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Psychosocial Health Counselling with Native Speakers for Mentally Distressed to Severely Traumatised Refugees in the State of Brandenburg

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Summary

Native-Speaking Psychosocial Health Counselling (NPSHC), which is mainly carried out by experienced interpreters for refugees in the German state of Brandenburg, is presented. More than three years of (critical) experience gained with this approach are illustrated by means of case studies. NPSHC is shown to be a helpful medium-threshold service in the psychosocial care of refugees.

Keywords

psychosocial health counselling, refugees, interpreters, political traumatization, human rights

1. Introduction

In 2015, the "year of refugees", almost one million people came to Germany seeking protection, a large number of them refugees, and a considerable number of them severely mentally distressed or even extremely traumatised.[2] In this critical social and political situation, the urgent question arose as to how the high demand for psychosocial and therapeutic care could be met and how the limited resources available could be used as effectively as possible. At our centre we therefore developed the idea of using the interpreters who work here, most of

1 The German version of this paper will be published in: Trauma & Gewalt, 2022, Heft 3.

2 AOK (2018): „Geflüchtete mit traumatischen Erlebnissen berichten häufiger über gesundheitliche Probleme". (www.aok-bv.de/presse/pressemitteilungen/2018/index_21228.html, retrieved 11.02.20).

whom have been active in this field of work for many years and some of whom have basic training and experience in a social profession, preparing them not only to interpret and support intercultural communication, but also to do psychosocial counselling independently under the supervision of a psychologist. After all, a person who has experience of interpreted therapy sessions word-for-word for many years has undergone a process of intensive learning and can put this into practice autonomously if the institutional conditions allow.

The approach was applied in selected individual cases in 2016, following which the *Ministry of Social Affairs, Health, Integration and Consumer Protection of the State of Brandenburg* funded a pilot project entitled "Native-Speaking Psychosocial Health Counselling" beginning in 2017. The funding was initially granted for one year and then extended until the end of 2021.[3] The basic idea of Native-Speaking Psychosocial Health Counselling, which is placed in the mid-level sector of health care, is to offer refugee clients focused practical help with getting the medical treatment they need, psychological stabilisation and social integration over a short period of usually a few months. The services provided are divided into three areas that complement each other:

1. *NPSHC-individual,* which are usually 75-minute individual counselling sessions.
2. *NPSHC-group,* which are approximately two-hour group meetings with short supportive individual sessions if needed.
3. *Meta-German Courses:* In these courses, we teach effective methods for teaching oneself German, with particular attention paid to difficulties arising from the participants' stress-related problems.[4]

The experience gained in implementing this project for just over three years are described below on the basis of two evaluative reports and a range of case presentations.[5]

2. Native-Speaking Psychosocial Health Counselling within a comprehensive empowerment concept

At our centre we follow the psychosocial empowerment principles of help for self-help based on solidarity, an emphasis on personal ressources and a socio-political view of the individual.[6] We use the term *normative empowerment* to underline the *emphasis on human rights* for those affected by severe human rights violations.[7] This comprehensive empowerment programme is

3 Since July 2019 the INTER HOMINES > BRANDENBURG project has also been funded by the Asylum, Migration and Integration Fund (AMIF) of the European Union.

4 See the Inter Homines YouTube channel.

5 All case presentations are alienated for security reasons of confidentiality. To keep the presentation concise, only the NPSHC-individual sessions are discussed in detail, not the NPSHC-group and the Meta-German courses. For a brief description see www.homines.org/Gesundheitsberatung.pdf.

6 Cf. Lenz, A. & Stark, W. (2002)(Hrsg.): Empowerment: Neue Perspektiven für psychosoziale Praxis und Organisation. Tübingen: dgvt.

7 For a brief description, see www.inter-homines.org/ne.pdf.

divided into the following three levels:

1. *High threshold:* trauma-oriented psychotherapy and psychosocial and psychosomatic[8] trauma counselling, duration ideally one year.
2. *Medium threshold*: psychosocial health counselling, psychosocial legal advice[9], duration ideally four and a half months, often longer.
3. *Low threshold*: musical mindfulness sessions, martial arts for women, table tennis, encounter café.

In this system the Native-Speaking Psychosocial Health Counselling is thus classified as a *medium threshold* service package and is provided by competent counsellors in Persian, Russian, Arabic, English, Somali[10] and in a few individual cases also in German[11]. The service differs from the social work for migrants provided in the Brandenburg districts by its *strong health orientation:* all counselling takes place under *clinical-psychological supervision, and clearly defined psychosocial tasks are delegated.*

Not every refugee with severe mental stress problems or who has been traumatised needs (long-term) psychotherapy.[12] In mild or moderate cases, a series of psychosocial health counselling sessions under clinical psychological guidance may be sufficient. However, the NPSHC is not something like a "the briefest therapy possible". Psychotherapeutic processes, albeit with the required focus on problems, are intended to lead to comprehensive psychological changes that can be ascertained qualitatively and quantitatively and such deeper processes cannot be arbitrarily shortened. Native-Speaking Psychosocial Health Counselling therefore *differs structurally from psychotherapy or psychosocial trauma counselling* and is thus placed at our mid-threshold level. At that level it fulfils a *flexible buffering function,* which is oriented towards the high-threshold level in a pyramid model.

The *clearly defined human rights orientation* of the psychosocial health counselling takes into account the clients' political backgrounds and histories of persecution and also their frequently precarious immigration status. Here "psychosocial" is always meant in the sense of empowerment, i.e. understood as *enabling help for self-help*. Ideally, the NPSHC is conceived as follows:

8 The psychosomatic trauma counselling is provided by a medical doctor with additional training in basic psychosomatic care.

9 Psychosocial legal advice is conceptually related to psychosocial health counselling, but focuses on the difficulties many refugees have in understanding and dealing with the requirements of immigration law. However, this service must be distinguished from legal advice in the strict sense.

10 The NPSHC in Somali is not currently being offered.

11 The medium-threshold counselling sessions are conducted mainly by our interpreters, but sometimes also by a medical doctor, a psychologist or the supervising psychologist.

12 Our facility considers itself to have a bridging function in relation to conventional health care. The aim is therefore not to treat our clients exhaustively, but to help them achieve basic psychological stabilisation. Any further need for therapy should then be covered, as far as possible, within the framework of regular health care.

it is *short-term* (roughly six counselling sessions)[13], *focused* on specific issues (e.g. intercultural parenting problems), *psycho-pragmatic* (e.g. co-operation with the Red Cross Tracing Service), *psycho-educational* (e.g. it informs about the effects of physical inactivity on mental health), *informative* (e.g. addresses of local counselling centres are provided) and, if necessary, *regional* (the area of action is potentially all of Brandenburg, if travel costs can be justified, and also includes telecommunication). Psychosocial health counselling is also useful before, during and after psychotherapy, which we provide at the high-threshold level. For example, it can be applied to help a client find a job or a place to live – as long as this is explicitly indicated to support the client's mental health needs, and thus goes beyond mere social work – to provide support for family, language and cultural issues, to accompanying a patient to a psychiatrist or lawyer, or to promote the maintenance of the improvements achieved in psychotherapy as a form of psychosocial aftercare.

For all of these services it is helpful to employ *native-speaking counsellors who otherwise interpret in psychotherapy* and are therefore familiar with psychological and psychotraumatological topics and interventions. These counsellors should be involved in a focused, flexible and, if necessary, mobile way. The following basic skills are required for successful psychosocial health counselling:

- profound knowledge of psychosocial assistance within the German social system, as acquired partly through prolonged interpreting in this field;
- qualified teaching of language and culture;
- specific empathic and communicative abilities;
- emotional resilience when confronted with severely emotionally stressful issues (persecution, war, flight, etc.).

These skills can be enhanced by means of multidisciplinary training offered by our organisation, for example, evening talks on philosophical, psychological, medical and legal topics.[14] As regards professional training, experience in social work is desirable. Any lack of formal qualifications can, however, be compensated by ensuring that the counselling takes place *exclusively under the delegation, guidance and supervision of an adequately qualified professional.* In addition to the help for self-help provided by psychosocial health counselling, professional co-ordination and cooperation with the regular health services of the State of Brandenburg is advisable, such as the social services for migrants or the psychiatric outpatient clinics.

13 However, this number is often exceeded in specific cases, sometimes even doubled or tripled as part of a complex case management plan, see case descriptions below.

14 See on our YouTube channel.

3. Experience and problems with the NPSHC

Training of the psychosocial health counsellors

Interpreting is an *assisting function,* which means that the main responsibility for therapeutic communication naturally lies with the psychologist. The staff members who interpret have been trained in or inducted into this defined role and have been used to working as assistants for many years. The transition to working in a guiding capacity in psychosocial health counselling with full responsibility for one's own decisions and actions therefore requires considerable systemic reorientation and the adjustment to the new, active role can only be gradual. The emotional strain to which interpreters are already subjected when they work in the field of political traumatisation can increase even more when they also begin to work in this guiding capacity and assuming the responsibility. This is because the health counsellor is then challenged as a self-empowering actor who has to fulfil a certain *auxiliary ego function for the client by providing practical orientation and stabilisation.* If, however, the counsellors have had their own stressful or traumatic experiences of powerlessness, these may be activated by their new proactive role and make the counselling more difficult or even impossible. For example, one of our interpreters had begun to work as a counsellor but was unfortunately unable to continue – despite actually having very good professional aptitudes and skills – due to such a personal history and also his own unclear immigration status ("I find this too disturbing ..."). The interpreters' own personal histories should therefore be taken into account as a precautionary measure, since they can be activated and intensified when they provide health advice, which is even greater than the passive emotional strain of interpreting.

Three modes of providing psychosocial support

As already described in detail elsewhere,[15] we work at the high-threshold level following a behaviour therapy-oriented model of *therapeutic scales,* from which *a bright, a dark and a mindful path or mode of psychotherapeutic healing* can be derived in an illustrative way. Aligning it conceptually with psychotherapy, Native-Speaking Psychosocial Health Counselling, as a medium-threshold intervention, can then be seen as being closest to the *bright way of psychosocial support,* i.e. it includes empowerment, orientation, stabilisation and a focus on resources, perspectives and solutions. The counsellors already know the interventions in question from their interpreting in psychotherapy and can impart them in a practical way. Related to this, but slightly different is the *mindful mode of support,* which consists of various awareness exercises, (body-related) meditative self-care and empowerment dancing[16], which is also demon-

15 Regner, F. (2016): Die Waage als Zentralsymbol in der psychotherapeutischen Praxis mit traumatisierten Geflüchteten. In: Trauma & Gewalt, 10. Jg, Heft 4/2016, S. 320–327.

16 For a description, see Regner, F. (2017, p. 80): Trauma neutralisation: A body ritual for affective discharge after narrative exposure. In: Trauma & Gewalt, 11. Jg, Heft 1/2017, pp. 76-83.

See also on Youtube: "Empowerment Dancing against Trauma and Stress".

strated and practised in the health counselling. In some cases, these two modes of support prove to be sufficient for basic stabilisation.

In cases where the counselling functioned as a clearing process and a referral to the high-threshold services is found to be necessary, the health counselling has at least provided an initial stabilisation. This stabilisation can be built upon in therapy and will ideally help to shorten duration of the therapy. Given the appropriate indication and sufficient stability, we also pursue in the NPSHC what we call the "*dark mode of psychosocial support*", i.e. narrative trauma exposure. A young client from an Asian country was referred to us by an advice service in Brandenburg for treatment of traumatic, anxious and depressive symptoms. He had been subjected to political persecution in his country of origin and was being attacked in the refugee camp. Our native-speaking physician, who has additional training in basic psychosomatic care, began by working with the client in a supportive and stabilising way. Finally, he underwent narrative trauma exposure together with the psychologist, focusing on the dramatic experience that had led to his escape. Since such *testimonies,* i.e. eyewitness accounts elaborated in a psychosocial setting, are intended to be made available to the (professional) democratic public in accordance with our overall concept of Normative Empowerment, the account is reproduced in detail in the appendix, at the client's explicit request.[17]

In the therapy the "psychological trauma surgery"[18] went according to plan. The client felt considerably relieved after two sessions and requested a second exposure focusing on a traumatic experience he had had in the accommodation he was sharing, in which he had been rudely awoken at night by a room-mate and threatened with a knife. This second trauma exposure was conducted by the physican alone and in the client's mother tongue and resulted in a further considerable reduction in traumatic symptoms. At the last (eleventh) session, the client appeared to have improved and be stabilised, which was also noticed by the counsellor who had referred him to us. He left expressing his gratitude and said that he had been given a new life here. He has been invited to participate in our group services for further aftercare.

Health counselling before, during and after therapy

Native-Speaking Psychosocial Health Counselling can help to render psychotherapy unnecessary in moderate cases where the problems are easily identifiable, as illustrated by the following case presentation. In her Asian country of origin the middle-aged client had worked as a high-level civil servant. During a trip abroad she was unexpectedly unable to return to her home country, which was under dictatorial rule, because in the course of her work she had helped a member of the opposition and this had been discovered. In forced exile in Germany

17 All case presentations in this paper have been anonymised for security reasons.

18 On the analogy of somatic and psychological trauma surgery, see Regner, F. (2018): Kulak, the trauma fist: A body-based trauma model. In: Trauma & Violence, 12. yr., issue 2, pp. 152-164.

she experienced a considerable loss of social status, along with a constant fear of deportation. As a result, the client developed symptoms of adjustment disorder such as sleep problems, anxiety, nervousness and depression. She had good basic resources and thus in the psychosocial health counselling sessions, she was supported to undergo an intensive German course and find a job, which helped her to become stabilised. When she was discharged from the NSPCC after a few sessions was her state of mental health had improved considerably. Further psychosocial and therapeutic measures would have been possible, but did not seem to be strictly necessary.

More often, however, health counselling serves to meet and absorb psychosocial needs at the high threshold level, i.e. psychotherapy or psychosocial trauma counselling. *To begin with, we present a case study of health counselling prior to trauma counselling.* This adolescent client from Asia had lost his entire family in a natural disaster as a child. He was only reluctantly taken in by his neighbours and kept as a child labourer for many years without schooling, and subjected to continuous abuse. Finally, it was planned that he should be used as a child soldier by an Islamist terrorist organisation. During his preparation for this he was forced to witness a comrade being cruelly mutilated and executed in front of his eyes. While fleeing to Germany he also witnessed many people drowning. After all these terrible experiences the young man developed a complex trauma disorder. To begin with he achieved partial stabilisation in health counselling, but became very depressed again after receiving a rejection from the Federal Office for Migration and Refugees. In view of his highly stressful history and his youth we offered him long-term psychosocial trauma counselling after health counselling (continuing with the same counsellor, who was specially trained in this field), enabling him to undergo more in-depth trauma processing, with satisfactory results.

In other cases it may be useful *to "intersperse" an ongoing psychotherapy with health counselling* in order to support the therapeutic process with practical help with everyday problems. In the following case example an African client had fallen victim to a brutal politically motivated assault as a child and had subsequently developed symptoms of severe traumatisation, with panic attacks, strong avoidance behaviour and the risk of an enduring personality change after catastrophic experience. She was initially very hesitant to engage in the psychotherapy, but as the process continued she increasingly benefited from mainly supportive and strengthening interventions, made a strong effort to empower herself and was able to appreciably reduce her anxiety attacks. However, when the option of a narrative exposure was only cautiously mentioned in order to achieve sustainable psychological stabilisation, the client decompensated again and had several anxiety attacks. At this point, it became clear that the therapeutic process could not continue without pharmaceutical support and the treatment was therefore interrupted. Psychosocial health counselling was carried out in order to support the client's re-

ferral to a psychiatric outpatient clinic and wait until the medication had taken effect. After a few months it became possible to resume the treatment and complete it as a basic stabilisation intervention (i.e. the client experienced an improvement of more than 50 %).

Finally, the results of psychotherapy can be sustainably consolidated by means of Native-Speaking Psychosocial Health Couselling. A client from Asia had been massively persecuted and abused in her country of origin, her husband and other close relatives were kidnapped and nothing is known about their whereabouts to this day. In the course of psychotherapy she reached a basic level of stabilisation (i.e. an experienced improvement of at least 70 %). However, at follow-up one year later her mental health had deteriorated again and she complained that she was becoming more and more nervous due to current family strains in the confined and stressful conditions of her accommodation. NPSHC was therefore instituted to refresh the self-help methods she had learned in therapy and to show her more relaxation exercises. The client has also concomitantly been receiving supportive consultations with a psychiatrist in her native language and she is still participating in our group activities. She is currently satisfactorily stabilised despite her highly stressful living conditions.

Focusing on problems

In practice, *focusing on problems,* which is central to psychosocial health counselling, proved to be more difficult than initially expected, since the problems are usually complex, multifocal and variable. Therefore in the course of the project, the *principle of "as focused as possible, as complex as necessary*" was adopted. The following case study describes treatment of a middle-aged client from an African country who was referred to our psychosocial health service by a counselling centre for refugees in Brandenburg. She presented with symptoms of depression and anxiety following political persecution and the kidnapping of a family member. With pharmacotherapy and prolonged intensive (crisis) counselling she improved considerably and the improvement was consolidated. In the meantime, her association with some neighbours from the same country of origin which the client experienced as threatening and violent led to strong fears to the point of panic and had a destabilising effect on the whole family. The police, the immigration authorities and the public prosecutor's office were involved and the associated legal process eventually culminated in a court hearing to which we accompanied the client. Psychosocial health counselling can thus – while deviating from the original focus on the problem – turn into a form of mediation and legal counselling, which of course requires the appropriate professional skills.

Operationalisation of the project results

The first step in the evaluation of the results of the NPSHC pilot project was simply to adopt the operationalisation of the therapy results at the high-threshold level, i.e. assessment on a quantitative rating scale depicting the therapeutic process and a qualitative outcome interview.[19] However, when attempting to transfer this well-proven mode of operationalisation to psychosocial health counselling, it became apparent that it is neither really possible or meaningful. There are two main reasons for this. Firstly, the clients' problems are, as already explained above, often too severe, too complex and too variable for a specific focus. Secondly, clients are often not introspective sufficiently in order to rate their problems and symptoms in the way required. Many of them cannot distinguish adequately between their general mental state, the focus of the health counselling and the degree of improvement in psychosocial issues that can realistically be achieved in the six counselling sessions that are considered to be the ideal.

Therefore in order to determine the results of the counselling, all variables involved – such as the severity of the stress symptoms, motivation, external assistance (e.g. at an outpatient clinic), medication, the course of the process, the counselling relationship, current adversities (e.g. rejection by the Immigration and Refugee Office, death of a family member) and others – need to be assessed to arrive at an overall evaluation. In order to quantify this complex picture, *the level of the improvement achieved was rated as full (36%), moderate (54%) or low (11%)*. (This result and the following statistics have been taken from the evaluation report of the project for 2018/2019. A total of 103 clients received individual counselling; only 10% of whom were seen for an initial intake session. In 6% of cases the counselling was discontinued and 87 individual cases were completed, which is the total on which the percentages are based).

Example of a case with a low level of goal attainment. The client was an adolescent from a West Asian country who had initially sought psychotherapeutic treatment for depressive and psychotic symptoms. He had been traumatised by family events and had spent several years in a region bordering on Europe where he had experienced severe violence. The therapy was completed after 9 months with an 80% degree of improvement. However, at the post-treatment interview about 18 months later the client appeared to be more unstable again, partly because he had discontinued his neuroleptic medication on his own initiative. We therefore initiated NPSHC for aftercare. However, it proved to be rather difficult to establish and maintain contact, partly because of some ambivalence on the client's part and partly due to some delays on our part. At the final meeting, the client had to be reminded again never to stop taking the medication without consulting a doctor.

19 See www.inter-homines.org/IH-Brandenburg.pdf for more details.

Example of a case with a moderate level of goal attainment. This middle-aged woman from an Asian country had received high-threshold psychosocial trauma counselling at our centre some time previously. She had experienced repeated violence in a patriarchal context since childhood and was later politically persecuted by an Islamist terrorist organisation because of her commitment to women's rights. While she was fleeing through various European countries she had been forced to endure extremely traumatic experiences. When the trauma counselling was finally concluded she had attained a moderate degree of stabilisation and integration. Some time later, however, one of her sons, who was still in her home country, was tragically killed in a bomb attack and her daughter was seriously injured, which understandably triggered a severe crisis for the client. We therefore immediately initiated psychosocial health counselling for her and her son, who was living in Germany, with the aim of providing supportive assistance in these tragic circumstances. This was to a certain extent successful.

Example of a case with full goal attainment. This middle-aged female client from an eastern Asian country had been known to us for a long time as she had participated in our low-threshold services. She had been politically persecuted and was also suffering from stressful family circumstances. She was very committed and reliable in her participation to the psychosocial health counselling and thus benefited substantially from it. Since the working relationship between the client, the counsellor and the psychologist proved to be particularly positive and stable, the psychologist carried out narrative trauma exposure focusing on past experiences of violence in the family. In the weeks that followed the client appeared remarkably relieved and had a clear, firm look. Brief episodes of derealisation and dissociative confusion which she had exhibited at the beginning of our sessions now only rarely occurred. "Now I feel like myself again", she said at the end, with noticeable relief.

For a further operationalisation of the results of Native-Speaking Psychosocial Health Counselling, it is helpful to *assess the need for further counselling or therapy*. The first assessment category is: "*Further measures are possible, but currently not necessary (38% of 87 completed cases, see above)*. A middle-aged client from an African country had traumatic experiences as a young woman in a patriarchal family context. Later, political persecution by an Islamist terrorist organisation led the family to escape. A first NPSHC was completed with a moderately successful degree of stabilisation. Later, it was agreed that the client would undergo a second unit of health counselling, this time in the form of narrative trauma exposure conducted by the psychologist. After a preparatory phase, a family trauma that had seriously affected the client for many years was successfully treated. The client was then offered a second narrative exposure intervention to deal with the second traumatic experience which had led to her escape, which she resolutely accepted. This second "psychological trauma operation" also went well and led to pleasant changes, which were outwardly evident: her face appeared visibly relaxed.

Second assessment category: further low- to medium-threshold measures needed (45 % of clients). A middle-aged client from an Asian country had been severely mistreated since her childhood within patriarchal and repressive structures. Such patterns of violence had continued into adulthood and finally forced the client to leave the country concerned with her teenage daughter. She was initially offered Native-Speaking Psychosocial Health Counselling, which led to some stabilisation. However, it turned out that the teenage daughter had become addicted to drugs and had gone to a West German city where she became involved in the drugs scene and engaged in highly self-destructive behaviour. Due to this urgent situation, the health counselling was replaced by high-threshold psychosocial trauma counselling. The case proved to be highly complex and demanding over a period of several months, since it was necessary to mediate between several different institutions, including a refugee initiative, the social welfare office, the youth welfare office, the police, a hospital, the social psychiatric service and drug counselling. It was finally possible to transfer the client to the city where her daughter is living. She is now accommodated in a women's shelter there and continues to need psychosocial and psychotherapeutic support.

Third assessment category: further high-threshold measures needed (17% of clients). A middle-aged client from an Asian country, a single parent with two teenage sons, one of whom was chronically and seriously ill, was recommended to consult our facility by another client. Her history revealed that she had been subject to severe stress and problems since childhood. Although the client initially responded well to the psychotherapeutic interventions, at some point the circumstances of her life became so difficult and stressful in multiple respects that it no longer seemed beneficial to continue the therapy. We therefore terminated the therapy and began psychosocial health counselling with the aim of helping to improve the client's external circumstances and, if possible, to help her leave the shared accommodation where she was living, as it was associated with considerable health risks for her highly vulnerable son. Finally, the client's life situation sufficiently improved, not least due to the supportive impact of the health counselling for the psychotherapy to be resumed. However, unfortunately in the end the minimum goal of basic stabilisation could not be achieved. Due to her pronounced physical symptoms, the client underwent psychosomatic trauma counselling with our medical doctor.

4. Future prospects

Our three years of experience with about 100 clients referred from the state of Brandenburg show[20] that Native Speaking Psychosocial Health Counselling with clinical-psychological supervision is a very helpful and indispensable service. The psychosocial and psychotherapeutic setting for highly stressed to extremely traumatised refugees is extraordinarily complex, as a variety of areas are intertwined, some of which are highly problematic, e.g. health (e.g. too

20 As of the beginning of 2020.

few interpreters in the health system), socio-political situation (e.g. being threatened and assaulted by right-wing extremists), legal (e.g. unclear immigration status), administrative (e.g. refusal of authorities to allow clients to move to a flat of their own) and intercultural (e.g. gender and educational issues from a religious perspective). In this difficult situation, high-threshold interventions such as psychotherapy or trauma counselling cannot always be carried out regularly and according to plan, but *require flexible pre- and post-care, supportive, flanking and practical measures at the medium-threshold level* in order to achieve the maximum possible goal of (health) integration. As the above case studies show, this is precisely what NPSHC can provide. It should therefore be further developed as an approach and implemented on a broader scale. The Corona crisis is a current challenge, forcing us all to partly adopt digital forms of communication – with all its advantages and disadvantages (in terms of data protection regulations). For example, we have uploaded proven components of health counselling – such as the Meta-German courses – on to the internet,[21] in order to be able to refer to them in the face-to-face counselling, which is currently being conducted mainly via videoconferencing. Our experience with this so far has been promising and it seems that some of these digital services will continue after the pandemic is over, as a digital psychosocial health counselling for traumatized refugees.

Zusammenfassung

Das Konzept der *Muttersprachlichen psychosozialen Gesundheitsberatung (MPSGB),* durchgeführt hauptsächlich von erfahrenen DolmetscherInnen für Geflüchtete aus dem Land Brandenburg, wird vorgestellt. Die über dreijährigen Erfahrungswerte und Problemfelder werden mit Falldarstellungen illustriert. Es zeigt sich, dass die MPSGB ein hilfreiches mittelschwelliges Angebot in der psychosozial-therapeutischen Versorgung von Geflüchteten darstellt.

Schlüsselbegriffe

psychosoziale Gesundheitsberatung, Flüchtlinge, Dolmetscher, politische Traumatisierung, Menschenrechte

21 See the Inter Homines YouTube channel.