Canadian Journal of Counselling and Psychotherapy /
Revue canadienne de counseling et de psychothérapie
ISSN 0826-3893 Vol. 48 No. 2 © 2014 Pages 81–99


# A Framework for Counsellor-Cultural Broker Collaboration
# Un cadre de collaboration entre le conseiller et le médiateur culturel

Novjyot Brar-Josan
Sophie C. Yohani
*University of Alberta*

ABSTRACT

Cultural differences toward health and help-seeking are among the barriers that refugee youth and families experience when accessing mental health services. *Cultural brokering*, the act of linking or mediating between different cultural groups, is one potential solution to this service gap. Using a qualitative case study of 2 counsellors and 4 cultural brokers, we present a preliminary framework to facilitate an understanding of, and provide a guide for, collaboration between counsellors and cultural brokers when providing mental health services to refugee youth and families.

RÉSUMÉ

Les différences culturelles à l'égard de la santé et de la recherche d'aide sont au nombre des obstacles que doivent surmonter les jeunes réfugiés et leurs familles lorsqu'ils se tournent vers les services de soins de santé mentale. La *médiation culturelle*, soit l'action qui consiste à servir d'intermédiaire entre les différents groupes culturels, constitue l'une des solutions potentielles à cette lacune du service. Utilisant l'étude de cas qualitative de 2 conseillers et de 4 médiateurs culturels, on a élaboré le cadre préliminaire présenté, qui devrait permettre de mieux comprendre et de guider la collaboration conseiller-médiateur culturel dans le contexte de la prestation de services de santé mentale auprès de jeunes réfugiés et des membres de leur famille.

> "You know they say to be a counsellor it is a privilege because you get to hear people's heart and also to be a broker in that dynamic is also a privilege and an honour." (Cultural broker who works with counsellors)

Cultural differences toward health, wellness, and help-seeking are among the barriers that newcomers to Canada experience when accessing mental health services (Alberta Health Services, 2008). Based on our review of the literature regarding culturally sensitive counselling, *cultural brokering*—the act of linking or mediating between different cultural groups (Jezewski, 1993)—is a potential solution to this service gap (Laurence et al., 2003; Raval, 2005; Singh, McKay, & Singh, 1999). A cultural broker is an individual who is well immersed in both mainstream culture and in his or her own ethnic culture (Owen & English, 2005). Paraprofessionals, settlement workers, bilingual coworkers, and diversity liaisons who are members of

an ethno-cultural community are all examples of cultural brokers (Alberta Health Services, 2008; Owen & English, 2005; Raval, 2005; Yohani, 2013).

Although the literature discusses the importance of cultural bridging, along with offering recommendations for collaboration with healthcare providers, there remains little knowledge as to the actual process of collaboration that occurs between cultural brokers and mental health practitioners. This article examines the recommendations that emerged from a case study examining the collaboration between cultural brokers and mental health practitioners who work with refugee youth. This particular study used Bemak and Chung's (2002) multilevel model of refugee counselling as a guiding theoretical framework to understand the process of counsellor–cultural broker collaboration. This theory provides a framework for supporting the psychological well-being of refugee youth. It should be noted that refugees represent a diverse group whose experiences are influenced by social variables such as social class, country of origin, gender, and level of education. Language proficiency, length of time in Canada, and levels of acculturation are particularly influential for immigrants and refugees with regards to accessing mainstream health services. This case study looks specifically at refugee youth who may experience barriers due to unique challenges presented by their premigratory experiences, post-settlement stressors, and cross-cultural differences.

## Literature Review

Refugee youth are identified as a group who are at risk for psychological distress and yet underutilize mental health services (Bean, Eurelings-Bontekoe, Mooijaart, & Spinhoven, 2006; Fenta, Hyman, & Noh, 2006; Nadeau & Measham, 2005). This section provides information on the barriers to navigating mainstream mental health services, the fit between mainstream mental health services and culture, and existing models and practice for refugee populations.

### *Barriers to Navigating Mainstream Mental Health Services*

The literature on health-seeking behaviours of migrant populations suggests a number of barriers to accessing and receiving mental health supports, such as preoccupation with meeting basic needs (Alberta Health Services, 2008; De Anstiss, Ziaian, Procter, & Warland, 2009; Lustig et al., 2004) and limited health literacy related to the local healthcare system (Ingleby, 2012). In some cases, families are not registered with general practitioners, who have been found to be an important referral link to mental health services (O'Shea, Hodes, Down, & Bramley, 2000).

Furthermore, when refugee youth receive counselling services, they may not understand the purpose of the services, how the intervention is supposed to work, or what the expected results are (Alberta Health Services, 2008). As is the case for most minors, refugee youth often rely on their caregivers to access mental health services for them (De Anstiss et al., 2009). This can be a barrier when parents lack knowledge of the healthcare system in a new country, along with what will happen to their children when a referral is made (Diamond, Saintonge,

August, & Azrack, 2011). Based on their premigratory experiences, it is possible for parents to mistrust government-affiliated services and have serious concerns about confidentiality (De Anstiss et al., 2009). Parents can also experience access issues such as reduced mobility, financial difficulties, finding childcare, high-cost services, and language difficulties (De Anstiss et al., 2009; Social and Enterprise Development Innovations, 2008).

*Fit Between Mainstream Mental Health Services and Culture*

While some people are able to access services, the problem can be the fit between existing mental health services and their culture. That is, the concept of psychological distress is in part influenced by culture, whereby the meaning of behaviours and their etiology are shaped by varying beliefs (Sue & Sue, 2008). Despite the recognition of the importance of cultural competence for ethical practice with diverse clientele (Canadian Psychological Association, 2000), counselling and mental health practices in Canada and North America are still heavily influenced by western European cultural worldviews (Sue & Sue, 2008). Many non-Western cultures attribute distress to disruptions in social and moral order rather than internal emotions (Summerfield, 2000). For example, Koreans are more likely to attribute distress to supernatural beliefs, whereas Vietnamese are more likely to endorse Western beliefs about stress (Fung & Wong, 2007).

Determination of the presence of psychological disorders (i.e., abnormality) is also influenced by one's culture. For instance, individuals from the Somali culture tend to associate mental illness with its most severe form such as bipolar disorder or schizophrenia (Guerin, Guerin, Diiriye, & Yates, 2004). In their study, De Anstiss and Ziaian (2010) also found that most refugee adolescents from Afghanistan, Bosnia, Iran, Iraq, Liberia, Serbia, and Sudan associate mental illness with being "abnormal" and "crazy." Furthermore, they reported that the presence of mental illness could affect a youth's social status and marriage prospects. This suggests that an adolescent's perception of their problem and their help-seeking behaviour could well be influenced by their culture's explanatory model of mental illness.

Preventative health behaviours, such as regular medical check-ups, are new health-related concepts in some cultures (Alberta Health Services, 2008). Therefore, there are also differences in the type of treatments across cultures. When a problem is believed to be caused by supernatural powers or spiritual influences, the individual is more inclined to seek assistance from traditional healers (Fung & Wong, 2007). This practice has also been reported in research with immigrant youth. For example, Fenta and colleagues (2006) found that Ethiopian youth living in Toronto were more likely to consult with religious leaders and traditional healers for their mental health problems than with Canadian counselling and mental health practitioners.

There are also cross-cultural differences in the preferred type of interventions utilized. Most psychological interventions that originate within western societies place an emphasis on discourse as a means to alleviate distress. However, this emphasis on verbal expression can be perceived as unusual by youth if they

come from a culture with a limited vocabulary for emotional states or emotional disorders. For instance, posttraumatic stress disorder, anxiety, and depression are not known disorders among the general Somali population (Guerin et al., 2004). Moreover, refugee youth may not respond as well to discourse-based interventions when they come from a culture that encourages avoidance and suppression of painful memories (Goodman, 2004). Recognizing and understanding the role and influence of culture on counselling practice is an ethical imperative for mental health practitioners (Canadian Psychological Association, 2001). Yet there are few models for the provision of culturally sensitive counselling services for refugees.

*Existing Models and Practice for Refugee Populations*

Counselling refugees and immigrants is different from counselling other populations because factors such as migration, settlement, culture, and language need to be addressed in the context of the presenting issues. This can make counselling a complex and challenging task for individuals who do not have experience working with migrant populations. Unfortunately, there are few models that provide counsellors with guidelines for counselling refugees. Hwang's (2006) psychotherapy adaptation and modification framework considers the aforementioned factors and recommends that counsellors (a) provide clients with a mental health orientation and clarification of roles; (b) modify the therapeutic relationship structure to match client worldviews; (c) facilitate access to language and cultural services; (d) adapt treatment modalities to cultural perceptions of cause and preferred interventions; and (e) address salient issues associated with settlement such as housing, finances, isolation, and discrimination. Although relevant for many of the issues identified in counselling refugees, Hwang's model uses western practices that have been adapted and modified for counselling ethnic minorities, but it is not specific to counselling refugees. As such, it does not address some of the premigration factors that are critical for working with refugees.

The multilevel model of refugee counselling (MLM) is a more comprehensive framework that takes into consideration the sociopolitical history, trauma, losses associated with forced migration, cultural conceptualization of mental illness, and resettlement stressors to develop culturally responsive interventions (Bemak & Chung, 2002). As such, this is a model that is built on western practices but is developed specifically to meet the various cultural and practical needs of refugees.

The MLM consists of four levels of intervention that can be applied concurrently or independently. *Level I: mental health education* acknowledges the importance of familiarizing and increasing comfort with the psychotherapy process (Bemak & Chung, 2002). When working with refugees, counsellors can develop a safe environment by facilitating a discussion on the counselling process (i.e., the client's role, the clinician's role, boundaries), what the intervention entails, type of questions asked, type of assistance available, and the confidential nature of the relationship (Bemak & Chung, 2002).

*Level II: psychotherapy* consists of the counsellor developing an intervention plan based on the information collected at Level I (Bemak & Chung, 2002). The

literature on interventions used with refugee populations emphasizes the importance of using a range of modalities to address the diverse mental health needs, cultural worldviews, and manifestations of psychological concern (Ehntholt & Yule, 2006; National Child Traumatic Stress Network Refugee Trauma Task Force, 2003). Thus, the interventions developed at this stage will integrate both western and culturally relevant techniques (Bemak & Chung, 2002).

*Level III: cultural empowerment* takes into consideration the inherent difficulties in adapting to a new culture and calls for counsellors to expand their traditional roles. Bemak and Chung (2002) described the counsellor's role as a "cultural systems information guide and advocate" (p. 57). In essence, the counsellor actively informs clients about resources they can access, how various systems and organizations operate, and coping strategies used to combat discrimination and oppression. Counsellors will find themselves considering *Level IV: integration of western and indigenous healing methodologies* if their clients express interest in traditional healing methods, are using both methods outside of session, or if their social network or sociocultural background recommends it.

Although this is a promising model, it requires counsellors to have an intermediate or advanced level of expertise in counselling in general. We foresee novice counsellors struggling to manage the multiple roles and skills that are needed for effective application of this model.

Another approach to counselling refugees is to focus on practices that utilize cultural resources (Laurence et al., 2003), such as working with community paraprofessionals, who are sometimes referred to as cultural brokers (Owen & English, 2005). Several roles have been identified in which cultural brokers can improve access to health services. One of the roles consists of identifying the specific needs and barriers of refugee communities (Raval, 2005). The second role is educating refugee communities on the services available, the benefits of accessing these supports, how the health system works, and the ways in which their premigration experiences are affecting their postmigration adaptation (Alberta Health Services, 2008).

The final role consists of actively reaching out to individuals who are in need of the services. For example, in oral cultures such as the Somali culture, the best way to reach these individuals is by word of mouth (Alberta Health Services, 2008), as opposed to print material such as brochures and posters. Although several roles have been identified in the cultural brokering literature, there remains little knowledge as to the actual roles that brokers play when linking individuals and families to mental health practitioners. Further, there are no guidelines that would assist mental health practitioners to effectively collaborate with cultural brokers.

## THE CURRENT STUDY

The present study utilized a single case study design to explore roles that brokers play when linking individuals and families to mental health practitioners. Case studies are best used to explore contemporary phenomena in depth within their

real-life context and to answer "why" and "how" questions (Yin, 2009). According to Stake (1995), knowledge gained from qualitative case studies are more concrete and contextual, and can be generalized to a reader's experiences through resonance with the rich descriptive accounts of the phenomenon. Therefore, the information collected can usually be used to develop future theories, influence policy, or inform future research (Merriam, 2009). As such, the purpose of this qualitative case study was to obtain an initial understanding of how the collaboration between counsellors and cultural brokers occurs by (a) investigating the opportunities that develop when using this framework with refugee youth, and (b) understanding the limitations that exist and why they occur.

*Participants*

Using purposeful sampling (Patton, 2002), which relies on individuals' expertise and competence with the purpose of inquiry, 4 cultural brokers and 2 counsellors were recruited based on the following criteria: (a) their job title included cultural broker or counsellor, (b) they worked directly with refugee youth, and (c) they were interested in collaborating with a counsellor or cultural broker in the context of providing mental health services to refugee youth.

All participants in the present study were employed within a community agency that provided services to immigrants located within a large urban city in Western Canada. The cultural brokers worked out of the agency's program that aimed to enhance the home and school environment for immigrant and refugee students and their families, while the counsellors worked for a program in which the primary objective was to improve the mental health of survivors of trauma by offering counselling support in the context of community-based settings, such as homes, schools, community centres, and mosques. Unique aspects of the counsellors' work included their ability to recognize the context of immigration, situating themselves in a position of learning, and their willingness to share power with other professionals such as cultural brokers and interpreters. Participants had worked with immigrant and refugee families from 2 to 16 years.

*Data Collection*

After review and approval of the study from the University Research Ethics Board, participants were recruited through coordinators of the programs. Upon giving their coordinator consent to be contacted, each potential participant received an e-mail recruitment message along with an information letter and consent form. After meeting the research criteria, each of the 6 participants underwent a semistructured interview that lasted approximately 60 minutes. An open-ended interview guide was used to help initiate conversation on the basic social processes that exist during collaboration. Participants were asked to descriptively recount two to three important experiences of collaborating in a counselling context. Sample probe questions included:

1. Please describe the context in which the situation took place.
2. What did you do during the situation?

3. What did others involved in the situation do?
4. What was the most challenging aspect of the situation?
5. What was the most helpful aspect of the situation?
6. What words of wisdom would you provide to a mental health practitioner/cultural broker interested in collaborating with a cultural broker/mental health practitioner?

All interviews were recorded, transcribed with all identifying information removed, and then analyzed by the authors of this study. Follow-up phone interviews were conducted with 1 mental health practitioner and 2 cultural brokers. Further, in order to ensure accurate representation, member checks were conducted with all participants. Once the participants provided specific feedback, modifications were made to the findings. Two of the 6 participants provided us with such feedback.

### *Data Analysis*

Data analysis was guided by Braun and Clarke's (2006) thematic analysis framework and included the following steps: (a) memo writing, (b) coding for descriptive labels, (c) identification of themes, (d) refining themes, (e) defining and naming of the themes, and (f) developing a written narrative. Thematic analysis can be applied to various theoretical and epistemological positions and is often used to identify, analyze, and report themes within data. Methodological rigour was attended to in this study by providing participants with the tentative results to elicit their feedback, maintaining an audit trail, using memos, data analysis by both authors, recording in-depth descriptions of results, clarifying personal biases through journaling, and discussion between authors.

## RESULTS

Three main themes were identified through the analysis of data: *processes of counsellor–cultural broker collaboration*, *opportunities for counsellor–cultural broker collaboration*, and *challenges that prevent counsellor–cultural broker collaboration*. Under each main theme are several subthemes that will be discussed below.

### *Processes of Counsellor-Cultural Broker Collaboration*

The processes of collaboration refer to the activities in which cultural brokers and counsellors engage as they work together to support refugee youth. The findings of this study suggest there are a variety of ways in which these professionals work together. The processes that emerged included *mental health education*, *making referrals*, *building on the brokers' existing relationship with the community*, and *cultural interpretation*.

*Mental health education*. This subtheme refers to the practice of cultural brokers identifying mental health concerns with the students they work with and then educating them about the presence of distress that may need a referral. All of the brokers had encountered experiences of students sharing premigration stories of trauma and psychological distress. In some cases, the brokers observed that the

students were reluctant to work with mental health practitioners. One broker, Asiya [all names used here are pseudonyms], stated:

> Some of them [youth] are not very comfortable talking to a [gesturing with hands] "white individual." But they would tell me, "You know in the refugee camp," and I would say "How was the refugee camp?" It would be an unofficial conversation. For example, this individual was expecting his father to come back and he recently heard his father died. So there is shock from that and other incidents he has told me about such as gang rape or extreme violence. He witnessed violence on him and others in the refugee camp in Kenya. He believes that he's crazy but he's not. He is unable to link his premigration experiences with his current distress. That's why he's very resistant in getting the trauma lady to come in and help him. I'm getting trained in learning to deal with him … he tells me information and what I do is motivate him [to seek help].

Mental health education also extended to parents and family members, as described by one cultural broker (Lokuku):

> When they [parents] are informed their child needs this kind of treatment or service, those who are willing will be able to follow through and those that are not willing opens a new chapter for us to try to convince them and tell them why it is necessary. There is big resistance with their child getting labelled, for example they say, "My child is not some mental problem." The mental problem they think of is somebody who is becoming bananas so nobody wants his or her child to get associated with that.

The general consensus within the group of study participants was that brokers had a role in the mental health education of refugee populations, even through this was often a challenge when the youth and family they worked with had a different view of mental health difficulties. The purpose of mental health education was to help offset some of the barriers to navigating access to mainstream mental health services.

*Making referrals*. This refers to the process of bridging refugee youth with a counsellor in a safe and comfortable manner. Our data suggest this step is initiated once a problem is identified as being beyond the cultural broker's training and expertise. Further, the broker often invites the counsellor to meet with the youth in the youth's own context (e.g., school) in order to enhance safety and trust as described below:

> I do a little bit of counselling. My background is social work but I am not a psychologist. I help in the initial phase but when I see they need more than what I can offer, I refer them to some of our psychologist[s]…. I tell them there is another teacher like me who can help more than I can and I make sure they are okay with it. Then I talk to my colleague, and if they have the time I make the connection. I invite [my colleague] one day over to the school. I introduce them to the student and they meet, and eventually that trust will build. (Abdiyo)

The duration of this referral process varied. In some cases it lasted a couple of minutes, but in other cases the collaboration would include ongoing contact and involvement of the cultural broker who then played the role of a cultural and language translator. Similar to mental health education, this role is intended to increase access to mental health services.

*Building on the brokers' existing relationship with the community*. The brokers' existing relationship with the refugee families and community was frequently discussed in the individual interviews. Mandee, one of the counsellors, put it succinctly by stating, "It is on their relationship that I build my relationship." The other counsellor, Nikku, reflected on how brokers can help form a trusting relationship with refugee parents:

> If I need any other information and if I need to talk to the family, usually I would do it through cultural brokers because they already have an established relationship with the youth's family. I don't speak the language of some of these families and it's tough to discuss mental health or even stress in a different language. So youth usually have great English, I can connect with them, but if I talk to parents, I probably would need a translator. A cultural broker usually has a similar cultural background or speaks the same language, so chances are their relationship is established with the parents and I already have trust established with child, so I think it works very well…. [W]hen the relationship and the trust is there, and if I suggest certain changes in the family or for a child, then they are much more willing to take those and basically implement those.

Karim described how, at times, he would go beyond the cultural and language translator role during counselling sessions and play the role of a third person who is involved in the youth's life:

> He doesn't need a translator but sometimes I'm there more as a third person…. I'm included and it's a new way of working with the psychologist where the relationship that the student has with me or how he's responding with me, it's like a place for something that the psychologist can bring up.

It appears that building on the brokers' existing relationship with the community enables service providers to gain access and build rapport with diverse cultural groups.

*Cultural interpretation*. Cultural interpretation in this study represents both the cultural interpretation of the client's background and what the broker does to help the client understand the counselling context. The practitioners in the study perceived the broker's role as going beyond that of a traditional language translator, but also including the facilitation of understanding the client in relation to their cultural and community background. In addition, the broker helped the client to understand the concepts associated with counselling, such as confidentiality and informed consent. In order for this to take place, the counsellor intentionally included the broker in the counselling relationship. One of the important proc-

esses that then occurred was brokers creating new concepts for practitioners and clients to understand each other. This was well explained by one of the counsellors (Mandee):

> So a broker has actually the role of not only translating but actually making sure that the person understands the concept, and that you understand the concept of what the person said to you. So if I worked with a broker in a session, they might talk to the person after I have asked something and they will come back to me. Possibly because they have to explain what I was talking about and simply create a concept for the person.

It appears cultural interpretation helped enhance the fit between the cultural background of the client and counsellor. For the counsellors, having a cultural broker involved in their cases also assisted with understanding the diversity that exists within cultural groups. Mandee noted that while she has a general understanding of the cultures she is working with, it is often difficult to describe what the differences are:

> For Afghanis there are such variations of where people are coming from, whether the city or the countryside, from one tribe or the other, and whether they have been for 15 years in Pakistan in a refugee camp or they have been living in Tajikistan. So while I have a broad understanding, and I know all of these things, there are things that I don't know. In the last few years we got more people who were more from the border to Tajikistan, and we found that culturally it was quite a different situation. The knowledge I had was that I could recognize this is very different…. but I couldn't say in detail what is the difference…. so I could ask the broker and say "Okay, what is going on here?" My understanding is there will always be a place and a need for a broker in communities as long as they are not completely Canadianized because there's simply things you cannot see from the outside.

*Opportunities for Counsellor-Cultural Broker Collaboration*

Although the participants in this study varied in their level of collaboration, all of them were able to identify a number of opportunities that developed as a result of working together, including *meeting basic and psychological needs simultaneously*, *advocacy*, and *learning to appreciate the other profession's expertise*.

*Meeting basic and psychological needs simultaneously*. This subtheme aligns closely with Bemak and Chung's Level III: cultural empowerment. Although the original MLM model suggested counsellors should act as "cultural systems information guides and advocates" (Bemak & Chung, 2002, p. 57), the participants observed that sharing this role between the two professions was more efficient and practical. Abdiyo, one of the cultural brokers, captured this support by indicating how counsellors receive practical benefits from working with individuals who are able to facilitate the meeting of clients' day-to-day practical needs:

> Psychologists don't have the time to go out and look [for] housing for the family. Or when there are other students or family members who need employment or help with social assistance, or financial assistance. They don't have time to go to downtown or to the north or east of the city and help them with filling in forms or supplying social assistance for them. So yes, they do refer to us.… that's very helpful because when we work with the family as a team they will do better, because somebody is helping them with the financial help and then somebody is helping with the mental health piece of counselling.

Abdiyo further noted that "you can counsel them and coach them and help them with their basic needs whether it's housing or getting eyeglasses, but you also work with their emotional needs."

Mandee highlighted how working with cultural brokers actually facilitated the therapeutic process by allowing the counsellor to work on individual and systemic issues simultaneously:

> Well, it is necessary to have the broker there but not in the direct work. If you look from a traditional psychological standpoint that "I'm just interested in your depression, I don't care that you are fighting with your parents at home, it doesn't interest me that you are in a classroom where you don't understand because you never went to school," then yes, it doesn't matter about the broker. But if you look at it in a contextual way, then the work I do may be on the symptoms of depression with a child; that's where I have direct contact, but I will have the broker work on the context around the child.

*Advocacy*. One of the commonalities between the two professions was the perceived importance of advocating on behalf of their clients. Similar to the advantage of meeting basic and psychological needs, brokers and counsellors were able, by working collaboratively, to support each other in the role of addressing larger systemic issues that contribute to distress in the youth they worked with. Advocacy was recognized as a critical component to removing barriers to accessing services. Mandee reflected on her role as an advocate when she supported brokers who are advocating on behalf of refugee families with mental illnesses within school systems:

> Then there's our support for their [brokers'] advocacy work because, whether that fits my worldview or not, the reality is if I come in with a Master's degree and say "This is not acceptable," it has a different weight than a broker, and while I don't like it and I don't agree with it, it's the reality we work with and so sometimes it is just us supporting them in the advocacy they do for the children with mental health issues.

While this counsellor noted with discomfort that a counsellor with a graduate degree is more likely to be heard than a cultural broker, the shared vision to improve the lives of refugee youth seemed to facilitate this shared advocacy role. As such, at times, the counsellors gave presentations in schools with cultural brokers.

These shared presentations were beginning to breed some successes as further explained by Mandee:

> The schools by now are acknowledging "No, you can't just stick a kid who came from Afghanistan and had two years of schooling into eighth grade and expect them to behave like everybody else." When we started, that's what they were thinking—that was the reality we stepped into. So things have changed. It was a big learning on both sides [school and community practitioners].

*Learning to appreciate the other profession's expertise*. The participants demonstrated appreciation for the skills and expertise that each profession brought to the collaboration. Both the cultural and mental health knowledge were perceived as equally important by all participants. However, there appears to be an additional need for recognition of equality by counsellors within the relationship in order to value the cultural knowledge contributed by the broker, as shared by Mandee:

> I think a very important thing is that I understand a broker and I are equals. I bring certain expertise to the situation and they bring certain expertise, and that expertise is as valuable as mine. In the health field and in the mental health field it's like, okay, a doctor and a nurse there's definitely a thing like this [hand gestures demonstrating imbalance] and between a psychologist and an outreach worker it's the same. And so for a lot of my colleagues I think a big step would be to truly believe and acknowledge that the cultural knowledge and the knowledge of the family system in a different culture is as valuable as mine.

### *Barriers That Prevent Counsellor–Cultural Broker Collaboration*

Given that the research on the collaboration between cultural brokers and counsellors is new, we explored the challenges of collaborating with our participants. The barriers that emerged included *not knowing what a cultural broker is*, *communicating terms of agreement*, and *ethical considerations*.

*Not knowing what a cultural broker is*. The counsellors in this study described having limited knowledge of the cultural brokers' role prior to beginning their work with immigrants and refugees. One of the counsellors, who had experience working with cultural brokers at another agency, observed that clarity on the brokers' role facilitates the collaboration process. Furthermore, it is important that the brokers be able to articulate their role, since cultural brokering also involves community development work.

The other counsellor in our study, Nikku, explained how structures within an organization could inadvertently act as a barrier to collaborations. So, although the counsellors and brokers worked for the same organization, each department worked independently. This counsellor noted that increased collaboration could be facilitated by creating opportunities for members of different departments or agencies to get to know one another:

> Basically what I think, some meetings, they don't have to be too formal, just talking about what they do and what the agencies do, and maybe share some case studies to look for solutions together. We have lots of services here, so people don't know what somebody does, and even if they do they aren't 100% sure. They don't want to ask because they just assume they should already know.

*Communicating terms of agreement*. Although the counsellors agreed that equality between the two professions was necessary, communicating the terms of agreement was identified as an area that needed attending to before the counsellor and broker began working together. It appears the brokers initiated the referral process, but they looked to the counsellor to initiate their involvement. The general consensus was that brokers would intervene when a counsellor asked them to as described below:

> My own personality is such that, on some level, I would want permission from the counsellor to say these things so that I would want them to ask for it. That would kind of make it easier. Sometimes it can be difficult to say something because of not wanting to offend. (Karim)

*Ethical considerations*. This refers to challenges of an ethical nature that occur once the collaboration has been initiated. Several ethical considerations were discussed by the participants, including the relationship between the broker and their community, the presence of different guidelines and standards that facilitate professional conduct, and the importance of confidentiality. First, it was noted that mental health practitioners should take measures to prevent harm to the brokers in terms of their relationship to their community. Therefore it is critical for the counsellor to keep the broker in mind while engaging in counselling with youth and their families, as noted by Mandee:

> We [counsellors] must understand and respect that a broker is at the same time a community member. So they [counsellors] have to be very careful in what they do because … they [cultural brokers] have a relationship with the family and the community and a counsellor needs to understand that, if they bring me in, whatever I do will influence that relationship.

Second, it was pointed out by both counsellors that there is the possibility that each person in the collaboration will have different ethical standpoints. For instance, professional counsellors have professional and legal guidelines they must adhere to, whereas cultural brokers might rely more on their cultural guidelines. One of the challenges was learning how to come to an accord, and this often involved an agreement to engage in a dialogue about differences.

The final ethical consideration refers to confidentiality, specifically with regards to what brokers can and cannot do with the information they obtain in a session. Brokers are different from practitioners because they work with youth in multiple settings and provide multiple roles and supports, thus increasing the need to attend to ethical guidelines. As one broker explained,

> [W]hen people [cultural broker] are outside the therapy room to not in any way use anything that one has heard. It's hard to put into words, it is confidentiality on a different level because there's one level of confidentiality where you just don't speak what you heard, but then there's another where you don't use it in any way. Sometimes what they say in a session can be valuable outside the session but not to bring that out. The client can bring that [information] but not the broker, because a client may not be ready to bring that [information] outside even though it might be helpful to the situation. (Karim)

## DISCUSSION

Our study suggests that cultural brokering—the act of linking or mediating for the purpose of enhancing communication and reducing cultural barriers—has potential in counselling and psychotherapy with refugees. Similar to the findings in Raval's (2005) study on bilingual coworkers within the mental health field, our findings suggest that cultural brokers play a critical role in representing the views of refugee clients and providing them with a voice in the context of mental health services. The finding also corroborates the ideas of Singh et al. (1999), who suggested that collaboration with cultural brokers leads to greater sensitivity, cultural awareness, and competence in clinicians. Although the concept of collaborating with cultural brokers has had some recognition within the mental health field (Kirmayer, Groleau, Guzder, Blake, & Jarvis, 2003; Nadeau & Measham, 2005; Raval, 2005; Singh et al., 1999), little is known about the actual process of this approach to cross-cultural practice. We propose the following framework, which integrates our findings with Bemak and Chung's (2002) multilevel model of refugee counselling (MLM), to address important considerations raised in this study. Similar to the MLM model, this framework consists of four levels that can be applied independently or concurrently.

### *Level I: Professional Education*

This level acknowledges the importance of increasing comfort and familiarizing all parties involved in the collaboration process with the counsellor and cultural broker roles. Based on our findings, the counsellor's limited knowledge of what a cultural broker does prevents them from collaborating. Furthermore, cultural brokers need to articulate their role to counsellors and other parties involved in counselling refugee youth. Organizations that are interested in fostering a counsellor–cultural broker collaboration can develop a safe and comfortable environment by facilitating interdepartmental meetings where each profession shares a description of their roles and how they work.

Another consideration is to improve the communication between counsellors and brokers. Although the counsellors in our study agreed that cultural and psychological knowledge were perceived to be equal and as important as the other, two brokers questioned whether their knowledge would be welcomed. For

this reason, the brokers in our study often provided additional information only when it was asked of them. One of the recommendations that emerged out of the interviews was for counsellors to express their interest in the brokers' input. The authors of this study collaborated with one of the brokers to develop a discussion guide that counsellors can use to facilitate communication with cultural brokers (see Appendix).

*Level II: Case Conceptualization*

Once the parties involved have become familiar with the collaboration process, they can begin to engage in conceptualizing an intervention plan for shared clients. An important consideration at this level is to engage in extensive ethical decision-making. Counsellors interested in collaborating with brokers are encouraged to engage in a dialogue regarding ethical guidelines on an ongoing basis. The findings highlight the various limitations each profession experiences. For instance, counsellors are bound by legal limitations whereas brokers are bound by cultural norms and values. One recommendation is for counsellors and brokers to discuss ethical guidelines and principles through the use of case studies. It is also important to discuss the level of confidentiality expected of the broker. The brokers in the present study engaged in multiple roles and worked with youth in multiple settings. Parameters regarding information that is shared outside of a counselling session by the broker need to be established. These ethical factors need to be discussed and agreed upon prior to working with refugee youth. Avoiding power imbalances is another focus of this level. In order to balance the relationship, negotiations regarding the intervention and outcomes must take place between both individuals. Ideally, both professions will come to an agreement on their roles prior to working with a client. For instance, brokers can focus on settlement needs whereas the counsellor might focus on the treatment of a psychological disorder. The final consideration at this level is to explore opportunities to incorporate the broker's cultural knowledge, such as identifying new concepts that need to be created for clients or counsellors.

*Level III: Professional Empowerment*

This level is an extension of the MLM model and looks specifically at the broker who becomes part of the counselling relationship. The findings suggest that cultural brokers often encounter and support refugee students with mental health problems. Specifically, the cultural brokers in the present study provided mental health education, facilitated referrals, and at times participated in sessions. Although one broker had a social work background and another was receiving training in counselling skills, three brokers acknowledged that their counselling skills were limited. Although they were informed of upcoming training opportunities, two participants suggested that the organization should provide internal workshops and presentations.

Ensuring the brokers' psychological well-being and stress management was another area that was identified. One of the participants explained that brokers

might not know how they will respond to a particular intervention or content discussed during a session. For this reason, this study supports Owen and English`s (2005) recommendations that (a) the counsellor and broker meet prior to the session and discuss their expectations, and (b) time be set at the end of the session for debriefing in order to help brokers process their emotional responses. Based on this model, counsellors can take on a mentorship role in which they assist brokers in recognizing their personal limitations, facilitate their problem-solving ability, and inform brokers about resources they can access. They can also assist in helping brokers advocate for equitable and fair treatment of refugee youth.

*Level IV: Integration of Indigenous Methodologies*

Working collaboratively requires a commitment to attending to cultural differences, including ethnicity, gender, class, and sexual orientation, between the cultural broker and counsellor. As noted in our study, two sources of cultural tensions can arise: (a) general cultural differences between the counsellor and client, and (b) differences in professional cultural practices. This study emphasizes the need to ensure that a working relationship of mutual trust and respect is developed between a counsellor and cultural broker so that cultural differences in communication style, working relationships, and ethical practices can be addressed and negotiated.

## CONCLUSION

Although refugee youth are at risk of psychological distress, they tend to underutilize mental health services (Fenta et al., 2006; Nadeau & Measham, 2005). Cultural practices around health, wellness, and help-seeking can prevent access to services for newcomers (Alberta Health Services, 2008). One approach to bridging the service and cultural gap between refugees and mental health professionals is the use of cultural brokers (Raval, 2005; Singh et al., 1999). Literature suggests that cultural brokers can improve refugees' access to mental health services by identifying the communities' specific needs and barriers, reaching out to individuals in need of services, and educating on available services, the healthcare system, and the influence of premigration experiences. Our research results and preliminary framework facilitate an understanding of, and provide a guide for, counsellor–cultural broker collaboration when providing mental health services to refugee youth and families. Future research can examine activities and issues raised in each level of the preliminary model.

*Acknowledgements*

This research was supported by a grant from the University of Alberta (Support for the Advancement of Scholarship). We would like to acknowledge the contributions made by the counsellors and cultural brokers in this study. Their willingness to share their experiences of working with refugee youth and their families has allowed this area of work to become more visible.

*References*

Alberta Health Services. (2008). *Improving the health & wellbeing of refugees in Calgary. Promising practices, programs, and approaches: Community consultation findings.* Retrieved from http://www.calgaryhealthregion.com/programs/diversity/diversity_resources/research_publications/refugee_report_2008.pdf

Bean, T., Eurelings-Bontekoe, E., Mooijaart, A., & Spinhoven, P. (2006). Factors associated with mental health service need and utilization among unaccompanied refugee adolescents. *Administration and Policy in Mental Health and Mental Health Services Research, 33,* 342–355. doi:10.1007/s10488-006-0046-2

Bemak, F., & Chung, R. C. (2002). Counseling and psychotherapy with refugees. In P. B. Pedersen, H. G. Draguns, W. J. Lonner, & J. E. Trimble (Eds.), *Counseling across cultures* (5th ed., pp. 209–232). Thousand Oaks, CA: Sage.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3,* 77–101. doi:10.1191/1478088706qp063oa

Canadian Psychological Association. (2000). *Canadian code of ethics for psychologists* (3rd ed.). Ottawa, ON: Author.

Canadian Psychological Association. (2001). *Guidelines for non-discriminatory practice*. Ottawa, ON: Author.

De Anstiss, H., & Ziaian, T. (2010). Mental health help-seeking and refugee adolescents: Qualitative findings from a mixed-methods investigation. *Australian Psychologist, 45,* 29–37. doi:10.1080/00050060903262387

De Anstiss, H., Ziaian, T., Procter, N., & Warland, J. (2009). Help-seeking for mental health problems in young refugees: A review of the literature with implications for policy, practice, and research. *Transcultural Psychiatry, 46,* 584–607. doi:10.1177/1363461509351363

Diamond, C., Saintonge, S., August, P., & Azrack, A. (2011). The development of building wellness, a youth health literacy program. *Journal of Health Communication, 16*, 103–118. doi:10.1080/10810730.2011.60434385

Ehntholt, K. A., & Yule, W. (2006). Practitioner review: Assessment and treatment of refugee children and adolescents who have experienced war-related trauma. *Journal of Child Psychology and Psychiatry, 47,* 1197–1210. doi:10.1111/j.1469-7610.2006.01638.x

Fenta, H., Hyman, I., & Noh, S. (2006). Mental health service utilization by Ethiopian immigrants and refugees in Toronto. *Journal of Nervous and Mental Disease, 194,* 925–934. doi:10.1007/s10903-007-9043-0

Fung, K., & Wong, Y. R. (2007). Factors influencing attitudes towards seeking professional help among east and southeast Asian immigrant and refugee women. *International Journal of Social Psychiatry, 53,* 216–231. doi:10.1177/0020764006074541

Goodman, J. H. (2004). Coping with trauma and hardship among unaccompanied refugee youths from Sudan. *Qualitative Health Research, 14,* 1177–1196. doi:10.1177/1049732304265923

Guerin, B., Guerin, P., Diiriye, R., & Yates, S. (2004). Somali conceptions and expectations concerning mental health: Some guidelines for mental health professionals. *New Zealand Journal of Psychology, 33,* 59–67. doi:apa.org/?uid=2004-18118-003

Hwang, W. (2006). The psychotherapy adaptation and modification framework: Application to Asian Americans. *American Psychologist, 61*, 702–715. doi: 10.1037/0003-066X.61.7.702

Ingleby, D. (2012). Acquiring health literacy as a moral task. *International Journal of Migration, Health, and Social Care, 8*(1), 21–31. doi:10.1108/17479891211231383

Jezewski, M. A. (1993). Culture brokering as a model for advocacy. *Nursing & Health Care, 14,* 78–85. Retrieved from http://login.ezproxy.library.ualberta.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=1993158372&site=eds-live&scope=site

Kirmayer, L., Groleau, D., Guzder, J., Blake, C., & Jarvis, E. (2003). Cultural consultation: A model of mental health service for multicultural societies. *Canadian Journal of Psychiatry, 48,* 145–153. Retrieved from http://login.ezproxy.library.ualberta.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=cmedm&AN=12728738&site=eds-live&scope=site

Laurence, J., Kirmayer, L. J., Groleau, D., Guzder, J., Blake, C., & Jarvis, E. (2003). Cultural consultation: A model of mental health service for multicultural societies. *Canadian Journal of Psychiatry, 48*(3), 145–153.

Lustig, S. L., Kia-Keating, M., Knight, W. G., Geltman, P., Ellis, H., Kinzie, J. D., … Saxe, G. N. (2004). Review of child and adolescent refugee mental health. *Journal of the American Academy of Child and Adolescent Psychiatry, 43,* 24–36. doi:10.1097/00004583-200401000-00012

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation.* San Francisco, CA: Jossey-Bass.

Nadeau, L., & Measham, T. (2005). Immigrants and mental health services: Increasing collaboration with other service providers. *Canadian Child and Adolescent Psychiatry Review, 14,* 73–76. Retrieved from http://login.ezproxy.library.ualberta.ca/login?url=http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2542908/

National Child Traumatic Stress Network Refugee Trauma Task Force. (2003). *Review of Child and Adolescent Refugee Mental Health White Paper.* Retrieved from http://www.nctsnet.org/nctsn_assets/pdfs/reports/refugeereview.pdf

O'Shea, B., Hodes, M., Down, G., & Bramley, J. (2000). A school-based mental health service for refugee children. *Clinical Child Psychology and Psychiatry, 5,* 189–201. doi:10.1177/1359104500005002004

Owen, C. L., & English, M. (2005). Working together as culture brokers by building trusting alliances with bilingual and bicultural newcomer paraprofessionals. *Child Welfare, 84,* 669–688. Retrieved from http://login.ezproxy.library.ualberta.ca/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rzh&AN=2009079911&site=eds-live&scope=site

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.).Thousand Oaks, CA: Sage.

Raval, H. (2005). Being heard and understood in the context of seeking asylum and refuge: Communicating with the help of bilingual co-workers. *Clinical Child Psychology and Psychiatry, 10,* 197–216. doi:10.1177/1359104505051211

Singh, N. N., McKay, J. D., & Singh, A. (1999). The needs of cultural brokers in mental health services. *Journal of Child & Family Studies, 8,* 1–10. doi:10.1023/A:1022949225965

Social and Enterprise Development Innovations. (2008). *Resources for newcomers to Canada*. Retrieved from http://www.sedi.org/DataRegV2-unified/sedi-Reports/FINAL%20newcomers%20English.pdf

Stake, R. E. (1995). *The art of case study research*. London, UK: Sage.

Sue, D. W., & Sue, D. (2008). *Counseling the culturally diverse: Theory and practice* (5th ed.). Hoboken, NJ: John Wiley and Sons.

Summerfield, D. (2000). Childhood, war, refugeedome and "trauma": Three core questions for mental health professionals. *Transcultural Psychiatry, 37,* 417–433. doi:10.1177/136346150003700308

Yin, R. K. (2009). *Case study research: Design and methods* (4th ed.). Los Angeles, CA: Sage.

Yohani, S. C. (2013). Educational cultural brokers facilitating the school adaptation of refugee children and families: Challenges and opportunities. *Journal of International Migration and Integration*, *14*(1), 61–79. doi: 10.1007/s12134-011-0229-x

## Appendix
## *Discussion Guide for Counsellor-Broker Collaborations*

| | |
|---|---|
| Questions to ask when assessing broker's knowledge of mental health services | What are your experiences with mental health services?<br>How do you go about referring someone to mental health services?<br>What mental health resources are you aware of?<br>How familiar are you with the mental health services we provide at this agency?<br>How comfortable do you feel explaining the counselling process to newcomers? |

| | |
|---|---|
| Questions to ask when a broker refers a client | What are the client's concerns?<br>Has the client received counselling in the past?<br>How receptive is the client to receiving counselling?<br>What other supports is the client accessing?<br>What is the client's understanding of counselling? |
| Questions to ask in relation to cultural interpretation | What cultures are you familiar with?<br>Is there anything that you think is helpful to know about this culture?<br>Is there anything that could be culturally inappropriate?<br>Are there any nonverbal cues or gestures that I should be aware of?<br>How is the client's problem perceived and treated within this culture? |
| Questions to ask in relation to contextual information | Is there anything that I should know about this child?<br>Is there anything that I should know about the family?<br>Is there anything that I should know about their premigration experiences?<br>What type of challenges does this client have?<br>What type of resources does this client have? |
| Questions and comments that would promote communication between practitioner and broker | Is there anything you would like to talk to me about before the session?<br>How was that session for you?<br>Was there anything that surprised you about the session?<br>Is there anything I can clarify about today's session?<br>Feel free to talk to me afterwards.<br>I was wondering about your perspective on _____ |

*About the Authors*

Novjyot Brar-Josan is a doctoral candidate in the Department of Educational Psychology at the University of Alberta. Her main interests are multicultural counselling, refugee mental health, and sense of belonging among refugee young adults.

Sophie Yohani is an associate professor of counselling psychology at the University of Alberta. Her interests are in multicultural counselling and refugee mental health, particularly premigration trauma, adaptation, and program/practice implications in community and educational settings.

Address correspondence to Novjyot Brar-Josan, Educational Psychology, University of Alberta, 6-102 Education North, Edmonton, Alberta, Canada, T6G 2G5; e-mail <novjyotj@ualberta.ca>