The role of interpreters and intercultural mediators in the work with refugees during COVID-19

About the author

The Cordelia Foundation was established in 1996 with main aim of improving the mental-health state and quality of life of (severely) traumatized asylum-seekers and beneficiaries of international protection, including refugees, mostly survivors of torture, and their families through complex psycho-social rehabilitation. Cordelia is an accredited member of the network of the IRCT (International Rehabilitation and Research Council for Torture Victims). In 2004 UNHCR rewarded their work with the “Asylum prize”. In 2008 the committee of the Viennese SozialMarie Prize for Social Innovation chose the Foundation as one of the awarded organizations. In 2009 the National Immigration Agency in Hungary acknowledged their services in the field of mental health treatment of refugees with a certificate.

The Cordelia Foundation has been active in providing rehabilitation services to torture victims since 1996 and it remained active during COVID-19 as well. During the lockdown we continued to offer support: psychiatric, psychological interventions, psychotherapies, interpretation, social work and intercultural mediation. Being in touch with our clients mostly via online communication means posed special challenges and put our interpreters and intercultural mediators into an even more central role.

The research was supervised by Dr. Lilla Hárdi, psychiatrist, psychotherapist and medical director of the Cordelia Foundation. The data was gathered and the manual was designed by Laura Armstrong.

The Foundation would like to thank all interpreters, social workers and therapists, who took the time to participate in our research and shared their experience with us.

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Methodology

Desk research: The first method used to gather information in order to create this manual is desk research, reading the available literature around the topic.

Quantitative research: Our online questionnaire was filled out by more than 100 mental health practitioners worldwide, who work with refugees and torture victims.

Semi-structured interviews: Rehabilitation centres worldwide, who work with interpreters and intercultural mediators during their therapies, were asked to participate in our interviews regarding the changes in their work due to COVID-19 and the role of interpreters and intercultural mediators. 14 mental health practitioners were interviewed.

Implications of the global pandemic on the mental health of torture victims

1. Mental health and COVID-19

As COVID-19 is a global pandemic that came into our lives in a very short amount of time and as the past 3-4 generations have not experienced a similar pandemic in their lifetime (except for the Spanish flu in 1918) we were all searching for solutions at all levels (individual, family, community, company, world) and how we can deal with the crisis and adapt to this new situation. There were no proven best practices to follow on how to deal with this pandemic, thus since the first confirmed case, the disease has had a great impact and has shaped our societies in a number of ways.

Besides the obvious physical health impacts of a worldwide pandemic, it definitely has a huge impact on our mental health too. The fear of contracting a new and unknown virus in a pandemic such as COVID-19 can already in itself cause mental health issues. However, due to COVID-19 several significant changes were made to our daily lives, such as restriction of movement (quarantine, lockdown and physical distancing) in order to try and slow the spread of the virus. Due to these measures every person, some more than others, is faced with new challenges on a daily basis, such as working from home, some might even be unemployed for an uncertain amount of time, closure of schools thus home-schooling children and lack of physical contact with loved ones and colleagues. Accessing healthcare also became increasingly challenging as in many cases non-acute clients were sent home from hospitals in order to make space for those experiencing symptoms caused by the virus.

Thus naturally these changes to our every day lives affect our mental health too. It is natural that we are afraid for our health, we are afraid of overturning our daily routines, so we can experience physical and mental danger. This can lead to anxiety and fear, which can be such that it causes a narrowing of consciousness, inhibits the ability to act and judge, sweeping away our control mechanisms leading to different abusive manifestations.

As human beings we all give certain responses to critical situations, we all respond to stress, such as during a pandemic, differently. Our personal life experiences, personalities, our financial situation, the support we receive from family and friends, the actual state of our mental health and many other factors all have an effect on our responses given to this specific critical situation. For some the pandemic triggers strong fears or anxiety which can easily turn into panic attacks. It is also possible that someone has such an extensive and intensive stress

reaction that the personality feels so endangered that it results in a traumatic experience. Many can also feel like their situation is hopeless and without a purpose, which can result in depression.[123]

As Dr Tedros Adhanom Ghebreyesus, the Director-General of the World Health Organization (WHO) stated ***"The impact of the pandemic on people's mental health is already extremely concerning. Social isolation, fear of contagion, and loss of family members is compounded by the distress caused by loss of income and often employment."*** [4]

According to findings of a survey by the WHO, there are major disruptions to critical mental health services all around the world:

- "Over 60% reported disruptions to mental health services for vulnerable people, including children and adolescents (72%), older adults (70%), and women requiring antenatal or postnatal services (61%).
- 67% saw disruptions to counselling and psychotherapy; 65% to critical harm reduction services; and 45% to opioid agonist maintenance treatment for opioid dependence.
- More than a third (35%) reported disruptions to emergency interventions, including those for people experiencing prolonged seizures; severe substance use withdrawal syndromes; and delirium, often a sign of a serious underlying medical condition.
- 30% reported disruptions to access for medications for mental, neurological and substance use disorders.
- Around three-quarters reported at least partial disruptions to school and workplace mental health services (78% and 75% respectively)."[5]

Although many countries have tried to adjust their in person therapies by using methods of telemedicine or teletherapy, according to the WHO there are serious disparities with the uptake of these methods. While almost 80% of high-income countries have reported that they

[1] Árpád Sebestyén, 2020 https://traumakozpont.hu/blog/mentalis-egeszsegunk-a-koronavirus-okozta-krizishelyzetben/
[2] World Health Organization, 2020 https://www.who.int/teams/mental-health-and-substance-use/covid-19
[3] World Health Organization, 2020 https://www.who.int/news/item/14-05-2020-substantial-investment-needed-to-avert-mental-health-crisis
[4] World Health Organization, 2020 https://www.who.int/news/item/14-05-2020-substantial-investment-needed-to-avert-mental-health-crisis
[5] World Health Organization, 2020 https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey

are using these interventions, only 50% of low-income are able to use these methods in order to bridge the gaps. [6]

[6] World Health Organization, 2020 https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey

2. Mental health of torture victims before the pandemic

War-related trauma and torture are among the most traumatic experiences one can witness during their lives. Internal and external conflicts have thus both led to people fleeing their countries in order to escape torture and resettle in a foreign country. However, torture does not only leave physical symptoms on one's body, it also creates serious mental health problems, which can often be overlooked, if refugees are not screened properly after their arrival.[7] According to some studies 1 in 4 refugees have endured torture.[8]

According to the United Nations Convention Against Torture *"'torture' means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions."*[9]

The most common psychiatric diagnosis for torture survivors are post-traumatic stress disorder (PTSD) and severe depression. Their symptoms can include flashbacks and memory lapses, dissociation; and fatigue, insomnia or recurrent nightmares. They could also be suffering from chronic pain due to torture.

Many refugees are affected by PTSD due to the circumstances in their country of origin, along their migration route or even in the country, where they apply for asylum (closed facilities can also trigger past traumatic experiences), which might affect the quality of their life. According to studies the prevalence of mental health issues, especially PTSD among refugees are much higher than in the general population and even higher among torture survivors. **While among the general population only 7.8% suffer from PTSD among**

[7] Suhaiban, Grasser, Javanbakht, 2019 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6651013/
[8] Finnish Institute for Health and Welfare, 2020 https://thl.fi/en/web/migration-and-cultural-diversity/immigrants-health-and-wellbeing/victims-of-torture
[9] Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment https://www.ohchr.org/en/professionalinterest/pages/cat.aspx

torture survivors this rate is around 50%.[10] It might be even higher among certain groups of asylum seekers depending on their country of origin and the treatment they underwent.

Many migrants and asylum seekers suffer from trauma of various consequences, and the subsequent mental health and somatic symptoms. Anger or depression as a "result" of sexual abuse or hunger is common. Young asylum seekers very often suffer from grief at having been separated from their families on the way. Secondary trauma is also prevalent, many of them have witnessed violence, often committed against their loved ones. Acute stress disorder, depression, anxiety, substance abuse and self-harming behaviour to suicide attempts are also very common with torture survivors.

In detention facilities many asylum seekers complain about being forgetful and absent-minded. They have difficulties remembering due to fragmentation of memory the chronology of events, and details of their history. Furthermore, asylum seekers are sometimes unable to keep focus and remember administrative tasks or procedural steps regarding their asylum cases or integration process. The lack of guidance and information, the complete disregard given to the traumas, and lack of consideration for the physical and mental health condition of claimants, lead to hearings being too formal, to claimants' conditions further deteriorating, and to impediment to resilience-building.

Physical, somatic symptoms like headaches, diffuse pains, such as muscle or abdominal pain, problems affecting the digestive system, joint aches and back pain are very common among asylum seekers.[11]

The physical and psychological pain and suffering caused by torture can last for decades and thus affect generations, if adequate help is not available. However, **with adequate psycho-social support victims of torture can fully rehabilitate and can rebuild their lives** from scratch often in a country far away from their homeland.

[10] Suhaiban, Grasser, Javanbakht, 2019 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6651013/
[11] Cordelia Foundation, 2018 https://cdn-5c8d0253f911c90ff40d8f40.closte.com/wp-content/uploads/2019/03/Report-on-the-mental-health-conditions-of-beneficiaries-of-international-protection-and-asylum-seekers-in-Hungary.pdf

3. Mental health implications of the pandemic on torture victims

As mentioned before we all give different responses to critical situations, such as a worldwide pandemic, we all respond to stress differently. However, it is important, that certain factors make some groups more vulnerable to experiencing mental health problems during a pandemic, than others.

Groups that are particularly vulnerable in crisis and may respond more strongly to stress are among others: people with pre-existing mental health conditions, people who are socially isolated, people in some racial and/or ethnic minority groups, people who do not have information available in their primary language. Almost all these aforementioned categories could fit refugees, who have fled to a foreign country due to their fear for their life in their own country (as well as torture survivors who do not escape from their own country).

Limited access to information due to language and cultural barriers, coupled with the marginalization of refugees and migrant communities, place them amongst the hardest to reach populations when information is disseminated.

Levels of mental distress among refugee and migrant populations, with increased risk for older people, people with underlying medical conditions, single women and those many others who have experienced trauma; further risks are linked to lack of social support and increased stress after migration. Many of these problems might be intensified during the COVID-19 crisis. Many of these problems might reoccur even if they have already gone through a bio-psycho-social rehabilitation process in our trauma rehabilitation centers.

According to a study carried out by the WHO **more than half of refugees and migrants interviewed across different parts of the world said that COVID-19 brought about greater level of depression, fear, anxiety and loneliness for them.** One in five also talked about a deterioration of mental health and increased use of drug and alcohol. Refugees and migrants living on the street, in insecure accommodation or in asylum centres are likely at high risk of experiencing mental health problems in the aftermath of the COVID-19 pandemic. Primary anxieties for respondents were uncertainty about their future, whether they

or one of their family members or friends will get sick or whether they will suffer serious financial consequences.[12][13]

COVID-19 can also trigger past traumatic reactions, worsening pre-existing mental health conditions and often undermining day-to-day functioning. COVID-19 has increased government control and restrictions in most countries in the world, in order to try and slow or stop the spread of the virus. Refugees and torture victims, who have often escaped countries, where repressive regimes were in power, may be triggered by such actions, as they associate government control with loss and death. Thus they can sometime associate police forces or the military as a threat, rather than protection.

Due to lockdown and quarantining many of us have been locked in our homes with no social connections. Refugees and torture victims besides the social isolation have usually experienced detainment in their lives before (either when tortured in their home country before fleeing or while waiting for their asylum claim to be processed in the country of destination) that put a strain on their mental health as they endured physical and/or mental abuse. **Being quarantined can thus easily trigger previous mental distress among refugees and torture victims.** Relapse of symptoms, especially nightmares, flashbacks and somatic symptoms are common in survivors that were ill-treated or tortured while in custody, due to COVID-related self-confinement or measures of medical isolation. [14]

Also due to the pandemic low-income, informal, daily wage jobs are more likely to be lost, which are the jobs in many countries that are taken on by third country nationals. Loss of employment, fear of losing housing, fear of homelessness can easily result in hopelessness and depression.

During our interviews with therapists around the world, many of them stated, that the pandemic triggered past traumas with their clients, many clients became suicidal and that clients also developed new symptoms of PTSD and other mental disorders.

[12] WHO, 2020. https://www.who.int/publications/i/item/9789240017924
[13] Pérez, Sales (2020) https://issuu.com/irct/docs/torture_volume_30-01_digital_edition_v7
[14] Rees and Fisher, 2020. https://journals.sagepub.com/doi/full/10.1177/0020731420942475

4. Experiences of mental health practitioners working with refugees and torture victims worldwide

In order to create data as relevant and up-to-date as possible, the Cordelia Foundation created a questionnaire, which was sent to and filled out by over 100 mental health practitioners working with refugees and torture victims worldwide.

50% of respondents stated, that the pandemic caused by COVID-19 affected their work with torture victims very much, while 34% stated not significantly and 16% stated to some extent. As COVID-19 posed major challenges to our daily lives, **98% of respondents said, that they had to restructure their work, come up with new ideas to manage their work during the pandemic** in one or more of the following ways:

- switch to online therapies, where video was available (68%);
- switch to online therapies, where video was not available, just sound (69%);
- rely more on interpreters and/or intercultural mediators to keep in contact with the communities of clients (27%);
- hold training(s) for staff preparing them for online interventions and/or participate in such trainings (28%).

As the numbers above show clearly, organizations and therapists had to come up with new and innovative ideas in order to be able to hold therapies for their clients. Thus, it does not come as a surprise, that **95% of respondents provided telemedicine/teletherapy during lockdown**. 51% of respondents stated, that they were prepared for the changes to be made due to the pandemic, while 49% stated the opposite.

The questionnaire also asked questions about how the mental health of refugees and torture victims was affected by the pandemic. 97% of respondents stated, that the pandemic affected the mental health of their clients in the following ways:

- re-occurrence of old-symptoms (14%);
- new symptoms (4%);
- both of the above (73%)
- respondents also mentioned a rise in fear and anxiety due to the pandemic.

The questionnaire also touched upon, the role of interpreters and intercultural mediators during therapy sessions. 75% of respondents work with interpreters and intercultural mediators during therapy sessions and 57% of them stated that the role of intercultural mediators became more significant during the pandemic, while 43% stated that it did not. **92% of respondents, who currently do not work with interpreters and/or intercultural mediators would find it important to have well-trained interpreters available during therapy sessions.**

The role of interpreters and intercultural mediators at a trauma centre during a pandemic

1. The role of interpreters and intercultural mediators at a trauma centre in general

The Cordelia Foundation has been working with interpreters and intercultural mediators for over 25 years now. Working with a third party in therapies can be rewarding and challenging at the same time:

1. As interpreters and intercultural mediators have probably not received training in psychology before working for a trauma rehabilitation centre it is important that before the first therapy session they receive a short briefing from the therapist (in optimal cases a short training), in order to understand the basics of trauma related therapies from the development of trauma to the different therapeutic methods used. They must learn about transference and counter-transference, vicarious trauma and how these can be treated and about the specific challenges of translating for a person, who has psychological issues, which can differ from cultural differences to translational issues. **When working with an interpreter who has endured trauma in their life before, it is important to make sure, that translating such therapies will not be triggering for them.**

2. It is also important for an interpreter to learn when it is necessary for them to translate things in larger sections and when it is important to translate word by word and in short sentences, how they must translate, when a medical record must be written. They must also learn how to incorporate the culture specific aspects that might arise, that the therapist might not be aware of, they must also translate gender issues sensitively.

   In some cases it is also important, that we invite an interpreter to a certain client, who is of the same sex, however sometimes, when the therapist and the translator have been working together for a long time, the translator can learn to take on a very neutral role, thus the client probably will not even request a translator of the same sex. However, the client must always come first, thus if they are uncomfortable with the sex of their translator, it is important that we start working with a new translator moving forward. Another option is that for the sensitive topics, the therapist and the client try to find a common language (e.g. English) in order to avoid using the

translator for those specific sessions. However, in this case, the client must be able to express themselves confidently in the chosen language.

3. We have to treat our interpreters with honour! S/he is our colleague during our therapeutic journey with the client. We might call her/him “the first violinist of our orchestra”. S/he has to move with us and with the client in synchronicity during the whole therapeutic process.

4. In order to prevent the vicarious traumatisation of the interpreter/s they should participate in individual or group supervision.

5. It might be reassuring for some interpreters if we ask them of their impressions after every session we spend with our patient.

2. The role of interpreters and intercultural mediators at a trauma centre during a pandemic

When COVID-19 hit the world every person was faced with new challenges and tasks on a daily basis, due to the rapid spread of the virus, most organizations were not prepared for the big changes ahead. However, over time, **most mental health organizations working with refugees and torture victims also shifted to providing *teletherapy* online or via phone.** Some organizations were hopeful at the start of the pandemic and just started by weekly check-ins via phone with their clients in the hope of being able to continue face-to-face therapies shortly. However, as time progressed, there was a state of lockdown in countries around the world and rehabilitation centres realized, that they must shift to providing teletherapy until other means are available.

In order to gather data and best practices on what challenges different rehabilitation centres had to overcome due to COVID-19 and how their work with interpreters changed during teletherapies the Cordelia Foundation conducted interviews with mental health practitioners working with refugees and torture victims around the world.

The experiences are very different regarding on how different centres around the world were able to adapt to this new way of providing therapy. The three most common ways of working with interpreters and intercultural mediators during COVID-19 were the following:

- providing teletherapy through some kind of online meeting tool (such as Zoom, Skype, Teams etc.) or via applications, that are available through a mobile phone (such as Viber or WhatsApp etc.);
- providing teletherapy through phone calls;
- while some were unable to provide interpreted therapy sessions at all during lockdown, as the interpreters and/or intercultural mediators did not have the necessary equipment in order to provide any sort of teletherapy.

The positive aspects of providing teletherapy

Accessibility:

Clients who live in more rural communities are harder to access for rehabilitation centres and it can also be a financial burden to those who must commute for their therapies (travelling to and from the location and in some cases paying for a carer/babysitter for the children etc.). While with teletherapy it is much easier to provide therapy to clients living in rural areas. Teletherapy also removes several barriers (physical, emotional or mental) towards seeking out therapy.

Flexibility:

When one has already many different commitments (work, commuting to and from work, taking care of the children etc.) yet another commitment such as therapy can easily become a burden. However, when therapy is available from the client's own home at a time that is most suitable for the client it offers greater flexibility.

Reducing waiting times:

Increased flexibility also means reduced waiting times for clients, who have perhaps not made up the courage to meet someone in person and the less time they have to wait, the more likely that they will follow through with their therapy. Being able to connect with a therapist from their own home is a great added value for many.[15]

Challenges of providing teletherapy

Technical difficulties:

Unfortunately, technical issues are bound to happen in an online environment, even if all parties are prepared and have a stable internet connection (e.g. power cuts could happen, devices could shut down). The most common challenges among mental health practitioners around the world stemmed from technical difficulties:

- adapting to unfamiliar technology: many of the clients, interpreters and therapist have not used these specific online meeting tools before and had to adapt to new and unfamiliar technology in a short period of time, the difficulty of adapting to this technology varied among clients;

[15] Mead (2021): https://positivepsychology.com/teletherapy/

- the client is unable to join the meeting, drops out during the meeting and has difficulties returning back – this can create a fracture in the therapy process;
- batteries of devices could run out during therapy or devices could simply be shutting down and restarting;
- where clients were connected to meeting via their phone, sessions could be interrupted by other incoming calls or notifications on the device;
- weak or unstable internet connection can lead to several issues during a therapy session, such as the session continuing without video connection.

Creating a therapeutic relationship and trust with new clients online:

- usually holding therapies online for clients, who already had ongoing therapy before COVID-19 was not a problem, they already trusted their therapist;
- however with completely new clients it posed challenges in several cases, mental health practitioners stated that in many cases it took much longer, than in face-to-face therapies to create a therapeutic relationship and earn the trust of their clients, creating the necessary trust was almost always successful, but it took much longer;
- explaining to clients (multiple times in certain cases), that these sessions are private and their therapists are bound by doctor-patient-interpreter confidentiality was crucial for creating trust between client, interpreter and therapist.

Issues of privacy and distractions:

- many organizations struggled with finding the most adequate online tool, that is secure for therapies and is approved by their national legislation;
- refugees and victims of torture commonly live either with their families or still in facilities, where they are housed with multiple other people – in these cases it was challenging for them to find or create a safe and peaceful place, which resembles those of a consultation room;
- interpreters and mental health practitioners could also struggle to keep family members out of their consultation rooms, especially those with small children;
- also unpredictable sounds and noises (such as traffic outside, renovations in the building etc.) could be distracting during therapy sessions.

The deficiency of non-verbal communication:

- Non-verbal communication can mean the following: eye contact, tone of voice, head nods, gestures and the postural position, many of which is lost in teletherapy, as we only see each other's face or up until their shoulder lines. Thus the therapist will not see if the client for example is tapping their feet (signalling anxiety and inner tension).
- Therapists stated that it was much harder to pick up on non-verbal cues in the online sphere.
- *"What is not said also means something"* – in many cases in offline therapies both interpreters and therapists can tell if something is not being sad, which can also have a meaning. However, in online therapies it is almost impossible to pick up on such pauses, as it could just be seen as an issue with the internet connection.
- Due to the lack of non-verbal communication, everything had to be verbalised by both the therapist and thus the interpreter (e.g. comforting a client was not possible with a touch or a gesture).

Issues of fatigue and burn-out:

- Therapists and interpreters both experienced issues of fatigue and burn-out, although at most rehabilitation centres online supervisions were available, the loss of everyday human connection had its tolls.
- As many torture survivors were feeling alone, isolated and suicidal, therapists often felt helpless and thought, that with physical presence and face-to-face therapy these problems would be easier to overcome.
- Therapists also stated that providing online therapies was much more fatiguing for them as they had to verbalise their non-verbal communication and also constantly keep moving during therapy sessions, so the clients do not think, that there are issues with the internet and the video "froze".

Due to the aforementioned issues and challenges the role of interpreters definitely shifted during teletherapy in the following areas:

Contacting new clients

Reaching clients, that were already participating in therapies was usually not a problem, however getting a hold of new clients could be very challenging for some organizations.

Especially in cases when clients still lived in asylum reception centres or homeless shelters that were hard to access during the pandemic.

In these cases interpreters and especially intercultural mediators could have a bigger role, as they might know the communities better and as they speak a common language, they could be a point of connection. Several organizations also created flyers that provided basic information about the pandemic (what is COVID-19, what are the symptoms, who can they turn to etc.), that could be circulated in these aforementioned centres, as this information was in many cases not available in their primary language. Interpreters and intercultural mediators can be of great help in translating and disseminating them in the communities.

They also took on a bigger role in organising the online sessions with clients and explaining to them, that the rules of therapy have not changed, sessions are still confidential. Explaining to the clients, that it is important that they find a quiet place, where they can be alone for the session, just as if it were offline in a consultation room (this can be quite challenging in cases, where refugees are living in reception or homeless shelters). Usually they also had to explain the situation regarding the pandemic, what the rules and regulations are in the country, as a lot of information was not available in their primary language.

Interpreters also provided technical support to clients, if they could connect to the therapy session, as they speak the language and are familiar with the members and habits of a community. During the therapy session they are also the technical moderators, if they cannot hear or see the clients properly etc., they are the ones who try to explain how these problems can be solved to the clients. Thus interpreters in many cases had to take on a much more technical role and be prepared about the technicalities regarding these online tools in order to explain to clients.

According to some therapists, who had to work with new interpreters too due to the changing circumstances, in the cases where they were working with new interpreters they had to pay closer attention to everything being explained to the clients (e.g. issues of privacy), whereas with interpreters who they have worked with before this was not an issue.

The lack of non-verbal communication during online therapies

According to studies the majority of our non-verbal communication features are lost in an online meeting.[16] Thus in therapies, where the client and the therapist do not speak a common language, it is natural, that the therapist must lean much more on the interpreter, as those non-verbal skills are not so obvious as if all parties were sitting in the same room.

In many cases, when the internet connection was very poor during therapy sessions, cameras had to be switched off (or there was no picture at all in the cases of therapies via phone), in order to at least hear each other clearly. In these cases the role of the interpreter is much more important, as they are the sole connection between client and therapist. It is very important, that the interpreter understands both sides clearly and does not only interpret word to word, but also pays special attention to tone of voice (in many cultures and languages this can be very different). As the therapist is unable to non-verbally comfort a client (with a hand gesture, a smile etc.), there is much more emphasis on the interpreter to verbalise these gestures, that in offline therapies would be obvious.

Also when the internet connection was very poor and because of that the line was breaking, the interpreters often had a hard time interpreting. In these cases, they tried to interpret shorter sections at a time, in order for the most successful interpretation. It was also necessary to interpret shorter sections, because there are a lot of outside factors that cannot be easily controlled, such as issues with the built-in microphone, outside noises or a family member interrupting the session. This way, if the session is interrupted due to some outside factor (such as the loss of internet connection, a power cut, a device restarting) it is easier to continue once the issue is solved.

Also it is important to keep in mind, that the vocabulary used is very important, when one is explaining their story and life experiences, how they were tortured, what they went through etc., thus if due to poor connection, the client must repeat their story over and over, it is very likely, that the way they explain it will become different each time. Thus the version that the interpreter is able to communicate to the therapist might not be the “most accurate” version. In order to avoid this, it is necessary to interpret shorter segments at a time, in order to get the most accurate outcome.

[16] Marra, A., Buonanno, P., Vargas, M. et al. (2020)
https://ccforum.biomedcentral.com/articles/10.1186/s13054-020-03035-w

During online therapy sessions clients usually hold eye contact with the interpreters, as they are explaining it in their local language. Thus the interpreters must pay special attention to the expressions of the clients when they are speaking as they will be able to understand better, the meaning behind the words of the clients. In face-to-face therapies the therapists themselves are able to understand much more through non-verbal communication, however in online session they rely on the interpreters for this. Every reaction must be verbalised, because gestures are easily dismissible in the online sphere.

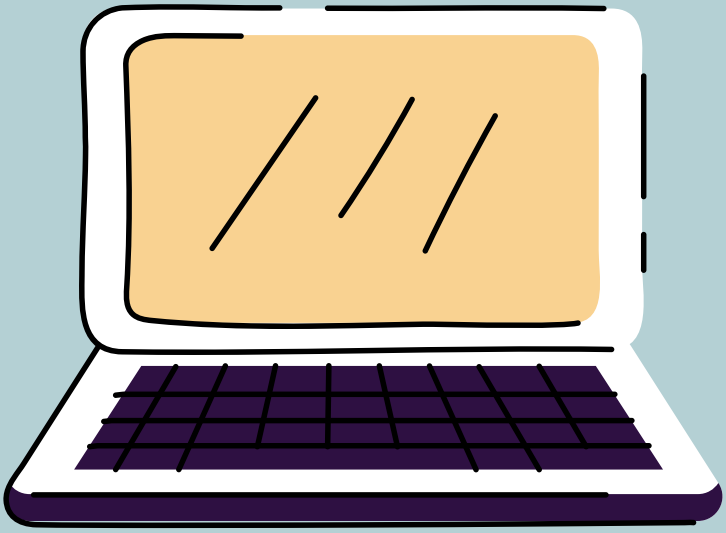
Debriefing

Many therapists mentioned that the process of debriefing became more important after online therapies. It was important to talk to interpreters after therapies to discuss their impressions in certain situations.

Therapists also mentioned that debriefing became increasingly important in the forms of supervision. While in some rehabilitation centres the option of supervision has always been available for interpreters and intercultural mediators, therapists explained, that due to COVID-19 and the mental health effects of lockdown and isolation many more interpreters actually started relying on these tools. In centres where such services are not available to staff, it is important to provide them with adequate tools to take care of their mental health in order to prevent vicarious trauma and burn-out. Our training material will also provide some material for mindfulness and self-care and will also link some resources available online.

During our interviews with mental health practitioners we realised that those practitioners, who were able to work with interpreters and intercultural mediators whom they have worked with before and trusted, relied on their interpreters much more during therapies. However, due to COVID-19 in many countries this was not an option and mental health practitioners had to work with new interpreters (who often have not been briefed about working with torture victims) during teletherapies. In these cases the therapists stated, that they had to pay much more attention to what the interpreter was saying, if they were explaining everything important etc. Thus we found it important for our manual to provide information for interpreters on the basic psychological terms that could be important during therapies with refugees and torture victims.

Training curriculum for interpreters and intercultural mediators



The following training curriculum consists of three main pillars that we think are crucial for interpreters and intercultural mediators to understand before interpreting during teletherapies with refugees and torture survivors.

The three pillars are the following:

- Dictionary of psychological basics for interpreters and intercultural mediators;
- a checklist to go through before online therapies;
- self-care exercises to prevent burn-out, stress and anxiety.

DICTIONARY OF PSYCHOLOGICAL BASICS FOR INTERPRETERS AND INTERCULTURAL MEDIATORS

STRESS

Stress is the body's reaction to any change that requires an adjustment or response. These might be physical or psychological responses. Stress is a normal part of life. Its result is the feeling of distress.

TRAUMA

Trauma is the result of an unexpected huge amount of stress the person is not able to cope with, or integrate the evoking emotions. Trauma can be an occasional single one or repetitive or long-acting events.

WHAT IS THE DIFFERENCE BETWEEN STRESS AND TRAUMA?

Stress becomes traumatic when it overwhelms the person and the body reacts with fight, flight or freeze even after the threat.

POST-TRAUMATIC STRESS DISORDER

PTSD manifests in persons who have experienced death, serious damages or sexual violence personally or as an eyewitness or through work experience. PTSD is diagnosed after a person experiences symptoms for at least one month following a traumatic event. However symptoms may not appear until several months or even years later.

Symptoms:

1. intrusive thoughts – when thoughts unexpectedly break into the conscious of the person mostly about the traumatic past. They might be re-experiencing it during daytime and nightmares during the night waking up the person in terror with vegetative symptoms (sweating, shivering, etc);
2. avoidance of traumatic experiences, thoughts, memories;
3. cognitive and mood disorders – memory issues, mood fluctuation or lower levels of mood blaming others or self, etc.;
4. hyperarousal and hyperreactivity including anger and rage or sleep disorders.

PTSD, is a normal reaction to an abnormal situation. It serves as a survival tool among extreme circumstances but if the symptoms remain after the circumstances change for “normal” they cause illness.

PTSD

PTSD can be acute or later become chronic PTSD. It can manifest sometimes years after the experience causing serious harm and suffering to the person. We see sometimes long-acting after effects of torture or trauma manifesting in personality change.

VICARIOUS (OR SECONDARY) TRAUMA

It is a negative reaction to trauma including a lot of symptoms of post-traumatic stress disorder, but in a minor form. It might result in either over-involvement in the case handling or a cynical attitude as well. Vicarious trauma can lead to burnout, which is one of the most difficult challenge the caregiver might experience during their work activity. It might lead to leaving the profession and giving up the previously humanitarian aims. Individual or group supervision is recommended to prevent this harm besides other self-care practices like taking enough time to be away from work or doing relaxation/meditation exercises.

ANXIETY

Anxiety is similar to fear, however it does not have an object. Anxiety means a distress or uneasiness of mind caused by a fear of some potential danger or catastrophe. There can also be physical symptoms, like a racing heart, sweating, stomach pain, diarrhoea, among others. Anxiety might result in a panic attack or even generalised anxiety disorder or panic disorder. It is one of the main symptoms of depression and PTSD as well.

EMPATHY

Empathy is the ability to sense or imagine other people's emotions. Interpreters and therapists must work with an empathic attitude, but they have to stay as neutral as possible at the same time.

PSYCHOSIS

Psychosis is a a condition affecting the mind in losing contact with reality. The person lives in their inner world. In PTSD persons might experience short psychotic episodes but most of them don’t need hospital treatment.

THERAPEUTIC INTERVENTIONS

PSYCHOTHERAPY

Psychotherapy is talk therapy to help persons to elaborate previous traumatic experiences. They can be individual, family, couple, group therapies in verbal or non-verbal forms. Non-verbal therapy uses movement, art and gesture therapeutic elements.

There are different sorts of psychotherapy, like dynamically oriented, trauma focused or cognitive behavioural therapy. EMDR (Eye Movement Desensitisation and Reprocessing Therapy) is a recognised therapeutic method for traumatised patients.

PHARMACOTHERAPY

Medical doctors might recommend different sorts of medications to reduce anxiety, increase the quality of sleep or stabilise the fluctuating mood and energy levels of the patient. Some of them are recommended to use temporarily, some of them continuously with regular follow ups by the medical doctor.

TORTURE METHODS

Torture methods can be physical and psychological: there are hundreds of methods to humiliate a person in order to cause huge pain and suffering breaking one's identity.

Some psychological methods might be important to know like sensory deprivation (the person is isolated and deprived from every stimuli from one or more of the senses) like blindfolding or earmuffs. Sometimes it is called ”white torture”. Psychological torture methods might cause depersonalisation (the person is separated from her/his identity) or psychotic symptoms, like hallucinations, etc.

CHECKLIST
FOR INTERPRETERS

Before therapy sessions

- [ ] **Who is organizing the online therapy session?**
  - [ ] **Does the patient know how to connect to/join the session?**
  - [ ] **Are they in need of technical support?**
  - [ ] **Are they aware that although the therapy is online, there is still a strict timeframe for therapies just as in offline sessions?**
- [ ] **What is an ideal setting for teletherapy?**
  - [ ] **It is also important to explain to clients to find a suitable location for their teletherapy session. Ideally this would be a quiet room, where they feel safe and are not interrupted during the online session.**
- [ ] **Explaining privacy and confidentiality:**
  - [ ] **It is important for interpreters to explain that just as with offline therapies interpreters and therapists are ethically and legally bound by law to confidentiality. They are not allowed to share any details about sessions with third parties.**
  - [ ] **Interpreters and therapists must be in a private and secure room when engaging in teletherapy sessions in order to ensure privacy and confidentiality.**
  - [ ] **It is also important to make sure the application/online meeting tool used for the session is secure and assure clients, that no third parties will be able to listen in or join their session.**
  - [ ] **Sessions should not be recorded or shared by any of the parties (client, interpreter or therapist).**

CHECKLIST
FOR INTERPRETERS

During teletherapy sessions

- [ ] **Always discuss with the therapist what their needs are regarding interpreting during teletherapy, however if they do not advise otherwise, we recommend the following instructions:**
  - [ ] **interpret shorter sections at a time as teletherapies can easily be interrupted by outside factors, that can fracture the therapy process;**
  - [ ] **pay special attention to what words are used and the tone of voice used as in teletherapy these become increasingly important due to the loss of non-verbal cues.**

Following teletherapy sessions

- [ ] **Following therapy sessions sit down with the therapist and discuss the non-verbal cues you might have picked up on during the session, highlight anything you think has importance;**
- [ ] **take care of yourself, make sure if supervision is not available, that you find the most appropriate tools for you to be mentally healthy in order to help others.**

Self-care, preventing vicarious trauma and burn-out

In this section we would like to provide some exercises for self-care as many of us felt isolated and alone during the pandemic. It is important to take care of ourselves first in order to be able to help others.

PROGRESSIVE MUSCLE RELAXATION

Progressive muscle relaxation is a form of stress management. When you are anxious or stressed, your body can react in multiple ways, one of which can be tension in your muscles (e.g. in your neck or shoulders). This method will help you relieve this tension in your body and will make you feel less anxious and stressed, it is an easy exersice, that you can do alone.

In order to do this exercise find a quiet space, where you will be able to lie down comfortably (you can also do the exercise sitting, if lying down is not an option, when in need of the exercise). During the exercise you will be tensing and relaxing each muscle group in order to ease tension in your muscles.

1. **Lie down** on the floor with your arms and hands parallel to your body or if you are doing the exercise sitting down place your hands on your thighs.

2. **Close your eyes** and take a couple of deep breaths, breathing in on the nose and out on the mouth. When you are breathing out try and focus on the feeling of the air leaving your body. After you have taken a couple of deep breaths, do not focus on your breathing any longer, let your breathing flow naturally.

3. **Clench both of your hands/fists** and keep them clenched for 5-7 seconds, feeling the tension in your fists. Suddenly let them go and feel the sensation of relaxation in your hands, your hands will feel heavier than before. In your mind focus on your fingers and try to pay attention to the feeling of relaxation in them.

4. **Extend your wrists and forearms** and bend your hands back at the wrist. You will once again notice this feeling of tension, hold it for 5-7 seconds and suddenly let them go. Now both of your arms will be laying relaxed next to your body.

5. In order to ease tension in your **cheeks and jaws** smile as widely as you can and then relax it.

6. Close your **mouth**, press your lips against each other and press your tongue against your palate. Relax it. Close your eyes tightly and become aware of the tension in you facial muscles. **Pay attention to your pain threshold and do not exceed it!** Stop the tension and enjoy as your whole face relaxes.

7. Now on to the **neck**. Turn your neck to the right as if you would want to reach your shoulder with your chin. Keep you neck taut and relax it. Due to the sensitivity of the vertebra, **relax your neck slowly and not suddenly!** Repeat the exercise by turning your neck now to the left.

8. Pull your **shoulders** up high as if you would want to reach your ears with it. Make sure your muscles are tense and release them back to their original position.

9. Take a deep breath into your **chest**, feel the tension in your chest as it fills with air, hold it for 5-10 seconds. Make sure your shoulders are straight and that your spine/back stays on the floor (do not arch your back). Relax it.

10. Arch your **back** up, as high as possible, and away from the floor/bed or chair. Do not raise you shoulders or pelvis. After a few seconds lower it back slowly to the bed.

11. Take a deep breath into your **stomach**, suck it into a tight knot. Hold the abdominal muscles and release the air suddenly and audibly and allow your abdomen to release back into its original position.

12. In order to release tension in your **hips and buttocks**, squeeze your buttocks together tightly. The pelvis will rise due to the tension in your buttocks. Hold tightly and release it suddenly.

13. Stiffen your knees and lift both legs off the bed/floor, you should feel the tension in the muscles of your **thighs**. Hold for a couple of seconds and allow your legs to fall back to their original position on the bed/or on a soft surface.

14. Stretch your **feet** forward and pay attention to the tension in your **calf**. Relax the muscles after a few seconds.

15. Clench your **toes** together, after a few seconds suddenly let them go and feel the sensation of relaxation in your toes.

16. Enjoy this relaxed state for a couple of minutes, take a few deep breaths, stretch your body (as you would do after waking up) and continue your day with this relaxed, stress-free energy.[17] [18]

If you would rather follow a guided practice, there are several resources available online, such as the following video: https://www.youtube.com/watch?v=1nZEdqcGVzo

17 Healthwise (2020) https://www.uofmhealth.org/health-library/uz2225

18 Dr. László Kopácsi (2004) https://stresszdoktor.hu/Testi_lelki_ellazulas.html

BREATHWORK

Breathwork is essentially focusing consciously on your breathing. It can also be seen as a form of meditation and while meditation can be overwhelming for some, breathwork is an easier exercise. Many different techniques exist in breathwork and each has a different purpose.

Once again you will only need a quiet place where you can practice your breathwork for a couple of minutes, doing your breathwork outside or next to an open window would be ideal.

The Relaxing Breath, also known as the **4-7-8 Breathing** is a technique that will slow you down and calm your body, so it is ideal for stressful situations.

1. Sit or lie in a comfortable position.
2. Take a deep breath and empty the air from your lungs.
3. **Inhale the air in through your nose for at least 4 seconds, hold the air in for 7 seconds and exhale it through your mouth for at least 8 seconds.**
4. Repeat the exercise for at least 4-5 times.[19]

Tips for this exercise:

- When inhaling make sure that your stomach bulges out when you inhale and that you pull your abdominal wall in on the exhale.
- When exhaling a simple but useful trick is to whistle or make a low hissing sound when you exhale, so you can control how evenly the exhausted air is removed from your lungs.

For a guided deep breathing exercise visit the following link:
https://www.youtube.com/watch?v=EYQsRBNYdPk

19 Gwen Dittmar (2021) https://www.mindbodygreen.com/articles/4-7-8-breathing-technique

PRACTICING MINDFULNESS

Mindfulness is the ability of being present, that our mind is aware of what is happening in that moment. In todays fast-pace world is it very easy to get caught up in everything that is happening and forget to appreciate the little things in life. Practicing mindfulness is not only a tool to ground yourself in a moment, but on the long-term it can also prevent burn-out.

"When we're mindful, we reduce stress, enhance performance gain insight and awarenessthrough observing our own mind, and increase our attention to others' well-being." [20]

There are several ways to practice mindfulness, such as the following easy, 5-step exercise, called **5 senses**. **The goal of the exercise is to notice something that you are experiencing with each of your senses in this moment** (the numbers are purely guidelines, feel free to do more or less). You can try this exercise while on a walk, doing chores or whenever you feel like you need to ground yourself for a moment.

1. What are 5 things that you are currently seeing? Look around and try to notice things you haven't noticed before (e.g. shadows or sunlight, a detail on a book cover).
2. What are 4 things that you are currently feeling? Maybe you can feel the sunshine on your skin, the weight of your feet on the floor, but also feel free to pick up an object and feel the weight of it.
3. What are 3 things that you are currently hearing? Try and turn off the filter in your head and notice all noises around you, such as the birds chirping, traffic noises, the sound of your computer etc.
4. What are 2 things that you can smell? Notice the smells around you, this could be pleasent smells (e.g. flowers, food), but also something unpleasant (e.g. a trashcan nearby).
5. What is 1 thing that you can taste? Simply notice how your mouth tastes. If you do not taste anything eat or drink something and really enjoy the taste of it in your mouth.[21]

20 Mindful, 2020. https://www.mindful.org/what-is-mindfulness/

21 Therapist Aid: Mindfulness Exercises, 2015. www.therapistaid.com/worksheets/mindfulness-exercises.pdf

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