## TITLE
# Negotiation of Safety in Inter-cultural Trauma Therapy: A Meta-ethnography of Qualitative Studies

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## Findings

Based on the synthesis, six principles were identified that can be used by practitioners to foster client safety in inter-cultural trauma therapy . This has been summarised as the 'CLADES' model:

### C lient-led flexibility

Determining and modifying the pace, framework, language, modality, techniques, and content according to the client's safety needs and ability to tolerate distress.

### L earning and educating

Acknowledging the lack of knowledge in both client and self, and oscillating between the positions of being a learner and being a teacher.

### A uthentic relationships

Developing a warm, active, non-judgemental relationship where emotions are clearly and authentically expressed. Setting realistic expectations and cultivating patience.

### D efining boundaries

Clearly defining the role of the client, providers, and anyone else involved. Also discussing the expectations of appropriate behaviour so that there are no boundary violations.

### E mbodied Communication

Being aware of the client's and one's own body and looking for cues for emotional safety or distress. Using non-verbal mediums to communicate if needed.

### S tructural Frames

Institutional discourses, constraints, and protocols should be modified so that they do not threaten the feeling of safety and foster the negotiation of safety. Stigma should be addressed.

## 01 Aim/Research Question

This review aims to synthesize qualitative research and answer the following research question:
How is safety negotiated in the therapeutic alliance for both service providers and clients who are experiencing trauma-related distress in an inter-cultural context?

## 02 Method

A pre-planned search of five databases (Embase, MEDLINE, CINAHL, PsycINFO, and Applied Social Sciences Index) was conducted on June 2021 and updated on June 2022. This search consisted of free-text keywords along with database-specific subject headings related to the concepts of trauma, therapeutic alliance, and qualitative research. Meta-ethnography was used to synthesize the findings of qualitative studies (Noblit & Hare, 1988).

## 03 Results

16 studies were selected. Both traumatic distress and safety were experienced and managed through a web of relationships. Providers often mirrored the traumatic distress of their clients when they empathetically engaged with them in trauma therapy. The fear, suspicion, and stigma accompanying this distress created tensions regarding the internal and external boundaries of both providers and clients. Specific strategies used to bridge cultural differences created further boundary tensions around cultural and role conflicts. An adequate negotiation of these boundary conflicts fostered the feeling of safety in therapy. However, the structural frames of therapy, institutions, and larger society often hindered this process in the alliance.

## 04 Limitations

- Limited Geographic Scope: Most studies were conducted in high-income countries, restricting the generalizability of findings.
- Lack of Parent-Mediated Alliance Data: There was insufficient in-depth research on parent-mediated alliances, hindering synthesis of insights.
- Potential for Bias in Research Focus: Focusing solely on results sections risked overlooking crucial contextual and methodological information.
- Excluded Important Cases: The exclusion of case reports (like those on traumatic amputation) resulted in a gap in the available data.