

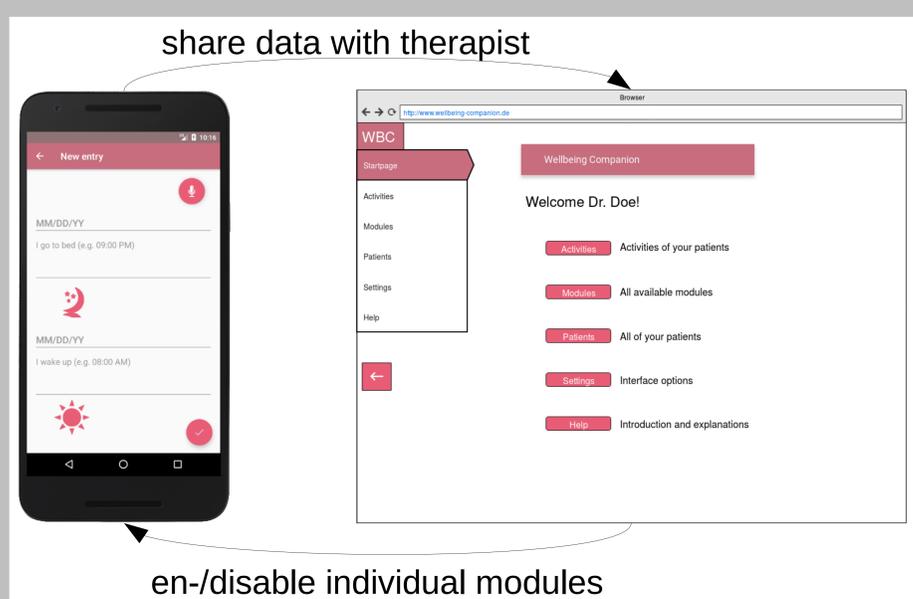
# Towards a Companion App For Supporting Psychotherapy and Counseling of Refugees

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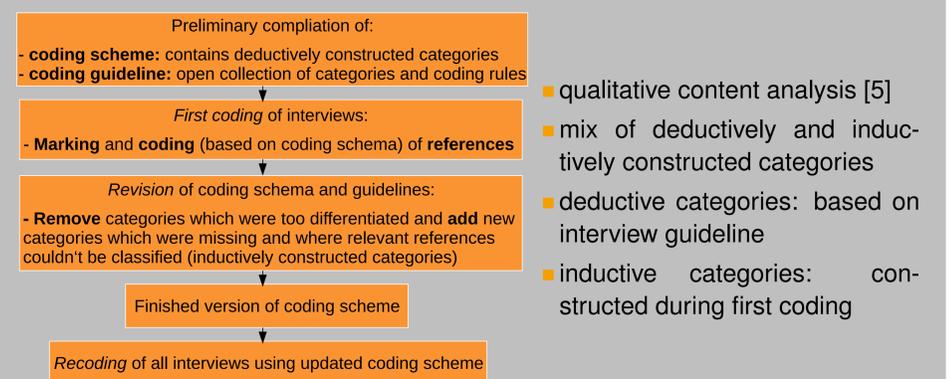
## Motivation

Even though it is known that PTSD impacts neuropsychological and verbal tasks, school grades and lowers performance in language schools [1, 2, 3], the number of specialized treatment places in Germany for the high prevalence rate of mental disorders in refugees is not sufficient (Baff). Considering the smartphone as 'an essential piece of kit for millions as they travel'[4], a smartphone-based application seems most suitable to reach the greatest possible number of refugees. A number of applications regarding physical as well as mental health (e.g. PTSD Coach) are already accessible, but a focus on refugees and their specific needs is still missing.

## Prototype – Well-being Companion



## Content Analysis



## Results & Implications

	Σ overall occurrence	Σ interview occurrence	Implications
usage of therapy homework	5	5	digital support of homework could be useful to facilitate therapy
availability of homework problematic	6	4	
language barrier	18	4	should rely on text as little as possible
missing trust/support	6	4	needs to be trustworthy (and convey that image)
scepticism sensitive data (refugees)	8	3	
scepticism sensitive data (therapists)	6	3	
compliance problematic	11	5	reminder functions for different aspects (e.g. homework, appointments)
reminder for homework/sessions	11	4	
familiarity of device helpful	8	4	make use of known concepts (audio, camera, etc.) in a new context
smartphones have high acceptance	7	4	
unfamiliar context can cause problems	6	3	
precise limits of system (important)	4	3	purpose of application, including it's limits, needs to be clear
fear of 'getting replaced' (therapists)	2	2	
support, not replacement of therapy	4	3	
understanding of therapy problematic	8	3	
request patients to release data	8	5	control over data needs to lie with patients at all times
data security important	7	4	

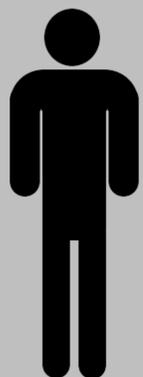
## Approach: User Interviews

### Aims

What is an application that supports psychotherapy and psychotherapeutical counseling of refugees supposed to look like?

- support psychotherapy to facilitate mental health specialists
- identify problems in therapy to develop technical support
- identify potential difficulties with technical support early on
- short evaluation of (paper-)prototype
- collect ideas and wishes from experts

### Interview Participants



- 6 female mental health specialists (5 interviews)
- 4 psychotherapists (2 in training, 2 trained), 1 systemic counselor (in training), 1 psychiatrist (trained)
- cognitive behavioral therapy, narrative exposure therapy, systemic counseling
- 28 – 40 years
- 1 – 4 years of therapy experience in general
- 6 months – 10 years therapy experience with refugees

## Next Steps

- collect data regarding acceptance by refugees
- implementation of functional prototype including user tests
  - development in small cycles, always inducing user feedback
- long-term study to examine e.g. effectiveness, user satisfaction
- possible extensions to functions needed beyond therapy (e.g. legal advice)

## References

[1] T. Elbert, M. Schauer, E. Schauer, et al. Trauma-related Impairment in Children – An Epidemiological Survey in Sri Lankan Provinces Affected by Two Decades of Civil War and Unrest. *Child Abuse & Neglect*, 33:238–246.  
 [2] A.E. Yasin, P.A. Siagh, R.A. Oberfield, and P.V. Halamandaris. Posttraumatic Stress Disorder: Memory and Learning Performance in Children and Adolescents. *Biological Psychiatry*, 61:382–388, 2007.  
 [3] H.P. Söndergaard and T. Theorell. Language Acquisition in Relation to Cumulative Posttraumatic Stress Disorder Symptom Load Over Time in a Sample of Re-settled Refugees. *Psychotherapy and Psychosomatics*, 73:320–323, 2004.  
 [4] Mason B. and D. Buchmann. ICT4Refugees: A Report on the Emerging Landscape of Digital Responses to the Refugee Crisis, 2016.  
 [5] Philipp Mayring. *Qualitative Inhaltsanalyse*. Beltz, 12th rev. ed. edition, 2015.

