

# Factors That Inhibit and Facilitate Wellbeing and Effectiveness in Counsellors Working With Refugees and Asylum Seekers in Australia

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This study aimed to identify the factors that counsellors working with refugees and asylum seekers in Australia consider influence their wellbeing and effectiveness. Nine employees in counsellor roles were interviewed. Thematic analysis indicated that government policies and practices were the greatest challenge. Factors facilitating effectiveness and wellbeing included having clear values, being able to see results for the client, receiving organisational support, working in a positive organisational culture, and having the support of family and friends. Factors inhibiting wellbeing included personal pressure to exert change, counsellor experience, feeling alienated from the community, lack of supervision, unclear organisational guidelines, and organisational values not being upheld. Along with the reported negative impact, positive psychological transformation was also reported. Through reflection on their clients' strengths and resilience, participants reported feeling inspired, with increased effectiveness and wellbeing rather than vicarious trauma. This research contributes to the discussion about the psychologically harmful effects of government refugee and asylum seeker policy on counsellors and their clients.

**Keywords:** counsellors, refugees, experiences, wellbeing, effectiveness

In countries such as Australia and the United States, not-for-profit organisations have been established to provide support and counselling for refugees and asylum seekers after their arrival in a host country. These agencies aim to respond to the particular needs of this population. A refugee is 'someone who has been forced to flee his or her country because of persecution, war, or violence', while an asylum seeker is a person who has fled their own country to 'seek sanctuary in another country, they apply for asylum — the right to be recognized as a refugee and receive legal protection and material assistance' (United Nations High Commissioner for Refugees [UNHCR], 2018a, p. 1). Asylum seekers and refugees face significant challenges that put them at risk of developing mental health problems that compound premigration conditions of posttraumatic stress disorder (PTSD), anxiety and depression (Australian Psychological Society, 2008). Brewin (2003) found that refugees and asylum seekers still carried the burden of premigration issues, such as the pain and illnesses from their experiences of torture and trauma and harsh environments in their homeland, as well as the traumatic journey to the migra-

tion country. However, they face many additional issues caused by postmigration stressors of the asylum-seeking process, such as uncertainty about their migration status, the plight of family and friends in their original country, and the fear of forced deportation. In Australia and some other countries, asylum seekers face months and years of mandatory detention on arrival. Detention could be in-home, onshore (within Australia), or offshore. Additionally, even for refugees who are granted visas or permanent residence, the challenges of settlement can lead to acculturation stress, described as the psychological impact of adaptation to a new country (Australian Human Rights Commission, 2013; Brewin, 2003; Newman, Procter, & Dudley, 2013). On the other hand, not all refugees experience adverse outcomes. As Papadopoulos (2007) suggested, refugees and asylum seekers who had been exposed to adversity can also experience positive developments. Adversity-activated development refers to the ability of some refugees and asylum seekers to undergo positive transformations and find strength and new perspectives on their life from their encounters with adversity (Papadopoulos, 2007).

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### Challenges in Working With Asylum Seekers and Refugees

A number of challenges have been identified for those who work with refugee and asylum seeker populations. The Australian Psychological Society (2008) found that differences in culture, experiences, and current situations differentiated refugees and asylum seekers from other population groups with mental health problems. Government legislation has been identified as one of the greatest challenges affecting mental health workers (Barrington & Shakespeare-Finch, 2013). Harsh Australian government policies for processing asylum seekers have been described and are likely to be a significant challenge for those working with this population (UNHCR, 2018b). Working within systems was found to be difficult due to the limited number of resources available, as well as the issues of working holistically with other organisations (e.g., housing; Burchill & Pevalin, 2012). Language barriers and working with interpreters have also been documented as significant practical challenges because of mistranslation and lack of consistency of meaning across languages (Guhan & Liebling-Kalifani, 2011).

### Impacts on Those Working With Asylum Seekers and Refugees

The negative effects on the mental and physical wellbeing of workers working with traumatised individuals are widely documented. McCann and Pearlman (1990) identified vicarious trauma as the negative impact of repeated exposure to traumatic material on therapists who had not experienced that type of trauma themselves. A number of symptoms of vicarious trauma were described, with the most significant being strong emotional reactions and damaged personal identity, worldview, and spirituality (McLean, Wade, & Encel, 2003). However, it has been suggested that the impact of vicarious trauma may be overestimated. Burnout has been described by Maslach, Schaufeli, and Leiter (2001, p. 402) as the negative response to prolonged exposure to the demanding nature of an interpersonal interaction resulting in 'emotional exhaustion, depersonalization and a reduced sense of personal accomplishment'. They argued that burnout has a greater impact on wellbeing than vicarious trauma. Along the same lines, Devilly, Wright, and Varker (2009) found that lack of organisational support and low employee satisfaction with their job contributed more to negative wellbeing for mental health professionals than 'operational experiences' such as working with trauma (Devilly et al., 2009, p. 383). While burnout and vicarious trauma have been described as phenomena that are independent of one another, they may be experienced simultaneously (Boscarino, Adams, & Figley, 2010). Thus, it is important to understand how the risks of developing both phenomena are managed by individuals.

On the other hand, recent research has highlighted the possibility that positive experiences can emerge from interaction with traumatised clients, such as psychological growth (Tedeschi, Park, & Calhoun, 1998). Psycho-

logical growth is defined as the positive outcomes that 'follow vicarious brushes with trauma', such as positive changes in self-perception, life philosophy and interpersonal relationships (Arnold, Calhoun, Tedeschi, & Cann, 2005, p. 243). Psychological growth has been reported among those working with refugees and asylum seekers. Guhan and Liebling-Kalifani (2011) explored the experiences of staff working with asylum seekers and refugees in the United Kingdom and identified challenges such as the responsibilities and pressure of the work itself. They reported that workers also experienced significant positive change from doing work that supported their own beliefs and values, seeing change happen, and receiving gratitude from their clients. Vicarious resilience has also been reported in Australians working with refugees and asylum seekers (Puvimanasinghe, Denson, Augoustinos, & Somasundaram, 2015).

There is some evidence that self-care practices facilitate effectiveness and wellbeing for counsellors while preventing vicarious trauma (Harrison & Westwood, 2009). Furthermore, there are factors that may influence effectiveness and wellbeing and contribute to negative outcomes such as burnout (Boscarino et al., 2010). One of the main predictors for burnout or turnover found by Mitani, Fujita, Nakata, and Shirakawa (2006) was workplace stressors that were not a result of the work content itself, but factors related to the nature of the work, such as a lack of social support and feelings of job dissatisfaction. Mitani et al. (2006) suggested that countermeasures such as social support and the development of human relationships could be effective in reducing burnout. While there is little research on mental health workers working with refugees and asylum seekers, most workers experience some negative impact and symptoms of vicarious trauma (Barrington & Shakespeare-Finch, 2013; Guhan & Liebling-Kalifani, 2011). Century, Leavey, and Payne (2007) found that participants not only reported that working with refugees was significantly more stressful than with other client groups, but they also faced greater ethical dilemmas and challenges such as language barriers, working with interpreters, managing both psychological and practical needs of the client, and establishing and maintaining professional boundaries. Counsellors also reported feelings of being overwhelmed, helpless, powerless, frustrated and exhausted (Century, Leavey, & Payne, 2007).

Having identified the challenges and the possible negative impacts of working with this client group, researchers have also attempted to articulate how these impacts could be managed and whether mental health workers experienced positive changes from their work.

In a study of Australian clinical, administrative and managerial staff working with survivors of refugee-related trauma, Barrington and Shakespeare-Finch (2013) found that while all participants experienced symptoms of vicarious trauma they also experienced symptoms of vicarious post-traumatic growth such as 'forming new relationships,

increased self-understanding and gaining a greater appreciation for life' (p. 89). Furthermore, effortful meaning-making processes were found to be effective in reducing the emotional risks and facilitating the benefits of working with this client group (Barrington & Shakespeare-Finch, 2013).

### The Current Study

While previous studies (Barrington & Shakespeare-Finch, 2013; Century et al., 2007; Guhan & Liebling-Kalifani, 2011) have identified factors that may affect the experience of working with this population, this study seeks to identify the factors that counsellors working with refugees and asylum seekers in Australia consider influence their wellbeing and effectiveness.

Specifically, this study seeks to address the following questions:

1. What are the challenges that counsellors face working with refugees and asylum seekers?
2. What factors inhibit wellbeing and effectiveness in counsellors working with refugees and asylum seekers?
3. What factors facilitate wellbeing and effectiveness in counsellors working with refugees and asylum seekers?

## Method

### Participants

Participants ( $N = 9$ ) were all employed to work with refugees and asylum seekers in therapeutic settings, with counselling a major part of their role. All participants worked with asylum seekers who had previously been in detention, and some were working with those still in detention at the time of the study or they had done so in previous roles. Most participants were from an Anglo-Saxon ethnic background except two participants (one who was Asian and one South American). Six participants were female and three were male. Seven participants were counsellor advocates, whose role was to offer therapeutic services as well as assistance related to settlement issues. One caseworker and one psychologist were also included in the sample as counselling was a key part of their role. Five participants were full-time employees of a not-for-profit refugee trauma and rehabilitation agency. One participant worked there part time. Two participants worked full time for government agencies and one participant worked full time for a non-government organisation. Most participants had prior experience in counselling roles with different client groups such as Indigenous Australians, children and adolescents, prisoners and homeless persons. Only one participant had no prior counselling work experience.

Participants were recruited directly via two agencies providing counselling services to asylum seekers and refugees and through the snowballing method (where par-

ticipants recommended other professionals who met the inclusion criteria). Agreement to invite counsellors employed in their agency was gained from management. Team leaders then sent emails to members of the organisation. Interested individuals contacted the researcher directly.

### Procedure

The University of Adelaide Human Research Ethics Subcommittee approved the study. Nine semistructured interviews were conducted in 2014. All interviews were conducted in a private room at the participant's office and recorded using a digital voice recorder. Interviews ranged from 40 to 90 minutes. Questions focused on the challenges and positive aspects of working with this client group and factors that facilitated and inhibited their wellbeing and effectiveness. Participants were also asked about the most difficult challenges they faced in their work, and how those challenges have affected their work and their wellbeing. They were also asked whether they felt they were sufficiently supported to manage vicarious trauma, and how they managed vicarious trauma. The interviewer (second author) was the Australian-born daughter of a Vietnamese refugee, while the other two researchers (first and third authors) have experience working as counsellors with asylum seekers and refugees. Interviews were conducted until data saturation occurred (Braun & Clarke, 2013).

### Data Analysis

Data were analysed using thematic analysis to identify prominent and recurring themes in the material that addressed the research questions. This process included: familiarising oneself with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and producing the report. This study was exploratory and experience based, as it was not shaped by pre-existing theories. Thus, experiential thematic analysis was used to analyse data to allow for the emergence of unexpected themes (Braun & Clarke, 2013). After initial analysis by the second author, themes were reviewed for accuracy and alignment of understanding among the research team (first and third authors) with all discrepancies resolved through team discussion. Participants were sent a summary of results and invited to provide feedback and comment. Two participants offered suggestions, which were then included in the final analysis. Themes are presented below, with a description of the theme and participant quotes to illustrate key aspects of the themes. Where there was very strong consensus on a theme this is noted.

## Results

### Challenges That Counsellors Face Working With Refugees and Asylum Seekers

The main challenges identified were those arising from government policy and practices. Participants described

**Table 1**  
Challenges and Factors That Inhibit and Facilitate Wellbeing and Effectiveness in Counsellors Working With Refugees and Asylum Seekers

Themes	
Challenges	
	Working within external and political systems Frequently changing legislation and policy Client visa status
Factors that inhibit wellbeing and effectiveness	
Internal factors	Personal pressure to exert change Less experience as a counsellor Feeling alienated and distanced from the Australian community
External factors	Lack of clinical support and supervision Lack of clear guidelines by organisations How the organisation exhibited their values
Factors that facilitate wellbeing and effectiveness	
Internal factors	Having a clear set of values Ability to advocate in their personal life Greater experience as a counsellor Reflection on strengths and resilience from their clients' stories Self care Seeing the results of their work for their client
External factors	Having sufficient organisational support Strong organisational culture Support from family and friends

the difficulties they faced arising from government and legislation, such as working within a punitive system, the volatility of government legislation, and the visa status of their client (see Table 1).

*Working within external and political systems* was frustrating for all participants. Almost all participants reported that it was the greatest practical and emotional challenge of their job. Strict, punitive legislation on asylum decision-making, and granting of permanent residence or citizenship had a direct negative impact on a client's wellbeing as it created feelings of worthlessness, uncertainty and being unwelcome. Punitive policies also unnecessarily exacerbated the existing challenges of settlement and acculturation for clients by further constraining the delivery of culturally appropriate services. All participants strongly disagreed with the current government systems, labelling them cruel and unjust. One participant discussed the emotional conflict of indirectly supporting the system by working within a position that facilitated its existence and how this contributed to burnout.

*... we don't do huge amounts of public advocacy, so feeling constrained in that matter of what I can do to actually help ... That just burns. That just burns and burns and burns and burns. And it just eats people up ... you're working within a system of injustice, and unless you can figure out a way to solve that within yourself, it just burns. (Participant 4)*

*Frequently changing federal government legislation* and policy was another major issue, as it disrupted the client's progress towards settlement and undermined the participant's sense of professional ability. For example, the introduction of legislation restricting family reunion could lead

to debilitating issues for clients, such as retraumatisation, tarnished hopes for the future, and feelings of injustice and paranoia about the government, which subsequently affected the counsellor's therapeutic approach. It also led to practical impediments such as an inconsistency between employees within and between agencies in knowing what current legislation allowed. This created confusion and uncertainty for all parties.

Given the frequent changes in legislation, attempting to remain up to date with all legislation changes was also a challenge. Some changes were featured in the media long before they were officially released by the relevant government department. This was further complicated by the inconsistency in the types of media outlets that made information available.

*It's harder to adjust to a constantly moving target. And that's also what makes it difficult for our clients as well, because things are constantly, its fluid! ... If things are constantly changing, you can't plan anything and that's why uncertainty has a huge negative effect on people's mental health over time. (Participant 4)*

*Determination of client visa status* was described as a significant challenge by participants. Whether the client had obtained their visa, had a visa pending or was in a detention centre influenced the type of therapy participants used to address issues. For clients with a visa, acculturation stress was more common, with clients focused on issues such as settling into the community and dealing with housing. Participants who were counsellor advocates used their dual role to advocate for their client as well as provide counselling to reduce acculturation stress and increase the client's sense of empowerment. Participants working with asylum seekers with uncertain visa status suggested that this group was the most difficult to work with due to the uncertainty of the client's future and limitations on therapeutic options, especially for clients in punitive environments such as detention centers. Some participants felt guilt and inadequacy at the amount of change they could enact.

*... the ones in centres are the hardest to work with without a doubt ... that level of oppression, desperation, hopelessness is ever present in the room ... They're very difficult to offer any form of hope ... you're trying as much as you can ... to have some impact on it but you can't and you feel like a fraud sometimes ... if I was to say 'Oh, I've gotten used to it', I'd be lying, but I don't think you ever do. (Participant 9)*

#### Factors Inhibiting Wellbeing and Effectiveness in Counsellors Working With Refugees and Asylum Seekers

Factors inhibiting effectiveness and wellbeing included internal and external factors. Internal factors included personal pressures to effect change, lack of experience of counsellors, and feeling alienated from the community as a result of working in the area. External organisational factors identified were a lack of supervision, unclear guidelines, and a failure of the organisation to demonstrate values.

Participants put *personal pressure on themselves to effect change* to government policy negatively affecting clients' lives, such as delays in processing citizenship and family reunion applications. Those who put greater pressure on themselves to do this were more vulnerable to feelings of helplessness and uncertainty. Personal pressure was discussed in terms of the expectations participants put on themselves as workers with humanitarian values about how much change they wanted to enact. Some participants also put pressure on themselves to remain up to date with legislative changes, making it harder to separate their work from their life: 'You need to be able to draw the line somewhere for yourself . . . when I first started here, I was so enthusiastic. I wanted to solve everything and you recognise you can't' (Participant 9).

In addition, counsellors experienced a greater sense of inadequacy and helplessness when working with asylum seekers who failed to gain visa status: 'With the lack of visible results at times with asylum seekers, you can feel disheartened as a counsellor . . . feeling, in a sense, de-skilled . . . it undermines your sense of competence' (Participant 4).

Participants described their *experience as counsellors* as important. All participants suggested that listening to stories of torture and trauma was a greater issue when they first commenced working in the field, and acknowledged that the impact of listening to stories of trauma lessened over time.

*For the first year, I couldn't watch the news . . . even kids' movies . . . if someone's torturing somebody . . . and now it's not a problem at all . . . every time you hear the first story . . . but then you hear it a second, a third time, it doesn't have the same impact. (Participant 8)*

Some participants felt *alienated and distanced* from 'normal' Australian people by their experiences of listening to stories of trauma and torture. This sense of alienation influenced their experience in personal relationships, with the participant stating that they would only be able to be in a relationship with someone who worked with refugees and asylum seekers and shared similar personal experiences.

*I feel like I'm not part of Australian society anymore . . . I have such a knowledge of what goes on in these war-torn countries. It makes me feel different . . . I don't feel like I belong to mainstream society . . . they don't understand the level of suffering . . . you're privileged in having known that suffering . . . But it sets you apart from someone else because they just won't understand it. (Participant 8)*

Participants also highlighted *external factors* such as the importance of support from their organisation. If participants perceived a lack of *clinical support and supervision* from team leaders, there was a greater chance of dissatisfaction and burnout.

*. . . team meetings have gone from four a month to two . . . there's no clinical supervision at the moment. And I tried to raise that as an issue and I just got told that I'm imagining it*

*. . . So that's burned me out totally. . . I can't concentrate on my clients. (Participant 8)*

Participants suggested that a *lack of clear guidelines by organisations* contributed to existing feelings of uncertainty and inadequacy that surrounded the role as a counsellor with this client group.

*. . . any lack of clarity in internal policies and procedures . . . about transparency is really not good . . . we have no definition or no guide about anything about where the case work should end . . . how can I ever say no? . . . you leave yourself open to getting into trouble . . . that sort of fuzziness adds uncertainty and fear. (Participant 4)*

The challenge for organisations working within punitive government legislation was how they presented their work in the public sector to maintain funding and image. However, *how the organisation exhibited their values* to their own employees could have significant negative or positive consequences.

*. . . she was saying 'We want to make sure we don't bite the hand that feeds us' . . . that comment was in a sense the perfect storm of various things all coming together because with that one comment, I was suddenly furious . . . we shouldn't be compromising our ethics to do our job . . . And that's what that was saying: 'We are willing to compromise on whatever'. (Participant 4)*

For this type of work, there was a consensus among participants that it was essential that the organisation's values aligned with those of the employee. Most employees possessed values and ethics that motivated them to join a humanitarian organisation and help refugees and asylum seekers. If they were unable to enact these values or the organisation failed to exhibit these values in their practice, they were more likely to experience burnout.

*. . . the more you can live ethically as an organisation, the better . . . particularly within an organisation where you bring your values to the place; most people come here because they want to work here because they have certain values and if it's values they can't enact or live then there's going to be a difficulty at work . . . the organisation needs to articulate what its values are clearly and live them. (Participant 4)*

### Factors Facilitating Wellbeing and Effectiveness in Counsellors Working With Refugees and Asylum Seekers

Internal factors facilitating effectiveness and wellbeing included having a clear sense of values, being able to actively advocate, having greater experience, being able to continuously reflect and learn, engaging in self-care strategies, and being able to see results in the client. External factors in the form of organisational support, organisational culture and support of family and friends also contributed to effectiveness and wellbeing.

Participants acknowledged that *maintaining one's sense of ethics/values* was crucial in this field where values were constantly being tested by government policies and organisational decisions. For example, Participant 1 commented, 'How do I deal with frustration? What helps me is striving, having a strong ethical

instinct.’ Some participants internalised a *clear set of values* for themselves, while others needed to actively engage in advocacy in order to maintain and strengthen their values.

*... know yourself quite well ethically and participate in the action of your ethics, however you do that, and I guess that's a personal thing. So whether it's going to protests, whether it's about writing articles ... you just feel ... you're going to bring as much justice to the circumstance for the client as you can. (Participant 4)*

For some participants, *the ability to advocate* in their personal life highly influenced their wellbeing. Most participants found that advocating to some degree was important to maintain and strengthen their values and improve their sense of morale and justice doing. Some attended rallies or expressed their beliefs to family and friends. If counsellors were able to advocate openly, there was an increased sense of being part of a community and a higher cause. Advocating for one's client could also be seen as a way of strengthening the therapeutic relationship as it contributed to creating a safe space of trust between the counsellor and the client.

*Really striving every day in everyday work ... Because if not, I would feel totally, utterly inadequate as a person who works in this area. In order for me to have work, I need to be doing this almost every day at different levels. (Participant 1)*

While lack of experience was described above as potentially inhibiting wellbeing, *greater experience* was seen as a buffer to the impact of many challenges, such as listening to stories of torture and trauma and learning to accept how much change the participants could make within their position. One client suggested that with greater experience, they accepted that huge changes could not always be made and they could not always enact all the humanitarian values they held when they began working.

*I came in believing I was going to save the world. And do all of those things, as we are when we're that much younger. You think, 'Oh I can solve all these problems'. I've got a little bit wiser over time, I can't do that, I'm more comfortable living with the uncertainty ... (Participant 2)*

Participants who continuously *reflected on the strengths and resilience from their clients' stories* were more likely to experience inspiration and effectiveness and wellbeing rather than vicarious trauma.

*They have prompted my curiosity, not only my reflection, but my curiosity and search for new things. Because it comes from the people that I work with ... Always searching for how to keep this persistence and hope alive in me. Because I see it in the people I work with but in me. (Participant 1)*

*Self-care* was paramount in maintaining a work–life balance, with participants listing many types of physical and emotional self-care strategies. These included knitting, listening to music, exercise, eating well and sleeping, recreation such as playing video games, and meditation. Maintaining a social life and relationships was also seen as

important. Participant 2 suggested that having weekends away from work was a form of self-care: ‘... work is work, that's where it belongs, and I work hard in keeping it there’.

For almost all participants, *seeing the results of their work in their client* was the greatest contributor to increased psychological wellbeing. While the degree of change varied between refugees and asylum seekers with different visa situations, participants suggested any degree of change or acceptance from their client was rewarding.

*... I just love my clients, I'm not saying everyone's easy; some people are more difficult. But just to wait for them to cross that hurdle, because I know everyone has that hurdle, waiting for them to just cross it then OK, then like climb, they fly ... (Participant 6)*

Some participants also reported feeling inspired and increased wellbeing when invited to attend cultural celebrations and seeing clients celebrating their own culture.

*To bear witness to that, I thought that's what this work should be about ... seeing the smile on the faces and the joy of the women being together in ways that fitted in with their own cultural learnings and traditions; that's what was healing and coming together with that ... I felt, you know, very warmed and uplifted ... (Participant 5)*

External factors such as having sufficient *organisational support* helped participants deliver services to clients effectively. Participants frequently discussed the importance of organisations setting up structures to allow greater opportunities for communication between staff and other agencies. Greater clinical support, support from team leaders and training were seen as effective ways that the organisation could support staff to grow.

*Here we have certain structures ... that allow for those kinds of conversations. Luckily here, there is safer space within us ... to have conversations that enrich our experiences as well as allow for us to talk about things that frustrate us. For example through ... supervision, informal conversations. (Participant 2)*

When participants believed that the organisation was enacting values that they believed in, they felt a greater sense of psychological wellbeing in pride and clarity in their work. Some participants suggested that *organisational culture* made them more committed to their work as they felt a greater sense of community in enacting change for a higher cause.

*Certainly within my organisation we are a very focused and dedicated team ... working together very cooperatively as a team and living with the same values ... we think hard about that and we work hard towards organising it. (Participant 2)*

In the face of volatile legislations where conditions were constantly changing, flexibility within the organisational environment was important to allow participants to use different therapeutic tools rather than rigidly pre-ordained strategies. Some participants suggested that an environment that fostered creativity facilitated motivation and effectiveness and wellbeing, as it helped to manage the impact of cultural differences and government

legislation. Flexibility was discussed as a support offered by the organisations to help maintain a work–life balance if they had other commitments or working hours that were more suitable to their effectiveness.

*And the management gives you a lot of flexibility so you can visit people at home, you can visit people in hospital. You can have them come here . . . we do a lot of cultural things that we invite clients to . . . So many creative things that you can do that truly help people in so many different ways. (Participant 7)*

Support from family and friends was important to participants in supporting their own wellbeing. Most participants were able to talk to close loved ones about their work and experiences and receive support, while some suggested that clinical support and the support of their colleagues was more beneficial.

## Discussion

This study used qualitative methods to explore the challenges that counsellors faced working with asylum seekers and refugees, and the factors that influenced whether effectiveness and wellbeing was inhibited or facilitated. Government policy and practices were identified as significant challenges for working with this group. The greatest source of frustration and distress for this sample came not from listening to stories of torture or issues with language and cultural barriers, but from punitive or inconsistent government policy, and lack of organisational support. Government policy was seen to challenge participants' feelings of adequacy, and internal and organisational support was paramount to how participants reacted to the challenges they faced. The UNHCR (2018b) has described the situation for asylum seekers in Australia, stating that 'Asylum-seekers who arrive in Australia without a visa are subjected to a number of punitive measures that can significantly impair their mental health and general well-being' (p. 1), noting concerns including processing delays, being unable to apply for permanent residency and citizenship, and the indefinite inability to reunite with immediate family members. This is consistent with the experience of the counsellors in the current study. Most participants were generally satisfied with the support offered to them by their organisation but if the support was not perceived to be present, it could lead to burnout and frustration with the organisation.

The experiences of counsellors working with asylum seekers and refugees in this study reflected the experiences of mental health workers in previous studies. Consistent with previous research, it was found that although working with this client group encompassed many practical and emotional challenges, it was also seen to be very rewarding (Century et al., 2007; Guhan & Liebling-Kalifani, 2011). Results also supported previous research, where participants found both practical and emotional challenges working within the constraints of other agencies and wider systems such as government bodies (Barrington

& Shakespeare-Finch, 2013; Guhan & Liebling-Kalifani, 2011).

The results from this study did not support previous research by Century et al. (2007) and Barrington and Shakespeare-Finch (2013), which found that vicarious trauma and the client's premigration issues negatively affected the clinician's wellbeing. Participants in this study focused on the present and the current situation of their client, such as the postmigration issues they faced. The past was only acknowledged and discussed if clients wished to discuss it. By focusing on the client's current situation and the implications for the future instead of the client's past and premigration issues, counsellors not only protected the clients from uncertainty but also protected themselves by facilitating their own wellbeing and outlook on life and buffering the impact of vicarious trauma.

While previous studies (Barrington & Shakespeare-Finch, 2013; Century et al., 2007; Guhan & Liebling-Kalifani, 2011) focused on premigration issues and how clients' past stories affected clinicians, results from the current study showed a greater focus on the present, with participants suggesting that current issues contributed more to their distress and wellbeing. While there was less focus on the experiences of vicarious trauma in the current study, participants rarely discussed listening to stories of the past as an issue. When clients' stories of the past were brought up, participants focused on the strengths and inspiration they drew from them.

Although previous studies identified factors that may affect the experience of counsellors working with this group, the current study explicitly explored factors that counsellors considered affected their wellbeing and effectiveness. Consistent with Guhan and Liebling-Kalifani (2011), internal factors such as personal pressure and a lack of tangible results were factors that inhibited wellbeing and effectiveness. The current study also found factors such as a lack of experience, lack of self-care strategies, and an inability to relate to others could inhibit wellbeing and effectiveness by contributing to a sense of alienation from mainstream society. External factors such as a lack of supervision and lack of social support were identified, consistent with previous studies (Century et al., 2007; Guhan & Liebling-Kalifani, 2011). However, the current study also identified that organisations that failed to demonstrate their proposed values and had unclear guidelines created environments that inhibited effectiveness and wellbeing for counsellors working with this client group.

The current study also sought to explicitly identify the factors that facilitated effectiveness and wellbeing. In addition to previous studies (Barrington & Shakespeare-Finch, 2013; Century et al., 2007; Guhan & Liebling-Kalifani, 2011), the current study found that having a clear sense of values, being actively able to advocate, having greater experience, continuously reflecting and learning, and good self-care were important. These factors were seen as important for combating political uncertainty in this area. The legislative approach to refugees and asylum seekers

was not raised as a significant issue in studies conducted in the United Kingdom (Guhan & Liebling-Kalifani, 2011; Century et al., 2007) where it is possible that migration laws were not as challenging to counsellors' values, although more recent work from the United Kingdom has described advocacy for improving policies and practices around asylum as an important aspect of working within this area (Apostolidou, 2015). Furthermore, elements of therapy such as seeing results in the client were seen as facilitating effectiveness and wellbeing, supporting previous studies (Guhan & Liebling-Kalifani, 2011). Elements of therapy may be seen as consistently rewarding when counselling refugees and asylum seekers in any Western therapeutic setting, as it is unaffected by the legislation of the country, thus emphasising the negative impact that government legislation can have on the counsellor. External support from the organisation and from friends and families were influential in facilitating effectiveness and wellbeing, consistent with previous research (Barrington & Shakespeare-Finch, 2013; Century et al., 2007; Guhan & Liebling-Kalifani, 2011). The current study identified organisational culture and flexibility within organisations as important in order to combat the challenge of changing government legislation where counsellors needed the opportunity to be both flexible and creative and to be supported professionally and personally by their organisation.

Consistent with research on burnout, the current study suggests that factors such as work-related stressors rather than hearing traumatic stories had a greater impact on burnout. The current study supported previous research by Devilly et al. (2009) indicating that a lack of organisational support had a greater effect on burnout than the process of working with trauma.

While maintaining a work-life balance was also found to be a challenge for participants, the explanations for this difficulty contrasted with previous findings. Guhan and Liebling-Kalifani (2011) found that staff in the United Kingdom often took client issues home and had difficulty 'switching off' after hearing stories of trauma. In contrast, the current study found that the topicality of the issue and the volatile government legislation was what prevented participants from switching off from their work. This could be attributed to the difference in the political climate surrounding refugees and asylum seekers in the United Kingdom and Australia at the time the research was conducted, which resulted in different stressors for counsellors.

In line with previous studies (Century et al., 2007; Guhan & Liebling-Kalifani, 2011), supervision and external support were seen as essential for counsellor wellbeing and effectiveness. However, the current study identified the alignment of values between the organisation and the employee as an additional important organisational factor. While this is generally important for all organisations, it was seen to be even more important for employees working with this client group, where values and ethics of individuals were tested constantly, both personally and

professionally. Maintaining their values was a protective factor used by participants to strengthen their dedication to their work. Thus, failure by organisations to enact the values held by their employees could lead to a violation of their employees' trust. Thus, for counsellors in this area to feel pride and adequacy in this work, it is essential that their organisation provide support by enacting their values both within the workplace and publicly.

### Strengths and Limitations

While participants were deidentified during the interview process and data analysis stage, participants may have felt pressured to respond in a way that presented themselves as positively affected by their work. For example, research with volunteer advocates involved in the refugee movement found some participants felt that they should not be focusing on their own experiences of stress or vicarious trauma when refugees had greater reason to be stressed (Surawski, Pedersen, & Briskman, 2008). While the experiences of the research team (including the interviewer and second author being the child of a refugee) was a strength of the study, integrated qualitative- and quantitative-based research with a larger and representative sample of participants may broaden findings further. Despite this, the current study contributes to a research area that has received little attention. While the outcomes of working with victims of trauma have been researched extensively, the factors that facilitate and inhibit effectiveness and wellbeing still need to be understood. Previous studies have used quantitative measures to explore the relationship between predictors and positive and negative outcomes without exploring the depth and understanding of why these predictors may influence wellbeing for this complex issue (Brockhouse, Msetfi, Cohen, & Joseph, 2011). Future work should consider whether the factors that were reported to inhibit and facilitate effectiveness and wellbeing for counsellors in the current study are generalisable to a range of individuals who seek to work with this population, including social workers, case workers, psychologists, and other mental health clinicians. Another key group to be considered are refugee reception/support and social action community groups. Work to gain a more detailed understanding of contextual factors and systems that guide relations with refugees and the social services dedicated to them would also likely be useful. In addition, these findings are also useful for understanding how individuals derive meaning from work and the type of influence that organisations have on employee efficiency and satisfaction. An extension of this research would be a critical analysis of the political and administrative decisions that impinge on the mental health and welfare of asylum seekers and refugees. This impact goes well beyond, and exacerbates, the impact of traumatic experience prior to seeking asylum or refugee status. Such research could encourage a broader public health view of mental health.



Another issue to be considered in understanding findings from the current study is our approach to interviewing and analysis of transcripts. Participants were not asked to discuss challenges and factors facilitating and inhibiting wellbeing in their work separately for their work with asylum seekers and their work with refugees. Further, participant transcripts were analysed for themes overall, not according to whether the data were relevant to working with asylum seekers, refugees or both. This approach, which was taken because all counsellors were working with both groups simultaneously, meant that differences were not apparent in the resulting themes. It is likely that there are important differences given that, for example, government policy for asylum seekers on bridging visas is more punitive than asylum seekers arriving on a humanitarian visa. Future work should consider these differences, and the implications for counsellors.

### Implications

There are implications from the current study in terms of organisational policy and practice, training for counsellors, and further research. First, those organisations working with refugees need clear protocols for training and staff support. Second, even though legislation cannot be changed by these organisations, the effect of government legislation on the work of counsellors needs to be acknowledged. Future guidelines and training for counsellors need to take into account the emotional implications of this work and how individuals can facilitate their effectiveness and wellbeing working with this population.

The findings of the current study suggest that organisations need to develop a work environment that will increase retention and commitment of staff, enhance employee wellbeing, and optimise delivery of care. It is important for organisations to recognise the influence they have on the wellbeing of their staff and the potential they have to enrich the personal and professional experiences of their staff. Organisations may also need to consider a form of tailored supervision to meet the needs of each employee, with some employees needing more than others to facilitate their effectiveness. Therapeutic effectiveness may also be maximised when organisations promote open environments for communication and support. Given the importance of government policy and practice reported by counsellors, a systematic analysis of the discourse on institutional policies may further our understanding of this issue.

This small qualitative study provides an insight into the complexity of working in a therapeutic, rehabilitative mode with highly damaged and dislocated individuals and families. The social context of this population is such that the mental health impact of the traumatic experience in the original country and the dislocation and danger of flight are exacerbated during the settlement and rebuilding phase in the host country. The official policy and practices affecting refugees, and asylum seekers in particular, in

effect work against the efforts to improve the mental health of these clients. The analogy is the ambulance workers heroically rescuing victims of car crashes when nothing is done to improve road safety. The dilemma expressed by many respondents is that the agencies are funded by the body that develops and implements asylum seeker/refugee policy, which is also the funding body for the agencies. In other words, the labels and treatment adapted from mental health literature focus on the 'victim', not the perpetrator.

There is a need for further research into this complex area of counselling and therapy. This could be achieved through formal partnerships between refugee agencies and academic institutions. For example, most participants in the current study had significant counselling experience, which helped them with many of the therapeutic challenges with this group. Future research could focus on understanding what it is about being an experienced counsellor that supports effectiveness and wellbeing, and consider how this may be drawn on to support new counsellors.

### Conclusions

This study adds to the findings that counsellors, despite experiencing some negative impact, can experience positive psychological transformation from working with refugees and asylum seekers. Study findings suggest that government policies and practices are the biggest challenges faced by counsellors. While internal factors for the counsellor were found to be detrimental to their wellbeing, it was also found that external factors, particularly organisational factors, were a major inhibitor of positive wellbeing and effectiveness in counsellors. While some organisations and individuals find themselves constrained, it remains imperative for agencies and individuals to advocate for change to harmful legislation and government policy that can cause and exacerbate the poor mental and social health outcomes of refugees and asylum seekers. The internal factors facilitating wellbeing and effectiveness in mental health workers should be considered, along with the external support by organisations, in order to enhance the wellbeing and effectiveness of individuals working in this potentially rewarding area.

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