

SEARCHING FOR REFUGE:
*HOW PSYCHOLOGISTS MAKE MEANING OF THEIR WORK WITH ASYLUM SEEKERS IN A
TURBULENT SOCIOPOLITICAL CLIMATE*

A DISSERTATION
SUBMITTED TO THE FACULTY
OF
THE GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY
OF
RUTGERS,
THE STATE UNIVERSITY OF NEW JERSEY
BY
HANNA SCHWARTZBAUM

IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY

NEW BRUNSWICK, NEW JERSEY

AUGUST 2020

APPROVED:

Karen Riggs Skea, Psy.D.

Monica Indart, Psy.D.

Rhonda Greenberg, Psy.D.

DEAN:

Francine Conway Ph.D.

ABSTRACT

As of 2019, the United Nations High Commissioner for Refugees (UNHCR) identified 70.8 million current, forcibly displaced people (“UNHCR,” 2019). Once displaced, these migrants may proactively or retroactively seek refuge by means of a legal asylum case, which at times includes a psychological evaluation. Semi-structured interviews were held with seven psychologists, exploring their experiences conducting asylum evaluations across the following domains: their autobiographical connections to this field, the factors that drove them to serve in this social justice role, and their ability to make meaning of the stories they hear. Against the background of the history of immigration policy in the US, the current migrant crisis, the psychological impact of traumatic migration, the role of psychological evaluations in asylum cases, and meaning making theory, the data was examined by qualitative thematic and structural analysis. Several significant thematic areas emerged from participants’ responses, including: training experiences, role identification, use of interpreter services, meaning making, autobiographical connections, drives, policy, and personal strengths and weaknesses. Findings suggested that while psychologists may have diverse personal and professional motivations to pursue work with asylum seekers, they all engaged in some form of a meaning making process. Participants noted that the contextual variables that impacted their work, including time allocated to assessments, finances, and the presence of a supportive professional community, contributed to professional burnout and/or “vicarious resilience” through exposure to asylees’ narratives. Participants’ advice to fellow mental health professionals highlighted their encouragement to seek involvement in immigration or other social justice work.

Keywords: asylum-seeker, psychological evaluation, meaning making, social justice, qualitative analysis

ACKNOWLEDGEMENTS

First, I would like to thank my committee members, Dr. Karen Riggs Slean, Dr. Rhonda Greenberg, and Dr. Monica Indart, for providing motivation and support in completing this dissertation. Dr. Riggs Slean approached this project as a mentor and teacher who helped me learn and grow as a researcher and writer. Dr. Greenberg first introduced me to psychological evaluations with migrants and brought me onto her team to further my learning and exposure. I am also grateful for Dr. Monica Indart who helped me shape and mold this idea into a project and a passion. Next, I would like to thank the participants of this study, who each opened themselves up to share their professional and personal experiences. Further steadfast supporters included my parents, siblings, GSAPP faculty and staff, and friends. They encouraged accountability and were a release for when I was lost down a rabbit hole of newspapers trying to make my own personal meaning of current events. And finally, to Don: our connection started with a shared passion for social justice work and has become so much more, and for that, I am truly grateful.

In a time of travel bans and political chants about building walls, this project served as my personal resistance, the product of a challenging and confounding time as the United States grapples with how to handle those deemed “outsiders.” Through writing this dissertation, I often reflected on my ancestors — immigrants, refugees, and survivors themselves. For my Grandpa David, a Holocaust survivor and one of the most positive and resilient men I have known, he described his own meaning making mentality as follows: “tomorrow there will still be sunshine.” May this remain true for the refugees of the world.

TABLE OF CONTENTS

ABSTRACT	ii
ACKNOWLEDGEMENTS	iii
TABLE OF CONTENTS	iv
I. INTRODUCTION AND OVERVIEW	1
A. Introduction.....	1
B. Overview.....	2
C. Key Terms	3
II. REVIEW OF THE LITERATURE	6
A. Seeking Asylum: History & Processes	6
1. The Creation of “Refugee” Status	6
2. United States Immigration Policy	8
3. Current Definitions	10
B. The Psychological Impact of Migration	13
1. The Stages of Migration	13
2. Psychological Sequelae of Migration	15
3. Challenges in Assessing Asylee Mental Health	17
4. The Understated Role of Resilience	18
C. Refugee Crisis: Changing Pressures and Presentations	19
1. Rates and Statistics	19
2. The Current Administration	21
D. Role of Psychologists in Asylum Evaluations	25
E. Meaning Making Model: Defining & Re-envisioning the Model	29
F. Qualitative Research	30
G. Limitations of the Literature and Implications of the Current Study	31
III. METHODS	33
A. Participants	33
1. Participant Vignettes	34
B. Measures	36
C. Procedures	37
D. Treatment of the Data	38
E. Data Analysis	39
IV. RESULTS	41
A. Introduction and Training	41
B. Role Identification and Conflict	43
C. Language and Use of Interpreters	50
D. Meaning Making	54
E. Autobiographical Connections	62
F. Personal Drives	65
G. Impact of National Policy and International Trends	69
H. Self-Identified Strengths and Weaknesses	72

V.	DISCUSSION	77
	A. Primary Themes	77
	1. Meaning Making Among Practitioners	77
	a) Vicarious Meaning Making	80
	2. Mediating Factors & Participant Burnout	81
	a) Relationship to Professional Burnout	84
	3. Participant Advice & Wishes for Change in the Field	86
	B. Limitations of the Current Study	87
	C. Implications of the Current Study	89
	1. Research	89
	2. Clinical Practice and Training	91
VI.	REFERENCES	93
VII.	TABLES	101
VIII.	APPENDICES	104
	Appendix A: Recruitment Email	104
	Appendix B: Phone Screening Script	105
	Appendix C: Informed Consent Form	106
	Appendix D: Audio Consent Form	109
	Appendix E: Oral Consent Script	110
	Appendix F: Demographic Questionnaire	112
	Appendix G. Semi-Structured Interview	113
	Appendix H: Immigration Resources	116

I. Introduction & Overview

A: Introduction

Their photos and stories plastered on newspapers and often the subject of vitriolic political debates – the plight of asylum seekers has grown increasingly salient over the twenty-first century thus far. Through perilous journeys and overwhelming perseverance, forcibly displaced peoples flee their known world to seek safety for themselves and often for and with their families. The reasons for human displacement are vast, including, but not limited to political persecution, natural disasters, gang violence, governmental instability, lack of police protection, and other otherwise unlivable conditions. Of the forced migrants who are able to flee their country, a small percentage may become asylum seekers. Asylum reflects an internationally recognized legal status for individuals who are deemed unwilling or unable to return to their country of origin for personal safety reasons. Through an often long and arduous legal process, the granting of official asylum can truly prove a life-or-death matter for the forcibly displaced.

The specific procedures for asylum proceedings vary by national quotas, chronosystem, national laws, and international regimes. In the United States, asylum seekers are supported by a multidisciplinary group of advocates and adjudicators including lawyers, interpreters, community advocates, medical doctors, case managers, licensed mental health workers, and of interest to this study specifically, psychologists. Since the 1980s, psychotherapists have played an increasingly integral role in collaborating with legal teams in the United States to produce psychological affidavits and, if required, testimony that contributes their psychological expertise to the case (Aron, 1992). As the legal teams supporting asylum seekers expand across diverse professional fields, exploring the training and motivation of these experts becomes all the more important. Furthermore, understanding psychologists' motivations to seek targeted postgraduate

training and take on often pro-bono evaluations with this marginalized population invites the question: might psychotherapists be seeking a refuge of their own?

B. Overview

To address the question as to *why* psychologists engage in the asylum process, I proposed the implementation of a meaning making model. This model, postulated by Crystal Park addresses how individuals attempt to integrate experiences of loss and trauma to best maintain a coherent worldview (Park, 2006; Park, 2010). Park's meaning making theory, as well as related models, focuses on *survivors* of trauma or grief, but not necessarily on the helping professionals who bear witness to their stories. While there is an expanding research base about asylum seekers' mental health and legal experiences, less has been explored about the providers who attempt to facilitate their journey. This study explores the following domains of psychologists' experiences conducting psychological evaluations of asylum seekers:

- 1) **Psychologists' Development & Understanding of their Role:** How do psychologists understand their role in the forensic asylum process over time?
- 2) **Meaning Making:** How do psychologists make meaning of the stories they hear from refugees?
- 3) **Socio-Political Influence:** How do national and international policies impact psychologists' perspectives of their work?

This qualitative study examines the personal drives and values of clinical psychologists who conduct asylum evaluations and assesses the ways in which they make meaning of their experiences in an ever-changing socio-political climate. The study further addresses the training experiences that set the professional foundation for psychologists' work with asylum seekers. Additionally, by surveying psychologists from geographically diverse practices with varying

levels of experience, the study assessed how psychologists emotionally cope with and understand the traumatic narratives to which they are exposed.

Firstly, the literature review will analyze the history of immigration policy as well as the specific role that psychologists hold in this legal process. It will then address changing global and national policies that have directly impacted migrants through World War II to time of this study. Finally, the literature will establish a definition of meaning making which will be generalized from trauma survivors to mental health professionals. This exploratory study relies on qualitative research methods in order to best explore psychologists' perceptions and beliefs. From the data collected, the current study identifies common themes that explore *how* psychologists understand their role and how this has changed over time. This study provides an analysis of psychotherapist's reflections about their work, as well as highlights implications for professionals involved in the immigration and asylum field. By elucidating psychologists' understanding of their role and motivations in the asylum field, this study seeks to heighten the readers' understanding of this unique form of social justice engagement and invite them to reflect on their own practice journey.

C: Key Terms

Asylum Seeker: Asylum seekers¹ are defined as foreign nationals who are in the process of seeking international protection in a country from which they are seeking safe haven ("American Immigration Council, 2019). As set out in the United Nations 1951 Convention Relating to the Status of Refugees, herein the U.N. 1951 Convention, an individual is deemed eligible for refugee status if they are unable or unwilling to return to their home country due to past persecution or a "well-founded fear" of future persecution on the basis of "race, religion,

¹ Please Consider: Through the course of this study, the words asylee, asylum seeker, refugee, migrant, forcibly displaced people, or individual will be used interchangeably to describe distinct stages of migration and legal status.

nationality, membership in a particular social group, or political opinion” (U.N. General Assembly, 1951). Individual countries are afforded significant leeway in determining the application of this international law. It is of note that there are different forms of human displacement, and not all statuses allow for refugee eligibility. For example, an individual may be forcibly displaced within their home country and therefore not yet eligible for asylum. Furthermore, refugee status can be sought prior to crossing an international border, known as affirmative asylum, or once the individual is already within the boundaries of a second country, known as a defensive asylum. A grant of asylum guarantees the migrant protection from the option of a voluntary departure or deportation to his/ her home.

Meaning Making: As theorized by Victor Frankl and later defined by Crystal Park (2006; 2010) “meaning making” is an appraisal process through which individuals either actively or passively seek to reduce the discrepancy between a stressful or “situational” event and their global understanding of the world. Through meaning making, an individual attempts to integrate incongruent events, such as trauma or grief, in order decrease the dissonance between their prior understanding of the world and the present stressors. In this study, I seek to both explore how asylum seekers make meaning of the various traumas they are exposed to before, during, and after migration, as well as the meaning psychologists make of bearing witness to asylees’ stories through the context of psychological evaluations and creation of affidavits.

Psychological (Asylum) Evaluation: A psychological asylum evaluation is a supplemental component of a legal asylum case. These evaluations reflect the perspective of psychologists who provide their expertise regarding the asylum seeker’s mental health and presentation. The

MEANING MAKING WITH ASYLUM SEEKERS

psychological evaluation is written in the form of a psychological report or an affidavit and serves to prepare the court and judges to anticipate the asylum seeker's possible behaviors during a hearing, assess the credibility of the migrant's story through a comprehensive and evidence-based clinical interview and mental status exam, and provide the asylum seeker's narrative within the context of their personal and cultural background, all the while humanizing them.

II. Review of the Literature

A: Seeking Asylum: History & Processes

The Creation of “Refugee” Status

The precipitants of human displacement range from human-made to natural disasters including civil wars, economic paucity, dictatorships, inadequate policies, and/or racial, religious, ethnic, socioeconomic, and political unrest. Displaced individuals often seek the bare essentials of survival including “safety, shelter, food, farmable land, and human freedom” (Freed, 2005; Perez Foster, 2001). As the rates of displacement continue to rise, countries are tasked with creating and maintaining humane policies that protect those seeking safety while maintaining the perceived values and interests of their own citizens.

The inaugural legislation regarding international refugee policy was the 1948 Universal Declaration of Human Rights. Created in response to the refugee crisis that followed the devastation of World War II, this milestone document was succeeded and codified in the United Nations (U.N.) Convention on Refugees in 1951, and then amended in 1967 (“U.N. General Assembly,” 1951). Per this agreement, the term “refugee” was classified as a distinct subgroup of forcibly displaced migrants that may be granted certain rights and protections under international law. The U.N. declared that migrants met criteria for refugee status if they presented a “well-founded fear of being persecuted for reasons of race, religion, nationality, [or] membership of a particular social group or political opinion” (“U.N. General Assembly,” 1951). The Convention further stipulated that refugees were unable to be penalized if they breached standard immigration law (i.e. unlawful entry or stay in a country without proper documentation) in the pursuit of asylum. Furthermore, the Convention specified certain parameters relating to refugee-hood, including exclusionary criteria for migrants who committed war crimes in their

countries of origin. Per the 1951 Convention standards, asylum eligibility also took into account other contextual factors including the timeliness of the asylum application (asylum seekers generally have a one-year application window), denial of previous attempts for asylum, or a reduction of the threat of danger in the asylum seekers' home country (Freed 2005). These revolutionary accords set the foundation and precedent for humanitarian law and relief in the field of immigration.

Policy regarding the treatment and protection of asylum seekers was further expanded upon to accommodate survivors of torture. Specifically, the 1984 United Nations Convention against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment, or UNCAT, later adapted into the 1999 Istanbul Protocol, created international guidelines for the documentation of torture and its physical and psychological consequences (Istanbul Protocol: 1999). The Istanbul Protocol provided standards for health professionals as well as lawyers to investigate possible cases of torture through medical and psychological evaluations, and created procedures to report these findings to relevant investigative bodies. This document garnered support from the United Nations Commission on Human Rights and continues to be in effect and widely accepted. The aforementioned treaties, among others, set international standards for humanitarianism, but like those before them, were subject to each participating nation's interpretation. Because of this, their implementation has varied over the years based on global migration trends as well as the goals and values of the presiding governments (Ray, 2013). The specific history of immigration law, and more specifically laws that impact refugees and asylum-seekers in the United States, will be explored below.

United States Immigration Policy

The United States has historically self-identified as a state that pledges *liberty, and justice for all*. Despite the wording in the founding documents and the poetry at the foot of the Statue of Liberty², the United States has frequently presented with deep-rooted ambivalence, conflicting mandates, and at times hostility toward newcomers, which has been demonstrated through periods of both progressive and/or restrictionist immigration policies and sentiments over time (Coffey, 2001).

The stark change in public perception of refugees among US citizens is evident through poll data during and following World War II. For example, in 1939, a Fortune poll of US citizens asked the following question “What is your attitude toward allowing German, Austrian, and other political refugees to come into the U.S?” to which 67.4% responded “with conditions as they are we should try to keep them out” (Fortune, 2015). Following the unprecedented devastation of World War II, however, America’s open-door policy to migrants was solidified through its allegiance to the Convention on Refugees and the standards set through the Declaration of Human Rights (Helton, 1983). In 1948, President Truman urged “congress to turn its attention to this world problem in an effort to find ways whereby we can fulfill our responsibilities to these thousands of homeless and suffering refugees of all faiths.” His administration passed the Displaced Persons Act, which welcomed hundreds of thousands of migrants seeking refuge (Ellis Island Foundation). Furthering the ideals of the Convention, in 1965, Lyndon B. Johnson signed the Immigration and Naturalization Act and Hart-Cellar Act, which halted nation-specific entry quotas and led to a further surge in refugees, particularly from Asian countries (Ellis Island Foundation). While these acts gave hope to many aspiring to

² “...Give me your tired, your poor, Your huddled masses yearning to breathe free, The wretched refuse of your teeming shore, Send these, the homeless, tempest-tost to me, I lift my lamp beside the golden door” (Lazarus, 1883).

emigrate, the policies did not lead to equal admission rates, as immigrants with more specialized skills, such as medical or technology professionals, were given priority entry status.

The next significant reform was the Refugee Act of 1980, which incorporated the Convention's definition of refugee-hood into US law. It intended to standardize immigration procedures and realign them with the humanitarian values and international obligations set forth by the Convention decades prior (Coffey, 2001; Ray, 2013). This act codified "sanctuary status" and guaranteed refugees' right to not be returned to their home country. This act also set a precedent for noncitizen migrants who claim asylum while already physically present in the US or at a port of entry (what is now referred to as 'defensive asylum'). While the intention of the Act was to create more objective and uniform policies, the act was viewed as highly discretionary (Merffet, Musalo, McNiell, & Binder, 2010). An example of this potential for political biases was in 1983, just years after the Refugee Act was passed, when immigration data revealed a discrepancy in acceptance rates between refugees from communist countries, which were higher, and Central American countries, which were lower (Helton, 1983). In addition to potential biases impacting asylum acceptance rates, the very definition of a refugee was called into question by individual judges, as courts notoriously held inconsistent standards as to the threshold level of harm that defines "persecution" and therefore qualifies an asylum seeker as a refugee (Meffert et. al., 2010).

The 1980s and 1990s further saw the introduction of "illegal immigration" in political debate. The Illegal Immigration Reform and Immigration Responsibility Act (IIRIRA) of 1996 codified practices of "expedited removal process" (i.e. deportation without hearings) for those who arrived in the United States without proper identification (Freed, 2005). While the IIRIRA provided an exemption of deportation for those claiming asylum, it stipulated that migrants

seeking defensive asylum may remain in detention during the months or years until their official hearing.

The terrorist attacks of September 11th played an integral role in furthering governmental enforcement of borders based on fear and nationalist sentiment; the policies following the attacks emphasized the values of border security and the removal of the “criminal alien to protect the nation from terrorist attack” (“U.S. Citizenship and Immigration Services, 2013). The 2002 Homeland Security Act created three federal agencies under the Department of Homeland Security (DHS), which included Customs and Border Protection, Immigration and Customs Enforcement (ICE), and the U.S. Citizenship and Immigration Services, all of which play a role in maintaining and reinforcing US borders.

Current Definitions

As currently defined by the United States and Immigration Services, a refugee and an asylee are discrete subgroups. (U.S. Citizenship and Immigration Services) To be considered a refugee, one must meet the following standards: 1) is located *outside* of the United States, 2) is of “special humanitarian concern to the United States,” 3) is not resettled in another country, 4) is admissible to the United States, and 5) demonstrates history of persecution and/or fear persecution due to race, religion, nationality, political opinion, or membership in a particular social group (U.S. Citizenship and Immigration Services, n.d.). Beyond the aforementioned definition, asylum seekers are distinct from refugees in that they must already be located in the United States or seek admission at an official port of entry.

Currently, there are three ways through which individuals can obtain refugee status: through official refugee resettlement programs, affirmative applications, or defensive applications (Meffert et. al., 2010; U.S. Citizenship and Immigration Services, n.d.). The

distinctions between these types of applications are based on *when* individuals declare they are seeking refuge. In the earliest stage, through a refugee resettlement program, individuals outside the United States meet with immigration officials, and may then be permitted to enter the United States or another designated country as a refugee. Refugees are often referred to the United States for resettlement by the United Nations High Commissioner for Refugees (UNHCR) and are permitted into the United States at quotas set by the executive branch. Affirmative applications, the second route to obtain refugee status, are utilized by individuals who declare they are seeking asylum upon arrival into the United States at a port-of-entry. These cases are considered non-adversarial which means that asylum seekers meet with an asylum officer in the absence of lawyers or cross-examination. Further protection for those seeking affirmative asylum include, or have included, a reduced risk of detention by Immigration and Customs Enforcement, or ICE (U.S. Citizenship and Immigration Services, n.d.). Subsequent to affirmative immigration hearings, asylum seekers are either granted or denied asylum status. If accepted, the process ends and asylum seekers are granted refugee status and certain benefits. If denied, individuals enter the third subgroup: those seeking defensive asylum.

Defensive asylum is utilized by individuals who were denied asylum affirmatively, individuals seeking protection while already residing in a new host country, or individuals who were arrested and/or detained by immigration authorities and claim asylum ‘defensively’ against charges of removal or deportation. Defensive asylum, the focus of this study, is an adversarial process wherein individuals must provide a legal justification for their need for protection. In the defensive scenario, asylum seekers do not legally have the right to representation, so they must seek out a private or pro-bono legal aid (Meffert et. al., 2010). In adversarial hearings, individuals and their legal teams, if applicable, must support the following three criteria: 1) the

MEANING MAKING WITH ASYLUM SEEKERS

asylum seeker was persecuted, 2) there is reason to believe he/she will be persecuted upon his/her return to the country of origin, and 3) that the persecution was directly attributable to the individual's race, religion, nationality, political opinion, or membership in a particular social group (U.N. General Assembly, 1951).

In the United States, there are a number of other humanitarian visas available to a select subgroups of migrants including the following: Violence Against Women Act (VAWA), Deferred Action for Childhood Arrivals (DACA/"Dreamers"), Deferred Enforced Departure, Humanitarian Parole, Special Immigrant Juvenile Status (SIJS), Temporary Protected Status, T-nonimmigrant Status for survivors of human trafficking (T-Visa), and U-nonimmigrant Status for survivors of crime (U-Visa) (U.S. Citizenship and Immigration Services, n.d.). In addition to humanitarian visas, there are a number of applications for more specific relief, such as withholding of removal and special immigrants with juvenile status. Some who are denied asylum may then apply for these more limited protections.

A grant of asylum comes with certain benefits and limitations. As offered by the Office of Refugee Resettlement, through the US Department of Health and Human Services, refugees may be offered the following services in the first eight months after they receive their asylum grant: time-limited cash and medical assistance to new asylees, support for case management services, and ESL classes (US Department of Health, n.d.). Refugees may also be offered health services, social services, and targeted economic assistance over a five-year span. Outside of the allotted benefits, refugees also face limitations. They are often not permitted to return home unless they apply and are granted a humanitarian leave, and there are severe restrictions on the ability to petition to bring family members to the US.

The legal asylum process rests on asylum seekers' ability to prove that their fear of persecution is "credible" and "well-founded" (Aron, 1992). The asylum seeker must present proof to a judge, often including official documentation from their home country, medical and psychological documentation of the torture and/or persecution, collateral testimony, and more often than not, his/ her own verbal testimony (Meffert et. al, 2010). Presenting sufficient evidence, and more importantly, a "credible" account of persecution, is often challenging, as many asylum seekers flee without notice and therefore may lack physical evidence to corroborate their stories. The cases are further complicated by the need to prove that persecution occurred due to "race, religion, nationality, political opinion, or membership in a particular social group," with the latter subgroup, membership in a particular social group, being susceptible to judges' individual interpretation. Beyond the legal challenges, there are often many complicating psychological factors that impact asylum seekers' mental health, including the psychological stressors of a pending asylum case, being held in detention, and the psychological consequences of the very traumas that prompted them to flee their country of origin in the first place. This may contribute to a diverse psychological sequelae of trauma that impacts the migrant's ability to defend their case and seek protection.

B: The Psychological Impacts of Migration

The Stages of Migration

Perez Foster offers a model that highlights four discrete traumagenic stages of migration that precede and follow entry to a host country, in this case, the United States. (Perez Foster, 2001). The first possible trauma is "pre-migration trauma," which references the original trauma(s), often the impetus for fleeing. Pre-migration trauma is often the focal point of

immigration hearings and represents the defining characteristic that separates an immigrant, who chooses to move, from an asylum-seeker, who is forcibly displaced. Examples of pre-migration trauma include gang violence, government persecution, warfare, natural disaster, etc. The second phase is “transit trauma,” which reflects trauma that occurs during the exodus. Some asylum seekers may come to the United States through safe and traditional routes (i.e. by plane with a temporary visa) and therefore are not susceptible to transit trauma. For many, however, particularly for those crossing the southern United States border, migration may include crossing entire countries, surviving dangerous natural conditions, inadequate access to resources, or in extreme and all too common circumstances, sexual and physical violence at the hands of traffickers, such as the notorious *coyotes* in Central and South America (Perez Foster, 2001). The final two phases of immigration trauma occur on or after arrival in the host country. The third phase, “asylum/temporary resettlement” trauma encapsulates the traumatic experiences of obtaining legal protections through asylum and resettlement programs. The legal asylum process involves migrants retelling their stories in the context that they very well may still not be granted protections. In addition to the stressors of the hearing, some asylum seekers are detained for days, months, or years as they await trial. Detainees are known to suffer exacerbated physical and mental health symptomatology as they wait in symbolic purgatory for their pending court date (American Immigration Council, 2018). Finally, in the fourth phase, trauma may occur as the asylee attempts to integrate into the host country, as they are confronted with insufficient resources, support, and/or face persecution. Often asylees are placed in new cultures with limited access to housing, employment, or educational opportunities that can best allow them to acculturate. Furthermore, they may encounter hostility in their host country and be exposed to isolation, bigotry, and racism. This final phase underscores the catch-22 of achieving asylum;

once granted, asylees are not permitted to return to their home country, and therefore must sever ties to their families, communities, and culture.

The literature describes forced migration as a series of losses, including the loss of one's home, family, community, faith centers, jobs, land, culture, and known experiences. These losses may be compounded by losses that occur during the later stages of migration, including loss of safety, trust, faith, ability to return home, social support, anticipated future, language, and connection with self ("American Psychological Association," 2012; Freed, 2005; Perez Foster, 2001; Tribe, 2005). The term "cultural bereavement," created by Maurice Eisenbruch, was created to reflect the loss of culture that accompanies leaving one's country of origin without the possibility of return (Eisenbruch, 1988). With the grant of asylum, safety is gained, but much else is lost.

Psychological Sequelae of Migration

Refugees present with seemingly paradoxical survival experiences; they are both victims and survivors. They have suffered one or more traumas while they have shown profound resiliency. The sequelae of trauma symptomatology among asylees is consistent with those of other trauma survivors. Post-Traumatic Stress Disorder (PTSD), complex PTSD, toxic stress, anxiety, depression, adjustment disorders, substance use disorders, and thought are among the varied psychological presentations that asylees may experience at any stage of migration (American Psychiatric Association, 2013; Perez Foster, 2001). In focusing on trauma-based reactions, most imminently after exposure to trauma, and up to one month later, individuals may meet the criteria for acute stress disorder (American Psychiatric Association, 2013). If symptoms endure over one month, they are then classified as meeting criteria for PTSD. For survivors of political, gang, or relational persecution or torture, trauma reactions are common. The Diagnostic

Statistical Manual-5 (DSM-5) defines the following criteria for Posttraumatic Stress Disorder (PTSD): exposure to actual or threatened death; presence of intrusive symptoms; persistent avoidance of trauma-related stimuli, negative alterations in cognitions and mood, and marked alterations in arousal and reactivity. The primary criteria for a trauma or stressor-related disorder in the DSM-5 are exposure to and/or witnessing of a traumatic or stressful event. For asylum seekers, they may experience one or more traumatic events throughout their migration experience, as previously discussed. Studies have found that both pre-migration traumas, such as political persecution or assault, and post-migration traumas, including financial stressors and uncertain legal status impact asylum seekers' mental health (Chu, Keller, & Rasmussen, 2012; Porter and Haslam, 2005).

PTSD or PTSD-like reactions reflect natural and even adaptive responses to unimaginable stressors. One hypothesis about PTSD suggests that in a traumatized brain, one's ability to integrate novel experiences becomes overwhelmed and eventually ineffective, causing these traumatic experiences to be irregularly encoded on a somatosensory level including vivid imagery and bodily sensations (Freed, 2005). This ruptured encoding process contributes to an array of symptoms, including feeling overwhelmed, helpless, and detached, with fragmented memories, and avoidant or high-arousal symptoms. For survivors of torture and persecution specifically, feelings of guilt, shame, and loss of control are common posttraumatic presentations and are described as the most damaging and long-lasting in their effects, even beyond physical and medical symptoms (Gangsei & Deutsch, 2007). Another possible interpretation of survivors' post-traumatic presentations falls in the category of Complex PTSD (C-PTSD), originally proposed by Judith Herman (Herman, 1992). C-PTSD, included in the ICD-11 but not the DSM-5, encapsulates the broad array of symptoms experienced by trauma survivors who endured

ongoing or repetitive exposure to trauma, expanding upon the single trauma exposure included in the DSM-5 criteria of PTSD (American Psychiatric Association, 2013; World Health Organization, 2019). As may be expected, there are a variety of factors that impact asylees' psychological health, such as isolation throughout the migration process, lack of financial resources, poor connection to or understanding of one's new country, prior trauma history, and linguistic competence in the new country's language etc. (U.S. Department of Homeland Security, 2016). While the field of study on immigrant and refugees experiences continues to expand, there is a relative lack of research about the lasting effects of the four stages of migration on migrant mental health.

Challenges in Assessing Asylee Mental Health

The challenge of understanding the prevalence of psychopathology among asylum seekers in part reflects the inadequate psychological assessment tools to meet the demands of the cultural and linguistic diversity in this population (Davidson, Murray, & Schweitzer, 2010). Psychologists rely on standardized measures, both written and verbal, to assess whether individuals meet criteria for psychological disorders. Firstly, at their baseline, psychological assessments often rely on basic language skills (reading or oral comprehension) as well as contextual cultural knowledge (American Psychological Association, 2012). Measures such as the Harvard Trauma Questionnaire and the Hopkins Symptom Checklist-25 are two primary protocols that have been adapted into other languages and are frequently used in the psychological assessment of asylum seekers (Kleijn, Hovens, & Rodenburg, 2001). While some assessments have been adapted and translated, there remain concerns about cultural sensitivity.

Beyond the baseline skills required to complete assessments, many measures cannot adequately assess culturally specific symptoms of distress, nor can they apply culturally specific

diagnostic criteria across populations. Cultural factors that may impact diagnostic presentations include, but are not limited to, cultural norms, presence of cultural stigma against mental health, and/or available language to describe symptoms. Outside of symptom presentation, there are also inconsistencies in the interpretation of the first criteria for PTSD, “exposure to actual or threatened death, serious injury, or sexual violence” (American Psychiatric Association, “DSM” 2013). Some experts question whether PTSD-type reactions to persecution or torture are psychiatric or normative human responses and therefore may not be diagnostic (Tribe, 2005). These concerns speak to possible limitations in researching national rates of mental health disorders among asylum seekers and immigrant populations.

Finally, written and oral measures, such as self-report forms or semi-structured interviews, rely on normed data, which is often not inclusive of diverse immigrant populations. (American Psychological Association “Crossroads,” 2012). This creates confounds in the administration and interpretation of said measures and can lead to either the over or under-diagnosis of this population. The APA Immigration Task Force encouraged psychologists to exercise further caution in utilizing assessments in a forensic or legal context as these evaluations have significant bearings on individuals’ lives (American Psychological Association, 2012). As is true with other forensic evaluations, there are high stakes in evaluations that impact individuals’ legal statuses, and for the case of asylum seekers, the assessment measures either support or challenge the instrumental task of proving migrants’ “credibility.”

The Understated Role of Resilience

Elucidating the profound loss faced by asylees should not negate the noteworthy strength and resilience demonstrated by this population. This pattern of strength and survival accompanies the four stages that were previously discussed in this section: it precipitates asylees’

migration, is visible upon arrival at a country border, and continues to be seen as they claim asylum and endure the various challenges of acclimating to the host country (Tribe, 2005). While the need to flee one's country of origin may not be a choice, the will to survive and overcome adversity reflects a pervasive strength of spirit and resilience. Resilience, in this sense, can be defined as the pattern of adapting in a positive manner to challenges and adversity (Masten & Coatsworth, 1998). Throughout this paper, the dialectic of the refugee as vulnerable will be held concurrently with the refugee as a survivor with strength, will, and resilience.

C: Refugee Crisis: Changing Pressures and Presentations

Rates and Statistics

While exact statistics vary across the literature, in 2019 the United Nations reported that nearly 70.8 million people worldwide remained forcibly displaced from their homes, with 41.3 million internally displaced and 25.9 million refugees ³ (UNHCR, 2019). Furthermore, it is estimated that nearly 3.9 million people were seeking asylum and an average of 37,000 people were forced to flee their homes daily due to conflict and persecution (UNHCR, 2019). By 2018, one year prior to the aforementioned data, the surge in forcibly displaced individuals reflected the "sixth consecutive year that the figure hit a post-World War II record" (Sugiyama, 2018). These staggering numbers predominantly stemmed from South Sudan, Afghanistan, Myanmar, Somalia, and Syria due to ongoing war, government instability, lack of resources, and persecution, with Venezuela creating the greatest number of new asylum applications. To put these numbers in perspective, this select group of countries represent less than two percent of the global population yet have produced an astounding 68 percent of the global refugee population

³ Please note that this section pertains to current events, and was therefore influenced by the news during the writing of this dissertation between Fall 2018 and Fall 2019. The statistics and policies reflected in the following section, therefore, reflect this distinct moment in time and should be understood through this lens.

(Sugiyama, 2018). The United States specifically has experienced a significant increase in immigrants from Central and South America. In 2017, 119,303 individuals applied for defensive asylum and 53,691 individuals were admitted to the United States as refugees (U.S. Department of Homeland Security, 2017). Outside of the refugee program, 16,045 were granted affirmative asylum, and 10,523 were granted defensive asylum. 2017 also notably marked the first year in modern history where the US settled fewer refugees than were settled in other countries around the world (Conner & Krogstad, 2018). While these statistics reflect the known outcomes of asylum applications, there may be “loopholes” through which migrants who may meet be eligible for refugee status enter the US border without being tracked or making a formal claim, and are therefore not included in the data.

In identifying US immigration trends, it is important to emphasize the asylum crisis at the land borders of the United States, which presents unique political and humanitarian challenges. The US Border Patrol is tasked with the surveillance of 6,000 miles of the Mexican and Canadian borders, as well as coastal borders by Florida and Puerto Rico (Department of Homeland Security). These 6,000 miles contain designated points of entry and is one of the sites where migrants are apprehended and may then be detained. Of the 396,579 immigrants apprehended at the southern US border in 2018, the overwhelming majority originated from Mexico (152,257), Guatemala (115,722), Honduras (76,513), and El Salvador (31,366) (U.S. Department of Homeland Security, 2018). While migrants from Central and South American have been the largest group as of recently, it bears note that there are also many immigrants who seek entry in the US at the border from around the world. With this staggering increase in migrants, borders around the world have tightened. As one researcher describes:

“United States immigration agents are seizing children from parents at the southern border. Italy’s new populist coalition is forcing refugees to turn elsewhere. An anti-migrant backlash now threatens to fracture Germany’s government...And through it all, the world’s population of displaced people keeps rising” (Sugiyama, 2018).

Changing immigrant demographics have historically coincided with changing political attitudes and responses to refugees, which reflects the balance between global humanitarianism and nationalistic ideals.

The Current Administration

America’s population is comprised of wide variety of nationalities. A 2011 APA study found that nearly one-fifth of people residing in the United States were first or second-generation Americans and almost a quarter of children under 18 had immigrant parents (American Psychological Association, 2012; Rojas-Flores et. al, 2017). While America’s demographics continue to diversify, immigration continues to be a divisive topic. Presidential elections have long seen debates regarding border security, and the 2016 election, the most recent election at the time of this study, was no different. The political climate and related immigration policies are outlined to best provide background to immigration rhetoric at the time of the interviews for this study.

The White House website under the Trump administration states the following goal regarding immigration: “restoring the rule of law and secure[ing] our border,” through building a border wall and “ensuring the swift removal of *unlawful entrants*” (White House “Immigration,” n.d.). These objectives were consistent hot-button topics in the 2016 election, and were further motivated by media attention to migrant trends, including reports about the “Caravan” in Central and South America, which gained media attention in spring of 2018 from immigration supporters

and critics alike (Semple, 2018). The New York Times described the Caravan as a “resurgent exodus of people from countries grappling with gang violence, drug cartels and a lack of economic opportunities,” and further opined that “a shift in policies in the United States effectively making it harder for Central Americans to request asylum” (Romero & Jordan 2018). While the rhetoric on “unlawful entrants,” per the White House, is focused on immigrants, the cultural rhetoric around migrants has generalized to asylum seekers in spite of their right to protection under international law.

Notably, in 2018 the Trump administration implemented the “zero tolerance” immigration policy with the intent of deterring migrants from coming to the US through harsh retributive legislation. The initial repercussions of this policy were family separation, wherein children and parents were detained separately upon arrival at the US border. Beyond separation, an additional change mandated that asylum applicants from South America wait in Mexico before crossing into the United States (Romero & Jordan, 2018). This policy prevented asylum seekers from entering US soil and seeking affirmative asylum because without being able to physically cross a border, an asylum appeal could not be made. Attorney General Jeff Sessions also passed an addendum to the interpretation of refugee status, which revoked domestic abuse and gang violence as a sufficient basis for asylum claims without evidence of other social group persecution (27 I&N Dec. 316 (A.G. 2018); Romero and Jordan, 2018). This rule targeted women and individuals from Central American countries where gang violence remained a common basis for asylum requests.

Another feature of immigration policy in 2018 and 2019 was the widely publicized utilization of detention centers and camp cities. While the US government has historically maintained the right to hold immigrants in detention, AG Session passed a ruling that allowed for

the detention of affirmative asylum applicants, which directly undermined a 2009 directive that promoted asylum seekers' rights to be considered for release from detention, as the process is can often take years. (Jordan, 2018). These policy changes, particularly concerning family separation and detention, prompted a sea of media and professional outrage, with political and psychological associations alike commenting on the psychological impact of detainment. Relevant to this study, the American Psychological Association (APA) president wrote a statement describing separation as "needless and cruel...threaten[ing] the mental and physical health of both the children and their caregivers." Furthermore, the APA CEO implored the US government to "enact immigration policies that are humane and in the best interests of children and families" ("Statement of APA CEO," 2018; "Statement of APA President," 2018). These policy changes reflect the impact through which legislation can impact the psychological wellbeing of asylum seekers as well as the procedures through which immigration advocates must quickly respond to defend migrants.

A particular factor limiting access to due process was the backlog of asylum cases in immigration court. As of March 2018, the wait time for affirmative asylum cases was as long as four years, with 318,000 individual pending hearings (U.S. Department of Homeland Security). Additionally, in March 2018, there remained over 690,000 open deportation cases. While wait times for hearings may be lengthy, the court hearing themselves are said to be held quickly, particularly at border detention centers, with short notice, and more than one immigrant "defendant" in the room simultaneously.

The most recent federal ruling at the time of this paper, titled "Asylum Eligibility and Procedural Modifications" affirmed in July of 2019, made further amendments to the eligibility criteria of asylum. As previously discussed, the prior definition of asylum was inclusive for those

who presented to a port of entry, most frequently through Mexico. The Interim Final Rule, proposed by the Departments of Justice Homeland Security, added a “third-country-transit-bar” to the eligibility criteria for asylum (“Asylum Eligibility and Procedural Modifications,” 2019). This bar dictated that any migrant who attempted to enter the United States at a border who did *not* apply for protection in a third country he/she passed through was no longer eligible for asylum. This is to say that anyone coming from a country other than Mexico or Canada who arrived at the US border would not be eligible for asylum if they did not seek asylum in another country they migrated through on their journey. It bears note that migrants continue to be eligible to apply for other immigration visas, such as withholding of removal or the Convention Against Torture. The third-country transit ruling particularly targeted migrants from Honduras, El Salvador, and Guatemala, who comprised a majority of the asylum-seeking population at the border at the time (Shear & Kanno-Youngs, 2019). The limitation at the US border did not account for neighboring countries’ ability or willingness to compensate for additional asylum cases. It is also important to recall that the southern border does not just serve as a port-of-entry to migrants from Central/South America, but is also used by an international migrant population, such as Africans, Haitians, Cubans, etc. This ruling reflects the continued fight over the definition of asylum and the role that the United States holds in the world as a safe haven for those seeking refuge.

The aforementioned amendments to immigration policy – and others as well – have brought about new demands for stakeholders involved in immigration advocacy who must remain aware of new criteria for asylum status, meet at times last-minute deadlines for asylum cases, and gain familiarity with work in detention centers. The impact of these pressures on the

providers involved in forensic work with immigrants has not been thoroughly studied, making investigation of the subject all the more germane.

D: Role of Psychologists in Asylum Evaluations

Since 1985, psychologists have served in a consultative role with immigration lawyers through the psychological assessment of asylum seekers' credibility and mental statuses. (Aron, 1992). This section specifically focuses on licensed psychologists, but it warrants note that evaluations of asylum seekers are also provided by social workers and other licensed clinicians. Psychologists' training in diagnostics and assessment prepare them to interview, diagnose, and examine asylees' psychological presentation, but the role is often more complex than this; psychologists must assess the credibility of asylees' claims, collect a coherent narrative of persecution, all the while humanizing the asylum seeker to the judge.

The inaugural use of a psychological affidavit in an asylum case is occurred in the 1985 case example of "Mr. B." (Aron, 1992). Mr. B's successful case, is arguably the result of a prior failed one, the case of "Ms. M.," an unfortunate example how immigration hearings can go wrong. Ms. M was an 18-year-old woman from El Salvador, who presented to her immigration trial as "quiet and emotionless" as she recounted her history of persecution, including the murder of her brother and cousins, and the torture of her partner at the hands of local gangs and Salvadoran security forces. In spite of her compelling testimony, Ms. M was denied asylum for a lack of credibility. The literature about Ms. M opines that she was denied asylum in part because the judge took issue with her muted psychological presentation, and did not believe that one who endured such violence would speak with so little emotion. Following her case, lawyers began to evolve their strategy. Mr. B's immigration lawyer sought a psychological explanation for why

refugees such as Ms. M may present in such a counterintuitive manner, which was accomplished by referring Mr. B for a psychological evaluation. This set a key precedent in the use of psychological evaluations to support asylum cases.

During asylum hearings, lawyers call upon psychologists to provide their expert opinions through psychological evaluations and written affidavits that assess asylees' stories. These stories are aimed to prepare judges to anticipate asylum seekers' possible behaviors from a psychological perspective. These descriptive affidavits further aim to defend the psychological rationale behind such presentations, such as Ms. M's reticent demeanor, through a compassionate lens (Gangsei & Deutsch, 2007). Psychological affidavits are particularly important in cases where there is a dearth of physical evidence of persecution, such as physical scars from torture (Aron, 1992; Freed 2005). In these cases, the psychological affidavit may be the only evidence of survivors' psychological scars.

The process of evaluating asylum seekers broadly follows the following steps, although it is left open to each clinician's discretion: completion of an in-person clinical interview, administration of relevant symptom measures, research on asylum seekers' home country conditions, collateral contact with asylum seekers friends, family, or providers, and in-person or telephonic testimony. The affidavit incorporates a written narrative of the asylum seeker's history as well as the psychologist's diagnostic impressions and recommendations. The style of each report varies by psychologist, but many affidavits additionally provide a cultural and historical context of the individual's home country. Affidavits supplement the legal case for asylum by humanizing asylum seekers and elevating them from "illegal aliens" to people who are seeking survival and a better life (Aron, 1992). Additional skills needed for completing this work include socio-political awareness of global news (i.e. the status of asylum seekers' home

country), trauma symptomatology, and report writing (Tribe, 2002). It is also important for psychologists to account for asylum seekers' culture: psychologists must attempt to explain asylum seekers' experiences in the context of their home country, language, history, and social norms (Meffert et. al., 2010).

The time-limited meeting(s) between psychologists and asylum seekers are short term and consultative in nature, but have an inherently therapeutic component. Evaluations provide the opportunity for asylum seekers to begin to share their story, which may be a step in their healing process (Gangsei and Deutsch, 2007). A notable barrier in the storytelling process, however, is the impact trauma has on creating an organized timeline of events. With this in mind, a crucial component of the affidavit is the creation of coherent written narratives from asylees' disclosures. From these narratives, psychologists must then determine if they have sufficient information to make claims about whether persecution occurred and the psychological impact on the asylee. Valeria Luiselli, a translator for unaccompanied minors describes this complex task:

“I hear words, spoken in the mouths of children, threaded in complex narratives. They are delivered with hesitance, sometimes distrust, always with fear. I have to transform them into written words, succinct sentences, and better terms. The children's stories are always shuffled, stuttered, and always shattered beyond the repair of a narrative order. The problem with trying to tell their story is that it has no beginning, no middle, and no end.”
(Luiselli, 2017)

While the task of creating a narrative is not the official role of psychologists, it often becomes a focal emphasis of the case. Asylum seekers often must retell their stories many times in the context of an immigration case, and hopefully, over time, can begin to find coherency.

It is inherent to the evaluation process that psychologists encourage asylum seekers to disclose their trauma histories at a rapid pace in order to complete the evaluation in a time-limited context. In this way, psychologists act as “vessels that...contain highly, explosive, toxic material” and are exposed to narratives of torture and persecution that may be unique from those heard in traditional psychotherapy (Aron, 1992). While the time and skills required to complete evaluations may vary, the impact seems to be consistent: “the assessment is of value to the refugee...[and] the psychologists who perform the evaluation, for the hours devoted to the assessment and the report do make a difference, and when a case concludes with the granting of asylum, the psychologist can take some of the credit for saving a life” (Aron, 1992).

While potentially life-saving for the asylum seeker, this work can have an impact on the clinician both positively and negatively, such as through vicarious trauma. Coined in 1995 by Pearlman and Saakvitne, vicarious traumatization refers to the indirect trauma professionals are exposed to by hearing the traumatic narratives of others (Pearlman & Saakvitne, 1995). This phenomenon is also referred to as traumatic secondary stress, empathic stress, and compassion fatigue. Through assessments with asylum seekers, there is both the possibility of vicarious traumatization during the interview as well as through the case outcome – whether asylum is granted or not. In addition to the possibility of vicarious traumatization, forensic evaluations can also be a positive and inspirational experience for clinicians, as they are exposed to empowering stories of survival (Hernández, Gangsei, and Engstrom, 2007). The literature supports that health care clinicians “pay attention to the effect the interview has [their] psychological state with the awareness that sitting and listening to someone describing an experience of trauma or torture may activate similar feelings in the listener” (Freed, 2005).

E: Meaning Making: Defining & Re-envisioning the Model

It can be hard to fathom how those who endure trauma, torture, or persecution are able to survive and continue living, let alone thriving. In Victor Frankl's seminal piece, "Man's Search For Meaning," he describes his experience surviving the Holocaust. Through self-reflection and observation of others in Auschwitz, Frankl derived his theory on human meaning, "logotherapy" regarding the importance of identifying a life purpose in order to survive (Frankl, 1946). He further theorizes that by immersing themselves in an imagined, more optimistic outcome, people could change their reactions to their lived experiences, however grim (Frankl, 1946). A seminal quote translated from Friedrich Nietzsche's *Twilight of the Idols* addresses a core value of Frankl's later developed theory, "He who has a why can live for and bear almost any how" (Nietzsche & Large, 1998). Through logotherapy, which focuses on finding life meaning as the primary motivational force in humanity, Frankl's foundational perspective contributed to a broader curiosity about how survivors survive, how people's internal mental processes impact how they view themselves in their context, and how they can adapt and overcome distressing experiences.

Crystal Park is among many researchers who expanded upon Frankl's model in her adapted "meaning making" models. Specifically, Park defines meaning making as the cognitive process of appraisal in an attempt to "reduce the discrepancy between the appraised and global meaning and restore a sense of the world as meaningful and [one's] own life as worthwhile" (Park, 2010). Through the lens of this model, people seek a coherent and meaningful understanding of their world. Park proposed that people have cognitive frameworks through which they see and understand their world, or "global meaning," and when one encounters a stressor (often exemplified as a loss or a trauma), this creates a discrepancy between their global

meaning of the world and their new reality (Park and Folkman, 1997). For example, if one holds a cognitive framework that their world is safe and their government aims to protect them (global meaning), the onset of a civil war (stressor), is discrepant from their worldview. In such examples, meaning making serves as the intermediary process through which people attempt to reduce their discrepant reality (Park, 2013). In this way, meaning making is a protective reaction when the reality is too unimaginable to comprehend and too challenging to simply solve. This model has also been applied to survivors of trauma, who are exposed to the “darker sides of life and humanity” and must either adapt or not, their global view of humanity in order to move forward in a meaningful way (Steger and Park, 2012). Park additionally theorized that the act of making meaning could lead to stress-related *growth* wherein the very act of reflecting and making sense of one’s experiences can change one’s worldview, and therefore improve his/her ability to cope, and overall cognitive processing, for the better (Park & Fenster, 2004). Meaning making is often utilized to describe survivors’ adaptations to loss and trauma.

F: Qualitative Research

Qualitative interviewing and analytic design are utilized in this study to comprehensively assess psychologists’ perceptions about their work with asylum seekers. Qualitative analysis allows for the construction and assessment of themes directly from the participant’s responses without reducing their perspectives to numbers, as would quantitative research (Morse & Richards, 2002; Strauss & Corbin, 1990). Specifically, the data is analyzed through an adapted grounded theory, referred to as thematic analysis. Grounded theory derives themes through the data itself, through a systematic approach. Thematic analysis offers a more flexible technique for qualitative analysis, wherein patterns are defined across data sets (Braun & Clarke, 2012).

Through thematic analysis, this researcher incorporates theory and strategies from grounded theory, wherein the themes were derived from the interviews themselves. Specifically, initial themes were selected in relation to this study's chosen themes and were explored through a deep investigation of the literature. Some suggested stages of thematic analysis that were applied in this study were as follows: 1) familiarization with the data, 2) generation of initial codes, 3) searching for themes, 4) reviewing potential themes, 5) defining and naming themes, and 6) producing the report (Braun & Clark, 2012). Interviews were reviewed multiple times to find consistency among the themes, and then more central themes were explored. As an exploratory study, the themes from this data can be used to generate future research questions with a smaller sample size than quantitative research.

F: Limitations of the Literature and Implications on the Current Study

As previously described, the literature on meaning making emphasizes survivors of loss or trauma. While this focus on vulnerable populations guides treatment and the understanding of survivor perspectives and means of healing, there are few studies about how those in helping professions, such as psychologists, make meaning of the stories they are professionally exposed to, as well as the implications in their personal lives. Psychotherapists who work with trauma survivors do not directly experience trauma but are exposed to their painful stories. Psychologists work directly with asylum seekers are exposed to traumatic narratives, but may additionally experience the pressure of contributing to a process that impacts asylum seekers' legal statuses and lives. This potential for helplessness and hopelessness in some ways mirrors that of the asylum seekers themselves and may create discrepancies in the worldview of the therapist. In this light, this study hypothesizes that in the same way that asylum seekers may be changed as

they make meaning of their experiences, psychologists who hear their stories may be changed as well.

The literature on meaning making does not focus on the experiences of those in helping professions, but rather on those they help. The aim of the current study is therefore to address this gap in the literature and provide a perspective on *how* psychologists engage in the very same making meaning in their work, and whether their perceptions change over time. This study additionally seeks to highlight the ways in which current events impact this meaning making process. Finally, this study seeks to explore factors that attract psychologists to this work, whether conscious or unconscious and how their ability to make meaning may be based on external factors in the sociopolitical climate in which they work.

III. Methods

A: Participants

Participants for this study included seven (n=7) licensed psychologists who were involved in psychological evaluations with asylum seekers. Participants were initially contacted through snowball sampling and subsequently contacted through a social justice psychology listserv, Psychologists for Social Responsibility (PsySr). Eligibility criteria for this study were as follows: each participant must a) have a license in clinical or counseling psychology and/or a doctoral psychology degree with advanced certification in clinical practice, and b) have conducted at least five psychological evaluations for asylum seekers. Additionally, all psychologists were required to practice in the United States to ensure a shared experience with national policy. The aforementioned criteria were selected to guarantee a similar training background as well as a minimum threshold of relevant experience. Additionally, because the goal of the study was to examine how psychologists create meaning from their work in conducting asylum evaluations, all participants were expected to have conducted at least five psychological evaluations to allow them to best compare and contrast their experiences over time. Meeting the aforementioned criteria ensured that all participants had rich experiences and substantive and consistent training in psychology. A small sample size was used due to the qualitative nature of this study.

Initially, the primary researcher was in communication with 10 prospective participants. Of the 10, seven met the baseline criteria of the study. Three individuals did not meet this study's criteria and were thanked and informed that they would not be able to participate. Of the seven selected participants, four were female and three were male. Additionally, the average age of participants was 66-years-old, and the participants resided and practiced around the country. Six participants hold doctoral degrees in Clinical Psychology, and one participant holds an

alternative doctoral Psychology degree with a post-doctoral certification in psychoanalysis. The participants' mean years in practice since licensure was 35 years. Four participants defined their theoretical orientation as psychoanalytic, two defined it as eclectic, and one defined it as liberation psychology. Five participants conducted their evaluations pro-bono, and two conducted their evaluations both pro-bono and fee for service or "low-bono." Additionally, four participants have testified in court, with two of the four having testified exclusively by phone. The dates of participants' initial psychological evaluation of asylum seekers ranged between 1986 and 2018, and the modal year of participant's most recent evaluation was 2018. At the time of their interview, each participant had conducted between five and seventy evaluations, with a total of around 192 asylum cases seen among all seven participants. Two interviews for this study were conducted in-person and five interviews were conducted through an online HIPAA compliant web-based video chat browser, Doxy.me.

Participant Vignettes

Participant names and specific locations have been changed and/or generalized to preserve anonymity.

- (1) "**Alice**" is a 61-year-old Caucasian Jewish female. She has a private practice in the northeast where she focuses on psychotherapeutic treatment of individuals with trauma histories. She describes her theoretical orientation as eclectic, psychodynamic, and trauma-focused. She was introduced to asylum evaluations through a colleague in 2017 and has since completed five pro-bono evaluations, mostly adults from Central America.
- (2) "**Benjamin**" is a 73-year-old Caucasian male. He was initially introduced to asylum work through a program for torture survivors on the west coast in the early 1980s. Through his

organization, Benjamin has conducted around 50 evaluations since 1986 and supervised over an estimated 200. Benjamin has since retired from this role, aside from “special circumstances” when he will take on a new case. Benjamin stated that his cases were from around 60 countries and that he worked with predominantly adults. Benjamin predominantly completed pro-bono or “low-bono” organization-funded evaluations.

- (3) “**Carl**” is a 66-year-old Caucasian male from Ireland. He is currently affiliated with a university and maintains a private practice in the northeast. He was first introduced to asylum evaluations in 2006, and has conducted around 70 evaluations from diverse national backgrounds and supervised many more since then. Carl has additionally taken an active role in helping to create, train, and supervise trainees in a university-affiliated asylum clinic with mostly Central American clientele.
- (4) “**Daniel**” is a 69-year-old Caucasian Jewish male. He currently practices as an outpatient and forensic clinician, primary relating to trauma in the East coast area. Daniel was introduced to asylum evaluations by a peer in 1990 and was engaged in conducting evaluations through 2017. He reported that he has completed around 120 immigration-related evaluations, with 35-30 reflecting asylum specific cases. Daniel described that his cases reflected “a picture of the globe” with predominantly adults. Daniel conducted his evaluations both pro-bono and for a fee and identifies as “self-taught” through mentorship.
- (5) “**Erin**” is a 68-year-old Caucasian female. She has shifted her focus from clinical psychology to liberation and community psychology, and she currently chairs a training program on the west coast. She began conducting asylum evaluations in 2018 and has since conducted around 22 evaluations both on an outpatient basis as well as in detention

centers by the southern United States border. She also supervises students who volunteer in detention centers. She described the primary demographics as women in her 20s-50s from Central America.

(6) “**Francine**” is a 56-year-old Caucasian Italian-American female. She currently maintains a private practice and is affiliated with an academic university in the northeast, as well as a psychoanalytic training center. She was introduced to asylum evaluations in 2015 and has since engaged in over 10 cases pro-bono. She additionally supervised graduate students in conducting evaluations. Francine described that her clients were predominantly children and teens from Central America.

(7) “**Greta**” is a 70-year-old Caucasian Jewish female. She is currently a practicing psychoanalyst in the northeast. She began conducting psychological evaluations of asylum seekers in 2016 after being referred from a colleague and has since conducted around seven evaluations pro-bono in her outpatient office. She described predominantly working with women from Central America.

B: Measures

The study utilized a pre-interview Screener, a Demographic Questionnaire, and a Semi-Structured Interview as a means of data collection.

The Screener (Appendix B) was administered over the phone or by email to assess eligibility to participate in the study. The Demographic Questionnaire (Appendix F) was administered at the onset of the interview and queried the following information: a) age, b) gender, c) racial/ethnic background, d) professional degree/years in practice since licensure/orientation, e) year conducted first psychological evaluation of asylum seeker, f) date

of most recent psychological evaluation of asylum seeker, g) supervision or mentorship received, h) pro-bono or fee for service, and i) referral source.

The Semi-Structured Interview (Appendix G) gathered qualitative data pertaining to the study. The measure included both open-ended and closed-ended questions related to the following broad areas: introduction to and training in forensic psychological assessment of asylum seekers, case demographics, perceived role in work, clinical impressions, reflections on a meaning making model, the impact of national/international policy, and concluding reflections.

C: Procedures

The participants were recruited through snowball sampling as well as posting in a social justice psychology listserv, Psychologists for Social Responsibility (PsySr) (Appendix A). Once participants contacted the researcher, a brief screening was conducted by phone or email to inform the potential participants about the purpose of the study and assess for inclusionary criteria [training degree and number of asylum evaluations conducted], as previously noted (Appendix B). The researcher then reviewed the role of confidentiality, and, if the subject was eligible for the study, scheduled the participants for the interview. The participants either requested an in-person location or, if geographically necessary, were offered the opportunity to engage in a video-based interview on a HIPAA secure software, Doxy.me. The researcher additionally informed the participants that the interview would take between one to one and a half hours. Ten individuals initially responded to the recruitment efforts and seven met criteria for the study. The remaining three individuals who did not meet the eligibility criteria for the study were provided an explanation about their ineligibility and thanked for their time and interest.

At the time of the interview, the researcher received informed consent either verbally or through signed paperwork. (Appendix C; Appendix E) The consent form reiterated the various efforts made towards protecting the confidentiality of their data, such as storing their de-identified interview in a password-protected computer on an encrypted file. The researcher then provided the general parameters of the study and answered any participant questions.

Participants who completed an oral consent form were offered the option of keeping a physical copy of the consent form for their records. The researcher additionally provided a consent form pertaining to audio and visual recording to those who conducted an in-person interview (Appendix D). The clause about audio and visual recording was incorporated into the general oral consent form. Each participant was then assigned a de-identified case number, which was held separately from any other identifying information.

The researcher completed a verbal demographic questionnaire to assess the participant's age, training, and experience in conducting asylum evaluations (Appendix F). One participant completed the demographic questionnaire via email due to time constraints during the interview. The semi-structured interviews were then conducted (Appendix G). The Demographic Questionnaire and the Semi-Structured Interview were both developed by the researcher. The modal length of the interviews was one and a half hours, ranging between one hour and two and a half hours.

D: Treatment of the Data

All questionnaires, consent forms, and interview data were stored in compliance with the Rutgers Institutional Review Board rules and regulations.

Consent and Demographic Questionnaire: Data collected through the Demographic Questionnaire was utilized to categorize participants based on age, gender, racial/ ethnic background, professional degree/ years in practice since licensure, theoretical orientation, year conducted first psychological evaluation of asylum seeker, date of most recent psychological evaluation of asylum seeker, supervision or mentorship received, pro-bono or fee for service, and referral source. No identifying information beyond the case number was attached to the recordings, measures, or transcriptions.

Interview Data: All Interview data was stored on a password-protected file on an encrypted computer. No identifying information beyond the case number was attached to the recordings or transcriptions. The researcher additionally redacted any identifying names or locations discussed in the study or as requested by the participant. After the transcriptions were completed, the original audio recordings were deleted. All remaining study data will be kept for five years after the completion of this study and then destroyed.

E. Data Analysis

Interviews were initially analyzed and coded using a modified version of Strauss and Corbin's (1967) Grounded Theory methodology in the form of thematic analysis. Firstly, the researcher selected predominant themes and subthemes, which resulted in 8 themes and a total of 22 subcategories. This followed the general parameters of grounded theory in the "open coding" phase. Each transcript was reviewed twice to ensure thoroughness and consistency. The researcher additionally reviewed the transcripts during each round of analysis as new themes emerged. Then, as is indicated by Braun & Clarks' model on thematic analysis, themes were

MEANING MAKING WITH ASYLUM SEEKERS

identified, defined and named (Braun & Clark, 2012). These themes were then further divided into pertinent subthemes, and exemplary quotes were selected.

IV. Results

Eight primary content and thematic areas arose from participant responses to the semi-structured interview. These results will discuss the significant themes that arose in these areas (Appendix

G). The thematic areas are as follows:

- 1) Introduction to and training in psychological assessments with asylum seekers
- 2) Role identification and conflict
- 3) Use of language and interpreters in evaluations
- 4) Meaning making
- 5) Autobiographical connections to the work
- 6) Personal drives in continued engagement
- 7) Impact of national policy & international trends
- 8) Self-identified strengths and weaknesses

Introduction to & Training in Psychological Assessments with Asylum Seekers

Five participants were introduced to the field of asylum work through colleagues or trusted mentors, including psychologists, lawyers, and social justice advocates. While all participants held doctoral degrees in psychology, none were explicitly trained in evaluating asylum seekers in their graduate programs. Four of the seven participants Alice, Carl, Francine, and Greta, were trained by human rights organizations, specifically Physicians for Human Rights (PHR) and HealthRight. They described the course of these trainings, most of which were daylong seminars that reviewed procedures for assessing the psychological or medical impacts of trauma or torture on asylum seekers through a written evaluation. Four participants attended trainings between 2006 and 2016, with three having been trained since 2015. Of the four, three went on to conduct evaluations in a part-time capacity as a supplement to their primary clinical

practice. The remaining participant, who was trained in 2006, established a grant-supported asylum clinic through a university, in which he worked in a part-time capacity. Furthermore, of the four who were trained by organizations, two have since provided introductory training and/or supervision in asylum evaluation to mental health workers. The two other participants shared that they did not supervise others because they did not feel they had sufficient expertise in their three or more years in practice, as one described, “I did not feel like I could be a consultant...I don't know enough because I haven't done enough of them.”

Three participants Benjamin, Daniel, and Erin, were trained through a mentorship model, either by fellow psychologists or lawyers who were already engaged in a forensic immigration practice. These participants were trained between 1986-2018. These participants had diverse training experiences, but all emphasized learning how to accurately and effectively write an affidavit. Erin described a “mutual mentorship” model with lawyers wherein she was provided feedback on her written affidavits and discussed case details and goals throughout the process. She shared that she seeks feedback and makes the recommended edits because “there are a lot of ways [she] can't anticipate how my words are going to be heard.” Benjamin shared that he was also provided affidavit templates, which he used as he developed his own forensic writing style. Daniel echoed this idea and noted that he relied on templates from colleagues, but indicated that he had prior forensic training that laid the groundwork for this style of writing. He further described that his training process was informal, as his geographic region did not have specific forensic licensure requirements. None of the other participants noted licensure requirements as an influence, whether beneficial or inhibitory, in their work. Of these three participants who were informally trained, one then went on to supervise and train others.

Participants then recalled the degree to which their training incorporated discussions about their attitudes and beliefs towards immigration, policy, and/or the psychological impact of the work. All seven shared that they did not discuss such beliefs, but those who trained with PHR and HealthRight described facilitated conversations about vicarious traumatization. Carl, for example, recalled that when he was trained by such an organization, as well as when he now facilitates training, clinician self-care is part of the “package” discussion:

“[The training was] procedural, almost exclusively. There was some discussion on self-care. I give some examples of the most difficult cases and the self-care issues they provoke... There are issues that provoke complex issues of self-care because you are dealing with a tremendously sad and terrible trauma. It’s part of the standard package of information and we talk to people about how to prepare for meetings and what to do if [the clinicians] feel emotionally flooded during the session or what to do if the patient or interpreter is emotionally flooded or what to do if everyone is emotionally falling apart.”

While participants pointed to their training experiences as more procedural, some responses indicated that participants felt an unspoken accord about beliefs. Three of the four participants who were trained independently shared the belief that fellow professionals intrinsically understood their beliefs, politics, and attitudes towards this work, even in the absence of formal discourse during training. For example, Greta shared “I think there is a presumption that anyone there [at training] would believe in doing [asylum evaluations].”

Role Identification and Conflict

Participants were asked to describe their professional role identification as it relates to conducting asylum evaluations, and their responses clustered around two primary themes: that of

an evaluator and that of a witness. Before exploring these roles, it is notable that participants denied role affiliations as therapists or clinicians in this context. Two participants shared that they were explicitly dissuaded during trainings from “acting as therapists” when evaluating asylum seekers. While all seven participants concurred that completing evaluation with asylum seekers differs from the role of a traditional psychotherapist, two described experiencing role conflict. For example, Greta described how her approach differs when working with outpatient therapy clients versus asylum seekers:

“[In asylum evaluations] I’m focusing very much on getting the data so I can write my report, I’m not focusing on trying to help the person, *per se*. Now, sometimes we will follow-up and get that person in treatment, but you feel bad when you realize that you didn't really address the clinical needs of somebody because you were so intent on getting the asylum report. That is a conflict because if someone came into your office with the very same presentation but your role was to get them into therapy or educate them as to how to be a patient, you would be saying different things.”

In her view, Greta had to consciously follow the evaluation procedure in spite of the pulls to provide treatment. Alice similarly described the challenges of adapting this non-therapeutic role and the subsequent role conflict she experiences. She cited the ways that at times, she does cross this boundary:

“Well, I don't get to be a therapist. You know, they [trainers] told us ‘*no therapy*.’ ...Once in a while, I sneak in some grounding techniques...And [working with asylees] is also different because they're not my patients, and I want to provide trauma treatment. So actually, I pledge to the assessment, because it helps them, but I would prefer to be a

therapist to them, I feel that I can help them in a different way. Because most of the people I've evaluated, they don't get to go to therapy."

Daniel described his efforts to combat role confusion and noted the importance of staying on task when conducting the evaluation. He described his rationale for emphasizing the evaluation to asylum seekers:

"In the cases that [asylum seekers] need asylum, their lives are saved. If it's the case that [an asylum seeker] is really going to be sent back to a regime where he would be killed... well, he needs that asylum a lot more than he needs therapy and he needs therapy."

While all participants indicated they view the act of conducting an asylum evaluation as distinct from that of providing psychotherapy, four of seven participants emphasized the intrinsic need for a therapeutic frame and at times, intervention throughout the assessment. Specifically, participants described the importance of clinical interviewing skills, risk assessment, and clinical writing to create the optimal affidavit. They also shared the importance of completing the interview in a time-limited manner that does not psychologically overwhelm the asylum seeker. Benjamin described how he has incorporated his therapeutic skills to asylum evaluations, as he views the evaluations as discrete clinical interventions. As he describes,

"I have learned from experience that the evaluation is a self-contained mental health intervention... I would always ask the clients at the end of the evaluation, 'Well, how do you feel now that we've done all this?' and invariably, [asylum seekers] would say 'I feel relieved, it was good to be able to talk about it.' And that has to do with many factors including my skills as a clinician and psychotherapist to know how to engage people and talk with them and feel comfortable and safe at all."

Like Benjamin, Daniel similarly highlighted the inadvertent therapeutic component of the evaluation:

“I am not here for us to do the clinical work of helping [asylum seekers] deal with loss...Even though that was stated pretty clearly and was clear my mind, [asylum seekers] tended to say "that was really helpful." I don't know if they were being generous, but I think in their minds, maybe because they were talking to a psychologist...that this was something like therapy. I would think that a majority of people had that feeling at the end, although that was not the intent. It was explicitly *not* the agreement.”

Participants' responses fell on a spectrum ranging in how boundaried they viewed their roles in asylum evaluations and how much therapy plays a part, whether purposefully or not.

Five participants shared that they view their role as an evaluator. In this sense, an evaluator can be defined as an impartial fact finder who works with lawyers to interview asylum seekers and serves the instrumental purpose of writing an affidavit. Participants defined this role as unbiased, short-term, and fundamentally different from therapy, outside of the role conflicts described in the above section. Daniel pointed to the manner in which he conceptualized his role as an evaluator and described to asylum seekers during the evaluation,

“I was really working for the attorney — I was providing a work product for the attorney, and I will explain this to the client. I think most of the [asylum seekers] did understand... But my role was really to answer questions for the attorney who would then, at his or her discretion, use the answers in their case, so I was really not working for the client except in this indirect way. And if something came up [during the evaluation], I would often in a sort of gentle way try to return the questions to our task at hand, which is for me to do this evaluation-which, if it works out would be helpful for [asylum seeker] in obtaining

safety. But I am not here for us to do the clinical work of helping [asylum seeker] deal with the loss of whatever those particular situations. “

Carl similarly described his role as an evaluator as it relates to the time-limited nature, or “one shot” of the evaluation. He also connected the objective stance of an evaluator to the possible need to serve as an expert witness while testifying:

“We all aren't allowed to work with [asylum seekers] therapeutically, so the shot you get is the only shot you get. You can't be a therapist and an objective expert witness, so you are told that you can't have any further contact [with the asylum seekers] because that reduces your expert witness role. So you get this one shot and you have to get what you can get... You can't come back later the way you would with a [therapy] client in your office...You don't have that luxury, so it's really hard and tricky.”

Notably, all participants in this study received external referrals for immigration evaluations. Benjamin highlighted, however, that some clinicians in this field conduct asylum evaluations on displaced peoples they already treat therapeutically. He cautioned that while he, like all other participants, separates his role as a therapist from that of an evaluator, therapists should not disparage fellow clinicians who evaluate their own clients, as this inadvertently delegitimizes the field, as he described,

“I would say [my role is a] mental health evaluator. And I'll distinguish that because I have friends at other [asylum-based] centers who do court evaluation and testimony for clients for whom they are *not* the psychotherapist and some of them only do reports for people for whom they are the psychotherapist.... I emphasize that it's important to know that these are both legitimate. You're going to be challenged [by judges] regardless of your position, but don't defend yours in contradistinction to the other one.”

The next role that the participants identified with was that of a witness. Six participants described bearing witness as a crucial component in psychological evaluations with asylum seekers. The remaining participant described that he did not believe he bore witness due to the time constraints of the evaluation:

“I think bearing witness is not what happens in asylum cases. I think it requires a different form for it to be bearing witness through testimony.”

The six participants described the importance of bearing witness as a necessary step in working with those who have survived trauma(s). Alice, for example, described how she believes bearing witness is critical for trauma survivors, asylum seekers or otherwise:

“So many people haven't been heard, they haven't been given an opportunity to develop any kind of narrative or been provided an environment where people can do that, and sometimes they tell you for the first time. So bearing witness with the asylum seekers... I don't think I feel it on a different level [as she does with other clients]... I think that takes a while to unfold because the person has to trust you enough to allow you to bear witness.”

Benjamin and Carl similarly described the importance of witnessing the stories from those who have survived trauma. Carl, for example, described how he prioritized his role as a witness despite the pressure of writing an evaluation.

“Witness is my favorite word. I think as a therapist, most of what we do is cultivate receptivity. [Asylum evaluations aren't] therapy, now, so I think the most persuasive thing we can do as therapists is to bear witness... Except that, in this case, it does have also an instrumental political purpose and I am exquisitely aware of that as well.”

Benjamin added nuance regarding the impact of bearing witness both on the individual and society at large:

“We're working with people who are recovering from having experienced [trauma]... But being present and engaging with them and knowing that... my listening and being a person who would hear what they said was beneficial to them... and knowing in some sort of spiritual way, that the process of bearing witness has an impact in the world.”

Three of the six participants highlighted a second, yet crucial component of bearing witness: taking some form of action after hearing asylum seekers' stories. Erin described the unique call to action she experiences when working with asylum seekers:

“I think that when you bear witness, you have a responsibility to share what needs to be shared with civil society. And so doing, this work gives you a vantage point and allows you to understand from the perspective of the people who are trying to come and what's at stake... I see two parts of bearing witness- One is that you're bearing witness, but then you need to act on what you've heard to change, insofar as you can, the deleterious circumstances that have led to what climate and cause social suffering or social misery.”

Benjamin echoed Erin's desire to *act on what was heard*, and reported that he channeled this activism through the documentation of asylum seekers' stories as an important step in the healing process, commenting that:

“It's documented and presented to the world in the form of these reports that go into legal proceedings and are part of the record of what happens to people-that it's objectified and made real in a formal, permanent way. That's very important.”

Finally, Francine articulated her call to action through metaphor, echoing the language of German civilians in the wake of the Holocaust: "I didn't see the trains. I didn't know where they

were going. I didn't know there were people on the trains." Francine's comment underlines her view that inaction and bystanderism are the antithesis of social justice, and highlights how she feels compelled to stand by asylum seekers and share stories of their plight with others.

Erin's responses suggested two additional roles not otherwise noted by fellow participants: the role of a "fellow human" and the role of accompaniment. In describing the role of a "fellow human," she shared her rejection of more professionalized role for the psychologist, and identified her self-identification as a "citizen neighbor," or at times a grandmother-type who supports people through human connection. She also articulated her theory of "accompaniment," which she defined as follows:

"[Accompaniment is a] beautiful word. It means to share bread with another person.

Accompaniment includes witnessing. It includes sharing whatever it is that you might have or know that the other person might want or find helpful, but it doesn't mean approaching them clinically, necessarily, unless that is something that that they're hoping for."

Whether through accompaniment, witnessing, evaluating, or even incorporating therapy, participants were able to point to the unique components of this work, including both its overlaps with and distinctions from more traditional psychotherapeutic roles.

Use of Language and Interpreters in Evaluation

All seven participants described conducting evaluations with asylum seekers from diverse cultural and linguistic backgrounds and variant English-speaking capacities. To highlight the geographic diversity of the migrant clientele, Carl described, "The best way to describe the cases I've seen is to hold up a picture of the globe." Four of seven psychologists reported that they had

some second language capacity in addition to English. Of the four, all spoke Spanish as their second language, although none were native Spanish speakers. Only one of seven, Benjamin utilized Spanish in his evaluations. Benjamin described that he first was exposed to Spanish in his early years of clinical practice, and identified great value in this skill, as he described:

“I’ve told many people that in a way, speaking Spanish was the most important decision I ever made in my life because it got me started into what became my career for a long time.”

Of the other Spanish speakers, Alice discussed her reluctance to conduct evaluations in Spanish, sharing she “could never do the evaluation [because she] thinks it would go better if they’re being evaluated by somebody who spoke their language.” The remaining two participants, Erin and Francine, indicated that they had proficient Spanish comprehension and reading skills, but preferred the use of Spanish interpreters for evaluations with Central or South American asylum seekers. Like Alice, Erin described that she did not find her Spanish skills proficient given the diverse regional dialects that exist within Central and South American countries. She instead shared her preference for translation services, specifically telephone translations, to ensure she obtained all the details of the asylum seekers’ narratives without the intrusion of a physical third-party interpreter. Francine shared that in spite of her language skills, she preferred to work with an interpreter from a similar cultural and linguistic background as the asylum seeker to provide context about the asylum seeker’s experience.

Outside of secondary language capacity, all participants relied on interpreters for much of their work in assessing linguistically diverse populations. All participants noted working with a broad range of interpreters, including professional interpreters, linguistically- related community members, or family/friends of the asylum seeker. Those who worked with immigrant-centered

organizations reported access to interpreter programs through their agencies, such as through affiliated interpreter training programs. One participant, Daniel, shared his preference for professional interpreters, such as those who are certified or referred by a lawyer, but shared that regardless of who interpreted, be it a friend or family member of the asylum seeker, it was important to assess whether the interpretation itself was credible. While some participants, like Daniel, discussed preferences for certain categories of interpreters, whether professional or phone, one participant, Francine, specifically described that she would not allow family members to translate as she believed they had “too much stake in the game.”

A common influence among participants was the importance of preparing interpreters for the evaluation. Four of seven addressed the importance of rapport building and emotionally tending to the interpreter’s experiences during the evaluation. Greta, for example, emphasized how she articulates the specific needs for each evaluation. She described how she specifically requests that interpreters provide her verbatim responses. Carl echoed a similar sentiment, and shared his frustration when asylum seekers provide a seemingly lengthy answer and the interpreter provides a notably brief translation. Benjamin too described the importance of using direct quotes from the asylum seeker to strengthen the affidavit, and how this is largely possible through the specificity of the interpreter.

In addition to the preparation needed for interpreters, a number of participants emphasized the importance of culture, history, and social justice in language interpretation. Erin identified this theme when describing the importance of placing country conditions in their historic context, and provided the following example:

“Not just social cultural competency, but historical competency. I argue that to be a psychologist, you need to know history. You need to know what has happened in Central America in the 70s and 80s. And why it is that we're seeing the kind of violence we are.”

Carl shared his focus on ‘cultural interpretation’ as a unique manner of ensuring sensitivity in the evaluation:

Cultural interpretation allows [interpreters] to help contextualize the feelings of the [asylum seeker] and the meaning of their experience and give you some ways to understand why they would, for instance, adopt a particular posture or why they would have behaved in a particular way in a particular setting...For instance, if you have a female interpreter and a male client or a male interpreter and a female client, and in that culture, there are issues around gender asymmetry, or if you have a transgender/gender-variant client or an interpreter who might be judgmental about such matters, it's very complicated dynamics. You have to kind of keep that clear.

He further reflected that when finding a cultural interpreter is not possible, it becomes the task of the psychologist to complete background research about the asylum seeker's country and culture in an attempt to integrate culture in the interpretation.

In addition to the specific narratives participants seek to elicit in the evaluations, participants also described the importance of managing the interpreter's psychological well-being. Alice shared how she prepared interpreters for the possible emotional challenges that accompany hearing asylum seekers' stories:

“I [build] a relationship with the interpreter, realizing they are lay people often, or not...but they are not therapists. So listening to these stories for them... I just want to make sure that they are very welcomed and I want to check in on them too.”

Others also highlighted the importance of anticipating vicarious traumatization among interpreters. Carl shared that he emphasized self-care in the training of interpreters as well as psychologists, and how to prepare for any party to become emotionally flooded by the asylum seeker's story. Benjamin shared his thoughts in leading an immigration-focused organization and how he prepared a diverse team for possible traumatization:

One of the things that I learned to be attentive to in this work was vicarious trauma. The impact of hearing trauma stories over and over again with a compassionate approach... so I mentioned that because we did conscious work with our staff, our contractors and our interpreters to be aware of and address the issue of vicarious trauma and as part of the support for them to continue to do their work.

While participants reported a range of exposure to interpreter services, most described positive experiences. Erin noted that the interpreters she worked with had their own relevant immigration experiences, particularly when working with volunteer interpreters in detention centers at the southern US border. Greta reported positive interactions with interpreters, but indicated that she had colleagues who conducted evaluations full time had reported more mixed and negative experiences with interpreters. While most noted neutral or positive experiences with interpreters, two of seven indicated inherent barriers when it comes to language. Alice described the daunting nature of having additional people in the evaluation room. Carl spoke to how much "gets lost" through interpretation, even in the best of cases.

Meaning Making

Participants were presented with the following definition of meaning making: "The idea of meaning making originates from Victor Frank's seminal theory in "Man's Search for

Meaning.” For the purposes of this study, Crystal Parks defined meaning making as the process of reducing the discrepancies or stressors that are created between the trauma one is exposed to and his/her global understanding of the world.” Drawing on this conceptual framework, all seven participants indicated that they find some component of the work with asylum seekers meaningful in the context of this model, given their personal definitions. Of note, two participants initially denied that they engaged in any meaning making processes, particularly taking issue with the idea that suffering is always meaningful. One shared that she found this work could not be meaningful because the nature of the trauma experienced by asylum seekers, which she defined as “not creative suffering” and therefore could not generate meaning. Another shared doubts about whether those who suffer trauma as extensive as asylum seekers do could make meaning, as the trauma was “meaningless.” Throughout the course of the interview, however, both participants went on to share ways in which they inadvertently or unconsciously participated in a meaning making process, which will be described in the themes below. Furthermore, one participant critiqued the provided definition of meaning making, which he described as “too cognitive,” but was able to agree with the core components of this theory through his own more narrative-based definition. Additionally, when asked about the process of meaning making, two participants described that they were engaged in meaning making process prior to their work with asylum seekers. Alice, for example, related her ongoing meaning making process to her private practice therapeutic work with outpatient clients with trauma histories:

“I think my worldview definitely changed in doing this work, but not just with the asylum seekers, but with trauma [cases]...I think I kind of do [meaning making] automatically. I think I've been doing this for so long, for 30 years, helping people make meaning.”

Participants were asked to describe their personal definitions of meaning making. A common theme among their responses was their adaptations in awareness of both the evil and resilience in the world. Greta shared that to her, meaning making stemmed from doing something meaningful and “making a difference.” Benjamin also pointed to his personal values and actions in his definition, sharing meaning making as “the significance of the work in terms of my values and aspirations for making a contribution to human rights and welfare...being a healer and an advocate for justice.” Alice shared how meaning making broadened her exposure to human nature, sharing how she learned:

“How to take the pieces of your life and others lives and try to put it into some greater context and to be able to create an understanding...widen your understanding of why things happen, how people treat other people.”

Francine similarly shared how meaning making exposed her to the world, both for the good and for “the bad people in it.” Erin described how, in her view, she had to come “to grips with being stared at directly in the face with people’s cruelty to others.” Carl’s definition centered on the process of “restoring life experience” following a life *interruption*, sharing an example of this process as follows:

“The idea is you have a life story that is ongoing that is interrupted by a life event or series of life events and then the question is – what does one do with this interrupted experience? ...The thinking is that one would... either restore your experience to incorporate that because if you don't integrate it, it stays external to your experience and would produce dissociation or other symptoms. So you try to integrate that into the narrative but you also try to create a more forward moving narrative.”

Like Carl, Daniel described finding meaning from restorative experiences, highlighting asylum seeker resilience as a primary form through which to make meaning, sharing, “the search and the drive to survive becomes part of the meaning.”

Given their personal definitions about meaning making, participants responses and reflections clustered around two predominant themes: witnessing meaning making within the asylum seeker, and experiencing meaning making in themselves. In exploring asylum seeker meaning making, three participants described their experience facilitating a meaning making process for asylum seekers through the context of the evaluation. Alice, for example, described the importance of this task, particularly for this population:

“I hope to be a part of helping somebody make meaning of their experience because often times, there's so much trauma that people aren't able to think clearly. Because...the left part of the brain goes offline so it doesn't get to a meaning making point where they can see their trauma as part of something larger...”

Daniel shared that asylum seekers experience some meaning making, and expressed a desire to have queried asylum seekers more about their meaning making process, but lamented that he had not had this type of discourse given the instrumental nature of the evaluation. What he did observe, however, was the unique underlying ability of asylum seekers to endure and keep moving forward, as he described,

“It's a biased sample by far because who knows how many people don't endure, or don't seek asylum or never get out of prison or are killed or whatever but from those who make it it's a pretty powerful lesson in the human drive to survive in the political emotions of knowing evil and fighting against it.”

Carl similarly described asylum seekers' ability to withstand atrocities and endure, but instead viewed meaning making through the lens of withstanding dehumanization and sharing in purely human moments, as he described an interaction with an asylum seeker who contacted him after the evaluation:

“Months later, or maybe a year later, my phone rang and I picked up, and the person at the other end obviously couldn't speak much English...and he says, "is this the doctor?" or something like this... He told me he got his application and he wanted to get a beer sometime. So it's the simplest gesture in the world – a gesture of shared common humanity. And he wanted to tell me his gratitude. And those are inescapable moments, I think. I think the moments that stay with you are the moments where you find some sheer human experience which transcends this bridge of the dehumanization which has plagued these people's lives and which plagues our lives too.”

Outside of experiences witnessing or facilitating asylum seekers' meaning making, all participants described experiences of deriving personal meaning from their work with asylum seekers. Three prominent sub-themes emerged from participant responses: increased awareness of cruelty in the world, acknowledgement and deeper understanding of human resilience, and the opportunity to contribute to good in the world. Firstly, five participants described a newfound understanding of cruelty in others through exposure to the stories of persecution and torture endured by asylum seekers. Some attributed this to a heightened understanding of international politics and practices. Others shared their transformation in understanding human nature. Alice described how her worldview adapted through work with trauma survivors, including asylum seekers:

“I think my worldview definitely changed in doing this work. But not just with the asylum seekers but with trauma [cases]...I used to feel like people were naturally good at heart, and I don't believe that anymore. You know, I feel like a lot of people are ignorant.”

Like Alice, Greta described how her understanding of human suffering provided her a newfound appreciation for migrant experiences. She cited that work with asylum seekers spurred an

“Expanded understanding of the way the world works... I'm less naive; I understand that the police and the government are together in some countries, which maybe I didn't really know. I understand that people really are fleeing for their lives, they are not just wanting a better way of life. I'm able to take in the news and take what I hear with a more educated eye.”

Unlike Greta, Francine shared that she was aware of the evil and injustice in the world prior to her work with asylum seekers, but grew to appreciate that injustices towards asylum seekers are not unique to their countries of origin, but regularly occur in the United States as well. Erin's response reflected her continued questions about how to incorporate such upsetting worldviews in a coherent way. She raised the following questions:

“How do you come to grips with being stared at directly in the face with people's cruelty to other people? And that can be at the familial level, the neighborhood level with a gang, it can be the failure of state forces to protect people like the police, and it can be at the institutionalized level like with our own immigration policy.... I realized that the incredible cruelty of the system, this was before family separation at the children the border. I realized that it's like its like genocide, culturcide... That's one of the weapons is to destroy families.”

Carl, too described his perception of the cruelty and loss he has come to see in the world through this work, as well as his ideology of how people can learn from such experiences:

“This work is always a reminder to me that a core to the human experience, really from birth, seems to be about loss. And it encourages you to incorporate and learn from and see loss...The word ‘trauma’ is problematic because it implies that things are inherently bad and alien to our experience, however, I see loss in many forms as key to the human condition. It’s a Buddhist condition, in some sort of way, to see loss as central rather than as an abhorrent experience. And so sitting with people who have experienced and faced the abyss and looked over the edge into places where the rest of us don’t usually go is a reminder to us of the importance of integrating those experiences and learning from them.”

Benjamin referenced spirituality in his attempt to understand the suffering inherent to human nature, and elaborated on his efforts to not allow the negative to overwhelm him:

“Meaning making continues to be an issue for me reflecting on human nature and our ‘what,’ what we do in the world, and it’s a pretty mixed bag. I think by exposure to the worst of humanity you can’t avoid the fact that that is real. And so you become intermittently pessimistic or at least realistic about what we collectively as humans do in the world and how destructive and harmful we can be...The Buddhists talk about the 10,000 joys and 10,000 sorrows of life. So you don’t want to be thinking only and engaging only with the 10,000 sorrows, there are also 10,000 joys... So meaning making has involved engaging with that dark side of things and acknowledging its reality and its power but also consciously and intentionally engaging with hopeful and positive things...Keeping the global connection to a holistic kind of meaning.”

Another theme that became apparent in participant responses was the finding of meaning in the resilience they observed among asylum seekers. Two participants reported this making meaning through witnessing feats of resilience. Benjamin, for example, referenced the theory of ‘vicarious resilience’ to describe the phenomena of providers deriving inspiration through clients: in this case, asylum seekers. In line with this theme, Daniel also shared his admiration for the human capacity to survive. As he described,

“The people who are seeking asylum...their stories are really complicated stories of survival, and it's the capacity to survive...The search and the drive to survive becomes part of the meaning that I would take from what I learned in doing this work-that we have to incorporate in our view of human nature that there is this tremendous drive for survival... It's not just to survive, it's to escape the pain and suffering that [people] experienced in the past and getting away from being the helpless victim... Not to go back there... to gain freedom. So that drive becomes part of our character that one learns about in a sort of vicariously or second hand way, but still relatively close compared to what most of us have to consider.”

Finally, participants described making meaning through viewing themselves as contributing positively to the world through completing asylum evaluations. Three participants, two of whom conducted evaluations either a full-time job or through an immigration center, described the meaning in their work. Benjamin described how this line of work related to his life values and was therefore meaningful:

“I know the significance of the work in terms of my values and aspirations for making a contribution to human rights and welfare. Human welfare, being a healer, and an advocate for justice. And the way my work contributes to those values and goals that I have in my life and in my work.”

Carl similarly described how this work aligned with his life values, as he shared:

“I try to do things that speak to me and that are existentially meaningful for me...it's like the old forest ranger thing that you should leave the forest how you found it or better... I've always believed we should leave the world a little better than we found it and that while I am very aware of the incredible evil of human beings... I am a believer that we all have the capacity for evil and destruction, but I am also a believer that we also have the capacity for reparation. So I have always been drawn to situations where there are possibilities of doing well.”

The third participant, who was more newly engaged in this work, described how her valuing of activism serves as a motivating factor to sign up for more evaluations and encourage her colleagues join in the work.

Autobiographical Connections to Work

Participants were asked to reflect on autobiographical connections, whether familial, professional, or otherwise, that they might have to asylum work. ⁴

Two of seven denied any conscious connections to immigration and/or asylum work, and an additional participant initially denied a connection, and then contacted the PI after the interview to amend their answer, so was not included in this statistic. Of the five participants

⁴ For this section, pseudonyms and gendered pronouns will not be used to further protect the participants who generously provided personal or familial anecdotes.

who noted a link, three major themes emerged: allegiance with asylum seekers due to past familial victimization, acknowledgement of ancestors who perpetuated negative attitudes towards the disenfranchised, or modeling of family members who were healers or helpers. In the first theme, five participants identified family members who, much like asylum seekers, had been persecuted. Three of these five identified specific ties to Jewish ancestors who left Europe, two of whom fled persecution around the time of the Holocaust. The other two identified a history of immigration in their family. One participant described their relationship to asylum seekers based on the “relevance to being a Jew whose family immigrated to this country... just the barriers set up for Jews. I felt like I had some identifications.” Another participant similarly noted how family history shaped their view of America’s global perception for immigrants, sharing,

“I did feel some identification and kinship with the work because of my own [family].

I’m Jewish...with some family that was never able to leave Europe. I felt some sort of background kinship to the idea of America as a place of asylum and the appropriateness of that.”

Two other participants described their identification as a first or third-generation immigrants from diverse backgrounds. One shared their family’s immigration and acculturation experience from Europe in the 1920s and the connection between the treatment of some European immigrants then and marginalized migrant groups presently. They highlighted that their ancestors just “happened to be white and legal,” and how this made them more attuned to immigrant experiences. Another participant, an immigrant themselves, described experiencing financial marginalization in their country of origin, which “gave [them] an extreme sensitivity to underdogs or marginal people.” They also referenced their personal journey immigrating to the United States, and while acknowledging that they had choice in migration, they still experienced

a “severing of social linkages” (family, friends, culture) in adapting to the United States. Of these five total participants who identified similar themes of migration and survival in their families, only some believed this to be a conscious connection in their initial engagement in working with asylum seekers.

Two participants related their personal ties to this social justice/immigration work to relationships with family members who may have perpetuated the disenfranchisement of others. One described an ancestral connection to Southern slaveholders, as well as their relationship with a grandmother, who they described as having white supremacist values. This participant described hearing their grandmother’s racist rhetoric and reflecting on how it conflicted with their own education and values. They described ways they sought to counteract these values in their own life, such as through social justice work. Another participant described that while their family was marginalized, they also witnessed family members act in a discriminatory way towards another minority group. Both participants noted how they adapted whatever negative ideals they viewed and instead modeled other family members or sought their own education. The latter participant described observing one parent’s generosity with the same group towards which the other parent held negative views, and the profound way this impacted them. The other shared how their experiences within their childhood family prompted her to commit to “multicultural understanding” in their personal life and family rearing.

Finally, four participants identified with family members who were helpers and healers in their respective communities. Of the four, three participants overlapped with families who were persecuted or were immigrants themselves. One identified a Jewish family value of being “raised that you have to repair the world,” which they described was woven through their contributions as a feminist, civil rights activist, and mental health evaluator with asylum seekers. Another

participant shared that their father was a Lutheran minister who organized social justice efforts, such as a food bank for migrant farmworkers. The participant shared,

“That's an example of [father's] nature: One, that he had an eye and a concern for the underdog and two, that he was an organizer and he could make things happen. So he was my role model.”

Another described that their mother worked in a refugee camp. A common theme that arose when discussing personal affiliations with healers was that social justice work and/or activism felt “engrained” in the participants' identity, and they saw it as a common thread through their personal and professional careers.

Personal Drives in Continued Engagement

All participants discussed the inspiration for their continued engagement in immigration work. Firstly, two described their intellectual interest in asylum evaluations, citing interdisciplinary work with attorneys and the use of writing to convey a narrative and “move a judge's heart” as stimulating activities. One shared the forms of extrinsic motivation that inspire him and he imagines influences others as well including the “need to do good.” This participant was in the minority, however, describing the benefits in the domains of professional reputation and financial gain. Secondly, six out of seven participants reported that their investment in conducting evaluations with asylum seekers related to a form of political resistance against perceived injustices. The sole participant whose responses were not in line with this theme described asylum evaluations as just one of the many ways in which he advocates for clients, but noted that his motivations were intellectual/ professional in nature, which will be described below. Of the six who described themes of political resistance, four specifically pointed to

frustration with the current presidential administration as a motivating force. Francine, for example, related her involvement to learning about the mass migration and subsequent deportation of migrant children in 2012. Alice related her motivation to her feelings of political uncertainty following the 2016 election:

“When Trump was elected, [therapists] were, for many reasons, tearing our hair out. We knew this would be trouble for immigration and seeking asylum. So we were left not knowing- were there going to be people to evaluate? Was the court going to listen? Would people get court dates anymore?”

Like Alice and Francine, Erin described how each stage of her increased engagement in asylum work related to her reactions to policies:

“Working on these cases had everything to do with Trump’s election and the worsening of conditions. And my going to El Paso had everything to do with child separation, which I found heartbreaking... and going to Tijuana had everything to do with the humanitarian crisis that’s happening there now.”

Two of six participants described the personal benefits from engaging in asylum work, as one cited that she felt she “could rest” once a case was granted asylum, and the other described evaluations as an “antidote to my depression against [Trump’s] election.”

Perhaps unsurprisingly, of the six participants who related their professional drive to frustrations with immigration policy, three initiated their training in asylum evaluations within a short timeframe of President Trump entering office. The participants who had been engaging in more long-standing work with asylum seekers highlighted similar themes of resistance, but through a broadened lens. For example, Benjamin described how he became motivated to learn how to evaluate asylum seekers when he discovered how important mental health evaluations

were to successful asylum grants. Carl, too described his drive to advocate for the disenfranchised:

“We are doing a direct political intervention to fight that system by taking on any individual case. So as well as being a clinical issue, it is also a political act...The reason I do this is I have a political purpose here and the political purpose is to try and fight the injustices of the world...There is a whole series of scholarly work on how the world has conspired to create nonpersons and non-persons are subject to excessive laws and have absolutely non-rights. The ultimate non-persons are in refugee camps.”

In addition to the themes of resistance, five participants identified the role of activism in this work and in their lives more broadly. For example, one participant described being raised in a family where social justice and “repairing the world” was a “calling.” Two participants similarly described the importance of doing work that they find existentially meaningful, such as Benjamin citing his desire to make “contributions to human rights and welfare [as a] healer and an advocate for justice.” In Carl’s view, his professional life should function along similar rules of a forest ranger who believes “we should leave the world a little better than we found it.” He specifically shared:

“I am a believer that we all have the capacity for evil and destruction, but I am also a believer that we also have the capacity for reparation, so I have always been drawn to situations where there are possibilities of doing well.”

In evaluating the complex theme of activism, there were discrepant views of how one could pull one’s weight. Erin described her conflicting views about using assessment and diagnosis for advocacy in the asylum field:

“I was coming to understand that the majority of people seeking asylum will fail to get asylum... and if they have a psychological evaluation, their chances [of received asylum] are increased even further. It was a very paradoxical thing for me of using a part of my initial training that I actually did not really enjoy [DSM]...So the paradox here was to take the very things which I was very critical of and to use them in the service for these migrants.”

While Erin saw her role of activism as a ‘paradox’ to her preferred clinical practice, she acknowledged that she found it “maybe a little trickster-ish” to use the system she largely disavowed to resist. Carl, too described how his reliance on diagnosis and testing in asylum evaluations called on areas which he found otherwise “oppressive and dangerous” outside of the context of these evaluations. He described his critique of “the folly of doing PTSD diagnosis which is so simplistic and reductionist,” yet shared that “in this case, I can instrumentally use it to do a human good, so I do it.” Benjamin, on the other hand, emphasized how he understood the specific tasks of psychologists through the following analogy:

“I sometimes think of social justice work as being like a big net and my job is to keep this knot in really good shape... but somebody has to be in charge of all these different knots. And so I'm in charge of my knot, but it's very helpful to know that other people are doing the rest of it. And we also find what works for us. I mean, for me... I'm a psychologist, so how can I work? How can I be a psychologist and be socially engaged and responsible? I found a lot of ways to do that, so I think whatever people latch on to, it's good to do that.”

In a similar vein to activism, three participants reported feeling compelled to get involved, which will herein be referred to as the theme of ‘*it had to be me.*’ This theme centered

around the idea that as psychologists, these select participants felt pulled towards using their professional roles and training to contribute to the field, or as Benjamin described it, “keep their knot in good shape.” Francine and Alice both described learning that there was a dearth of trained mental health evaluators working with asylum seekers, and they felt as if “someone has to do this.” Francine further highlighted the profound need for child psychologists who work with families and unaccompanied minors. The other two participants similarly acknowledged they had the skills to complete this work. Finally, one participant reported that he has stopped completing evaluations with asylum seekers since 2017, which he attributed to the legal terrain becoming “too politically fraught.”

The Impact of National Policy & International Trends

Throughout the interviews, participants were asked to reflect on the ways that national policy impacted their work. Four participants exclusively conducted evaluations with asylum seekers during the Trump administration. Of those who entered this field during the current administration, all noted increased awareness about national and international policy. Alice, for example, described how conducting evaluations has made her “much more acutely aware” of the policies and cultures of countries from which asylum seekers originate. In addition to increased awareness of immigration policy and the impact of various regimes on citizens’ wellbeing, three participants discussed how learning about global crises spurred them to become more involved, and even experience guilt when they turned down the opportunity to complete an evaluation. Francine, for example, shared how her anger at current immigration policies motivated her to stay energized. Alice too spoke about how the “desperate” situation did not only pressure her to

take on cases, but also makes her wish others would similarly step up to the plate and contribute, as she described,

“I beat myself up every time I have to turn something down because I feel like this is a really desperate situation now. I wish more people would move forward. And it just frustrates me when I tell my colleagues about this and they don't offer... That [immigration organizations are] always looking for people, there aren't enough people. So, you know, I say- you can do it once a year, there's no requirement! So I think it frustrates me to see other people who aren't extending themselves. I mean, I don't persevere on it, it just makes me more ashamed... just angrier... But I mean there are so many issues so you have to pick one, so I don't blame them. It's more of a frustration. Like two or three hours of your time can make such a difference in somebody's life.”

Erin separately connected her professional engagement to anger at current events, describing how she traveled to detention centers in El Paso, Texas following child separation during the Zero Tolerance policy, and traveled to Tijuana, which had “everything to do with the humanitarian crisis that's happening there now.” Interestingly, all three of these participants had engaged in prior social justice work, but immigration policies ignited further action.

Three participants conducted evaluations years or decades prior to the Trump administration. They described their perceptions about changes in national policy and local judicial practice over time. Carl described the changing demographics of his caseload from more global backgrounds earlier in his career to specifically Central American countries more recently, which he attributed to changing international displacement trends as well as grant funding support for Latinx populations. Two of the three longstanding evaluators described their perception of how local courts viewed the value of psychological evaluations. Benjamin, for

example, described his experiences testifying for cases in the late 1980s. He shared his observation that the primary variable in immigration case outcome over time was not federal policy, but rather the specific judge, as he shared:

“The challenge wasn't so much top-down, as it was attitudes of individual judges- that was what made the difference. And the lawyers would tell you, “Oh, you've got judge so-and-so, that's going to be a tough one,” or “you've got this judge, well, she is much more willing to listen.” ... In fact, in those years, the asylum officers actually had [clinicians] come and do trainings on trauma and post-traumatic stress and how it manifests...So there was a significant sincere interest on the part of the government in that context, to fairly evaluate cases. That was a different time.”

Daniel similarly described foreboding signs of how migration policy has changed since he began this work in the early 1990s, describing:

“If one was smart enough and one wanted to understand what was coming, the immigration courts would be a canary in the coal mine, because things were getting crazier in immigration courts over a period of time; the judges were getting more and more and more deluged with cases they were getting further behind... I also noticed that they started to take less interest in the psychological evaluation, at least from my perspective... Over time, I'd go to court and the attorney would have me scheduled and this started to happen-The judge would say, ‘I've read the report, we don't need any testimony.’ And that was a change.... it just got less and less relevant or they had less patience for it or there was less interest in it. And so there was a problem with immigration that was building for a long period of time.”

When asked to hypothesize about the trends outside of national policy that impacted this work, Carl shared his beliefs about the surge in white supremacy in the United States and Europe. For example, he described how in the face of more violence, the influx of media coverage about asylum seekers may have desensitized the public and dehumanized asylum seekers, sharing:

“There was one case a few years ago where a toddler washed up on a beach in Turkey...It was in all the news. But then, the moment that toddler disappeared from the news it was a non-issue. There are people drowning every week in the Mediterranean.”

In some ways, Carl insinuated that the more overt the crisis, the more flooded and complacent societies may have become.

Self- Identified Strengths and Weaknesses

Participants were asked to describe their self-identified strengths and weaknesses in conducting psychological evaluations with asylum seekers. The first theme related to organization and presentation skills. Four out of seven participants highlighted clinical writing as an important skill, and two of the four further described the importance of good organization.

Daniel pointed to his strength in targeting written reports to the judge, commenting:

“It was really writing as well as I could for the judge. So I would do executive summaries- one of the attorneys taught me to do that upfront, bullet points, a lot of repetition, carefully outlined reports, so the judge could flip through... I don't think a judge ever read the methodology section, but he could go to the methodology section or go to the summary or go to the recommendations or go to the credibility. So and I would write very, very exhaustive reports. My reports tended to be minimal 25 pages and as many as 80 pages.”

Erin shared her desire to make the affidavit a humanizing document through her writing, to stand out among the many papers and pieces of evidence in a case, as she describes:

I wanted to be able to use my writing to convey what a person had been through in a way that would move the judge's heart. And that I find a very interesting challenge- How do you put things how do you work things so you don't overstep your boundaries in terms of your role, but you're still appealing to the humanity and the person that is sitting on the case?"

In addition to writing, six of seven indicated common therapeutic skills as beneficial skills in this line of work, with the remaining participant connecting his skills to forensic training more than therapeutic training. Specifically, three described the importance of diagnostic interviewing, four described the importance of compassion towards asylum seekers, and three defined the crucial role of listening. In exploring these subthemes, three participants emphasized the importance of accurate diagnosis through semi-structured interviewing. All participants, as seasoned clinicians, shared the importance of recognizing trauma, "reading between the lines" during interviews, and obtaining clinical information in a targeted manner to account for the time-limited nature of their work. Benjamin, for example, described the importance of the semi-structured interview:

"Knowing how to do a semi-structured interview is really the core of the process because you have to know what you want to get to, but you also have to get it in as natural a way as possible so as to be able to affirm its validity. It's one thing if you ask a question or you lead a question and you get an answer. It's another thing if someone spontaneously tells you the thing that you were looking for...I would be writing down almost word for

word, *everything* that that person said, word for word, and then my reports would often incorporate direct quotes.”

Regarding compassionate listening, three participants emphasized the value of sitting with unpleasant emotions in, at times, uncomfortable settings, such as a detention center. Benjamin recalled the importance of “a good compassionate engagement” to allow asylum seekers to feel comfortable sharing their stories. Carl attributed this phenomena to a similar skill he referred to as “receptivity,” or learning to listen without judgment or interpretation. Erin too described the importance of sitting with difficult conversations and not “leading people away from what they need to say,” which she related to her deep compassion about asylum seekers. Finally, two of seven discretely labeled their desire to help as a strength in the field, but other participants less overtly spoke to this theme throughout the course of the interview. Benjamin described the importance to truly care about asylum seekers:

“I have high standards for how it [affidavit] comes out because I understand the importance and I am motivated because of its commitment...it’s because of its consistency or congruence with my values and interests and how I want to live in the world.”

After highlighting their strengths, participants were asked to describe their weaknesses or challenges in conducting evaluations with asylum seekers. Four of seven indicated challenges with the forensic nature of these assessments. Two highlighted difficulties assessing credibility of the asylum seeker, one of the primary tasks of the evaluation. Benjamin and Daniel spoke about the importance of asserting, to best of their ability, that asylum seekers' claims were legitimate, and referenced experiences where they were unable to do so and/or they learned

through testifying that a claim was false. Daniel highlighted rare experiences where he would learn in court that an asylee's claims were false:

“The hard part was around credibility... Establishing a feeling like I was being honest and professional in putting my name and profession on the line and saying ‘this is a credible report’... I think a good con artist is a hell of a lot smarter than a good psychologist and it's very, very hard to know that you know what's true, what's not true. I've always struggled with the credibility and then when I was wrong, I would feel taken, I'd feel conned, and I would feel shamed.”

Another participant expressed a desire for more training around credibility assessment prior to entering the field. Outside of assessment skills, two participants noted they had experienced challenges with national US policy and its impact on the work. Some spoke to the long wait times for cases, as well as the hostility and high rejection rates of asylum cases by the southern border. Another discussed the challenging experiences of feeling anger at lawyers, federal/local policy, and rejected cases.

In addition to US policy, three others shared their challenges managing linguistic and cultural competencies to best understand and support their diverse clientele. Carl expressed a desire to be multilingual and extend his travels to the countries from which asylum seekers flee, including Central America, South America, and Africa. Francine and Greta reported that they managed meeting the cultural and diversity needs of asylum seekers by selecting cases from countries with which they are more familiar, such as Central America. Greta described:

“I kinda understand what's going on in Latin America and I don't know a lot about what's happening in Africa, so...I think it's very important which is why I have avoided certain

cases because I don't have it [cultural knowledge]. But I think it's important. And I've educated myself a little.”

Finally, three participants described logistical barriers that inhibit further engagement in the work, such as finding time to work on cases in a part-time capacity, balancing pro-bono work with their employment, and allocating time to write reports and possible testify.

V. Discussion

This study explored psychologists' experiences conducting psychological evaluations with asylum seekers, and detailed their professional training, personal and familial background, and national policy on their experiences. This study additionally sought to apply a model of meaning making to clinicians in investigating how they experience asylum seekers' stories and incorporate it into their own worldview. This section seeks to explore the following robust themes which emerged from the data, with implications for practice and training, including:

- 1) Meaning making among practitioners
- 2) Mediating factors including: time commitment, evaluation setting, years of engagement in the field, and other social justice/ trauma engagement
- 3) Participant advice and wishes for change in the field.

Furthermore, the limitations as well as the implications of the current study will be elucidated. This researcher will also identify future areas for research in addition to suggested implications for clinical training and practice.

Primary Themes

Application of Meaning Making with Practitioners

A primary theme explored throughout this study is the role of meaning making among psychologists who conduct evaluations with asylum seekers. Through thematic analysis, all participants described some component of the meaning making model. As previously described, meaning making, initially theorized by Victor Frankl and expanded by Crystal Park, was presented to participants with the following definition: 'the process of reducing the discrepancies or stressors that are created between the trauma one is exposed to and his/her global

understanding of the world.’ In other words- meaning making reflects the intra-psychic appraisal process of how individuals seek to reduce the discrepancies between a specific instance (i.e. trauma, loss, etc.) and their more global understanding of the world (Frankl, 1946; Park & Folkman, 1997). It is theorized that if meaning is sufficiently made about a discrepant, traumatic event, individuals can return to a well-adjusted state, and if meaning is not made, individuals may become ruminative and take on other maladaptive cognitions. Some participants were able to differentiate between witnessing asylum seekers make meaning, and identifying an internal meaning process within themselves. Addressing the former point, participants were able to identify asylum seeker meaning making as they witnessed asylees describe ways in which they persevered through abhorrent conditions and still maintain hope. They also described how moments of “shared humanity,” such as an asylum seeker hoping to split drinks with the clinician after receiving a grant of asylum, showed the ability of this population to adapt, survive, and make meaning. Others described the conditions that prevented asylum seekers from making meaning, including long wait times for court hearings, detention, family separation, etc. These observations are in line with Park’s model of meaning making and how it can either lead to adaptive responses or perseverative un-adaptive reactions.

Participant responses around intrapersonal meaning making, however, were less centralized. As might be expected, participants described the work as intrinsically meaningful to them in that they felt as if they were contributing to a greater cause in helping this vulnerable population. Surprisingly, some disagreed with the idea that the trauma experienced by asylum seekers, be it torture, violent abuse, or persecution, was able to be meaningful due to its particularly cruel nature. This idea went against the theoretical underpinnings of meaning making, which is that it specifically occurs in the face of trauma, or as Park describes it, a

moment of discrepancy. One possibility is that participants differentiated the types of trauma endured by asylum seekers to the more *ordinary* trauma that the model was written about (illness, grief etc.) Another explanation for participants' reluctance to label work with asylum seekers as meaningful may be the definition of meaning making used in this study. Some participants expressed disagreement with the definition more so than the theory itself, describing how the cognitive/ appraisal language could not fully encapsulate this more personal process. Some highlighted a preference for a more narrative definition of meaning making, and others displayed a desire to incorporate a broader multigenerational approach to this theory.

For participants who did identify a personal meaning process, not all related it uniquely to their evaluations with asylum seekers. The participant pool included psychologists who treated or had worked therapeutically with diverse clientele, and some participants maintained certification in trauma-informed treatments. For many of these clinicians, their worldview had already changed, i.e. meaning had already been made. They reported that through providing longer-term treatment, they were able to bear witness to survivor's stories and incorporate those experiences into their worldview. For others, it took hearing the stories of migrants' resiliency and survival to feel as though their understanding of the world and human nature has changed. Participants described broadened understanding of human cruelty and greed in the hands of oppressive governments or people, as well as human survival and strength amongst asylum seekers. These findings differ from the hypothesis of this study, in that unlike meaning making as Frankl describes it, pertaining to survivors who had traumas imposed on them, the participants in this study have sought to involve themselves in something potentially painful, as well as meaningful. The concept that clinicians are able to make meaning from the stories of others, not

just their personal experiences suggests the possibility of a new concept in the meaning making domain, which I will refer to as “Vicarious Meaning Making.”

Vicarious Meaning Making. Much like the pre-existing theories of vicarious traumatization and vicarious resilience, vicarious meaning making may be used to explain the phenomena of clinician’s worldview being impacted and/or changed by exposure to another’s meaning making experiences (Hernandez, Engstrom, & Gangsei, 2007; Pearlman & Saakvitne, 1995;). As this is an exploratory study, this theme will be specifically applied to psychologists’ experiences with asylum seekers. In more specifically applying Park’s model to psychologists, it appears the domain most impacted through the process of vicarious meaning making are changes in “global meaning” (Park & Folkman, 1997). Unlike direct intra-psychic meaning making, in which a situation must be integrated into a larger worldview, vicarious meaning making lacks exposure to the “situation,” as the traumas endured by asylum seekers already occurred by the time they arrive for their evaluation. Psychologists may, however, seek to incorporate asylum seekers’ traumas as well as their meaning making process into their own worldview. This idea is reflected in two major themes. Firstly, some participants shared that they began to see evil in the world through hearing about persecution (situational meaning) inflicted upon asylum seekers. Secondly, some noted learning about and the human drive and capacity for survival (global meaning), which they viewed as empowering. Both of these examples highlight the process that participants went through to deepen and adapt their meaning of the world through their work with asylum seekers. Finally, outside of the examples provided, participants described finding personal meaning through advocacy, which can be further explored through a meaning making lens.

Mediating Factors & Participant Burnout

Participant responses reflected various mediating factors that impact their work with asylum seekers. A principal dichotomy identified through participant responses was a division between participants who were fully immersed in social justice/immigration work, and those who were more recently introduced to the field and engaged in a more supplemental capacity. While all participants articulated the value of this work, some participants allocated a more significant amount of their time to immigration related work, whether through full-time employment at an immigration agency, supervision and/or training of others, or continued mentorship in immigration work. It appeared that those who spend more time working with asylees or supporting their own professional training reflected most fully in the meaning making domain, autobiographic domain, and in self-reflection about their motivation/drives.

Next, participant responses highlighted the importance of this work within a sociopolitical context. Participants described their attitudes towards lawyers, judges, community attitudes about immigration, national policy and attitudes, and international policies as crucial factors that impacted their training, work satisfaction, and meaning making processes. Unsurprisingly, responses uncovered working in a political domain such as completing affidavits and testimony for asylum seekers, is deeply intertwined with politics. Participants described the importance of politics on a multi-systemic level, ranging from the values of different presidential administrations, federal regulations that inhibited asylum grants, as well as specific judges who either facilitated or impeded cases. They also spoke about the range of experiences working with lawyers, both praising and critiquing their initial interviews and background research prior to the referral to psychologists as well as communication throughout the process.

In relating the pertinent political climate to participant experiences, the following question emerges about participant motivation, which is *why now?* There seems to be a relationship between an individual's perception of desperation/helplessness and a desire to get involved. This is important to highlight for two reasons: Firstly, as public opinion about immigration becomes more and more partisan, it is important to research the implications of this context for professional engagement with asylum seekers. For example, in a recent poll assessing public opinion regarding laws that *prohibit* refugees from entering the US, 60% of those polled opposed this law, but in the breakdown by party, 63% of Republicans favored the law and 75% of Democrats opposed it (Public Religion Research Institute, 2018). Another survey, completed in 2019, similarly found a partisan divide, highlighting that 82% of Democrats and Democratic-learning independents supported allowing immigrants in the country illegally to remain legally compared to only 48% of Republicans or Republican-learning independents (Pew Research Center, 2019). While this study did not directly explore the relationship between political affiliation and clinician motivation, participant responses were consistent with the belief that discontentment with federal policy (that may be linked to political party) impacted their initial drives to get training in asylum evaluations. Secondly, there is value in learning how to mobilize professionals, psychologists or otherwise, to get more involved in social justice causes, and how this may tie into the sociopolitical climate.

The next mediating factor is the location where the assessment of asylum seekers is completed, both geographically as well as the specific site of assessment. Firstly, geographical location vastly impacted the following factors: migrant demographics, connection to other mental health clinicians who conduct asylum evaluations, and the felt presence of the migrant crisis. For example, the participants who worked in the west coast were more directly connected

to the crisis at the southern border, such as one participant who visited the southern border with trainees to directly support detained asylees. On a smaller scale, participants also spoke to the impact of their workplace; some participants conducted evaluations with asylum seekers in immigration-specific clinics, while others worked in their private practice office, in university clinics, or at detention centers (or for some, a combination of these settings). Unsurprisingly, these settings contributed to vastly different experiences. Those who had conducted evaluations in detention centers acknowledged the potential for stress in witnessing unique displays of suffering. Those who worked in immigration-specific clinics or university training clinics were largely embedded in systems of support with like-minded colleagues or trainees who shared their passion for this work. Some also reported connection to other programs, such as interpreter training programs, and were able to join forces to work together. Those who completed evaluations in their private practice offices may have been in the comfort of their own space and the ability to select when they took on a new case, but more frequently described themes of isolation in practice, working with external lawyers, interpreters, and at times lacking peer support.

The next mediating factor of psychologists' experience conducting evaluations relates to their connection to a social justice community. Regardless of context, many participants endorsed the value of joining or creating a social justice community to mitigate the professional and emotional stressors that may accompany engagement in this field of work. Those in formalized organizations, as discussed earlier, had this built into their experiences. One participant who worked in a private practice who did not initially have this connection found a peer support group, which she described as "invaluable." Other participants who did not have peer-support at times found mentorship-based support, whether through continued consultation

with lawyers or psychologists in the field. One garnered support not through her own mentorship, but through training psychology students in conducting evaluations and jointly processing the experience. The participants who worked independently expressed a yearning for professional camaraderie. It is also worth noting that a number of the participants were recruited to this current study through a social justice oriented organization, so this may study have targeted a subsystem of psychologists with shared preferences for community.

Relationship to Professional Burnout

The mediating factors, as discussed in this section, closely relate to the literature about the factors that may impact career burnout. Professional burnout, as initially theorized by Herbert Freudenberger in 1974, represents the workplace experiences that lead to decreased pleasure and increased stress and exhaustion (Freudenberger, 1974). This theory has since been expanded upon to include more specific domains of burnout, such as the inclusion of the following factors: loss of energy, enthusiasm, and confidence in the workplace (Leiter & Maslach, 2005). While this current study did not seek to address professional burnout, this model may be applied in relation to some of the mediating factors already discussed in this section. For example, Leither and Maslach proposed six domains that could be utilized to assess burnout, including the following: workload, control, reward, community, fairness, and values (Leiter & Maslach, 2005). The theme of workload is related to the amount of work and/or frequency of surprising events, and control describes an individual's participation in impactful decisions. For the participants in this study, workload was affected greatly by whether they worked in a full or part-time capacity, as was the level of control they had in case selection. Control seemed to falter, however, in the outcome of the cases, which was a commonly reported source of distress among some

participants. The domains of reward and values can be tied into the meaning making theme, in that most participants defined this work as incredibly meaningful, and most felt rewarded for their engagement. The domain of community fluctuated based on whether participants found support from others also conducting evaluations with asylum seekers, and the domain fairness could be interpreted as whether participants found the expectations of their work fair (which many did) or the supports for asylum seekers fair (which all participants did not). While there has not been research about burnout among psychologists who conduct psychological evaluations with asylum seekers, one study highlighted burnout among immigration judges (Lustig, Karnik, Delucchi, & Tennakoon, 2008). This qualitative study uncovered judges' burnout as it relates to the following themes: workload demands, infrastructural problems (poor resources, lawyers, unfair system, lack of support, etc.), personal psychological health issues, self-esteem challenges, and feelings of fraudulence. Another 2014 paper was focused on asylum evaluators, but more so through the lens of vicarious traumatization over burnout (Mishori, Mujawar, & Ravia, 2014). Mishori's exploratory study highlighted clinician experiences of vicarious traumatization in hearing asylees' stories of survival. It further described the impact of exposure to traumatic narratives on these clinicians, with the results highlighting changes in (i.e. humans can be cruel), feelings, relationships, and work life. The results of this study, while not directly relating to burnout, appear to relate Mishori's findings about the implications of conducting evaluations on the stakeholder's worldview. In this dissertation study, I identified similar themes among clinicians who conduct asylum evaluations, and this points to the need of future studies to continue to explore the connection between vicarious traumatization, burnout, and vicarious meaning making among asylum evaluators.

Participant Advice & Wishes for Change in the Field

While acknowledging all there is to gain and lose through involvement in this field, participants shared their advice for psychologists contemplating working with asylum seekers and refugees, as well as sharing wishes for what could be different. All seven participants shared a similar sentiment for clinicians considering getting involved: “just do it.” Common themes included the belief that social justice work serves as a unique, appropriate, and important role for psychologists. Outside of the professional importance, participants spoke about how they found the work to be personally meaningful, such as one who described:

“It’s the most meaningful work you can do because every time you do it you can potentially save a life. And this is lifesaving work...We go into this work with altruism to give something but no matter how much you give you will always get more. And you get a profound sense of humility and a sense of mission from helping people...I went in with the intention of purely giving and I’ve gotten so much insight, wisdom, and knowledge from doing it that it just amazes me.”

Another described joining the resistance as an antidote to their anger and frustration at injustices in the world.

Additional advice centered around building competencies in the specific clinical skills necessary to complete this task well. For example, participants highlighted the need for training/skills in assessment, diagnosis, clinical writing. Others described the benefits of being informed about global and national news as well as being willing and able to consult with lawyers. They additionally mentioned the importance of honing a cultural and historic knowledge base to best understand clients. Other themes included the importance of finding a professional social justice community to seek support, “emotionally and technically.”

In addition to providing advice to others, participants were given the following prompt; *if you could snap your fingers and make something different about this work, what would it be?*

These responses ranged from specific policy and practice changes, to a societal shift to social justice and a redistribution of resources. Most concretely, participants wished for shorter waitlists for hearings, the improvement or elimination of detention practices, and the ability to integrate therapy into the evaluation. One participant in particular described a more utopian view of societal changes to improve conditions for asylum seekers, sharing the following:

“When [asylum seekers] need to come into our country, there are places where they can stay safely, they are kept together with their family members. And yes- we may need to know where they go like if they're going to join other family members in other places, but we welcome them. *We welcome them.* We try to understand what resources they need, given what they have been through, to make a good life here until they're able to go back to their country if they ever want to do that... What if there were educational institutions, job-training institutions, recovery places where people could grow food and do art?”

In spite of the discrepancies between desired policies and practices and the current reality, participants maintained their enthusiasm about engaging in this field.

Limitations of the Current Study

The reader should consider several limitations in the application and interpretation of the results of this study. The first limitation relates to selection bias and sample size ($n=7$). To meet the criteria for this study, participants had to be licensed psychologists who had conducted five or more asylum evaluations. While the eligibility criteria for participants led to an improved homogeneity of training and experiences, it limited the number of available participants, particularly because any licensed clinician, whether a Ph.D., Psy.D., LCSW, etc., is eligible to

complete these evaluations. This study initially sought 7-10 participants, but in the end, only had 7 due to limited availability of psychologists who met these criteria. Another barrier may have been the specific request for participants to have completed five or more asylum evaluations, without consideration for other immigration cases, such as VAWA, withholding of removal, or other types of immigration applications. It is possible that more participants would have met participation criteria if this study had broader eligibility criteria among the forensic immigration field.

Additionally, due to the exploratory nature of the study, participant selection was not fully randomized. All participants opted-in to the study through snowball sampling or in response to a posting in a social justice organization, Psychologists for Social Justice (PsySR). While this listserv is not specifically targeted towards immigration and asylum concerns, it is advertised for mental health clinicians who are engaged or interested in social justice issues. This perhaps uncovered a biased sample with greater similarity than would be otherwise found in the general population of psychologists who conduct asylum evaluations. For example, psychologists who have had negative experiences conducting evaluations and/or stopped working in the field would not have likely been reached through connection to this network. Additionally, it is possible that those who were actively engaged in the group and responsive to the initial posting may have had greater experience and leadership in this field, and were, therefore, more comfortable reaching out. The selected participants were all senior psychologists who had been in practice for 25-42 years. While this creates a rich depth of clinical experiences, it also may imply some level of clinical expertise that they bring into their work with asylum seekers, which should be considered. Additionally, due to clinician age, ranging from 56-73, there is the possibility of age-related cohort effects that may not be shared from younger/more

novice clinicians. This, therefore, may indicate that the findings are not wholly representative of the average psychologist who has been trained in working with asylum seekers. Further research into whether this area of work attracts a specific demographic (i.e. more senior psychologists) has yet to be explored.

In addition to participant selection, this study's utilization of exploratory qualitative research design with non-random sampling and no control group may further reduce the generalizability of results, and other interview approaches may have elicited different results. Finally, it is of note that I may have presented with bias around some of the topics discussed in this interview, as may have influenced my choice of follow up questions. This was managed by reviewing the interview protocol with committee members. All of these factors should be considered when exploring the generalizability of this current study.

Implications of the Current Study

Research

This study elucidated several areas for future research within this field. Firstly, this study proposed a connection between meaning making and secondhand listener-practitioners, which reflected a theoretical shift expanding upon meaning making as a purely internal experience. Firstly, because this study is one of the only studies examining a meaning making model with clinicians engaged in evaluation of asylum seekers, replication of the findings is merited. This may be through a larger qualitative study with a more diverse participant pool (particularly in age, training background, and geographic area), or through a quantitative survey study. The latter would seek to improve the generalizability of this study and the related findings. Furthermore, while this exploratory study highlights that participants were in fact impacted by their work with asylum seekers in a meaningful way, future research could expand upon this study and seek to

further connect ways in which secondhand exposure to stories of trauma and resilience from asylum seekers impact the many stakeholders involved in their care, including judges, lawyers, clinicians, interpreters etc. Following this logic, it would be interesting for a future study to examine the possible connection between the proposed theory of vicarious meaning making with other theories about the vicarious transmission of experiences, such as vicarious traumatization or vicarious resilience.

A second area to be expanded upon in future research relates to professionals' full or part-time transition to humanitarian work. While this study began to describe clinicians' experiences conducting low-fee or pro-bono work within the social justice domain, it reflected a larger question: *how did participants find themselves in this professional, social-justice oriented domain?* This study sought to answer this question by assessing participants' autobiographical connections to the field, which highlighted themes including immigration history, ancestral survival of oppression, familial enablement or direct oppression to others, and/or role model engagement in helping others. While this line of questioning uncovered why some seek to contribute to a social justice cause, it opened the door to a further exploration about why people, whether in the field of psychology or otherwise, bring themselves to engage professionally in humanitarian causes. Looking into this question may be accomplished through a future study expanding the inclusion criteria (i.e. including other professions who engage in asylum work) or through the creation of a larger scale quantitative survey study of those who have already made a career changes. This area of study could expand the understanding of *why* professionals seek to spend (or are financially able to spend) part-time or full-time in lower paying work, but may also be used in learning how to best incentivize professionals to make the switch, whether full or part time, to promote meaningful social justice engagement.

Additionally, a third direction for future research would include exploring possible mitigating factors in people's drive and engagement in working with asylum seekers. Some mediating factors may include the following: political affiliation, clinical theoretical orientation, age, primary clinical practice focus, etc. While some participants spoke overtly about these themes, further questioning would highlight whether these affiliations, if not others, may impact their drives. A fourth and final area of inquiry might look at the experiences of mentors, trainers, and organizations that train clinicians in how to evaluate asylum seekers. This would seek to complete a more in-depth analysis about the ways in which clinicians are adequately professionally and personally prepared for this work.

Clinical Practice & Training

This study highlights important considerations for future practice within this field. Primarily, psychologists or mental health clinicians interested in seeking involvement in forensic evaluations may note the many possible routes of training. As participants described, there are a variety of ways to seek training, as conducting this type of forensic evaluation in many states does not require additional licensure. Training may occur through personal mentorship from fellow mental health clinicians, lawyers, or professional organizations (such as PHR or HealthRight). All of these options allow clinicians to receive diverse yet adequate training to become an evaluator with asylum seekers. It is also notable that some participants went on to supervise others. As this study highlighted, there is a stark need in this field for engagement of practitioners to complete evaluations as well as trainers to recruit and train more clinicians. This can hopefully motivate psychologists considering getting involved in conducting evaluations to seek out training or mentorship, as well as to support psychologists who have already conducted a number of evaluations to consider supervising others.

In line with training, participants in this study also noted the importance of feeling supported in discussions about their political and personal beliefs about engaging with immigration advocacy. While only some participants worked continuously with social justice organizations with like-minded practitioners involved in a similar line of work, many endorsed the importance of creating/finding a community to garner support. If they do not have this already, psychologists who work part-time with asylum seekers may consider finding a peer supervision group, online social justice community (such as PsySR, SPSSI, select divisions of the APA, etc.) or a mentor to consult about challenging cases to best promote engagement and limit the possible effects of burnout.

In addition to the different routes of training and maintaining interest in this work, psychologists may also consider participant advice about the challenges and benefits of engagement in this field. With a strong emphasis on “*just do it*,” participants wished to share their passions with fellow clinicians, hoping to inspire a new generation of social justice advocates in the field. This push, coupled with the idea of vicarious resilience and vicarious meaning making, may seek to inspire clinicians to create time in their schedules for pro-bono social justice work.

VI. References

- American Immigration Council. (2019). An Overview of U.S. Refugee Law and Policy.
American Immigration Council.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: American Psychiatric Association.
- American Psychological Association (2012). Crossroads: The psychology of immigration in the new century. Retrieved from <http://www.apa.org/topics/immigration/report.aspx>
- Aron. A. (1992). Applications of psychology to the assessment of refugees seeking political asylum. *Applied Psychology: An International Review*, 41(1), 77-91.doi: 10.1111/j.1464-0597.1992.tb00687
- Asylum Eligibility and Procedural Modifications of 2019, 8 C.F.R.§208 (2019)
- Braun, V., & Clarke, V. (2012). Thematic analysis. *APA Handbook of Research Methods in Psychology*, 2. doi: 10.1037/13620-004
- Burnett. A., & Thompson, K. (2005) Enhancing the Psychosocial Well-Being of Asylum Seekers and Refugees. In K. H. Barrett & W. H. George (Eds.), *Race, culture, psychology, & law* (pp. 205-224). Thousand Oaks, CA: Sage Publications, Inc.
- Chu, T., Keller, A. S., & Rasmussen, A. (2013). Effects of post-migration factors on PTSD outcomes among immigrant survivors of political violence. *Journal of immigrant and minority health*, 15(5), 890-897.
- Coffey, K. (2001). The due process right to seek asylum in the United States: The immigration dilemma and constitutional controversy. *Yale Law & Policy Review*, 19, 303-339

- Connor, P., & Krogstad, J. M. (2018). US resettled fewer refugees than rest of world in 2017 for first time. Retrieved from <https://www.pewresearch.org/fact-tank/2018/07/05/for-the-first-time-u-s-resettles-fewer-refugees-than-the-rest-of-the-world/>.
- Davidson, G. R., Murray, K. E., & Schweitzer, R. (2008). Review of refugee mental health and wellbeing: Australian perspectives. *Australian Psychologist*, 43(3), 160-174.
- Davidson, G. R., Murray, K. E., & Schweitzer, R. D. (2010). Review of refugee mental health assessment: Best practices and recommendations. *Journal of Pacific Rim Psychology*, 4, (1), 72-85
- Ellis Island Foundation, Inc. (n.d.). Immigration Timeline. Retrieved from <https://www.libertyellisfoundation.org/immigration-timeline>
- Eisenbruch, M. (1988). The mental health of refugee children and their cultural development. *International Migration Review*, 22, 282-300. doi:10.2307/2546651
- Fortune. (2015, November 20). Here's Fortune's 1938 survey on U.S. views of Jewish refugees. Retrieved from <https://fortune.com/2015/11/18/fortune-survey-jewish-refugees/#jewish-refugees>
- Frankl, V.E. (1946). *Man's search for meaning*. Boston: Beacon Press.
- Freed, D. (2005). Assessment of asylum seekers. In K. H. Barrett & W. H. George (Eds.), *Race, culture, psychology, & law* (pp. 177-193). Thousand Oaks, CA: Sage Publications, Inc.
- Freudenberger, H. J. (1974). Staff burn-out. *Journal of social issues*, 30(1), 159-165.
- Gangsei, D., & Deutsch, A. C. (2007). Psychological evaluation of asylum seekers as a therapeutic process. *Torture: quarterly journal on rehabilitation of torture victims and prevention of torture*, 17(2), 79-87.

Helton, A. C. (1983). Political asylum under the 1980 Refugee Act: An unfulfilled promise. *U. Mich. JL Reform*, 17, 243

Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of traumatic stress*, 5(3), 377-391.

Hernández, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. *Family process*, 46(2), 229-241.

Immigration. (n.d.). Retrieved from <https://www.whitehouse.gov/issues/immigration/>

Istanbul Protocol : Manual on the effective investigation and documentation of torture and other cruel, inhuman, or degrading treatment or punishment. (1999).New York: United Nations.

Jordan, M. (2018, July 03). Court Blocks Trump Administration From Blanket Detention of Asylum Seekers. *New York Times*. Retrieved July 8, 2018, from <https://www.nytimes.com>

Kleij, W. C., Hovens, J. E., & Rodenburg, J. J. (2001). Posttraumatic stress symptoms in refugees: Assessments with The Harvard Trauma Questionnaire and The Hopkins Symptom Checklist-25 in different languages. *Psychological Reports*, 88(2), 527. doi: 10.2466/pr0.88.2.527-532

Lazarus, E. (1883). *Statue of Liberty* [Inscription]. New York, New York.

Leiter, M. P., & Maslach, C. (2005). *Banishing burnout: Six strategies for improving your relationship with work*. Hoboken, NJ: John Wiley & Sons.

- Luiselli, V. (2017). *Tell me how it ends: An essay in 40 questions*. Minneapolis, MN: Coffee House Press.
- Lustig, S. L., Karnik, N., Delucchi, K., & Tennakoon, L. (2008). Inside the judges' chambers: Narrative responses from the National Association of Immigration Judges stress and burnout survey. *Georgetown Immigration Law Journal*, 23, 57.
- Masten, A.S., & Coatsworth, J.D. (1998). The development of competence in favorable and unfavorable environments: Lessons from successful children. *American Psychologist*, 53, 205–220.
- Meffert, S. M., Musalo, K., McNiel, D. E., & Binder, R. L. (2010). The role of mental health professionals in political asylum processing. *The Journal of the American Academy of Psychiatry and the Law*, 38, 479– 89. Retrieved from <https://repository.uchastings.edu/cgi/viewcontent.cgi?>
- Mishori, R., Mujawar, I., & Ravia, N. (2014). Self- reported vicarious trauma in asylum evaluators: A preliminary survey. *Journal of Immigrant and Minority Health*, 16, 1232– 1237.
- Morse, J.M., & Richards, L. (2002). *Readme first for a user's guide to qualitative methods*. Thousand Oaks, CA: Sage Publications
- Nietzsche, F. W., & Large, D. (1998). *Twilight of the idols, or, how to philosophize with a hammer*. Oxford: Oxford University Press.
- Park, C. L. (2010). Making sense of the meaning literature: an integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin*, 136(2), 257.

- Park, C. L. (2013). The meaning making model: A framework for understanding meaning, spirituality, and stress-related growth in health psychology. *European Health Psychologist, 15*(2), 40-47.
- Park, C. L., & Ai, A. L. (2006). Meaning making and growth: New directions for research on survivors of trauma. *Journal of Loss and Trauma, 11*(5), 389-407.
- Park, C. L., & Fenster, J. R. (2004). Stress-related Growth: Predictors of Occurrence and Correlates with Psychological Adjustment. *Journal of Social and Clinical Psychology, 23*(2), 195-215. Retrieved from <https://search-proquest-com.proxy.libraries.rutgers.edu/docview/224671071?accountid=13626>
- Park, C. L., & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology, 1*(2), 115-144.
- Pearlman, L. A., & Saakvitne, K. W. (1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized, 23*, 150-177.
- Perez Foster, R. (2001). When immigration is trauma: Guidelines for the individual and family. *American Journal of Orthopsychiatry, 71*(2), 153-170.
- Pew Research Center. (2019) American's immigration policy priorities: Division between and within two parties" Retrieved from <https://www.pewresearch.org/fact-tank/2019/11/12/americans-immigration-policy-priorities-divisions-between-and-within-the-two-parties/>

Porter M, & Haslam N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: a meta-analysis.

Journal of the American Medical Association, 294(5):602–12.

Public Religion Research Institute. (2018). American Values Survey. “Do you strongly favor, favor, oppose, or strongly oppose...[p]assing a law to prevent refugees from entering the U.S.” Retrieved from [https://www.prri.org/wp-](https://www.prri.org/wp-content/uploads/2018/10/AVS-2018-Topline-COMBINED.pdf)

[content/uploads/2018/10/AVS-2018-Topline-COMBINED.pdf](https://www.prri.org/wp-content/uploads/2018/10/AVS-2018-Topline-COMBINED.pdf)

Ray, S. B. (2013). Optimal Asylum. *Vanderbilt Journal of Transnational Law*, 46(5).

Rojas-Flores, L., Clements, M. L., Hwang Koo, J., & London, J. (2017). Trauma and psychological distress in Latino citizen children following parental detention and deportation. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(3), 352.

Romero, S., & Jordan, M. (2018, June 12). On the border, a discouraging new message for asylum seekers: Wait. *New York Times*. Retrieved July 8, 2018, from <https://www.nytimes.com>

Shear, M., & Kanno-Youngs, Z. (2019, July 15). Most Migrants at Border With Mexico Would Be Denied Asylum Protections Under New Trump Rule. *New York Times*.

Retrieved from <https://www.nytimes.com>

Semple, K. (2018, April 30). U.S. lets a few members of a migrant caravan apply for asylum.

New York Times. Retrieved July 8, 2018, from <https://www.nytimes.com>

Statement of APA CEO Arthur C. Evans Jr., PhD, at a Press Conference on the

Administration’s Immigrant Family Separation Policy. (2018, June 24). Retrieved

July 11, 2018, from <http://www.apa.org/news/press/response/family-separation.aspx>

Statement of APA President Regarding the Traumatic Effects of Separating Immigrant Families. (2018, May 29). Retrieved July 13, 2018, from <http://www.apa.org/news/press/releases/2018/05/separating-immigrant-families.aspx>

Steger, M. F., & Park, C. L. (2012). The creation of meaning following trauma: Meaning making and trajectories of distress and recovery. *Trauma Therapy in Context: The Science and Craft of Evidence-Based Practice.*, 171–191. doi: 10.1037/13746-008

Strauss, A., & Corbin, J. M. (1990). *Basics of qualitative research: Grounded theory procedures and techniques* (2nd ed.). Newbury Park, Calif.: SAGE Publications, Inc.

Sugiyama, S. (2018, June 19). Doors for refugees close as displaced population soars, U.N. says. *New York Times*. Retrieved August 7, 2018, from <https://www.nytimes.com>

Tribe, R. (2002). Mental health of refugees and asylum-seekers. *Advances in psychiatric treatment*, 8(4), 240-247.

Tribe, R. (2005). The mental health needs of refugees and asylum seekers. *The Mental Health Review*, 10, (4), 8-15.

UN General Assembly, *Convention Relating to the Status of Refugees*, 28 July 1951, United Nations, Treaty Series, vol. 189, p. 137, available at: <https://www.refworld.org/docid/3be01b964.html> [accessed 20 June 2019]

UNHCR. (2019, June). Statistical Yearbooks; Figures at a Glance. Retrieved from <https://www.unhcr.org/en-us/figures-at-a-glance.html>.

U.S. Citizenship and Immigration Services. (n.d.). Humanitarian. Retrieved from
<https://www.uscis.gov/humanitarian>

U.S. Citizenship and Immigration Services. (2013, September 23). Post-9/11. Retrieved from
<https://www.uscis.gov/history-and-genealogy/our-history/agency-history/post-91>.

U.S. Department of Health & Human Services. (n.d.). Office of Refugee Resettlement.
Retrieved from <https://www.acf.hhs.gov/orr/refugees>.





































































































































U.S. Department of Homeland Security. (n.d.). Along U.S. Borders. Retrieved from
<https://www.cbp.gov/border-security/along-us-borders>.






































































































































U.S. Department of Homeland Security. (2017). The 2017 yearbook of immigration statistics. In
American Immigration Council analysis of governmental data. Retrieved from
https://www.dhs.gov/sites/default/files/publications/yearbook_immigration_statistics_2017_0.pdf










































































































U.S. Department of Homeland Security (2018). 2016 Yearbook of Immigration Statistics. In
American Immigration Council analysis of governmental data. Retrieved from
<https://www.dhs.gov/immigration-statistics/yearbook/2016>

World Health Organization (2019). International Statistical Classification of Diseases and
Related Health Problems (11th ed.). <https://icd.who.int/>

VII. Tables

Theme: Introduction/ Training in Psych Assessments with Asylum Seekers	Participant Responses
Introduced to asylum work through colleagues or interdisciplinary mentor	      
Trained by human rights organization (PHR or HealthRight)	      
Trained at human rights organization <u>and</u> went on to conduct Asylum evaluations in a part-time capacity	      
Trained at human rights organization <u>and</u> went on to supervise/ train others in asylum evaluations	      
Trained by mentors/ colleagues	      
Trained by mentors/ colleagues <u>and</u> went on to conduct asylum evaluations in a part-time capacity	     
Trained by mentors/ colleagues <u>and</u> went on to supervise/train others in asylum evaluations	      
Theme: Role Identification and Conflict	Participant Responses
Differentiated roles between asylum evaluator and psychotherapist	      
Experienced role conflict between therapist and evaluator	      
Emphasized need for therapeutic frame/ skills during assessment	      
Viewed significant role as evaluator	      
Viewed significant role as bearing witness	      
Viewed significant role as “fellow human”	      
Viewed significant role as “accompaniment”	      
Theme: Use of Language and Interpreters	Participant Responses
Conducted evaluations with asylum seekers from diverse cultural and linguistic backgrounds	      
Conducted evaluations in a language besides English	      
Worked with a range of interpreters during asylum evaluation(professional, community members, family/ friend)	      
Emphasized importance of preparing interpreter for evaluation	      
Endorsed barriers around language during evaluation with asylum seeker, even with interpreters present	      

Theme: Meaning Making	Participant Responses
Aligned with some component of provided meaning making definition	      
Denied conscious connection with meaning making model	      
Described engaging in meaning making model prior to and/or outside of work with asylum seekers	      
Made meaning of work with asylum seekers through heightened awareness of cruelty in world	      
Made meaning of work with asylum seekers through witnessing asylee resilience	      
Made meaning through viewing conducting asylum evaluations as meaningful	      
Theme: Autobiographical Connections	Participant Responses
Denied conscious connection between personal history and asylum work	      
Identified family history of persecution	      
Identified family history of immigration	      
Identified personal ties to social justice/ immigration work among family members	      
Identified family members as “helpers”	      
Identified ancestors who perpetuated disenfranchisement of others	      
Theme: Drives and Engagement	Participant Responses
Intellectual Interest	      
Extrinsic factors (i.e. professional reputation, finances)	      
Political Resistance	      
Frustration with current presidential administration	      
Personal, psychological benefit	      
Value of activism in work and life more broadly	      
<i>It had to be me</i> mentality	      

Theme: Impact of National & International Policy	Participant Responses
Began conducting evaluations since 2016 presidential election	      
Inspired to conduct evaluations as a result of learning about global crises	      
Among those who conducted psychological evaluations prior to 2016, noted changes in court system over time	      
Theme: Self-Identified Strengths & Weaknesses	Participant Responses
Strength in clinical writing	      
Strength in therapeutic skills more broadly	      
Strength in forensic skills	      
Strength in recognizing trauma and related symptoms	      
Strength in bearing witness to unpleasant emotions	      
Strength in strong desire to help others	      
Challenges with forensic nature of evaluations	      
Challenges assessing credibility	      
Challenges emotionally processing impact of US policy on work	      
Challenge working with lawyer	      
Challenges managing cultural/ linguistic considerations	      
Challenges with logistics (sufficient time, pro-bono nature of work, report writing, testifying, etc.)	      

VIII. Appendices

Appendix A.

Recruitment Email

Seeking Clinical/ Counseling Psychologists who have conducted psychological evaluations with asylum seekers in the United States.

I am writing to seek participants for a study about how psychologists make meaning of their work with refugees and asylum seekers. If you are a licensed clinical or counseling psychologist who has conducted at least 5 psychological evaluations with asylum seekers, please consider participating in this doctoral dissertation study at the Rutgers Graduate School of Applied and Professional Psychology (GSAPP).

Participants will be interviewed about their initial exposure, training, and experiences with conducting these assessments and how these perceptions have changed over time.

Interviews will last around 60 minutes and will be conducted in person at a location convenient for the participant. The participant will be asked to complete a brief demographic questionnaire in addition to the interview. All interviews will be audio recorded to ensure accuracy in transcription, and all participant information will be kept confidential in compliance with IRB policies and procedures. Participants will not be compensated for this study.

If you or anyone you know may be interested in participating or learning more about the study please contact Hanna Schwartzbaum, Psy.M. at 914.433.4017 or at hschwartzbaum@gmail.com for more information.

Study on Meaning Making with Asylum Seekers
Hanna Schwartzbaum, Psy.M.
Graduate School of Applied and Professional Psychology
Rutgers University
914.433.4017
hschwartzbaum@gmail.com

Appendix B.

Screening Script

“Thank you for your consideration in participating in my study. I have a few questions to ask to confirm that you meet criteria for the study:”

1) Are you a licensed Psychologist

a) Is your degree in Clinical or Counseling Psychology?

Inclusion: **YES**

2) Have you conducted psychological evaluations for asylum seekers?

Inclusion: **YES**

3) How many have you conducted?

Inclusion: **>5**

If participant meets inclusionary criteria:

“Thank you. You meet the criteria for the study. Let me share with you some details about participation. The purpose of this study is to assess how psychologists make meaning of their work with asylum seekers over time. The next steps would be for us to find a time to meet in person or on Doxy.me to complete a brief demographic questionnaire and an in person interview that is anticipated to take around 1 to 1.5 hours. Your participation will be voluntary and you have the right to stop participation at any time. All interviews will be audio recorded so that I can later transcribe and analyze the data from the interview. All of your identifying information, including the demographic questionnaire, will be removed from the transcription and any other written materials prior to transcription to best protect your privacy. None of your identifying information will be used in the study with the exception of the demographic information you provide.

Do you have any questions? Are you still interested in participating? “

Proceed to schedule time and location convenient for participant

If participant does **not** meet inclusionary criteria:

“Thank you. At this point you do not meet the inclusionary criteria for this study. I appreciate your time!”

Appendix C.

Informed Consent Agreement and Privacy Statement

You are invited to participate in a research study called “Searching for Refuge: *How Psychologists Make Meaning of Their Work with Asylum Seekers in a Turbulent Sociopolitical Climate.*” Before you agree to participate in this study, you should know enough about it to make an informed decision. You should be satisfied with the answers before you agree to be in the study.

Purpose of Study:

The proposed exploratory study is being conducted by Hanna Schwartzbaum, Psy.M., who is a graduate student at the Graduate School of Applied and Professional Psychology (GSAPP) at Rutgers University and is conducting this study as a fulfillment of dissertation and doctoral requirements. The purpose of this research is to determine how psychologists understand and make meaning of their work conducting asylum evaluations with refugees. Approximately 7-12 subjects will participate in the study, and each individual's participation will last approximately 1 hour.

Study Procedures & Confidentiality:

Participation in this study will involve participating in a brief phone screen, completing a brief demographic questionnaire, and participating in a semi-structured interview. If you wish to be provided the general results of the study, you are welcome to notify the PI and this information will be shared with you at the completion of the study.

Interviews will be audio recorded and transcribed to ensure accurate transcription and authenticity of data obtained. The recorded interview will be transcribed within one month and the recording will be destroyed after the transcription is complete. The PI will maintain transcripts of interviews in an IRB compliant password protected computer and in an encrypted electronic files. These materials will be destroyed within three years from completing the study.

The research team and the Institutional Review Board at Rutgers University are the only parties that will be allowed to see the data, except as may be required by law. If a report of this study is published, or the results are presented at a professional conference, only group results will be stated. All study data will be kept for three years and then all identifying information will be destroyed.

Risks:

The semi-structured interview will assess memories and experiences relating to conducting asylum evaluations, which the PI believes to be an empowering and thought-provoking experience for participants. It is, however, considered a risk that recalling difficult professional experiences may contribute to distress. Because of this, it is important that the participant notify the PI about these reactions immediately so they may discuss possible counseling referrals, if necessary. It is of note that the study will not pay for any recommended services, and the participant would be responsible for such services.

An additional risk of participation includes is the small risk that someone other than us obtains your information or identity or that your answers may contain information that could identify you.

MEANING MAKING WITH ASYLUM SEEKERS

We will take many steps to prevent this, as previously described; All of your information will be a protected computer which no one outside of the investigator will have access to. After three years, we will remove your name and number and destroy anything that links you to participation in the study. If you have concerns about potential harm, please consult with the PI immediately so she can discuss concerns and ways to limit identifying information in interviews.

Benefits:

Your participation in the study will help us and the public understand psychologists experiences with asylum seekers as well as ways in which psychotherapists make meaning of their professional work; the information shared has the potential to inform training, practice, and supervision for future psychologists who are interested in becoming involved in forensic work, and may be considered when informing policy on treatment of asylum seekers and professional training opportunities for psychologists.

Additionally, it is anticipated that participation in this study may allow for meaningful reflection about your practice and professional growth over time. There is no compensation for participating in the study.

Research Standards and Rights of Participants

Participation in this study is **voluntary**. You may choose not to participate, and you may withdraw at any time during the study procedures without any penalty to you. In addition, you may choose not to answer any questions with which you are not comfortable.

You may contact the PI or the PI's dissertation chairperson at any time at the contact information listed below if you have questions, concerns, or comments regarding participation in this study.

Hanna Schwartzbaum, Psy.M. (Investigator)
Rutgers University
Graduate School of Applied and Professional Psychology
152 Frelinghuysen Road
Piscataway, NJ 08854
Phone: 914.433.4017
Email: hschwartzbaum@gmail.com

Monica Indart, Psy.D. (Chairperson)
Rutgers University
Graduate School of Applied and Professional Psychology
152 Frelinghuysen Road
Piscataway, NJ 08854
Phone: 973.762.6878
Email: monica.indart@gmail.com

If you have any questions about your rights as a research subject, please contact an IRB Administrator at the Rutgers University, Arts and Sciences IRB:

Institutional Review Board

MEANING MAKING WITH ASYLUM SEEKERS

Rutgers University, the State University of New Jersey
Liberty Plaza / Suite 3200
335 George Street, 3rd Floor
New Brunswick, NJ 08901
Phone: 732-235-2866
Email: humansubjects@orsp.rutgers.edu

You will be given a copy of this consent form for your records.

I have read and understood the contents of this consent form and have received a copy of it for my files. By signing below, I consent to participate in this research study:

Subject (Print) _____

Subject Signature _____ Date _____

Principal Investigator Signature _____ Date _____

Appendix D.

Consent for Audio Taping

You have already agreed to participate in a research study entitled: Searching for Refuge: *How Psychologists Make Meaning of Their Work with Asylum Seekers in a Turbulent Sociopolitical Climate* conducted by Hanna Schwartzbaum, Psy.M.. The investigator is asking for your permission to allow us to record your interview as part of that research study. It is mandatory to agree to audio recording to participate in the study

The recording(s) will be used for transcription and analysis by the primary investigator. The investigator will make a typed document of everything that is on the audio of the interview and then destroy the audio recording after the study is completed.

The written document of the material on the audio recording of your interview will include a study ID number assigned to you any identifying information you discuss during the interview. These transcriptions will not be shared with anyone outside the research team and stored on a password protected computer. If you say anything that you believe at a later point may be hurtful and/or damage your reputation, then you can ask the interviewer remove certain text from the dataset/transcripts.

Your signature on this form grants the investigator named above permission to record you as described above during participation in the above-referenced study. The investigator will not use the recording(s) for any other reason than that/those stated in the consent form without your written permission.

Subject (Print) _____

Subject Signature _____ Date _____

Principal Investigator Signature _____ Date _____

Appendix E.

Oral Informed Consent Script

To be utilized by those conducting web-based interviews

You are invited to participate in my dissertation study called “Searching for Refuge: How Psychologists Make Meaning of Their Work with Asylum Seekers in a Turbulent Sociopolitical Climate.” Before you agree to participate in this study, you should know enough about it to make an informed decision. You should be satisfied with the answers before you agree to be in the study.

The proposed exploratory study will be conducted by me, Hanna Schwartzbaum, who is a graduate student at the Graduate School of Applied and Professional Psychology (GSAPP) at Rutgers University as a fulfillment of my dissertation and doctoral requirements. The purpose of this research is to determine how psychologists understand and make meaning of their work conducting asylum evaluations with refugees. I will interview approximately 7-12 subjects in the study, and each individual's participation will last approximately 1 hour.

Participation in this study involved participating in a brief phone screen that we have already completed. Additionally, during today's web-based interview, we will complete a brief verbal demographic questionnaire, and engage in a semi-structured interview. If you wish to be provided the general results of the study, you are welcome to notify me and this information will be shared with you at the completion of the study.

Interviews will be audio recorded and transcribed to ensure accurate transcription and authenticity of data obtained. The recorded interview will be transcribed within one month and the recording will be destroyed after the transcription is complete. I will maintain transcripts of interviews in an IRB compliant password protected computer and in an encrypted electronic files. These materials will be destroyed within three years from completing the study. The research team and the Institutional Review Board at Rutgers University are the only parties that will be allowed to see the data, except as may be required by law. If a report of this study is published, or the results are presented at a professional conference, only group results will be stated. All study data will be kept for three years and then all identifying information will be destroyed.

The semi-structured interview will assess memories and experiences relating to conducting asylum evaluations which I believe to be an empowering and thought-provoking experience for participants. It is, however, considered a risk that recalling difficult professional experiences may contribute to distress. Because of this, it is important that the participant notify me about these reactions immediately so that I may assist in providing possible referrals for support, if necessary. It is of note that the study will not pay for any recommended services, and the participant would be responsible for such services.

An additional risk of participation includes is the small risk that someone other than us obtains your information or identity or that your answers may contain information that could identify you. I will take many steps to prevent this, as previously described; All of your information will be stored on a protected computer which no one outside of the investigator will have access to. After three years, I will remove your name and number and destroy anything that links you to participation in the study. If you have concerns about potential harm, please consult me immediately so I can discuss concerns and ways to limit identifying information in interviews.

Your participation in the study will help us and the public understand psychologists experiences with asylum seekers as well as ways in which psychotherapists make meaning of their professional work; the information shared has the potential to inform training, practice, and supervision for future psychologists who are interested in becoming involved in forensic work, and may be considered when informing policy on treatment of asylum seekers and professional training opportunities for psychologists. Additionally, it is anticipated that participation in this study may allow for meaningful reflection about your practice and professional growth over time. There is no compensation for participating in the study.

Participation in this study is voluntary. You may choose not to participate, and you may withdraw at any time during the study procedures without any penalty to you. In addition, you may choose not to answer any questions with which you are not comfortable.

You may contact the me or my dissertation chairperson, Dr. Monica Indart, at any time if you have questions, concerns, or comments regarding participation in this study. She is reachable at 973.762.6878 or monica.indart@gmail.com.

You may also contact the Rutgers Institutional Review Board at 732-235-2866 or humansubjects@orsp.rutgers.edu.

Do you have any questions about this research? Do you agree to participate? May I record our discussion?

If so, let's begin:

Appendix F.

Demographic Questionnaire

1. Age:
2. Gender:
3. Racial/ Ethnic Background:
4. Professional Degree(s):
 - a. Years in practice since licensure:
 - b. Orientation:
 - c. Level and type of forensic training:
5. Year began Asylum Evaluations:
6. Date of Most Recent Assessment:
7. Supervision and/ or mentorship received?
8. Asylum evaluations conducted pro bono or fee for service?
9. How do you receive referrals for asylum evaluations
 - a. Private attorneys
 - b. Legal clinics
 - c. Immigration-focused organizations (AFSC, PHR, HealthRight, HRC, etc.)

Participant code:

Appendix G.

Semi-structured Interview Protocol

Participant Code: _____

To be stored separately:

Introductory questions

The field of forensic immigration interviews covers a breadth of categories, including asylum evaluations, withholding of removal, convention against torture, humanitarian visas, and VAWA. Which of these cases have you worked with? For the sake of this study, we will be focusing on your experiences and reflections about asylum evaluations, specifically.

- 1) Tell me about how you were introduced to the field of asylum work?
- 2) What factors motivated you to begin engaging in forensic asylum work? What initially inspired you about working with asylum seekers/ refugees?
 - a) What about working forensic role?
- 3) Did you receive any formal training or supervision?
 - a) What was your training like, if applicable?
- 4) How much discussion was facilitated to address your attitudes, responses, and beliefs about asylum work or forensic evaluations?
- 5) Tell me about your experience, if any, receiving supervision and/ or mentoring experiences?
 - a) Do you still regularly consult with a supervisor or mentor? If so, tell me what factors motivate you to seek consultation?
 - b) Do you provide supervision and/ or mentoring to psychologists new to asylum work? What have you learned from these experiences?
- 6) Around how many cases have you been involved with? What are the typical demographics of cases you see? (Age, Gender, Country of origin, Reason for referral)
- 7) How do you prepare for asylum cases?
 - a) Have you ever decided not to take a case? What led to that decision?
 - b) Have you testified in immigration hearings? Telephonically? In person?

MEANING MAKING WITH ASYLUM SEEKERS

- i) What were these testimony experiences like for you? How did you prepare for them?
- 8) How do you consider the role of social/ cultural competency in this work?
 - a) Did you receive training or supervision in this regard?
 - b) How do you address language differences in evaluations? Do you speak other languages or have a translation service?
- 9) What have the case outcomes broadly been (if you know)?
 - a) How have you learned about the outcomes? Are there instances in which you have not known the outcome? What was that like for you?
- 10) What is it like doing this work? What about your experiences stand out for you?
 - a) Did you ever experience role conflicts and/ or role ambiguity? How do you reconcile these conflicts/ ambiguity?
- 11) How do you view your role in this work?
- 12) Are there any cases that particularly stay with you?
 - a) Do you have memories, thoughts, or mental images about this person that pop into your mind?
 - b) How do you feel this person influences your work today?

Meaning making

The idea of meaning making stems from Victor Frank's original theory in *Man's Search for Meaning*. Crystal Park defines meaning making as the process of reducing the discrepancies/ stressors between the trauma one is exposed to and his/her global understanding of the world.

- 13) What does "meaning making" mean to you? How do you define it for yourself?
- 14) Do you feel it's necessary to make meaning of suffering in order to keep engaged with this work?
- 15) Have you found yourself searching to make meaning of the narratives you hear/ encounter? How so?
- 16) People involve themselves in specific lines of work for a variety of reasons. Is there anything in your personal history (autobiography) that connects you to this work?
- 17) What do you believe fuels your continued interest in this work?

MEANING MAKING WITH ASYLUM SEEKERS

- 18) Have the varying case outcomes impacted how you make meaning?
 - a) If you learn a case was granted asylum? Not granted asylum? Cases where you did not know the outcome?
- 19) What has been a challenge to you in making meaning of your experience working in this field? Most helpful?
- 20) How do you hold onto the stories of those who have suffered immense trauma?
 - a) How do you feel about this? Do you find this Painful? Motivating?
- 21) People in this field often use the term “bearing witness.” Does this resonate with you?
What does bearing witness mean to you?
- 22) What do you see as your strengths in this work? Weakness?

Changes based on political climate *If comfortable, or able or willing to share

- 23) Is the field or type/ number of clients you work with different now than when you first began this work?
 - a) What has your experience been, if any, doing this work over time based on socio-political changes/ national or international policy changes?
- 24) Do you believe these policies have impacted your motivation/ attitudes?
- 25) How do you make meaning of policy changes and the impact on this work?

Concluding questions

- 26) What would you pass on to psychologists hoping to get involved in this line of work?
- 27) If you could snap your fingers and make something different about this work, what would it be?
- 28) Is there anything I didn't ask you about your experience that would be helpful to know or consider?
- 29) What has been your experience participating in this interview?
- 30) Anything else you would like to add?

Appendix H:

Immigration Resources

American Civil Liberties Union (ACLU)

Catholic Relief Service (CRS)

Health Right International

Hebrew Immigrant Aid Society (HIAS)

Human Rights First

Immigrant Families together

International Rescue Committee

Kids in Need of Defense (KIND)

National Immigration Law Center (NILC)

Organization for Refuge, Asylum, and Migration (ORAM)

Physicians for Human Rights (PHR)

Psychologists for Social Responsibility (PsySR)

Project Corazon

Refugee and Immigrant Center for Education and Legal Service (RAICES)

Save the Children

UNHCR from UN Refugee Agency