

Clinical supervision for counsellors in areas of armed conflict

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This article describes clinical supervision of counsellors as a structured process that encompasses emotional support, education and monitoring of professional performance. It is based on the experiences of the authors while supervising counsellors with limited professional education in areas of armed conflict.

Keywords: assesment, case-conceptualisation, clinical supervision, counselling.

What is clinical supervision

Clinical supervision is a complex activity that has several functions. It is a way of offering emotional support to the supervisees (the counsellors receiving supervision) and giving them additional education.

It is also a form of monitoring and evaluating the professional performance of counsellors and promoting the quality of their work (cf. Holloway, 1995; Hawkins & Shohet, 2000; Lansen & Haans (2004).

Clinical supervision is given either in small groups or individually or in teams of individuals working within the same organisation. Each of these forms have advantages and disadvantages. Group supervision is less personal; it is also influenced by and is dependant on the composition of the group. Furthermore, in areas of armed conflict security considerations should be taken

into account: groups may attract the attention of the armed groups and evoke their suspicion. However, the clinical supervision in groups is often more efficient. In a group, the participants can be involved in a greater variety of supervision methods (for example role play: exploring family interaction through a role play requires a group). In a group, the supervisees can also learn from the example or the feedback of their colleagues. The individual clinical supervision is more private and intense but requires an investment of time and finance that is not always possible. During team supervision, the cooperation between team members may become a topic of discussion.

Clinical supervision as emotional support. In offering supervision, the supervisor starts establishing a relationship with the supervisee. The supervision relationship is a professional one, but as the relationship between counsellor and client it is also an emotional relationship.

The supervisor has the task to create a climate in which the supervisee feels safe enough to discuss his doubts. It is a relationship in which is commonly understood that, in order to learn, people sometimes have to make mistakes, or have to go through periods of feeling helpless and vul-

nerable. Supervision thus may become a form of empowerment, in which the supervisee becomes more aware of his own resources and his own style of applying counselling methods and approaches in practice (Holoway, 1995).

The supervisor supports the supervisee through encouragement, if necessary critical but always constructive feedback, and through empathic understanding of the feelings brought about through the contact with clients. It is our experience that in areas of armed conflict, supervisees sometimes seem to expect the opposite. Especially during group supervision they may be afraid that the supervisor may blame them or ridicule them.

Supervision sessions are meant to make the counsellor aware of his personal strengths. They are also meant to ensure that the counsellor accepts that he has his weak spots and personal problems that could interfere with effective counselling, and make him aware of the nature of these vulnerabilities. Clinical supervision is the opportunity to find new ways of dealing with the personal problems of both the client and the counsellor that may disturb or inhibit the counselling process. In addition, some of these personal issues of the counsellor are a potential source of future dysfunction in private and/or professional life. Therefore, early identification through clinical supervision may stimulate the supervisee to seek help for these problems and thus promote mental health and prevent burnout.

Clinical supervision as a form of education.

Clinical supervision is offered to counsellors as part of a policy of quality improvement, or as crisis intervention when the counsellors have acute difficulties in dealing with a client. The education may be about

counselling skills or the professional role of the counsellor. The education may be focussed on helping the supervisee to understand the problems and behaviour of their clients in relation to their personal history and their present life-situation, using psychological theories to explain possible connections between facts that at first sight seem unrelated. The supervision then is aimed at improving assessment and helping the supervisee in making an analysis of the case in theoretical terms (case conceptualisation). Supervision may also be aimed at making the supervisee more aware of his own emotional reactions and stimulating him in evaluating his own behaviour.

Supervision is the development of the counsellor's expertise through learning from practice. This learning process also includes registration of practical experience through writing reports of counselling sessions. The registration enhances the critical reflection on the practical experience that is done in the dialogue with a clinical supervisor.

Registration of practical experience means that the experience is put into words through an inner dialogue. In such an inner dialogue the counsellor asks himself not only what he observed during the counselling sessions, but also what he thought and felt.

This inner-dialogue is the focus of discussion of the counsellor with the supervisor (and, in case of a team or group supervision, his colleagues. The supervisor (and group) is used as a sounding board, and invites and stimulates the supervisee to make this inner-dialogue more explicit. In supervision sessions, the behaviour as well as what went on in the mind of both client and counsellor are objects of reflection.

During this process of reflection an encounter takes place between theory and practice. Theoretical concepts are used to

analyse the problems of the client, to summarise what happened in the counsellor-client relationship, and to plan future counselling interventions. Clinical supervision includes reflection of the counsellor on his own feelings, thoughts and behaviour. This contributes to enhancing self-knowledge and self-understanding. When the counsellor has been traumatised himself, the supervisor may see opportunities to help the supervisee in dealing with the after-effects of these traumatic experiences in his own life and thus become a better counsellor for traumatised clients².

The clinical supervisor is exposed to the daily working reality of the counsellor. Through clinical supervision she is able to spot trends in work pressure, caseload, lack of skills or knowledge, and possible dissatisfaction among counsellors. Though each clinical supervision session is confidential, the clinical supervisor may decide to inform the management on the general trends she observes. In that way, (s)he is contributing to the development of the expertise of the organisation as a whole. This can result in actions such as further training of the staff, change in the distribution of cases, reduction of caseload, and other measures that support the work of the counsellors.

Clinical supervision as a form of monitoring and evaluating professional performance or quality control. In many organisations clinical supervision is also seen as a form of quality control. All counsellors have human weaknesses or blind spots related to their own personal problems or prejudices. Supervision is meant to ensure that the work of the supervisees is nevertheless appropriate and not out of line with ethical standard.

In mental health organisations the term clinical supervision refers to professional guidance by a senior mental health profes-

sional. Because of this, supervision often is confused with a hierarchical relationship. Professional guidance does not mean that there is always a hierarchical relationship between supervisor and supervisee. Supervision does not automatically mean that the supervisor takes over the responsibility for each of the clients of the counsellor she is supervising. However, when the performance of a supervisee is grossly inadequate or a supervisee is violating ethical standards, the supervisor has the responsibility to protect the clients of this supervisee. This means that (s)he may have to terminate the contact and refer the client to a different counsellor.

Conditions for supervision

The basic pre-conditions for clinical supervision are summarised in five keywords: the supervision contract, motivation, psychological mindedness, safety and a supportive attitude. These are explained below.

The supervision contract. When supervision is offered to counsellors in areas of armed conflict, three parties are usually involved: the supervisor, the supervisee and the organisation the supervisee is working for. Usually this organisation is hiring the supervisor. These parties can make a written agreement, that specifies the goals of the supervision, basic rules related to the supervision procedure (including confidentiality), duration and frequency of the sessions, and, if applicable, agreements on costs and payments. It also points out who, in a hierarchical sense, is responsible for the work of the supervisees and the course of action of the supervisor in case (s)he observes that a supervisee is dysfunctioning and thus harming a client.

Motivation. A counsellor can only benefit from clinical supervision if he is motivated to engage actively in the learning process.

The fear of discussing possible mistakes should not dominate the eagerness to learn. During clinical supervision the counsellor should not focus on keeping up his appearance of being mentally balanced and in control of his own behaviour. He must be willing to examine his own feelings, and emotions as well as their roots in his life history. At the start of the supervision a basic motivation must be present. If the supervision process develops well, the motivation of the counsellor will grow.

Psychological mindedness of the counsellor. Clinical supervision is only effective if the counsellor understands that his job is not simply applying technical skills. Nor that his behaviour in the counselling process is governed only by rational processes. The counsellor should be aware that his own feelings (sometimes determined by his past) and personality are important tools in counselling. To develop these tools, personal thoughts and feelings during the counselling process must be discussed. The clinical supervision stimulates the awareness of and sensitivity of the counsellor. It increases the awareness of the counsellor for his inner dialogue.

Safety. During the clinical supervision sessions, the counsellor needs to feel protected against personal attacks and unconstructive criticism. The supervisor has the responsibility of creating a safe environment. Especially during group-supervision this needs continual attention. The general atmosphere in the organisation can facilitate the safety. In an organisation with a lot of competition between the counsellors (for example because the organisation has to cut down expenses and lay off some of the counsellors) the clinical supervision may prove to be more difficult because basic safety and job security is missing.

A supportive attitude of the supervisor. The

supervisor can only create an atmosphere of safety if she shows openness to the experiential world and personal needs of the counsellor. The clinical supervisor should give an example of a giving and caring attitude and avoid a demanding approach. The attitude of the clinical supervisor towards the counsellor is similar to the attitude desired for a counsellor towards his client. The clinical supervisor also needs to be open to criticism and show self-criticism. After all, the clinical supervision session is also part of an on-going learning process for the supervisor herself/himself.

This supportive attitude also includes the supervisor admitting that the supervisee's story can raise questions that she cannot answer immediately. She then can show her tolerance for doubts and confusion, and become 'a partner in not-knowing'. This creates openness for a shared deep reflection that can later result in creative ideas. It also will enhance the supervisee's tolerance for his own uncertainties.

Starting supervision

Clinical supervision starts with an introduction. The goals of supervision are explained to the counsellor(s) and each counsellor makes a personal list of goals stating what he wants to achieve in the clinical supervision.

During this introductory session, the supervisor also introduces the procedure for case presentation. For example: *During the clinical supervision sessions the counsellor introduces a case that is in treatment at present. Preferably, the selected case has some emotional impact on the counsellor. The presentation is prepared on paper beforehand using a fixed format (see box 1 for an example). The case is read or handed out on paper. The case introduction should never take more than 15-20 minutes otherwise insufficient time is left for discussion.*

In group or team supervision, the supervi-

sor may mention some rules concerning the group discussion, such as the following:

All participants help the counsellor to reflect on the case by taking part in the discussion. When a participant asks a question, she also tries to explain the reason for asking. If a participant gives comments on the behaviour of the presenting counsellor, she tries to make a clear distinction between the factual observation and her personal interpretation of the observed behaviour. All participants try to say what they really think or feel, instead of saying what seems to be socially desirable.

In addition, the supervisor may stimulate the participants to evaluate each session, for example in the following way: *At the end of the session each participant immediately writes a concise report about the clinical supervision and gives it to the supervisor. The report contains a description of what he learned during the session. This can include:*

- *What is learnt about a particular type of prob-*

lem. For example, an insight in emerging family conflicts that was previously overlooked.

- *A different way of dealing with a particular problem during counselling. For example, an approach to counselling a person suffering from nightmares.*
- *An insight into one's own personality. For example, about one's own emotional reaction to a particular situation or a way of the client's behaviour.*

The supervision process: the conceptual framework of the supervisor

The educational task of the supervisor is to promote the insight of the counsellor into the problems of the client, to improve the use of counselling techniques, and to highlight the inner processes of both client and counsellor during the counselling sessions. A simple conceptual framework can be

Box 1: Format for introducing a case:

A summary report from the first interview, containing the following headings:

1. Name, age and sex of the client and other relevant personal data
2. Complaint(s) and/or problem(s) from the client's perspective
3. Present context of the problem: which people and which organizations are involved
4. Historical background of the problem(s)
5. Adequate functioning: areas in which the client is doing well
6. Resources that are available to the client
7. First assessment: summary of the problems as seen by the counsellor
8. First plan of action (steps that could be taken by the client and counsellor):

If the client has been more than one time, also give one summarizing report of the follow-up sessions consisting of the following headings:

1. Complaints discussed during the sessions
2. Signs of improvement discussed or observable during the sessions
3. Other important new information you heard from (or about) the client
4. Changes in or refinements of the first assessment
5. Changes in or additions to the plan of action:

Describe, if possible, why you want to discuss this case.

offered to facilitate the learning. The framework should then be used systematically during the clinical supervision sessions.

Five components of personal problems. To improve the assessment of the problems of clients we have positive experience with distinguishing five possible aspects or components of personal problems.

1. *Practical problems and problems due to difficult situations.* The lives of victims of armed conflict are full of these kinds of problems. They include financial problems, being unemployed, loss of property; but also tensions or conflicts with other people, such as neighbours and family members. This type

of problem often requires the client to make a difficult decision or choice.

2. *Problems due to lack of skills.* For example, the social skills that are needed for making new friends after having been separated from old, trusted friends. Relaxing the body is also a skill, and a very important one for people in stressful situations. Problems due to a lack of skills are often linked to 'practical problems or difficult situations'.

3. *Symptoms, complaints and problematic behaviour related to traumatic experiences or extreme stress.* For example: physical complaints for which a doctor cannot find causes, symp-

Box 2 Introducing the inner child and the parental attitude using dolls (Diekmann-Schoemaker & Van der Veer, 2003).

The client as well as the counsellor are symbolised by using two or three dolls for each person: an 'adult'-doll representing his adult, rational thinking part, and one or two 'child'-dolls. The first child-doll stands for his primary, emotional reactions. The reactions of both are based on his individual life experience from early childhood on, especially in relationships with important others like parents, grandparents, siblings, teachers etcetera. This part of the personality the supervisor refers to as *the inner child* (cf. Missildine, 1963).

Often, it becomes clear that the counsellor reacts to his inner child in a way reflecting the attitude of his parents when he actually was a child (cf. Missildine, 1963); for every human being has strong loyalties to his parents and family. (Boszormenyi-Nagy & Spark, 1973). This internalised parental attitude can be symbolised by a second child doll.

Through the dolls both the supervisor and the supervisee explore the emotional reactions of counsellor to the behaviour of the client. More specifically, they analyse the reactions of his *inner child*. Next, they can discuss how the counsellor relates to this emotional part of himself. For example, a counsellor is somewhat neglecting, punitive, coercive or overindulgent in his way of dealing with himself, just as his parents used to be: his *parental attitude* towards his *inner child*.

By using two or even three dolls for one person, we can find out how the counsellor talks to himself. We can also stimulate the counsellor to change his *parental attitude*, to look at and talk to his *inner child* in a way that is more tolerant, or if his attitude is usually overindulgent, to be more strict. The counsellor can make this change without blaming or disowning his parents; change just means accepting that his parents were not infallible.

toms like nightmares, anxiety attacks, or sudden unexpected outbursts of anger. These problems are often the result of very painful or fearful experiences.

4. Problems due to *overwhelming emotions like sadness, hopelessness, powerlessness*

5. Problems a person has with him/herself. These are also called *inner problems*. For example, a client blames herself for something and therefore she cannot find peace of mind. Or a client has an one-sided negative view of himself, which makes him pessimistic. A problem of this type is often linked to a problem due to overwhelming feelings.

In practice, most clients have a mixture of two or more of these five ingredients. Assessment then means that the client's problem is analysed in terms of all five components.

Inner child and parental attitude. In relation to the inner processes of both the client and counsellor we prefer to use the concept-pair of 'the inner child' and 'the parental attitude'. These concepts cover the same phenomena as transference and counter-transference, and can be introduced by using little plastic dolls (see box 2; see also Diekmann-Schoemaker & van der Veer, 2003).

Problems in clinical supervision brought by starting counsellors

The problems that starting counsellors in non-Western areas of armed conflict bring up for discussion during clinical supervision meetings are not dramatically different from what seems to preoccupy starting Western counsellors (cf. Van Praag-van Asperen & Van Praag, 2000). Some important issues are about basic skills: how to introduce yourself to the client, what do you tell him about yourself, how do you explain how counselling works, how do

you make clear what you expect of the client? Another common issue is the client missing appointments or the client not engaging in something the counsellor finds important (like reflecting on her feelings during the sessions, or doing relaxation exercises between sessions at home). In areas of armed conflict, counsellors often say that they feel stuck and do not know how to proceed with the client.

A helpful tool is to remind the counsellor that his own emotional reactions give important information. This focus on the feelings of a counsellor helps to increase his emotional awareness of his own feelings and those of his clients. The counsellor's emotional reactions are the result of the behaviour of the client and the content of the client's stories. They can be seen as 'messages' about the problem of the client. If the supervisor succeeds in making the counsellor discuss his feelings regarding the case he is introducing, the problem presented by the counsellor often can be reframed. The discussion moves to inner processes in the counsellor, and to how these inner processes could be linked to inner processes in the client.

At times a counsellor has difficulty in finding the words to express his feelings about a client or he does not recognize the feelings a client has been expressing. If this occurs the clinical supervisor tries to be alert to the indirect expressions of feelings of the counsellor during the clinical supervision session. Sometimes, the feelings of the client during the counselling session are reflected in the way the counsellor talks about that session. For example, the counsellor describes the case with a hopeless tone in his voice, but he has not realised that the client was feeling quite hopeless during the counselling session. In other instances, the way the counsellor talks about the case may

trigger certain feelings in the clinical supervisor (or in the other participants in a group) such as feelings of irritation. These feelings may be similar to the feelings the counsellor himself experienced with his client but was unable to identify. Recognizing the occurrence of such so-called parallel-processes is an important skill of the clinical supervisor. Group supervision seems to offer more chances for parallel processes to become visible.

For starting counsellors it can be quite difficult to disclose their own emotional reactions during clinical supervision. They may even have an attitude of depreciation towards their own feelings. The clinical supervisor can try to increase their tolerance of their emotional reactions.

Levels of discussion during clinical supervision

The discussion during clinical supervision sessions with counsellors in areas of armed conflict takes place on five different levels.

Level 1. Chaotic, undirected. The counsellor has difficulty in discussing a particular case in chronological order, while he is usually able to present a case in an orderly way. In this particular case, he seems unable to make summaries and to distinguish between major and minor points. The counsellor has difficulty in articulating the problems he encounters. He asks for clear instructions. The supervisor concentrates her interventions on stimulating the counsellor to think in an orderly way.

Level 2. The counsellor can present a coherent story. Although he reproduces the basic concepts discussed during the counselling training, he cannot use these concepts to clarify the problems he faces in practice. In other words, he has difficulty in making an assessment of the problem of the client (in terms of the five components of personal

problems) and in case conceptualisation. This is often due to a lack of experience in abstract thinking or an inability to give a theoretical wording of a problem. The clinical supervisor's interventions are focussed on linking the practical experience as discussed by the counsellor to theoretical concepts. He tries to build bridges between theory and practice.

Level 3. The counsellor is using theoretical concepts to discuss the problem of the client systematically. The behaviour is explained in client's own terms and in the present day context. The counsellor is not yet inclined to think about the client's problems in relation to the inner processes or the personal history of the client and thus ignores important tools for understanding the client's problems and feelings. The clinical supervisor challenges him to do so in a friendly manner.

Level 4. The counsellor includes his views on the inner processes and the life-history of the client in the discussion. However, he is not inclined to discuss what was going on in his own mind during the counselling session. The clinical supervisor gently invites him to reflect upon his own inner-dialogue. She tries to increase the counsellor's tolerance of his own feelings and to increase his emotional awareness.

Level 5. The counsellor can discuss his own thoughts and feelings freely and use them as a tool to get a better understanding of the problems of the client. The clinical supervisor supports the counsellor in identifying and dealing with personal limitations.

Depending on the client under discussion, supervisees may vary in their initial level of discussing during supervision sessions. This variation requires a flexible approach from the supervisor. The supervisor can choose from a variety of interventions. Depending on the situation, she may give advice, give

information, give some confrontative feedback (e.g.: 'It looks as though you do not believe the story the client told you'), stimulate expression of emotions ('How did that make you feel?'), encourage self-directed problem-solving ('Could you think of a different way of reacting to this in the next session?'), or supporting ('That sounds like a good plan', 'I can understand you feel that way'; cf Hawkins & Shohet, 2000).

The supervision process: stages

The levels of discussion attained by a counsellor may vary, dependent on the client he is discussing. During a group supervision, not all participants may be moving on the same level. Be that as it may, over a time the nature of the cooperation during supervision usually will change. The following phases can be distinguished: a work-oriented phase, a person-oriented phase and an existential phase.

The first stage is characterised as a *work-oriented* phase. In this stage the supervisor tries to improve the basic reporting skills of the counsellor. Observation and interpretation of the verbal and nonverbal behaviour of the client also receive extra attention. The clinical supervisor tries to get a clear overview of the case presented by the counsellor. The clinical supervisor's interventions stimulate the reflection of the counsellor on what happened during his sessions with the client. For this reason she asks questions. Most questions are meant to increase the counsellor's awareness of the difference between what he observed during the interaction with the client and his interpretations of these observations. Through asking questions the interpretation of the client's problem is opened up for discussion and alternative interpretations can be suggested. As a result, the counsellor may adapt his assessment (in terms of the

five components of personal problems) and his theoretical view on the problems of the client (case conceptualisation). In addition to asking questions also role-play can be used to clarify the case.

After the revision of the assessment and the case conceptualisation, the counsellor is asked to discuss the planned interventions for the next session with his client. Such interventions can sometimes be tried out through role-play.

The second stage is characterised as the *person-oriented* phase. In this stage, during introduction of the case, the focus is on the feelings of the counsellor. Special attention is given to the inner dialogue of the counsellor. Moving to this phase is possible as soon as the counsellor is able to admit that the problem he has in the counselling of a particular client might in part be caused by his own personality. In that situation the supervisor can help the counsellor by making the problematic part of the counselling experience explicit; for example, through role-play in which the supervisee plays the client.

Discussing detailed observations of the behaviour of both the client and counsellor, as well as the emotional reactions of the supervisee may also help to clarify the situation. The emotional reactions of the supervisee can be discussed in relation to his personal background or the occurrence of similar feelings during other counselling sessions or in other situations.

Sometimes a third phase can be identified, the *existential* phase. During this phase the counsellor's own attitudes on existential matters (e.g. attitude towards death, loneliness, the meaning of life) become open for discussion.

The results of supervision

The learning process of the counsellor may

result in a variety of developments. The counsellor may learn to have more empathy towards his clients. Especially, for those who are experienced as being uncooperative or difficult. His ability to assess the problems of clients may improve. He becomes more creative in formulating hypotheses on the cause of or links between some client's problems. He may be quicker to recognise resistance in a client or in himself if he is confronted with personal problems. The counsellor may also become more skilled in dealing with such resistance. In addition, the counsellor may become more experienced in identifying the feelings and needs of the client's *inner child*. Thus he may be more able to become a model for a benign parental attitude to this inner child. His sensitivity for the needs and feelings of the client's inner child develops parallel to the growth of his own.

Growth implies an increased awareness and acceptance of the vulnerabilities of his own inner child. A well developed awareness and acceptance of the inner child enhances the use of own feelings as an instrument in the scanning of emotional messages from the client.

The counsellor's confidence grows. He becomes more tolerant of situations that seem to be hopeless and stuck, and he develops more confidence in the capacity of the client to find a way out of even the most desperate-looking situations.

Supervision does not necessarily result immediately in performance improvement. It is a process that in an early stage may confuse counsellors. Even if the supervision is executed in a responsible way, the counsellor may start to question his ability to counsel or even his choice of becoming a counsellor. This happens when the supervision is touching on personal issues or unresolved experiences of the past (e.g. traumati-

ic events during the armed conflict). Supervision then can become an opportunity for expanding the coping repertory and healing. In the meantime the supervisor needs to ensure the quality of support offered to the client. She can do that by temporarily increasing the frequency of the sessions, while the supervisee continues seeing the client. As an alternative, the client can be referred to another counsellor, while the supervisee is offered personal counselling.

Problematic situations

Sometimes strong doubts may arise on the quality of the support given by the counsellor. The supervisee seems unable to make use of the skills and knowledge he acquired during his training, or the supervisor is confronted with the inappropriate behaviour of the counsellor.

In such cases, the supervisor has to inform the organisation the counsellor is working for, so that appropriate action can be taken. That action will usually include temporarily or permanently relieving the supervisee of his tasks as a counsellor, terminating the supervision and referring the supervisee to a therapist.

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¹ Our descriptions are based on our experience as supervisors in areas of armed conflict during the last ten years in counselling projects initiated by, among others, Medicines Sans Frontières, HealthNet International and the Transcultural Psychosocial Organization.

² One could argue that by doing so the supervisors is acting out of character and has become a therapist. The authors believe that suffering from the after effects of trauma is not per definition a disorder, and that helping people to cope with these aftereffects in some cases only is a matter of education. Such education can be a part of training counsellors in areas of armed conflict (Van der Veer, 2003) and thus also be a part of clinical supervision.

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