Therapeutic Practice with Refugee Clients: A Qualitative Study of Therapist Experience

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Abstract

Background: There is limited research on the subjective experience of therapists and their understanding of therapeutic process when working with people from refugee backgrounds. *Objective*: The present study provides a qualitative account of therapists' conceptions of therapeutic practice and experiences of working therapeutically with refugee clients. *Method:* Participants were 12 mental health workers who had worked therapeutically with people from refugee backgrounds, with an average of 7.6 years (range 1.5-16 years) experience in this field. Participants completed a semi-structured interview and completed a brief quantitative survey. *Findings*: Thematic analysis revealed a number of super-ordinate themes. Four key themes are explored in the current study: principles of therapeutic practice; therapy as a relational experience; the role of context in informing therapeutic work with refugee clients; and the impact of therapeutic work on the therapist. *Discussion*: The results revealed the complexity and demands of working with people from refugee backgrounds. Further, the lack of research evidence for the methods of therapeutic practice described in the current study highlights the distinction between naturalistic therapeutic practice and the current state of the evidence regarding therapeutic interventions for refugee clients. The findings have important implications for training and supporting therapists to work with people who have fled their countries of origin and who have often been exposed to highly traumatic events.

Keywords: Counselling; Refugees, Qualitative, Therapist, Experience

Therapeutic Practice with Refugee Clients: A Qualitative Study of Therapist Experience

When individuals from a refugee background are resettled in a third country, there are frequently a range of psychosocial stressors related to preflight persecutory conditions, the flight experience, and postmigration living difficulties that influence adaptation and wellbeing (Murray, Davidson, and Schweitzer, 2010; Silove 2012). As a consequence specialised services have been established in many countries that have played an active role in providing refuge to people from refugee backgrounds. Such services aim to address the physical and psychosocial needs of this potentially vulnerable group, many of whom have been exposed to multiple traumatic situations, profound loss, as well as long periods of deprivation.

Research on psychological therapy with people from refugee backgrounds has focused both on outcomes following therapeutic interventions and descriptions of therapeutic process (Murray et al. 2010). Research on therapeutic outcomes often focuses on the implementation of structured interventions aimed at treating symptoms of psychopathology (Crumlish and O'Rourke 2010; Palic and Elklit 2010). However, another approach in this research has been the evaluation of naturalistic interventions, such as treatment outcomes within community-based, specialised clinics (e.g., Birman et al. 2008; Carlsson et al. 2005; Mollica et al. 1990; Palic and Elklit 2009; Renner 2009; van Wyk et al. 2012).

The research testing naturalistic interventions with people from refugee backgrounds, often draws upon a psychodynamic or a narrative perspective and relied largely on practice-based evidence as opposed to controlled clinical trials (e.g., Blackwell 2005; Elefheriadou 1999; Gorman 2001; Papadopolous 2002). Although such research explores the complexity of therapy with refugee clients in a naturalistic setting, it is largely based on the observations of experienced clinicians with an emphasis on client outcomes. There is minimal research on

the experience of the therapists (e.g. Century et al. 2007) and as a consequence, the assumptions guiding therapeutic practice remains largely unexplored.

The emphasis upon evidence-based practice within the refugee field is a significant limitation that impacts upon our capacity to gain an appreciation of the complexities of working therapeutically with people from a refugee background. The present study aims to address some of these deficiencies by gaining a better understanding of therapist experiences within a naturalistic setting. That is, the study aims to use qualitative techniques to empirically examine therapist's therapists' conceptions of therapeutic practice and experiences of working therapeutically with refugee clients.

Method

Participants

Participants were recruited through contacting specialised agencies who provide counselling services to people from refugee backgrounds and snowball sampling techniques. Inclusion criteria for participation were: the possession of a recognised professional qualification as a psychologist, counsellor or social worker; and more than 12 months experience working therapeutically with refugees. Recruitment continued until theoretical saturation had been achieved at 12 participants; this is consistent with Guest, Bunce and Johnson (2006) who found that data saturation in thematic analysis occurred at approximately 12 interviews. Of the 16 therapists invited to participate, four declined providing us with sufficient responses to achieve saturation of thematic material.

Participants were 12 therapists (10 female, 2 male) with experience working therapeutically with clients from a refugee background. Participants had on average 7.6 years experience working therapeutically with people from refugee backgrounds (range 1.5-16 years), and an average total of 14.0 years of experience working therapeutically. As can be

seen in Table 1, the majority of participants were Australian-born; those who were not born in Australia had been in Australia for an average of 17 years (range 3-34 years). All participants identified with Australian culture, with the exceptions of two participants who had lived in Australia for less than six years. Two participants identified themselves as having a refugee background.

Table 1 goes about here

Procedure

Dependent on participant preference, participants were interviewed at their workplace or the university psychology clinic. After providing informed consent, participants completed a brief demographic questionnaire followed by a semi-structured interview lasting approximately an hour centred upon three open-ended questions: What kinds of theories inform your work when working with people from a refugee background? What is your experience of the relationship when working with people from a refugee background? What makes you an effective therapist in working with people from a refugee background? Participants were asked questions and given prompts as appropriate in order to fully explore their experiences of working therapeutically with refugees. The interviews were audio recorded and transcribed. The transcriptions were a verbatim record of the data collection interview. Ethical approval was gained through the University Human Research Ethics Committee.

Qualitative Analysis. Atlas.ti version 6, a qualitative data program, was utilised to assist in the coding and retrieval of the qualitative data. Thematic analysis was used to explicate the themes within the qualitative data using the five-step process outlined by Braun and Clarke

(2006): immersion in the data through conducting and transcribing the interviews; coding transcripts to identify all possible themes; developing themes and sub-themes from codes; reviewing themes to ensure consistency within themes and across the overall data set; and the identification of the narrative within the data set and the contribution of each theme. Finally, the write-up endeavoured to present an analytic narrative that presents an interpretative description of the data set and a critical argument regarding the experience of therapists in working with refugees.

The validity of coding and theme development was ensured through a process of discussion and consultation during data analysis. This involved the an independent rater re-assessing 10% of the codes with over 90% agreement, the collaborative development of themes from codes, and repeated review of consistency and distinction between themes during the write-up process. The trustworthiness of the data was ensured through following criteria outlined by Guba (1981). Credibility was achieved by the researchers being involved with the participants over a prolonged period of time and establishing a collaborative relationship with the participants, which in some instances exceeded three years. Furthermore, participants were provided with the opportunity to check the data and the interpretations derived from the data during the evolution of the study. Transferability was achieved through the process of moving from an idiographic to a nomothetic perspective. This process contributed to a “thick” description of the phenomenon (Geertz 1973, as cited by Guba 1981). Dependability was achieved through the use of a stepwise replication of data collection derived from the unfolding of the data as additional participants were interviewed. An ‘audit trail’ was achieved by referencing all participants so quotes could be traced back to original interviews. Confirmability was achieved through the use of a confirmability audit, based on the first author confirming findings based upon his reading of each of the stages of the analysis.

Results

Four major themes directly related to therapeutic practice are reported in this study. The themes comprised: assumptions informing therapeutic practice; therapy as a relational experience; the role of context in informing therapeutic work with refugee clients; and impact of the work on the therapist. Table 2 provides an overview of primary and secondary themes identified through thematic analysis.

Table 2 goes about here

Principles of Therapeutic Practice

The theme *principles of therapeutic practice* comprised three subthemes identified as central to therapy with individuals from a refugee background: an emphasis on making meaning; the role and characteristics of the effective therapist; and the use of an integrative approach. Each of these subthemes refers to the focus of therapeutic practice with people from refugee backgrounds and shares the recognition that aspects of the therapeutic process are implicit.

An emphasis on making meaning. Therapy with individuals from refugee backgrounds was predominantly characterised as a process of meaning making, in which the therapist aimed to assist the client to create a sense of continuity in their experience of themselves, ‘to give them some sense of who they were and they still exist, that person still exists’ (Participant 10). Several therapists described the process of creating continuity as a core component of therapy in the context of the existential trauma often associated with refugee experience. One therapist described the experience of people from refugee backgrounds in terms of profound discontinuity:

> ‘An Australian who suffered some trauma has suffered a trauma in the context in their own country, their own language, their own social systems, their families are intact, their expectations for the health system are intact, the idea about their future is intact. A refugee has profound discontinuity, nothing is the same, no expectations can be met.’ (Participant 12).

Due to this discontinuity, personal narratives are often disrupted; therefore, a focus in treatment was on integrating past and current experiences with the goal of restoring meaning and connectivity.

The role and characteristics of the effective therapist. Characteristics of the therapist were seen as a vital component of the therapeutic process. Therapists’ emphasised their capacity for genuineness, authenticity, and curiosity as underlying their therapeutic work with refugee clients. Curiosity was continuously identified as a key component of the therapist because of the cross-cultural nature of the work. More experienced therapists were more likely to emphasise the role of therapeutic aspects of the self, and particularly focused on the therapists’ capacity to contain their personal experience while remaining available to the client. As described by one therapist:

> ‘There is a very significant human element... you have got to have a strong sense of self, you have got to have a capacity to feel and be able to tolerate strong experience, and you have got to have a capacity to do that while differentiating yourself from the other.’ (Participant 5).

That is, therapists spoke of the demands of the role and the demands on the person as therapist in terms of tolerating strong feelings, uncertainty, and the importance of a sense of self, which allows the therapist to be with others and be with themselves.

An integrative approach. Therapists drew on multiple theories to inform their work and the majority of therapists avoided identifying with a specific therapeutic school. Therapists often expressed the belief that a single theoretical paradigm was insufficient to account for the experience of clients from refugee backgrounds. Rather, therapists described an integrative approach that incorporated multiple perspectives designed to meet the unique needs of refugee clients. Commonly integrated approaches were cognitive behavioural, psychodynamic, and humanistic theories. This process of integration to meet the needs of refugee clients was described by one participant as follows:

> 'My therapeutic frame is humanistic, existential into which I draw many things… I work fundamentally with people's experience, the here and now. I work with the therapeutic relationship very clearly, and I draw on theory that is supportive of that way of working. I don't do CBT but I might be informed by something that I have read. I don't do psychodynamic psychotherapy… but I might be informed by some of the research where it was appropriate.' (Participant 5)

Therapists frequently endorsed three perspectives which informed their therapeutic practice: a person-centred approach which valued the individual's capabilities and experience; a cross cultural element which valued cultural and personal understandings of psychological phenomena; and an understanding of trauma and its consequences, with three participants giving specific reference to Judith Herman's three phase model of working with trauma (Herman, 1992). Further, all of the therapists described the importance of psychoeducation when working with clients from refugee backgrounds: they believed that for many refugee clients the experience of psychological distress associated with trauma, loss, and acculturation could only be understood within the context of historical knowledge and community dialogue. In summary, although participants valued the use of technique in their

therapeutic work with people from refugee backgrounds, the therapeutic relationship and the clients' context were given primacy.

Therapy as a Relational Experience

The relationship was defined as central to the process of therapy with people from refugee backgrounds. Therapists identified the therapeutic relationship as therapeutic in itself because an authentic, mutual relationship afforded traumatised clients the opportunity to experience a sense of safety within the relational dyad. In this way, therapists valued the therapeutic relationship over technique.

The participants believed that due to cultural reasons the therapeutic relationship with refugee clients could not exist within the boundaries of the traditional psychodynamic framework. Participants stressed that a boundary characterised by abstinence, neutrality, and anonymity was not understandable to refugee clients, and enforcing strict boundaries had the capacity to impair the development of the therapeutic relationship. Rather the boundaries were defined as more fluid and were utilised in a way to serve the client's best interests. As such, therapists described a tendency for greater flexibility with their clients, which included sharing limited personal information, 'in my room I have pictures of my family… this is who I am, now tell me who you are' (Participant 4), and for some therapists attendance at community events and special occasions was considered important. As described by one participant:

> 'you have to be flexible enough to recognise that these people see you as part of their lives and it would just be incredibly hurtful to them for them to invite you to something and you to say no, I'm your therapist' (Participant 10).

This need for a more natural, less boundaried relationship was particularly true for those therapists' working within a resettlement capacity and being the first contact for refugee clients.

> 'I guess from the perspective of the client or the refugee, that seems natural because natural human relationships are such that if you become a professional supporting them, you support holistically' (Participant 11).

Therapists with more years of experience emphasised caution and reflection around this boundary flexibility as such interactions have the capacity to be enactments of countertransference. That is, one of the common countertransference responses described by the therapists involved the therapist being overwhelmed by the client's needs and attempting to manage this by becoming over-involved with the client. As described by one participant 'I found their level of need a bit personally overwhelming as well - if I don't help them with this, how are they going to [get help]' (Participant 2). The impact of acting on these experiences was described by one participant as follows:

> 'I think that working with refugees, the scope for rescuing is limitless and I've seen this happen over and over, people get drawn to the cause because it is so compelling, [they] devote themselves to the cause and over a period of time start to get really bitter because they haven't been thanked enough, they haven't been appreciated enough, and the system didn't change despite all their efforts.' (Participant 10).

Therapy as a relational experience was an important theme identified consistently by participants. Therapists experienced the relationship with people from refugee backgrounds as therapeutic in multiple ways, allowing refugee clients to experience safety and trust within both the therapy environment and the external world where appropriate. Therapists

consistently emphasised the role of therapist authenticity in creating a therapeutic relationship responsive to the needs of refugees.

Role of Context in Informing Therapeutic Work with Refugees

Context emerged as a fundamental feature for all the therapists interviewed. The therapists emphasised that work with people from refugee backgrounds often occurs in the context of refugee resettlement, significant trauma and loss, and ongoing political disturbance in the country of origin. In the experience of therapists who work with refugee clients, each of these aspects of context had the capacity to impact therapeutic process and therapy outcomes. One therapist described these issues as being akin to ongoing trauma:

> ‘You really had to adapt what you were providing to understand that people didn’t come with one particular issue - if people were feeling guilty because they had food on the table but they knew their family in Kenya [refugee camp] were starving and they couldn’t reconcile the two, it’s a real existential crisis. (Participant 9).

Assisting clients to meet their practical resettlement needs was seen as a vital aspect of improving client wellbeing, promoting acculturation, and helping clients to regulate themselves in the post-migration environment. Therapists believed that addressing pre-migration trauma and loss was inappropriate in the absence of stability in the post-migration environment. Thus, a focus on post-migration difficulties was seen as primary given the complexity of the client’s experience and presentation, and the capacity of post-migration difficulties to exacerbate trauma symptoms. The necessary conditions to deal with trauma were described as follows:

> ‘The current context has to be safe enough to enable them to process traumatic memories, and their sense of self has to be stable enough to hold the psychological

and emotional dysregulation that may occur from re-exposing them to memories.' (Participant 5)

Therapists focused on the experiences of refugee clients and their beliefs about how clients' needs could be met within therapy. Therapists balanced their understanding of the significant impacts of trauma with the recognition of refugee clients as resilient and capable. Such understandings afforded therapists the capacity to provide experiences of safety within the therapeutic environment.

The wider environmental context further impacted therapeutic work: the political environment in Australia was identified by therapists as having a significant effect on therapeutic process and outcomes. Funding for non-government organisations, as determined by government policy, shaped the services that could be offered by therapists, and the supervision and support that could be offered by agencies. Changes in Australian government immigration policy impacted the stability of the refugee environment, and as such therapists believed that such changes increased psychological distress and decreased resilience in clients from refugee backgrounds.

The impact of the interaction between the refugee context and the organisational context often proved difficult for therapists. One participant described working within this context as 'frustrating at times because of the lack of language, the ongoing struggle to understand other perspectives and other cultures, and frustration with the lack of services' (Participant 8). The lack of predictability that resulted from the complex interaction between contextual factors often left new therapists' questioning their capacity to work effectively. One participant described how feelings of incompetence were common among new psychologists who 'were taught they could feel competent about their work if they could

diagnose accurately and then predict, and both those things are a problem working cross-culturally'. (Participant 12).

Therapy often focussed on loss, political disturbance, family dislocation, and existential issues. Therapists found the demands of working with people, many of whom had dealt with unimaginable trauma, loss, and distress, difficult and at times frustrating. The dissonance between demands of the task and professional training resulted in some participants feeling less than competent.

Impact of Therapeutic Work on the Therapist

The impact of therapeutic work on therapists comprised three sub-themes: impact of work on the therapist; the role of self care and managing difficulties of the work; and, the role of supervision. Each of these sub-themes addressed the significant impacts of working with clients who have experienced such high levels of trauma and dislocation, and the ways in which therapists attempted to manage these difficulties.

Impact of work on the therapist. The challenges of working with refugees were identified as having significant impacts on the therapist. Therapists described overwhelming emotions in response to clients' trauma histories and the enormity of the refugee situation. As described by one participant 'it's not easy work, it can be difficult and confronting and sometimes you have horrible pictures flying around in your mind' (Participant 1). Similarly, another participant described her emotional responses to client's stories and how she learnt to manage these experiences as a beginning therapist:

> 'Many times you would feel like crying, it's such a full on emotional experience… I realised, I'm going to be hearing so many of these stories, and I guess that is the defining point where you realise if this is for you or not.' (Participant 6).

Consequently, experiences of vicarious traumatisation and burn out were commonly referred to by participants. One participant described her experience of burn out and the consequences of this on her therapeutic work:

> 'I wasn't working as effectively and I could feel I wasn't, because that client was feeling very hopeless and I would be drawn into the feeling of hopelessness, which sort of sucked my energy out'. (Participant 4).

The nature of these experiences stimulated profound personal changes for the therapists. One participant described a process of change as inevitable following experiences of vicarious traumatisation 'it's almost like a mid life crisis, it's a transformative process and it isn't comfortable for people, I like the term alterations of self' (Participant 12). All of the participants described some awareness of personal changes that resulted from their work with refugee clients. Such changes included greater awareness and reflection upon existential issues, greater appreciation for their personal circumstances [e.g. 'it taught me composure in regards to my own personal issues' (Participant 6)], and increased awareness of global issues and cultural diversity. Participants experienced these personal changes as positive and as adding meaning to their lives.

Managing difficulties of the work: Self care. Self care as detailed by the therapists included practical techniques for maintaining psychological balance and strategies that participants used to manage the emotional toll of the work. In order to look after themselves participants reported engaging in a number of practical strategies, including relaxation, sports, taking appropriate breaks, and ensuring that they maintained achievable personal schedules.

Managing difficulties of the work: The role of supervision. The need for support for therapists was reflected by all participants who spoke of seeking formal and informal supervision to assist them in their therapeutic practice. Therapists' largely defined the role of supervision

within three domains: supporting the therapist to tolerate uncertainty and manage difficult emotions; managing the impact of the work through education, guidance, and normalising; and increasing therapeutic skill in working with refugee clients. The relational aspect of supervision was emphasised by one participant, who described his own experiences of supervision:

> 'being held, understood, emotionally and psychologically by a professional I had a sense of trust in, and who I felt could support me to process my own responses and my clinical thinking in relation to clients' (Participant 5).

Four participants with experience as supervisors further confirmed the role of supervision in supporting and educating therapists. Supervisors placed greater emphasis on the role of supervision to support therapists to manage the personal impact of the work, particularly around experiences of hopelessness, personal transformation, vicarious traumatisation, and burnout. Although the educative function of supervision was considered important, one of the most important roles of the supervisor was perceived to be 'supporting people with their sense of frustration or helplessness' (Participant 11).

Despite the importance of supervision in assisting therapists to manage the impact of work with refugee clients, participants frequently described difficulties accessing appropriate supervision. These difficulties vary depending upon the organisation. One participant described the negative impacts of difficulties accessing supervision 'unless the right kind of supervisory frameworks and systems are in place then people will be harmed' (Participant 5). Therapists were often faced with less than optimal supervision and attributed this lack of appropriate organisational supports and funding limitations. Problems with supervision included supervisors with limited experience with refugee clients and dual

manager/supervisor relationships that minimised the therapist's capacity to fully engage in the supervision process.

> It's really hard to provide enough supervision because it is very intensive. In a lot of places where they are doing therapy with refugees it is actually an expensive add on and it's structurally quite hard to do, but I do think it's very important. (Participant 10).

Supervision was of considerable importance to the therapists interviewed, it was identified as helping them to regulate their emotional experience in working with refugee clients and assisting them to manage the overwhelming nature of the work. Often, however, organisational capacity limited access to appropriate supervision for the therapists in the present study, a deficit which, as described by one participant, had the capacity to negatively impact therapists.

Discussion

The aim of the current study was to explore the experiences of therapists and to explicate therapists' conceptualizations of their work with refugee clients. Four themes pertaining to therapeutic practice with people from refugee backgrounds are discussed: assumptions informing therapeutic practice; therapy as a relational experience; the role of context in informing therapeutic work with refugee clients; and, the impact of the therapeutic work on the therapist.

Therapeutic work with people from refugee backgrounds was characterised by a focus on relational aspects of practice. Therapists emphasised the interpersonal aspects of therapy over technique, and personally valued the experience of connection with their refugee clients. The therapeutic relationship was seen as primary in meeting the unique needs of refugee

clients because of the capacity of the relationship to broach cultural and language barriers, and to assist refugee clients to experience a sense of safety.

Therapists commonly described an integrative psychotherapy approach. The epistemological underpinnings of this approach drew predominantly upon both humanistic and client centred approaches. Participants described drawing on cognitive-behavioural techniques where applicable, but only two therapists described their primary orientation as CBT.

The lack of research evidence for the methods of therapeutic practice described in the current study highlights the distinction between naturalistic therapeutic practice and the current state of the evidence regarding therapeutic interventions for refugee clients. Published therapeutic intervention research with refugee clients, focusses primarily on structured CBT interventions (Crumlish and O'Rourke 2010; Palic and Elklit 2010) or naturalistic interventions (Van Wyk 2013). Further, the available intervention literature it is unclear whether the integrative, trauma-focused interventions described in outcome research are effective in treating the mental health concerns of people from refugee backgrounds (van Wyk et al., 2012). The discrepancy between published clinical research and practice in naturalistic settings speaks to the need to advance practice-based evidence as the restrictions of controlled interventions do not meet the needs of therapists working in highly specialised settings (Barkham and Mellor-Clark, 2003).

Therapists consistently emphasised the role of multiple contexts, both the refugee context and the therapeutic context, in creating the unique framework for therapy with refugee clients. The refugee context constitutes a multitude of factors which impact the client's need for therapy, their capacity to engage in therapy, and therapeutic outcomes. The refugee context, as characterised by the current findings, highlight the personal histories of

trauma and loss experienced by the clients; migration journeys that may include fear, loss, and imprisonment; ongoing conflict and instability in the client's country of origin; and, post-migration instability, particularly regarding political and public debates about the treatment of people from refugee backgrounds. These factors have the capacity to negatively impact the individual, which in turn shape the therapeutic endeavour as explicated in the current paper.

Therapy is further impacted by the therapeutic context. The current findings reveal that the context includes: therapists' personal capacity to contain the intensity of the client's experience; cultural and language differences which impact the therapeutic relationship and complicate the therapeutic process; and organisational and funding limitations which impact the support therapists are able to provide clients. Further, organisational and funding limitations impact the support available to therapists themselves. It is the complexity of this socio-political context combined with the personal circumstance of refugee clients that creates the unique context in which therapists work with people from refugee backgrounds.

Finally, therapists consistently emphasised the notion that client individuality must be recognised in clinical practice, and that assumptions regarding the impact of the refugee experience are not helpful for the client. Not all clients experience significant impairment or distress in the long term, and it is necessary to consider individual factors such as migration pathways, post-migration experiences, and pre-morbid personality and mental health when considering outcomes with refugee clients. Similarly social support and a sense of personal competence have been identified as protective factors against psychological distress in refugee populations (van der Veer 1998). As highlighted in the present study, all people from refugee backgrounds do not require therapy, and attaining stability in the post-migration environment is often sufficient to promote psychological wellbeing.

Therapeutic practices as described by therapists in the current study may be impacted by norms and training within the small group of participants interviewed, particularly given the geographic distribution of participants. However, given the use of a systematic research design and the consistency of the present results with previous descriptions of therapeutic practice (e.g., Blackwell 2005; Century et al., 2007), it is likely that the results are generalisable to other therapists working within a refugee context.

Implications for Practice

The results of the present study have important implications for therapeutic practice, in particular the findings regarding the significant personal impacts of working with refugee clients and the difficulties therapists' had in attaining appropriate supervision. These findings support previous research that has identified risk for burnout, secondary trauma, and compassion fatigue when working with survivors of torture and trauma (e.g. Birck 2001; Century et al., 2007; Pross, 2006). There were also positive effects reported by therapists, such as greater awareness and reflection on existential issues and enhanced meaning in their lives. The positive effects align with literature on vicarious resilience, which emphasizes how work with survivors of torture and trauma also can be empowering for providers (Hernández et al., 2007).

When working with traumatised clients, supervision is vital in ensuring therapist wellbeing and therapeutic effectiveness (Walker 2004). This is particularly important because of the complexity of the refugee experience, the personal demands on the therapist, and the increased unconscious processes and resistance that is engendered when working with refugee clients (see Blackwell 2005). Working with traumatised people from refugee backgrounds was experienced as having a profound impact upon therapists. There is an increasing literature that advocates for a greater appreciation of the demands of such work

and the need for therapists to be cognisant of their own wellbeing (Skovholt and Trotter-Mathison, 2011). Additionally, the impact of the therapy process on interpreting staff has been highlighted and supervision and training for both practitioners and interpreters are essential (Miller et al., 2005). It may be argued that organisations overseeing such endeavours have a duty of care to staff working within the organisation.

Implications for Training

Consistent with previous research on therapeutic practice with refugee clients (Century et al., 2007; Kaczorowski et al. 2011), the present study has highlighted the importance of independent professional development to prepare therapists for working with this population. As highlighted, the training received by therapists, regardless of professional affiliation, did not prepare them for the multiple challenges of working with clients from refugee backgrounds. The most prominent issue identified in the current study includes insufficient training in cross-cultural issues and lack of experience in working with interpreters. While it is recognised that appropriate levels of competence can only be achieved through clinical practice, training programs must provide trainees with cross-cultural clinical experience and supervision focusing on cross-cultural issues in order to increase therapists' capacity to work within the refugee context (Lee and Khawaja, 2013).

Conclusions

In providing empirical evidence about therapeutic practice with refugee clients this study affords some progress in bridging the gap between research and practice. Previous research on therapeutic outcomes has been criticised on the basis that therapeutic practice is not consistent with practice in these controlled trials. The current findings suggest that future research might be based upon the epistemologies and practices that underpin current practice. That is, such research might focus more specifically on the relational aspects of practice, the

capacity of therapists to provide a sense of safety for their clients, and the relationship between therapy approaches and therapeutic outcomes. To this end, enhancing the rigor and availability of evaluations conducted in community clinic settings is needed to advance understanding of current best practices. We are likely to see increasing numbers of people seeking refuge, which in turn will necessitate the development of appropriate services. Researchers might need to develop methodologies that privilege the interpersonal aspects of therapy over technique in achieving more rigorous evaluations of practice within naturalistic settings.

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Table 1.

Participant Professional and Personal Information

	n	%
Professional Affiliation		
Psychologist	4	33
Counsellor	5	42
Social Worker	3	25
Clinical Setting		
NGO – Resettlement services	5	42
NGO – Specialist torture and trauma services	5	42
Specialist Transition High School	2	16
Country of Birth		
Australia	7	58
Outside Australia	5	42
Language spoken at home		
English	9	75
English, Croatian, Slovene	1	8
English, Kinyarwanda, French	1	8
Dutch	1	8

Note. NGO (Non-Government Organisation)

Table 2.

Primary and Secondary Themes Identified through Thematic Analysis

1. Principles of therapeutic practice
    a. An emphasis on making meaning
    b. The role and characteristics of the effective therapist
    c. The use of an integrative approach
2. Therapy as a relational experience
3. The role of context in informing therapeutic work with refugee clients
    a. Resettlement context (e.g. history of torture/trauma, ongoing conflict in country of origin)
    b. Australian socio-political context of resettlement (e.g. discrimination)
    c. Organizational context (e.g. lack of resources)
4. Impact of the work on the therapist
    d. Impact of work on the therapist
    e. Managing the difficulties of work: Self care
    f. Managing the difficulties of work: The role of supervision