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Enhancing empathy among humanitarian workers through Project MIRACLE: Development and initial validation of the Helpful Responses to Refugees Questionnaire¹

Miriam Potocky, MSW, PhD*, Kristen L. Guskovict, MS, MSW*,**

Abstract

Background: Empathy is an important tool needed for service providers working with people who have experienced trauma, such as refugees and torture survivors. However, the high caseloads, rigorous deadlines, and overwhelming circumstances under which humanitarian workers typically operate often make it challenging to employ empathy. The Helpful Responses to Refugees Questionnaire (HRRQ) was developed to measure empathetic responsiveness, a core skill of Motivational Interviewing, among service providers working with refugees, including torture survivors. **Methods:** The HRRQ was adapted specifically for measuring empathy in refugee contexts, including among asylum-seekers and torture survivors. Face validity and content validity were established by a panel of refugee resettlement experts prior to administration. The instrument was then administered via an online survey to a national sample of refugee service providers

(valid N=90). **Findings:** The HRRQ demonstrated good psychometric properties. **Interpretation:** The HRRQ has several potential applications for work with refugees, including torture survivors. It could be used as a supervisory tool to assess service providers' skills in this area and provide feedback for improvement, if needed. It could also be used as a screening tool for hiring new staff as part of a comprehensive screening and selection process. Finally, it may be used as a pretest-posttest to evaluate the impact of staff training in motivational interviewing. Limitations of this study and implications for future research are discussed.

Keywords: Refugees, torture survivors, resettlement, motivational interviewing, empathy, Project MIRACLE, HRRQ

Introduction

Refugees are defined as people who are forced to live outside their country of origin due to a well-founded fear of persecution based on race, religion, nationality, political opinion, or membership in a particular social group.¹ That well-founded fear is often created by traumatic events. The experience of increasing fear, which may include torture, leads to forced migration. These pre-migra-

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¹ Editor: Pau Pérez-Sales

tion traumas, combined with traumas experienced during flight, such as danger and life in refugee camps, and traumas during resettlement, such as acculturative stress, combine to form what is referred to as the triple trauma paradigm.² The refugee population includes people who have experienced torture. These layers of traumatic events can have significant impacts on a person's general function, including problem-solving skills.

Throughout the world there are currently over 21 million refugees.³ Resettlement is one of three durable solutions identified by the office of the UN High Commissioner for Refugees (UNHCR). However, as refugees, including torture survivors, resettle, they struggle with these accumulated stressors, leading to high rates of mental health concerns. Refugees are at markedly greater risk than the general population of having psychiatric disorders. They have up to ten times the rate of post-traumatic stress disorder (PTSD) as well as higher rates of depression, chronic pain and other somatic complaints, with exposure to torture being the strongest predictor of PTSD symptoms among refugees.⁴

The present study was conducted in the United States, where up to 35% of resettled refugees are survivors of torture.⁵ Refugees, including survivors of torture, all receive the same level of support and assistance through the U.S. resettlement process. Individuals who are granted asylum are assisted through the resettlement assistance program. Furthermore, torture survivors typically do not present their torture-related trauma as the initial presenting problem in an encounter with a caseworker, but rather present the same challenges as other newcomers such as language, employment, and acculturation.

Regardless of whether trauma is articulated or not, empathy is an important

tool needed for service providers working with people who have experienced trauma. Empathy is defined as the act of understanding and responding to the emotional state of another.⁶ The use of empathy enhances providers' effectiveness in guiding refugees in building new lives after resettlement. Although empathy in and of itself is not sufficient to address complex mental health challenges such as PTSD, it is a critical foundation for establishing a working alliance between the service provider and client, an important predictor of outcome.⁷

Service providers working within the U.S. refugee resettlement program have a very limited timeframe within which to offer services. Once a refugee has arrived in the U.S., or an asylum seeker has been granted asylum, regardless of their torture or trauma history, local refugee resettlement agencies are responsible for providing housing, essential furnishings, food, clothing, community orientation, and referral to other social, medical and employment services.⁸ This work is to be completed by a resettlement agency within ninety days. Refugee case managers are tasked with ensuring that the basic needs of each of their clients are met within that tight timeframe. In addition, many people working as case managers within refugee resettlement programs are paraprofessionals and former refugees themselves. They are dedicated staff members, but often are not afforded the level of training that their counterparts educated in the helping professions may have. Very few U.S.-based resettlement agencies have resources, such as torture treatment programs or refugee mental health programs, which can assist them when they are working with a client whose level of function and problem solving appears to be impaired. The volume of work and lack of resources, along with the pace, leaves little time to remember

the challenges that have faced each refugee and the impact that empathy might have on their future. Although refugee service providers cannot change the past experiences of their clients, they can provide the empathy and the quality of service these individuals deserve. The present study was designed to develop an instrument to measure the level of empathy that service providers demonstrate in their responses to common, yet difficult, refugee resettlement case scenarios.

Theoretical/Conceptual Framework

This study is the first phase of a larger project, Project MIRACLE: Motivational Interviewing for Refugee Adaptation, Coping, and Life Empowerment, which initiates a novel approach—the application of Motivational Interviewing⁹ with refugees—with the ultimate goal of improving client outcomes. In brief, Motivational Interviewing (MI) is an evidence-based practice approach that aims to develop a working alliance between practitioner and client in order to resolve client ambivalence about change. MI has been applied in numerous areas of health,¹⁰ mental health,¹¹ and social work.¹² MI is an exception to the critique that much of counseling is culturally biased.^{13,14} MI has been disseminated around the world, demonstrating cross-cultural generalizability.¹² The rationale for applying this approach with refugee clients has been presented elsewhere.¹⁵ Empathy, as demonstrated by reflective listening, is a core skill of Motivational Interviewing.

Background

The Helpful Responses Questionnaire (HRQ),¹⁶ developed by one of the co-founders of Motivational Interviewing, is designed to measure reflective listening (also known as active listening) and by extension, empathic ability. The instrument includes six scenarios

of things that clients in general mental health, addiction, and social service settings might say. After each scenario, providers are encouraged to write a one to two sentence open-ended response indicating what they would say to the imaginary client. Responses are then rated on a five-point scale that assesses depth of reflection and ability to avoid communication roadblocks. The HRQ was originally administered to a sample of 190 social service providers attending a workshop on active listening and crisis intervention skills. The instrument was found to have an inter-rater reliability of .93 and a Cronbach's alpha of .92. Respondents' scores following the workshop were significantly improved from before the workshop. The HRQ has subsequently been employed in pretest-posttest evaluations of MI trainings, with positive results.¹⁷⁻²⁰ HRQ scores have been found to be correlated with actual MI skills in practice.²¹

The HRQ has been adapted once, for use in correctional settings.²² The authors of that adaptation wrote new scenarios for the scale to address situations common to probation and parole officers. The renamed Officer Responses Questionnaire, consisting of five items, was administered to officers attending MI trainings. Inter-rater coding of 125 questionnaires resulted in an average intra-class correlation of .80. Scores improved significantly from pre- to post-training. This study demonstrates that the HRQ can be successfully adapted for providers in serving alternative client populations.

Study Aims

The purpose of the present study was to develop a version of the Helpful Responses Questionnaire specific to working with refugees, including torture survivors, and to test its psychometric properties.

Inter-coder and internal consistency reliabilities were estimated. Face validity and content validity were assessed via the questionnaire development process (described in the method section below). To assess known-groups validity, it was hypothesized that respondents who have (1) higher education levels, (2) education in a helping profession, (3) longer experience working with refugees and in human services, and (4) prior training in MI and/or active listening, would all have higher scores on the Helpful Responses to Refugees Questionnaire, compared to their counterparts.

Methods

Questionnaire Development

In this study, the HRQ was adapted for use with refugee resettlement service providers. Five new scenarios were written that were reflective of situations typically encountered in work with these clients. In order to establish face validity (i.e., whether the instrument appears to measure what it is supposed to measure) a panel of five refugee and torture survivor service experts (including the two authors) wrote the questionnaire items. The panel members all had extensive experience in practice and scholarship on refugee resettlement, including programs for survivors of torture. Each panel member wrote one questionnaire item.

The questionnaire items intentionally did not identify the national origin or ethnicity of the imaginary refugee in each scenario, because while the nationalities and ethnicities of refugees resettled in the U.S. vary from year to year, the challenges faced by new arrivals tend to remain similar. Thus, the intent was for the questionnaire to be generalizable and remain relevant to future arriving populations, regardless of national origin or ethnicity.

Once written, the five items were

reviewed by all five contributors to assess content validity (i.e., the degree to which the items are relevant to and representative of the concept being measured). As recommended by Haynes, Richard, & Kubany,²³ each panel member rated the revised questionnaire on a 5-point scale (ranging from “strongly agree” to “strongly disagree”) on the dimensions of relevance, representativeness, and specificity and clarity. They also provided qualitative feedback on suggested item additions, deletions, and rewordings. Based on these evaluations (described in the results section below), further revisions were made. The final version of the questionnaire, entitled the Helpful Responses to Refugees Questionnaire, is shown in Appendix A.

Participants and Data Collection

The questionnaire was disseminated in January 2015 via an online survey using Qualtrics software. A list of e-mail addresses of administrators of refugee services programs in the United States was compiled from information on the website of the U.S. Office of Refugee Resettlement and links therein. An e-mail inviting survey participation was sent to a total of 435 e-mail addresses, which included all state refugee coordinators, all state refugee health coordinators, administrators of local affiliate programs of the nine national voluntary resettlement agencies that contract with the Office of Refugee Resettlement, and representatives of refugee mutual assistance associations. The addressees were asked to forward the e-mails to their staff members and contacts who worked directly with refugees.

The sample was not random, as it consisted of those electing to participate; as such, this study did not aim to infer the results to a population and therefore the use

of power analysis to determine sample size was not appropriate. The authors aimed to achieve a modest response rate with a targeted sample size of 100. In order to incentivize participation, respondents were promised (and received) a \$10 electronic gift card to a national coffee shop chain for completing the survey. 102 responses were obtained within several hours of the e-mail dissemination.

In addition to the five items on the Helpful Responses to Refugees Questionnaire, respondents were asked to provide information about their level of education (in six categories ranging from “completed high school” to “doctorate degree”); professional discipline (write-in response), length of experience in working with refugees and in human services in general (in five categories ranging from “less than 1 year” to “more than 10 years”); and whether or not they had any prior training in MI and in active listening. Finally, respondents were asked to provide their job title (write-in response), in order to further describe the characteristics of the sample. All survey questions were required to be answered to submit the survey in order to avoid any missing data.

Data Analysis

Each response to the five scenarios was independently coded by the two authors. Following the procedure used in the coding of the original HRQ, the responses to the five items were disarticulated and randomized “to remove possible biases due to ... halo effects caused by scoring multiple responses known to be made by the same individual” (p446).¹⁶ Coders were also blind to respondent characteristics.

The scoring instructions for the Officer Response Questionnaire were used, as these provide explicit guidelines and examples.

Per those instructions, a response is given a score of:

- 1 - if it contains any roadblock response such as ordering, disagreeing, or giving advice without permission;
- 2 - if it contains a closed question, affirmation, offers of help, or other non-reflective response;
- 3 - if it contains an open question;
- 4 - if it contains a “simple” reflection that restates the basic content of the original statement;
- 5 - if it paraphrases or infers a deeper meaning from the original statement.

If a response contains multiple elements (e.g., open question and simple reflection), it receives the score of the highest elements (4 for the simple reflection), unless it contains a roadblock, in which case it receives a score of 1 (p68).²² The two other write-in responses (professional discipline and job title) were collapsed into major categories and frequencies were recorded.

Statistical analyses were conducted using SPSS software (Version 21). Following the procedures used in the coding of the Officer Response Questionnaire, the raters initially coded five randomly selected questionnaires and an initial inter-rater reliability was computed using the intra-class correlation. The coders then met to discuss the scoring discrepancies, mutually decide on final codes where discrepancies existed, and clarify and elaborate the coding instructions. This process was repeated two more times (with two new sets of five questionnaires each), until an average intra-class correlation greater than .80 was attained. Subsequently the remaining questionnaires were coded by both coders, who then met and resolved discrepancies. In the process of rating responses, it was recognized that the coding

instructions should be adapted to reflect responses by refugee service providers while maintaining the intent and integrity of the rating scale. The finalized coding instructions based on the refinements made through this process are shown in Appendix B.

Total scores were computed by summing the final codes for each item. To test known-groups validity (i.e., whether a measure discriminates between groups expected to differ on the variable being measured), the previously-mentioned hypotheses were tested by examining the relationships among the total scores and the hypothesized predictors (education levels, education in a helping profession, length of experience working with refugees and in human services, and prior training in MI and in active listening). Because this was not a random sample and the study did not aim to infer results to a larger population, inferential statistics and statistical significance testing were not used. Instead, effect sizes (Spearman's rho, Cohen's *d*) were computed. Attainment of a medium effect size as defined by Cohen²⁴ was considered evidence of support of the relevant hypothesis.

Finally, this study was approved by the Florida International University Institutional Review Board.

Results

Sample Characteristics

102 people completed the questionnaire. However, upon reading the responses, it was discovered that 12 respondents did not follow the questionnaire instructions to "write the *next thing* you might say if you wanted to be helpful." These twelve respondents wrote what they would *do* rather than what they would *say* (for example, "family intervention is needed"), including referring to the refugee in the scenario in the third

person (for example, "I will explain to her that..."). Thus, these were considered invalid responses, resulting in a valid sample size of 90.

The characteristics of the sample are shown in Table 1. The vast majority of respondents possessed either a bachelor's (44%) or a master's (38%) degree. The top five fields in which the highest degree was held were business/management (18%), social work (13%), psychology/ counseling (12%), social science (11%) and international relations/intercultural communication (9%). There were no respondents with degrees in a health profession such as medicine or nursing. 30% of the respondents possessed their highest degree in other fields. Somewhat less than half the respondents worked in direct service positions (44%) or administrative/managerial positions (42%), with the remainder in administrative support or higher education. Most respondents had worked with refugees for two–five years (37%), followed by more than 10 years (20%), five to ten years (18%) and less than one year (16%). Over two-thirds (69%) had worked in the human services for more than five years. Finally, more than half of respondents (55%) had prior training in active listening, and approximately one third (30%) had prior training in Motivational Interviewing.

Descriptive Statistics: The total scores ranged from 5 to 24, with a mean of 10.8 ($SD=5.0$), and a median of 10.

Instrument Reliability: The average intra-class correlation (a measure of inter-coder reliability) was .78, which is considered to be in the excellent range.²² The Cronbach's alpha (a measure of internal consistency) was .71, which is considered good for tests of ability.²⁵

Table 1: *Sample Characteristics*

Characteristic	n (%)
Education	
High School	1 (1.1)
Some college, no degree	5 (5.6)
Associate degree	6 (6.7)
Bachelor degree	40 (44.4)
Master degree	34 (37.8)
Doctorate degree	4 (4.4)
Degree	
Business/Management	16 (17.8)
Social Work	12 (13.3)
Psychology/Counseling	11 (12.2)
Social Science	10 (11.1)
International Relations/Intercultural Communication	8 (8.9)
Other	27 (30.0)
None	6 (6.7)
Position	
Direct Service	40 (44.4)
Administration/Management	38 (42.2)
Administrative Support	10 (11.1)
Higher Education	2 (2.2)
Length of Time Working with Refugees	
Less than 1 year	14 (15.6)
1-2 years	9 (10.0)
2-5 years	33 (36.7)
5-10 year	16 (17.8)
More than 10 years	18 (20.0)
Length of Time Working in Human Services	
Less than 1 year	7 (7.8)
1-2 years	5 (5.6)
2-5 years	16 (17.8)
5-10 year	27 (30.0)
More than 10 years	35 (38.9)
Training in Active Listening	
Yes	50 (55.6)
No	40 (44.4)
Training in Motivational Interviewing	
Yes	27 (30.0)
No	63 (70.0)

Instrument Validity: As described in the methods section, the questionnaire items have face and content validity as a function of being developed, judged, and refined by a panel of five experts in refugee resettlement/torture survivor programs. Five original items were written and reviewed by the panelists. All of the panelists strongly agreed that “the questionnaire items are relevant to situations encountered by refugees in resettlement.” Also, they all agreed or strongly agreed that “the questionnaire items are specific and clear to the target audience (practitioners working with refugees).” However, three of the five panelists disagreed or strongly disagreed that “the questionnaire items represent an appropriate variety and balance of situations encountered by refugees in resettlement.” Specifically, the panelists noted that three of the items were very similar, dealing with the employment and income challenges of male refugees and their feelings about this vis-à-vis their family roles. These panelists suggested replacing the redundant items and made numerous suggestions for alternate topics. Consequently, two of these three items were deleted and replaced with two new items written by the two study authors, incorporating the suggested topics.

Known-groups validity was assessed by testing the four hypotheses regarding the relationships between respondent characteristics and total scores on the questionnaire. As stated earlier, it was hypothesized that respondents who have (1) higher education levels, (2) education in a helping profession, (3) longer experience working with refugees and in human services, and (4) prior training in MI and active listening, would all have higher scores compared to their counterparts. The Spearman’s rho correlation between education and total score was .30, which is a medium effect size. Respondents

who possessed degrees in a helping profession (social work and psychology/counseling) had a higher total score ($M=13.1$, $SD=5.9$) than respondents who did not ($M=10.1$, $SD=4.5$), which was a medium-to-large effect size (Cohen’s $d=0.67$). There were no correlations between total score and length of experience working with refugees (Spearman’s $\rho=-.06$), or total score and length of experience working in human services (Spearman’s $\rho=.04$). Finally, respondents who had prior training in MI had a higher total score ($M=12.5$, $SD=5.5$) than those who did not ($M=10.0$, $SD=4.6$), a medium effect size (Cohen’s $d=0.52$); and those who had prior training in active listening had a higher total score ($M=11.3$, $SD=5.0$) than those who did not ($M=10.2$, $SD=5.0$), a small effect size (Cohen’s $d=0.22$). In sum, three of the four hypotheses (1, 2, and 4) were supported, thus providing evidence for the known-groups validity of the instrument.

Discussion

This study has demonstrated the development and initial reliability and validity of an instrument for measuring empathy, a key component of Motivational Interviewing, among service providers working with refugees, including survivors of torture, in resettlement. The study has also demonstrated the feasibility of administering such a measure on-line as opposed to the paper-and-pencil format used in prior research.

Practice Applications

The Helpful Responses to Refugees Questionnaire may have several potential applications in practice. It could be used as a supervisory tool to assess service providers’ skills in this area and provide feedback for improvement, if needed. It could be used as a screening tool for hiring new staff (as part of a comprehensive screening and selection

process). It must be noted that if agencies wish to use the instrument in these contexts, they should first practice scoring the instrument on a pilot sample prior to deploying it for assessment purposes, since the scoring process requires substantial interpretation. Finally, the instrument can be used as a pretest-posttest to evaluate the impact of staff training in motivational interviewing. This is the next step in Project MIRACLE, the larger project of which the current study is the first step; a manuscript reporting the results of this phase of the study is currently under review. By helping them to recognize when they are providing an empathetic response, this tool can help them to support refugees throughout the resettlement process.

It is interesting to note that the largest effect size observed was between total scores on the instrument and possessing an educational degree in a helping profession (social work or psychology/counseling). However, only a minority of the respondents (25%) possessed such a degree. Refugee resettlement programs are staffed by individuals with a diversity of educational backgrounds, as reflected in this sample. Sometimes staff members are former refugees themselves, who are hired for their linguistic skills and commonality of experience with clients; the results of this study suggest that these may not be sufficient qualifications for effective helping. It is likely that these former refugees serve a valuable function in modeling successful integration into the new society, but in order to maximize their effectiveness, they should be encouraged and supported to pursue higher education in a helping field. Owen & English²⁶ noted that in the early days of the U.S. refugee resettlement program, special programs assisted these paraprofessionals to obtain training and education, and these

authors have called for re-establishment of such programs. The findings of this study lend further support to this recommendation. Policymakers and advocates in both resettlement and higher education should explore means of financially supporting this endeavor.

It is also interesting that there was no correlation between total scores and length of work experience either with refugees or in human services in general. This suggests that reflective listening and empathy skills do not naturally improve over time. Further, it suggests that length of work experience should be a less important criterion in hiring than possessing a degree in a helping profession.

Limitations and Implications for Future Research

Finally, it is critical to note the limitations of this study and consequent implications for future research. The initial reliability and validity findings of this study should be replicated in future research. Further, although the target respondents for this study were direct service practitioners, 42% of the respondents were administrators/managers and 11% were administrative support staff (e.g. IT personnel). Apparently, some of the administrators/managers who received the e-mail asking them to forward it to their direct service staff did not fully follow the instructions, choosing to answer the questionnaire themselves and/or forward it to support staff. However, upon reflection, the present authors realized that these responses were also important, in as much as administrators/managers should also possess empathic skills in order to model and teach them to the direct service staff whom they supervise. Moreover, administrative support staff, like all staff, represent the “face” of the organization; they may occasionally, if not frequently,

encounter clients on the premises, and they likewise should possess some level of ability to respond to clients appropriately should the situation arise. Nonetheless, future research targeted to direct service staff should incorporate means of excluding non-targeted respondents.

Further, although prior research has demonstrated a correlation between scores on these types of questionnaires and actual skills in practice, such a linkage remains to be determined in the present context. The scoring of written responses is hampered by the inability to observe body language and tone of voice, which are also key to empathic behavior. Future research could examine the correspondence between scoring videotaped responses in role-play scenarios versus scoring written transcripts of those same role-plays. Additionally, this study addressed refugees resettled in the United States; the utility of the instrument for refugees in transit (e.g., in camps), in local integration, and in resettlement in other countries should be assessed. Finally, the most important question remaining is determining the impact of worker reflective listening and empathic responses upon actual client outcomes.

Acknowledgements

This research was supported by the Lois and Samuel Silberman Grant Fund in The New York Community Trust awarded to Miriam Potocky. The authors thank Sylvia Acevedo, Chak Ng, and Uma A. Segal for serving as expert panelists for this study.

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Appendix A

Helpful Responses to Refugees Questionnaire

The following five paragraphs are things that a refugee might say to you. With each paragraph, imagine that a refugee you know is talking to you and explaining a problem that he or she is having. You want to help by saying the right thing. Think about each paragraph. For each paragraph, write the next thing you might say if you wanted to be helpful. Write only one or two sentences for each situation.

1. A 43-year-old resettled male refugee says:

"I can only find part-time low-paying jobs. Because I cannot speak English, no one wants to hire me. My wife doesn't mind working cleaning hotels, but there is no respect in that for a man. My children have to come with me to translate everywhere I go. You know how hard it is to learn English at my age? And how can I support my family? I sometimes feel so angry...no, I don't want to talk about it..."

2. A 30-year old female refugee says:

"I can't sleep at night – I keep having nightmares of how my brother was dragged out of our home and executed in front of us by the military. And I miss my big family back home – here, I have no one. I feel very lonely. Counseling? No, that's for crazy people."

3. A 15-year-old refugee girl says:

"I only went to school twice last week because my mother was sick and I had to go with her to the doctor's, so I could help the doctor understand what was wrong. The week before, my mom got some work, and so I had to stay home from school to watch my little brother while she

worked. I've missed so much school I don't think I will pass my classes. It might be best if I just drop out and get a job so I can help my parents pay the bills."

4. A 22-year-old refugee woman says:

"My son is 3 years old, and sometimes he does not listen to anything I tell him. I used to hit him with a wire hanger when he wouldn't listen. That's how my mom raised me. But, a woman in the neighborhood told me that my child could be taken from me if I do that again. I just laughed – he is my son, and when he disobeys it is my responsibility to teach him the right way to behave."

5. A 38-year-old female refugee says:

"My husband was arrested for hitting me and I don't understand why. He didn't kill me, so I don't know why he's being punished. Now with him in jail, I'm having a really hard time caring for our four children. They refuse to obey me. And now we don't have my husband's income. And I don't drive or speak English – my husband took care of those things. I need my husband back."

Appendix B

Scoring the Helpful Responses to Refugees Questionnaire

The Helpful Responses to Refugees Questionnaire (HRRQ) is designed to measure depth of reflective listening. Each response is rated on the depth of reflection and ability to avoid communication roadblocks. The roadblocks, listed below, tend to raise client defensiveness and therefore make change less likely.

- Ordering or threatening
- Persuading with logic, arguing, lecturing
- Disagreeing, criticizing, sarcasm, labeling
- Patronizing*
- Giving false promises or statements about the future*
- Judgment of another cultural norm as wrong*
- Over-identification*
- Giving unsolicited advice, suggestions or solutions
(Exception: Provision of factual information that may be new to an incoming refugee, without intent to suggest solutions or persuade with logic)

To score the HRRQ, give each response a score from 1-5, based on the following criteria. Participants are asked to provide brief (one-two sentence) responses to each scenario. If participant responses are longer, only the first two lines should be coded.

A score of 1 is given if the response includes a roadblock response, whether or not it contains additional elements. A score of 1 is also given for irrelevant or incomplete responses. Several examples are given for each roadblock, using responses to scenario 1 from the questionnaire.

- *You should attend English class every day.* (ordering)
- *Since you are working to support your family, you should find dignity in every job* (persuading with logic)
- *Don't give up, [this] is a country full of opportunities* (persuading)
- *You are never too old to learn a language* (arguing)
- *You will learn English and advance in your job* (false promise)
- *My mother did it and so can you!* (over-identification)
- *You have to do what you have to do. If it means doing so-called 'women's work', then do it* (judgement of the 'correctness' of cultural differences)
- *Go to school in your free time to learn English so you can find a better job* (unsolicited advice)
- *While you are at home watching TV, change to children's channels in English and you'll soon see the difference* (suggestion and false promise)

A score of 2 is given if the response contains a closed (yes/no/limited option) question. A score of 2 is also given for miscellaneous affirmations, offers of help, or statements of understanding that do not fit into other categories. If the response also contains a roadblock, it receives a score of 1. Examples of items that receive a score of 2 come from responses to scenario 2 from the questionnaire.

- *Why don't we talk about different options to help you* (offer to help)
 - An offer to help differs from a suggestion, which is a road block, in its association to the original scenario.

- A suggestion includes a specifically identified entity, which is not asked for in the scenario.
- An offer to help is specific to the scenario and often involves a close ended question
- *Counseling, in this country, is for everybody. Counseling means that we have a qualified person that understands what we are going through and has the tools to help us.* (providing information)
 - Providing information is different from arguing or lecturing. It normalizes the concern and provides factual information. If the statement had said ‘Counseling is not for crazy people’ it would have been considered to be arguing).
- *Would you be interested in connecting with other women that are also refugees?* (closed question)
- *Do you ever talk with your family?* (closed question)
- *I am glad that you are here and safe.* (affirmation)
- *I am sorry that you’re having trouble sleeping* (statement of understanding)

A score of 3 is given if the response contains an open question. When multiple responses are made, the highest level is scored (unless the response contains a roadblock, resulting in a score of 1). Examples of items that receive a score of 3 come from responses to scenario 3 from the questionnaire.

- *What do you really want to do?* (open question)
- *Let’s see if we can come up with some other options before you make the decision to drop out of school* (open question)

A score of 4 is given if the response repeats the basic content of the original statement. When multiple responses are made, the

highest level is scored (unless the response contains a roadblock, resulting in a score of 1). Examples of items that receive a score of 4 come from responses to scenario 4 from the questionnaire.

- *As a mother you want to make sure that your children do the right thing and obey.* (simple reflection, using the same words as are used in the scenario)
- *Sometimes children tend to misbehave. But let’s consider other ways to discipline* (simple reflection, open question)

A score of 5 is given if the response paraphrases the original statement, using substantially different language or inferring meaning. When multiple responses are made, the highest level is scored (unless the response contains a roadblock, resulting in a score of 1). Examples of items that receive a score of 5 come from responses to scenario 5 from the questionnaire.

- *I understand you love your husband and want your family to be intact.* (paraphrase that infers meaning)
- *It must be difficult handling your 4 children and the finances with your husband not here to help. How about we look at some options to help you while your husband is in jail* (paraphrase that infers meaning, open question)

*New roadblocks identified in this study.