The CWWPP/GRP

**Social Reconstruction and
Health Toward the Future**

Lessons Learned from Eastern Croatia

1995-2010

All comments are welcome.

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Executive Summary

This report presents the initial lessons learned from the Coalition for Work with Psychotrauma and Peace (CWWPP) projects carried from the 1995 to 2010. The report offers a snapshot of the impacts of CWWPP projects and activities, and presents examples of how specific projects in the area of post war social reconstruction are using various approaches and information to provide better services, to strengthen community development, and to provide access to information for health issues. Lessons learned to date from these CWWPP projects include insights into project activities, the appropriate methodologies in post-conflict situation and a situation in which economic and political realities are changing, the importance of developing and maintaining community partnerships, and the challenge of securing long-term financial support for the projects. Further, the lessons learned provide insights into running a humanitarian organization.

Material for the report was gathered from staff discussion sessions and from a review of CWWPP project reports and documents.

The report is intended for non-governmental and community-based organizations and inter-governmental organizations that wish to incorporate new information, new approaches into the areas of social reconstruction with regard to services that they provide to the community, as well as for those who seek to better understand the CWWPP program. Further, it is meant for (potential) donors in order to give insights into aspects of content and organization.

The CWWPP Program
The Coalition for Work with Psychotrauma and Peace is registered in The Netherlands as a non-governmental non-profit organization and in Croatia and Bosnia-Herzegovina as a branch of a foreign organization. Its mandate is the empowerment of people in countries undergoing social reconstruction to take control of their own lives.

In the period since 1995, the CWWPP has gained great experience from its field work in eastern Croatia, Bosnia-Herzegovina and Serbia. The issues with which the CWWPP is involved include psychological and physical health, the encouragement of civil society and democratization, non-violent conflict transformation and conflict prevention, inter-religious and inter-ethnic dialogue and human rights.

The CWWPP program has included education and direct counseling of individuals and groups of various compositions. Our beneficiary groups have consisted of professionals and non-professionals, of men and women, of youth, former soldiers, refugees, internally displaced persons, the families of mentally ill persons and a variety of others.

The Main Professional Lessons learned of CWWPP Projects in Areas of Post-War Social Reconstruction

► **Epidemiology**. The epidemiology of mental and physical health lies at the foundation of any work on such issues. It provides basic information about what is happening to general and specific populations Unfortunately, we have not had success in convincing institutions of the urgent needs that we see for such vital information.

► **The Essential Presence of Mental Health in Programs of Social Reconstruction**. This aspect is quickly forgotten, by almost all governmental, inter-governmental and non-governmental organizations, even in programs of non-violent conflict transformation.

► **Identity**. Identity changes considerably with traumatization, particularly in situations of violence where the entire character of the society changes. Reconstruction of identity is an essential element in the process of healing. The movement of the client from a high level of collective identity to recognition of individual identity seems to be effective in therapy in many cases and also assists in the reconciliation processes.

► **The right to exist**. An issue of which we have become aware in the course of our work is that of a feeling of virtually all of our clients that their physical and/or psychological right to exist has been denied to them.

► **Coping mechanisms**. Coping mechanisms, individual and collective, are individually and culturally defined. We believe that one role of the facilitator/therapist is to examine with the beneficiary (ies) which mechanisms are the most appropriate and effective.

► **Therapy in general**. Our constraints have been that there is not enough capacity to deal with the need for mental and physical health interventions, there is resistance to lay therapy by the medical establishment, there are large cultural taboos on seeking psychological assistance and that there are strong political influences on therapy. We believe in a highly eclectic therapeutic regime. We have found that the issue of the father is important in this region. Childhood experience and transmitted trauma has proven as important as recent trauma. Work with males is a high priority. Communication is almost always an issue. Loss of a variety of types and blocked mourning are important issues. Ritual can be an important element in therapy. There are high levels of misuse of prescription drugs, largely, but not exclusively caused by over-prescription. Somatization is an important issue in this region, particularly among males. Questions of boundaries of expertise and practice are difficult in areas of low capacity. Boundaries that are present in the West may need to be moved in such areas. Supervision using electronic means may be useful in areas of low capacity. We have questions about, but not completely exclude, the possibilities of therapy using such means.

► **Self-Reliance and Self-Initiative**. Self-reliance and self-initiative are crucial to social reconstruction. Yet, in the Balkans and in other places, there seems to be a reliance on politicians, government and "somebody else". This applies to the individual level and to various collective levels.

► **Transmission of Trauma and Narratives**. Transmission of trauma and narratives is important not only because it causes distress to its sufferers

but also because it transmits the negativity of the past. We believe that it is a significant cause of – frequently violent – conflict. Thus prevention of the transmission of trauma is crucial to conflict transformation and prevention.

► **The Role of the Church, Religion and Belief**. Belief and religion are extremely important to people, particularly in areas that have suffered from violent conflict. There has been close identification between ethnicity and religion in this region. There have been intimate connections between the confessions in the region and nationalist organizations, including governments. This has been one of the primary barriers to progress to reconciliation.

► **Post-Traumatic Reactions (PTSD) and their Politicization**. The definitions of PTSD in the DSM-IV and the ICD-10 are not adequate to describe the phenomena and the combinations of symptoms and syndromes that we have been seeing. We have an increasing tendency to use the term "post-traumatic stress reactions" (PTSR), emphasizing that these are natural reactions to circumstances rather than mental illness. This approach also is of great assistance in the destigmatization of providing assistance. We see high degrees of legalization and politicization of post-traumatic stress disorder in the Balkans and in the West.

► **Torture**. There is ample documentation that torture was rife on all sides of the Balkan conflicts. We believe that untreated psychological trauma is one of the causes of continued conflict and that *not* treating it has been one of the "errors of the art" in conflict transformation in this region and elsewhere. There is a lack of knowledge and skills and capacity among professionals and institutions in dealing with torture victims. There is political exploitation of victims of torture. This adds to the reluctance to admit to such torture.

► **Interdisciplinary Inter-Twining Influences**. We have found that it makes little sense to deal with one issue exclusively.

► **Schools and Education**. We believe that education is one of the cornerstones of social reconstruction. Yet, when schools are used to promote ethnic division rather than reconciliation and when they are a source of the transmission of trauma and negative narratives, they can be highly destructive elements for individuals and for the society.

The Main General Lessons learned of CWWPP Projects in Areas of Post-War Social Reconstruction

► Programs need to be sustainable for very long periods.
► Programs need to be adjusted to the needs of various groups and individuals and for various societal and cultural conditions.
► Programs need to use innovative approaches keeping expectations of participants and leaders in programs realistic.
► Social reconstruction must include psychological aspects of healing.
► New groups of people must be educated and empowered to deal with the lack of capacity for social reconstruction – that is, new capacity building programs must be created.

► Established structures and institutions should be more cooperative with NGOs toward social reconstruction and should be seen as partners not as threats.

► Research and assessment needs to take place continuously.

► Top-down approaches should be replaced with grassroots approaches in order to have higher effect on empowering people and groups.

► An inter-disciplinary approach is necessary in every program.

► Discrepancy between the View of Donors and That of People in the Field. Great differences exist in the perceptions of the needs and the methods of solving them. Donors frequently have their own agendas, political and otherwise, that may differ from the needs of the beneficiaries.

► IGOs and NGOs apply current trends rather than attempting to meet actual needs and almost always have political rather than human agendas. Their programs frequently are exclusively top-down and they attempt to apply short-term "quick fixes".

► IGOs and big NGOs' staff have poor and patronizing attitudes, and/or are frequently out for their own careers rather than for the welfare of the people of the post war area.

Specific Beneficiary Groups

► Work with Young People. Giving young proper attitudes and making them healthy mentally and physically is essential. Further, there is transmission of trauma and negative narratives to them from all directions.

► Work with Former Soldiers. We find former soldiers to be a priority group. A high proportion of males in the most productive age group were soldiers. The amount of dysfunction in this group also is very high as are the stigmas for this group in seeking assistance. Furthermore, this group is highly influential politically and is much manipulated by politicians. Work with them requires large amounts of time and persistence.

► Work with Former Child Soldiers. Former child soldiers are not only important for the reasons stated above but also because of their vulnerability and the interruption to their processes of psychological development. The lower the age of first involvement, the more serious the consequences.

► Work with Women. Because of traditional values, many women are not willing to take measures to extricate themselves from situations of psychological and physical violence and to take initiatives to better their lives. We emphasize that communication within the family, particularly between men and women, is one of the keys to this work.

► Work with Perpetrators. In all societies that are suffering or have suffered violent conflict the issue of perpetrators is extremely important. First, there is the question of justice and the way this is dealt with. Second is the issue of the psychological state of the perpetrators themselves. Implicit in this is the possibility for perpetrators to repeat their acts. Another issue is that of the conditions that allow perpetrators to exist and encourage these acts. These are complex issues which few people, groups and societies are prepared to deal with.

► Work with Asylum Seekers, Refugees, Migrants and Other Marginalized Groups. In our experience, the staffs of centers for asylum seekers and

refugees are poorly trained and have very little if any supervision in the psychological or occupational senses. In many cases, the psychological care of asylum seekers and refugees either does not exist or is left to non-governmental organizations or volunteers. With very few exceptions, such groups and individuals, while well-motivated, are poorly trained if they are trained at all and get little psychological or occupational supervision. The lack of training and supervision of staff and volunteers has catastrophic psychological effects on the asylum seekers and refugees and on the staff working with them. This also can lead to violence with the society.

Conclusions
The lessons learned to date from CWWPP projects suggest that CWWPP is serving important needs in the community. First, the projects are helping individuals, families, neighborhoods, community groups and social service organizations to become more informed and empowered to deal with themselves, group members and to work on their community development agendas. Second, it is raising the level of information, knowledge and skills in the community as CWWPP projects train people in their local communities who in turn become trainers of others.

The CWWPP projects are building and strengthening local communities and helping people, to improve awareness and education about mental health issues. In this way, CWWPP is a catalyst for economic, educational, medical and social development in post war communities.

Next Steps
The CWWPP has found that our insights are valid in a wide variety of locations throughout the world. We see the situation in the world as a place where the rights of the individual and the rights and dignity of human beings count for little, where people take little responsibility for themselves, where the misuse of money and power rule, where ecology is not respected, where people are fearful of upsetting established power and where large organizations of various sorts serve that power and not people. On the other hand, we see the world as a beautiful place where human beings are full of potential and, were people to divest themselves of their fears, they could create a paradise.

We are setting out to create models of social reconstruction that can be used in various parts of the world with appropriate local adaptations, to assist local groups to use these models, to increase knowledge, skills and attitudes essential for regeneration in health, non-violent conflict transformation, civil society, human rights, human responsibility, restorative justice and to combine knowledge and skills from a wide variety of sources.

We want to grow the wide spread of educational programs for people working in the field at the grassroots and taproot level (our Course for Workers in Areas of Regeneration – CWIAR) and at the BA and MA levels for people who will think critically and who will lead the social reconstruction of their regions. Further, we want to carry out research jointly with other groups and grow a base of experience and resources that will be available to groups undergoing

and facilitating social reconstruction. We further want to sensitize people in their communities to take proactive roles.

The breakthroughs that we see as key are a template for the training of trainers in the field of social reconstruction that is adaptable to local needs, the development of BA and MA programs that emphasize experiential practice, the development of models of social reconstruction informed by and adaptable to local conditions and the development of a worldwide network of practitioners and researchers who can continually interact.

The lessons learned and expressed in this booklet will assist us – and we hope others in similar situations – to move forward more quickly to achieve our goals and for us and others to make the breakthroughs required.

More about our future plans and a more complete evaluation of what we have done are available in our Platform, which is available on our website, http://www.cwwpp.org

Introduction

The CWWPP

The Coalition for Work with Psychotrauma and Peace (CWWPP) was formed in 1994 in The Netherlands by a number of physicians, social services professionals and others involved with refugees and asylum seekers. The CWWPP is registered as a *stichting,* the most common form of registration for non-profit organizations in The Netherlands. In Croatia and Bosnia-Herzegovina we are registered as a branch of a foreign organization.

In brief, the mandate of the Coalition for Work with Psychotrauma and Peace is the empowerment of people in countries undergoing regeneration to take control of their own lives, particularly at grassroots level.

In the period since 1995, the CWWPP has gained great experience from its field work in eastern Croatia, Bosnia-Herzegovina and Serbia. The issues with which the CWWPP is involved include health, in particular psychological and physical health issues resulting from long-term conflict-related stress. We are working on the encouragement of civil society and democratization, non-violent conflict transformation and conflict prevention, inter-religious and inter-ethnic dialogue and human rights. Presently, we are in the process of changing our name to Global Regeneration for Peace (GRP) to reflect more accurately the increased geographical scope and the wider thematic and philosophical goals of the organization.

The Context of This Document

In the period since 1995, we have been confronted with a number of successes, but also with various difficulties. In light of all of these factors, after 15 years dedicated to work in the field, we have decided to look at our experience as a whole in order to attempt to learn lessons for the future. This short summary is the result of that process. Sharing experience with colleagues at various conferences, we have seen that our insights are valid in a wide variety of locations throughout the globe.

From these fifteen years of work at the grassroots level, the CWWPP has found that several themes arise again and again across a variety of issues. These recurring themes are basic principles in community work that all stakeholders should understand.

Yet, though widely accepted in the professional community, these principles are often neglected in practice and therefore bear repeating. Remarkably, to our minds, these lessons are not often stated in the literature.

The lessons presented in this booklet are geared toward people work in the field in conflict or post conflict areas. They are also directed at (potential) donors to indicate places where misunderstandings have arisen in the past and may arise in the future.

Although most of the lessons stem from the CWWPP work on issue of mental health, most of the same lessons also apply to other contexts, such as community work, human rights work and other issues.

We should note that we have had a number of dilemmas in putting this document together. One of them is that, were we to write everything that we would wish to, this work would be many times longer than it is. The same applies to the provision of extensive references. For the present, we have elected to write a shorter work and to explore in detail many of the themes discussed in this document in future publications.

We welcome the comments of colleagues, particularly those working in the field, on the lessons discussed in this booklet. We also welcome contact with donors and others as to how we may cooperate in a better way in the future.

The Staff of the CWWPP, October, 2010

General Lessons Learned

Introduction
This section covers *lessons learned* with regard to organizational issues, program issues and issues involved with the interaction with other organizations, be they governmental, inter-governmental or non-governmental, and donors. We shall deal with issues involved in social reconstruction, that is, issues involved with psychological trauma, education and work with clients, in the following section of this document. We note that the lessons of this section come from running an organization on very small budgets. We always have been mindful of the needs and desires of our beneficiaries, in an effort to serve them. Thus, we have been more "beneficiary driven" or "needs driven" than "donor driven", although, obviously, we have taken the desires of donors into account, not the least because of the need for our own survival. Beneficiaries have recognized that and have praised us for it, noting a difference between us and other organizations in this regard. We feel that this is an important part of our philosophy in general. It takes quite a bit of effort and a great deal of discussion internally, but we see the advantage and the profit in beneficiary satisfaction with our efforts.

Need for the Long-Term Support of Programs;
Requirement for the Individualization of Programs to Meet Specific Needs;
Other Conditions on Programs
In the Introduction, we mentioned that we are largely "beneficiary driven". This does not mean that we do not have input and that we do not have our own ideas of needs and of the format, content and length of programs. In general, these are issues for negotiation with our beneficiaries. This is at the heart of the lessons below. One of the important aspects of what we do is to *listen closely to what beneficiaries are saying*. Much of what follows in this section is the result of that. Also, we have found that this methodology increases the effectiveness of the programs in that beneficiaries are more receptive to a program to which they contribute and in which they participate actively in the formation and change of the program as well as in being at the receiving end of it.

In this, we have conducted some 5-10 educational groups per year (see our website for more details) as well as individual and group counseling.

Obviously, we have been constrained by funds and thus by a lack of personnel. Also, we have been constrained by the political situation and its influence on people at the grassroots level. We will discuss that more in detail in further sections.

Lessons arising from these considerations are given below.
► Programs need to be sustainable for very long periods, that is, 20 years or more. Our experience is that short programs, workshops and the like, simply do not do the job. People come away satisfied – or telling the facilitators that they are satisfied – but then do little with what they have

learned. Even programs of a year or two simply do not do the job unless followed up. This has been the complaint of many workers in the field. Thus, we feel that the duration of program funding is far too short to be effective.

► The above does not imply that there is no place for workshops and short-term programs in work on social reconstruction. However, these must be part of the overall long-term program and must be indicated as such clearly to all participants. The danger is that such short-term programs become the primary work of the organization. A portion of this is donor driven, that is, that donors like to see concrete results as quickly as possible, whether or not this is realistic. We shall have more to say about the problems of results in later paragraphs.

► Programs need to be adjusted to the needs of various groups and individuals and for various societal and cultural conditions and must change accordingly – one program does not fit all. Even programs to be given to two very similar groups must be individualized. Our experience is that we have seen all too many programs given by all too many organizations that have been parachuted in with little consultation and adaptation to local needs and to the needs of the individual groups. We have heard numerous complaints about this from our beneficiaries.

► Programs need to use innovative approaches and approaches that are highly adapted to the specific situations of groups. Again, we stress that our experience is that "one size fits all" programs or "parachuted" programs are far less effective than those in which care has been given to specific needs. This also may be true between similar groups in the same area (examples: two women's groups, two youth groups, two groups of former soldiers).

► It has to be clear to whom programs are directed and at what level, because expectations of participants in as well leaders of programs must be kept realistic. We have found that programs that are too wide do not have maximal impacts. Thus, we feel, for example, that it is better to have one program directed at farmers, another directed at teachers and a third directed at former soldiers and to bring the groups together later, if desired. Tailor made programs are most suitable for various beneficiaries groups.

► Programs must be limited such that there are sufficient and assured financial and human resources to carry them out in an expert manner for sufficient periods. Programs cannot be started until funds are received.

► An important issue that we have encountered is that of the "localization" of programs, that is, the departure of the international or national organization and the handover to local people. We have seen this fail numerous times with the result that urgently needed services and/or education and/or direct intervention disappears even after having succeeded. One reason for this failure is the lack of consideration of the adequacy of local resources to continue the programs. While such resources are inevitably stated on the

grant application, they may or may not exist in reality. Another problem is the competency of key people within the group. While such people may function well with external support and leadership, they may need that support for quite a while before they can function in truly independently. Thus, we believe in long-term support with a withdrawal that is slower than has been the case until now.

Social Aspects of Programs

The social aspects of the goals of the programs of the CWWPP have been:
► healing of the community at various levels at the level of the individual, the family, the group and the community (see also below);

► arising from that healing, the social reconstruction of that community;

► developing culturally appropriate and sustainable non-violent methods of transforming local and wider societal conflicts;

► prevention of transmission of negative narratives and traumas (see under *Lessons Learned with Regard to Social Reconstruction* further on in this document);

► building capacity among people capable of healing and leading their communities.

We frequently have seen that programs primarily address visible groups that seem highly attractive to donors and the media in visible and easily accessible places, despite protestations to the contrary. This is understandable from the points of view of obtaining funds and of facilitating logistics. Thus, for example, women and children in a city or a central town will obtain much more assistance than former soldiers or invalids in villages that take time and resources to reach, even if those villages are not very far away. We realize the temptations of these types of strategies. Yet, the crying needs are precisely in those marginalized and vulnerable groups and in those less easily accessible villages.

We have carried out several programs at village level and with marginalized and vulnerable individuals and groups. These activities have included sitting with groups in their homes, in cafés (sometimes the only community meeting point), in schools, etc. Furthermore, we have worked directly with individuals. The issues covered with both individuals and groups have included physical and psychological health, giving people skills, knowledge and attitudes to obtain their own human rights and to work with civil society, and non-violent conflict transformation at the individual, family, group and community levels, We began our work that way, then had to pull back because of lack of resources and now are beginning to re-expand in those directions. The same is true of marginalized groups.

Our successes were as follows.
► We succeeded in supporting a fair number of individuals, a number of families and a few communities further in moving ahead psychologically. This included increasing their interpersonal communication, in increasing their self-esteem, self-confidence and self-initiative, in improving their self-image and in decreasing their post-traumatic stress reactions.

► We succeeded in decreasing addiction to alcohol and legal, iatrogenic and illegal drugs in some individuals.

► We succeeded in giving quite a number of individuals and groups at village level knowledge, skills and the ability to change their attitudes with regard to civil society such that they could function independently.

► We engaged and worked socially with a number of local and foreign young volunteers and in that sense we encouraged the value of voluntarism and the development of civil society in the region.

► We were largely responsible for putting the issue of psychological trauma and health on the agenda of international organizations working locally and of local organizations.
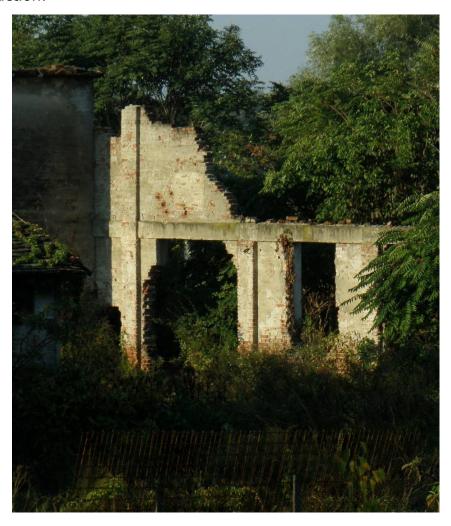
The constraints are obvious.
► Funding. Donors have been insensitive to these kinds of programs, as explained elsewhere in this document.

► Reaching such groups and organization of them. Many such groups are highly suspicious of external people, domestic or foreign.

► Strong political influences on groups such as former soldiers and others have blocked people from coming to the groups and have blocked them taking initiatives for themselves and for their communities. Much of this influence has been mediated directly or indirectly by fear.

► It was – and in our view, still is (see also elsewhere in this document) – in the interests of politicians to preserve and continue with the transmission of negative and ethnically and religiously biased narratives and the traumas associated with them. This goes beyond Volkan's concept of societal "chosen trauma" into political manipulation.

► The lack of a tradition of volunteering as well as the elitism of the medical and psychological establishment has been an important constraint on capacity building for dealing with post-traumatic stress reactions and with civil society. These issues will be dealt with in more detail in the section on *Lessons Learned with Regard to Social Reconstruction* later in this document.

► Further, the medical establishment has not been willing to engage in discussions as to how to solve the vast difference between the needs and their capacities, particularly in post-conflict areas. In this sense, they have not been willing to engage in training programs and/or supervision of lay therapists, largely due to the problem of their elitism mentioned above.

► The stigmatization of mental health (see also elsewhere in this document) also has led to problems in approaching local people and to building capacities.

We must note that the urgency of addressing "unusual" marginalized groups, that is, groups not in "fashion", is not confined to areas such as the Balkans but also applies to many groups in the European Union, including in the states that have been members for some time.

Lessons learned are as follows.

► Programs should address de-centralized and marginalized groups, including people living outside the major population centers.

► Social reconstruction must include psychological aspects for the process of healing to be effective.

► Methods of work must be culturally and socially appropriate and specific.

► New methodologies, approaches and new groups of people must be developed to deal with the lack of capacity for social reconstruction, particularly after violent conflict.

► Established structures and institutions form a substantial barrier to social reconstruction.

Methodological Aspects of Programs

There is a great deal to be said about the methodology of programs, education and research in areas of social reconstruction. We feel that a number of points are important. First, methodology must be adapted to the region and the culture where the work is being carried out. Even the work between adjacent areas may differ through slightly different cultures. While this sounds trivial, it is done rarely. We have seen all too many errors and failures because of it. Examples include programs that were developed for one region being used without modification in another. Second, also remarkably, in our eyes, there is all too little *real* and deeper assessment and research carried out before programs are designed, adapted or implemented and even less real evaluation by donors, local organizations or academics afterwards. Donors do not like "failure" – we call it learning – and thus NGOs and researchers are highly reluctant to report it. One other problem comes in the assessment and evaluation of long-term programs and of less tangible elements of programs such as "reconciliation" or "readiness for regeneration". It is not always easy to assess "outcomes" of such interventions, particularly in the short-term. These "outcomes" and the results of such programs are not always immediately visible and it is not always easy to put these results into "concrete" terms. Again, we find that there is very little acknowledgement and even less tolerance for these kinds of problems. Clearly, more work needs to be done to develop assessment tools for such programs that go beyond numerical and quantitative evaluation.

In our direct work with clients, we have used highly eclectic and highly individual approaches, both with individuals and with groups. We have used approaches including elements of Rogerian, Freudian, Jungian, Glasserian work as well as cognitive behavioral and behavioral approaches and EMDR techniques. Further, we have used elements of meditation, deep relaxation and body work.

In our educational groups, we have adapted virtually every course we have given to the needs of the specific group. Methodologies used include those of adult education and experiential learning including extensive group discussions, role plays, case studies and cases from the experience of the participants. This includes work on knowledge, skills and attitudinal development. We have concentrated on developing critical thinking. As indicated below, we have found that every group, even those with similar demographic characteristics, is different and requires such adaptation if work with that group is to be successful and that the needs of the group are more dependent on the personalities, motivation and .

We believe that we have succeeded:
► in our assessments and evaluations of programs over the long-term;

► in the very acknowledgement of the cultural and direct nature of the differences in requirements for adaptation of methodology, and we feel that, in this, we have reached a significant step.

We still are constrained by:
► the lack of acknowledgement that methodologies of assessment, evaluation and research must differ between regions and must take into account the specificities and difficulties of each specific situation;

► the lack of acknowledgement that programs must be designed and adapted to highly specific groups and that they must be adapted even during the process of implementation.

Thus, our lessons learned are as follows.
► Appropriate needs assessment and research must be carried out before implementing programs. While this assertion seems trivial, we have seen it ignored time and time again. Another point in this regard is what we see as "appropriate", as given above and below.

► Much of the assessment that we have seen is extremely superficial and involves almost exclusively speaking to authorities rather than speaking in depth to the people who actually will be affected by the programs to be implemented. We thus also endorse pilot programs that are evaluated on a constant basis before major programs are implemented.

► In a similar context, research methodologies do not take into account cultural factors and factors inherent in the region. In the Balkans we have encountered a number of issues:
  ● lack of trust. This is due to the totalitarian nature of previous regimes and fear of the consequences of saying what "authorities" do not want to hear;
  ● saying what the subjects of the research think that the researcher wants to hear. We acknowledge that this is a problem everywhere, but has particular resonance in areas where fear has been part of the culture.

► We have found that some of the ways of getting through some of the methodological difficulties noted in the previous paragraph are to:
  ● spend sufficient time in the region gaining trust and showing that the researcher is worthy of trust;
  ● work through local organizations and individuals that have the trust of the subjects;
  ● be completely and verifiably transparent.

► Research and assessment needs to take place continuously, that is, not only at the beginning and the end of programs, such that the program can be altered to fit changing needs and desired of the beneficiaries and changing conditions. We feel this to be essential and see it being done very infrequently.

► Further, have not seen project level impact research after the completion of projects and community level impact research every three to five years. We believe this to be a proper strategy for assessing the long-term impact of programs.

► There must be adequate standards for evaluation of programs and adequate methodologies for evaluation and these must be implemented. There are many problems with evaluation. As an example, how can "progress", particularly that of long-term processes, be evaluated? There are many fields in which there are not adequate instruments for such evaluation. This is one of the challenges faced by the designers and implementers of programs, that is, by NGOs, by donors, by governments and by inter-governmental organizations. We find that donors in particular are not sensitive to the problems of the design of programs of evaluation.

► We have found that every beneficiary group, even those with similar demographic characteristics, is different and requires specific adaptation if work with that group is to be successful. We find that the needs of the group are more dependent on the personalities, motivation and other individual characteristics than on ethnicity, gender, race, age, formal education and other aspects of social status.

General Approaches to Work

Approaches

As has been indicated above, the approach to work on social reconstruction heavily influences the results. Most approaches that we have observed are top-down. In contrast, our approaches have been bottom-up. We believe that such bottom-up (or grassroots) approaches are more effective in empowering individuals and community groups to take control of and responsibility for their own lives and roles in their own societies. Thus, our philosophy has been the empowerment and education of people at grassroots level, that is, to encourage taproot level thinking, that is, going down strongly to the basis of the issues.

We have worked extensively at village level and developed approaches for working with specific individuals and groups. These have included working in homes and in cafés over periods of five years and more. These approaches have included formal and informal psychological counseling, education in communication, psychology, civil society, non-violent conflict transformation and human rights and mentoring in the sense of practice, encouragement and moral support of individuals and community groups to engage with their environments and with governmental, inter-governmental and non-governmental groups. This has been highly time consuming and labor intensive.

We have been largely successful in this work at the individual, group and community levels.

For the most part, the constraints that we have encountered have been mentioned elsewhere in this document. However, we wish to highlight a number of these.

► People on the ground are not used to this type of approach and thus it requires a period of adaptation and frequently intensive work to accustom them to it. This also requires a great deal of patience and persistence on our part.

► There is a large amount political resistance to people taking power and responsibility into their own hands.

► There is a large amount of resistance from funders, who are more accustomed to top-down approaches.

Lessons learned are as follows.

► Top-down approaches, in general, have relatively little effect. Grassroots approaches empower people. The danger of bottom-up approaches is that they produce a brain drain, that is, that many people who have been educated see "greener grass" elsewhere. Approaches need to be in parallel and balanced and adapted to specific situations. Unfortunately, in our view, most programs are top-down. Unfortunately, authorities and "top level"

people like to work with their colleagues. This is also question of capacities for such interventions.

► "Village" work, that is, community development work, is crucial. It is essential that we go to them rather than them coming to us. This is partly due to the stigmatization of mental health, partly due to issues of self-initiative and self-reliance and also is influenced by factors of finance and distance.

► An inter-disciplinary approach is necessary in working in areas of social reconstruction. The entry point may be anywhere that the group or the individual wishes it to be, that is, trauma, civil society, non-violent conflict transformation, human rights, return, etc. We have found that it is virtually impossible to divorce the issues from one another.

► There must be a high flexibility in approaching groups and new and/or unusual measures and approaches may need to be used in approaching and working with them.

► A classic (for us; unique for others) example of this is sitting in cafés and working with people there with therapy and/or education until they are ready to form a coherent group. The coffee shop in traditional patriarchal areas is a focal point of the community. There is a place where informal leaders who have influence in small communities can be found. Even more, there is a large social significance of such places. In the Balkans, people can share problems, make business agreements, fall in love, etc.

► A large amount of persistence by organization workers is frequently necessary to form groups. Thus, it may be necessary to return to a specific location time and time again for up to a year or 18 months before a group may be formed.

► It is useful to have groups of separate ethnicities that are combined at a speed desired by the groups themselves.

► Depending on the situation, it is useful to have groups of separate genders. This is not only true when dealing with gender-based violence but also as a general policy. Such groups may be combined at frequencies desired by the groups themselves.

Levels of Work

It is important to recognize the level(s) at which one is working. In many programs that we have observed, this has not been well defined. This is important so that programs may be properly addressed to the appropriate beneficiaries.

► We recognize that we can be most effective at the levels of:
  - the individual
  - the family
  - the group

► Work at these levels influences change in
  - the neighborhood
  - the community
  - the region
  - the meta-region
  - the society.
  - At present, given the resources of the organization, we do not feel that we have the resources to work directly at these higher levels. Rather, we feel that our work on education will influence them.

► We feel that it is imperative to work at these levels in parallel.

Funding and the Relationship
with Various Stakeholders

<u>Relationship with Donors</u>
Funding and the relationship with donors is one of the key aspects of NGO existence and, in our view, one of the most difficult. Without funding, NGOs cannot exist and the work will not get done, as it frequently is not done adequately or sufficiently by governments and international agencies. It is important that organizations find methods of sustaining their work in the long term. This allows the organization to focus on its primary mission rather than on the fundraising process, which consumes large amounts of time, energy and resources. Local and foreign businesses, and not only governments and international agencies, also should be involved in funding for the integration of communities.

We have approached personal contacts, that is, individuals and organizations known to workers of the organization and to Board members. Further, we have written proposals to various governments and international organizations. We have carried out consultancies. Furthermore, we have approached potential funders individually and together with other organizations to attempt to begin a dialogue on improved methods of obtaining resources that better meet the needs of the community. We have solicited contributions from beneficiaries as token fees for services.

Our successes are as follows.
► We have survived for 15 years in spite of all funding difficulties, some of which have been quite severe.

► Several of our Board members have contributed significantly to our fundraising efforts at crucial moments.

► Relationships with embassies have contributed to our funding.

► Relationships with religious organizations have been significant in our funding, without problems of the imposition of specific religious standpoints.

► We have had several consultancies that have contributed to the funding of the organization.

► We have had symbolic and in kind contributions from beneficiaries.

► We received a small contribution from an event on the virtual platform Second Life.

The constraints that we have observed are as follows.
► Donors are remote from the field and do not live daily, as we in the NGO community do, with the problems and needs of our beneficiaries and clients. Thus, there frequently are great differences in the perceptions of those needs and the methods of solving them.

► Donors frequently have their own agendas, political and otherwise, that may differ from the needs of the beneficiaries as field workers may see them.

► There seem to be fads in funding – one year women's programs, the next year water and sanitation, a third year handicapped people, etc., that are not necessary in accord with needs. The same issue applies to regions. For example, despite continuing needs, the Balkans is now "out of fashion" and it is very difficult to obtain funding for the region. The same applies to mental health in general. We have heard mental health called a "peripheral" issue and see other issues in the same category.

► Still another problem is that mentioned earlier, that is, the parachuting of solutions, that is, that one size fits all. As we have emphasized, this is highly ineffective in our view.

► Most donors are seemingly inaccessible and are unwilling to enter into meaningful dialogue about the issues mentioned in the introduction to this section. We and many other NGOs have attempted to enter into such dialogue – not just our saying, "yes, sir, no, sir, three bags full, sir" – many times without success.

The following lessons learned reflect these concerns.
► We have been disappointed greatly by the unwillingness of governments and donors to finance programs of re-generation and social reconstruction.

► Further, we have been disappointed by their conduct during the financing process, that is:
  ● the length of funding available;
  ● the amounts available;
  ● the amounts given in relation to the amounts requested;
  ● the conditions on funding;
  ● the conditions on reporting, including the lack of standardization of reporting, which increases the amount of time spent on bureaucracy and administration rather than on project development and evaluation;
  ● changes of conditions of funding in the middle of the project period;
  ● the lack of allowing the beneficiary organization to experiment with programs;
  ● the length of time required to obtain funding;
  ● the promises given and/or implied about funding and not kept (see also below).

► New funding methods must be found. These may include for-profit activities as long as the profits are returned to the organization.

► There must be increased efforts toward true dialogue with (potential) donors on the issues described above.

► All cooperative arrangements and all funding arrangements must be in writing and by contract and signed by all parties. This is essential to avoid misunderstandings. While most organizations – NGOs, governmental and inter-governmental organizations are honest, some are not. Even when everyone is honest, misunderstandings can occur.

[Translation: Do Not Enter. In this area there is a large danger of landmines.]

Relationships with Inter-Governmental Organizations and Large International Non-Governmental Organizations

Unfortunately, we are greatly disappointed with inter-governmental organizations and with big international non-governmental organizations. Frequently, in our experience, their personnel have been inadequately trained for the positions that they hold and in the culture of the region, although there have been a precious few exceptions to this. Many personnel within these organizations whom we have met have been insensitive to the cultures in which they find themselves. Salary differentials with people doing similar work locally have been large and this has created substantial resentments. Behavior has been inappropriate to the culture. The approach, in general, is top-down rather than bottom up. There has been a great deal of parachuting of programs, as indicated above and there has been little attention to proper assessment and evaluation. Almost always, programs have been too short. In general, agendas of such organizations have been politically driven rather than needs driven. Furthermore, these organizations tend to be arrogant, that is, they attempt to dominate policy and to impinge – directly or through threatening or coercive behavior – on the independence of smaller international and local NGOs. Unfortunately, our experience with these organizations has been echoed by colleagues from a wide variety of regions with whom we have spoken. Despite the criticism above, we feel that these organizations have their place. They can influence policy positively and they have the funding to carry out the programs required. We thus feel that major reform in the way these organizations is run urgently required.

We have cooperated with a number of such organizations in The Balkans formally and informally in work in the field, in organizing events, in training of their personnel and in assessment. In the field, we cooperated on discussion of health, reconciliation and democratization issues and in working in consultation with them with beneficiary groups, primarily refugees and internally displaced persons, women's groups, returnees, people who remained in the region during the war. In terms of education, we gave short-term capacity building seminars in eastern Croatia and in Bosnia-Herzegovina for NGO workers and for the staff of an inter-governmental organization. We organized one seminar together with an inter-governmental organization on cooperation between non-governmental and governmental organizations. We cooperated extensively with one inter-governmental organization on mental health assessment in eastern Croatia and with two others on the structure of the health system and elements of epidemiology in northern Bosnia-Herzegovina.

Our successes in working with international organizations have been limited. We have had good relations with a number of individual workers within such organizations. Some of them have been extremely dedicated to their work and had vision in terms of the needs of the beneficiaries and were excellent partners. Under the sponsorship of several inter-governmental organizations we gave a few successful short-term seminars. Under the sponsorship of one individual, we assisted an inter-governmental organization to produce a meaningful report on mental health. We believe that, through our lobbying,

together with some individuals within inter-governmental organizations, we slightly influenced some policies with regard to health and reconciliation.

Constraints have been as follows.

► Such organizations frequently come into an area with little sensitivity to local needs, local customs and culture and local issues.

► They frequently parachute programs from other regions with little adaptation and awareness of the local society and without social consensus.

► .They apply current trends rather than attempting to meet actual needs.

► In many cases, we have seen such organizations interfere with the work of local and international non-governmental organizations.

► Such organizations almost always have political rather than human agendas.

► In addition, their programs frequently are virtually exclusively top-down.

► They attempt to apply short-term "quick fixes".

► They do not evaluate the effects of their programs or do so in the superficial terms described above.

► Unfortunately, the behavior of many members of such organizations has been inappropriate to the culture and the circumstances in which they were living and has been highly offensive to local people.

► Frequently, staffs of such organizations have little training, little knowledge of local language and little insight into local situations.

► Usually, staffs of such organizations have poor and patronizing attitudes, they are frequently, out for their own careers rather than for the welfare of the people of the area.

► Many members of the staffs of such organizations are from the military and "intelligence" communities and have motives other than assistance.

► Salary differentials between foreigners and locals are large. Sometimes, such differentials are inappropriate and cause resentments. In many cases, locals getting more salary than the majority of the local population become arrogant and superior and abuse their power.

► Dialogue between such organizations and local and smaller international non-governmental organizations is frequently difficult. In particular, the international IGOs take a superior attitude and attempt to dictate rather than listening and coordinating activities.

► Frequently, such organizations inappropriately take credit for the work of local organizations or smaller international non-governmental organizations.

The lessons learned are as follows.
► We have seen frequently that such organizations do more harm than good.

► Success in working with these organizations is highly dependent on the individual with whom one works.

Dealing with Governmental Organizations
Quite frankly, our experience in dealing with governments has been poor. We have found local, regional and national governments in this region uncooperative. Selfish political and personal agendas have dominated the atmosphere as has nationalism, frequently in fairly extreme forms. Governments see NGOs as interfering with those agendas. Thus, such issues as psychological trauma and civil society interest governments only in as far as they can use these issues to manipulate the population. In their view, such concepts as reconciliation, to which they give lip service for the benefit of the international community, are deleterious to their interests. Paradoxically, donors and others demand cooperation with governments rather than seeking to reform them and using the power that such international organizations have to encourage and, in the last instance, force governments to implement beneficiary-centered programs. We must stress that our organization has attempted to work with governments. We still are willing to do so. Yet, we have had no successes in this regard. The lessons learned below express our frustration in this regard.

Our successes with governments have been limited to occasional declarative lip-service statements of support.

Constraints have been as follows.
► Governments almost always present barriers to NGO work rather than assisting with it. We have experienced various forms of obstruction such as interference with obtaining residence and work permits for foreigners, interference through administrative means, direct interference through "security" and "intelligence" services, infiltration of the organization, etc.

► One of the questions with regard to donors is their demand for cooperation with governmental organizations at various levels. This is frequently difficult to obtain because of politics, lack of trust in civil society, lack of knowledge of civil society and self-interest. Governments most often see civil society and non-governmental organizations as rivals or threats, not as partners. They also see civil society as a threat to their control. They also see NGOs as spies. Further, governments see non-governmental organizations as being against the regime. In addition, governments see all NGOs in the light of local political NGOs that are financed by foreign governments with goal of regime change and thus as the agents of foreign governments working against the government. Unfortunately, in some

cases, the accusations of spying have been justified and thus some NGOs have shot the entire movement in the foot.

► We realize that one of the problems with government officials in areas of regeneration is that they are highly war-traumatized. One approach might be to offer them assistance in that regard. The question is how to reach these people.

Lessons learned have been as follows.
► Regarding cooperation and/or partnership with local authorities, which very often is required by donors, work with governmental and inter-governmental bodies' needs to be proportionate, that is, expectations must be moderate and not all of the energy of the organization must be devoted to it. We frequently have found that after cost/benefit analysis of such partnerships, the benefit is extremely small.

► Non-governmental organizations have the obligation to strongly object to the policies of local, national and international governmental organizations where they feel that such policies are in error. Such governmental and inter-governmental organizations have expressed their objections formally and informally when we have "spoken truth to power" in this way. We feel that it is our obligation and within our mandate to continue to do so. As a consequence, we have experienced fear from local staff in dealing with governmental agencies and bureaucrats. We feel that it is part of the promotion of the democratic process to stand up to such institutions.

Media
We see work with media as very important to an NGO in order to make the work of the NGO and the content of the issues with which it is working known to various stakeholders. That work is changing quite substantially in the sense of the availability of various tools on the Internet. Thus, there is a need to be flexible and to continually adapt to new methods and to work with media to put across the story that the organization wants to reach the world. Furthermore, external sources, particularly political ones, may want to put the organization in a negative light for reasons for their own. Thus work with media is increasingly time consuming and requires at least some specialist knowledge. As will be seen below, such work competes with other tasks when limited staff and other resources are available.

Our activities have consisted of the issuance of press releases, the holding of press conferences and interviews, the construction of a website and the sending of newsletters. Further we have issued brochures on various mental health issues and on the services given by the organization. In the region in which we work, the grapevine is also highly important. Further have organized informational kiosks and done a small amount of guerilla theater. We have held events on specific commemorational days. Our actions have been at local, national and international levels.

We have succeeded in publicizing the organization locally, nationally and internationally on a continuous basis.

Our primary constraint has been that many media outlets have highly political agendas that interfere with getting the message out that we wish to express.

Lessons Learned are as follows.
► Extreme care must be used in the interaction with media. Media can put negative – and only occasionally positive – spin on the activities of the organization. This can affect the relationship with the community and with current and potential beneficiaries and donors. This can easily be manipulated by politicians and others with self-interest, including "rival" NGOs and IGOs.

► The organization needs to create its own media presence, including a strong Internet presence and create local and international policies and practice on regular information release. This takes large amounts of time and it is one area in which we have been weak because of time considerations.

► Staff members specializing in IT and media people are essential to the organization. The barrier until now has been funding.

Organizational and Project Management

General Aspects

Management is the process of assessment, planning, implementation, monitoring and evaluation of the human, financial and other resources critical to the smooth running of an organization and critical to the accomplishment of the project and organizational goals. Without proper management, the organization falls apart and little is accomplished and thus project and organizational goals are not achieved.

When we started the organization, we were beginners in management. We have tried a variety of styles and techniques of leadership and management in course of years. These have included highly autocratic styles, highly democratic "new management" styles and much in between. We have attempted to adapt our management and leadership techniques to cultural factors. From the beginning, we have carried out careful assessments, including long discussions and focus groups with all stakeholders. Almost from the beginning of the organization, we have carried out monthly and annual strategic planning and evaluation with employees and with willing Board members. There has been weekly supervision – both job supervision and psychological supervision – of all employees. We have adjusted our programs fairly frequently to correspond with changing needs and new perceptions of needs. Financially, we have carried out annual internal audits. We have had only a few external evaluations of program and finances because of the high costs involved.

Our successes are
► We have existed for 15 years, despite a large number of difficulties with management and a number of setbacks. These difficulties have included lack of sensitivity to funding needs by donors, governments and others, changes of governmental systems (unrecognized governmental authorities, UN, OSCE, Croatian and other regional and local governments, etc.), population movements and changes, various attacks on the organization by governmental forces, corruption in partners, etc.

► Although we are not completely satisfied, we have developed a style of management within the organization that works. This is adapted to the specific situation in which we are working and the nature of the organization. This has been achieved with difficulty.

With regard to constraints, we have found management one of the more difficult aspects of our work. This applies particularly to work with personnel. A particular constraint has been that, unfortunately, in our organization, as within all organizations, not all workers have the same dedication, motivation, expectations, vision and perspectives.

Our first lessons learned are as follows.

► There is a delicate balance in the time spent by us on various aspects of our work such as:
- administration;
- fundraising;
- publicity;
- program development;
- program implementation;
- evaluation;
- research.

  In a non-governmental organization of limited size, there are limited resources to carry out all of these tasks in the manner that we would desire and thus – sometimes uneasy and uncomfortable – priorities must be made. This lack of resources and the demands of funders, Boards, authorities, etc. thus lead to the reduction of the professional activities for which the non-governmental organization is working. These demands and lack of resources frequently work in opposition to what would be considered good management practice.

► We also must note the necessity of being sensitive to the cultural aspects of work and management, and yet we have found that they sometimes have been used as excuses for poor work and for other excesses.

► Further, we find that special attention must be given to supervision, both direct work supervision and supervision in the psychological sense. Our view is that this is a sine qua non and we will have more to say about it further on.

General Care for Workers

We regard care for workers as one of our highest priorities, particularly in areas of social development, particularly where there has been physical and psychological violence. Also, we find that it is important to keep workers "on track", that is, doing what we wish them to do in the way that we wish them to do it. We stress that this is a discussion, and in most cases does not involve autocracy. Yet, sometimes, correction is necessary. The problem is that workers in humanitarian organizations are just that – humanitarian – and do not want to take difficult corrective or seemingly autocratic measures with workers, as for example, when we see that they do not share our vision or when their work is not at a standard that we expect. Further, sometimes to our cost, we have learned that roles must be separated strictly. By this we mean, for example, that each staff member must have well-defined responsibilities and that there must be a clear differentiation between work supervision and psychological supervision, and that these must be carried out by different people. We also believe that staff must be as well trained as possible and that we must contribute to that. However, we also realize that, by training people, we may lose them, as they may take up better paying jobs in other places.

Our management activities with staff have included weekly job and psychological supervision, staff excursion days, periodic dinners with staff and their families, in-service training related to jobs and other external educational benefits as well as paying for health care for staff and their families outside our contractual obligations.

Our successes include the following.
► There have been periods of time when we have had dedicated, competent and loyal teams, including the period of the writing of this document.

► We have educated some staff such that they have been able to go on to other positions.

► We have empowered a number of volunteers and other staff to be able to function better in the community.

The constraints upon us have been as follows.
► It has been extremely difficult to obtain competent staff with sufficient education, experience, a proper work ethic, etc.

► Staff members whom we have trained and employed have taken more highly paid positions elsewhere, in particular in government and larger organizations and in other more stable countries.

► A number of staff members have used the organization for their own purposes, some of which have included thievery and other corrupt practices.

► We have had insufficient staff and resources to separate management and psychological and medical supervision.

► We have found that we can use staff members who are clients only for occupational therapy with proper supervision.

Our lessons learned are as follows.
► Burnout is a great danger for NGO workers, particular in areas of high social tension and violence. This applies especially to organizations dealing directly with people in need. In the literature of the organization, we have listed measures to prevent it. Supervisors and Boards should be aware of the danger and should take appropriate measures in a timely manner and with due care for the worker for prevention and cure.

► Supervision of program workers, both in the sense of work supervision and in the sense of psychological supervision, is essential. There is a large danger of burnout, as noted above, and supervision is essential in the prevention and treatment of burnout in workers. We have seen too many programs where there is no supervision or where it is insufficient. Workers, particularly those in conflict and post-conflict areas, explode or implode psychologically without supervision. Further, the effectiveness of programs decreases without attention to their implementers.

► Human resources must be kept constant, that is, there should not be excessive staff turnover. Such turnover leads to loss of momentum and discontinuity in programs. Our experience is that this happens for a variety of reasons, including misunderstandings of the specific role of each staff member, because of self-interest of staff members, because of inadequate opportunities for training of staff members and because of inadequate funding of the organization. Sometimes, such turnover cannot be avoided, but it must be kept to a minimum. The organizational management should pay attention to employees' motivation and the improvement of their knowledge, skills and attitudes. While such fluctuation of resources is a natural process and the management should invest time in handling such turnovers, this can be extremely time consuming, as it has proved for us.

► There must be sufficient staff so that there is no role overlap, confusion and conflict. On occasion, we have been in the situation where there has been confusion of roles as, for example, between line manager and psychological supervisor. Furthermore, our experience is that management and hierarchical roles on the one hand and friendships and/or medical/psychological treatment on the other simply do not work. This is difficult under circumstances where staff is minimal and/or external medical and psychological facilities are inadequate, as in eastern Croatia and many other places in the world.

► It is necessary to take management measures to maintain staff motivation. This should include staff input into decision making on the one hand and recreational and team-building measures on the other.

► Staff members need to receive in-service training. There are major questions as to how to achieve this given limited resources. Staff can be given time to study areas relevant to their work and to attend seminars and conferences.

► We find the question as to whether we should support further and higher education a difficult one. Speaking for the issue is that support leads to the strengthening of the personnel resources of organization if the person remains. Another aspect is that such education can lead to a brain drain within the organization and to inefficient use of organizational resources.

Foreign Workers
The use of foreign workers has pros and cons. Such workers bring external perspectives and competencies that local workers often do not have. Also, they can bring a neutral voice for beneficiaries in situations of conflict that locals cannot have.

Our success is that we have had several foreign workers during the past 15 years. One has stayed for the entire period.

The constraints on foreign workers are as follows.

► Frequently, foreign workers do not know the local customs and/or language.

► The expectations of foreign workers may be very different from those of locals.

► Inevitably, foreign workers require even more personal supervision than locals because of the differences noted above and because of their loneliness and adaptation processes.

► The current Croatian law strongly inhibits the use of foreign workers. It is virtually impossible for organizations such as ours to use them under current legal conditions for all but the shortest periods.

The lessons learned below express our experience.

► There is a large pool of people, especially in such fields as psychology, other social sciences and management, willing to work for relatively small amounts of funding. These people fall into three categories – people starting out, people in a mid-career break and retired people.

► Foreign workers bring knowledge, insights, perspectives, experiences and techniques frequently not held by locals.

► Foreign workers, as do foreign volunteers, depending on their job description, require adaptation to the local culture and language instruction, as well as adaptation to the organization. This requires large amounts of time and effort.

► Foreign workers require job and psychological supervision.

Local Volunteers

Our experience with volunteers, local and foreign, has been mixed. In the Balkans, there is little tradition of volunteering. Only now is the concept of volunteering and its value to the volunteer and to the organization that works with the volunteer beginning to be valued.

We have had a number of local volunteers at various moments. They have carried out logistics, administration and research. We have educated them in such areas as the use of computers, English, fundraising, psychology and civil society.

Our successes have been that some of these volunteers have gone on to obtain paid positions in other organizations and/or have continued with additional education.

The constraints have been as follows.

► We have found that it is not possible to depend on volunteers for the core functions of the organization.

► We have found that volunteers need good management by paid staff members.

► As with all other workers within the organization, volunteers also need good psychological and work supervision.

► We have found that volunteers frequently have unrealistic expectations of their achievements.

► In the Balkans, local volunteers also frequently expect that such volunteering will lead to paid employment within the organization.

The lessons learned below express our experience.

► Volunteers must not be the core of the organization. If this is the case, it creates a large amount of instability, as volunteers can leave at any time, thus endangering the organization's activities.

► Because of the nature of volunteering, it is very difficult to enforce any agreements made with volunteers.

► There must be central personnel who can, if need be, take over the tasks assigned to volunteers, or the tasks assigned must be non-essential.

► Only one person must supervise volunteers. Otherwise, there is constant confusion.

► Expectations of volunteers must be clear. Even when there is transparency, expectations held by local volunteers tend to be excessive, especially with regard to future employment.

► Agreements as to the amount of work, the times of work, control of work, etc. need to be clear and kept to by both sides. Such agreements should be in written form.

► Clients and beneficiaries should not be used as volunteers except under specific programs of occupational therapy or other clearly defined programs which should be separate from the general needs of the organization.

► There are various opinions as to the maximum length of volunteering. Some believe that there should be no maximum, as the volunteer can develop excellent skills that are even more professional than those of the professionals. Another reason for this is that it takes a certain amount of time to learn the appropriate skills and the culture of the organization. Others believe that a one year limit is necessary for personal development of the volunteer and that person's future work.

► Volunteer management takes sufficient amounts of time and management that there are serious questions as to whether such volunteering is of benefit to the organization.

Foreign Volunteers
Even before the current highly restrictive Croatian law came into force, we had our doubts about the efficacy of working with foreign volunteers. Our experience is that it takes a minimum of 6-12 months for a foreign volunteer to be useful to us, that is, before the person learns a sufficient amount about the organization, his or her specific work, the culture and the language. By that time, most foreign volunteers have left. The training and work on adaptation and psychological supervision of such volunteers – which are absolutely essential – take large amounts of staff time and energy. Frequently, the result is not worth the effort for us, although, of course, the volunteer may learn a great deal. We have learned that we must think very carefully about the degree to which work with such volunteers is a part of our mandate before accepting requests for volunteerships and internships.

We have had a number of successes with internships from foreigners. Several foreign interns were serious, learned the language and the culture and produced excellent project papers and seminars.

Constraints are as follows.
► Foreign volunteers require large amounts of time and effort to learn the language and the culture and to function effectively within the organization.

► Foreign volunteers require large amounts of time with regard to management.

Lessons learned are as follows.
► Clear agreements must be made as to length of time, duties, number of hours per week and other expectations, such as assistance with study.

► Foreign volunteers require job supervision and psychological supervision.

► Foreign volunteers require large amounts of time with regard to management.

► We question strongly whether it is worth it for the organization to cooperate with foreign volunteers on efficiency grounds.

► The length of time that a foreign volunteer is present is dependent on the needs of the organization and the skills of the volunteer that can be used within the organization.

Visitors

In the course of years, we have had great joy and enormous problems from visitors, sometimes both from the same person. We welcome those who come with a serious interest in our work, with the desire to cooperate with us and, of course, current and potential donors and Board members. We find that visitors make contributions to our transparency and to the external knowledge of the region and the organization. Frequently, they assist us in clarifying and organizing issues and in bringing external perspectives to issues that we have been accustomed to thinking about in specific ways.

We have had a number of visitors who have been quite serious about learning about the situation in the area and about our organization. These have been both professionals in similar fields and people simply wishing to learn about what we are doing.

Constraints are as follows.
► We do not appreciate at all people who come as sightseers and for a vacation – we are simply too busy to accommodate them.

► We have found frequently that it costs us a great deal of time, energy and resources to work with visitors, however worthy their goals.

► Visitors make promises that they do not keep.

► Visitors have high expectations of the organization and its staff. Generally, they expect staff to drop all other activities and devote time to them. This is simply not possible in a small organization with limited resources. There is little sensitivity by visitors when limits are expressed. This also applies to finances. This problem remains even when the situation is explained to them.

► Frequently, visitors come without clear expectations and goals. All too frequently, they come with the expectation of a vacation and expect staff to adapt to them. Thus, it is difficult for staff to work with them.

Lessons learned are as follows.
► Except under very exceptional circumstances, the organization should not diminish its normal activities to the deference of visitors.

► In order for visits to function properly, visitors must express their desires and their schedules as far in advance as possible.

► Because the problems mentioned above, many organizations in the region in which we have been working simply refuse to accept visitors. While we continue to do so, a new pattern must be found for dealing with them.

► There must be a written contract with all visitors as to financial and time arrangements and about the responsibilities of both sides. General conditions for visitors should be posted on the website of the organization.

► Despite the above, we welcome visitors who can contribute professional expertise, who are from similar organizations working in other regions and persons with whom there is potential for cooperation as well as our own Board members, donors and potential donors.

Miscellaneous Points of Management

The final lessons learned of the "organizational" section range over a number of areas.

One point here is our frustration with the limited amount that we can do despite seeing problems all around us and seeing a lack of expertise in the areas in which we are working and seeing that, while we are not great experts in certain fields, we have more knowledge and skills than some. Sometimes we feel that, in the land of the blind, the one-eyed man is king. We do not like being in that position.

Another point is the Board of the organization, which we believe to be essential. We believe that it is necessary to have external support from the Board on the one hand and that the Board needs to listen to local problems on the other. We have heard horror stories about great disputes between Boards and field workers on the one hand and about their lack of support and supervision of field work on the other.

Another point has to do with styles of management. It is fair to say that the people who have been working in our organization are more humanitarians than managers and thus frequently are not hard enough. We have heard similar stories from other NGOs.

With regard to our successes, we have learned through experience the degree to which we have had to widen our mandate on the one hand and keep to our specific skills and knowledge on the other. Further, we have had a number of Board members who have been extremely supportive. We have learned some balance between cultural adjustment and work ethics and accomplishment. We have fended off several attacks from "security services". Also, we have learned to deal with internal and external corruption.

Lessons learned are as follows.
► It is important to set limits to the mandate of the organization and to keep to these. No organization can do everything although, because of idealism and the realization of what needs exist, many people would like to do as much as they can. We have learned that it is better to develop expertise in one or a few fields and to refer to other organizations where that is appropriate.

► The previous point also raises a dilemma. Expertise in specific fields of work is highly desirable, but in many areas of social reconstruction, organizations with that expertise are lacking. This presents an organization with the dilemma of where to find the expertise required.

► There needs to be adequate external support for the organization in the form of a Board and/or "friends". This needs to be moral support, management support, support with fundraising, suggestions on policy, support with publicity, support with evaluation and support with research.

► The Board needs to be actively engaged with the field workers. Our experience has been that it is difficult to find Board members with sufficient involvement and sufficient knowledge, with a number of highly notable exceptions. We have heard the opposite comments from some colleagues, namely that the Board is over-involved with their organizations and creates conflicts with field workers. Thus, a balance must be found.

► Management has to be culturally adjusted. However, cultural adjustment should not be an excuse for weak management. Within our organization we believe that we have been fairly culturally sensitive. We have seen exactly the opposite in a number of organizations, especially international NGOs and inter-governmental organizations. However, we also have had the experience that "the culture" has been an excuse used by staff and management for poor management practices.

► There must be clear policies of the organization with regard to dealing with "security" services, police, etc. These policies must be set at Board level. Field staff must be given support when dealing with such bodies. There are clear dangers for the organization in dealing with any such "services" and we believe that organizations should avoid them to the greatest degree possible. Aside from other considerations, cooperating with such agencies brings suspicion onto the "real" purposes of the organization. Yet, such agencies can be persistent and destructive, and the organization must have the support of the Board when dealing with them.

► There must be clear and sufficient policies for protection of staff and property of the organization, continuously and particularly during periods of unrest. While this seems obvious, it has not always been carried out when required.

► We have encountered corruption within the organization, in external non-governmental organizations and in governmental organizations in the course of our existence. It is clear that we must not permit corruption within our own organization. With regard to the outside world, there is an issue as to how idealistic we must be and to what degree we accept corruption. This presents large moral dilemmas.

► Many people have made large promises to us that have not been fulfilled. These include promises of assistance, promises of finance and promises of moral support. We have found it difficult to deal with these promises and have grown quite cynical with regard to them such that we trust no promises until they are realized. This applies to (potential) Board members, donors, visitors and others.

► In the past, we have tended to deprecate ourselves and our work. On the contrary, we find that the work that we have done is extremely valuable. We must learn to stand in our own self-worth. This is not an uncritical attitude but, rather, an acknowledgement of the value of what we have done and are doing.

Lessons Learned with Regard to Social Reconstruction

Introduction

In this section, we deal with some of the lessons that we have learned with regard to issues of the content of what the organization does. Here, we have concentrated on the psychological issues of post-conflict regions. As mentioned earlier, we believe that issues of psychological health, as well as issues of physical health, which are intimately intertwined, are fundamental to social reconstruction. This has been neglected all too often, in our view. This is the reason that our lists of constraints will be long and that our lists of successes will be short. Many, if not most of these issues are important subjects for potential research.

Epidemiology

The epidemiology of mental and physical health lies at the foundation of any work on such issues. It provides basic information about what is happening to general and specific populations at a given moment and over time and thus allows treatment and planning of interventions.

Carrying out methodologically correct epidemiological studies requires large amounts of funding. We have written a number of proposals for such studies and have lobbied various institutions for their implementation.

Unfortunately, we have not had success in convincing such institutions of these urgent needs. Thus, there is little reliable data about the physical or mental health epidemiology of the Balkans or of any other area of social reconstruction, as far as we are aware. This applies to studies at a single point in time and particularly to longitudinal studies, which we believe to be extremely important. A further constraint is that much of the data that does exist has been influenced by political, economic and other agendas. This is a deplorable situation that leads to a state of affairs in which the planning of interventions and strategies is extremely difficult. We thus feel that a great deal more resources of various sorts need to be devoted to such research.

The Essential Presence of Mental Health in Programs of Social Reconstruction

Mental health is an essential aspect of any program of social reconstruction. It is quickly forgotten, even in programs of non-violent conflict transformation. We have been told all too many times by donors and IGOs and governments feel that mental health is "peripheral". On the contrary, we consider it to be a central component of social reconstruction.

Identity

Identity changes considerably with traumatization, particularly in situations of violence where the entire character of the society changes. The Balkans includes societies in which collective identity has been more important than individual identity. Furthermore, in Balkan societies, there have been fundamental political and economic changes in addition to those of war.

Identity has been an issue in virtually every client with whom we have worked. Further, the issue has come up in every educational group that we have run. We thus feel that much more attention must be paid to issues of identity at various levels (see levels of work above) when working with social reconstruction and reconciliation.

We have worked therapeutically to assist clients individually and in groups to reconstruct their identities and to find identities that are adapted to their current situations. In this, we have encouraged individualization. We have found this to be particularly important in mixed families and in the large number of people whom we have encountered who feel themselves alienated from the societies in which they find themselves.

We have had a fair amount of success in these efforts with a variety of types of clients, including women, former soldiers, victims of family violence, young people, members of mixed families and others.

Some of the constraints with which we have been faced include strong societal pressure to conform, collective traumatization and a lack of willingness and ability to take responsibility for one's own life (see also below).

Lessons learned are as follows.
► Reconstruction of identity is an essential element in the process of healing from psychological traumatization. Virtually all of our clients – and the people with whom we are living in the Balkans – have one or another difficulty with identity.

► The movement of the client from a high level of collective identity to recognition of individual identity seems to be effective in therapy in many cases and also assists in reconciliation processes.

► There are the important questions of collective and individual identity and the definition of those identities, especially in the war and post-war contexts.

► The question of the definition of identity from external forces is extremely important. In the Balkans and in other places, one mechanism of manipulation was the narrowing of identity to ethnic/religious identity. In the healing process, as indicated above, it is important to re-widen that definition of identity.

The Right to Exist
An issue of which we have become aware in the course of our work is that of a feeling of virtually all of our clients that their right to exist has been denied to them. This is a highly complex issue and has a number of parts. First, there is the right to physical existence including the issue that many of our clients also are the victims of human rights violations by the State or otherwise. Second, there is the right to psychological existence. We feel that this is a general

issue in many clients in many situations and certainly is not confined to the Balkans. However, under conditions of violence and in situations of social reconstruction, not only in post-violent areas but in areas of economic and social crisis, this issue is accentuated.

Our approach has been to encourage clients to affirm their own right to exist psychologically and to fight for their human rights physically. In this last, we have referred clients to local organizations working on such issues.

We have used such encouragement successfully with a large number of clients.

The constraints have been primarily cultural – we find that our clients are not used to thinking in these terms and that doing so takes adaptation.

Coping Mechanisms
Coping mechanisms are those that allow humans beings to deal with their environments physically and psychologically, The issue of such mechanisms arises in almost every client with difficult situations in life, and particularly in situations of war and the physical and social reconstruction period. Recently, in the professional literature, there has been an accent on concepts of "resilience".

We have explored almost routinely adaptive and maladaptive coping mechanisms with individual clients and with groups in counseling and in our educational groups.

Work on these mechanisms has been important in the counseling of a number of clients. . We have had success with encouraging people in finding new coping mechanisms.

The lessons learned below reflect that experience.

► Coping mechanisms, individual and collective, are individually and culturally defined. However, these definitions benefit from processes in which people are asked to look at unsuccessful and successful coping mechanisms from outside themselves and outside their own cultures.

► We have seen situations in which coping efforts are changing constantly, particularly during periods of great external change and great external stress. We believe that one role of the facilitator/therapist is to examine with the beneficiary(ies) which mechanisms are the most appropriate and effective in the situations with which they are faced.

► We suggest that it is necessary for people to learn a variety of possible coping strategies and they need to learn to assess the situation in order to determine which strategies might work best in different situations.

► The issues that give rise to the need for coping may originate outside of the person or from within the person; thus, facilitating improved coping may

include examining the appraisal process (the assessment of the demands of the situation), as well as the teaching of coping strategies.

► Coping is seen to be context specific and, thus, the process of coping is a function of the connection between the person and his/her environment.

► We have noticed that a large number of clients retain coping mechanisms that were adapted to a difficult situation long after that situation has ended. These mechanisms thus become maladaptive.

► While we agree that resilience is important, we feel that it also is important to identify mechanisms that are not effective and to work with people to change these in personally and culturally adapted ways.

► As in other aspects of our work, we feel that that such adaptation must be at a number of levels such as those of the individual, the family, the group and the society.

Education in Communication, Mental Health, Civil Society and Non-Violent Transformation
We have found that the topics about which have been giving education, as listed in the title of this section, are crucial in areas of social reconstruction, as well as in people who have undergone trauma. We have found that skills and knowledge of communication are lacking in a surprising number of people, not only in our target areas but also in many people in so-called developed societies. As we have stated elsewhere in this document and as is acknowledged widely in the literature (see, for example, the series of articles in *The Lancet* of September, 2007), mental health is widely ignored almost everywhere, again including in so-called developed regions. In the Balkans, concepts of civil society and non-violent transformation were and are not well-known. We feel that knowledge, skills and attitudes of all of these topics are crucial for social reconstruction.

Our organization has been working with onsite education processes for professionals and lay people since 1995. This, in fact, was the basis for the founding of the organization. Since then, we have conducted between five and ten educational groups per year at a variety of levels and with a very wide variety of beneficiaries with educational levels ranging from elementary school to professionals and with an age range from teenagers to elderly people. We have worked with virtually all groups present in the region at one time or another – refugees, internally displaced people, people who remained in the area, young people, elderly people, former soldiers, women, victims of concentration camps, etc.

In the course of years we have trained some 500 people in this knowledge, these skills and these attitudes.

Our constraints have been as follows.

► There is a poor tradition of life-long learning in the Balkans.

► There is no concept of "lay therapy" in the Balkans. We define "lay therapy" as psychological support by persons without university training but with other types of training and with supervision. It is particularly applicable to areas in which needs are high and capacity is inadequate.

► Self-help groups are known only for alcoholism in the Balkans and such groups are not widespread.

► The concept of counseling for psychological distress is not widespread in the Balkans (see also elsewhere in this document).

Our lessons learned are as follows.

► There are clear needs for education of the general public in areas of social reconstruction in the areas of:
  ● mental health;
  ● communication;
  ● civil society ;
  ● human rights;
  ● non-violent conflict transformation;
  ● critical thinking;
  ● basic economics.

► On one hand, it is important to maximize the input from participants and thus to have a relatively open program. In this way, we learn about their needs and about the groups we are dealing with.

► On the other hand, it is important to set clear limits in time with regard to the courses, both in sessions and for the course as a whole. This can mean limiting discussion and/or practice and focusing them. This is a delicate balance and must be carried out in consultation with the group. The balance will be individual to the specific group.

► In the course of years, as noted elsewhere in this document, we have learned that the needs for education are highly individual and that education must be adapted to the specific group.

► When we speak to colleagues in other regions about education, they echo our experience and perspectives. We believe that even more education is necessary and, accordingly, are increasing even further the emphasis of our organization on it.

► We are enthusiastic about modern technology and believe that it can be used to spread education at various levels in places where it would be expensive and difficult to send facilitators and furthermore can encourage the exchange of ideas between people from various regions.

<u>Therapy in General</u>

This section deals with a wide variety of therapeutic issues that we have encountered in the course of years. We feel strongly, as we have noted elsewhere in this document, that therapy is a *sine qua non* in areas of social reconstruction. Without it, the traumas that have been caused by social and physical upheavals will not be resolved. The adage "time will heal all" is a falsehood. On the contrary, without therapy, so-called "psychological pressure" builds up at various levels. This leads to implosion and/or explosion of individuals, families, groups and societies. Further, the psychological issues impede the development of society as well as such issues as reconciliation. Thus, in our view, work on social reconstruction without therapy is a failure of the art.

We have carried out counseling using professionals and primarily lay therapists in individual and group settings with a wide variety of beneficiary groups including refugees, internally displaced persons, former soldiers, women, youth, victims of domestic violence, victims of torture, persons of mixed ethnicity and in families of mixed ethnicity, persons with endogenous mental health problems and others. Frequently, we have used techniques that have been adapted to the specific persons and groups with whom we have been working. Naturally, this has included a strong cultural component. As an example, where there have been no other facilities, we have conducted counseling groups in cafés. We have used a wide variety of approaches including Freudian, Rogerian, Glasserian, psychodrama, art therapy, EMDR and other techniques, frequently with the same client.

We have been successful with a majority of individual clients and groups in the sense that their functionality in relationships and work has increased. People have begun to take initiative in and responsibility for their own lives where that was previously absent. We believe that wehave prevented a number of suicides. We have ended the addiction of a number of people. We have assisted in the restoration of communication and relationships in a number of families. We have succeeded in supporting a number of schizophrenics who otherwise most likely would have decompensated and thus who would have had to have been hospitalized. We also have supported the families of mentally and physically ill people such that they were able to develop self-support mechanisms.

Constraints are as follows.

► There simply is not enough capacity to deal with the need for mental and physical health interventions.

► There is resistance to lay therapy by the medical establishment.

► Legally, lay therapy is forbidden in the Balkans.

► There are large cultural taboos on seeking psychological assistance, and thus many people who require such help do not receive it.

► There are strong political influences on therapy, that is, to whom it is given and the contexts in which it is given. Thus, one well-known psychiatrist in Croatia and some from other countries have stated that "aggressors cannot have PTSD" and that "PTSD is incurable". Such statements serve political rather than therapeutic goals.

Lessons learned are as follows.

► A highly eclectic therapy regime must be used in areas of social reconstruction. Techniques must be adapted culturally and to specific circumstances. We find that there is very little such adaptation in the areas in which we have worked and about which we have heard.

► The issue of boundaries is difficult. We have found that the classical approach involving great distance does not work in all instances of highly traumatized clients. Yet, great intimacy is also dangerous in many ways. The criterion must be that of objectivity. If objectivity cannot be maintained – with the usual predilection of the therapist for the client – then the relationship is too close.

► From our experience we have seen that virtually every client with whom we have worked has had an issue with his/her father to one degree or another. In education and research, we find that too little attention has been paid to the role of the father. This has to do with cultural issues as well as with individual psychological issues. We find that much more research must be done on this issue. Such research should be cross-cultural.

► We find the role of the mother to be important, particularly but not exclusively in one-parent families. This has to do with the traumatization of the mother as well as the lack of the father.

► We have found that, in our clients, childhood experience and pre-morbid personality as well as family structure are crucial in therapeutic outcome, even more so than actual traumatization. This is in line with the results of many previous studies.

► We recognize high levels of transmission of trauma and of negative narratives at a variety of levels. These range from the individual transmission within families to the transmission of such trauma and narratives in schools and in the society in general. In general, we recognize the levels of the individual, the family, the group, the neighborhood, the community, the society, the sub-region and the region. We find such transmission highly dangerous and feel that urgent preventive measures need to be taken with regard to transmission.

► We feel strongly that more work must be done on therapy with males. In particular, work on opening males to their emotions is important and neglected. Males in many cultures, including those of the Balkans, are taught to repress emotions. These emotions tend to be translated into

somatic symptoms. Body work has the tendency to release these and to have a positive effect.

► The effectiveness of EMDR as a technique in therapy has not been proved one way or the other in our experience. We wish to continue to experiment with it as one of a number of techniques.

► Communication within families is a specific problem which seems to lie at the root of a great many of the problems that we have seen. Part of this has to do with the culture. Another part has to do with the partners not wishing to hurt one another and not thus revealing their experiences and emotions to the other and thus, in turn, not allowing empathy and identification to take place. This can be solved relatively easily through family therapy. The barrier here frequently is the willingness of one or both partners to participate in such therapy.

► We see large numbers of types of loss. This does not only include loss of persons but of jobs, lifestyle, home, prized possessions and memories, etc.

► One of the larger problems that we have seen is blocked mourning. Blocked mourning seems to have been an intra-war coping mechanism that has extended long into the post-war period.

► The repression of religion during the Communist period decreased the implementation of mourning rituals in society in general. This entire area needs to be explored further. We find this a disturbing trend as it leads to a great many repressed emotions that will be expressed at a later point.

► Ritual is a very important part of the therapeutic process, not only in loss but in all aspects of life. The type of ritual that is of use may be cultural and also may be individual to the person, the family or the specific group.

► Culturally traditional methods of coping with trauma in the Balkans have not been adequate to the level of traumatization caused by the war and the post-war period.

► Psychological Pressure. We have found that as the psychological stress builds beyond a threshold that differs for each person, the person implodes or explodes. Most commonly, drug treatment is inadequate to deal with such pressure. While, in some sense, this may seem like a trivial observation, it is all too often ignored in Balkan societies because of lack of knowledge on the part of the public and frequently is ignored by professionals.

► During the previous political systems of the Balkans, psychology and psychiatry were politically misused, leading to mistrust of all types of therapy. There also has been resistance to psychology and psychiatry because of the traditional patriarchal society. In the Balkan cultures, there

is a high level of stigmatization of therapy. Sensitization programs are acutely needed.

► The lack of the availability of appropriate therapy and the stigma of going to psychologists and psychiatrists as noted above have led to large amounts of the misuse of alcohol. This also is due to high traditional use of alcohol in these cultures.

► There is a high misuse of prescription drugs leading to what we believe to be very high rates of addiction to them. There are no reliable data on this. This addiction is largely due to physicians prescribing high levels of such drugs and to inadequate control by pharmacists and others. The largest group of drugs involved is the benzodiazepines. Furthermore, physicians frequently prescribe combinations of drugs including anti-depressants (SSRIs), anti-psychotic drugs and even anti-epileptic drugs. There are a number of issues involved here.
  ● This is the primary modus of therapy in this region.
  ● This method of therapy is contrary to international standards.
  ● The reasons for such methodology are due to lack of capacity, lack of knowledge of other forms of therapy by professionals and because of the taboos on other forms of therapy as described above.

► Somatization is a highly significant element in the expression of trauma, in our experience, particularly in males. We feel that more attention needs to be paid to the connection between mental distress and physical illness. Furthermore, we repeat our assertion that we feel that epidemiological work on this issue is urgently required.

► Transmission of trauma is a particularly important issue in the region in which we have been working. In this context, we note that issues arising from the Second World War are important in a very high proportion of our clients. We have seen clients in which issues from 150 years ago are components of their psychological state.

► In a similar context, we note a very high level of transmission of trauma occurring in young people in the post-war societies.

► Another issue in current therapy in the region is the culture of non-participation in decisions on therapy by the client. This comes from the professional side – patronization and arrogance – and from the tradition that the client accepts what the professional says. Furthermore, there is very little tradition of patients' rights. Patients have few legal rights and further there is fear of the actions of the doctor if the doctor's desires and advice are questioned. This even extends to obtaining a second opinion.

► Specific goals of therapy should be defined in conjunction with the client. There should be at least a tentative plan, also agreed with the client. This should be examined and revised periodically. We have seen repeatedly that

therapy becomes addictive in clients here if such plans are not made. Further, without such a plan, the purpose of therapy becomes muddled.

► It is essential that the client takes responsibility for the therapeutic process. The therapist must guard against making the client therapy-dependent and must separate from the client at an appropriate moment. This is a particular problem in the cultures of the Balkans.

► Questions of boundaries of expertise and practice are difficult in areas of low capacity. In some places where there is not adequate expertise, persons with inadequate training and/or experience may have the choice as to whether to give some service or to allow the person to suffer. These are extremely difficult decisions that cannot be made easily. External supervision may be of some assistance in such situations. Greater use of well-trained well-supervised counselors with lower levels of education than would be considered usual in the West can be extremely useful in increasing capacity in areas of social reconstruction and in any area of low capacity. The emphasis must be on good training and on good supervision and/or intervision, preferably both.

► The use of lay therapists is not recognized and even forbidden in the Balkans, even more, dealing with psychotherapy is exclusively reserved for highly specialized clinicians. This elitist approach is atavistic and represents a situation where mental health issue is connected with shame and exclusion from community. In our opinion, this is one of the main obstacles in dealing with mental health issues in the Balkans.

► Supervision using the Internet through video and chat can be effective and should be used in areas of low capacity. Such supervision may take place at great distances. We recognize that areas of low professional capacity also may have inadequate IT infrastructure and thus that it may be difficult to provide such services.

► Despite advantages in use in areas of low capacity and access to greater experience than may be present locally, there are questions about the use of Internet counseling because of the controllability of the situation, the problem of emergencies and the selection of clients. Also important is the problem of backup for the client in periods of high tension and high risk. Further, because of the degree of monitoring by governments and others and thus because of the issue of the privacy and danger for clients and counselors, we are still considering its use.

► Overall Traumatization. Overall traumatization can be defined as the trauma resulting from transmitted trauma, past trauma actually experienced and current trauma. Overall trauma must be taken into account in the treatment of the client.

Notes Made on Therapeutic Interventions
Although seemingly a small issue, the question of which notes to make on therapeutic interventions and how to store them has engendered quite a bit of discussion within our organization at various moments, particularly with regard to notes made by lay workers. This is accentuated by the desires of "(in)security" people (we do not feel that they are "services") seemingly to know everything about everyone. We believe strongly in the ethics – and thus the privacy, except in highly exceptional circumstances – of the client-advisor relationship. However, we also feel that it is essential to document our work for a wide variety of reasons, especially so that its intrinsic content may be shared with colleagues.

Lessons learned are as follows.
► Notes on therapy are highly useful in a number of senses
  ● They provide documentation of the client processes and the processes within the society as a whole.
  ● They allow the therapist the opportunity to organize his/her thoughts and feelings about the client and about the therapeutic process.
  ● Notes also allow internal and external checks on the progress of therapy.

► Utmost care must be used in the storing of notes and in their release. These privacy and security issues are critical and sometimes difficult. We worry greatly about the misuse of such notes by "security" forces and by others who will not work in the interest of the client.

► Careful attention must be paid to ethical aspects of documentation and client protection vs. research aspects and the (lack of) desire to adhere to local regulations. This must be considered on an individual and local basis.

Self-Reliance and Self-Initiative.
Self-reliance and self-initiative are crucial to social reconstruction and regeneration. Without these qualities, societies do not exist or function. Yet, in the Balkans and in other places, there seems to be a reliance on politicians, government and "somebody else". This applies to the individual level and to various collective levels. We feel that, unfortunately, little will happen until this changes.

In all of our counseling and educational groups, we strongly encourage self-reliance and self-initiative. Even the act of engaging with therapy is a huge step in this process. Further, at an individual level, examples include people deciding to resolve situations of domestic violence, of eliminating dependence on prescription drugs and of beginning education. Other examples include groups taking initiative to approach governments and inter-governmental organizations on their own initiative and taking responsibility for the results.

We have been moderately successful with individuals and groups in this regard. We have encountered all of the examples given above and more.

Constraints include the following.
► The levels of self-initiative and self-reliance in the Balkans are lower than in many other cultures. This is due to the previous totalitarian systems and collective identity.

► "Authorities" discourage self-reliance and self-initiative because they lessen the power of these people.

Lessons learned are as follows.
► Self-reliance and self-initiative are higher in rural areas than in urban areas because of cultural factors and the natural process of working the land.

► Culturally appropriate methods need to be found to encourage self-reliance, self-initiative and self-esteem.

Transmission of Trauma and Narratives
Trans-generational transmission of trauma is the transmission of distress and narratives from one generation to another. The distress can take a wide variety of forms. The narratives are the "accepted stories" that are told and are considered to be part of individual or collective history and heritage. Such transmission occurs through parents and other relatives, through schools and through other contacts. It occurs at all of the levels defined earlier. It occurs through behavior of the "previous" generation as well as through telling of stories and "history" that is accepted at one of the levels described. The transmission can be silent in the sense that a negative atmosphere is created in which transmitted behaviors and attitudes become norms.

Transmission of trauma and narratives is important for a number of reasons. First, it causes distress to its sufferers. Secondly and importantly, we believe that it is a significant cause of – frequently violent – conflict. Thus we, believe that prevention of the transmission of trauma is crucial to conflict transformation and prevention.

Our activities have been to observe this issue and to deal with it as part of our standard therapeutic interventions. Furthermore, in our educational activities, we have integrated these issues into our programs on communication, psychology and trauma relief and conflict transformation.

We have been successful in dealing with such transmission in a number of clients. Further, in our educational groups, we have raised the awareness of a number of educators, physicians, social workers and lay people about these issues. They have taken this knowledge and these attitudes into their own working spheres.

Constraints have been as follows.

► There has been an almost total lack of awareness of these issues in the societies in which we are working.

► There has been official resistance to the introduction of programs that we have proposed on these issues in the schools. While there has been awareness of the issues by some higher school officials, there has been a lack of skills to deal with them as well as a "hands off" attitude.

► The official mental health community has not taken up these issues at all.

► Programs dealing with these issues to date in the region in which we have been working have been short-term and superficial.

Lessons learned are as follows.

► Transmission of trauma and narratives is almost universal in the individuals and communities in which we have been working. We have encountered clients with transmission of trauma across generations lasting as much as 150 years. Almost all clients have had transmission of trauma and narratives from the Second World War.

► There is virtually no attention paid to the transmission of trauma and narratives in the region in which we have been working. This has implications for all generations and the health of the society.

► We are particularly concerned with the transmission of trauma and narratives to children and youth.

► We believe that attention to these issues has strong implications for the prevention of future conflicts.

► We feel that the current policy of ignoring of these issues could be a significant factor in causing future violence and disruption of the society.

The Role of the Church, Religion and Belief
Belief and religion are extremely important to people, particularly in areas that have suffered from violent conflict. Some people move away from belief, asking how a Higher Being could allow such horrors to happen. Others move toward belief and toward religion.

During our therapeutic interventions, we have dealt with issues of religion and belief. This is in contrast to many counselors, who have consistently steadfastly avoided these issues. Furthermore, we have approached religious leaders of various faiths with proposals to train them and their laity in dealing with the very large numbers of psychological problems with which they are confronted. Unfortunately, this has met with resistance from the religions in the region that have been at the heart of the conflicts. In addition, we have participated in a number of ecumenical conferences,

Successes have been limited.
► We have had cordial relations with all confessions in the region.

► We have had good cooperation with a number of Protestant churches in the region and with the Jewish communities in the region.

Constraints have been as follows.
► There has been resistance on the part of the confessions with the greatest populations in the region to close cooperation with us and other non-governmental organizations.

► There has been close identification between ethnicity and religion in this region. This has been a central part of the conflicts that have taken place and are continuing to take place in this region.

► There have been intimate connections between the confessions in the region and nationalist organizations, including governments. This intertwining of religion and nationalism has been one of the primary barriers to progress to reconciliation.

Lessons learned have been as follows.
► Traditionally, mental health issues have been handled by the churches of all religions. During and after the most recent war, religious workers and spiritual healers have been overwhelmed by the number of traumas and the severity of the traumatization that they have encountered. Remarkably, in this region, churches have been resistant to training and to the use of lay parishioners to assist with resolving psychological trauma.

► Before the most recent war, the former Yugoslavia was a secular society. The churches have now formed ethno-religious alliances that have become extremely strong and have strong connections with politics and the State. This has led to very strong collective ethno-religious-nationalistic identities. These are very much misused by the State, by politicians and by commercial forces.

► In contrast to the Communist period, school children who do not attend religious education are stigmatized within their communities. Even more, they are seen as members of an "enemy" ethnic group and are "marked". This leads to labeling within and outside the system.

► The roles of belief and religion are important for beneficiaries. In many cases, these issues have been ignored as being "too sensitive". Frequently, both belief and religion have changed through trauma, particularly trauma where violence is involved. It is important to address these issues in therapy.

► It is important to involve local religious communities in the process of social reconstruction. Again, there is a problem of receptiveness, depending on

location and group. There are also problems because of their agendas and politics and their relationships with governments.

► All too often, we have seen religious groups external to the region undergoing social reconstruction take advantage of the situation to pursue their agendas, notably those of conversion and "saving souls". We find that such activities have no place in areas where people are suffering and trying to find new identities.

► All too often, we have seen religion aligned with political and/or national standpoints to the detriment of other groups and to the detriment of reconciliation.

► Despite the previous points, we have seen a number of faith-based organizations take secular and positive standpoints with regard to reconciliation and/or work with their own followers in the direction of reconciliation.

Schools and Education
As we have stated several times in this document, we believe that education is one of the cornerstones of social reconstruction. Yet, when schools are used in ways to promote ethnic division rather than reconciliation and when they are a source of the transmission of trauma and negative narratives, they also can be highly destructive elements for individuals and for the society.

We have educated a number of teachers and pedagogues outside of the official school context in communication, psychology, counseling, civil society and non-violent conflict transformation. Further, together with some of these, we have made proposals for further work in schools with regard to peer counseling, prevention of transmission of trauma and negative narratives and reduction of violence.

We have been constrained strongly by the official attitude toward non-governmental organizations by government and school authorities. This has made it impossible for us to work within the official context of the schools.

Lessons learned are as follows.
► For political reasons, it has been quite difficult to achieve cooperation with the schools. This has been true despite the proposal of internationally accepted concepts of trauma and conflict transformation.

► Schools frequently have been the source of transmission of trauma and negative narratives as well significant sources of transmission of nationalism and prejudice.

► It is important for future missions everywhere and for further work in the Balkans to concentrate on children and youth and on school personnel for the reasons noted above.

Post-Traumatic Reactions (PTSD) and their Politicization
The definition of Post-Traumatic Stress Disorder (PTSD) and Reactions (PTSR) are important because they provide the basis for diagnosis, treatment and for many official actions such as pensions and acceptance as an asylum seeker. The definition of PTSD as given in the Diagnostic Manual of the American Psychiatric Association (DSM) currently is being revised. It is also defined in the International Classification of Disease, which currently is in version 10 (ICD-10). We refer the reader to these works for the precise definitions of these terms. In an effort to de-pathologize these concepts, we, as a number of others, formally or informally, have adopted the term *Post-Traumatic Stress Reactions (PTSR)* with an emphasis on the plural.

Another issue that concerns us is the politicization of PTSD. For quite a number of years, and increasingly, PTSD is being used as the basis for pensions in Croatia and other countries, for the acceptance of requests for asylum in many countries and for a variety of other purposes. We also see it being used to demonize "enemy" groups, that is, saying that "aggressors cannot have PTSD". Furthermore, it is being used in Croatia for other political purposes, that is to make such statements as "PTSD cannot be cured" not on medical grounds but on the grounds of obtaining support from groups such as former soldiers.

During our work with clients, we have taken note of the "official" diagnoses that have been given and have compared them with our own evaluations. In this sense, we have given clients what is lacking in the local medical establishment, namely "talk therapy".

Of roughly 500 people whom we have had as clients for more than ten sessions, we estimate that we have decreased distress and increased functionality in about 80%.

The constraints that we have experienced and observed are as follows.
► Clients, in general, come to us with diagnoses given that are almost stamped upon their foreheads. What we mean to say here is that they have been told that they are ill and, in general, have accepted this. Furthermore, this demarcation is taken as a given in society, that is, it defines the roles that the person may and may not take.

► We have observed that PTSD frequently is used for financial gain by clients, physicians and others.

► We have observed that PTSD frequently is used as a tool of political manipulation.

Lessons learned are as follows.

► The definitions of PTSD in the DSM-IV and the ICD-10 are not necessarily adequate to describe the phenomena and the combinations of symptoms and syndromes that we have been seeing. We therefore believe that further study and analysis is required to examine exactly what is going on and to define combinations that have diagnostic and therapeutic implications more relevant to the situations in which we find ourselves. The definitions in the preliminary versions of the DSM-V that we have seen do not answer these needs.

► There are important questions surrounding the "pathologization" of the reactions to violent and other traumatic situations. We have an increasing tendency to use the term "post-traumatic stress reactions" (PTSR), emphasizing that these are natural reactions to circumstances rather than mental illness. This approach also is of great assistance in the destigmatization of providing assistance in the areas in which we are working.

► We see high degrees of legalization and politicization of post-traumatic stress disorder in the Balkans and in the West. During the course of our tenure in the Balkans and during the work of several of our current and former workers in countries of the European Union and elsewhere, we have observed the use of PTSD for obtaining pensions - and by governments for denying pensions – and other benefits. Further, we have seen the use of the concepts for political gain, mostly but not exclusively in the manipulation of former soldiers and of the public in their attitudes toward asylum seekers and other marginalized groups.

► In the case of asylum seekers, we have seen the continued use of medical criteria for obtaining asylum. We dislike this. We feel that the right of asylum, which we consider a human right, should be granted whether or not a person has medical grounds for it if the person comes from a country in which torture is practiced and/or where the regime violates human rights.

Torture

In any violent situation, torture is one of the prime causes of severe traumatization. There is ample documentation that torture was rife on all sides of the Balkan conflicts. We believe that untreated psychological trauma is one of the causes of continued conflict and that *not* treating it has been one of the "errors of the art" in conflict transformation in this region and elsewhere. Furthermore, we believe that very few persons can deal with the trauma of torture themselves. In that sense, torture is like cancer – when it is seen it must be diagnosed and treated.

We have worked with the victims of torture as part of our normal counseling activities using the IRCT procedures as a model. We have had success in increasing functionality and decreasing distress in the majority of these.

Constraints are as follows.
► In this region, in "ordinary" people, that is, victims of torture, there are strong stigmas with regard to admitting to torture, particularly sexual torture in general, and particularly among males.

► There is a lack of knowledge and skills and capacity among professionals and institutions in dealing with torture victims.

► There is political exploitation of victims of torture. This adds to the reluctance to admit to such torture.

Lessons learned are as follows.
► Because of the above, the number of torture victims and the extent of the torture that they have undergone is difficult to assess. From the reports that we have received, we suspect that it is substantial.

► We find the IRCT/Amnesty methods useful in dealing with many torture victims.

Interdisciplinary Inter-Twining Influences
Here, we return to one of the major lessons that we have learned since 1995, namely it is almost impossible to work with one issue in isolation. Again, we feel that donors, international organizations and others supporting work in areas of social reconstruction have not been sensitive to what we consider to be almost a fact rather than a point of view.

Lessons learned are as follows.
► We have found that it makes little sense to deal with one issue exclusively.

► There has been little practical research on these inter-connected influences. Areas of importance include
  ● the relationship between trauma and economics and vice versa (vv).
  ● the relationship between trauma and reconciliation and vv.
  ● the influence of trauma on politics and vv.

Dealing with Various Vulnerable Groups

Young People
Work with young people is essential for a number of reasons. First, young people are the future. Society expects that they will run things and will be present when we are gone. Thus, giving them proper attitudes and making them healthy mentally and physically is of extreme importance. Second, as we have noted above, there is transmission of trauma and negative narratives to them from all directions. This comes from home, schools and the society as a whole. This means that they, in turn will transmit the trauma and negative narratives to the following generations.

We have counseled a number of young people individually and in groups. Further, we have run a number of educational groups for young people specifically and have included young people in our general educational groups.

We have had success with the activities mentioned above. We have increased functionality and decreased distress among the young people with whom we have worked. Furthermore, a number of young people have gained knowledge and skills in counseling, civil society and conflict transformation.

Lessons learned are as follows.
► In many cases, the pathological environments of homes and schools have strong influences on children and young people. In this region, there is a large number of dysfunctional families. Furthermore, both parents and teachers have been severely traumatized.

► There have been and are presently virtually no opportunities for young people to obtain advice from trained persons in a non-stigmatizing anonymous manner in this region.

► Especially with young people, a great deal of caution must be used in any organizational approach, in particular by NGOs. Yet, there is a balance between regulations and the provision of a vitally needed service. This is a matter of individual and professional responsibility for individuals and organizations.

► We feel that insufficient attention has been paid to the psychological state of young people in this region. This has the potential for severe consequences for the future.

Former Soldiers
We find former soldiers to be a priority group for a number of reasons. An extremely high proportion of males in the most productive age group in the society were soldiers for one side or the other. The amount of dysfunction – acknowledged or not – in this group also is very high. The societal taboos for this group seeking assistance also are very high in a highly male-dominated macho culture. Furthermore, this group is very influential politically and, correspondingly, is much manipulated by politicians, particularly those of the right. Thus, reaching this group can be difficult. We fear that *not* dealing with them is dangerous for the society as a whole in the long run. We also must note that such people are present in virtually all countries.

We have dealt with this group through relatively straightforward individual and group counseling methods.

We have been successful in empowering individuals and groups and increasing the functionality of both in their families and in society. Our successes include that we have been able to work not only with the former soldiers themselves but with their families. This has been carried out through a systems therapy attitude in our work.

Our constraints have been as follows.

► Resistance to persons from a non-soldier organization working with former soldiers. We have overcome this and gained trust through our work.

► The general attitude in Balkan societies in which all psychological assistance is stigmatized, especially among males, especially among soldiers.

► General government attitudes that work with soldiers and former soldiers is a matter of "national security" and "national defense" and that non-military organizations should not be working with them.

► Political attitudes, particularly on the right, that inhibit psychological work with former soldiers.

► Resistance in Croatia in particular by Serb former soldiers to come together out of the fear that they will have severe consequences, including possible arrest, as "enemies of the State" is very high.

► Fear of revealing of information that could make individuals and/or groups liable to prosecution for war crimes. Please also see above for the ethics of privacy.

► Many funders are reluctant to engage in this sort of work as they regard former soldiers as perpetrators rather than victims.

Lessons learned are as follows.

► In our experience it is possible to achieve good progress with former soldiers.

► Work with former soldiers requires large amounts of time and persistence.

► There are questions of trust that must be overcome, and this is frequently difficult.

► Identity and the redefinition of personal, familial and societal roles are very important elements in therapy.

► In many such people, physical injury is significant in the psychological scheme. In such cases, a highly eclectic approach is required.

► Rates of addiction to various types of medication and to alcohol are high. There are no reliable data, and most existing studies are highly influenced politically.

► Sexual inadequacy is very high in this group, adding to identity problems.

► The question of sexuality and sexual misuse, particularly of male former soldiers but also of female former soldiers in torture and other contexts must be explored. Only a small amount of data on this issue has been presented in the Croatian and Bosnian situations as well as in other post-violent situations. Our experience is that many have been abused but do not admit it for cultural reasons. We feel that this is an extremely important issue.

► There is a great amount of provocation and testing of the therapist by former soldiers.

► There are issues of nationalism to which the therapist must not surrender.

► There is a great danger of exploitation of former soldiers by nationalists, including nationalist therapists.

Former Child Soldiers
Former child soldiers are not only important for the reasons stated above for former soldiers in general but also because of their vulnerability and the interruption to their processes of psychological development. The lower the age of first involvement, the more serious the consequences.

We have not had a great deal of experience with child soldiers. While we had suspected that they existed for a long time – despite governmental protests to the contrary – we first came into contact with them several years ago when they formed their own association. We have run several educational and therapy groups with them.

We have had success with the groups and individuals with whom we have worked in the sense of increasing their functionality and in training a few of them to run self-help groups.

Our constraints have been those stated above for former soldiers in general. Furthermore, there has been the problem that the use of child soldiers in the Balkan wars has been denied by all governments in the region. Thus, the groups that we have seen have been reluctant to come forward and only recently have formed an association.

Lessons learned are as follows.
► Work with such former child soldiers requires special techniques that we need to explore in detail.

► We want to gain more experience with this group and consider these beneficiaries to be an important group to work with in many parts of the world.

Women

It is almost trivial to say that work with women is important in any situation of social reconstruction. As has been seen many times, gender roles change significantly during and after violent conflict. This is even more so than in Communist times. Paradoxically, under the shift to capitalism in The Balkans, there has been a shift backwards in the equality of gender rights to more traditional patterns. Further, it is our impression that, currently, there is a large amount of gender-based violence and violence within families. There is also a greater sensitivity to such violence than in the past and thus a greater amount of reporting of it. In addition, there is now a large number of single parent families.

We have counseled individual women and families. Further, we have supervised workers in a large women's group.

We have increased the functionality of and supported individuals and we have trained a number of individuals capable of spreading their knowledge to others.

Constraints are as follows.
► Because of traditional values, many women are not willing to take measures to extricate themselves from situations of psychological and physical violence and to take initiatives to better their lives.

► In the same context, resources – temporary and otherwise – do not exist for women and families to be able to live through transition periods after separation from their partners. Furthermore, many women who need these are not capable of finding the services that do exist because of their psychological states.

► The patriarchal society, including police and other governmental workers are barriers to the welfare of women. Almost always, they do not take the actions required to alleviate difficult situations with women and families.

Lessons learned are as follows.
► We emphasize that communication within the family, particularly between men and women, is one of the keys to this work. Unfortunately, this is lacking in all too many situations.

► Key in work with women is their changing roles during and after the war.

► Another issue within the family is extra-marital relationships during and after the war due to the absence of their husbands as well as to the inability of their husbands to provide adequate emotional and sexual relationships.

► There are consistent reports of high levels of violence against women and children. These issues are not being dealt with generally and to the degree that they need to be, despite lip service from the government and other bodies. A number of NGOs have tried to do some work but have been stymied by the lack of financial support and of other types of support as indicated above.

► Because of the nature of the war, the question of rape and sexual misuse must be explored further. While this is a greater issue in Bosnia-Herzegovina than in Croatia, we feel that it is significant in both countries.

Perpetrators

In all societies that are suffering or have suffered violent conflict, the issue of perpetrators is extremely important for a number of reasons. First, there is the question of justice and the way this is dealt with. Second is the issue of the psychological state of the perpetrators themselves. Implicit in this is the possibility for perpetrators to repeat their acts in the future. Another issue is that of the societal conditions that allow perpetrators to exist and that encourage these acts. These are highly complex issues which few people, groups and societies are prepared to deal with. This is evidenced by the paucity of literature on the issues. We feel that work with perpetrators is a high priority in all areas of social reconstruction.

Our activities in this area have been limited. We have dealt with a very few individuals.

Lessons learned are as follows.
► There is virtually no experience in dealing with perpetrators in this region, and in very few other places, as far as we can determine.

► There is no data on the number of perpetrators present. We suspect that the numbers are high.

► There are legal, ethical and security complexities in working with perpetrators.

► Our position is that we adhere to generally accepted international medical and psychological ethical codices and do not reveal their identity to anyone, including "authorities". We feel that this is the only way that they will come forward for treatment. This requires utmost security in location of treatment and in the keeping of records.

► While we suspect that the methodologies of dealing with perpetrators are similar to those of dealing with other traumatized persons, we feel that we need further experience and guidelines to assist us.

Lessons Learned with Regard to Asylum Seekers, Refugees, Migrants and Other Marginalized Groups

The lessons learned below demonstrate in The Netherlands and other countries from 1988-1995 combined with the experience that we have had in the Balkans since 1995.

► In our experience, the staffs of centers for asylum seekers and refugees are very poorly trained and have very little if any supervision in the psychological or occupational senses.

► In many cases, the psychological care of asylum seekers and refugees either does not exist or is left to non-governmental organizations or volunteers. With very few exceptions, such groups and individuals, while well-motivated, are poorly trained if they are trained at all and get little if any psychological or occupational supervision.

► The lack of training and supervision of staff and volunteers, as outlined above, has catastrophic psychological effects on the asylum seekers and refugees and on the staff working with them.

► Many "mainline" workers in physical and mental health are unwilling to take the time and use the energy required to assist asylum seekers, refugees, migrants and members of marginalized groups. There are a few exceptions to this in some cases. This, combined with the lack of funds by governments, leads to inadequate physical and psychological health care for asylum seekers, refugees, migrants and marginalized groups.

► The combination of the lack of training and supervision of staff and volunteers and the poor psychological state of the asylum seekers, refugees, migrants and marginalized groups, as well as the cultural differences between the indigenous population and the asylum seekers, refugees, migrants and marginalized groups, can easily lead to unrest and violence.

► A long-term program of assistance to asylum seekers, refugees, migrants and marginalized groups in learning the nature of their new societies, in learning the new language as well as treatment of their psychological difficulties can lead to good integration into the new society.

► A long-term program of assistance to lay volunteers, staff of the centers for asylum seekers and refugees and to physical and mental health staff can lead to a considerable reduction in tensions and violence in centers for asylum seekers and refugees and in the society in general.

► It is essential that lawyers be included in the process because of their frequent desire and need to be informed about the process and because of their own frustrations and secondary traumatization in dealing with asylum seekers, refugees, migrants and marginalized groups.

► We see the constant misuse of asylum seekers, refugees, migrants and marginalized groups for political purposes. These are highly detrimental to the groups affected and represent manipulation of the public at large. We deplore this.

Conclusions and Perspectives

From fifteen years of work at the grassroots level, the CWWPP has found that our insights are valid in a wide variety of locations throughout the world. We see the situation in the world as a place where the rights of the individual and the rights and dignity of human beings count for little, where people take little responsibility for themselves, where the misuse of money and power rule, where ecology is not respected, where people are fearful of upsetting established power and where large organizations of various sorts serve that power and not people. On the other hand, we see the world as a beautiful place where human beings are full of potential and, were people to divest themselves of their fears, they could create a paradise.

We are setting out to create models of social reconstruction that can be used in various parts of the world with appropriate local adaptations, to assist local groups to use these models, to increase knowledge, skills and attitudes essential for regeneration in health, non-violent conflict transformation, civil society, human rights, human responsibility, restorative justice and to combine knowledge and skills from a wide variety of sources.

We want to grow the wide spread of educational programs for people working in the field at the grassroots and taproot level (our Course for Workers in Areas of Regeneration – CWIAR) and at the BA and MA levels for people who will think critically and who will lead the social reconstruction of their regions. Further, we want to carry out research jointly with other groups and grow a base of experience and resources that will be available to groups undergoing and facilitating social reconstruction. We further want to sensitize people in their communities to take proactive roles.

The breakthroughs that we see as key are a template for the training of trainers in the field of social reconstruction that is adaptable to local needs, the development of BA and MA programs that emphasize experiential practice, the development of models of social reconstruction informed by and adaptable to local conditions and the development of a worldwide network of practitioners and researchers who can continually interact.

The lessons learned and expressed in this booklet will assist us – and we hope others in similar situations – to move forward more quickly to achieve our goals and for us and others to make the breakthroughs required.

More about our future plans and a more complete evaluation of what we have done are available in our Platform, which is available on our website, http://www.cwwpp.org.

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