Interpreter-Mediated Psychotherapy with Refugees

Shadin Atiyeh
Mina Attia
Julie Beckmann

Follow this and additional works at: https://egrove.olemiss.edu/jcrp

Part of the Counseling Psychology Commons, and the Counselor Education Commons
The American Counseling Association (ACA) requires all counselors to attain qualified interpretation services when counselors and clients do not speak the same language (American Counseling Association [ACA], 2014). Counselors have an ethical requirement to communicate with clients in a way that is culturally and developmentally appropriate (ACA, 2014). However, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) does not include training on how to conduct interpreter-mediated psychotherapy as part of its accreditation standards for master’s level counseling programs (CACREP, 2016). While it is an ethical mandate to use interpreters when needed, counselors are unprepared to do so effectively. The wider mental health profession is generally lacking in training of practitioners to work collaboratively with interpreters (Cerci & Neale, 2018). Moreover, there is little research on how to best use interpretation in psychotherapy and the majority of existing guidelines originated from physical health care settings (van der Rijken et al., 2015). More research is needed to inform training practices relevant to unique needs of interpretation in mental health settings (Searight & Armock, 2013).

According to the US Census Bureau (2019), data gathered from 2015-2019 show 67,802,345 or roughly 21.6% of the population age 5-years-old or older spoke a language other than English at home. Of that number, 25,464,167 spoke English less than very well. Table 1 highlights the languages spoken among those who may have limited English proficiency according to the US Census Bureau (2019).

<table>
<thead>
<tr>
<th>Language</th>
<th>Percent of Population Age 5+ who speak English Less than very Well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish</td>
<td>38.6%</td>
</tr>
<tr>
<td>Indo-European Language other than Spanish</td>
<td>29.8%</td>
</tr>
<tr>
<td>Asian or Pacific Islander Language</td>
<td>44.1%</td>
</tr>
<tr>
<td>Other</td>
<td>29.6%</td>
</tr>
</tbody>
</table>
INTERPRETATION & REFUGEES

In total, there were 12 languages or language groups, such as Afro-Asiatic languages, Haitian, and Spanish, spoken by more than 200,000 people who spoke English less than very well, and there were 30 languages or language groups, such as Indic languages, Navajo, and Japanese, spoken by fewer than 200,000 people who spoke English less than very well such as Tamil, Hebrew, Navajo, and other native languages of North America (U.S. Census, 2019). These languages represent a diverse population in the United States, making it likely that counselors may need to utilize interpretation services to conduct psychotherapy with a client who speaks English less than well. Searight and Armock (2013) suggested that those with limited English proficiency in the U.S. may be more likely to experience psychosocial distress than native or fluent English speakers.

Research into interpreter-mediated psychotherapy in the United States and worldwide indicates that such services have been and continue to be utilized in a variety of care settings with diverse clientele, despite the lack of formal training programs or evidence-based best practices (Cerci et al., 2018; Chatzidamianos et al., 2019; Elkington et al., 2016; Leanza et al., 2015; Paone et al., 2010; Searight et al., 2013; Swartz et al., 2014; van der Rijiken et al., 2016; Zimányi, 2013; Zimányi, 2017). In the U.S., Canada, the United Kingdom, France, the Netherlands, and South Africa, counselors incorporate interpreters into the therapeutic relationship with clients who speak languages other than the countries’ specified ‘official’ languages (Elkington et al., 2016; Leanza et al., 2015; Searight et al., 2013; Swartz et al., 2014; van der Rijiken, et al., 2016) as well as with deaf or hard of hearing clients who sign in the official language (Chatzidamianos et al., 2019). Clients requiring the aid of interpreters to receive mental health care do not look any different from clients who do not need interpreters. Clients are children and adolescents (Leanza et al., 2015; Paone et al, 2010; van der Rijiken et
INTERPRETATION & REFUGEES

al., 2016), individual adults (Chatzidamianos et al., 2019), and families (Leanza et al., 2015; van der Rijiken et al., 2016). Furthermore, clients are currently receiving interpreter-mediated care in familiar settings such as in schools (Paone et al., 2010) and in government-funded public mental health facilities (Cerci et al., 2018; Zimányi, 2013).

While the population of the U.S. is diverse and counselors may need interpreters in varied settings and when working with many different populations, refugees and asylum seekers represent a population who may be more likely to require counseling services and interpretation. The United States defines a refugee as a person who has fled their country of origin and is unable to return due to the fear of persecution based on race, religion, nationality, social group membership, or political opinion and an asylum seeker is a person already within the U.S. who appeals for protection based on a similar fear of persecution (Immigration and Nationality Act, 1952). This population has a higher incidence of traumatic distress, depression, and anxiety than other immigrant groups (Kirmayer et al., 2011). The top ten countries of origin among refugees admitted in the fiscal year of 2018 included (in order of most to least): Democratic Republic of Congo, Burma, Ukraine, Bhutan, Eritrea, Afghanistan, El Salvador, Pakistan, Russia, and Ethiopia (National Immigration Forum, 2020). This makeup was affected by the Trump Administration’s travel ban of June 2018 preventing refugees from Iran, Libya, North Korea, Somalia, Sudan, Syria, and Yemen. Prior to June 2018, Syria and Iran were two of the top countries of origin for refugees arriving to the United States. In fiscal years 2017-2019, asylum seekers to the U.S. originated from Guatemala, Honduras, Mexico, El Salvador, Venezuela, India, China, Cuba, Ecuador, and Nicaragua (Baugh, 2020). Due to higher incidences of traumatic stress and that refugees to the United States are likely to arrive from non-English speaking countries, counselors may need to use interpretation when working with this
INTERPRETATION & REFUGEES

population. Lack of interpretation and availability of bilingual counselors pose a major barrier to this population seeking and participating in mental health services (Kiselev et al., 2020).

Given the diversity of languages spoken in the United States and the ethical mandate to serve all clients with culturally and linguistically appropriate counseling services, counselors need guidelines and training in how to provide interpreter-mediated psychotherapy. Counselors have an ethical mandate to ensure equitable access of counseling services, and language barriers continue to impede non-English speaking populations from benefiting from mental health services in the United States. To address this barrier, the authors reviewed the current literature on interpreter-mediated psychotherapy with refugee and asylum seeker populations to elevate a research agenda for counselors on this topic. Future research is needed to inform evidence-based practices and training guidelines to promote effective use of interpretation in counseling services.

Methodology

The authors conducted a review of peer-reviewed literature published in the last ten years related to interpreter-mediated psychotherapy with refugee and asylum seeker populations. Search terms included “interpret*,” “counsel*,” and “refugee” & “interpret*,” “mental health,” and “refugee.” Databases searched were Academic Search Complete, APA PsycArticles, APA PsycInfo, ERIC, Social Work Abstracts, and Psychology & Behavioral Sciences Collection. The search yielded 70 articles. Articles that were more than 10 years old, were related to translation rather than interpretation, were related to interpretation in non-mental health settings, or were related to working with refugees broadly but not interpretation specifically were removed. After removing those articles, 22 remained. Seven of those articles were specific to working with refugee and asylum-seeking clients. The authors pulled from these 7 articles: the field of study,
INTERPRETATION & REFUGEES

location, research methodology, sample size, findings, practice recommendations, and research recommendations.

Research Team

The research team consisted of three members. The first is a Lecturer and Counselor Educator, descendent of immigrants, and person of color, who organized the project and set the parameters for the literature search. The second is an Assistant Professor and Counselor Educator, an immigrant and person of color, who identifies as a refugee. The third is a masters’ student in Clinical Mental Health Counseling, who was involved in coding articles and analyzing findings. Each member of the research team completed an independent review of the identified articles and coded themes.

Data Analysis

When a research question is broad and has an epistemological basis yet does not have a pre-existing and well-developed body of research from which to inform and guide its method of inquiry, researchers may decide content analysis is the most effective plan of action. Drawing from Krippendorff (2019), content analysis is an empirically grounded replicable method of exploring, categorizing, and organizing both primary and latent matter from texts and other types of recorded materials for the purposes of drawing inferential conclusions or suggestions within a greater context. In the present study, researchers were interested in exploring the questions: according to the literature available, what is known in the realm of interpreter-mediated psychotherapy in the last decade; what are the prevailing practices reported; and what might the answers to both of those questions mean for the future of clinical mental health practice as well as counselor education and training? In such problem-driven cases, only through the purposive
examination of published journal articles can the authors begin to infer the need for and direction of future research and practice standards (Krippendorff, 2019).

**Results**

The seven articles related to interpreter-mediated psychotherapy and counseling services with refugee and asylum seeker populations came from the fields of psychology, psychiatry, and school counseling and were related to research conducted in the United States, United Kingdom, Canada, Australia, Germany, Netherlands, Denmark, and Kenya. They were all empirical research articles, two of which were quantitative studies and five utilized qualitative methodologies. Table 2 outlines major findings, practice recommendations, and research recommendations.

**Table 2**

*Findings*

<table>
<thead>
<tr>
<th>Authors</th>
<th>Field</th>
<th>Location</th>
<th>Methodology</th>
<th>Sample Size</th>
<th>Findings</th>
<th>Practice Recommendations</th>
<th>Research Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green, Sperlinger, &amp; Carswell (2012)</td>
<td>Psychology</td>
<td>UK</td>
<td>Qualitative</td>
<td>6 interpreters</td>
<td>Interpreters face challenges coping with the emotional aspects of mental health interpreting especially when early in their careers and when they share a refugee history with the client</td>
<td>Provide clinical supervision for interpreters including regular briefing and debriefing sessions, normalizing of emotional expression, discussing impact of shared trauma history, training on self-care, and communication of clear roles and responsibilities.</td>
<td>More quantitative research investigating the factors associated with interpreters’ level of distress and vicarious trauma.</td>
</tr>
<tr>
<td>Gartley &amp; Due (2017)</td>
<td>Psychology</td>
<td>South Australia</td>
<td>Qualitative</td>
<td>7 social workers and clinical psychologists</td>
<td>Refugees are unique population from other immigrant groups, despite challenges, utilizing interpreters is necessary and can be important to the therapeutic alliance. Interpreters play more than just a language translation role, serving as cultural brokers and facilitators of therapeutic alliance</td>
<td>Mental health practitioners may need to do some training with interpreters and brief and debrief between sessions. Practitioners may also need to seek consultation from interpreters and should treat them as part of the treatment team. Create a formal</td>
<td>More research on perspectives of interpreters and refugees for a comprehensive picture</td>
</tr>
<tr>
<td>Authors</td>
<td>Field</td>
<td>Location</td>
<td>Methodology</td>
<td>Sample Size</td>
<td>Findings</td>
<td>Practice Recommendations</td>
<td>Research Recommendations</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------</td>
<td>---------------------</td>
<td>-------------</td>
<td>-------------</td>
<td>---------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Brar-Josan &amp; Yohani (2019)</td>
<td>School Counseling</td>
<td>Canada</td>
<td>Qualitative</td>
<td>4 cultural brokers who work with refugee youth</td>
<td>Cultural brokers assist in informal and formal ways: facilitating integration, bridging services, providing supportive counseling, facilitating referrals, educating, providing context, and interpreting cultural information.</td>
<td>Interpretation is just one resource available to mental health providers. Having cultural brokering can support services and bridge gaps</td>
<td>More research is needed from youths' perspectives</td>
</tr>
<tr>
<td>Mirza et al. (2017)</td>
<td>Psychology</td>
<td>USA</td>
<td>Qualitative</td>
<td>8 sessions</td>
<td>Themes: uniqueness of mental health context, interpersonal rapport within the triad, and dynamic roles and responsibilities of interpreter and practitioner.</td>
<td>Third person interpretation may be appropriate in clinical setting. 1st person can confuse client and potentially traumatize the interpreter in trauma counseling. There's no reason to strive for a conversation between client and therapist as if interpreter is not there. Consecutive rather than simultaneous interpreting allowed therapist to focus on nonverbal. Be attentive and flexible to changing role dynamics among interpreter and practitioner</td>
<td>Research to support the development of mental health specific training curriculum for interpreters and therapeutic-approach specific training for practitioners</td>
</tr>
<tr>
<td>Kindermann et al. (2017)</td>
<td>Psychology</td>
<td>Germany, Netherlands</td>
<td>Quantitative</td>
<td>64 interpreters</td>
<td>9% of interpreters had PTSD, 33% had subclinical PTSD. Secondary traumatization was present in 21%. Higher scores for depression, anxiety, and stress. Social support, male gender, secure attachment styles were preventative factors.</td>
<td>Interpreter selection and training must account for risk of secondary traumatization</td>
<td>Research to support the development of training and ongoing clinical supervision practices for interpreters</td>
</tr>
<tr>
<td>Im, Ferguson, &amp; Hunter (2017)</td>
<td>Psychology</td>
<td>Kenya</td>
<td>Qualitative</td>
<td>15 Somali stakeholders and 4 focus groups with 8 women, 8 men, 11</td>
<td>4 categories of cultural idioms of distress: somatic, psychological, social, and spiritual.</td>
<td>Therapists need to incorporate cultural idioms in their interventions</td>
<td>This work should be replicated with more cultural groups</td>
</tr>
<tr>
<td>Authors</td>
<td>Field</td>
<td>Location</td>
<td>Methodology</td>
<td>Sample Size</td>
<td>Findings</td>
<td>Practice Recommendations</td>
<td>Research Recommendations</td>
</tr>
<tr>
<td>-----------------</td>
<td>-----------</td>
<td>----------</td>
<td>-------------</td>
<td>-------------</td>
<td>---------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Sander et al</td>
<td>Psychiatry</td>
<td>Denmark</td>
<td>Quantitative</td>
<td>825 patients who received CBT</td>
<td>Less improvement in treatment outcomes with patients who used an interpreter compared to those who did not</td>
<td>Proper diagnosis and assessment may require a higher level of training on interpreters' part. Need best practice guidelines when using interpreters including information that should be offered to the client (such as legal rights and explanation of interpreter's role). More training and certification of the profession is needed to ensure quality. Clinical supervision of interpreters may be helpful</td>
<td>Exploration of the factors contributing to lower outcomes with interpreter-mediated treatment</td>
</tr>
</tbody>
</table>

The findings of the articles highlighted the need for more training for both interpreters and practitioner, attention to and flexibility in the dynamic roles of both interpreter and practitioner, and the risk of traumatization for interpreters.

**Discussion & Research Agenda**

The current literature suggests that interpretation within mental health settings is a complex and dynamic process and that guidelines must take into account various contextual factors (Yick & Daines, 2019). Interpreters can fill different roles on a continuum of low relationship (strict language translation) to high relationship (serving as co-therapist) (Gartley & Due, 2017). The factors involved in what roles interpreters may take in sessions can include the therapeutic approach, individual preferences of the parties involved, and the cultural backgrounds and possible shared trauma history of client and interpreter (Gartley & Due, 2017). Practitioners utilizing interpretation services need to work collaboratively with flexibility and
trust with interpreters and clients to ensure effective communication and professional rapport (Green, Sperlinger, & Carswell, 2012). This need for flexibility and the dynamic roles played by the interpreter necessitates in-depth training for mental health practitioners to mediate the triadic relationship of client, interpreter, and therapist. A stagnant list of guidelines based primarily on interpretation in other settings such as legal or healthcare settings will not suffice. The complexity of the practice also demands professionalization of mental health interpretation with its own set of ethical guidelines, training, and clinical supervision process. More research is needed to guide the professionalization of the mental health interpretation service and the training of practitioners to best utilize interpretation in sessions and work collaboratively with interpreters.

This future research should go in depth on types of interpretation that yields high treatment outcomes based on specific therapeutic approaches. Current research suggests that different treatment types may require different roles or activities from the interpreter (Mirza et al., 2017). For example, diagnosis and assessment may require more precision in interpretation while interpersonal therapy approaches may require more engagement and cultural brokering to facilitate therapist’s development of rapport with client. Treatment-specific research may be useful to inform training guidelines for mental health practitioners so they may brief interpreters on the roles needed in session (Mirza et al., 2017).

More research can be conducted on cultural idioms of distress for diverse cultural groups. This information can provide context for practitioners on how various groups conceptualize mental health (Im et al., 2017). Interpretation in session alone may not be able to facilitate communication if practitioners do not have the basic contextual information on how the culture of their client generally conceptualizes mental illness and potential treatment approaches.
Future research on the interpretation process can also inform the initial training process needed for interpreters working in the mental health field as well as ongoing clinical supervision process. Formalization of standards, ethical guidelines, roles and responsibilities are needed to guide interpreters to work collaboratively with practitioners (Sander et al., 2019). Interpreters also need ongoing supervision to monitor quality, facilitate self-care, and prevent vicarious traumatization (Green et al., 2012). Research to guide best practices in clinical supervision of interpreters is important as the profession grows.

Likewise, more research to inform a set of competencies and training guidelines for counselors is needed (Sander et al., 2019). All counselors must be competent to serve their clients needing interpretation. The training provided to counselors so they may work collaboratively with interpreters will need to be grounded in research. Research that prioritizes client perspectives will be important in developing quality training that is evidence-based and effective.

**Conclusion**

The purpose of this article was to highlight major themes of the current literature on interpreter-mediated psychotherapy with refugee and asylum seeking clients. From our search, the literature posits interpretation as a dynamic process and that it is necessary to increase access to counseling for an underserved population. There is also little formal training for both interpreters and practitioners on how to conduct interpreter-mediated counseling effectively. Future research is needed related to the complex factors associated with positive treatment outcomes in interpreter-mediated psychotherapy using different therapeutic approaches, client perspectives, preventing vicarious trauma in interpreters, and ongoing clinical supervision processes with interpreters.
INTERPRETATION & REFUGEES

References


INTERPRETATION & REFUGEES


https://doi.org/10.1177/1039856215581294


https://immigrationforum.org/article/fact-sheet-u-s-refugee-resettlement/


INTERPRETATION & REFUGEES


Zimanyi, K. (2013). Somebody has to be in charge of a session: On the control of communication in interpreter-mediated mental health encounters. *Translation and Interpreting Studies, 8*(1), 94-111. doi: 10.1075/tis.8.1.05zim