The talking cure – building the core skills and the confidence of counsellors and psychotherapists to work effectively with multilingual patients through training and supervision[1]

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Abstract

Increasing numbers of multilingual people seek counselling and psychotherapy in a system that is rooted in a monolingual ideology. Despite these numbers, there is very little training for therapists and counsellors which equips them to treat multilingual patients. The absence of multilingualism in therapy and counselling training is strange given that therapeutic treatment is known as the "talking cure". Research with therapists and counsellors about their beliefs and behaviour with multilingual patients (Stevens & Holland, 2008; Costa & Dewaele, 2012) revealed that therapists were anxious about their ability to work with multilingual patients. Research also included recommendations that counselling courses pay more attention to languages, identity and difference (Georgiadou, 2014). Mothertongue multi-ethnic counselling service, a small NGO based in the UK, developed and delivered training for counsellors and therapists and culturally and linguistically sensitive supervision groups for counsellors and therapists working in their local NHS Improving Access to Psychological Therapies Service. They also developed and deliver a module on culturally and linguistically sensitive supervision for IAPT supervision courses. An informal evaluation confirms findings in (Bager-Charleson et al., 2017) that after the training and supervision, the confidence and multilingual awareness of counsellors and therapists improved and they felt able to use multilingualism as a therapeutic asset in the treatment of trauma and other presenting issues. This paper will include examples from the original research, the training and the evaluations, while illustrating a model of cross- disciplinary research which impacts directly on mental health practice and the reduction of health inequalities.

Introduction

The multilingual population in the UK is increasing[1]. This seems to be reflected in the number of multilingual people seeking counselling and psychotherapy. A survey by the UK Council for Psychotherapy in 2012, revealed that in the UK, 1,298 therapists could conduct therapy in more than one language out of a membership of 7,085. Although there is increasing interest, the role of language in therapy for multilingual patients and for multilingual therapists has attracted relatively little investigation compared with the amount of interest dedicated to the role of culture in therapy (Eleftheriadou, 2010; Fernando, 2008; Lago, 2011). It is, of course, difficult to separate out language from culture. However, unless multilingualism is foregrounded

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in psychological therapy training, it tends to get subsumed into the category of, and overwhelmed by, culture and diversity, or just ignored. Most training models assume that the psychological presentations and treatment needs of multilingual patients and monolingual patients are the same. The absence of multilingualism in therapy and counselling training is strange given that therapeutic treatment is known as the "talking cure".

Although there is relatively little written about the experience of multilinguals in psychotherapy, there are some notable exceptions including: Amati-Mehler et. al. (1993); who consider the issues from a psychoanalytic perspective and Altarriba & Santiago-Rivera (1994); Martinovic & Altarriba (2012); Santiago-Rivera & Altarriba, (2002); and Schrauf (2000), who draw principally from case material with both patients and clinicians who are bi/multilingual.

More recent research includes Bowker and Richards (2004) and Stevens & Holland (2008) who focus their research principally on monolingual therapists working with bi/multilingual patients. Costa and Dewaele (2012) focused on a comparison between monolingual and multilingual therapists in order to identify possible differences between the way they operate across languages, when they share a native language or when they do not share a native language with their patient.

There is increasing research to show that the patient's choice of language in therapy is far more complex than the "first language good: other languages bad" formula. For the multilingual person, it can sometimes be therapeutic to speak in a latterly acquired language. It may be that emotions are only accessible in one of their languages depending on when and how they have been learned. Languages learned in later life (i.e. foreign languages) can circumvent constraining messages conveyed in the language of a person's upbringing. A foreign language can permit the expression of emotions, which may have been discouraged when we were growing up. (Dewaele & Costa, 2013; Pavlenko, 2005).

Speaking an additional language may evoke feelings of loss, at not being able to speak one's native language (Schmid, 2011). It may sometimes evoke a sense of gain – in that there is an increased range of expression.

The impact of training and supervision programmes on therapists' confidence in their skills to work with multilingual patients – with and without an interpreter -,

will be described in this paper. Researchers, such as Verdinelli and Biever (2009) and Kokaliari (2013) have called for psychotherapy trainings to address the issue of multilingualism. The CPR New Researcher Award (2014) recognised Lorena Georgiadou (2014) for her research on international counselling trainees' experiences, which included a recommendation that counselling courses pay more attention to languages and difference. She builds on McKenzie-Mavinga's (2011) suggestion that students who face difficulties regarding acculturation and discrimination are in need of opportunities for discussion and she recommends that "counsellor education programmes acknowledge the additional challenges that international trainees may encounter in practice in relation to linguistic competence and provide sufficient space and possibilities for relevant discussion with peers, tutors and supervisors." (p. 9)

The training programmes, described in this paper were developed in order to address this gap in training. The training programme to work with interpreters was developed in 2009 and refined as a result of an evaluation carried out and reported on (Costa & Briggs, 2014). The training programme to work with multilingualism directly, builds on the research findings and the recommendations of Costa and Dewaele (2012); winners of the 2013 BACP Equality and Diversity Research Award, and Dewaele & Costa (2013). This research is referred to in the text as the "original research", to distinguish it from the evaluation (Bager-Charleson et.al., 2017) carried out later, to assess the impact of this training programme. The original research represents a collaboration between the disciplines of Applied Linguistics and Psychotherapy and the organisation Mothertongue - a culturally and linguistically sensitive counselling service in operation between 2000 and 2018. This is an innovative approach to research for both the academic disciplines. It is a result of the desire to strengthen the case for attention and to gather robust evidence about the multilingual aspect of human experience – both for clients and for therapists. A creative, non-traditional and untried collaboration appeared to be a way forward. Such a collaboration between the field of Applied Linguistics and Psychotherapy meant that we could explore similar issues from different perspectives. Linguists may not focus on the relationship which people have with their different languages and may focus more on the cognitive benefits of the bilingual upbringing of children. Therapists tend to ignore the issue of whether multilinguals encode emotions

differently and experience the world differently in different languages (Dewaele, 2013). Both sets of professionals may ignore the power issues played out in families via the languages, which some family members share or do not share with each other (Karamati, 2004). The innovative aspects of this research project across the two disciplines of Psychotherapy and Applied Linguistics meant that cross- cultural working could be enacted within the research process. Prior knowledge and practical experience could also be incorporated. This cross-disciplinary approach to research provided the ideal crucible from which cross –cultural and cross-language practice could emerge.

The collaborative model and the original research is described fully in the two papers*:* Costa and Dewaele*, Psychotherapy across languages: beliefs, attitudes and practices of monolingual and multilingual therapists with their multilingual patients* (2012) and Dewaele and Costa, *Multilingual Clients' Experience of Psychotherapy* (2013).

This paper will limit itself to summarising the methods and findings from this research, which underpin the training programmes, before describing: the nature, range and quantity of the training and supervision participants; the content of the training and supervision programmes developed from the research; the evaluation and measurement of the impact of the training and supervision on participants' confidence to work across languages and on their core skills of empathy, awareness, authenticity and clinical authority. -

The original research findings underpinning the culturally and linguistically sensitive training and supervision programmes

1. **Training Programme One -** <u>Training therapists working with multilingual patients</u>

Dewaele and Costa (2013) recruited 182 multilingual clients to their research project via non-clinical routes. They used a combination of questionnaires, which employed Likert scales and Open Boxes, and face-to face interviews. Participants' responses were analysed statistically. Two overarching themes emerged from the quantitative analysis: language switches in therapy are more frequent when the emotional tone is changed – more usually when it is raised, or

memories are recalled; clients view their multilingualism as an important aspect of their sense of self and of their therapy.

Cognitive distancing, expression of emotion, and memory recall

This is what a Greek-English bilingual said about the way in which she used her different languages in order to move away from painful experience**:**

"I think when I talk about emotional topics I tend to code-switch to English a lot. I remember when I was seeing a psychologist in Greece for a while I kept code-switching from Greek to English. We never really talked about this (…) To my mind it may have been some distancing strategy…. (Dewaele, 2013, p. 204)

It is worthy of note, while addressing therapists' confidence to work therapeutically with multilingualism, that the therapist in this example, never addressed their language use in therapy. This lack of attention to multilingualism in the therapeutic process is echoed in Rolland et al's (2017) research with multilingual therapy patients. Ninety-three out of the 109 research participants reported that they had not discussed 'which languages or dialects could be used' in their sessions (p.10).

Language-switching does not just cause a distancing effect but can also promote emotional expression. Sometimes languages learned after early childhood can provide expression for feelings which may once have been censored in the early family or societal context. At other times, it is the first language which is facilitative. This is relevant for psychotherapy. One multilingual research participant reminded us: 'The mother tongue i.e. the language your mother spoke to you in, is highly significant in the transference.' (C126, Guajarati, English, French, Spanish) (Dewaele & Costa, 2013, p. 44)

Another participant observed that switching languages enabled him to move towards or away from emotional intensity:

> 'It was easier to "let myself go" in Spanish and easier for the therapist to notice that I was NOT a stiff upper lip…as long as we were speaking in English both of us were less ready to express emotions. We used more formulaic expressions for conventional small talk phrases, like "I am not at my best" instead of Spanish "me siento como un perro mordido" (I feel like a bitten dog)…Spanish allowed for code switching.' (C113, Polish, German, English, Spanish) (p.44)

Childhood memories were found to be richer and more emotionally charged when recounted in the first language. Dewaele and Costa (2013) reported that 61% (of a total of 109 participants) of the multilingual therapy patients who participated in their research agreed that their language-switching was linked to a raised emotional tone as illustrated by this quotation:

"My therapist did not understand my (first language) L1, however she asked me to talk about my childhood which seemed irrelevant in the therapy in English, however when I mixed in some words from my L1s, it started to make more sense talking about my childhood. As if English language did not let my memories come back efficiently enough, and I just needed some key words in L1 to bring memories back." (p.13)

It seems to be crucial for a therapist to keep an open mind and to tolerate ambiguity when working with multilingual clients. Although the third overarching theme, which emerged from Dewaele and Costa (2013), was the fact that the multilingualism of the therapist promotes greater empathic understanding, it is the core skills of all therapists with regard to clients' multilingualism, which is appreciated by one research participant:

"It doesn't matter whether the therapist understands the actual language spoken: there comes a point where I as a patient I am invited to hear and listen to myself. This is very helpful, in the presence of another benevolent being.' (Dewaele & Costa, 2013, p.13)

This sensitivity and openness to linguistic difference was referred to as Linguistic Empathy in the therapeutic model and training model which Mothertongue developed.

Identity Formation

The majority of multilinguals report sometimes feeling like a different person when using different languages (Pavlenko, 2006; Dewaele, 2016; Hammer, 2016). Panicacci and Dewaele (2018) found that feelings of difference and alienation experienced by 468 Italian migrants living in English-speaking countries are exacerbated when talking about an emotional topic in English with an unfamiliar interlocutor.

This has implications for therapy. Burck (2005) views the various identities of multilinguals as intrinsic to the therapeutic relationship. One research participant felt

that she would only be taking one part of herself to therapy if she spoke only in English:

"I feel like a huge part of me just doesn't go to therapy with me. I have different personas with each language I speak so only speaking in English in therapy isn't helpful. If I have to translate into English… it just isn't the same for me." (Dewaele & Costa, 2013, p.12)

Offering therapy in only one language can limit a patient's focus either onto the past or the future. For some, their second language connects them with their future and their future identity. This seems to confirm that no single language in a multilingual's repertoire stands out completely and could replace the other languages in all situations. Grosjean (2010) labelled this the Complementarity Principle, namely the fact that fluency attained in a language depends on the need for that language and will be domain-specific. As a consequence, multilinguals' language preferences and skills vary across purposes, interlocutors and domains of life.

The invitation to bring other languages spoken by multilingual patients into the therapy room has great therapeutic potential when working with trauma. Alexithymia – having no words to describe and express one's emotions - can occur as a result of a traumatic event. And yet words can sometimes be found in another language. A language learned after the early childhood years can serve as a protective psychic defence (de Zulueta, 1995). Tehrani and Vaughan (2009) advise that bilingual differences can be used to increase emotional mastery following trauma and that a patients' multilingual identity can be used strategically for repair.

Multilingual patients appreciate the confidence and flexibility of therapists, who feel confident to work with their different languages and who make no assumptions about which of their languages will be most helpful (Dewaele & Costa, 2013). The following quotations from two research participants illustrate the need for flexibility. Each of these participants found it helpful to speak in languages that gave them proximity or distance to the traumatic material according to their specific needs:

> "I felt more comfortable speaking about traumatic events in my non-native tongue. I feel that in my particular case I was able to let go of pain easier thus."

> "I remember being given permission/being asked to express a traumatic incident in the language in which it happened. This I found very liberating." (p.15)

This research suggests that language switches in therapy may have emotional tone causes, and patients feel that switching languages helps them to self-regulate proximity and distance to and from their feelings. Language-switching in therapy seems to have the potential to allow patients to express themselves and their identities more completely.

2. **Training Programme Two** - Training therapists to work effectively with interpreters

Training for therapists working with interpreters, initiated in 2009 by Mothertongue, was developed and refined from the recommendations from research on patients' experiences of IAPT therapy via an interpreter, (Costa & Briggs, 2014) and interpreting in sensitive settings (Bischoff et. al., 2010; Bot & Wadensjö, 2004; Doherty et. al. 2010, Hetherington, 2012; Miller et. al. 2005; Tribe & Thompson, 2009). The findings from these studies were confirmed by later work of a pan-European study of professionals' practices with interpreters when working with minors. They reiterated the need for a creative way of attending to power dynamics in interpreter-mediated communication and for building trust, by the formation of "mini-equipes" (Salaets & Balogh, 2015: 63). Training for therapists and interpreters in working effectively together was viewed as essential, both by interpreters and practitioners, who were interviewed. In this way, the interpreter is incorporated into the professional team (Boyles & Talbot, 2017).

The following section presents a summary of the linguistically sensitive training and supervision programmes developed from the research findings

A summary of the training and supervision programmes

The training and supervision interventions, described in this paper, aimed to build therapists' skills and confidence to attend to the role that multilingualism plays in psychotherapy. Both the training and supervision sessions focussed on the

therapeutic asset of multilingualism when working with issues of: trauma; identity – personal and professional; emotional expression; and memory recall.

Aims and desired outcomes of training of therapists working with multilingual patients
• To consider the ways in which the multilingualism of the patients and/or therapist impacts on psychological development and can be a therapeutic asset and whether the language gap can, in fact, sometimes be a source of creativity and therapeutic potential.
• To consider research findings that people are able to access emotions in a second language that have been repressed in their native culture and language and that traumatic scenes experienced in one's native language may be explored more readily initially by switching to a second or other language in order to gain sufficient emotional distance in order to approach the material.
• To consider the implications of this for therapeutic work with multilingual patients
• It is hoped that practitioners will feel more confident in working with multilingual patients

The training interventions also incorporated working effectively with interpreters in interpreter- mediated therapy. This training programme was initially developed by Mothertongue and described in detail in Costa (2017).

The experience of patients who had received interpreter-mediated therapy was investigated in Costa and Briggs (2014) and the training modified accordingly. The training developed therapists' core-skills in a number of domains: managing triadic communication; building a collaborative working relationship with the interpreter; sharing working methods and needs; exploring the experience of being in triangular relationships; the challenges and the coping methods for avoiding, creating or managing exclusions and collusions; exploring therapists' own relationships with power and authority and using their authority appropriately.

Aims and desired outcomes of training therapists to work effectively with interpreters

• To explore the anxieties, the challenges and the advantages of delivering therapy with an interpreter
• To explore ways of working therapeutically as a triad rather than as a dyad, to include issues of power
• To consider the extent, limitations and professional boundaries of the roles
• To consider how to communicate with interpreters about the nature of therapeutic change and the relationship between the Interpreter and the Practitioner
• To co-create a code of practice for working as a therapist with an interpreter
It is hoped that: • Practitioners will feel more confident in working with interpreters collaboratively
• Practitioners will understand the limits and extent of the interpreters' role
• Practitioners will have techniques to stay in control of a session where an interpreter is needed

The third intervention - culturally and linguistically sensitive supervision – attempted to provide a space to discuss relevant issues brought by the participants. These included raising one's awareness of assumptions and working with clients for whom therapy is an alien concept. The following aims were developed and revised over the course of nine years of delivery.

Aims and desired outcomes of culturally and linguistically sensitive supervision
• To improve confidence to think about the role of race, culture and multilingualism in patients' therapy
• To improve confidence in working collaboratively with interpreters
• To consider elements of cultural and linguistic sensitivity in practice
• To explore unconscious bias, assumptions and privilege which may be

overlooked in practice
• To identify constraining features, which disable rather than enable open exploration of race, racism, discrimination, privilege, bias etc. when working therapeutically across race, culture and language
• To raise awareness of one's own bias, prejudice etc.
• To Increase ability to own one's cultural mistakes/clumsiness and to repair ruptures in therapeutic relationships
• To increase confidence in working productively with power dynamics in therapy across race, culture and language

The impact of the training and supervision project, which attended to the role that multilingualism plays in psychotherapy, has been evaluated with a group of 88 participants (Bager-Charleson et al., 2017). The aim of the evaluation was to establish the effect and impact of the training on the work of psychotherapists with multilingual patients.

Participants in the training and supervision programmes

Between 2008 and 2018 the culturally and linguistically sensitive supervision was offered quarterly to all therapists working in IAPT (Talking Therapies) across East and West Berkshire. Over 500 IAPT therapists have attended the sessions. The training in working with multilingual patients, has been delivered regularly, across the UK, between 2008 and 2018, to a variety of therapy trainees and qualified therapists, including Improving Access to Psychological Therapies (IAPT) trainees at various universities, Child and Adolescent Mental Health (CAMH) teams, trainee and trained clinical psychologists, trainees on psychotherapy training programmes, therapists and counsellors at hospices, regional bereavement counselling services, case workers and clinicians from refugee organisations, working with the most traumatised members of communities, including those on the Syrian Vulnerable Persons Resettlement Scheme. From 2014 to 2016, Mothertongue trained 705 people in 52 training events.

More recently a training module for clinical supervisors in linguistically and culturally sensitive supervision has been developed. This has been delivered to approximately 100 trainee clinical supervisors for the NHS trainee Child Psychotherapy Supervisors at two universities. In 2018 the supervision training is to be delivered in 3 different venues across the UK for the British Association for Counselling and Psychotherapy.

The following section presents a summary of formal evaluations of the training programmes between 2014 and 2016, together with feedback from the participants of the supervision groups between 2008 to 2018. The summary focuses on participants' increased confidence and core skills to work effectively with multilingual patients.

Evidence of effectiveness of the three programmes - reach and impact

Effectiveness of the three programmes: training of therapists working with multilingual patients; working effectively with interpreters; and culturally sensitive supervision were evaluated. The training and supervision sessions have been delivered across modalities which include: CBT and the person-centred, systemic, transactional analysis, integrative and psychodynamic approaches, to therapists working in the NHS and voluntary sector therapy services across England, Scotland and Northern Ireland between 2008 and 2018. Over 2000 people have participated in the training and supervision sessions. Formal evaluation of the training was conducted between 2014 and 2016 (Bager Charleson et al., 2017). The programmes have also been evaluated by means of regular feedback by taking before and after measures of confidence for training and supervision interventions. Examples of both types of evaluation will be given.

Impact of training to work with multilingual patients on therapists' core skills and sense of confidence.

The 88 participants (70 females, 16 males[2]) in Bager-Charleson et al. (2017) were part of a group of 705 people who had attended 52 training events between 2014 and 2016. They completed a questionnaire including closed and open questions related to the impact of the training. Seven of the participants agreed to a follow-up interview. The frequency of themes, related to core skills, are summarized in the table 1 below, where frequency denotes how many interviews the themes apply to.

Table 1: Thematic analysis with NVivo software, Themes and Frequency of responses in the interviews.

Themes	Frequency of responses
Enhancement of therapists' skills	
Empathy	7
Awareness	7
Curiosity	4
Authenticity	3

Core skills

1. Empathy across languages and cultures

Participants commented that the training reminded them that language is a path into a whole world of understanding and experiences. They commented on the fact that not using a patient's mother tongue limited access to their world. Others noted that when working across languages and cultures, they paid increased attention to being open and transparent with their patients and in naming potential barriers to their work. The following quotation illustrates the need, in offering empathy, to be aware of your own perspective as well as the patient's. Although this is of course necessary in all therapeutic encounters, therapy across languages and cultures requires Linguistic Empathy. It puts this need for perspective-taking under an even stronger spotlight:

'It's really about listening and getting, trying to get an understanding of what things mean to the other person. And enabling a person to make sense of their experience in their own terms not in my terms. (In this way, to have a better understanding of the patient's perspective.' (6:2)

2. Awareness

The training had helped them not to make assumptions, to be more aware of the potential impact of sameness and of difference. One participant mentioned becoming aware of unconscious fears and prejudices about working with individuals of other languages and what was blocking her from considering this in her work:

"there was a whole world of understanding and experience that we … actually mainly unconsciously couldn't go to because his [the client] experience wasn't translated" (Bager-Charleson et al., 2017: 67).

Participants commented on an increasing awareness of the role that languages play in shaping people's identities and personalities. More than one person noted how speaking different languages also affects our cognitive processing:

"If you learn...in two languages you are exposed to two way of thinking […] language isn't just language but a whole way of thinking and shaping the world and seeing the world. So, you can't just translate things from one language into another […] language can help us to express a … different part of our personality" (p. 67). "I'm not a monolingual person, so my brain doesn't work in one language exclusively" (p. 68).

One participant began to evaluate the impact of having therapy in a foreign language, for the first time:

"I just never considered the impact of language [and] I thought my English was good enough to do [personal] therapy, it didn't cross my mind" (p. 68).

3. Curiosity

The training also seemed to help practitioners to maintain curiosity and to hold the tensions of multiple possibilities.

'[The training] has opened my eyes to a lot of things about what it's like to be the other in a cross-cultural setting.' (6:4)

One therapist participant referred to language in terms of thinking and culture similarly to Aneta Pavlenko's (2014) view that bilingualism increases one's world views and flexibility. The participant went on to note that:

"if you learn as a child to do that in two languages you are exposed to two ways of thinking. And the same as therapists, if you're trained with looking at different paradigms and to look at different concepts, you're trained to be flexible" (3:2)

Others talked of a growing curiosity about their multilingualism and its potential for throwing light onto different aspects of their developmental experiences, as a direct result of the training:

"And now you know, above all, again after the (training), I'm thinking, it's not about being better understood but maybe some stuff would come up in French that doesn't come up in English" (p. 68).

4. Authenticity

Participants also referred to their own personal experience with their different languages and how this might affect their authenticity to themselves, and the impact on them as therapists. One participant considered this for the first time:
"I never thought I would be better understood in [my native language]" (p. 68).
Another participant reflected on her family's relationships, seemingly for the first time, conducted across their different languages and about the impact of languages which had been lost

"... and now I am wondering, thinking about how French is my mother tongue, my dad is from Belgium [and] my mum's from Switzerland from the German-speaking part, but I was never fluent in German" (p. 68).

There was also an important comment about the reach of the training. One participant mentioned that, as a manager, she would start to look at these skills within her team and the need to be confident to work across languages and cultures if there is to be equity in service provision:

"For me, I find a growing confidence in working with clients with whom English may not be their first language. I start to look for this awareness and skills in my counselling staff team now and would highly recommend this training to anyone working in any area where the community is ethnically diverse. Therapy should not always be about white, middle class people; we need to ensure access to therapy for all." (5:3)

Impact of training to work with interpreters on therapists' core skills and sense of confidence.

The impact of the training for working with interpreters was found to boost reflectiveness about triangular relationships, ability to work collaboratively with the interpreter and staying in control of the sessions. After the training participants reported that some of their core skills had improved and that they felt more confident and empowered, and even enthusiastic about working with interpreters. The core skills they mentioned were empathy across languages; awareness and curiosity; authenticity in relation to their selves and to their clinical authority.

1. *Empathy across languages and cultures*

Taking the perspective of the interpreter in the training also helped in terms of empathy. Several participants mentioned that the training had helped them to take the perspective of each of the three participants in the interpreting triad – patient, interpreter and therapist. Most mentioned that they had never considered the concerns and anxieties an interpreter might bring to the encounter or the specific needs they might have in order to carry out their role effectively. Almost all participants had not considered the potential of vicarious trauma for the interpreter and the support they might need: 'So it gave us an understanding of what it's actually like, to take the first impact of what's said.' (5:1)

2. *Awareness and Curiosity*

The training also helped to understand the linguistic challenges facing the interpreter. Metaphors and abstract concepts do not translate easily as this comment reflects:

'… how shame in different cultures even the word is translated so differently you know, are you ashamed, are you guilty, yeah, do you feel guilty?' (4:3)

Having the training helped alleviate some of the concerns about working with interpreters, with one participant reporting that she has changed her mind about working with an interpreter after the training.

"At first you know when I first got into the weekend I thought, ahhh a whole day of working with interpreters … hmmm not interested thank you very much. And I, but I did change my mind completely" (p. 69).

3. *Authenticity in relation to their selves and to their clinical authority:*

Participants referred to their own personal experience with authority and how this impacted on their ability to hold their clinical authority. This is tested when working with a third person in the room – the interpreter and the challenges from the training helped some people to feel more skilled to manage the procedure and to use their clinical authority appropriately:

"even how we position ourselves in the space in the room … and how important it is to have time and space before the session to talk with the interpreter about the work we're going to be doing and then afterwards to debrief. How do I prepare the interpreter for what I'm going to do, having photocopies of everything I'm going to give the patient possibly even scan them and email them to them beforehand so that they can prepare before they come.' (6:2)

Some participants noted that they had never really considered the power dynamics in the room. For one participant:

"I think the most significant impact of the training was recognising that we work as an equal threesome, that the interpreter isn't just there as a tool to be used, but that we need to open the work as a triangle…They (interpreters) have that same power as I do as well as the knowledge of the language which is also a power factor in the relationship." (7:3)

Impact of culturally and linguistically sensitive clinical supervision sessions on NHS IAPT therapists' core skills and sense of confidence.

An informal evaluation was conducted with the supervisees in 2016 via an online questionnaire and feedback forms. On a scale measuring how far clinicians' confidence had improved over the period 2012 to 2016 attending training and supervision sessions, the average score was an improvement of 4 points on a 10-point scale. The following comments referred to specific achievements they noted which had increased their confidence with the core skills.

Empathy
• *Deep empathy – really trying to understand the perspective/ world view etc. of another person*
• *Improved confidence to be able to respect patients' wishes regarding working with or without an interpreter*

Awareness
• *Achieved having the MDS (Minimum Data Set – standard patient evaluation tool) translated into different languages*
Curiosity
• *Confidence to work with code-switching. For example, inviting a Zimbabwean patient to express the concept of "over-thinking" in Shona and to then search together for the translation in English*
• *Acknowledging own anxiety and bias and allowing curiosity*
Authenticity in relation to their selves and their clinical authority
• *Improved confidence and assertiveness in working with interpreters*
• *More confident to work with more than one language in the room*
• *"Staying with" a patient rather than automatically passing them on*
• *More confident to find the wording for difficult and challenging questions*
Feedback also included reference to a new core skill of reflecting about the communication itself
• *"Talking about the talking" (*naming the communication barriers and facilitators – negotiating and trying out different ways of talking*)*

Supervisees reported high levels of patient satisfaction, fed back to them verbally by patients, and an appreciation that their multilingual identities were acknowledged and respected. As a result of these sessions over the past decade, and the evidence from the evaluations, this type of linguistically and culturally sensitive supervision is now being embedded into the structures of one local NHS service.

Conclusion

Given that the linguistic profile of the UK population has evolved since core therapy trainings were first designed, there is a danger in lack of awareness among therapists who are not trained to work with uniquely complex multilingual patients, and of inaccessibility of therapy to patients with limited English skills.

Trainers of therapists, working in today's society, need to think about how to incorporate learning about multilingualism and its impact on therapy into their training. Trained and trainee therapists seem to have responded quickly and

effectively to the training sessions, described in this paper, on working therapeutically across languages with and without an interpreter. The regular culturally and linguistically sensitive supervision sessions enabled them to embed the learning into their practice over a number of years, resulting in changes in their own individual practice and changes at the service level which have benefited their service's multilingual patients.

The therapists reported improvements in their core counselling and therapy skills - such as empathy and relating with authenticity, which many believed would benefit all their patients regardless of their linguistic status. Linguistic Empathy and "Talking about the talking" were other skills mentioned in the feedback by supervision participants. Reducing health inequalities involves us, as practitioners, in reaching out to others across all kinds of differences. Language differences are surprisingly easy for therapists to ignore. Making sure that we embed "talking about the talking" into the core curricula of therapy, counselling training and supervision models, seems to be an effective way of ensuring that multilingualism does not slip out of our minds when we are engaged in the "talking cure".

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[1] The 2011 Census in the UK revealed that 39% of citizens can have a conversation in another language but English and 8% reported to have another main language but English. The most used languages after English are Welsh, Polish, Punjabi, Urdu and Bengali (Taylor, 2013).

[2] Quotes from participants in the evaluation of the training are included from the paper (Bager-Charleson et al., 2017), together with new unpublished material from the Open Box responses from the evaluation questionnaires and unpublished interview responses.