



The European Association for Psychotherapy
 Association Européenne de Psychothérapie
 Europäischer Verband für Psychotherapie

Member of the World Council for Psychotherapy (WCP)
 NGO with consultative status to the Council of Europe

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European Association for Psychotherapy (EAP) Position statement and specific guidelines: Psychotherapy with Refugees

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Introduction

The task force headed by the corresponding author was set up by the European Association for Psychotherapy (EAP) in 2016 to address issue of mental health and Psychotherapy in the present refugee crisis by

- a) a position statement to create awareness on the importance of mental health, human rights and Psychotherapy services by the public, professionals in different fields, and NGOs but also governments and other decision makers.
- b) guidelines for the Psychotherapy with refugees to be used by mental health professionals.

The documents were accepted by the European Association for Psychotherapy (EAP) Board and Executive committee with 29th of March, 2017.

European Association for Psychotherapy - Position Statement

At present, a large part of the human population is displaced as refugees. Discrimination and persecution, poverty, manmade disasters, and different forms of often extreme violence including war, imprisonment and torture force these groups to leave their homes and seek shelter as internally displaced persons or in growing numbers to seek refuge in third countries.

Additional severe stressors including separation from family members, exposure to violence or death during transit, displacement and insecure status in often hostile host countries must be added to potentially traumatic experiences that have led to the decision or force them to become a refugee.

Research of the last decades has demonstrated, that basic security, support and adequate treatment are essential to prevent severe long term mental health sequels and has on the other hand demonstrated potential suffering even in second and third generation family members of those affected. Special consideration and protection must be given to asylum seekers and refugees and with priority to highly vulnerable groups such as victims of torture, those with serious illnesses, with special needs, and to unaccompanied minors, as also laid out by the EU Reception Conditions Directive (2013/33/EU), and by International Human Rights and humanitarian standards.

In spite of recent discussions and efforts to suspend these standards and an increasing number of reports of violations also in EU countries these basic Human Rights including protection but also access to health care is the fundament of civil society.

Psychotherapists have due to their work with these groups and similarly distressed groups unique long standing experience in the psychological and social impact of violence and displacements. They consequently have a duty to speak up for their patients and those living as refugees. The EAP therefore urges governments, but also all professionals working with refugees to:

- support and speak out for continuous implementation of the International Human Rights, the Geneva Conventions and humanitarian standards that in general protect refugees including the UN Convention against Torture, and the European Charter,
- support all efforts to provide adequate living conditions, health care and social support to all refugees, including especially also culture sensitive psychotherapy for those in need, and to extend and improve access to and capacity of those services,
- to offer better support and care, including Psychotherapy and other mental health services and protection especially for vulnerable groups as outlined in the above standards and the EU directives.

Specific guidelines for Psychotherapists working with refugees

In a global context, a rising number of humans are forced to leave their homes and family members to escape from threats to life and violation of basic human rights and seek safety and support as refugees in third countries, including the EU. Persecution and severely traumatic experiences like torture, but also cultural transition, culture „shock“, separation from family members, and increasingly discrimination, lack of support and protection in „host“ countries make them a highly vulnerable group. Social and political pressures are at present creating a dangerous situation leading to the violation of basic human rights that are also a precondition to treatment.

Psychotherapists are the profession that can be expected to have the deepest understanding of the psychological and mental health impact of such extreme life conditions. They can significantly contribute to treatment and rehabilitation of survivors, but also take a clear position in the public discussion on the protection and needs of refugees and vulnerable migrant groups and against hate propaganda. Working with this diverse groups of humans with differing ethnic, social, and cultural backgrounds but also different exposure to often extreme persecution that can by far exceed common understanding of traumatic stressors, requires special awareness, training and consideration also in the work of Psychotherapists.

The following aspects are key challenges to be considered in the daily work with refugees but also in long term planning of Psychotherapy services.

1) Most groups of refugees come from and are shaped from a cultural background that might differ in a significant degree from the background of a Psychotherapist in a European host country. While some factors in the Psychotherapeutic setting, basic assumptions, and treatment strategies can, – depending on modality – be seen as universal, awareness of and respect for differences must always be a principle in the work of Psychotherapists. In this context, the Psychotherapist can be at risk to insert his/her own cultural or modality based aims and values in the treatment setting when working with migrants and refugees.

Psychotherapists need to avoid superficial understanding of cultural backgrounds and generalisations. Culture in the context of this guidelines is understood to include religious, ethnic, language and social factors, political background and group identities that shape refugees and their core identities in a varying degree. They will influence the needs, expectations, and the specific treatment setting. The therapy contract in this context should therefore be transparent and mutually consensual.

Listening, getting information on the patients culture, and adapting therapy settings and the implicit or explicit therapy contract in respect to this differences is a prerequisite to working with refugees.

2) Mental health is frequently stigmatised in countries of origin and especially traditional societies. This reflects common cultural patterns and values and might require special consideration. The culture specific presentation of suffering (in DSM V: Cultural Idioms of Distress) might easily be misinterpreted in medical models. Avoidance of reporting of psychological symptoms, seeking help from traditional healers, or for example „seeing“ ghosts and spirits, can be such signs of distress and should be differentiated from medicalised models of psychopathology (such as psychosis, somatisation, or dissociation).

Culture sensitive models and adaptation of standard methods should be explored and implemented wherever possible.

3) Because of ethnic differences but also the high prevalence of extreme earlier trauma and present stressors, combined with the internationally rapidly developing interdisciplinary knowledge on trauma and trauma treatment, Psychotherapists working with refugees must continuously up-date their knowledge on both aspects and be willing to re-assess and change their beliefs and practice acquired in their basic training.

4) Language can be a special challenge in the work with refugees. EAP members and member organisations therefore should take measures to support and facilitate the training and work of Psychotherapists from different language and cultural backgrounds as the best solution to the dual challenge of culture and language in transcultural therapy.

5) Translators

Language (including non-verbal expression) is a key factor in therapy. Native speaker or bi-lingual therapists are as noted not available in sufficient numbers to cope with the present high numbers of refugees and migrants, and translators are therefore frequently part of the Psychotherapeutic setting. This creates a special situation in treatment.

When working with translators several important aspects are to be considered:

- Translators should receive special training. Confidentiality, the presence of a third partner in the treatment setting, changing transference and countertransference, neutrality, and cultural differences, require essential skills to avoid a distortion or even endangering treatment situation. Suicidality, sexual aspects, and other questions that need to be addressed, can be avoided or missed due to the presence or cultural, ethnic and political background and bias of the translators. They must justify the same trust given by the client in the same degree as the therapist.
- Translators are at a high risk for indirect traumatising and burnout. It is also the responsibility of the Psychotherapist to observe the translators emotional distress and make sure to adapt the setting for example by training and supervision.
- Family members, close friends and those with unprocessed personal trauma background should not be used as translators, except in emergencies and in a very limited setting.

6) Interdisciplinary work

Refugees, especially those with an insecure social and legal status, separated from their families or at risk of being forcefully returned (refouled) to a country of origin where they might be tortured or killed, frequently have rather vital needs – primary in Maslow's sense – rather than „everyday“ treatment aims that are a common focus in other groups. This must be realised and might require adaptation of the treatment setting and probably further action complimentary to therapy itself. Working on the psychological impact of immediate problems like safety, separation from family members and their possibly uncertain fate might have priority. The processing of traumatic earlier experience will in most cases be only possible after this basic steps and a salutogenic approach can be a priority.

Universal human rights concepts will in contact with patients from different cultures create challenging conflicts, for example in the case of traditional gender roles in tradition based societies and might contradict therapeutic impartiality. They must be addressed with careful consideration and a process of slow negotiation to support a psychotherapeutic together with a transcultural developmental process. Psychotherapists are obliged to keep and

support human rights as part of their work independent from personal persuasion.

Many culture based or trauma- reactive symptoms reflect a way of the client or a group to survive conflict and dangers in extreme situations and should be respected as a potential primary achievement of the client, avoiding inadequate pathologisation, though they might require later processing and modification to adapt to a safer environment.

Due to the frequent overlap of physical and psychological factors in the somatic complaints of refugees, that might also indicate aspects like brain trauma in those exposed to war injuries or torture, close collaboration with medical professionals, the legal and administrative system and a differential diagnosis can be important especially with refugees.

7) Documentation

Documentation and consensual reporting of sequels to crimes or human rights violations with permission of the client as required by international human rights including UN standards is part of the work of all health care professionals. Psychological sequels are often the longest lasting and most relevant evidence of human rights violation.

Psychotherapists should take care to properly document and if requested by the clients write a report on this evidence, or take care that a second experts provides this documentation. Examples are reports necessary to provide for protection in asylum cases, or protection against inadequate detention in vulnerable groups like minors and traumatised refugees. Trauma-spectrum or other mental health problems including shame after sexual trauma can also interfere with self-presentation in asylum procedures and endanger legitimate asylum claims.

The Istanbul Protocol (<http://www.istanbulprotocol.info/index.php/de/>) is supported by the UN, EU bodies, and the professional umbrella organisations including the World Medical organisation and the World Council for Psychotherapy. It should be used to document and write a report on the experienced violations and health impact in any person alleging torture or inhuman and degrading treatment. An adequate report by the Psychotherapist can significantly confirm the dignity of the victims, and contribute to protection and justice.

Gender should be given special considerations as a factor in experienced persecution and in the therapy setting. This also included aspects of sexual orientation like gender preference and transgender issues.

8) Self- Protection

The high risk of countertransference, vicarious trauma and burnout in working with refugees requires regular self-care and awareness of symptoms of this reaction. Cynicism, exhaustion, but also over identification can be signs of this problem. They can negatively affect the work with clients, but can even be carried into the therapist's private and family life. Supervision and intervision, are an important part of this self-care.