research. Professor Kizilhan studied Psychology and Sociology in Germany and holds a Doctorate in Psychology. He is Project Leader of the working group on Migration and Rehabilitation at the Institute of Psychology of the University of Freiburg, as well as the Head of Department Mental Health and Addiction at the Cooperative State University Baden-Württemberg and of the Transcultural Psychosomatic Department in Germany. Professor Kizilhan is the Chief Psychologist of the Special Quota Project for Vulnerable Women and Children in Northern Iraq. Since March 2018 he is the Director of the new Institute for Transcultural Health Science at the State University Baden-Württemberg in Germany.
Ms. Amanda Lane is Executive Director at the Collateral Repair Project and manages an international staff that provides emergency assistance and community-building services for urban refugees. She heads the organisation’s fundraising efforts and is responsible for program planning, partner relations and communications. She is an accomplished international development professional with extensive experience working in international community development, refugee relief and the non-profit sector in the Middle East, U.S. and Africa. As a Consultant on international development program evaluation and design, Ms. Lane helped international governmental and non-governmental organisations assess their ongoing programs and she designed culturally appropriate programs in close consultation with potential stakeholders. She headed up British Council Jordan’s governance and youth programs, designing and managing projects around the country that emphasized community engagement, human rights and sustainability. Aside from her work in Jordan, Ms. Lane has consulted for non-profit boards of directors in Seattle, made a number of short documentary films and promotional films for non-profits and served in the Peace Corps.

Prof. Ayman Mansour is a Professor of the Psychiatric Mental Health Department at the School of Nursing in the University of Jordan. His area of research focuses on youth substance use and mental health, community mental health and women and child abuse. Prof. Mansour has completed his PhD in Psychiatric Nursing from the School of Nursing-Pittsburgh University/US. He has published more than 100 peer-reviewed articles and been Keynote speaker in national and international mental health conferences. He has received more than five commendations in the past five years including the distinguished researcher award in Jordan and the distinguished researcher at the University of Jordan, such as distinguished researcher in Arab World from the Society of the Arab Faculties of Nursing. He has also served as a Consultant in the field of substance use and mental health services for number of national and international organisations including the WHO, JICA, UNESCO, NCFA, HPC, UNHCR and USAIDS.
Dr. Christine Müller is Head of the GIZ Project on Psychosocial Support and Trauma Work in Jordan. She holds a PhD in Sociology from the University of Bielefeld in Germany. She has worked for development cooperation’s for the last ten years especially in the context of fragile states. Her fields of experience are the promotion of gender equality, violence against women, peace and conflict prevention.

Ms. Insherah Musa is the Country Director at Jesuit Refugee Service (JRS) in Jordan. She has a Bachelor’s Degree in Psychology and a Master’s Degree in Clinical Psychology from the University of Jordan. Ms. Musa oversees JRS/Jordan’s projects and operation, with a focus on access to higher education in emergencies and social protection through home visit projects. Prior to joining JRS in 2016, she was with the Center for Victims of Torture (CVT) in Jordan for eight years as a Psychosocial Team Leader with intensive experience in trauma healing and MHPSS programs.

Ms. Rana Nashashibi started working with the Palestinian Counselling Center (PCC) as a Counsellor and Director. She completed a Master in Counselling Psychology in the US. Through her work at the PCC, Ms. Nashashibi has introduced and developed new directions in the provision of mental health and counselling services in the Palestinian community. In her capacity as the PCC’s Director and her contribution to the development of the mental health field in Palestine, she stands on many national and regional boards and steering committees, such as the Palestinian National Steering Committee on Mental Health, the Arab Resource Collective in Lebanon, Mehwar Center for Women Violence Survivors and the Popular Arts Center. Moreover, she provides supervision to several governmental and non-governmental mental health staff. In 1997, Rana began teaching in the Psychology Department at Birzeit University and continues to be a part time Lecturer. Presently she is working on her PhD Degree on the use of expressive therapies at Lesley University in Boston, US.
Ms. Dina Neamat – Charmo University, Kurdistan Region of Iraq

Ms. Dina Neamat is a Psychologist and Lecturer at the Charmo University at the Department of Special Education, where she is giving lectures and academic training for college students. Ms. Neamat holds a Bachelor’s Degree in Education and Psychology and a Master’s Degree in Special Education. She worked in the British STEP organisation as a Psychologist in the Child Protection Unit, and as Specialist in the Special Needs Unit in camps with refugees and IDPs, providing therapeutic and rehabilitation trainings for children with special needs, including trainings for children with autism, ADHD disorders and physical therapy for the physically disabled. Currently, she is working for World Vision International-Iraq as a Clinical Psychologist, where she provides in-depth counselling and psychotherapy. She also supervises a group of community health workers and a group of volunteers. Furthermore, Ms. Neamat received ToT certificates for Problem-Management plus (PM+), as well as for Case Management and more than 21 training courses on Mental Health and Protection.

Ms. Sylvia Rombach – AMICA, Germany

Ms. Sylvia Rombach holds a Master’s Degree in Islamic Studies. For many years, she has been working in the context of women’s rights with a special focus on the MENA Region. During her studies she was member of the board of the German NGO AMICA which has been committed to strengthening women’s rights and combating Gender-Based Violence (GBV) and Sexual and Gender Based Violence (SGBV) since 1993. Since 2014, Ms. Rombach is Region Manager for the Middle East and North Africa at AMICA and responsible for the projects in Libya. She is involved in setting up local women’s initiatives and psycho-social counseling centers for women who have experienced GBV and SGBV in Tripoli and Benghazi, Libya and she is also empowering women’s right activists. A special focus is capacity development for partner organizations and training and qualification of psychosocial counseling staff. For this purpose, Ms. Rombach regularly carries out tailor-made trainings with experts from the region for the local staff in Libya.
Ms. Sara Safadi is a former Lecturer at the German Jordanian University (GJU) where she used to teach MHPSS to refugees for Diploma students. She got her Master’s Degree in Clinic Psychology from the University of Jordan. Ms. Safadi is an experienced Clinical Psychologist who worked in non-profit organisations and teaching in universities. She has worked as a Psychologist for International Medical Corps (IMC) where she used to offer direct therapeutic sessions for refugees with mental health issues and for the Qatar Red Crescent as a Psychosocial Worker. Ms. Safadi has experience as an Online Psychotherapist and as a Research Assistant at the Applied Science University.

Mr. Guglielmo Schininà is the Head of Mental Health, Psychosocial Response and Intercultural Communication at the International Organisation for Migration (IOM) in Belgium. He is an expert in psychosocial activities in war-torn situations and disasters, with vulnerable migrants and victims of trafficking, and in cultural integration with experiences in more than 60 countries worldwide. He has conceived, directed or taught several academic courses in psychosocial support and population mobility and social theatre including at the Catholic University of Milan, the University of Turin, the Lebanese University in Beirut, the University of Tripoli-Libya and the Social Sciences University of Ankara. Since 2012, he has been Co-Director of the annual Summer School in "Psychosocial Interventions in Migration, Emergency and Displacement" and since 2006, he has taught part of the Master’s in Human Rights and Conflict Management, both at the Sant'Anna University in Italy.

Dr. Atef Al-Qasem Shawawrah is the Director of Psychological Programs and for Development and Training at the Institute for Family Health of the Noor Al Hussein Foundation. He got his Master’s Degree in Educational Psychology, such as International Programs and Women and Gender Studies at the University of Jordan and holds a PhD in Psychology from the Yarmouk University in Irbid with distinction. Dr. Atef Al-Qasem Shawawrah has worked as an International Consultant in the field of training and media in the Gulf countries. He has been a Professor for many years and was Lecturer for many vocational courses in psychology, management, scientific research, statistical analysis and media. Furthermore, he is an Author and published many research papers in local and international magazines.
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Dr. Jafar Udwan is working as Technical Advisor in the GIZ project “Psychosocial Support and Trauma Work in Jordan”. He is responsible for establishing advanced trainings on Community-based Psychosocial Support at universities for health staff graduates as well as for the staff working with refugees in Jordan. Dr. Udwan holds a PhD in Political Science and International Relationship and a Master’s Degree in Psychiatric and Mental Health from Cairo University. He has diverse experiences in mental health and psychosocial support services in providing psychosocial interventions in order to countering violence extremism and peace building, psychosocial designing and planning MHPSS program activities. Furthermore, he worked for several governmental and non-governmental organisations, such as the Alzarqa Private University as a Lecturer, Mercy Corps and the Center for Victims of Torture (CVT).
Dr. Sebastian Wolf is a Psychologist and Psychotherapist. Since 2016, he is supporting the Institute for Psychotherapy and Psychotraumatology (IPP) at Duhok University in Northern Iraq to establish the Master of Advanced Studies in Psychotherapy and Psychotraumatology (MASPP). The Master’s program provides a broad understanding of theories and practices of psychotherapy and psychotraumatology necessary for safe and effective clinical and scientific work. The IPP and MASPP aim to guide and educate Iraqi Psychologists to support local mental health services in the longer term. Dr. Wolf developed the Curriculum of the Master studies, teaches, provides supervision and personal experience for the master students. Their program is funded by the Ministry of Science, Research and Arts of Baden-Württemberg, Germany. Dr. Wolf studied Psychology in Munich and completed his PhD at the University in Tuebingen. He currently holds a position as a Research Assistant in the field of intercultural psychotherapy, clinical and sports psychology. He furthermore completed a three-year specialization in Cognitive Behavioural Therapy (CBT) and is approbated as a Childhood and Adolescence Psychotherapist in Germany.

Ms. Sylvia Wutzke works for the GIZ’s Regional Program “Psychosocial Support for Syrian and Iraqi Refugees and IDP”. The Regional Program fosters the cooperation and coordination among state- and non-state-actors in the realm of MHPSS in Jordan, Lebanon, Turkey, Iraq and Syria in order to create synergies and support the enhancement of the psychosocial care systems in the region. To this end, it also facilitates expert exchanges and discussions on what good psychosocial support looks like. Within the Regional Program, Ms. Wutzke has among other things co-developed a recommendations paper on training and capacity development in MHPSS in the context of the crises in Syria and Iraq. Ms. Wutzke herself holds a University Degree in Psychology and has additionally graduated in International Relations/ Peace and Conflict Studies, where she focused on peacebuilding, forced migration and psychological consequences of war and conflict. She has gained professional experiences, such as with UNHCR, the German Parliament, the Department of Psychology at the Free University in Berlin and during a volunteer project, in which she worked with unaccompanied minor refugees from the Middle East and Sub-Saharan Africa in Germany.