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Prof. Dr. med. Dr. phil. Martin Härter

Community Interpreting for vulnerable groups: A mixed methods study on needs, resources, training and secondary traumatic stress

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vorgelegt von:

Jessica Terese Mueller

geboren in Toledo, Ohio, Vereinigten Staaten von Amerika

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Betreuer und 1. Mitglied der Prüfungskommission: Herr Prof. Dr. Holger Schulz

2. Mitglied der Prüfungskommission: Frau Univ-Prof. Dr. Yvonne Nestoriuc

3. Mitglied der Prüfungskommission: Herr Prof. Dr. med. Ingo Schäfer

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"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."

– Remen, 1996

Dedication

This doctoral dissertation is dedicated to community interpreters who work with vulnerable and traumatized individuals and whose hard work and dedication made this dissertation possible. Darüber hinaus widme ich diese Arbeit "meinen Kleinen" Schüler:innen der IVK-7/8 sowie der IKS- und VHS-Kursen, die oft für ihre Eltern, ihre Bekanntschaften und für andere Geflüchtete als ad-hoc-Sprachmittler:innen fungierten.

Abstract

This dissertation represents a compilation of a series of quantitative and qualitative substudies exploring the subtopics of (1) multilingual resources and barriers in healthcare, (2) community interpreter training and (3) secondary traumatic stress among community interpreters working in the field of social work with refugees and asylum-seekers.

In order to address the first subtopic of multilingual resources and barriers in healthcare, a quantitative cross-sectional substudy was performed with staff members from various occupational groups working in a large German hospital with an internal interpreting service. Results showed a high degree of multilingualism among staff and patients, and strategies for addressing language barriers were explored. It was found that although the internal interpreting service was used, other staff members as well as patients' family members – including children – also functioned as interpreters.

The second subtopic concerning community interpreter training was examined with the help of three substudies. The first of those substudies involved a systematic scoping review applied to internet search engines in order to identify existing community interpreter training programs geared toward public service interpreting in Germany, as well as in other German-speaking and English-speaking countries. In the process, it became clear that certain trends could be observed in English-speaking countries which were not as clearly evident in German-speaking countries. As an example, training programs specializing exclusively in medical interpreting or legal interpreting were frequently found in English-speaking countries, whereas more generalized programs could be found both in German-speaking as well as English-speaking countries. With regard to the type of qualification, duration, and subject matter available in these community interpreter training programs, results were heterogeneous. Nonetheless, recommended training content from existing literature on community interpreter training was found throughout. Although there are quality standards and official institutions charged with regulating the training of community interpreters in a number of countries, no further information regarding the details of the evaluations performed on these programs could be found on the websites identified in this substudy. A second substudy on the topic of community interpreter training applied a systematic review strategy to various scientific literature databases from relevant areas in order to find more detailed information about systematic evaluations performed for assessing existing community interpreter training programs. This review revealed fewer than ten systematic evaluation studies performed on such programs. As was the case with the scoping review, this systematic review evidenced heterogeneity regarding type of program, duration and subject matter among those evaluated studies found. The respective evaluations also proved

to be heterogeneous, applying qualitative, quantitative and mixed-methods strategies for evaluating said training programs, which were categorized and assessed according to their methodological quality. The third substudy performed on the subtopic of community interpreter training used a structuring qualitative content analysis to address the question of what needs could be identified for the German context, specifically related to community interpreting in the field of social work with refugees and asylum-seekers. Results of this substudy yielded needs which aligned with existing recommendations for community interpreter training found in the scientific literature, as well as in existing training programs. There was much debate regarding the role of community interpreters in various settings, which has also been detailed in the literature to date.

In order to address the final subtopic of secondary traumatic stress among community interpreters working in the field of social work with refugees and asylum-seekers, three further substudies were performed. The first substudy on this subtopic was a mixed-methods study which applied quantitative data collected using a questionnaire on anxiety and depression symptoms in combination with a structuring qualitative content analysis to identify stressors as well as resources potentially related to secondary traumatic stress. Results revealed that the community interpreters in this sample reported moderate levels of anxiety and mild levels of depression, and a number of risk as well as protective factors potentially related to the development of secondary traumatic stress were identified. The second substudy which addressed secondary traumatic stress was a scoping review on secondary traumatic stress among helping professions involved in assisting traumatized populations. The studies included detailed both risk and protective factors related to secondary traumatic stress among helping professions. Finally, the third substudy concerned with this subtopic applied a quantitative cross-sectional design to examine risk and protective factors for developing secondary traumatic stress among community interpreters in Germany. Correlational analyses revealed significantly higher rates of compassion fatigue among community interpreters who had personal trauma history as well as those who performed additional human resources duties and significantly lower rates of compassion fatigue among community interpreters who currently only translate written texts as well as among those who reported positive social support in their private lives. Recommendations for future research as well as practical implications are discussed.

Zusammenfassung

Diese Doktorarbeit umfasst die drei folgenden Unterthemen, die insgesamt sieben quantitative und qualitative Teilstudien einschließen: (1) mehrsprachige Ressourcen und Sprachbarrieren in der Gesundheitsversorgung, (2) Sprachmittlerqualifizierungsmaßnahmen, sowie (3) sekundäre traumatische Belastung unter Sprachmittler:innen in der sozialen Arbeit mit Geflüchteten.

Um das erstgenannte Unterthema der mehrsprachigen Ressourcen und Sprachbarrieren in der Gesundheitsversorgung zu untersuchen, wurde eine quantitative Querschnittstudie mit verschiedenen Berufsgruppen eines großen deutschen Krankenhauses mit einem hauseigenen Dolmetscherdienst durchgeführt. Die Ergebnisse dieser Teilstudie zeigen ein großes Ausmaß an Mehrsprachigkeit unter Krankenhausmitarbeitenden sowie unter Patient:innen und Angehörigen. Kommunikationsstrategien bei Sprachbarrieren wurden ebenfalls erfasst. Darüber hinaus wurde berichtet, dass obwohl der Krankenhausdolmetscherdienst in Anspruch genommen wurde, um die Kommunikation mit Patient:innen mit geringen Deutschkenntnissen zu fördern, fungierten auch weitere Mitarbeitende sowie Angehörige (inklusive Kinder) als Dolmetschende.

Das zweitgenannte Unterthema zu Sprachmittlerqualifizierungsmaßnahmen wurde anhand von drei Teilstudien untersucht. Die Erste jener Teilstudien bestand aus einem systematischen Scoping-Review, welches mithilfe von Suchmaschinen durchgeführt wurde, um bereits existierende Sprachmittlerqualifizierungsmaßnahmen in Deutschland, im deutschsprachigen Ausland sowie im englischsprachigen Ausland ausfindig zu machen. Im Verlauf wurde klar, dass gewisse Entwicklungen im englischsprachigen Raum jedoch nicht in deutschsprachigen Ländern zu beobachten waren. Als Beispiel ließen sich relativ viele Maßnahmen mit dem Schwerpunkt des medizinischen Dolmetschens oder Gerichtsdolmetschens im englischsprachigen Ausland finden, während allgemeine Maßnahmen sowohl in deutschsprachigen als auch englischsprachigen Ländern angeboten wurden. Die Ergebnisse hinsichtlich der Art der Qualifizierungsmaßnahmen, deren Dauer sowie deren Inhalte waren heterogen. Nichtsdestotrotz überschnitten sich die aus der bisherigen wissenschaftlichen Literatur empfohlene Qualifizierungsinhalte mit den Ergebnissen. Auch wenn einige Länder bereits Qualitätsstandards sowie zuständige Institutionen etabliert haben, wurden keine zusätzlichen Informationen bezüglich durchgeführter Evaluationen gefunden. Eine zweite Teilstudie zum Unterthema der Sprachmittlerqualifizierungsmaßnahmen bestand aus einer systematischen Übersichtsarbeit, die mithilfe diverser wissenschaftlichen Datenbanken aus relevanten Fachbereichen den Fragen nachgegangen ist, welche systematischen Evaluationen der existierenden Qualifizierungsmaßnahmen sich finden lassen und welche Methodiken

zwecks der Qualitätssicherung angewendet werden. Diese Übersichtsarbeit umfasste systematische Evaluationsstudien, die in den ausgewählten Datenbanken zugänglich waren. Ähnlich wie beim Scoping-Review war auch in dieser systematischen Übersichtsarbeit eine Vielfalt der Arten, der Dauer sowie der Inhalte unter den eingeschlossenen Studien zu beobachten. Die jeweiligen Evaluationsstudien hatten auch heterogene Methodiken angewandt: manche mit qualitativem Ansatz, andere mit quantitativem Ansatz sowie andere mit beiden. Die dritte Teilstudie zum Unterthema Sprachmittlerqualifizierungsmaßnahmen verfolgte einen qualitativen Ansatz, indem Bedarfe zur Qualifizierung mittels Fokusgruppen und Einzelinterviews mit verschiedenen Akteuren im Bereich der Sprachmittlung bzw. der sozialen Arbeit mit Geflüchteten erhoben wurden. Die Ergebnisse überschneiden sich maßgeblich mit bereits existierenden Qualifizierungsmaßnahmen sowie mit Empfehlungen aus der Literatur.

Um das drittgenannte Unterthema der sekundären traumatischen Belastung unter Sprachmittler:innen in der sozialen Arbeit mit Geflüchteten zu untersuchen, wurden weitere drei Teilstudien durchgeführt. Die erste dieser Teilstudien kann als Mixed-Methods-Studie bezeichnet werden: quantitative Daten wurden anhand eines Fragebogens zu Symptomen von Angst und Depressionen erfasst und qualitative Daten zu möglichen Risiko- sowie Schutzfaktoren zur sekundären traumatischen Belastung wurden mittels Fokusgruppen und Einzelinterviews erfragt. Die qualitativen Daten wurden anhand der Qualitativen Inhaltsanalyse nach Mayring (1983) ausgewertet. Die zweite Teilstudie zum Thema sekundäre traumatische Belastung gilt als Scoping-Review zur sekundären traumatischen Belastung unter helfenden Berufen. Risiko- sowie Schutzfaktoren wurden zusammengefasst. Schließlich bezog sich die dritte Teilstudie zu diesem Thema auf eine fragebogenbasierte quantitative Querschnittsstudie, die Risiko- sowie Schutzfaktoren zur sekundären traumatischen Belastung unter Sprachmittler:innen erhob. Korrelationsanalysen zeigten statistisch signifikant erhöhte Mitgefühlsmüdigkeitssymptomatiken unter Sprachmittler:innen, die eigene traumatische Erfahrungen gemacht hatten sowie unter denjenigen, die zusätzliche personalbezogene Tätigkeiten ausüben und signifikant geringere Mitgefühlsmüdigkeit unter Sprachmittler:innen, die lediglich Texte übersetzen sowie unter denjenigen, die ein unterstützendes soziales Umfeld haben. Empfehlungen für zukünftige Studien sowie praktische Anwendungen wurden kritisch beleuchtet.

Table of Contents

Dedication ii
Abstract iii
Zusammenfassung v
List of abbreviations ix
Foreword xi
1. Introduction 1
1.1 Background information 1
1.2 Research questions and methods 6
1.3 Description of overarching projects 10
1.4 Author's contributions to the overarching projects and substudies 12
2. Overview of subtopics and substudies 17
2.1 Subtopic 1: Multilingualism in German healthcare: language barriers and resources 18
2.1.1 Substudy 1: Multilingualism in medical care – A quantitative cross-sectional study of language barriers and resources 23
2.2 Subtopic 2: Community interpreter training in Germany and around the world 35
2.2.1 Substudy 2.1: A scoping review of available training programs for community interpreters in Germany and abroad 38
2.2.2 Substudy 2.2: Training in public service interpreting – A systematic review of evaluated programs 62
2.2.3 Substudy 2.3: Training needs for community interpreters in Germany – A qualitative content analysis 86
2.3 Subtopic 3: Secondary traumatic stress among community interpreters and other helping professions 117
2.3.1 Substudy 3.1: Secondary traumatic stress and resources in community interpreting – A mixed methods study 123
2.3.2 Substudy 3.2: Secondary traumatization in human service professions – A scoping review 163
2.3.3 Substudy 3.3: Occupational psychological stress among community interpreters: An empirical study on risk and protective factors 171
3. Discussion 185
3.1 Summary of results 185
3.2 Methodological considerations 188

3.2.1 Reflections as the researcher 188
3.2.2 Strengths of the dissertation 190
3.2.3 Limitations of the dissertation 191
3.3 Implications for research and practice 192
3.4 Conclusion 196
References 197
Appendices 217
List of tables and figures 268
List of publications 270
Curriculum Vita 273
Acknowledgements 274
Eidesstattliche Erklärung/Statement of originality 280

List of Abbreviations

AMIF=The European Union's Asylum, Migration and Integration Fund

APA=American Psychiatric Association

BAMF=Bundesamt für Migration und Flüchtlinge

CEFR=Common European Frame of Reference for Languages

CF=compassion fatigue

CI=community interpreter

CLIM=certified language and integration mediator

CRD=Centre for Reviews and Dissemination

CS=compassion satisfaction

DaF=Deutsch als Fremdsprache (German as a foreign language)

DaZ=Deutsch als Zweitsprache (German as a second language)

DSM=The Diagnostic and Statistical Manual of Mental Disorders

EFL=English as a foreign language

ESL=English as a second language

HADS=Hospital Anxiety and Depression Scale

HADS-D=Hospital Anxiety and Depression Scale – German Version

HR=human resources

ICD= International Statistical Classification of Diseases and Related Health Problems diagnostic manual

KMK=Kulturministerkonferenz

LCM=language and cultural mediator

LGP=limited German proficiency

LLP=limited language proficiency

LOTE=language(s) other than English

LOTG=language(s) other than German

MMAT=Mixed Methods Appraisal Tool

NAATI=National Accreditation Authority for Translators and Interpreters

NRW=North-Rhine Westphalia

PICOS=Population, Intervention, Comparison, Outcomes and Study

PR=public relations

PRISMA=Preferred Reporting Items for Systematic Reviews and Meta-Analyses

PROSPERO=The International Prospective Register of Systematic Reviews

PSI=public service interpreter

PTG=posttraumatic growth

PTSD=posttraumatic stress disorder

RAS=refugee or asylum-seeker

SPG=service provider group

STS=secondary traumatic stress

SUG=service user group

TBI=traumatic brain injury

UNHCR=United Nations High Commissioner for Refugees

VT=vicarious traumatization

WHO=World Health Organization

Foreword

The current doctoral dissertation, “Community Interpreting for vulnerable groups: A mixed methods study on needs, resources, training and secondary traumatic stress,” was originally planned as a cumulative dissertation. However, it has been restructured and reformulated as a monographic dissertation. More precisely, the dissertation is comprised of seven individual substudies, which were originally to serve as individual publications and have been summarized and grouped thematically, in order to properly address the three main subtopics involved in this dissertation, namely “multilingualism in German healthcare: language barriers and resources”, “community interpreter training in Germany and around the world” and “secondary traumatic stress among community interpreters and other helping professions”. The monographic format allows a more in-depth analysis of the three aforementioned subtopics. Nonetheless, in order to describe the methodology applied in each of the substudies adequately, it was necessary to summarize the substudies in terms of their respective research questions, methods and results, in order to allow a sufficient overview of the methods applied and the findings which contribute to the existing body of scientific research in these areas. Two of the substudies which had been previously described in existing publications (i.e., Substudy 3.2 in Rehm, 2019 and Substudy 3.3 in Rehm, 2020) were summarized and the existing publications cited accordingly. In addition, a number of aspects detailed in Substudy 1 had been described in a publication (i.e., Maggu et al., 2017), and this publication was also cited. Further information regarding the author’s personal contributions to these and other substudies will be provided in the Introduction subsection “Author’s contributions to the overarching projects and substudies”.

1. Introduction

"No one puts their children in a boat unless the water is safer than the land."
- Warsan Shire

With increasing numbers of people leaving their homelands in recent years, there is currently an increased need for linguistically and culturally sensitive services for refugees, asylum-seekers and other (forced) migrants in various countries, highlighting the need for community interpreting[1] services (also "dialogue interpreting" or "liaison interpreting" (Evrin, 2014), as well as improved and transparent quality assurance in the training of community interpreters (CIs) working with these vulnerable groups (see also Hale, 2007; Pöchhacker, 1999; Corsellis, 2000; Toledano Buendía, 2010; Pöllabauer, 2010, 2012). The work with vulnerable groups exposes CIs to traumatic material, which may increase their risk of developing secondary traumatic stress.

This dissertation serves to first explore the status quo regarding multilingualism and community interpreting in German healthcare. Secondly, training programs offered for potential CIs in Germany and around the world, as well as evaluations thereof, will be examined. In this same vein, needs for training in Germany will be assessed. Thirdly, the concept of secondary traumatic stress among helping professions, in particular community interpreting, will be investigated.

1.1 Background Information

According to the United Nations Department of Economic and Social Affairs Population Division, in 2017 there were 258 million international migrants (3.4% of the total global population), representing a 50% increase since the year 2000. Among those 258 million migrants were over 22.5 million refugees and 65.6 million forcibly displaced people worldwide (World Health Organization (WHO), 2002). By the end of 2020, those numbers had risen to 82.4 million displaced people worldwide, and 26.4 million refugees, half of whom were under the age of 18 (United Nations High Commissioner for Refugees, UNHCR, 2021a). Based on data collected through mid-2021, the United Nations High Commissioner for Refugees

[1] ***Community interpreting*** is described as interpreting performed in a wide variety of contexts within the wider community. The term "community interpreting" is often used to differentiate between that and conference interpreting (see also Pöchhacker, 1999).

(UNHCR) estimates that there are currently more than "84 million forcibly displaced people worldwide" and that of those, 26.6 million are categorized as refugees[2], while 4.4 million are asylum-seekers[3] (UNHCR, 2022c). Thirty-nine percent of these refugees are being hosted by five countries, including Germany. More precisely, the UNHCR reported that by the end of 2020, Germany had taken in 1,210,596 refugees and 243,157 asylum-seekers (see UNHCR, 2021b).

With growing numbers of refugees, asylum-seekers and other migrants, Germany has seen increasing multilingualism and linguistic diversity within its borders. A recent microcensus performed with a sample of 40,545 households in Germany shows that although 90% of families report speaking German at home, there are also a number of languages other than German (LOTG) spoken, including Russian, Polish, Romanian, Arabic, and English as the most frequently named LOTG (Statistisches Bundesamt, 2021b). Despite evidence that the linguistic landscape of Germany is evolving to become more multilingual, Gogolin's (1997) critique of the "monolingual habitus" of the educational system rings true when considering legal and medical implications of ignoring the lived multilingualism in Germany in favor of an artificial monolingual ideal.

One particularly pressing legal issue regarding the medical and psychotherapeutic treatment of refugees and asylum-seekers (RAS) pertains to the procurance of language assistance for facilitating communication. The current law (see §17 Abs. 2 SGB I i.V.m. § 19 Abs. 2, S. 4 SGB X) stipulates that German-speaking or German-sign-language-proficient persons with disabilities related to communication are entitled to language assistance in the form of mediators or German-sign-language interpreters and that the costs are to be paid by state medical insurance companies. However, this does not apply to language assistance for newly arrived migrants, including refugees and asylum-seekers, who are not yet proficient in German. In practical terms, this law stipulates that the costs for employing CIs of non-German spoken languages should be covered by the individuals in need of language services, in this case refugees, asylum-seekers and other migrants. Because communication would otherwise be impossible, newly arrived migrants, such as refugees and asylum-seekers, are dependent upon

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[2] **Refugee**="Under international law, a refugee is someone who is forced to flee their home country to escape persecution or a serious threat to their life, physical integrity or freedom. This may be linked to their race, religion, nationality, political beliefs or membership of a social group. But also to situations of conflict, violence or public disorder. Refugees are protected by international law and cannot be sent back home if their life or freedom would be at risk." (UNHCR, 2022b)

[3] **Asylum-seeker**="An asylum-seeker is a person who is applying (or preparing to apply) for asylum in another country to seek international protection. A final determination of the protection need, however, has not yet been made for such persons. While not every asylum-seeker will ultimately be recognized as a refugee, an asylum-seeker may not be sent back to their country of origin pending a final determination." (UNHCR, 2022a)

community interpreters to facilitate the communication between these vulnerable groups and various actors in their host countries.

The field of community interpreting is often defined in comparison to other types of interpreting, such as conference interpreting and business interpreting, based on the context(s) in which the interpreting takes place as well as the interpreting techniques typically applied in different contexts. Bancroft and Rubio-Fitzpatrick (2009) describe community interpreting as "interpreting that takes place in any community setting, with a particular focus on government and nonprofit community services, particularly health care, education and human and social services". When compared to conference interpreting, where monologues are frequently interpreted simultaneously and often unidirectionally from one language into another, either using whispered interpretation (chuchotage) or interpretation booths, community interpreting is focused on the bi-directional interpretation of dialogues, most often interpreted consecutively (e.g., Hale, 2007; Mikkelson, 2014). There has been considerable disagreement regarding the classification of legal and court interpreting and whether these forms of interpreting should be considered community interpreting at all (Millán & Bartrina, 2013 vs. Mikkelson, 2014) or whether legal interpreting should be considered community interpreting, whereas court interpreting should not (e.g., Pöchhacker, 2004; Bancroft & Rubio-Fitzpatrick, 2009). Mikkelson (1996, 2014) argues that because both legal and court interpreting "are provided to the residents of the community in which the interpreting takes place, not to conference delegates, diplomats, or professionals traveling abroad to conduct business", both legal and court interpreting belong to the overall category of community interpreting. Hale (2007) describes the field of community interpreting in terms of the intimacy involved in this particular field of interpreting:

> Community Interpreting takes the interpreter into the most private spheres of human life. It does not take place at negotiations about major international political decisions or conferences on recent scientific discoveries; it takes place in settings where the most intimate and significant issues of everyday individuals are discussed: a doctor's surgery, a social worker's or a lawyer's office, a gaol [jail], a police station or courtroom. (pp. 25-26)

CIs working in these contexts play a vital role in facilitating communication for vulnerable groups, such as refugees and asylum-seekers. However, not all individuals acting as CIs have been trained in this field of work (e.g., Meyer et al., 2010b), although interpreters should have linguistic expertise as well as detailed knowledge of a variety of legal and other matters relevant to the respective settings in which they work (Corsellis, 2008). For this reason, the first subtopic of the current dissertation will explore multilingual resources and barriers in a hospital setting with access to an internal CI service in order to determine what percentage of patients and their

family members exhibit limited German proficiency (LGP), which languages they speak, which languages hospital staff speaks, and how the staff facilitates communication with LGP patients and their families – be it with the help of the interpreting service, other multilingual colleagues, patients' family members or other strategies.

Although multilingual staff may function in an ad-hoc interpreting capacity (i.e., without preparation and supplementary remuneration) in the hospital as well as in other settings, there is a wealth of literature to date detailing the risks involved when untrained interpreters are employed in a variety of settings due to mistakes of omission, substitution and insertion of potentially vital information (e.g., Cambridge, 2005; Ahamer, 2013; Slayter, 2006; Bauer & Alegría, 2010; Bischoff & Hudelson, 2010; Bührig & Meyer, 2013). Some countries have taken steps to ensure that CIs are trained and that the training programs in said countries are held to a certain standard to ensure quality interpretations (e.g., NAATI in Australia, INTERPRET in Switzerland). However, at the outset of the research studies detailed in this dissertation, there were no Germany-wide quality standards governing the training of CIs, particularly not for those working in the area of social work with refugees and asylum-seekers (see Mueller et al., 2018; Breitsprecher et al., 2020a, b). For this reason, the question of what training programs and respective evaluations can be found and what specific needs may present themselves in the German context was a driving force behind the second subtopic of this dissertation on CI training.

An additional issue regarding the psychotherapeutic treatment of refugees and asylum-seekers pertains to the funding of medical and psychotherapeutic treatment of individuals applying for asylum in Germany. The German Federal Psychotherapy Association (Bundespsychotherapeutenkammer, 2015) published a statement emphasizing the fact that many refugees and asylum-seekers are traumatized and urging for refugees and asylum-seekers to be permitted to receive the psychotherapeutic care that is necessary to treat possible posttraumatic stress reactions and disorders. Internationally, it has been estimated that at least 20% of refugees suffer from depression and over 20% suffer from posttraumatic stress disorder (PTSD) (Lindert et al., 2008). Studies performed in Germany show that approximately 40-50% of adult refugees suffer from PTSD and about half from depression (Gäbel et al., 2006; von Lersner et al., 2008). Among children and adolescents, Müller et al. (2019) reported prevalence rates of clinically relevant posttraumatic stress symptoms of 36.7% among accompanied and 64.7% among unaccompanied minors with refugee status in Germany. Further studies have shown that PTSD and depression often present comorbidly (Perkonigg et al., 2000; Flatten et al., 2011). According to the laws governing asylum applications in Germany (see

Asylbewerberleistungsgesetz, § 4 AsylbLG), the funding of medical treatment is restricted for the first 15 months in Germany to treatments for acute pain reduction and acute medical conditions. However, this excludes psychotherapeutic treatment, which is needed by so many who are suffering from a posttraumatic stress reaction or disorder, or other trauma- and stress-related disorders (see e.g., ICD-11, WHO, 2021; DSM-5, APA, 2013). Although this issue is by no means limited to the German context, limited access and systemic barriers to mental health treatment in host countries represent a significant hinderance to providing migrant populations with equitable healthcare (Bär, 2011; Nübling et al., 2014).

It follows that when interpreting for refugees and asylum-seekers in various contexts, including but not limited to psychotherapy, CIs are often exposed to traumatic material in the form of written and spoken testimony to traumatic experiences with which refugees and asylum-seekers have been confronted (Lor, 2012; Lai et al., 2015; Wichmann, 2018). Hale (2007) summarizes the impact of such material on (community) interpreters when she writes: “There is no doubt that this context presents many challenges for interpreters. The horrific stories presented by the applicants can cause overwhelming emotional stress for interpreters.” Due to the impact that exposure to traumatic material can have on professionals and other individuals confronted with it in through secondhand accounts of trauma, a number of researchers have examined the phenomenon of secondary traumatic stress (Stamm, 1999) and other similar constructs among therapeutic and other helping professions in general (e.g., McCann & Pearlman, 1990; Herman, 1992; Figley, 1995; Perlman & Saakvitne, 1995), and more recently among CIs (e.g., Lor, 2012; Lai et al.,2015; Wichmann et al., 2018; Villalobos et al., 2021). Secondary traumatic stress involves a posttraumatic stress reaction resembling symptoms of PTSD (see e.g., ICD-10, WHO, 1993; DSM-IV-TR, APA, 2000) resulting from secondhand exposure to traumatic material, rather than firsthand exposure.

The field of community interpreting exposes CIs to a particular risk for developing secondary traumatic stress in the interpreting or translating of descriptions of traumatic events or of physical and emotional pain because the work of CIs involves emotional processing activated through the reception and production of verbal and emotional material in different languages. To date, a number of studies have shown that language processing also inherently involves emotional processing, and emotional reactions to emotional language – both positive and negative – can be seen in brain activity (e.g., Hamann, 2001; Tabert et al., 2001; Herbert et al., 2009), facial muscle movement (e.g., Foroni & Semin, 2009; Foroni & Semin, 2011), behavior (e.g., Lindquist et al., 2006; Lindquist et al., 2015), as well as physiological responses (e.g., Herbert et al., 2009; Weis & Herbert, 2017). As an example, one study found that simultaneous

interpreters showed galvanic skin responses, as well as varied heartrates in response to emotional language which they interpreted, showing that emotions are demonstrably transmitted during interpreting processes (Korpal & Jasielska, 2019). Taking into consideration that CIs inherently act as conduits of not only information but also emotion in their occupation, factors relating to the development and prevention of secondary traumatic stress are also examined under the third subtopic of this dissertation.

The current doctoral dissertation represents an effort to explore developments in Germany and around the world regarding community interpreting. Efforts to effectively treat LGP patients and overcome language barriers in the German healthcare system will be detailed. Because many of these efforts may involve the use of untrained ad-hoc interpreters, training programs in Germany and around the world available to CIs, as well as training needs for working in the field of social work with refugees and asylum-seekers in Germany, will then be explored. Finally, factors associated with secondary traumatic stress experienced by those in helping professions, including CIs, will be examined. Each of these subtopics will be dealt with more thoroughly in the following chapters.

1.2 Research Questions and Methods

The research questions which guided each of the substudies are formulated below. The methods applied in this dissertation span a variety of qualitative as well as quantitative methods for data collection and analysis. Following each of the research questions, the titles of the corresponding substudies are listed, and brief summaries of the methods used in each substudy are provided.

Subtopic 1: Multilingualism in German healthcare: language barriers and resources

The one substudy pertaining to Subtopic 1 explores multilingual resources, barriers and practices in German healthcare with a focus on medical care within the context of the hospital, in particular. The following research question represents the objective of Substudy 1:

1. *What language barriers and resources can be found in the hospital context in Hamburg, Germany?*

Substudy 1 "Multilingualism in medical care – A quantitative cross-sectional study of language barriers and resources" is a quantitative cross-sectional survey of language barriers and resources in a German hospital setting. Using a self-report questionnaire, employees of the Department of Oncology and Hematology, as well as the Department of Psychiatry and

Psychotherapy of a university medical center were asked to indicate in which languages they possess any degree of competencies, which mother tongues they speak, what percentage of patients present with LGP and which strategies they use when communicating with LGP patients. The employees who took part in this study came from various professional backgrounds, namely physicians, nurses, psychotherapists, psychologists, psycho-oncologists, other therapists, cleaning staff and supply chain assistants. Descriptive statistical analyses were performed on these factors related to language resources and barriers, as well as involving demographic information related to age, work experience and migration background.

Subtopic 2: Community interpreter training in Germany and around the world

The substudies which comprise Subtopic 2 each concern themselves with various aspects surrounding the training of CIs in Germany, as well as in other countries around the world. There are three research questions which were formulated and which have formed the basis for each of the three substudies belonging to this subtopic. Each is listed below with a description of the corresponding substudy.

2. *What training programs are available in Germany and abroad for potential community interpreters working with refugees and asylum-seekers in the field of social work?*

Substudy 2.1 "A scoping review of available training programs for community interpreters in Germany and abroad" is a scoping review of existing training programs available to CIs in Germany, as well as internationally. This scoping review sets out to answer the question of which training programs are offered in Germany, as well as in German-speaking and English-speaking countries around the world. Various factors characteristic of such training programs (e.g., type of program, duration, subject matter) will be described on the basis of the scoping review analysis. This analysis was performed with the help of PICOCS-criteria (Centre for Reviews and Dissemination, CRD, 2006; Uman, 2011). Once defined, these criteria were used to generate German-language as well as English-language search terms, which were systematically applied to the internet search engines of Google.com, Yahoo! And Ask.com, in order to identify websites of possible training programs. After being identified, potential programs were screened according to inclusion and exclusion criteria. Finally, the included training programs were described using descriptive statistical analyses to make generalizations about the factors, such as the subject matter, duration, foci and types of training programs available to potential CIs.

3. *What is the status quo of training programs available to public service and community interpreters in terms of offers and evaluations?*

Substudy 2.2 “Training in public service interpreting – A systematic review of evaluated programs” is a systematic review of scientific literature regarding the evaluation of CI training programs internationally. As in the previous substudy, PICOS-criteria (CRD, 2006) were formulated and on the basis of these criteria, search terms and syntaxes were developed, in order to be used to perform systematic searches in various relevant data banks of scientific literature. Search results were then exported into or manually entered into EndNote (2013). Next, previously defined inclusion and exclusion criteria were used to screen the exported literature sources, first by title, then by title and abstract, and finally by full-text. The included studies and their respective evaluations were then described with the help of Kirkpatrick’s levels of training evaluation (Kirkpatrick 1994, 1996; Kirkpatrick & Kirkpatrick, 2009) and their quality assessed according to criteria set forth by the Mixed-Methods Appraisal Tool (MMAT, Pluye et al.,2011).

4. *What needs can be identified for the training of community interpreters in Germany?*

Substudy 2.3 “Training needs for community interpreters in Germany – A qualitative content analysis” is a qualitative content analysis of the training needs of CIs working in the field of social work with refugees and asylum-seekers in Germany. On the basis of focus group and individual interviews, social workers, volunteers in the field of social work, refugees and asylum-seekers, paid CIs, language and integration mediators and volunteer CIs, as well as experts in various relevant fields, were all asked to give their opinions, based on their own individual experiences, regarding needs surrounding the CI training in Germany. These interviews were analyzed using the structuring qualitative content analysis method according to Mayring (1983), in order to formulate literature-based deductive and material-based inductive categories for describing the types of needs identified which should be addressed in potential CI training programs. In the focus group interviews, sociodemographic data were collected and descriptive statistical analyses were performed, in order to describe the overall makeup of the individual focus groups. Training needs regarding organizational factors, as well as necessary subject matter, were summarized.

Subtopic 3: Secondary traumatic stress among community interpreters and other helping professions

The substudies included in Subtopic 3 all deal with risk and protective factors related to secondary traumatic stress in helping professions, with a focus on community interpreting. The three research questions which form the basis of three corresponding substudies are formulated below.

5. *What resources and stressors can be found among community interpreters working in the field of social work with refugees and asylum-seekers?*

Substudy 3.1 entitled "Secondary traumatic stress and resources in community interpreting – A mixed methods study" is a mixed methods study involving a structuring qualitative content analysis of resources and (secondary traumatic) stressors in the field of community interpreting, combined with a quantitative analysis of symptoms of anxiety and depression among CIs using the Hospital Anxiety and Depression Scale (HADS-D, German Version: Snaith et al., 1995; Herrmann et al., 2011). Material derived from focus group interviews with volunteer and paid CIs, social work professionals, volunteers in the field of social work, refugees and asylum-seekers, as well as from individual interviews with persons working in leadership roles involved in the fields of community interpreting and social services and with refugees and asylum-seekers was examined using Mayring's (1983) structuring qualitative content analysis. On the basis of deductive categories extracted from existing relevant literature, as well as inductive categories from the material itself, factors related to (secondary traumatic) stress (STS) as well as resources for potentially preventing STS were described.

6. *What is known from the existing literature about harmful psychological impacts as a reaction to professional engagement with the distress of migrants?*

Substudy 3.2 "Secondary traumatization in human service professions – A scoping review" is a scoping review of secondary traumatic stress among helping professions, including CIs. On the basis of PICOS-criteria (CRD, 2006), search terms and syntaxes were formulated and a scoping review was performed using the database PsycINFO, in order to identify existing studies on factors relating to secondary traumatic stress and protective factors in helping professions, including community interpreting. Results were summarized.

7. *What are some risk and protective factors which influence occupational stress among community interpreters?*

Substudy 3.3 "Occupational psychological stress among community interpreters – An empirical study on risk and protective factors" is a quantitative cross-sectional study based on self-report questionnaires of CIs throughout Germany in terms of (secondary traumatic) stressors and protective factors. Using the Professional Quality of Life Scale (ProQOL; Stamm, 2009), information related to Compassion Satisfaction (CS; Stamm, 2010) and Compassion Fatigue (CF; Figley, 1995; Stamm, 1999) was gathered, descriptive as well as correlational analyses were performed, and the results were summarized.

1.3 Description of overarching projects

This doctoral dissertation is comprised of a compilation of data from various studies all dealing with the topic of community interpreting in some way, allowing for this topic to be explored from different perspectives.

Overarching project 1: "Sustainability in the multilingual university"

This first study was a consortium research project comprised of four separate but related research subprojects, which were performed from summer of 2015 until autumn of 2016 and funded by the Competence Center for Sustainability (Kompetenzzentrum Nachhaltige Universität, KNU) at the University of Hamburg and involved an interdisciplinary approach to the topic of multilingualism within the context of the University and its University Medical Center (Universitätsklinikum Hamburg-Eppendorf, UKE). The four research projects will be summarized briefly below. See Gogolin et al. (2017) for further information on the individual studies.

Subproject 1: "Multilingualism in research"

The research subproject "Multilingualism in research" applied a qualitative design to examine multilingualism versus the use of English as an academic lingua franca within the field of university research and scientific study.

Subproject 2: "Multilingualism in medicine"

The research subproject "Multilingualism in medicine" used a quantitative cross-sectional design to explore the questions of which multilingual resources are available within the context of a university medical center, which of these are made use of, and what needs can be seen in facilitating the communication with LGP patients and hospital staff. This project is described in detail in this dissertation (see Substudy 1 as well as Maggu et al., 2017).

Subproject 3: "Multilingualism in university instruction"

The research subproject "Multilingualism in university instruction" involved the use of a quantitative cross-sectional design to survey students and instructors at the University of Hamburg in an anonymous and online format regarding their own personal multilingual resources, their use of said resources in their personal lives and at the university, as well as their attitudes toward the use of German and/or English as a lingua franca within the university setting and in general (see Mueller & Siemund, 2017; Mueller, 2018; Siemund & Mueller, 2020).

Subproject 4: "Multilingualism in university governance"

The research subproject "Multilingualism in university governance" applied a quantitative cross-sectional design to take a look at multilingual resources within university administration and how these resources are made use of currently and how these may be used more effectively in the future.

Overarching project 2: "BetweenLanguages: Minimum quality standards for the qualification of interpreters in the field of social work"

The second overarching research project was funded by the European Union's Asylum, Migration and Integration Fund (AMIF) and performed from autumn 2016 until the summer of 2018. The goal of this project was to systematically develop and disseminate national quality standards for training CIs for work in the field of social work with refugees and asylum-seekers. The individual modules defined in this study are listed below.

Module 1: Scoping review of training programs for potential community interpreters (see Substudy 2.1)

Module 2: Systematic literature review of evaluated training programs for community interpreters (see Substudy 2.2 as well as Mueller et al., 2018)

Module 3: Qualitative content analysis of training needs in the field of community interpreting (see Substudy 2.3)

Module 4: Interdisciplinary consensus procedure with experts for determining which quality standards should be adopted nationally the training of community interpreters

The fourth module was not included in this dissertation. It involved a Delphi consensus procedure, by which experts from various relevant fields were recruited and presented with a summarized compilation of all of the data collected in the first three modules, which are described in detail in this dissertation, and these experts were asked to participate in two rounds of digital surveys and one in-person consensus meeting, in order to come to an agreement on minimum quality standards for the training of CIs in the field of social work with refugees and asylum-seekers.

Module 5: Dissemination

The fifth module was also not included in this dissertation and involved a conference for presenting the results of the study and introducing the quality standards, as well as two publications – one in German and one in English (see Breitsprecher et al., 2020a and b) – in order to further disseminate the results of the study and the quality standards developed on a national level.

Overarching project 3: A mixed methods study of secondary traumatic stress within the field of community interpreting (see Substudy 3.1)

Although the data used for this study were collected for use in Module 3 of the second overarching research project, the analysis of (secondary traumatic) stress was developed specifically for the purpose of this doctoral dissertation and was not included in the official planning or funding of the second overarching research project.

Overarching project 4: Secondary Traumatization in Human Service Professions – A Scoping Review (see Substudy 3.2)

A scoping literature review was performed in order to gather information about studies performed regarding secondary traumatization in helping professions. This project formed the basis for a Bachelor's thesis (see Rehm, 2019).

Overarching project 5: Occupational Psychological Stress among Community Interpreters. An Empirical Study on Risk and Protective Factors (see Substudy 3.3)

A quantitative cross-sectional study design was used in order to collect data on occupational stress among CIs, focusing on both risk and protective factors. This project was the basis for a Master's thesis (see Rehm, 2020).

1.4 Author's personal contributions to the overarching projects and substudies

Overarching project 1

For the duration of the consortium research project from 2015 to 2016, Mrs. Jessica Terese Mueller worked as a research assistant in the subproject "Multilingualism in University Instruction: English as a Lingua Franca". However, Mrs. Mueller collaborated closely with the research assistants in the subprojects "Multilingualism in Medical Care" and "Multilingualism in University Governance", which also used quantitative methods. The three research assistants created a core questionnaire, which was used in all three projects and included questions on languages understood and/or spoken by participants and applied the Common European Frame of Reference (CEFR, Council of Europe, 2001) to allow a self-assessment of participants' receptive and productive proficiency levels in each of their respective languages. In addition, each of these projects was originally designed to collect the data in an online format, which

Mrs. Mueller designed and programmed using the University of Hamburg's questionnaire website LimeSurvey and exported her programmed syntaxes for use in each of the studies. Ultimately, the subprojects "Multilingualism in Medical Care" and "Multilingualism in University Governance" were unable to solely use the online format, due to data collection constraints specific to their target populations. However, the subproject "Multilingualism in Medical Care", from which Module 1's data was collected, did use the online questionnaire format for some of their target occupational groups.

During the data analysis process, the research assistant from the subproject "Multilingualism in Medical Care" consulted with Mrs. Mueller regarding the use of SPSS for the data analyses. In addition, Mrs. Mueller developed SPSS-syntaxes for more easily performing descriptive data analyses regarding language competencies. As the questionnaire was translated into English for publication, Mrs. Mueller was responsible for proofreading and editing the translation, which was initially performed by another research assistant. Finally, upon formulating the text for a publication, Mrs. Mueller was initially responsible for proofreading, text editing and citation and reference management. Upon the departure of the other research assistant from the research group, this person asked Mrs. Mueller to take over responsibility for reformulating and completing the planned publication. The aforementioned publication remains forthcoming. The text has been reformulated and summarized for the current dissertation.

Overarching project 2

For the entirety of the initial "BetweenLanguages" research project, as well as for two-thirds of a subsequent research project, Mrs. Mueller was employed as a research assistant and charged with the collection, analysis and summarization of all data related to the project. It was Mrs. Mueller's responsibility to develop the methods of data collection and analysis in accordance with those described in the approved research grant and execute the data collection within the research team. Mrs. Mueller was primarily responsible for the data analysis, although the research team was consulted for approval of methods and secondary ratings.

Module 1 (Substudy 2.1)

The scoping review of existing training programs was performed using a series of key terms which Mrs. Mueller developed and reviewed with the research group. The search strategy was also developed by Mrs. Mueller and performed by a project coordinator of a training program for language and integration mediators, a number of student interns, as well as one student research assistant under Mrs. Mueller's supervision, and Mrs. Mueller herself. Websites were searched for using different search engines: Google, Ask.com, and Yahoo! Following the search

and identification of possible training program websites, the interns and Mrs. Mueller reviewed the websites for their suitability using a set of inclusion and exclusion criteria, which Mrs. Mueller had developed and which was approved by the research group. Following inclusion, data were extracted manually from each of the included websites by student interns under Mrs. Mueller's supervision as well as by Mrs. Mueller herself. These data were then inputted into SPSS by student interns under Mrs. Mueller's supervision as well as Mrs. Mueller herself. Mrs. Mueller was responsible for the coordination and the overseeing of the web searches and the compilation, screening and extraction of the data. Final analyses of the data were performed by Mrs. Mueller. Another research assistant assisted in the extraction and categorization of subject matter for training programs.

Module 2 (Substudy 2.2)

The systematic review of scientifically evaluated training programs was performed using a series of key terms which Mrs. Mueller developed and received approval for within the research group. These key terms were then programmed into syntaxes for searches in a number of scientific data bases. Search results were filtered to include only primary studies in the following languages: English, German, Spanish, French, Italian and Portuguese. Results were then extracted either automatically or manually, depending on the data base. Once Mrs. Mueller had developed inclusion and exclusion criteria, which were approved by the research team, student interns and Mrs. Mueller screened the results – first by title, then by title and abstract, and finally by full text. Mrs. Mueller then developed a table in which to evaluate and summarize the results. This table was approved by the research group. The data was then extracted manually from the included studies and inputted into the table for evaluation. Mrs. Mueller then evaluated the included studies using the Kirkpatrick Model of Training Evaluation (Kirkpatrick, 1994; Kirkpatrick & Kirkpatrick, 2009), as well as the Mixed-Methods Appraisal Tool (MMAT, Version 2011, Pluye et al., 2011). Mr. Breitsprecher and another research assistant, Mrs. Sidra Khan-Gökkaya, served as second and third raters of these evaluations. A student research assistant, Mr. Mark Teichmann, served as a fourth rater. Finally, Mrs. Mueller summarized the study in a research article, which is pending publication.

Module 3 (Substudy 2.3)

The data collected in Substudy 2.3 via focus group and individual interviews were collected using semi-structured interviews developed by Mrs. Mueller and another research assistant and approved by the research team. The focus groups and interviews performed in Hamburg were moderated primarily by another research assistant, as well as in North-Rhine Westphalia (NRW) by a number of project coordinators from the training program for language and

integration mediators, and all focus groups and interviews were audio-recorded. During the focus groups and interviews in Hamburg, Mrs. Mueller assisted in the interview and recording process and protocolled turn-taking to assist in the transcription process. Another research assistant prepared the audio files and sent them to an external multilingual transcription agency. He and Mrs. Mueller then reviewed the transcripts for accuracy, at times recruiting the assistance of student interns. Foreign language interviews were checked for accuracy by native language CIs and then translated into German by an external transcription and translation agency, before being checked once again by native language CIs. All interviews were coded by Mrs. Mueller using MaxQDA (VERBI Software, 2017, 2020) using deductive codes, which were developed by Mrs. Mueller through a review of relevant scientific literature, as well as inductive codes taken from the texts themselves. A student assistant, who was trained and supervised by Mrs. Mueller, also coded a number of the interviews, in order to assess the interrater reliability of the codes.

Overarching project 3

Due to Mrs. Mueller's observation that (secondary traumatic) stress appeared to be a relevant concern in the field of community interpreting for vulnerable populations, both supported by the literature and supported by the statements of many interviewees, selected open-ended questions were formulated for the focus groups and individual interviews with the objective to assess a range of stressors with which CIs may be confronted. Mrs. Mueller was responsible for formulating initial questions, and these were approved by the research group.

Mrs. Mueller was responsible for reviewing validated questionnaires and their German translations for potential use in this portion of the project. Another research assistant and German linguist, also reviewed the German translations and advised Mrs. Mueller on the appropriateness of the translations. In the end, The German-language Hospital Anxiety and Depression Scale (HADS-D, Zigmond & Snaith, 1983; Hermann-Lingen et al., 2011) was found to be the most appropriate, as other translations contained significant errors.

Mrs. Mueller was again responsible for the content analysis of the collected focus group and interview material in MaxQDA (VERBI Software, 2017, 2020) regarding evidence of secondary traumatic stress among CIs. Again, a student assistant supported this portion of the data analysis as a secondary rater.

Overarching project 4

A bachelor's thesis on the topic of secondary traumatic stress and resources among helping professions was supervised by Mrs. Mueller as the external advisor and secondary reviewer. As such, Mrs. Mueller closely supervised each step of the project, from the development and planning of the review to the definition of appropriate search terms and strings as well as inclusion and exclusion criteria and the determination of databases. In addition, Mrs. Mueller served as a second rater of the titles and abstracts for determining eligibility for inclusion. Finally, Mrs. Mueller reviewed and revised, as needed, all tables and texts prior to finally providing suggested grading of the finalized thesis for consideration by the university advisor and first reviewer. For the purpose of this dissertation, Mrs. Mueller has summarized and referenced the original work here (see Rehm, 2019).

Overarching project 5

Mrs. Mueller also served as an external scientific advisor of a master's thesis on the topic of secondary traumatic stressors as well as protective factors among CIs in Germany. In this capacity, Mrs. Mueller served to assist the student in planning and development of a quantitative survey-based study, as well as in the survey design and data analysis. As such, Mrs. Mueller assisted in the selection of appropriate questionnaires, as well as the formulation of the sociodemographic portion of the questionnaire. For the purpose of this dissertation, Mrs. Mueller has translated the work into English and summarized it. The original work is referenced (see Rehm, 2020).

2. Overview of the subtopics and substudies of the dissertation

The following represents a brief overview of the respective subtopics and substudies of the dissertation are to serve as an outline of the structure of the chapters to come.

Subtopic 1: Multilingualism in German healthcare: language barriers and resources

Substudy 1 "Multilingualism in medical care – A quantitative cross-sectional study of language barriers and resources"

Subtopic 2: Community interpreter training in Germany and around the globe

Substudy 2.1 "A scoping review of available training programs for community interpreters in Germany and abroad"

Substudy 2.2 "Training in public service interpreting – A systematic review of evaluated programs"

Substudy 2.3 "Training needs for community interpreters in Germany – A qualitative content analysis"

Subtopic 3: Secondary traumatic stress among community interpreters and other helping professions

Substudy 3.1 "Secondary traumatic stress and resources in community interpreting – A mixed methods study"

Substudy 3.2 "Secondary traumatization in human service professions – A scoping review"

Substudy 3.3 "Occupational psychological stress among community interpreters – An empirical study on risk and protective factors"

2.1 Subtopic 1: Multilingualism in German healthcare: language barriers and resources

"The greatest nations are defined by how they treat their weakest inhabitants."

- Jorge Ramos

Introduction

Germany represents a country with a relatively high rate of immigration (e.g., World Bank, 2016), which has contributed to ever-growing cultural and linguistic diversity among Germany's population. At the end of 2020, 26.69% of its residents had a migration background (Statistisches Bundesamt, 2021a), with even higher rates being found in larger cities and among younger generations. For example, according to the 2020 census, 37.85% of the population of Hamburg – Germany's second largest city by population – had a migration background, which represented a new record high after years of steady increases, with a continued tendency toward higher immigration rates in the years to come (Statista Research Department, 2021a and b, 2022b). Hamburg boasts a comparatively young population, and about half of the residents under 18 years of age reported having a migration background in 2015 (Statista Research Department, 2021b; Statistisches Amt für Hamburg und Schleswig-Holstein, 2016), with two thirds of those having been born outside of Germany (Statistisches Bundesamt, 2016). In 2015 and 2016, at the height of an influx of refugees into Europe, 1.9 million more people migrated to Germany, with a number of them seeking asylum (Statista Research Department, 2022a).

Research on the languages spoken by in German households indicates that multilingualism is increasingly common among the German population. The results of a 2020 microcensus (Statistisches Bundesamt, 2021b) show that 90% of households report speaking German, and among languages other than German (LOTG), Russian, Turkish, Polish, Romanian, Arabic and English were named most frequently. Another recent study performed by the Leibniz-Institute (IDS) along with the German Institute for Economic Research (DIW) in 2018 found similar results (Adler, 2019). Around 88% of the 4,339 participants reported speaking German as a mother tongue. Other mother tongues identified were Russian (17%), Turkish (16%), Polish (13%), Italian (9%), English (7%), Spanish (5%) and Greek (4%). Approximately 20% of the participants indicated speaking more than one language at home, and nearly all participants reported speaking German as well as another LOTG at home. Of those participants who reported speaking more than one mother tongue, 97 (2.2%) reported speaking two mother tongues; five (0.1%) named three mother tongues and three participants (0.06%) indicated having four mother tongues (Adler, 2019). Yet another study focusing on school children found that in 2016, 63% of the 4-to-5-year-old children with migration backgrounds spoke LOTG at

home and that Turkish, Russian and English were the most frequent languages spoken by those children (Autorengruppe Bildungsberichterstattung, 2016), which shows a high degree of concordance with the data from the 2020 microcensus and the Leibnitz-Institute study (Adler, 2019). A later study showed that 23% of 3- to 6-year-old children speak a LOTG at home (Statistisches Bundesamt, 2021b), but other studies confirm that German is also spoken by a majority of families with migration background alongside one or more LOTG (e.g., Lengyel & Neumann, 2016; Senatsverwaltung für Bildung, Jugend und Familie, 2021). Despite Germany's ever-growing multilingualism, the official language is German, (Bundesministerium der Justiz und für Verbraucherschutz (BMJ), no date, (VwVfG) §23 Amtssprache; Sozialgesetzbuch (SGB X), 2001) and as such, all government institutions are required to offer services in German, with the availability of services offered in other languages tending to be limited and the offers varied between locations.

The aforementioned increasing linguistic diversity in Germany may mean increasing multilingual resources in the overall society, however, this trend may also pose a particular challenge for providing healthcare to all patients, regardless of their (socio-)cultural and linguistic backgrounds, particularly when communication barriers present themselves. Studies performed in various countries have shown that language and cultural barriers represent substantial obstacles for providing patients with migration backgrounds equal access to healthcare services (Jang, 2016; Abraham et al., 2016; Priebe et al., 2011; Clough et al., 2013; Murray & Skull, 2005; Flores, 2005; Bischoff et al., 2003; Mösko et al., 2013).

A number of studies to date have shown that patients with limited language proficiency (LLP) in the language of their country of residence tend to have limited access to standard healthcare services, including general practitioners and preventative care, while they are more frequently treated in hospitals and urgent care facilities. Regarding the medical treatment which they receive, LLP patients tend to report limited understanding of their diagnoses and the instructions for their treatments and medications, which likely influences their poorer adherence to treatment and follow-up as well as their lower overall satisfaction with healthcare services (see also Borde, 2002; Yeo, 2004; Karliner et al., 2006; Riesberg & Wörz, 2008; Lebrun, 2012). In the context of psychotherapy and psychiatry, language barriers have been found to lead to difficulties in arriving at a proper diagnosis (Sandhu et al., 2013). In addition, it has been shown that LLP psychiatry patients tend to be more likely to be given more severe diagnoses and to prematurely discontinue treatment (Flores et al., 2003). In Southern Germany, LGP patients tend to be discharged earlier from inpatient treatment than other patients, oftentimes whilst still exhibiting symptoms (Bermejo et al., 2013). In the field of oncology, limited English

proficiency (LEP) patients in the US have been observed to be more likely to report not understanding their physicians or being unaware of their cancer diagnoses (Gany et al., 2013). Therefore, language barriers negatively affect both diagnosis and treatment of a variety of medical and psychiatric illnesses.

As a general rule, healthcare facilities, such as hospitals, do not systematically collect information related to migration background or language competencies of patients. For example, a European study spanning 16 countries found that only 15% of the surveyed healthcare facilities collected data on the migration background of patients, and in some countries, as in Germany, none did (Kluge et al., 2012). On the whole, there seems to be very little data available on the actual number of LLP patients in the healthcare systems of many countries. In a study from the Netherlands, nearly 40% of ethnic minority patients treated in four urban hospitals reported having limited Dutch proficiency (van Rosse et al., 2016). In North America, one US-American study found that 8.7% of patients exhibited LEP (Shi et al., 2009). Another US-American study targeting internal medicine estimated that over 10% of patients presented with LEP (Cardinal et al., 2016), and a Canadian study reported 14.9% of patients undergoing coronary bypass surgery as having LEP (Tang et al., 2016).

To date, there has been no national systematic data collection on the number of patients in the German healthcare system who present with LGP. Regional studies have found that in inpatient care in Berlin, participating hospitals estimated that an average of 7.1% of their patients would prefer treatment in LOTG, and that with around 5% of all patients, communication was not possible in German (Deininger & Brandt, 2005). Outpatient psychotherapists in Berlin estimate that approximately 6% of their patients have LGP (Odening et al., 2013). Taking into account that many potential patients who have LLP may not actively seek out healthcare services due to language barriers, the absolute number of potential patients with LGP is likely much higher (Bermejo et al., 2013). Focusing on one of Germany's most widely represented migrant groups, a study in a German hospital found that around 43% of all patients with a Turkish migration background reported needing language assistance (Giese et al., 2013). This need for language assistance does not only apply to newly immigrated individuals, as a Danish study has shown. Even after having resided in Denmark for seven years, 15% of patients with migration background still report needing an interpreter for healthcare-related communication (Harpelund et al., 2012).

With an increase in the use of LOTG among the general population comes an increasing number of healthcare professionals who also possess skills in LOTG. Around 10% of Germany's practicing doctors have a migration background (Bundesärztekammer, 2014), and among

nurses, the percentage of those without German citizenship has been reported as 15.4% (Afentakis & Maier, 2014). There has been no systematic data collection of migration background or additional language skills among healthcare workers in Germany to date. However, a regional study has shown that 14% of Hamburg's outpatient psychotherapists have a migration background and that treatment is offered in 16 different languages by outpatient psychotherapists, with English and French being by far the most frequent, followed by Swedish, Spanish and Portuguese (Mösko et al., 2013). This shows a certain degree linguistic diversity within the healthcare system, although it is not sufficient for meeting the needs of LGP patients. There are currently no regulations governing the provision of language assistance in healthcare in Germany, as there are in other neighboring countries, such as Sweden or Denmark (Bäärnhielm & Mösko, 2012). In order to facilitate the communication between providers and LGP patients, a number of strategies may be implemented: nonverbal communication; interpreting performed by family members of the patients or by multilingual staff, or interpreting performed by professional CIs (Hudelson et al., 2014). Pöchhacker (2000a, b) interviewed over 500 staff members of 12 hospitals in Vienna, Austria and found that the majority (59%) stated that they often (45%) or almost always (14%) used family members as ad-hoc interpreters in the treatment of LGP patients, despite the perception that the family members' interpreting competencies were judged to be deficient, as they often did not understand medical terms and often inserted themselves into the communication by speaking for the patients. Additionally, a number of studies have shown that errors committed by family members serving as ad-hoc interpreters may have significant and adverse consequences to medical treatment (e.g., Hardt, 1995; Pöchhacker & Kadric, 1999; Bührig & Meyer, 2004; Flores, 2006; Meyer et al., 2010b). In balance, one study performed in Australia showed that half of patients preferred using their family members as interpreters over involving professional interpreters when being treated in hospitals (Garrett, 2008).

Ad-hoc interpreting performed by multilingual staff brings certain challenges with it. Specifically, staff members may take on the additional role as interpreters, aside from their actual professional function, which may involve different and potentially conflicting expectations (Flores, 2006; Bührig & Meyer, 2015). On the one hand, ad-hoc interpreting can intensify existing challenges in provider-patient-communication (Bührig & Meyer, 2004; Flores, 2005), and grave mistakes can be made when ad-hoc interpreters have not been trained properly (Corsellis, 2005; Flores, 2006; Beeber et al., 2009; Grbić & Pöllabauer, 2008). On the other hand, some benefits have been found in employing multilingual medical staff, specifically regarding the rapport with multilingual patients who perceive a cultural match between

themselves and the multilingual staff (Jansson, 2014; Lusk & Terrazas, 2015), but also with respect to interpreting when the staff has been properly trained (Meyer et al., 2010a).

Compared to no interpreters or ad-hoc interpreters, it has been found that providing professional CIs in medical care can reduce the aforementioned discrepancies regarding access to healthcare, as well as accurate diagnosis and proper treatment so that healthcare for LLP patients no longer significantly differs from that of language proficient patients (Karliner et al., 2006). Even in countries with established language policies for healthcare, such as Australia, studies have shown that only about one third of LEP patients had access to interpreters when treated in hospitals (Garrett et al., 2008).

The following substudy (i.e., Substudy 1) will apply a cross-sectional quantitative approach and serve to illustrate resources and challenges in regard to linguistic diversity in healthcare, as experienced at a large hospital and university medical center in Hamburg, Germany.

2.1.1 Substudy 1: Multilingualism in medical care – A quantitative cross-sectional study of language barriers and resources (see also Maggu et al., 2017)

Background Information

Due to a lack of systematic studies of language barriers and competencies in the German healthcare system (Kluge et al., 2012) despite increasing rates of migration and linguistic diversity (Statista Research Department, 2021a and b, 2022b), this substudy was planned in order to address this gap in the existing literature.

Research Question and Objective

Substudy 1 was designed in an attempt to answer the following research question:

What language barriers and resources can be found in the hospital context in Hamburg, Germany?

The current substudy aims to examine multilingual resources and practices in a hospital with an established interpreting and translation service, by assessing the linguistic repertoires of staff members from different occupational groups and their use of various languages for facilitating communication with patients and colleagues. In addition, challenges involved in treating LGP patients will be addressed and practices used for overcoming language barriers will be examined.

Methods

Population and Procedure

The substudy was conducted using a quantitative cross-sectional design at the University Medical Center Hamburg-Eppendorf, which is a hospital with its own internal translation and interpreting service. Two departments were selected for sampling, namely the Department of Oncology and Hematology and the Department of Psychiatry and Psychotherapy, as these represent departments in which provider-patient-communication plays a particularly important role.

Because a broader range of healthcare professions are involved in patient care in these departments, a number of perspectives from different occupational groups were able to be incorporated into the analysis. All occupational groups with direct patient contact were included in recruitment, namely (1) physicians; (2) psychologists, psycho-oncologists & psychotherapists; (3) other therapists such as physiotherapists, occupational therapists, art therapists, music therapists, dieticians; (4) administrative staff; (5) nurses; (6) supply chain assistants responsible for food distribution; and (7) cleaning staff. The heads of the respective departments were consulted to determine optimal distribution methods for recruiting the aforementioned occupational groups.

The first round of data collection was conducted from November to December 2015 using an abridged paper-and-pencil version of the questionnaire with supply chain assistants and cleaning staff. The second round lasted from April until July 2016 using the complete online and paper-and-pencil versions of the questionnaire for the remainder of the occupational groups.

Instrument

A self-report questionnaire was developed in the form of a complete online version, a complete paper-pencil version and an abridged paper-pencil version. All were piloted prior to use with participants. A link to the complete online version of the questionnaire was sent to participants of groups 1-4, and a paper-and-pencil versions of the online questionnaire was also distributed to these groups on their units. Nurses received a complete paper-and-pencil version, which was distributed and collected by the head nurses, and supply chain assistants and cleaning staff received the abridged paper-and-pencil version of the questionnaire, which was filled out with a research assistant.

The questionnaire was compromised of items targeting information regarding language skills and abilities in various languages and was based on the Common European Framework of Reference for Languages (CERF, 2001), covering abilities regarding listening and reading comprehension, as well as speaking and writing skills. Participants were then asked to estimate the percentage of their patients who exhibit LGP, how language barriers are dealt with, to what extent they assist other staff members with their language skills, and what kind of support the participants perceive as being useful or desirable in facilitating communication with patients with LGP. Sociodemographic data were also collected, including information regarding migration background. Migration background was assessed using Schenk and colleagues' (2006) recommended basic set of indicators for determining migrant status: personally having or having at least one parent with a) foreign nationality, b) birthplace in a foreign country, or c) a LOTG as a mother tongue (see Appendix A).

Ethical considerations

The instrument and substudy design were approved by the University of Hamburg's staff council, the University Medical Center's data protection expert, the Medical Center's two staff councils and the legal board. Permission was also obtained from the respective department directors, and all occupational groups were contacted prior to sending out the questionnaires to inform them individually about the substudy. The paper-and-pencil surveys were kept in a secure room in the University Medical Center, and the online survey program used has its server based at the University of Hamburg. No surveys were kept together with any identifying

information about individual participants, as informed consent forms were stored separately from the anonymous surveys. The online surveys were also anonymous, and no IP-addresses were saved. Therefore, no identifying information could be connected with any of the participants.

Statistical analyses

The descriptive statistical analyses were performed using SPSS, Versions 23.0 and 27.0 (IBM, 2015, 2020). For the evaluation of most variables, the 7 occupational groups were categorized into 4 main clusters, due to the small sample size of some of the groups, namely (1) physicians; (2) nurses; (3) psychologists, psychotherapist and other therapists; (4) supply chain assistants and cleaning staff.

Results

Description of sample

The number of participants working at each department was nearly equally distributed with 134 (48%) reporting working in the Department of Psychiatry and Psychotherapy and 140 (50%) in the Department of Oncology and Hematology. Fifteen percent (n=41) of the participants were physicians, nearly half nurses (n=137; 46%), 20% (n=57) psychologists, psychotherapists and other therapists, and 14% (n=39) belonged to the group of supply chain assistants and cleaning personal. Six participants (2%) answered that they were involved in patient administration. Due to the final group's small sample size, it was excluded from further analyses.

With respect to gender identity, almost two thirds (n=213; 72%) of the participants identified as female. Aside from the physicians (48.8% female), all other occupational groups in this sample were predominantly female (nurses: 80.3%; psychotherapists/therapists: 83.9%; supply-chain/cleaning staff: 77.1%). Regarding their ages, 23% of the staff were younger than 30 years of age. Almost one third reported being between 30- and 40-years-old; approximately 20% belong to the age group 41 to 50 years and around 20% to the group of 51-to-60-year-olds. Less than 5% of the employees stated that they were over 60 years of age.

Regarding their respective work experience, more than one third of all participants reported having more than 10 years of work experience in their respective occupations (42.8%). One fourth (27.2%) indicated having between 4 and 9 years of professional experience. Only 6.2% answered that they had less than one year of work experience in their current occupation.

Twenty-nine percent of the participants (n=85) had a migration background, which is more than the average within Germany (Statistisches Bundesamt, 2021a) but slightly less than the local average at the time of the data collection, which amounts to 33% of the population of Hamburg (Statistisches Amt für Hamburg und Schleswig-Holstein, 2016). The percentages of

participants with migration background varied by occupational group. While 69.9% of the supply chain assistants and cleaning staff had a migration background, only 16.7% of physicians did.

Language skills and their use in the hospital

Participants were asked to first list all of the languages in which they possessed any degree of understanding or communicative skills, regardless of their level of fluency. Then, they were asked to evaluate their listening and reading comprehension, as well as their speaking and written production and discursive abilities in each of their languages. Participants listed a total of 38 different languages in which they possessed a range of competencies. 2.7% (n=8) indicated speaking one language; 42% of the participants listed two languages; 33% wrote in 3 languages; 19% named four different languages; and 15 participants (5.1%) indicated possessing some degree of competency in five languages. Given that the substudy was conducted in German with staff members working at a German university medical center, the finding that German was the most frequently named language is unsurprising (n=290; 98.6%). Two-hundred sixty participants (89%) listed English; 82 participants (28%) wrote in French; and 60 (20.5%) individuals reported possessing competencies in Spanish. Considering that English, French and Spanish are the most frequently taught languages in German schools (KMK, 2013), this result is also unsurprising. Eighteen participants (6.2%) indicated having skills in Italian; 16 participants (5.5%) listed Russian; 15 (5.1%) wrote in Turkish; 12 (4.1%) named Polish; and 10 (3.4%) indicated having skills in Serbo-Croatian language varieties. These languages correspond to the most frequently reported countries of origin of the German population with migration background according to the last national census prior to this substudy (Statistisches Bundesamt, 2016). Further languages listed were other European languages (e.g., Albanian, Danish, Dutch, Greek, Finnish, Hungarian, Low German, Norwegian, Swedish, and Swiss German), East Asian languages (i.e., Indonesian, Mandarin, Japanese, Korean), Central and South Asian languages (e,g., Hindi, Punjabi, Sindhi, Urdu), Western Asian languages (e.g., Arabic, Kurdish, Dari, Farsi), African languages (e.g., Bambara), and other (e.g., Latin, German Sign Language).

After listing the languages in which they possessed competencies at any level, participants were asked to identify their mother tongues. In total, 20 mother tongues were identified, with German as the most frequently indicated (n=255; 87.3%). Six percent (n=17; 5.8%) of the participants selected more than one mother tongue, and 36 participants named exclusively LOTG. Among the LOTG, Polish was selected most frequently (n=9; 3%), followed by Turkish (n=6; 2%), Serbo-Croatian and English (n=5; 1.7%, respectively), as well as Russian and Spanish (each

n=4; 1.4%). Other mother tongues selected by one participant each were Arabic, Bambara, Dari, Farsi, Finnish, French, Greek, Hindi, Italian, Kurdish, Portuguese, Sindhi and Swedish (0.3% each; see Maggu et al., 2017 for further information).

Once they had listed their languages and selected their respective mother tongues, participants were asked whether they had used LOTG at their workplace within the last month. Of the 261 participants who answered this question, 62.5% (n=163) answered in the positive. Among physicians, 81.6% (n=31) indicated using a LOTG in the workplace, and more than half of all other occupational groups also reported using LOTG in the workplace: 73.7% (n=28) of the supply chain assistants and cleaning staff, 57.3% of nurses (n=75), and 53.7% (n=29) of psychologists and therapists reported using other languages in the workplace. Of those who used LOTG in the workplace, many reported using LOTG on a daily basis (see Table 1).

Table 1

LOTG use at work by occupational group

Occupational group	n	LOTG at work	Daily use of LOTG at work
Physicians	38	81.6% (n=31)	70.6% (n=24)
Nurses	131	57.3% (n=75)	41.3% (n=33)
Psychologists and other therapists	54	53.7% (n=29)	50% (n=15)
Supply chain assistants and cleaning staff	38	73.7% (n=28)	34.5% (n=10)
Total	**261**	**62.5% (n=163)**	**31.4% (n=82)**

Note. See Maggu et al., 2017 for comparison.

In total, 27 LOTG were listed by the participants as being used in the workplace. Once again, English was most frequently listed (n=176), followed by French (n=38), Spanish (n=23), Turkish (n=10), Italian and Russian (each n=9), Polish (n=7), Arabic and Portuguese (each n=6), and Serbo-Croatian as well as varieties of Persian (i.e., Dari, Farsi) were listed as well (each n=5). When asked how often they used these other languages, almost 30% indicated speaking LOTG at least once a week. In this case, 55.4% of nurses, 44.1% of physicians, 32.1% of supply chain assistants and cleaning staff, and 26.7% of psychologists and (psycho)therapists reported using LOTG at least once a week.

Communication with LGP patients and their relatives

The participants were asked to estimate what percentage of patients and patients' relatives presented with LGP. In the outpatient setting, staff members estimated as an average 9.8% of

patients and 7.5% of patients' relatives as having LGP. In the inpatient setting, the number was higher: 12.3% of patients and 10.6% of their relatives were perceived as having LGP.
The estimated percentage of patients with LGP varied between the departments. Almost 15% of the inpatient patients and 11% of the outpatient patients were estimated to have LGP in the Department of Oncology, while in the Department of Psychiatry, 8.7% of the inpatient patients and 6.5% of the outpatient patients were perceived as having LGP.
Participants were asked to identify common mother tongues among patients with LGP and then to estimate the percentage of LGP patients who spoke the identified languages as a mother tongue. In total, participants identified 41 different languages, and the following represents a list of the identified mother tongues and the corresponding presumed frequencies among LGP patients and their relatives: Turkish (n=122) was presumed to be the mother tongue of approximately 20.5% of LGP patients and their relatives; variations of Arabic (n=110) of 18.5%; variations of Persian and Afghan languages[4] (n=108) of 15.4%; Russian (n=91) of 20.5%; English (n=56) of 16.4%; Polish (n=53) of 14.9%; Spanish (n=19) by 20.2%; French (n=17) by 21.8%; African languages, such as Ewe and Tigrinya (n=14) of 17.8%; Italian (n=14) of 20.2%; Romanian (n=13) of 13.9% and variations of Serbo-Croatian (n=12) of 15.8% (for a more comprehensive list of the mother tongues, see Maggu et al., 2017).
In the communication with LGP patients, participants then indicated how frequently they made use of various strategies for dealing with language barriers. Forty-one percent (n=83) reported frequently attempting to communicate using gestures. Language assistance tools were reportedly frequently used by 14.1% (n=28) of the participants. It is notable that although the University Medical Center has its own interpreting service, most frequently, adult relatives of patients were recruited to function as interpreters (n=113; 55.7%). The University Medical Center's interpreting service was reported as being used frequently by 50.7% (n=104) of the participants. Slightly more than one third of the participants stated that they frequently asked colleagues to serve as interpreters (n=67; 33.7%).
One unsettling finding was that despite the availability of an interpreting service, as well as other means of facilitating communication, underaged relatives of patients (i.e., children) were also frequently recruited to interpret for patients by 9% (n=18) of the clinical staff, namely by nurses (n=12; 10.2%), physicians (n=5; 13.5%) and (psycho)therapists (n=1; 2.9%).

[4] It should be noted that many LOTG were listed by country or region (e.g., "Syrian", "Afghan" or "African"), rather than by their official names.

Language assistance in communication with LGP patients and their relatives

Participants were then asked whether they use their language skills in LOTG to assist their colleagues in the clinical workplace. Those who indicted using their own language skills to assist others were then able to specify what kind of language-related assistance they offered, be it text translation or oral interpreting. The responses are depicted in Table 2 below.

Table 2

Language assistance by occupational group

Occupational group	n	Language assistance	Interpreting	Translation
Physicians	38	37.5% (n=15)	26.8% (n=11)	12.2% (n=5)
Nurses	131	36.5% (n=46)	23.4% (n=32)	8% (n=11)
Psychologists and other therapists	54	25.5% (n=14)	15.8% (n=9)	15.8% (n=9)
Supply chain assistants and cleaning staff	38	54% (n=20)	43.6% (n=17)	20.5% (n=8)
Total	**261**	**37% (n=100)**	**24.4% (n=72)**	**12% (n=35)**

Note. Original table developed for the present dissertation.

The staff members who indicated assisting others with their language skills estimated that they had spent on average 1.89 hours (SD=2.07) over the past month interpreting for other staff members and patients as well as patients' relatives and about 0.76 hours (SD=1.03) translating texts. Some (n=36; 12.2%) reported this to be typical, whereas others (n=33; 11.2%) reported this as being less time than usual spent interpreting and translating, and yet others (n=18; 6.1%) indicated that they had spent more time than usual performing these language-related tasks.

When asked to what degree they perceive providing language-assistance to be an additional burden, a majority (n=63; 67%) indicated that they generally did not see this as an added burden. 17 (18.1%) reported that this sometimes represented an additional burden, and 14 (14.9%) generally considered this language-related assistance to be an added burden for them.

With regard to perceived recognition and appreciation, the majority of the participants who indicated providing language-related assistance reported feeling that their effort is appreciated. Of those who responded to the questions regarding perceived appreciation, 99% (n=97) reported feeling appreciation from patients and relatives; 98.9% (n=94) indicated having the impression that their assistance was at least somewhat valued by colleagues; and 76.6% (n=72) have received indications of some form of gratitude from their supervisors.

When asked about their comfort level with translating and interpreting for patients and their relatives, 47% (n=48) reported feeling sure to very sure of themselves, whereas 32.4% (n=33) reported feeling somewhat sure about their ability to translate or interpret, and 20.6% (n=21) felt unsure to very unsure regarding their level of confidence and comfort with taking on this additional role as an ad-hoc translator or interpreter.

Self-perceived confidence and need for support with LGP patients and their relatives

Participants were asked to rate how confident they felt in their work with LGP patients with regard to cultural and language barriers. With regard to communication in general, 36.3% (n=82) of the participants did not feel confident. 24.3% (n=55) did not feel confident in dealing with cultural differences. In working with interpreters, the majority (n=204; 90%) of staff felt at least somewhat confident. When asked what further provisions may be particularly helpful when working with LGP patients, "working with interpreters in daily clinical routines" was rated as potentially helpful by 72.1% of the participants from all occupational groups.

Discussion

The current substudy was designed to explore language-related resources and practices in medical care in a hospital setting and to identify potential needs for the provision of medical care in a multilingual society. This represents the first study of its kind in Germany to examine the experiences and perspectives of healthcare staff of all occupational groups dealing directly with patients, including cleaning staff and supply chain assistants – a group which is often neglected in scientific studies.

The current substudy also represents the first study to provide a differentiated description of language barriers, resources and practices at a German hospital. The results highlight a wealth of linguistic resources among various occupational groups, which underlines a need for healthcare facilities to systematically assess linguistic resources of both staff and patients, in order to provide the best possible medical care to LGP patients.

Contrary to monolinguistic healthcare policies, the results of this substudy illustrate the multilingualism in daily clinical routines. With 38 different languages in total, 20 of which were identified as mother tongues, a high degree of linguistic diversity was found among the hospital staff, and staff members reported using LOTG in everyday work and providing language-related assistance to other staff members, as well as patients and patients' relatives. However, their comfort level with taking on these added interpreting and translation tasks varied.

The fact that a relatively high number of staff members from all of the occupational groups surveyed indicates using LOTG and providing language-related assistance in their daily work at the hospital indicates that linguistic resources are utilized regularly. Nonetheless, although

interpreting among staff to facilitate communication with patients and their relatives occurs on a regular basis, these practices are neither systematically trained, officially recognized, nor are they incentivized, which would represent an important step in compensating and better equipping them for performing additional tasks outside their scope of duties (Moreno et al., 2007; Meyer et al., 2010a). This is of particular importance, as other studies to date show that not all staff taking on the role of an interpreter have the required competencies (Bührig & Meyer, 2004; Moreno et al., 2007). Without the required competencies and training, grave errors can be made in the interpreting situation. For example, one study found that ad-hoc interpreters made on average twice as many mistakes as professional interpreters in the medical setting (Nápoles et al., 2015). In addition, Cambridge (2005) details a number of exchanges between physicians, LLP patients and untrained ad-hoc interpreters, highlighting specific types of errors, including eliminations of potentially important medical information as well as insertions of medical advice not given from the doctor as potentially dangerous mistakes made by untrained ad-hoc interpreters.

Despite the fact that the hospital staff possesses a range of linguistic competencies, the existing linguistic repertoire indicated by this sample is unable to meet the needs of all LGP patients and their relatives. Fortunately, the internal interpreting service is also frequently used, which offers services in over 60 languages. In the first year of this substudy (i.e., 2015), the most frequent languages requested of the internal interpreting service were Arabic, Persian (Dari, Farsi), Turkish, Russian and Polish. In the Department of Oncology, Armenian also requested frequently. These results show a certain degree of overlap with the most frequently spoken LOTG in Germany around the time of this substudy (Adler, 2019; Statistisches Bundesamt, 2021b). Overall, the participants' estimations of LGP patients' mother tongues match those languages requested of the internal interpreting service. However, it is notable that staff named only 41 LOTG, whereas many more languages are offered by the interpreting service. Though there is a certain awareness of patients' linguistic backgrounds, staff may tend to underestimate the linguistic diversity of their patients. Additionally, many participants listed languages that are not languages but regions or countries (e.g., "African", "Syrian"), which suggests limited understanding and knowledge of linguistic diversity in general among hospital staff.

In addition, the staff indicated using both adult and child relatives as interpreters, which is likely due to the ease as well as the incorrectly presumed time- and cost-effectiveness of this option, particularly for ad-hoc interpreting (Meyer et al., 2010b). The frequent use of child interpreters despite the existence of an internal interpreting service is particularly problematic, not only because the potential for grave errors (e.g., Flores et al., 2003), but also because of the

psychological and emotional burden placed upon children charged with interpreting potentially life-threatening medical information for parents or other relatives (see also Jacobs et al., 1995; Green et al., 2004; Pohl, 2005; Pohl, 2006; Ahamer, 2013). More specifically, a shift in familial roles and responsibilities takes place when children and adolescents are put in the role of ad-hoc interpreters, which leads to uncertainty among children and adolescents about which role they have and how responsible they are for managing adult situations (Pöchhacker, 2008). Additionally, although children and adolescents acting as interpreters report taking pride in being able to help their family through interpreting, they also tend to indicate feeling uncomfortable or overwhelmed, and some exhibit symptoms of posttraumatic stress when confronted with painful experiences and sensitive matters, such as the death of family members, due to taking on adult responsibilities in their role as ad-hoc interpreters (Green et al., 2004).

These results are consistent with findings from other studies. After various initiatives to increase knowledge and encourage staff to work with interpreters (Hudelson et al., 2014; Kluge et al., 2012), it was found that professional interpreter use did increase among staff; however, use of family members as interpreters persisted at the same rate, and the most serious challenge cited remained time constraints. Other studies performed in the USA found that even when interpreting services were available, physicians tended to underuse professional interpreting, primarily due to time constraints (Baker et al., 1998; Bonacruz-Kazzi & Cooper, 2003; Ramirez et al., 2008; Diamond et al., 2009; Diamond et al., 2012).

An additional reason given for using family members rather than professionally trained interpreters is based on another incorrect assumption regarding financial aspects of involving interpreters. Although cost may have played less of a role in the present substudy, due to the presence of the internal interpreting service, in the overall context of healthcare in Germany, this represents a deciding factor, as interpreter costs are currently not covered by insurance companies (BMJ, VwVfG §23 Amtssprache). Research to date has shown that contrary to perception that using ad-hoc interpreters such as family members represents a cost-effective solution to the issue of language barriers, the total cost of treatment actually increases significantly, due to erroneous interpreting being associated with misdiagnoses and incorrect treatments as well as repeated hospital and emergency department visits (Bernstein et al., 2002; Hampers & McNulty, 2002).

In an ideal situation, professionally trained CIs would be employed in hospitals and other institutions offering medical treatment. However, the current results underline the issue of ad-hoc interpreters, including bilingual staff or family members, including children, being called upon to mediate communication. This points at a need for further training – not only of those

acting as CIs – but also of the users of CIs, as the misguided assumption that any untrained bilingual person can serve as an ad-hoc interpreter neglects the dangers involved in utilizing untrained ad-hoc interpreters (Corsellis, 2005; Grbić & Pöllabauer, 2008; Beeber et al., 2009; Meyer et al., 2010a; Meyer et al., 2010b; Ahamer, 2013).

A rather novel finding shows that in the current substudy, supply chain assistants, who normally do not have access to the interpreting service, report having a need for interpreting support in their work with LGP patients. Overall, the present substudy's results indicate that there is room for further development of interpreting services and training for staff on multilingualism and community interpreting.

In this substudy, the estimates of the percentages of LGP patients ranged from 12.3% to 15% in the inpatient setting. The actual number of patients that are in need of language assistance is difficult to ascertain, as healthcare facilities do not systematically collect data on patients' language competencies (Kluge et al., 2012). Nonetheless, these data are consistent with findings from Canada, where 14.9% of all patients were identified as being limited English-proficient (LEP) according to a screening tool, based on patient self-report and nurse assessment (Tang et al., 2016). A study performed in a Berlin hospital found that 43% of inpatient patients were in need of language assistance (Giese et al., 2013), and similar numbers were found in the Netherlands, where 40% of patients at four urban Dutch hospitals were found to have limited Dutch proficiency. Taking into account that the overall percentage of inhabitants with LGP is difficult to assess but that more individuals with migration background tend to live in larger cities (Statista Research Department, 2021b), such as Hamburg, the absolute numbers of LGP patients in Germany may be lower than in the current substudy. Nonetheless, there are a considerable number of individuals who are affected by LLP in Germany and around the world, and much more should be done in order to provide adequate language assistance services in healthcare.

Limitations and recommendations for future research

Regarding the sampling process, because there was no financial incentive for participation in this substudy, an inherent bias may exist, preferring individuals who may be more interested or involved in the treatment of LGP patients or in cultural or linguistic diversity. Another factor that may have affected participation is the availability and willingness to fill out online questionnaires or take part in scheduled appointments.

Language proficiency was classified using a self-assessment, which was used in other studies at the University of Hamburg (i.e., Gogolin et al., 2017; Mueller & Siemund, 2017; Mueller, 2018) and designed according to the skills measured in the CEFR (Council of Europe, 2001).

These data are based on a self-assessment, and as such, participants could have under- or overestimated their actual level of competence. However, a US study on physicians' Spanish language competency show that self-assessment matched patients' perception of the physicians' competency levels (Rosenthal et al., 2011). Another issue which was not addressed in the present substudy concerns the levels of language competencies required for providing critical information (e.g., instructions for medication use) in healthcare facilities (see also Diamond et al., 2012). Future studies would do well to focus on required language competencies and possible trainings for hospital staff.

Conclusion

Considerable language resources exist among healthcare staff that could be used in a more systematic and formalized way in order to support staff and ensure the quality of LGP patient care. The current results show that the estimated percentages of patients in need of language assistance in this particular hospital setting is higher than in previous studies. Further studies are needed to explore this issue in greater detail. Healthcare facilities should more systematically document patients' language needs and train their staff in identifying languages, communicating appropriately about medical issues in other languages, and regarding acting as or using interpreters and translators. In addition, these findings that despite the availability of language assistance services, family members, including children, are still used frequently as interpreters, which is consistent with research from other countries. Communication is complex within a hospital, and perceived time constraints have been found to hinder the use of professional interpreters. More research is suggested to explore ways of dealing with language barriers, in particular regarding the use of interpreters. Overall, there appear to be untapped linguistic resources in the hospital setting, which deserve additional attention and further inspection in order to find optimal solutions for meeting communication needs and ensuring quality and equitable healthcare for all patients, regardless of their language background.

2.2 Subtopic 2: Community interpreter training in Germany and around the world

"Many people do not understand the role of the interpreter,
don't really value the importance. We're talking about somebody's life.
If the interpretation is not done correctly, big mistakes can be made."
- Guillermo Arenas

Introduction

Due to increasing numbers of migrants entering Germany, in particular refugees and asylum-seekers, there has been an increased need for CIs for facilitating the communication between migrants and various actors in social services, healthcare and governmental agencies. CIs working in these areas have a wide array of qualifications, from university-educated interpreters and translators with graduate degrees to ad-hoc CIs without any type of formal training.

In Germany, there is a growing market for training programs for such CIs, and these span from short trainings lasting a few hours or days to university Master's degrees in *Community Interpreting* (Daneshmayeh, 2008). In other countries, such as Switzerland, Austria, Australia and Canada, there are quality standards which must be met by such training programs, in order to ensure a standard of professionalization among trained CIs (e.g., INTERPRET, 2002; NAATI, 2021). At present, this type of professionalization and systemization is lacking in Germany (Mueller et al., 2018; Breitsprecher et al., 2020a, b). However, Toledano Buendía (2010) states that the lack of unified training and professional standards in the area of community interpreting represents a general problem in this area:

> …the community interpreting sector is left without a system of coherent and unified professional norms. There is no regulated interpreting market in which trained interpreters have exclusive rights to interpreter positions in institutions or agencies. The suggestion is that if anyone can do it, why then should interpreters be granted the prestige associated with professional status for doing work that anyone knowing a foreign language can perform? The implication of this is that when a profession lacks certain professional qualities such as specific skills, training or certification, it proves difficult to maintain an overall sense of professional status.

The question remains of how CIs should be trained for the German context, in order to best facilitate the communication between migrants, such as refugees and asylum-seekers, and various actors in social services, healthcare and governmental agencies. One of the goals of the current overarching research project is to examine existing training programs around the globe and assess the needs of CIs in Germany, in order to formulate a basis for quality standards for training CIs in Germany.

Background information

In various countries around the world, there have been a number of efforts to update the literature regarding the range of training programs available in each respective country or region. For instance, Townsley (2007) reflects on the training programs offered for public service interpreters (PSIs) in the UK, and in that same year, Niska (2007) describes the training programs that CIs may choose from to become qualified to interpret in this field in Sweden. One year later, Daneshmayeh (2008) critically reflects on the various training programs available in German-speaking countries in the field of community interpreting, and in an effort to identify quality standards needed for training programs in the United States, Mikkelson (2014) describes the evolution of public service interpreter training in the United States and lists *essential elements of training* (emphasis in original), based on a compilation of recommendations by experts in the field, which she posits should be used as a benchmark on which to measure programs regarding their curricular quality.

Traditionally, many CIs have worked specifically in the fields of medical or legal interpreting, which has resulted in training programs offering modules in one or both of these areas (Hale, 2014). In addition to its application in the medical and legal fields, community interpreting can also be found in the fields of social work or public service, including a range of social services such as housing, education, welfare, counseling, asylum related services, law enforcement agencies (e.g., police stations and courts) as well as psychosocial, family, medical and environmental health services, in which case it is often referred to as “public service interpreting” (see also Mikkelson, 1996; Corsellis, 2000; Corsellis, 2008).

CIs, as well as PSIs in particular, are often employed who have a wide spectrum of qualifications, ranging from those with no qualifications to those with sworn interpreter status (e.g., Townsley, 2007; Daneshmayeh, 2008; Ahamer, 2013). Ideally, professionally trained CIs would be employed as a rule. However, the reality in this field is that, as described in Substudy 1, ad-hoc interpreters are often called upon to mediate communication in a variety of contexts. This practice of utilizing the services of non-professional interpreters is based on not only the urgent need for individuals who can facilitate communication between speakers of different languages but also on the incorrect assumption that bilingualism is the only prerequisite for interpreting, regardless of the context (Meyer et al., 2010a; Meyer et al., 2010b; Ahamer, 2013). To date, there have been a number of studies which have demonstrated that both medical and psychiatric care suffers when unqualified ad-hoc interpreters are employed, not only because erroneous interpretations or verbal (sight) translations can have serious consequences, but also due to a lack of an understanding of the role of a CI and the ethical standards which individuals

in this profession should adhere to (see also Beeber et al., 2009; Corsellis, 2005; Grbić & Pöllabauer, 2008; Ertl & Pöllabauer, 2010; Nápoles et al., 2015). In the case of rare languages, one serious issue pointed out by Hale and Ozolins (2014) is that "there may be only very few interpreters available, and most often there are no credentialed interpreters" for these language groups.

Not only in healthcare, but also in the public services, such errors can lead to grave consequences (see also Slatyer, 2006). Particularly in the case of asylum proceedings, decisions are largely dependent upon the interpretations or verbal (sight) translations of the interpreters present. As an example, Barksy notes in his 1994 work, "incompetent interpreters … can undermine a potentially valid claim" in asylum hearings (Barksy, 1994, p. 43). In addition, Corsellis (2008) notes that

> "inadequate training and assessment leads to inadequately qualified 'interpreters' who are likely to be inappropriately used, poorly paid, vulnerable, without prospects and a risk to others. This leads to lack of recognition of skills, which leads to lack of training and so on."

In this way, neglecting to implement quality standards for the training of CIs not only negatively affects those who are on the receiving end of the interpreting services, but also the service providers themselves – in this case, the community and public service interpreters – who may also find themselves in a vulnerable position, financially or otherwise. Thusly this becomes a systemic problem, resulting in a vicious cycle of systemic inequality which negatively affects not only the service users and service providers, but also extends to the overall society.

The following substudies will examine existing training programs for potential CIs in Germany as well as internationally and will describe systematic evaluations of such programs:

Substudy 2.1 applies a scoping review methodology to identify training programs for potential CIs in English-speaking as well as German-speaking countries.

Substudy 2.2 represents a systematic review of relevant scientific literature on the evaluation of training programs for potential public service and community interpreters.

Substudy 2.3 focuses on the German context and involves a qualitative content analysis of focus group and interview responses regarding training needs for potential CIs working with refugees and asylum-seekers.

2.2.1 Substudy 2.1: A scoping review of available training programs for community interpreters in Germany and abroad

Background Information

According to Pöchhacker (1999), community interpreting has been recognized as a profession has been since the 1960s, and research concerning this field of community interpreting as well as discussions regarding professionalization, credentialing or training programs and efforts to evaluate said programs have been in existence in various countries since the 1970s (Hale, 2007). In recent years, a number of researchers (e.g., Hale, 2007; Corsellis, 2005; Grbić & Pöllabauer, 2008) have stressed the importance of supporting strong collaborative efforts between research, training and practice in the field of community interpreting in order to ensure appropriate training and quality assurance.

Types of training programs

Regarding research related to training programs in community interpreting, there have been a number of publications put forth in an attempt to compile existing training programs in various countries in order to summarize their focal points, highlight particular strengths and weaknesses and provide best-practice examples as well as training standards (e.g., Strauss, 1975; Downing & Tillery, 1992; Nicholson, 1994; INTERPRET, 2002; Hale, 2007). In an effort to identify quality standards for training, other publications have evaluated and reflected upon existing training programs in various countries (see also Hale & Ozolins, 2014; Nord, 2007; Townsley, 2007; Niska, 2007; Daneshmayeh, 2008; Mikkelson, 2014; Pérez & Wilson, 2011).

Even in countries with more developed training institutions, short training programs appear to be more common than longer, more intensive programs. Hale and Ozolin (2014) noted that "short courses (most commonly of 40 hours duration) are ubiquitous in the United States and elsewhere." Mikkelson (2014) describes the evolution of PSI training in the United States and lists various combinations of *essential elements of training* (emphasis in original) which have been identified by other scholars in this area, namely Hrehovčík (2009), Rudvin and Tomassini (2011) and Valero-Garcés (2011), which she suggests using as a benchmark on which to measure various types of training programs regarding their curricular quality. The aforementioned essential elements of training are found in various combinations with one another, based on the length of the respective recommended training models. The following represents a summary of Mikkelson's (2014*) essential elements of training*:

> For short courses, Hrehovčík (2009) recommends following a 45-hour model, consisting of 10 classes: (1) Overview of interpreting and definitions of terms; (2) The interpreter's role; (3) The linguistic, cultural, situational, and professional tasks of interpreting; (4) Processes and skills required for interpreting; (5) Preparation and protocol; (6) Ethics and ethical decision-making; (7) Process management; (8) Overview

of interpreting in medical settings; (9) Overview of interpreting in legal settings; (10) The profession of interpreting

Rudvin and Tomassini (2011) provide a sample curriculum for 60 hours of instruction: (1) Course introduction; (2) An introduction to interpreting for private and public institutions in the country at issue; (3) Interpreting skills, competencies and techniques; (4) Interpreting for specific sectors (business, health services, mental health, the legal sector); (5) Specialized terminology for each sector, practical exercises such as role play; (6) Codes of ethics and the interpreter's role; (7) Issues of cross-cultural and intercultural communication; (8) Varieties of English (or other lingua francas); (9) Summing up and on-the-job issues.

Valero-Garcés (2011) offers an example of a one-year (60 ECTS[5]) Master's Degree curriculum in Intercultural Communication, Interpreting and Translation in Public Services with five modules: (I) Interlinguistic communication; (II) Interpreting and translating in healthcare settings; (III) Interpreting and translating in legal, administrative, educational settings; (IV) Internship or practicum in public/private institutions; (V) Master's thesis with research project.

The recommendations above will serve as a basis for comparison for training programs found in the present substudy.

Research Question and Objective

The present substudy represents an attempt to answer this question:

What training programs are available in Germany and abroad for potential community interpreters working with refugees and asylum-seekers in the field of social work?

This scoping review aims to provide an overview of training programs available to prospective CIs in German-speaking and English-speaking countries, who may wish to work in the field of social work or public services with refugees, asylum-seekers and other migrants.

Methods

With the help of the PICOS-model for systematic reviews (Centre for Reviews and Dissemination, CRD, 2006, 2009) and the scoping review framework put forth by Arksey and O'Malley (2005), websites which deal with the training programs available to CIs working in the context of social work with refugees and asylum-seekers who are confronted with language barriers were searched for, screened and analyzed. From the end of November 2016 until the end of January 2017, search terms and strings formulated in German and English, which had been developed to fit defined PICOS-categories (CRD, 2006), were applied to searches in various internet search engines (see Appendix B).

Following the screening of the websites obtained through these searches, appropriate websites describing training programs for CIs were evaluated, and the results of this process are

[5] ECTS=European Credit Transfer and Accumulation System (European Commission, 2015) are European-wide credit units for university study. See European Credit Transfer and Accumulation System (ECThttps://education.ec.europa.eu/levels/higher-education/inclusion-connectivity/european-credit-transfer-accumulation-systemS) | European Education Area (europa.eu) for further information.

summarized in the present scoping review. Further details regarding the methods applied are listed below.

Review Type

A scoping review was performed following the framework laid out by Arksey and O'Malley (2005), beginning by defining the research question listed above. Daudt et al. (2013) proposed the following definition of a scoping review, which served to guide this process: "scoping studies aim to map the literature on a particular topic or research area and provide an opportunity to identify key concepts; gaps in the research; and types and sources of evidence to inform practice, policymaking, and research." With this description in mind, the purpose of this review is not to determine the quality or effectiveness of the training programs identified, but rather to inform future research.

In order to highlight the differences between a scoping review and a systematic review, the following table has been borrowed from Brien et al. (2010).

Table 3

A comparison of systematic and scoping reviews

Systematic Review	Scoping Review
Focused research question with narrow parameters	Research question(s) often broad
Inclusion/exclusion usually defined at outset	Inclusion/exclusion can be developed *post hoc*
Quality filters often applied	Quality not an initial priority
Detailed data extraction	May or may not involve data extraction
Quantitative synthesis often performed	Synthesis more qualitative, and typically not quantitative
Formally assesses the quality of studies and generates a conclusion relating to the focused research question	Used to identify parameters and gaps in a body of literature

Note. Recreated based on the table formulated by Brien et al., 2010

In the case of the current scoping review, both the research question and the broader inclusion and exclusion criteria were defined at the outset of the study, with a narrowing of inclusion and exclusion criteria following initial screening and data extraction. As stated previously, this review will not address the quality of the training programs identified but will instead serve to provide an overview of training programs available to CIs working in the target context. Finally, due to the target of this scoping review being training programs themselves, rather than scientific literature focusing on such programs, in respect to the final comparison criteria

defined in Brien et al.'s table above, this particular review fits neither the description of the systematic review nor that of the scoping review in a narrow sense. Nonetheless, because the methodology applied follow the systematic and scoping review standards, it should be considered a systematic scoping review of the existing training programs available to CIs working or considering working in the field of social work with refugees, asylum-seekers or migrants who experience language barriers in their countries of residence or transit.

Due to this particular review's status as a scoping review and its focus outside the realm of scientific literature, it was unable to be considered for registration with PROSPERO, as "PROSPERO does not accept **scoping reviews** or **literature scans**" (emphasis in original, CRD, no date).

Search Strategy

In order to begin the systematic scoping training program search, PICOS-categories were taken into consideration (see also Sackett et al., 2000; CRD, 2006: 7-8), however, in order to also include the context (social work with asylum-seekers or migrants confronted with language barriers), the category "Context" was included in addition to the remaining PICOS-categories to form PICOCS-categories (CRD, 2006: 160; Uman, 2011:57; see also Middelsex-London Health Unit, 2012 for an explanation of an alternative formulation "PISCOS"). These PICOCS-categories served as guidelines for defining the keywords that were to be paired systematically in the web search.

Due in part to the desire to compare the training programs available in Germany to those in other German-speaking countries, German-language keywords were set. For the purpose of additional comparison and representativeness, English-language keywords were also defined for comparison. Given the wide spread of former English colonies and their later history of mass migration (e.g., Australia, New Zealand, Canada, and the USA), some of these countries, Australia in particular, have been at the forefront of the development of training in the field of community interpreting (see also Garrett, 2008).

The lists of keywords were conferred upon in the research team before they were adapted and combined systematically to maximize the probability of finding a representative number of programs in both German-speaking and English-speaking countries.

A team consisting of one research assistant, a project coordinator of a German training program and several student research interns were involved in performing three parallel searches: (1) a national (German) search; (2) an international search targeting German-speaking countries; and (3) an international search performed in English, in order to focus on training programs available in English-speaking countries.

Google, Yahoo!, Bing, and Ask.com were the search engines used in order to conduct the training program search. The first five pages of search results were then screened for websites which appeared to potentially describe training programs for CIs working in the aforementioned context. In an effort to reduce possible bias inherent in using only one search engine, parallel searches using each of the aforementioned search engines were performed.

Specifically, detailed search protocols were kept, which included information on the date of search, the exact terms and strings searched for in which search engine and how many hits were listed on the search page versus how many potentially relevant programs were identified in the first five pages of the web search results.

Websites identified as containing potentially relevant training program-related information were logged in an Excel sheet to be screened in greater detail at a later date.

Table 4

PICOCS-categories

Population:	community interpreters (of spoken languages)
Intervention:	training programs for community interpreting
Context:	social work or public services (with refugees or migrants confronted with language barriers)
Outcome:	systematic evaluation of such training programs
Comparison:	no training vs. training
Study Type:	any study type accepted

Note. Based on recommendations from CRD, 2006, p. 160 and Uman, 2011, p. 57.

It should be noted that the primary categories used for determining the search terms were the PIC-categories. The final OCS-categories were later applied in an exploratory manner to the data extraction phase of the search, as it was unclear whether, to what degree, and in what ways various training programs might have been evaluated and whether information about those evaluations might be found on the program websites themselves.

Table 5

Training Program Screening: Inclusion and Exclusion Criteria

	Inclusion Criteria	Exclusion Criteria
Population:	Community Interpreters of spoken languages	Other irrelevant target groups e.g., multilingual students Or for community interpreters of signed languages
Intervention:	Complete Training Programs in relevant areas e.g., "Community Interpreting" or "Public Service Interpreting" (e.g., short trainings, vocational training programs, post-secondary educational programs, continuing education programs)	Modules or portions of training programs (e.g., single courses)
Context:	Social Work or Public Services (or programs focusing both on medical and court/legal interpreting With refugees (or other migrants with language barriers)	Programs focusing exclusively on medical, court/legal, or conference interpreting or explicitly focusing on only written translation With other populations served (e.g., „Spanish-speaking Alzheimer's patients")

Population. The population was defined as public service or CIs of spoken languages in order to differentiate from other similar groups, such as multilingual students or sign language interpreters.

Although there are CI training programs for both spoken and signed languages available, the focus of this review was placed on programs which offer training for spoken languages, due to the observation that there are different techniques which are used for interpreting sign languages that are less commonly used in community interpreting (e.g., simultaneous interpreting) and others which are more frequently used in spoken interpreting but are uncommon in signed interpreting (e.g., consecutive interpreting, sight translation, note taking). The rationale for this exclusion can be seen in the observation that in the context of public service and community interpreting for refugees, asylum-seekers and other migrants, sign language interpreting certainly plays a role for some individuals, however, the role of spoken languages is comparatively much more pronounced (see also Statistisches Bundesamt, 2017; Der Deutsche Gehörlosen-Bund, 2019; Deutscher Bundestag, 2017).

Intervention. The intervention was defined as the training program which is visited by present or future CIs in order to build upon their skill set and provide them with information in order to help them to interpret more effectively, as well as to prepare them for state certification tests. Interventions were included if they were complete training programs of any duration, as long as they were entire programs and not singular aspects or modules of programs or special didactic methods used for portions of trainings.

Context. The context was defined as one involving social work, public services, or a combination of medical, legal and/or court interpreting. Potential programs were excluded if they solely concentrated on medical, legal or court, as well as business or conference interpreting, or programs which solely offered training in written translation.

The following criteria were applied, as mentioned above, in a purely exploratory manner, in order to examine whether and to what extent systematic evaluations of such training programs were described on the websites which advertise said programs.

Outcome. The outcome searched for within the framework of this review was a broadly defined systematic evaluation of the effectiveness of training programs for qualifying CIs. Because this is criterium was set as part of an exploratory analysis, no further restrictions were applied for inclusion into the final analyses.

Comparison. As a comparator, "no training vs. training" was defined as a possible comparison to be expected from possible outcome evaluations of such training programs, in order to assess the efficacy of the training versus no training at all.

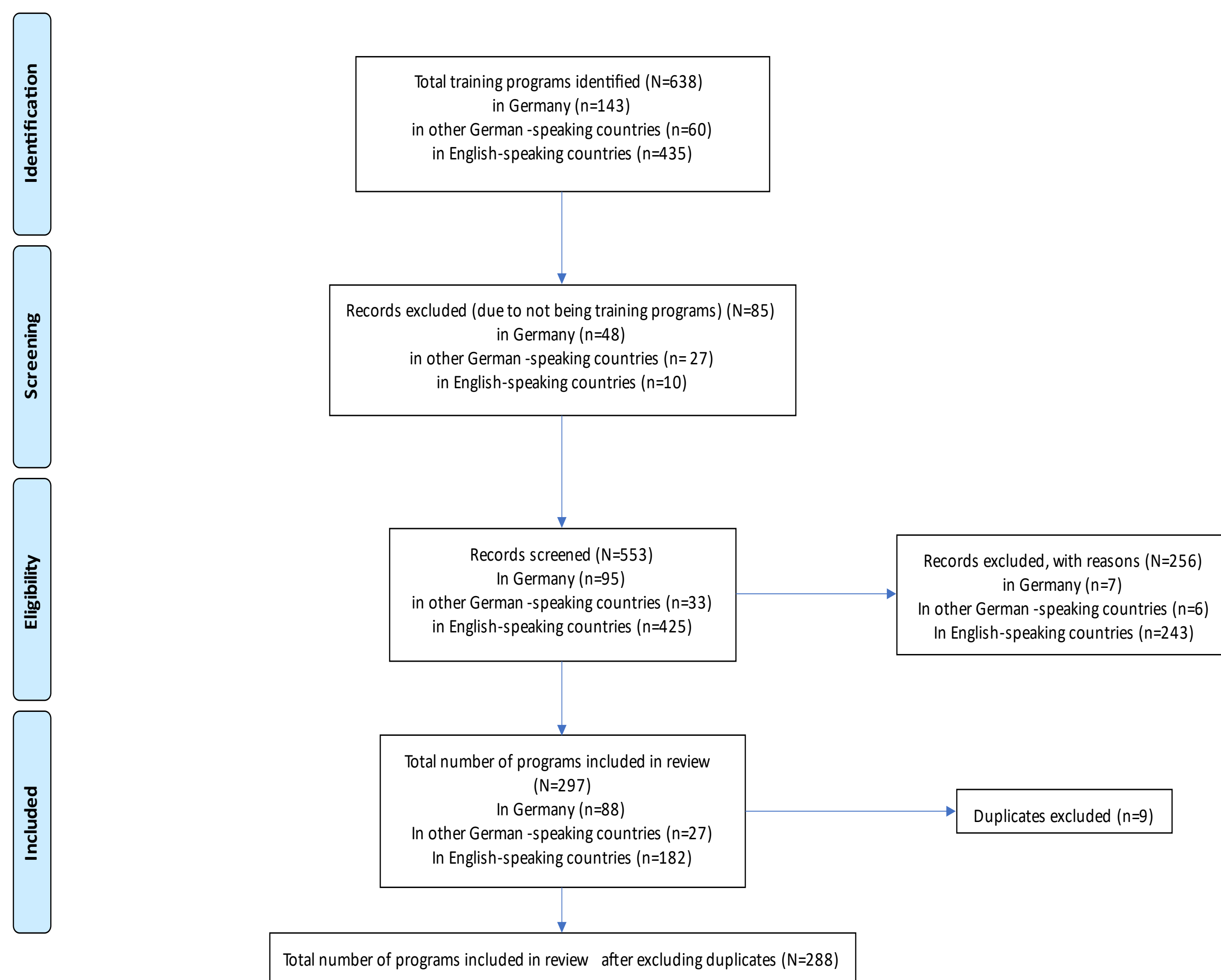
Study Type. Regarding study type, there were no restrictions set, in order to allow for a broad overview of those which may have been performed to illustrate the efficacy of the training programs offered (see Appendix B for complete list of search terms).

Identification, screening, eligibility and inclusion process

On the basis of the search strategy and screening criteria described above, websites with information on potential training programs were identified. Afterward, screening criteria were applied, in order to exclude any obviously irrelevant material. Following the screening process, potential training program websites were again reviewed to determine their eligibility for inclusion, and finally, duplicates were removed. Each of these steps is illustrated in the PRISMA (Moher et al., 2009) diagram below and detailed in the following subsections.

Figure 1

PRISMA-Diagram of search protocol



Note. From: Moher, D.; Liberati, A.; Tetzlaff, J.; Altman, D.G.; The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit www.prisma-statement.org.

Identification

As can be seen in the PRISMA-diagram above, a total of 638 potential programs were initially identified. 143 of those were located in Germany; 60 in other German-speaking countries, and 435 were located in other countries and were available in English.

Screening

A total of 85 websites were excluded from further screening steps – 48 in Germany, 27 from other German-speaking countries and 10 from English-language websites, due to the offers described on said websites clearly not being training programs. In other words, some websites

described needs for community interpreting or information about the concept of community interpreting but were clearly not linked to any sort of training program for potential CIs.

Eligibility

The initial screening criteria set at the onset of the study were restricted to the categories of Population and Intervention, and during the later screening stage, additional inclusion and exclusion criteria were defined focusing on the Context category, based on the observation that there seemed to be a discrepancy in focus between the training programs offered in German-speaking countries compared to English-speaking and other countries. Specifically, the training programs in German-speaking countries tended to focus on either community interpreting in a broad sense or specifically on the context of working with refugees (e.g., involving asylum hearings), whereas English-speaking countries tended to have programs focusing on either medical or court/legal interpreting or a combination of the two as main foci of the broader training in community or public service interpreting.

Reasons for exclusion

The seven German programs which were excluded were excluded for the following reasons: some had another focus (e.g., intercultural communication or working with interpreters: n=4), two websites were no longer accessible, and one website was for an interpreting agency. Of the websites from other German-speaking countries, six were excluded for the following reasons: three contained information about community interpreting training in general, and three were geared toward training other professions on how to work with interpreters.

Regarding the English-language websites, 243 were excluded for a number of reasons. Some were no longer active or accessible (n=9) and that some were clearly unsuitable for the analysis, as these sites provided other services, such as search engines for finding training programs or services for finding CIs in specific geographic regions to interpret certain defined languages in various contexts (n=4) or general information about community interpreting training (n=7). Others focused on medical interpreting (n=138), sign language interpreting (n=13), legal or court interpreting (n=39), business interpreting (n=7), conference interpreting (n=17). A small number contained information about individual courses that did not constitute trainings (n=2). Still others contained no information about the training programs advertised and were thusly excluded (n=7). These websites were then marked as being unsuitable and removed from the data set accordingly.

Data extraction

From the beginning of February to the end of November 2017, the potentially relevant program websites were individually manually examined by a team of researchers and student research

interns, and the information provided on these sites was manually entered into Excel (Microsoft Corporation, 2018) data sheets for organizing the data into categories defined by the research team before being inputted into SPSS (IBM, 2015) for further descriptive statistical analysis of the data compiled. Nine duplicates were identified and removed.

Table 6

Data extracted from included websites

Source: website URL	Location: city, country	Name of program	~~Funding information~~
Type of qualification	Provider	Duration	Credit hours
Format: full-time vs. part-time	Format: in-person vs. online	Type of interpreting/ specialization	~~Learning goals~~
Subject matter	~~Lessons~~	~~Target groups~~	Languages offered
Admissions requirements	Type of exam	~~Target settings~~	~~Evaluation yes/no~~
~~Type of evaluation~~	~~measurement times~~	~~instruments~~	~~internal or external evaluation~~
~~publications of evaluation (yes/no)~~	~~evaluation documents/ publications~~		

Note. Eliminated factors stricken above.

The factors which were stricken from the above table represent those which were eliminated during the data extraction process, as these were deemed repetitive or unavailable. Specifically, funding information was unavailable for all programs. In addition, there was no information available on the exact target groups beyond potential CIs. Learning goals and lessons overlapped to such a degree with the subject matter that the former two factors were determined to be repetitive and therefore superfluous for further data analysis.

Various factors related to the evaluation, namely whether one was performed, the type of evaluation, measurement intervals, instruments, whether the evaluation was performed internally or externally, and whether and which publications were available from said evaluations, were defined as potential factors. However, as no specific information could be gathered regarding these factors, beyond whether the programs were evaluated or not and the type of evaluation, the rest of the factors remained unable to be analyzed.

Statistical Analyses

In order to more easily perform statistical analyses, the compiled data were then transferred from Excel (Microsoft Corporation, 2018) to SPSS (IBM, 2015). For the purpose of more accurately compiling the data extracted, Python (Van Rossum, 1995) was used to streamline and automatize the categorization process of the subject matter, and descriptive statistical analyses were performed using SPSS Version 23 (IBM, 2015) in order to describe frequencies, means, standard deviations and other descriptive data more accurately.

Results

Findings from the initial searches using the various search engines showed that there was virtually no variance between the websites listed on the first five pages of each of the search engines, which appears to indicate that the search engines used exhibit a high degree of inter-search engine reliability.

Countries

The included training programs came from 18 different countries around the globe. As can be seen in the list of identified countries and the number of training programs identified from each country, the USA had the highest number of programs (n=94; 32.6%), followed by Germany (n=88; 30.6%) and the UK (n=35; 12.2%). Among the programs identified using English-language search strings were also a small number from countries with languages other than English (LOTE) as their official languages, namely Egypt, China, Turkey, Netherlands, and Italy. There were two programs (0.7%) for which the country was unable to be determined.

Table 7

Countries identified

Countries	Frequency	Percent %
USA	94	32.6
Germany	88	30.6
UK	35	12.2
Australia	23	8.0
Switzerland	11	3.8
Canada	9	3.1
New Zealand	8	2.8
Austria	5	1.7
South Africa	3	1.0
Ireland	2	0.7
Egypt	1	0.3
China	1	0.3
Wales	1	0.3

Singapore	1	0.3
Sweden	1	0.3
Turkey	1	0.3
Netherlands	1	0.3
Italy	1	0.3
No information	2	0.7
Total	288	100

Type of qualification

As can be seen in the table below, there was a wide range of types of qualification offered, ranging from workshops and short training courses to graduate degrees.

Table 8

Types of qualification

Type of qualification	Frequency	Percent %
Certification	88	30.6
Graduate degree	30	10.4
Specialization	24	8.3
Master's degree	17	5.9
Short training course	13	4.5
Continuing education	13	4.5
Qualification	12	4.2
Professional training	10	3.5
Bachelor's degree	9	3.1
Additional qualification	9	3.1
University course	7	2.4
Preparation for a certification	3	1
Online course	1	0.3
Workshop	1	0.3
No information	51	17.6
Total	288	100

Providers

Many training programs were offered by various types of educational institutions, such as universities (n=78; 27.1%), other educational organizations (n=67; 23.2%), community colleges (n=16; 5.6%) or adult education centers (n=12; 4.1%). However, there were also several which were provided by asylum or (im)migration organizations (n=17; 5.8%), religious-based social organizations (n=15; 5.2%), social work organizations (n=9; 3.1%), or other non-profit organizations (n=11; 3.8%). A more detailed overview can be seen in Table 9 below.

Table 9

Training program providers

Providers	Frequency	Percent %
University	78	27.1
Other educational organization	67	23.2
Organization for (community) interpreting and translation	33	11.4
Asylum or (im)migration organization	17	5.8
Community college	16	5.6
Religious-based social organization	15	5.2
Adult education center	12	4.1
Other non-profit organization	11	3.8
Social work organization	9	3.1
City/municipality	9	3.1
Other association	4	1.4
Medical organization	4	1.4
Other for-profit LLC	3	1
State/province	2	0.7
No information	8	2.7
Total	288	100

Duration

The programs were quite heterogeneous in terms of how the duration of each of them were presented on their websites. Durations were listed in hours, days, weeks, months, semesters, years and in terms of credit hours. 29 websites (10%) did not explicitly give information about the duration of the training programs (see Table 10). The remaining 259 programs were conceptualized to last between three hours and four years, with a high degree of variance from program to program. Because the programs' respective durations were formulated in terms of hours, days, weeks, months, semesters, years and credit hours, these could not be easily summarized, as credit hours and semester lengths are calculated differently depending on country or continent (see also Zamorski, no date).

Table 10

Training program duration

Duration	n	Minimum	Maximum	Mean	Mode	Standard Deviation
Hours	115	3	3575	291.83	40	578.37
Days	25	1	65	5.48	1	12.66
Weeks	20	3	72	21.85	8	16.11
Months	34	1	18	8.85	18	5.51
Semesters	10	1	9	3.50	4	2.32
Years	29	0.75	4	1.92	1	1.11
Credit hours	26	5	2536	774.50	1948	925.54

Format

Full-time vs. Part-time. Most programs (n=169; 58.7%) did not provide any information regarding whether their trainings were offered in full-time, part-time or some other format. Of those that did, 46 (16%) indicated being offered in a part-time format, and 12 (4.2%) advertised being extra-occupational, as a part-time supplemental training while participants work in the area of CI. Another 21 programs (7.3%) were listed as being available in either full-time or part-time, and 40 (13.9%) were advertised as full-time training programs.

Online/in-person. The majority of programs indicated being offered exclusively in an in-person format (n=173; 60.1%). 53 (18.4%) were described as being offered both online and in-person. 14 (4.9%) were offered exclusively online, and for 48 programs (16.7%), information about the format was not available on their websites.

Language-specific or language-independent. A large majority of the programs (n=130; 45.1%) were conceptualized as being language independent, in that they were taught in one language, in order for the concepts to be transferred onto additional languages interpreted. 83 (28.8%) of the programs indicated being language specific, meaning that the interpreted languages were also actively used in the courses. One program (0.3%) advertised being language independent with specific exercises in other languages. Finally, 74 programs (25.7%) did not provide information regarding their language-use policy for instruction.

Subject matter

Regarding the subject matter covered by the various training programs, there was again a high degree of heterogeneity. 70 content areas of subject matter were identified, which are described in further detail below.

Table 11

Training program subject matter

Subject matter	Frequency	Percent %
1. Language competencies		
language course	44	15.3
linguistic topics	20	6.9
terminology (general)	39	13.5
terminology - healthcare	28	9.7
terminology - mental health	1	0.3
terminology - social services	6	2.1
terminology - education	11	3.8
terminology - law	14	4.9
2. Interpreting/Translation		
theory of interpreting	29	10.1
(community) interpreting	105	36.5
interpreting techniques	87	30.2
consecutive interpreting	50	17.4
simultaneous or whispered interpreting (chuchutage)	44	15.3
context-specific interpreting	62	21.5
conference interpreting	13	4.5
telephone interpreting	12	4.2
video interpreting	6	2.1
theory of translation	20	6.9
translation	51	17.7
translation techniques	36	12.5
sight translation	36	12.5
context-specific translation	28	9.7
literary translation	6	2.1
dealing with difficulties in translation/interpreting	11	3.8
3. Practical applications		
preparation for (community) interpreting	8	2.8
shadowing/site visitation	2	0.7
career planning	41	14.2
practicum/internship	23	8.0
practical exercises	25	8.7
other practically oriented topics	22	7.6
glossary building	23	8.0
research skills	25	8.7
subtitling	2	0.7
voice lessons	7	2.4
computer skills for translation/interpreting	32	11.1
4. Advancement of cognitive abilities and skills		
memory training	21	7.3
note-taking techniques	32	11.1
5. Ethical standards		
ethics	80	27.8

the role(s) of the interpreter	65	22.6
quality control	15	5.2
6. Subject-specific knowledge		
context-specific knowledge - governmental agencies	13	4.5
context-specific knowledge - psychotherapy/psychiatry	15	5.2
context-specific knowledge - business	15	5.2
children's services	6	2.1
context-specific knowledge - political science	5	1.7
context-specific knowledge - general	7	2.4
context-specific knowledge - social work/social services	40	13.9
context-specific knowledge - structural knowledge	25	8.7
context-specific knowledge - asylum and/or integration	46	16.0
context-specific knowledge - healthcare	80	27.8
context-specific knowledge - legal basics	76	26.4
context-specific knowledge - education	37	12.8
context-specific knowledge - other	6	2.1
7. Social competencies		
communicative competence/conversational competency for interpreting	57	19.8
conflict management/mediation	25	8.7
pre-session	5	1.7
post-session	6	2.1
8. Emotional competencies		
personal reflection	30	10.4
dealing with burnout or emotional difficulties	22	7.6
working with vulnerable/traumatized individuals	17	5.9
peer consulting	1	0.3
supervision	8	2.8
9. Cultural competencies		
intercultural competence	64	22.2
intercultural communication	28	9.7
intercultural interpreting	4	1.4
gender topics	3	1.0
discrimination/anti-racism	18	6.3
10. Other		
exam preparation	8	2.8
advocacy	9	3.1
other topics	17	5.9
no information/missing	103	35.8

Practical applications in training programs

Of the 60 programs (20.8%) that indicated having a practical orientation or practical applications, 45 (15.6%) specified the types of practical applications that their programs offered, namely internship or practicum (n=18; 6.3%), practical exercises (n=10; 3.5%), supervision (n=12; 4.2%), and subject-specific practical applications (n=4; 1.4%). The

remaining 252 (87.4%) of the programs did not explicitly advertise practical applications on their websites.

Internship/practicum. 18 programs (6.3%) indicated requiring an internship or practicum as part of the training. Six programs (2.1%) then explicitly listed the required internship hours on their websites. Of those six programs, the required hours ranged from six hours to 450 hours (M=101; SD=171.95), with all but one requiring fewer than 100 hours.

Supervision. Of the 288 included programs, only 12 (4.2%) explicitly indicated that they offered supervision as part of their training. Eight (2.8%) of those programs listed the supervision again as part of the subject matter offered in their program.

Specializations

There was a range of types of specializations indicated as foci of the programs, and a number of programs listed multiple possible areas of specialization.

Below is a list of the specializations identified. As can be seen in the table below, a large number of programs listed general interpreting (n=107; 36.1%) or community interpreting (n=74; 25.6%) as the focus of their trainings. Other frequently named foci were healthcare or medical interpreting (n=88; 30.6%), public service interpreting (n=65; 22.6%) and legal interpreting (n=56; 19.5). Other foci, such as school interpreting, business interpreting or interpreting for psychotherapy or legal interpreting, were also listed, albeit less frequently.

Table 12

Training program specializations

Specializations	Frequency	Percent %
General interpreting	104	36.1
Healthcare/medical interpreting	88	30.6
Community interpreting	74	25.6
Public service interpreting	65	22.6
Legal interpreting	56	19.5
School interpreting	30	10.4
Business interpreting	14	4.8
Interpreting for psychotherapy	5	1.7
Telephone interpreting	2	0.6
Total	424	

Programs exclusively conceptualized for volunteer or paid community interpreters. Aside from the specializations listed in Table 12, a number of training programs were geared toward potential CIs working as volunteers (n=48; 16.7%), while others were designed to train CIs

working on a paid basis (n=39; 13.5%). However, the overwhelming majority (n=201; 69.8%) did not make a distinction and offered rather general training for those potential CIs, regardless of what type of work they planned to do.

General admissions and program requirements

Of the 288 programs, 156 (54%) indicated that certain language competencies were required for admission. 136 (46.9%) listed minimum educational or training requirements, for example, that applicants must have completed secondary school or that they must have completed an initial level of training. In addition, there were also some general admissions requirements which were less concrete, such as "relevant personal experience" (n=22; 7.6%) or "relevant personal characteristics" (n=12; 4%).

Table 13

Training program admission requirements

General admissions requirements	Frequency	Percent %
Language competencies	156	54.2
Educational/training requirements	136	46.9
Relevant work experience	25	8.7
Relevant personal experience	22	7.6
Minimum age	14	4.8
Relevant personal characteristics	12	4
Financial requirements (for financing participation)	5	1.7
Background check	4	1.4
Participation in informational session	3	1
Computer skills	2	0.7
No information	180	62.5

Language requirements for admission. Regarding language requirements for admission, 97 programs (33.8%) did not list language requirements on their websites. The remaining 191 (66.2%) indicated requirements which show a range of different language-related competencies required for admission. The table below provides an overview of the language requirements explicitly named on the programs' websites.

It should be noted that the competence levels C1 or B2 refer to the Common European Frame of Reference for Languages (CEFR, 2001), which is used in European countries for describing language competency levels. In other parts of the world, this system is not used, which may

help to explain the heterogeneity of formulations regarding the following language-related requirements identified.

Table 14

Language requirements

Language requirements for admission	Frequency	Percent %
C1-level competencies in an official national language	11	3.8
B2-level competencies in an official national language	24	8.3
C1-level competencies in another language	9	3.1
B2-level competencies in another language	9	3.1
Good/very good competencies in another language	28	9.7
Language competencies in another language	7	2.4
Good/very good competencies in two or more languages	38	13.2
Bilingualism/ multilingualism	41	14.2
Passed language test/ proof of language competencies	24	8.4
No information	97	33.8
Total	288	100

Type of examination for completion. Regarding the types of examination or assessment for determining whether participants had retained the necessary knowledge and skills for successfully working as CIs, there were a variety of types of examinations, as well as final projects, which were required.

Table 15

Type of examination for completion

Type of exam for completion	Frequency	Percent %
Written exam	22	7.6
No internal final exam	16	5.4
Practical exam (e.g., mock session)	15	5
Oral exam	14	4.8
Unspecified exam	10	3.2
Language exam	5	1
Subject-specific exam	5	1.7
Final project	4	1.4
No information	247	85.8

Evaluation of training programs

28 (9.7%) of the programs indicated having been evaluated or accredited externally. However, only one (0.3%) specified the type of accreditation held. Due to variations in national policy, it

may be speculated that a number of accredited programs have been evaluated by a national accreditation organization, although this was not listed explicitly on their websites. In addition, there was no information on any of the websites which would indicate whether the training programs had been evaluated in any type of scientific study. Therefore, the exploratory COS-categories did not yield any further information for analysis.

Discussion

This study represents an initial effort to systematically describe the training programs available for potential CIs in a number of different countries. There was a high degree of heterogeneity found among the training programs included which extended across categories. However, when compared to Mikkelson's (2014) *essential elements of training*, which were compiled from recommendations for short courses from Hrehovčík (2009), a 60-hour curriculum from Rudvin and Tomassini (2011), and recommendations for a Master's program from Valero-Garcés (2011), there appears to be a great deal of overlap across a range of training programs.

For example, in each of the recommended curricula described in Mikkelson's (2014) work, the subject matter of an introduction to community interpreting, ethics, the role of the interpreter (in various contexts), practical applications and preparations for work in the field of community interpreting, information related to intercultural competence, linguistics, context-specific information (e.g., on legal, medical or educational settings) and specialized terminology were included in a number of programs, regardless of their duration. When considering those areas, 105 programs (36.5%) offered information on the field of community interpreting. Additionally, 80 programs (27.8%) included ethics or ethical standards as part of the training. In addition, 65 (22.6%) offered information about the role(s) of the interpreter in the field of community interpreting. Practical applications and preparations for work in the field of community interpreting were also offered. Specifically, preparation for community interpreting was offered by eight (2.8%) of the programs; shadowing or site visitation was offered by two (0.7%); career-planning was offered by 41 (14.2%) programs; a practicum or internship was required in 23 (8%) programs; practical exercises, including role-plays, were included in 25 (8.7%) programs, and there were other practically oriented aspects of programs which were listed above in the table on subject matter (see Table 11). Further areas which involve social competencies as preparation for community interpreting can be seen in the following areas: communicative competence (n=57; 19.8%), conflict management or mediation (n=25; 8.7%), pre-session (n=5; 1.7%) and post-session (n=6; 2.1%). Regarding cultural aspects of the interpreting situation, a number of programs offered various topics related to cultural aspects, such as intercultural competence (n=64; 22.2%), intercultural communication (n=27, 9.7%),

intercultural interpreting (n=4; 1.4%), gender topics (n=3; 1%) and discrimination/anti-racism (n=18, 6.3%). Linguistic topics were offered by 20 programs (6.9%), and 44 programs (15.3%) offered additional language courses. Content-specific information was also available for a number of different areas, including psychotherapy/psychiatry (n=15; 5.2%), business (n=15; 5.2%), governmental agencies (n=13; 4.5%), social work/social services (n=40%; 13.9%), asylum and/or integration (n=46%; 16%), healthcare (n=80; 27.8%), legal information (n=76; 26.4%), and education (n=37; 12.8%). Finally, information on specialized terminology was also provided in a number of various programs, for example 39 programs (13.5%) offered information on general terminology; 28 (9.7%) on healthcare terminology, one (0.3%) on mental health terminology, six (2.1%) on social services terminology, eleven (3.8%) on education-specific terminology, and 14 (4.9%) on legal terminology.

Some areas were only mentioned in one of the example curricula outlined by Hrehovčík (2009), Rudvin and Tomassini (2011) or Valero-Garcés (2011). For instance, Hrehovčík (2009) recommends information on the "linguistic, cultural, situational and professional aspects of interpreting," which represent areas which could also be seen in the sample collected in this scoping review. Although "situational and professional aspects of interpreting" may be understood in a variety of manners, a number of programs offered content on topics related to emotional competencies, which may also play an important role in processing difficult material related to the work situation in a professional manner. Such offers related to emotional competences were dealing with burnout or emotional difficulties (n=22; 7.6%), personal reflection (n=30; 10.4%), working with vulnerable/traumatized individuals (n=17; 5.9%), peer consulting (n=1; 0.3%) and supervision (n=8; 2.8%).

Other examples can be seen in recommendations by Rudvin and Tomassin (2011). As an example, they also recommended information on "interpreting for specific sectors," as well as "interpreting skills, competencies and techniques". In this sample, "interpreting for specific sectors" could be seen under the heading "context-specific interpreting" (n=62; 21.5%). In regard to "interpreting skills, competencies and techniques, there were a variety of relevant areas covered in this sample: interpreting techniques (n=87; 30.2%), consecutive interpreting (n=50; 17.4%), simultaneous or whispered interpreting (n=44; 15.3%), telephone interpreting (n=12; 4.2%), video interpreting (n=6; 2.1%). Rudvin and Tomassin's topic (2011) "on-the-job issues" may also relate to the current sample's "dealing with difficulties in translation/interpreting (n=11; 3.8%).

Areas related to Valero-Garcés' recommendations for a Master's program in Translation and Interpreting (2011) include various topics pertaining to translation techniques and those related

to theses and research projects. The translation techniques identified in this sample included theory of translation (n=20; 6.9%), translation (n=51; 17.7%), translation techniques (n=36; 12.5%), sight translation (n=36; 12.5%) and context-specific translation (n=28; 9.7%). Bachelor's and Master's theses were subsumed under the heading "other topics" (n=17; 5.9%), and research skills were listed as a content area for 25 programs (8.5%).

To date, this appears to be the first study of its kind to use scoping review methods for this type of internet search using search engines, in order to systematically search for training programs offered to potential CIs. In general, despite a high degree of heterogeneity among the training programs included in the final sample, it can be said that many of the recommended curricular topics from the relevant literature can also be seen in the current sample.

Limitations and recommendations for future research

Although there were some training programs identified in Africa, Asia and/or other non-German- and non-English-speaking countries, due to the search languages being restricted to German and English, the results show a clear Anglo-/American/European bias. Therefore, searches performed in other languages may have yielded different results. In the future, studies may consider including a wider range of languages in their searches.

In addition, due to a large number of programs geared toward training in solely medical or legal interpreting being excluded to allow better comparisons with German training programs, there is a very clear German bias inherent in the final data set. Depending on the scope of future studies, it may be advisable not to exclude such programs, as these excluded programs address a relevant focus for community interpreting on an international scale.

Additionally, because the searches were performed in Germany, the search engines may have more readily shown results from geographically closer regions, or what may be more likely is that some programs may be large enough and/or have the technological expertise to raise their own chances of being shown higher on the list of results in various search engines. Future studies may consider using proxy servers or involving information technology experts in order to circumvent this issue.

A serious limitation seen in this study is in reference to the composition of the research team itself and the available competencies and resources. As the study design, as well as all data collection and analysis, were conceptualized and performed by researchers with backgrounds in psychology and linguistics, there were no members of the research team with competencies in information technology or experience with website analysis or big data, which would have proved beneficial for performing this study in more efficiently. In addition, this would have opened up possibilities for performing more complete web- and data analyses beyond the first

five pages of websites shown by search engines. Future studies of this kind would do well to incorporate analyses of big data, in order to streamline the process and provide a more comprehensive overview of existing training programs.

As it were, all searches, as well as data extraction and inputting were all completed by hand by a research assistant and various interns and other colleagues, which certainly increased the risk of human error influencing the data in a number of possible ways in various steps throughout the data collection and evaluation processes. The use of big data analysis techniques, such as algorithms and the incorporation of computer programming technology would not have only streamlined the process of data collection, extraction and analysis, it would have also reduced the risk of individual and untraceable errors.

Yet another significant limitation can be seen in the heterogeneity of the training programs themselves. Due to the types, durations and credit hours being formulated in such vastly different terms, it was difficult to offer fair comparison of the training programs themselves, as a whole. For this reason, only the different aspects of the programs were compared, rather than comparing entire programs to one another. Future studies may consider creating categories in order to allow for a comparison of different types of training programs, using, for example, Mikkelson's (2014) *essential elements for training* framework or something similar as a categorization tool.

A final limitation in regard to equitable access and visibility can be seen in the research group's decision to exclude training programs involving sign language interpretation for refugees and asylum-seekers, which represents another important and often overlooked aspect of facilitating the communication for vulnerable individuals. According to the German Federal Office of Statistics, in 2017, approximately 0,1% of the population of Germany was categorized as deaf, hard-of-hearing or otherwise suffering from hearing loss (Statistisches Bundesamt, 2017), and the German Federation of Deaf Persons extrapolated that number onto the 2019 population, which would mean that approximately 83,000 persons fit into the aforementioned category but added the caveat that the categories of deaf and hard-of-hearing may significantly underestimate the true numbers of these individuals in Germany (see also Statistisches Bundesamt, 2017; Der Deutsche Gehörlosen-Bund, 2019). A study financed by the German Parliament supported integration courses for deaf or hard-of-hearing refugees and asylum-seekers from Syria, Iraq, Iran, Eritrea and Somalia and had a sample size of 127 participants from nine German states (Deutscher Bundestag, 2017). Therefore, although the number of individuals affected by both deafness and RAS-status may be relatively small, it is of course equally important that these individuals be offered language services by properly trained interpreters.

Conclusion

This study represents an exploratory analysis of existing training programs for CIs in Germany, in other German-speaking countries and around the world. To date, this appears to be the first study of its kind to use apply the scoping review methods to an evaluation of available training programs for CIs as they are presented or advertised online. The results show a great deal of heterogeneity in terms of the foci, durations and subject matter offered in the individual programs. However, a certain degree of overlap with existing recommendations for such programs can also be observed. Future research may be able to make use of big data analyses and ever-developing technological advances to improve and streamline the process further.

2.2.2 Substudy 2.2: Training in public service interpreting – A systematic review of evaluated programs

Introduction

One issue that arises when considering the range of training programs available in various countries is that although there are a number of organizations charged with evaluating and accrediting training programs for CIs (e.g., NAATI, 2021, in Australia; INTERPRET, 2002 in Switzerland), the evaluative process is not particularly transparent when reviewing the descriptions and evaluations of different training programs in this field.

For this reason, the primary objective of this systematic review is to identify training programs for PSIs which have been evaluated empirically, in order to gain insight into the inner workings of the evaluative process in this field.

Research Question and Objective

The following research question served to guide the current substudy:

What is the status quo of training programs available to public service and community interpreters in terms of offers and evaluations?

The purpose of this systematic review is to establish what types of public service and community interpreting training programs have been evaluated empirically and what types of evaluation methods have been used to describe them, in order to gain a better understanding of existing evaluation methods which may be used for the quality assurance of such training programs.

Methods

The Cochrane Database of Systematic Reviews (John Wiley & Sons, Inc., 2017) was last used on May 28, 2019 to ensure that there had not been any systematic reviews on this topic of public service interpreting or community interpreting up until the aforementioned date.

Due to this particular systematic review's focus on an outcome outside of the realm of healthcare, it was unable to be considered for registration with PROSPERO, as "Reviews of methodological issues need to contain at least one outcome of direct patient or clinical relevance in order to be included in PROSPERO" (Centre for Reviews and Dissemination, no date).

With the help of the guidelines for performing systematic reviews put forth by the Centre for Reviews and Dissemination (CRD, 2006), publications which deal with the evaluation of training programs for PSIs were searched for, screened and analyzed. From the end of November 2016 until the end of January 2017, search terms, strings and syntaxes in German and English, which had been developed to fit PICOS-categories (see "Search Strategy" for a more detailed explanation), were applied to searches in various data banks in relevant fields.

Following the screening of the literature obtained through these searches, appropriate publications describing evaluations of training programs for CIs were themselves evaluated, and the results of this process are summarized in the present systematic review. Further details regarding the methods applied are listed below.

For the purpose of this systematic review, the terms "community interpreting" as well as "public service interpreting" will be used throughout, as some of the reviewed studies focus more generic programs in community interpreting with coursework in both medical and legal interpreting, whereas others target the fields of social work and public services (e.g., Hale & Ozolins, 2014). This broad range of coursework may prove useful for PSIs working in organizations such as those mentioned above, as these settings may necessitate the familiarization with and the application of both medical and legal interpreting skills. Other training programs include aspects specific to the field of social work or public services (e.g., Abraham & Oda, 2000).

Search Strategy

In order to begin the systematic literature search, as both quantitative and qualitative studies were to be included in the systematic review, PICOS-categories were taken into consideration (see also Sackett et al., 2000; CRD, 2006). However, in order to also include the context (i.e., public services with asylum-seekers or migrants confronted with language barriers), the category "Context" was defined in place of a "Comparison", as the only comparison which could have made in this case would be to a lack of training vs. training (CRD, 2006; Uman, 2011); (see also Middlesex-London Health Unit, 2012, for an explanation of an alternative formulation "PISCOS"). These PICOS-categories served as categories for choosing the initial keywords that would be searched for, both in English and in German. The lists of search terms were conferred upon in the research team before they were adapted and programed into various search strings and/or syntaxes to be used for the corresponding data bases (see Appendix C).

Table 16

PICOS-Categories

Population:	community interpreters (of spoken languages)
Intervention:	training programs for community interpreting
Context:	public services (with refugees or other migrants confronted with language barriers)
Outcome:	empirical evaluation of such training programs
Study Type:	any study type accepted

Note. Based on recommendations from CRD, 2006 and Uman, 2011.

For the purpose of this review, the population of interest was defined as CIs of spoken languages, as opposed to CIs of sign languages, and the target intervention was a variety of training programs available for preparing CIs for their work in this field. The PICOS-category "Context" was defined broadly as public services with the served population of refugees or other migrants with language barriers or LLP in the national or local language. The outcome criterion of focus was a systematic evaluation of the training programs in the form of some external measure, be it a participant or instructor feedback form, an interview, a test or a questionnaire filled out by employers of CIs trained in the evaluated programs. In this case, studies would be excluded from this review if they only described reflections on the programs in question by the programs' developers. Due to the exploratory nature of this review, any study type was accepted.

The present study includes not only journal articles, but also books or book chapters, conference papers and presentations, as well as dissertations and theses which described the evaluation of training programs for CIs.

As public service interpreting is itself interdisciplinary by nature, search engines from the following fields were targeted and used: life sciences, social sciences, linguistics and educational sciences (see Table 17 below for further details).

Table 17

Databases by field

Databases Searched According to Category			
Life Sciences	Social Sciences	Linguistics	Educational Sciences
Banque de données en santé publique (BDSP)	Annual Reviews of Psychology	Bibliography of Linguistic Literature	Academic OneFile
Bases de Datos Biblgráficas del CSIC	Annual Reviews of Sociology	Linguistics and Language Behavior Abstracts (LLBA)	EBSCO Host
BIOETHIK BELIT	PsycINFO	Lin-gu-is-tik Portal für Sprachwissenschaft	Educational Resources Information Center (ERIC)
Cumulative Index of Nursing & Allied Health Literature (CINAHL)	GESIS SOWIPORT/ CSA Sozialwissenschaftliche Datenbanken	MLA International Bibliography (via EBSCO Host)	Fachportal Pädagogik
Current Contents Connect/All Databases (Web of Science)	International Bibliography of the Social Sciences (via ProQuest)		FIS Bildung Literaturdatenbank
Europe PubMed Central	SocINDEX with Full Text (via EBSCO Host)		JSTOR
European Health for All Database	Sociological Abstracts (via ProQuest)		Sage Journals Online
Health Evidence	Web of Science/ Social Sciences Citation Index		
Medline	Zeitschriften-Dokumentation Sozialwesen/Pflege		
NLM Catalog			
PubMed			
SCOPUS			
Web of Science Core Collection (incl. Social Sciences Citation Index (SSCI, Social SciSearch))			

From November 22, 2016 through January 31, 2017, the searches were performed and documented accordingly. Although search terms, strings and syntaxes were developed only in English and German, the languages that were permitted as output from the data bank searches were English, German, Spanish, Portuguese, French and Italian. As the objective of this systematic review is to identify any evaluated training programs in the field of public service interpreting – past or present – there was no time limit set for the search. In other words, all studies were considered eligible for inclusion if they originated any time prior to the search, or from presumably around 1970, when research on the field of community interpreting had its beginnings (see Pöchhacker, 1999; Hale, 2007) until November 2016 at the onset of this substudy.

A wide range of syntaxes were developed, in order to maximize the efficacy of the searches through each of the above listed data banks. Additionally, the search strategy targeted a

combination of text words in title and abstract, Medical Subject Headings (MeSH) and subheadings/qualifiers. A broad set of search terms were used to maximize sensitivity.

Certain data banks, particularly those in the fields of educational sciences and linguistics (i.e., Bibliography of Linguistic Literature, BIOETHIK BELIT, Academic OneFile, NLM Catalog, Sage Journals Online, Lin-gu-is-tik Portal, ERIC - Education Resources Information Center, Fachportal Pädagogik, FIS Bildung Literaturdatenbank, GESIS-SOWIPORT) did not respond well to any and all efforts to use syntaxes, and in such cases, combinations of individual terms from each of the PICOS-categories were then entered, which resulted in a number of sources being able to be extracted manually from these data banks.

Search protocols were kept, detailing the date, data base(s), syntax(es) and total number of hits exported from the data base(s). These remain on file for reference and to ensure replicability (see Appendix C for examples of a syntax and search protocol).

Data Extraction

Once the searches using search terms, strings and syntaxes was executed, most references were able to be exported directly into EndNote (The EndNote Team, 2013). However, as previously noted, there were some data banks which did not allow the use of syntaxes or longer strings of search terms. Often it was these data banks, with which syntaxes were incompatible, that did not allow whole sources to be exported automatically into EndNote (2013), and in total, 513 sources were found in such data banks and manually inputted into EndNote (2013).

Data Analysis

Selection

Screening criteria were defined and applied to each of the PICOS-categories in order to include only the most fitting sources for review.

Inclusion Criteria

The defined inclusion and exclusion criteria are depicted in Table 18.

Table 18

Literature Screening: Inclusion and Exclusion Criteria

	Inclusion Criteria	Exclusion Criteria
Population	Public service interpreters (PSIs) or community interpreters (CIs) of spoken languages	PSIs or CIs of sign languages; other irrelevant target groups (e.g., multilingual students)
Intervention	Full training programs	Single modules or courses
Context	Public services With (forced) migrants or refugees	Only medical or only legal With other served populations (e.g., indigenous peoples)
Outcome	Systematic evaluation (e.g., through participants, employers) of the training programs applying a scientific method	Partial evaluations of single modules, courses or particular didactic methods
Study Type	Any study type which involves the evaluation of the training programs and/or the learning gains of the participants	Program descriptions and/or reflections on strengths and weaknesses; Literature reviews/ secondary sources

Population. The population was defined as public service or CIs of spoken languages in order to differentiate from other similar groups, such as conference or business interpreters or sign language interpreters (see Substudy 2.1 for comparision).

Intervention. In this case, the intervention was defined similarly to that described in Substudy 2.1. In other words, the intervention was to be one offering training to potential public service or CIs.

Previous studies and sources of pertinent literature in the field of community interpreting have detailed the risks involved in using untrained ad-hoc interpreters in community settings (e.g., Ahamer, 2013; Slayter, 2006; Bauer & Alegría, 2010; Bischoff & Hudelson, 2010; Bührig & Meyer, 2013). Because it cannot be assumed that all training programs are equally effective in preparing participants to work in this field, it was deemed necessary to focus on those training programs which have been evaluated in some way, in order to provide evidence of their respective effectiveness. For this reason, the current review only focuses on studies which describe evaluations of existing training programs.

Context. The target context includes a broad range of public services, including (mental) health, legal, social, educational services and other services provided to (forced) migrants and/or refugees or asylum-seekers who are confronted with language barriers and thusly may rely on public service interpreters in order to communicate with service providers in their country or countries of residence or transit. With this in mind, interventions aiming at preparing CIs for

work strictly in the medical or legal fields and/or those with other served populations (e.g., indigenous populations) were not to be considered for review.

Outcome. The outcome sought after in this review was a broadly defined systematic evaluation of the effectiveness of training programs for qualifying CIs. Evaluations were included if they had been performed qualitatively or quantitatively by surveying alumni, participants, employers, trainers or other relevant groups or by applying experimental methodology and examining pre- and post-intervention data.

It should be noted that the term *systematic evaluation* was broadly applied to any training programs which had used external sources (i.e., sources other than the authors of the articles or book chapters in question) of quantitative data in the form of rates of passing scores on state examinations or qualitative data presented as participant and/or instructor feedback to the respective training programs. Studies which had applied methodologies that were not clearly described and could not be otherwise be deduced or ascertained were excluded.

Study Type. Due to the exploratory nature of the present systematic review, all study types were acceptable for inclusion, aside from mere descriptions of programs or personal reflections on strengths and weaknesses of training programs. Texts describing reviews of other sources of literature were also excluded from the present review.

Quality Assessment

Due to the range of various types of evaluations that might be available for speaking to the effectiveness of training programs offered to public service interpreters, the means of evaluation will first be categorized according to the Kirkpatrick Model for training evaluation (see Kirkpatrick, 1994; Kirkpatrick & Kirkpatrick, 2009), and subsequently, the quality of these evaluations will be assessed using the Mixed Methods Appraisal Tool (Pluye et al.,2011).

The Kirkpatrick Model of Training Evaluation. The Kirkpatrick Model for training evaluation (Kirkpatrick, 1994; Kirkpatrick & Kirkpatrick, 2009) is used as a framework for determining acceptable outcome measures for evaluating the effectiveness of various training programs. According to this model, trainings can be evaluated on four different levels: (1) Reactions (i.e., participants' satisfaction); (2) Learning (e.g., pre- post-tests, assessments, observations or activities to determine whether participants gained knowledge or acquired new skills); (3) Behavior (e.g., self-assessments regarding performance in the workplace, observations of performance, focus groups, reports from employers or service recipients) and (4) Results (i.e., overall (financial) impact on an organization). These levels of evaluation are not mutually exclusive, meaning that any given evaluation may include methods of evaluation on more than one level.

According to Sullivan (2011), the Kirkpatrick Model "is employed widely by education experts to characterize the level of outcomes in and educational intervention". It is a simple and popular means by which to categorize training outcomes in order to draw conclusions about a certain degree of effectiveness achieved by a given training program (see also Bates, 2004).

Because the Kirkpatrick Model was not designed to serve as an adequate means of assessing the quality of the methodology of the training evaluations it describes, an additional tool for assessing methodological quality has been found in the Mixed Methods Appraisal Tool (Pluye et al., 2011).

The Mixed Methods Appraisal Tool (MMAT, Version 2011, Pluye et al., 2011). The Mixed Methods Appraisal Tool (MMAT: Pluye et al., 2009), which includes a checklist and tutorial, is an instrument with acceptable content validity used to concomitantly appraise the methodological quality of primary studies included in systematic literature reviews which might include qualitative, quantitative and mixed methods studies. The original version of the MMAT was found to be an efficient and reliable critical appraisal tool or framework, achieving an "Intra-Class Correlation around 0.8" and pre-discussion inter-rater reliability ranging from no agreement (k=-0.174) to perfect agreement (k=1.00) and post-discussion inter-rater reliability varied from moderate agreement (k=0.526) to perfect agreement (k=1.00) depending on the item (Pace et al., 2010), and when discussions between raters are taken into account, similar intra-class correlation scores were obtained, ranging from 0.72 pre-discussion between raters and 0.94 post-discussion (Pace et al., 2012). In a comparison of appraisal tools which can be applied to different types of study designs, and Sheppard (2011) found that only the MMAT appraises not only qualitative and quantitative, but also mixed methods studies, which makes it particularly relevant for systematic mixed studies reviews, such as the present review.

The MMAT has since been revised to address the discrepancies in inter-rater reliability between items (Pluye et al., 2011). According to the National Collaborating Centre for Methods and Tools (NCCMT, 2015), the revised 2011 version of the MMAT "is well suited to a public health context, particularly for questions related to complex interventions that are context-dependent and process-oriented." The revised version has been found to be an efficient tool, albeit with a continued need for improved reliability, particularly in regard to two items in the qualitative research domain, which include a statement as to whether "appropriate consideration [had been] given" to various aspects of methodological design which might impact results in a certain manner (Souto et al., 2014; Souto et al., 2015).

Due to the observation that some evaluated studies included in the current review used qualitative methodology, others applied quantitative methods, and yet others chose a mixed

study design, this appraisal tool was chosen for its ability to assess the quality of all three types of study designs which are to be described in this mixed study systematic review.

In order to score the MMAT, each study is rated on the MMAT grid and a composite score is calculated based on the number of criteria out of four observed in the study design of each respective study. Scores range from 25% (*) for one criterion met of four to 100% (****) if all four criteria are satisfied. In the case of mixed methods studies, both qualitative and quantitative components must be evaluated separately, and the lowest composite score of the two is applied to the study, as this is based upon the "premise . . . that the overall quality of a combination cannot exceed the quality of its weakest component" (Pluye et al., 2011).

One caveat to using the MMAT is that although it is designed to assess the quality of the study and not the writing of the studies in question (Pluye et al., 2011), if certain information about the methods applied is unable to be obtained from the publications or by contacting the authors of the studies, these studies may potentially be awarded lower scores for failing to adequately describe the methodology used.

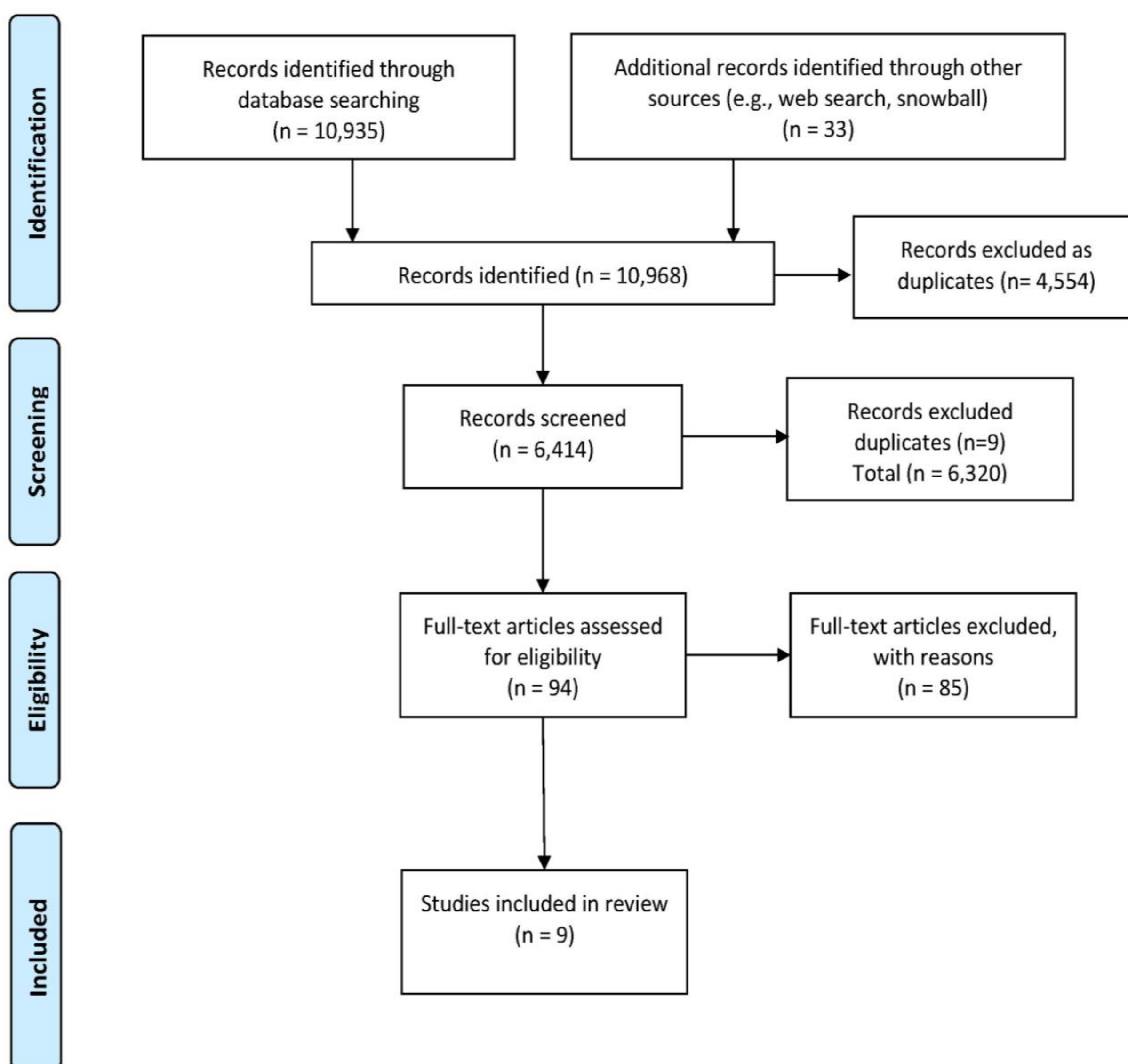
Results

Synopsis of Selection Process

Figure 2 depicts the PRISMA-diagram of the search protocol involved in the present systematic review.

Figure 2

PRISMA-Diagram of the search protocol



Note. From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*Analyze*s: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

From the original 10,968 sources of literature which were either exported from various data banks (n=10,337) or manually inputted into EndNote (2013) (n=513) and others which were found through web searches and snowballing procedures (n=33), a number of duplicates were removed, leaving the data pool at 6,414 sources. These remaining sources were then screened by three independent reviewers, who resolved any disagreements through discussion, using these sources' titles and abstracts, resulting in 94 remaining sources to be screened using full

text articles or book chapters. Of those 94 sources, nine were determined to be appropriate for inclusion in the current review.

Full-Text Screening (n=94)

The full-text articles, book chapters and one unpublished master's thesis were screened by one reviewer in full for their applicability to the present systematic review's in- and exclusion criteria. A second independent reviewer was involved in checking questionable sources, and the sources in question were discussed at length before ultimately being included or excluded.

The most common reasons that the other 85 sources were excluded were because of nine reasons: (1) some only described the field of community interpreting (n=20); (2) others focused only on interpreting tasks performed by individuals working in other professions (e.g., bilingual nurses) or in other specific settings where community interpreting takes place, which are unrelated to the field of public services (e.g., strictly medical interpreting) (n=13); (3) a few presented suggestions for curricular concepts and programs which were not yet being offered (n=5); (4) some described courses that were being offered but either made no effort to evaluate the effectiveness of said programs (n=19) or only evaluated singular didactic methods (n=5); (5) others only offered reflections on what strengths (and weaknesses) could be found in the existing programs (n=8); One such source in particular presented a theory-driven concept for an ideal training program, while incorporating a detailed overview of best-practice examples from various programs in different countries (Müller, 2011). (6) A small number of excluded sources mentioned ongoing or upcoming evaluations of the programs described, but when efforts were made to locate said evaluations, these could not be found (n=3); (7) some surveyed interpreters, alumni or trainers on their experiences during or after training programs without establishing a clear connection between individual training programs and the surveyed groups (n=6); (8) and still others offered either their own evaluative comments, brief summaries or selected quotes of evaluative feedback from participants, alumni, instructors and/or employers in regard to the efficacy of the training programs, but no information was provided regarding the methodology employed to elicit the quoted responses (n=3). One such source even provided a detailed outline of indicators of quality which had been defined by various experts in the field of community interpreting training and reflections on whether and to what degree a particular training program met these quality criteria, paired with summaries of participant feedback about the training (Evrin, 2014). Although this particular source was very detailed and followed an understandable logic, the methodology used for collecting and evaluating the program was unclear, and there could be no conclusion drawn about the effectiveness of this particular training program in preparing its participants for their work in community interpreting, as the

comparisons made focused only on ideals defined by experts versus the contents of the training program in question. Finally, (9) three studies were determined to be reviews of other sources of literature and were excluded accordingly.

As mentioned above, a number (n=7) of these otherwise well described and critiqued qualification programs were excluded from the present review, due to the observation that although the strengths and weaknesses of the programs were reflected upon at length by the authors, most of whom were also involved in the development and execution of the programs in question, these programs were not evaluated systematically by any other individuals involved in providing or receiving the training described.

Some of the aforementioned programs, which were excluded due to a lack of evaluation apart from critical reflections on the programs' respective strengths and weaknesses, had even alluded to ongoing evaluations and/or full reports, which presumably might have been consulted for more information about the precise methodology employed in each case (n=3). Unfortunately, only one of these full reports or evaluations was able to be found, even when experts in the library science department were consulted for alternate means of locating these reports. In this instance, the article in question was found, however, in the end, this article could not be obtained in Germany and thus had to be excluded from the findings due to a lack of information about the methods applied.

Description of Training Programs

The publication dates of the evaluations spanned from 1984 to 2016, and they were carried out in various countries, with four having been completed in Australia, two in the United Kingdom, one in Canada, one in Switzerland and one involving a training program spanning the countries of Switzerland, Kenya and Afghanistan, while the evaluation itself was headed in Switzerland.

Program Design

Selected variables related to program design can be seen in the table below. These variables will be described in greater detail in the following subsections.

Table 19

Training program design variables

Program Design									
	Duration	Pre-Reqs.	Format		Subject Matter				
			In Person/ Online	Lang. Specific/ Monolingual	Ethics	Interpreting Techniques	Context-Specific Info.	Termin-ology/ Vocab. Develop.	Practical Work
Abraham, D. & Oda, M.	Over 35 hrs.	Experience as Cultural Interpreter; Entrance Exam;	In person	English (plus another language)	Role and respons-ibilities	Yes: English-LOTE; chuchutage	Yes	Yes	No, only role-play
Calderón-Grossen-bacher, R. & Fierro, R. A.	Intercultural interpreting training: 2 modules (132 hrs.), supervision (9 hrs.); Intercultural mediation training: 3 modules (172 hrs.), supervision (6 hrs.), stage (6 hrs.)	Migration background and connection to "home" country; for Intercultural mediation training is the Intercultural interpreting training pre-req.	In person	German	yes	No information	No information	No information	Role-plays; supervision; 50 hrs. of practical work
Hale, S. & Ozolins, U.	40 hrs.	Bilingual competencies in English and one of 15 selected languages; IELTS score of ≥6; 80% course attendance	In person	English (plus another language for interpreting exercises)	yes	Yes: dialogue interpreting; chuchutage, sight translation	Yes: health, law, domestic and family violence	Yes	Site visits
Ko, L.	13 wks./ 39 hrs.; 3 hrs./wk. teaching; 1 hr./wk. homework	No info.	1 grp: in person; 1 grp.: online	Language specific: English and Mandarin	No info.	Yes: consecutive interpreting; sight translation	No info.	No info.	Yes: using computers and teleconferencing and telephone
Lai, M. & Mulayim, S.	240 hrs. over 2 semesters	Bilingual proficiency, intake test	In person	Language specific	Yes	Yes	Yes: medical, legal, social welfare, community services	Yes: in English and LOTE	No, in-class interpreting practice
Longley, P.	Language enhancement course: 2x wkly. 6-9pm (2 wks.); Interpreter training: 10 days	Min. 2 students per language	In person	Language specific: Gujarati, Urdu, Punjabi, Italian, Chinese	No info.	Yes: note-taking, consecutive interpreting, chuchotage, simultaneous interpreting	Yes, court and police	Yes: in both languages	No, only role-play
Moser-Mercer, B., Kherbiche, L. & Class, B.	No information	Being active humanitarian interpreters	Online with on-site peer tutoring	English-language with on-site peer tutoring in other languages	Yes	Yes: consecutive interpreting	Yes	No info.	On-site
Slatyer, H.	1. 1 wk. intensive course 2. 6 wks. fieldwork 3. 1 wk. intensive course	Students nominated by service providers; screening interview required	In person	Non-language specific (i.e., in English)	No info.	Yes	Yes: fieldwork	English only	Mentored workplace experience: monitored and supervised fieldwork

Straker, J. & Watts, H.	2 courses: 12-wk. (144-hour) introductory course; 31-wk. (372-hour) advanced course; max. 390 hrs.	Refugee interpreter; at least 6 participants per language group	In person	Language specific: Kurdish, Somali and Spanish tutoring in language and interpreting skills	No info.	Yes	Yes: on refugee studies	Yes	No info.

Duration

Each of the training programs described took place over a unique time span, ranging from one day to over twelve weeks. One source failed to describe the length of time that the training program covered, but the others listed contact hours ranging from over 35 to 240, and one required 144 hours for the first course and 372 hours for an advanced course. One program required 39 contact hours spread out over 13 weeks; another part-time program offered courses in the evenings from 6:00 p.m. to 9:00 p.m. for two weeks, and another program was offered in a full-time intensive format spanning eight weeks and requiring eight hours per day five days per week of course time, followed by six weeks of fieldwork also involving an eight-hour per day schedule. Additionally, one program allowed participants to acquire certificates reflecting various qualification levels, depending on the number and type of courses as well as practical work completed.

Pre-Requisites

Each of the nine training programs included in this review required participants to possess an adequate degree of bilingual proficiency to be able to perform translation and interpreting tasks, however, the programs differed in their respective means of determining appropriate levels of proficiency in candidates' languages. Seven studies described evaluated training programs which included some form of language proficiency testing to determine language proficiency prior to admittance to the program. Three of these programs tested language proficiency in both languages, two required translation tasks to be performed to a certain degree of accuracy, and one program only assessed potential participants' English proficiency. Additionally, three programs insufficiently described the assessment measures used. Two of these did not list any measures for assessing participants' language proficiency, however, in one of these, all participants were already acting as humanitarian interpreters at the time of the training and were presumably assumed to possess adequate language competency for performing their interpreting duties. Two other programs required potential participants to pass tests, and one of these two also included an interview to evaluate candidates' aptitude for the training. Nonetheless, in the case of these two programs, it was unclear whether these tests and

interviews were required in only one or in both languages. One program also set a minimum of participants per language combination at three to encourage peer learning and evaluation.

Format

In-Person vs. Online. One program was offered exclusively online, and another offered the online tuition for participants in the experimental group. The remaining eight programs were offered exclusively in-person, and the control group of one study received in-person tuition. The online courses offered participants an opportunity to gain experience in using technology in interpreting, which, as one evaluation noted (Ko, 2008), may be applicable for those who wish to pursue positions offering telephone or video interpreting.

Language-Specific vs. Monolingual. All but one of the programs applied an English-dominant approach to the trainings with a majority of modules offered in English, but all training programs also incorporated interpreting exercises in other languages. The one exception was a German-dominant approach with course modules offered in German (Calderón-Grossenbacher & Fierro, 2016). Two of the English-dominant training programs were offered in a largely monolingual English-language format, with individual interpreting exercises being offered in other languages, whereas three did not describe in detail what type of language support might be available to the participants in their LOTE. In these cases, it may be inferred that participants should assist one another through peer learning and partner activities, in the absence of further mentoring or tutoring. Three programs included portions of the training and/or additional tutoring in other languages, and two programs also offered additional mentoring services by instructors with certain language combinations. Seven of the eight programs targeted participants with a variety of language backgrounds, whereas only one specifically included the language combination of English and Mandarin Chinese.

Subject Matter

Ethics. Five training programs included modules dedicated to clarifying the role of the CI and the ethical standards.

Interpreting Techniques. All nine of the training programs offered modules focusing on interpreting techniques. Four of the eight programs included modules focusing on consecutive interpreting techniques. Three program descriptions explicitly mentioned note-taking techniques as being a focus of course time. Three of the eight programs presented modules in whispered interpreting (cuchotage). Two of the eight training programs offered sight translation lessons, and one covered paralinguistic skills needed for interpreting, while another added a focus on the acquisition of cross-lingual and cross-cultural communication skills in the context of community interpreting.

Context-Specific Information. Two of the training programs incorporated information on domestic violence and related legislation. Additional optional courses focusing on Refugee Studies as well as Employment and Business Strategies were offered in one program. One program provided background information both in English and in LOTE regarding medical, legal, social welfare, and community service information which may be relevant for CIs in that particular area. Another program focused on information regarding educational, medical and social services.

Terminology/Vocabulary Development. In total, six programs indicated including some form of language or vocabulary development. One training program included modules focusing on healthcare terminology, which focused on English terminology; another focused on English vocabulary development, one program provided participants with language enhancement courses in both English and the LOTE, and one offered additional continuing professional development courses focusing on mother tongue language development, English, and Somali terminology. Three programs did not include any specific information about language development.

Practical Work. Four of the nine training programs described required some degree of practical application of the theoretical and linguistic coursework provided beyond the classroom. One of the programs was exclusively offered to interpreters parallel to their work (Moser-Mercer & Class, 2014), while one required only site visits to organizations involved in the domestic violence court and medical care context (Abraham & Oda, 2000). Another program offered mentoring and supervision to participants during their required 6-week supervised fieldwork as part of its curriculum (Slatyer, 2006), and yet another required nine hours of supervision alongside the 50 hours of mandatory practical work (Calderón-Grossenbacher & Fierro, 2016).

Methodological Design

Quality Assessment

Outcomes (Kirkpatrick Levels). The nine studies included in this review each applied one or two of the various levels of evaluation. One study addressed program graduates, while two studies used only participant evaluations, and one of those incorporated instructor evaluations of the training programs – one qualitative and one quantitative – at level one. Two studies computed descriptive quantitative as well as qualitative data on former participants' job status at level three. Three studies applied a mixed methods study design to assess both participants' qualitative feedback on the training (level 1) and quantitative data regarding participants' test scores (level 2), and two studies using mixed methodologies to evaluate qualitative and

quantitative participant (level 1), employment-related participant, service provider and service recipient (level 3) feedback (see Table 20 for exact levels per study).

Quality Appraisal (MMAT). In an effort to minimize bias, each of the nine articles were scored by four raters independently of one another, and the respective appraisal scores were compared and discussed in order to reach a consensus.

Three of the studies used a purely qualitative methodological approach to analyzing their data; three studies applied quantitative methodology, and three studies approached their research question using mixed methods. Of the studies which used a purely qualitative approach, one was determined to meet three of the four criteria (75%***), and two met two of the four criteria (50%**) in the MMAT rubric for assessing the quality of qualitative studies. Of the three purely quantitative studies, two applied a descriptive quantitative approach, and one of those and met none of the four MMAT criteria (0%), whereas the other met all four MMAT criteria (100%****). The remaining quantitative study used a quasi-experimental quantitative non-randomized approach and met three of the four MMAT criteria (75%***). The three mixed methods studies both met a majority of the MMAT criteria, with all three fulfilling three of the four (75%***) of the MMAT criteria.

Among the quantitative non-randomized or quasi-experimental methodology, which was seen in two of the studies included in this review, only one attempted to address the issues of possible selection bias during the recruitment process, which may be difficult to do in the case of most training programs for perspective public service interpreters, particularly because "individuals from the community … may consent or refuse to participate in research, and their willingness to participate is unlikely to be random … selection bias may be not just inadvertent but also unavoidable" (Kukull & Ganquli, 2012).

Regarding the question of representativeness of the samples in each of the studies, the method of sampling could be consistently termed what Banerjee and Chaudhury (2010) call "purposive (non-random sampling)", as the volunteers who chose to participate in each of the programs in question were either admitted without admissions testing, operating under the assumption that if the candidates were already working as interpreters, they must possess requisite bilingual proficiency for participating in the training program (one study), or, more frequently (in seven of the nine studies) were subjected to language proficiency testing and/or other tasks to determine their eligibility for participating in the respective training programs. For this reason, all such studies were deemed representative in this right, as this practice would be typical of most training programs which perspective community or public service interpreters would likely encounter. Whether the age range, languages or gender (and so on) of the respective

participants can be seen as representative within the larger population of CIs in their respective location is unknown, and for this reason, unless otherwise stated in the studies themselves, the participant samples were assumed to be representative. One study even attempted to survey all graduates of the program, and because all former participants who had successfully completed the program were contacted, the sample of participants who did in fact participate (66%) was assumed to be representative of the program graduates.

The final MMAT-related difficulty was encountered in regard to the last item of the mixed methods rubric, which addresses issues which might arise when using both quantitative and quantitative methods to answer research questions in terms of possible divergence of data in a triangulation design. This issue was not addressed directly in any of the mixed methods studies, as in most cases qualitative methods were applied to gather data about participant feedback, whereas quantitative methods were used for analyzing test scores, which were used in evaluating participants' learning. Only in one study were both qualitative and quantitative methods applied in order to gain further insight into graduates' perceptions of the program and its effect on their employment situation following their qualification.

Table 20

Kirkpatrick classification and MMAT ratings

Author(s)	Title	Year	Country	Type of Study	Kirkpatrick Level	MMAT Rating
Abraham, D. & Oda, M.	The Cultural/Community Interpreter in the Domestic Violence Court - A Pilot Project	2000	Canada	qualitative	1 and 3	50% **
Calderón-Grossen-bacher, R. & Fierro, R. A.	MEL – Aus- und Weiterbildung für interkulturelles Dolmetschen und Vermitteln: Evaluation des beruflichen und persönlichen Nutzens für die AbsolventInnen	2016	Switzer-land	mixed methods: (qualitative + quantitative descriptive)	1 and 3	75% ***
Hale, S. & Ozolins, U.	Monolingual short courses for language-specific accreditation: can they work? A Sydney experience	2014	Australia	quantitative non-randomized	1 and 2	75% ***
Ko, L.	Teaching Interpreting by Distance Mode: An Empirical Study	2008	Australia	mixed methods: (qualitative + quantitative non-randomized)	2	75% ***
Lai, M. & Mulayim, S.	Training Refugees to Become Interpreters for Refugees	2010	Australia	qualitative	1	75% ***
Longley, P.	What Is a Community Interpreter? Some Thoughts after the First Experimental Course in Peterborough	1984	United Kingdom	quantitative descriptive	1 and 2	100% ****

Moser-Mercer, B., Kherbiche, L. & Class, B.	Interpreting conflict: Training challenges in humanitarian field interpreting	2014	Switzer-land	qualitative	1	50% **
Slatyer, H.	Researching curriculum innovation in interpreter education: The case of initial training for novice interpreters in languages of limited diffusion	2006	Australia	mixed methods: (qualitative + quantitative descriptive)	1 and 2	75% ***
Straker, J. & Watts, H.	Fit for Purpose? Interpreter Training for Students from Refugee Backgrounds	2003	United Kingdom	quantitative descriptive	3	0%

Discussion

Although there is a large number of training programs available to potential PSIs and CIs, this review provides additional evidence that the overwhelming majority of these programs have not been systematically evaluated by researchers and made available in scientific journals.

It should be noted that there is no presumed connection between any given program's status as having been systematically evaluated and said program's effectiveness when compared to other training programs which may have been described and critically reflected upon or those which may have been evaluated by external organizations that do not publish their findings in scientific journals.

Notably, there seems to be a lack of external evaluations performed and published by individuals or organizations with no connection to the creation of the training programs in question. As previously stated, however, there are a number of programs which have in fact been evaluated by national or local institutions of accreditation (e.g., NAATI, 2021 in the case of training programs in Australia).

Of the programs that have been evaluated in a systematic manner in evaluations published in books or scientific journals, the overwhelming majority have been evaluated internally by the creators of the programs, which could be called into question due to biases inherent in the evaluation of one's own program. A small number have been evaluated by members of collaborating institutions or in one case by contractors hired to evaluate the program (Calderón-Grossenbacher & Fierro, 2016), which could be considered partially external in nature. This is not to say that other programs have not been evaluated at all, as some countries (e.g., Australia) have accrediting bodies (e.g., NAATI) that review and evaluate the training programs which they accredit.

In regard to the Kirkpatrick levels of the outcomes used to evaluate each of the studies included in this review, with the exception of one study (Straker & Watts, 2003), which reported outcomes solely at level 3, all of the studies included in this systematic review reported outcomes at the Kirkpatrick levels 1 (twice in addition to level 3 outcomes) and/or 2. These identified outcome levels appear to be typical, according to Sullivan (2011), who noted that "in systematic reviews of education research, the majority of studies reported outcomes at Kirkpatrick levels 1 and 2." In spite of the observation that the majority of these types of studies tend to be set outcomes at levels 1 and 2, one critique that Sullivan (2011) mentions is that the "achievement of outcomes at these levels may not translate into effective, sustained changes in behaviors or improved . . . outcomes. In general, outcomes reported were more often subjective rather than objective." With reference to outcomes reported at level 1, which focuses on the reactions of participants, graduates and/or instructors, these types of data could well be considered subjective in nature. However, as level 2 measures learned behavior, in the case of the studies described in this review, outcomes at this level tended to be measured based on test scores, which can be regarded as a reasonably objective means of assessing learning.

Whereas Sullivan's critique may be a valid one, particularly when applied to the context of educational programs related to patient care, within the broad context of community interpreting, it seems that most training programs do not train only CIs who work in one single organization, which in turn means that it is unlikely that many evaluations will be able to include assessments of the fourth level of training evaluation according to Kirkpatrick, as the fourth level translates to the organizational level. However, outcomes on the other three levels have been found in the studies identified for this review.

Regarding the methodological appraisal performed by means of the MMAT, there were some issues that should be noted when considering the present results. Although the MMAT tutorial clearly states that it is to be used as a tool for appraising methodological quality and not the quality of the reporting, it was difficult at times to discern exactly how the respective methodologies were applied in some of the cases. For example, some studies mentioned having interviewed or surveyed participants or alumni, but it was unclear how exactly these interviews or questionnaires had been structured and how participants' responses were evaluated.

With respect to the inter-rater reliability in the current study, two items in the domain of qualitative research referring to the provision of "appropriate concern" to various aspects of the study design posed particular difficulty. Souto and colleagues (2015) also noted that the two items "Is appropriate consideration given to how findings relate to researchers' influence, e.g., through their interactions with participants?" and "Is appropriate consideration given to how

findings relate to the context, e.g., the setting, in which the data were collected?" produced comparatively low kappa scores, namely *k*=0.21 and *k*=0.36, respectively. Therefore, the scores on items such as these should be interpreted with these issues in mind, as they invite a greater degree of subjectivity compared to other items which exhibit higher kappa scores.

In addition to the issue of subjectivity in the aforementioned items, there were three issues which were repeatedly encountered when applying the MMAT for assessing the quality of these studies related to the qualitative methods. In regard to the qualitative methods rubric, it was observed that item 1.2., which addresses the process for analyzing the qualitative data (e.g., grounded theory) was not described in detail in any of the studies in this review, which resulted in this particular item not being able to be answered in the positive for any of the qualitative designs.

Unrelated to the aforementioned difficulties in assessing the studies when using subjectively formulated items, there were some issues which presented themselves repeatedly in regard to inter-rater reliability with respect to poorly described methodologies, as mentioned above. In particular, there were issues regarding certain items in the quantitative non-randomized and the mixed methods rubrics. More specifically, the item 3.1 of the quantitative non-randomized rubric "Are participants (organizations) recruited in a way that minimizes selection bias?" was often difficult to answer, as selection bias was not addressed in any of the studies included in this review. This observed lack of attention to selection bias may well be explained by the educational context in which the studies were carried out, and one might argue that there may be a certain degree of bias involved in selecting only those individuals with the required prerequisites; however, as a majority of the training programs evaluated by the studies included in the current review had set similar requirements for potential candidates, the issue of selection bias may not be able to be addressed in the same way in this context as it would be in another context (e.g., involving medical treatments).

Similarly, in the mixed methods rubric, question 5.3 "Is appropriate consideration given to the limitations associated with this integration, e.g., the divergence of qualitative and quantitative data (or results*) in a triangulation design?" was unable to be answered in the positive, as none of the selected studies using mixed methods designs specifically addressed the limitations involved in mixed methods designs per se, even if they did address other issues with their studies. Therefore, these trends should be taken into consideration when interpreting the results of the assessment using the MMAT in this context. All things considered, the MMAT did prove to be an acceptable means to appraise the methodological quality of the included studies, particularly given that the results of the methodological appraisal revealed that the evaluations

included in this review involved the use of qualitative, quantitative and mixed methods, and that the quality of the methodology applied stretched from an unacceptably low quality (0%) to an exemplary quality (100%****) in the respective methodological designs. In fact, the study which was scored with 0% would have been excluded from review had MMAT screening scores or total scores been set as an inclusion criterion.

Additionally, there are a larger number of training programs, excluded from this review for lack of a systematic methodology for evaluating the effectiveness of the respective training programs, which have been reflected upon by various individuals, at times in great detail, in order to highlight positive aspects and to offer constructive criticism for improving such programs. The exclusion of these programs no way implies that these programs are in any way less worthy of attention or that they might be of lower quality than those described in this review. On the contrary, it is indeed quite possible that some of the excluded programs may potentially be more effective in training CIs for their respective duties following these programs than other evaluated programs.

It is also possible that other programs have been evaluated in other manners and that their results are unable to be found in research databanks. The question in this case then becomes how we might best make the results of such evaluations more readily available to other researchers and educators in this field so that we might all benefit from the findings of these evaluations.

Limitations

One of the hurdles to performing this systematic review was the lack of availability and transparency of the systematic evaluations performed in this area. Based on the literature search and screening, it is clear that training programs have existed since the 1970s (Hale, 2007), and multi-country evaluations of these programs have been documented at the latest since the 1990s (Downing & Tillery, 1992). However, the methods used in many of the evaluations are left vaguely described or completely left out of the discussion of the results, which often present themselves in the form of reflective generalizations or summaries of participant feedback without reference to the methodology applied in order to acquire said feedback.

An additional challenge was seen in finding an appraisal tool suitable for evaluating the methodological quality of training programs, as many appraisal checklists were designed to appraise clinical studies (e.g., ICROMS, Zingg et al., 2016; COSMIN, Monkkink et al., 2012) or solely qualitative studies (e.g., the appraisal grid proposed by Coté & Turgeon, 2005) were unable to be used to assess the methodological quality of various qualitative, quantitative and mixed methods study designs in a comparable manner. With this in mind, it must, however, be mentioned that even the MMAT presented difficulties, as, for example, issues regarding the use

of both qualitative and quantitative methods were never considered in the mixed methods studies in this review. Considering the rigor with which the studies included in the review were selected from the thousands of available studies, these studies can be considered to be representative of the larger body of literature available in this field. Given this observation, it can be reasonably concluded that the MMAT, although much more suitable than other similar measures of its kind, may not be a completely fair way of appraising the methodological quality of training evaluation studies in the fields of applied linguistics and educational studies, from which the studies included in this review stemmed.

In addition to the apparent lack of methodological rigor in the evaluation of training programs geared toward CIs, the evident Euro-/Anglo-/American tendency or bias in the present results must also be taken into consideration. Due to the observation that many program evaluations merely involved reflections on respective trainings' strengths and weaknesses and only very few systematic and external evaluations were found in the literature to date, the question that remains is whether the tendency to employ external evaluations is simply more frequently seen in Euro-/Anglo-/American contexts or whether these external evaluations may have taken place in other contexts but have not been reported on in the scientific literature available in the databases selected. For example, NAATI is charged with credentialing training programs in the Australian context, however, its evaluations were not found in the scientific literature.

As in Substudy 2.1, another limitation can be seen in the research group's decision to exclude training programs which only focused on medical or legal interpreting. Because the field of public service interpreting, as well as community interpreting as a whole, involves these areas as well, these also represent relevant foci to be examined. In addition, had these fields been included, there may have been more evaluations also found which could have added further insights to the current quality assessment of such evaluations.

Finally, similar to Substudy 2.1, another limitation of this study can be seen in the research group's decision to exclude training programs involving sign language interpretation for refugees and asylum-seekers, which represents another important and often overlooked aspect of facilitating the communication for vulnerable individuals (see Substudy 2.1).

Recommendations for future research

Due to the observation that community interpreting training programs focusing exclusively on either medical interpretation or legal interpretation have been in existence since the 1960s and have played a large role in discussions about the field of community interpreting, these programs could be included in future research exploring the evaluation of training programs in the field of community interpreting in a variety of its more specific contexts of application.

Additionally, a new instrument for assessing methodological quality specific to training evaluations should be developed. In addition, sign language interpreting within the context of community interpreting has also played a significant role in discussions about training in this field, which may also warrant an even broader overview of evaluated training programs in sign language interpreting for CIs.

Conclusion

Just as the training programs offered for potential PSIs and CIs continue to be highly heterogeneous, so too are the evaluations of these programs. In order to more systematically train potential CIs and evaluate their training programs efficiently and systematically, quality standards are needed, not only for the training programs themselves, but also for their evaluations.

2.2.3 Substudy 2.3: Training needs for community interpreters in Germany – A qualitative content analysis

Background Information

To date, there have been many voices in the scientific literature which have warned against untrained or poorly trained CIs being employed to interpret in a variety of settings (e.g., Ahamer, 2013; Slayter, 2006; Bauer & Alegría, 2010; Bischoff & Hudelson, 2010; Bührig & Meyer, 2013). However, as detailed in Substudies 2.1 and 2.2, there is a great deal of heterogeneity amongst available training programs for potential CIs, and systematic evaluations of such programs seem to be equally heterogeneous (see Substudy 2.2). Although there have been many recommendations derived from existing literature on the topic of necessary or desirable components to be found in such training programs (e.g., Hale, 2007; Meyer et al., 2010a; Müller, 2011; Mikkelson, 2014), the question at the heart of the current substudy concerns needs which may be particular to the German context.

Research Question and Objective

The current substudy was designed to formulate an answer to the following research question: *What needs can be identified for the training of community interpreters working in the field of social work with refugees and asylum-seekers in Germany?*

In order to arrive at an appropriate answer to this question, relevant actors will be interviewed and the interviews evaluated so that training needs can be formulated specific to the aforementioned context.

Using the existing literature, as well as the previous two substudies as a guide, it may be hypothesized that many of the existing training programs and recommendations from existing literature will be found among the needs identified in this substudy. However, it remains to be seen whether there may be additional needs specific to this particular context. Therefore, this substudy has been designed to be exploratory in nature.

Methods

In order to collect data on the needs to be addressed in training programs for CIs, semi-structured focus groups and individual interviews were conducted with various groups involved in the context in focus. These groups were asked to speak to their experience with community interpreting from various perspectives and identify subject matter that is needed in the context of training programs for CIs. The focus groups were transcribed and evaluated using a qualitative content analysis according to Mayring (1983).

In addition, focus group participants were asked to fill out demographic questionnaires. These data were analyzed quantitatively. However, due to the focus of the current substudy being

placed on the qualitative data collected, the quantitative data will only be described in the methods section, and select results will be available in Appendix J.

Participants

The sample consisted of 11 focus groups with the following target groups: professionals as well as volunteers in the field of social work; certified, paid as well as volunteer CIs; and Dari-speaking refugees and asylum-seekers.

In addition, a total of 26 individual interviews were conducted with the following target groups: refugees and asylum-seekers with various mother tongues (i.e., Tigrinya, Kurdish and Arabic); professionals with leadership roles in relevant social service organizations; and experts in various relevant fields.

Sampling and recruiting

Inclusion and exclusion criteria for the focus groups, as well as the individual interviews, were developed by the research team in Hamburg, Germany and approved by the project partners in NRW (see Appendices D and E).

Interviewees were recruited using a number of approaches. A purposeful sampling strategy was applied for recruiting participants for focus groups and individual interviews (see also Patton, 2002, 2015; Palinkas et al., 2015), and experts were recruited for individual interviews using snowball sampling (see also Given, 2008) in order to achieve saturation (see also Saunder et al., 2018). The focus group participants were recruited using informational flyers and pamphlets, which were distributed in printed form and electronic form to various CI pools and other relevant organizations (e.g., refugee camps, cultural centers), containing information regarding the time, place and three-hour duration of the focus group discussions. As a compensation for their time and potential travel costs, all participants except those recruited for expert interviews were offered €20 for participation.

Professionals and volunteers in the field of social work were recruited by a project partner specializing in social services by contacting relevant agencies and distributing invitation. Volunteer and paid CIs, as well as certified language and integration mediators (CLIMs), were contacted through a number of relevant agencies, CI pools, and training institutions, some of which were project partners and others which could be motivated to distribute invitations. Refugees and asylum-seekers were recruited through contact to relevant organizations, community centers and camps, where invitations were posted in target languages and/or spread via word-of-mouth. Experts were recruited based on inclusion criteria and contacted personally by the research assistants employed in the current substudy.

Focus Groups

Focus groups were conducted in Hamburg and Cologne, North-Rhine Westphalia. Many of the focus groups were designed to speak to similar target groups, however, there were regionally specific groups which could only be found in one of the two locations. In both Hamburg and NRW, the following focus groups were planned and conducted: professionals in social work, volunteers in social work, paid CIs, volunteer CIs, and refugees and asylum-seekers. Two target groups which were only to be found in NRW were certified language and integration mediators (German: Zertifizierte Sprach- und Integrationsmittler*innen) and teachers in the training program for certifying said language and integration mediators. Due to restrictions regarding time and resources, however, the planned focus group with the teachers was unable to be conducted. In the end, a total of five focus groups were conducted in Hamburg and six in NRW. The goal of the research group was to recruit between eight and ten participants. This decision was influenced by Kruger's (1995) observation that the "myth" that focus groups should involve between ten and 12 participants can be refuted in that smaller focus groups of six to eight participants tend to be most effective "when topics are more complex or when participants have expertise on the topic". Due to the complexity of the topic and the relative expertise of the participants recruited, the goal of recruiting eight to ten participants was deemed appropriate for this particular topic in this setting. In order to recruit participants from the field of social work, a project partner from that field was charged with the recruitment process for all paid social workers and volunteers from the field of social work.

In the following, the inclusion and exclusion criteria for each of the target groups defined for the focus groups will be detailed. For a detailed list of focus group inclusion and exclusion criteria, please see Appendix D.

Each of the professionals in the field of social work had at least six months of professional experience in the field of social work working with refugees and asylum-seekers and had a minimum of 20 appointments involving CIs for facilitating communication.

The volunteers who were active in the field of social work with refugees and asylum-seekers also had a minimum of six months of volunteer experience in this field and at least 20 appointments involving CIs. The main difference between these two groups was that the former officially worked professionally in this context and the latter worked on a volunteer basis in this field. Because some individuals may be active both professionally and on a volunteer basis in this field, a clear distinction was made between those who spent the majority of their time either working professionally or on a volunteer basis in order to include a variety of perspectives from the respective target groups.

A similar distinction was made between paid and volunteer CIs, in that these also had a minimum of six months of experience and at least 20 interpretation appointments, but that the majority of their work in community interpreting for refugees and asylum-seekers was either paid or volunteer, respectively. In NRW, CLIMs were also invited to focus groups using similar criteria regarding experience. The main difference between the groups in NRW was seen in either the presence or absence of this particular training and certification.

The final focus groups performed in Hamburg and NRW were those conducted with refugees and asylum-seekers. In both cases, the participants had an official legal status as either refugees or asylum-seekers; were at least 18 years of age; had spent at least three months but no longer than three years in Germany; and did not work themselves as CIs. In Hamburg, the participants in this group all spoke Dari as a mother tongue, and the participants in NRW spoke the Levantine dialect of Arabic as a mother tongue. The respective mother tongues were chosen based on larger groups of refugees and asylum-seekers at the time of this study having come from Afghanistan and Syria (Bundesamt für Migration und Flüchtlinge, BAMF, 2018), where the aforementioned languages are spoken by large portions of the respective populations.

One important consideration emphasized by Kruger (1995) was to involve a more diverse sample in this project, particularly in terms of cultural and socioeconomic factors. For this reason, not only professionals in the field of social work and community interpreting were recruited, but also individuals who work in these areas on a volunteer basis. In addition, the service user group (SUG) of refugees and asylum-seekers was also included in this sample in order to incorporate their perspective into the analysis of needs in the field of community interpreting in this field, as the SUG is most acutely impacted by decisions made based on interpreted communication.

Individual Interviews

In addition to the focus groups described above, 26 individual interviews were conducted with representatives of the following target groups: refugees and asylum-seekers with various mother tongues (i.e., Tigrinya, Kurdish and Arabic). Expert interviews were performed with professionals with leadership roles in relevant social service organizations as well as experts in various relevant fields (Monke, 2007).

The inclusion and exclusion criteria set forth for the respective groups will be described below. For a detailed list of the inclusion and exclusion criteria, please see Appendix E.

In Hamburg and NRW, a total of 12 interviews (six per location) were planned to be conducted with representatives of a sample of different language groups among refugees and asylum-seekers. Originally, speakers of Tigrinya, Kurdish, Pashto and Arabic were chosen as target

groups, in order to gather additional perspectives from speakers of languages other than those targeted in the focus groups, namely Dari and Levantine Arabic. However, due to recruiting difficulties in NRW, speakers of Pashto were not interviewed, and instead, four additional individuals who were speakers of Arabic were interviewed.

The inclusion and exclusion criteria for the individual interviews with RAS were identical to those set forth for the individual interviews, with only target languages differing between the two sets of criteria (see Appendices F and G). Two individuals from each of the above listed language groups were interviewed in Hamburg and two in NRW. The respective gender identities of the interviewees were determined at recruitment in order to attempt to collect data which might better reflect the experiences of individuals with various gender identities. All participants identified as either cis male or cis female.

The remaining 14 expert interviews were conducted exclusively in Hamburg:

Individuals with leadership roles in relevant institutions in the field of social work had at least two years of work experience in their current institution or another similar organization.

A number of different individuals with expertise in various relevant areas were also interviewed, namely interpreters with university degrees in areas related to community interpreting, other experts with ties to universities in the area of research as well as in areas outside of research and individuals involved in training or (higher) education of (community) interpreters.

Materials

All templates and questionnaires were selected and/or developed by the research team in Hamburg, and project partners in NRW were trained in their application in the form of focus groups and/or individual interviews.

Focus Groups

A semi-structured interview template was created for each of the target groups, focusing on three core questions per focus group (see Appendices F and G for examples). The focus groups with refugees and asylum-seekers were conducted with the help of CIs.

Additionally, participants in each of the focus groups filled out a demographic questionnaire (see Appendix J for results), and CIs were also given a questionnaire to fill out in order to assess symptoms of depression and anxiety. The questionnaire for CIs will be elaborated upon in Substudy 3.1.

Pre-Focus Group Questionnaires

Demographics questionnaires were formulated by the research group and adjusted to address relevant information from each of the target groups who participated in the focus group

discussions. For example, occupation-related questions were tailored to the respective occupational groups (e.g., paid CIs, volunteer CIs, paid social workers, volunteers in the field of social work). All pre-focus group questionnaires included items regarding age, gender, languages spoken and level of education. Items regarding migration background (see Schenk et al., 2006) were also included, which were comprised of items on country of origin of self, parents and grandparents, length of time residing in Germany and native language(s).

In addition, individuals who work in social work as well as CIs were asked about the settings in which they work and the length of time that they have worked in their respective fields, as well as the length of time that they have worked with refugees and asylum-seekers. In addition, paid social workers and volunteers in the field of social work were asked which LOTG, if any, they use in their work. CIs were additionally asked about the languages which they interpret or translate.

A second pre-focus group questionnaire was given to CIs and CLIMs, in order to assess symptoms of anxiety and depression. More information about this questionnaire will be given in the following chapter (see Substudy 3.1).

Individual Interviews

Similarly to the focus groups, individual interviews were based on a semi-structured set of questions, which were formulated for each specific target group in mind. Each individual from the respective target groups was asked the same set of questions, and interviewees were asked to speak freely in their answers. As in the focus groups, a moderator also inserted questions for clarification or to focus the interviewees on the topic of the questions asked (see Appendix H).

As in the case of the focus groups, individual interviews with refugees and asylum-seekers were also conducted with the help of CIs.

Expert interviews were conducted on the basis of semi-structured interviews in order to specifically tap into areas of expertise relevant to the present substudy (see Monke, 2007).

Procedure

A combination of focus groups and individual interviews was determined to be an ideal way to collect data from a variety of actors in the field of social work with refugees and asylum-seekers who have experience with community interpreting for mediating communication and breaking down language barriers. Collier and Morgen (2002) emphasize the need to determine the correct data collection methodology for achieving specific research goals. In this case, the goal of this needs analysis was to survey a variety of groups and qualitatively analyze their perceptions and assessments of gaps to be filled and needs to be addressed when training CIs to work in this area.

Focus groups and individual interviews based on semi-structured interviews were conducted with the target groups described in the previous section. Each was conducted by two research assistants in the roles of moderator and secretary, in order to guide the discussion or interview and document speaking times for later transcription.

Focus groups focused on core questions to encourage discussion among the participants, whereas individual interviews were guided by open questions to encourage interviewees to elaborate on their answers with personal anecdotes.

Those focus groups and individual interviews involving refugees and asylum-seekers were conducted with the help of CIs, in order to facilitate communication and allow participants to express themselves in their respective mother tongues.

Both focus groups and individual interviews were audio recorded, transcribed, and bilingual focus groups and interviews were also proofread by CIs for accuracy and translations were provided, as needed.

Focus Groups

Prior to beginning the focus group discussion, information about the research project itself as well as instructions for the focus group discussion were presented to the individual target groups by the moderator and the secretary, who were also research assistants in the study. Participants were encouraged to ask questions about the project and/or the process, and it was made clear that the moderator would play a guiding role but that the discussion and interaction amongst participants was the most important aspect of the focus group session. A more passive and informative form of moderation was deemed appropriate in order to reduce the influence of the moderator on the content of the discussion (see also Collier & Morgan, 2002; Kruger, 1995).

Three core questions were posed per focus group, and the questions were written on a flip chart so that participants could see each question at all times during that portion of the interview dedicated to each question individually. Each question was discussed among group members and clarifying questions were occasionally asked by the moderator, in order to prevent confusion. If the discussion strayed from the core question, the moderator also intervened in order to ensure that the groups stayed on-task and on-topic. The secretary was also present for each of the focus groups and individual interviews in order to ensure that the time and order in which each participant spoke was tracked for coding and transcription purposes.

Informed consent was obtained from all participants for their participation as well as for the audio recording of their statements prior to the start of each focus group session.

The focus groups with refugees and asylum-seekers were conducted with the help of CIs. All written material was provided in German, explained in detail by the moderator and the secretary and orally translated by the CIs present.

Individual Interviews

Semi-structured interviews were conducted by the two research assistants in the roles of moderator and secretary with the previously described target groups. Regarding experts and individuals in leadership roles at relevant organizations and institutions, a number of these individuals were interviewed via telephone or Skype, due to logistical and time constraints.

Interview questions were posed by the moderator, and interviewees were encouraged to elaborate on their answers using personal experiences and anecdotes to support their answers. In the case of refugees and asylum-seekers, a CI was also present, in order to facilitate the communication.

Informed consent was obtained from all participants for their participation as well as for the audio recording of their statements prior to the start of each interview session.

Ethical review and data protection

The German Society for Psychology (Deutsche Gesellschaft für Psychologie (DGPs)) performed an ethics review of the entire research project in which this needs analysis was conducted, and the study was found to be ethically unproblematic in all areas. Informed consent forms were kept separately from questionnaires, in order to ensure that no identifying information could be associated with the anonymous questionnaires. All questionnaires and consent forms were kept in a secured office, and all audio files and transcripts were also anonymous and kept on a local server.

Data Analysis

Both quantitative and qualitative data were collected and analyzed accordingly. Qualitative analyses as well as the qualitative content analysis will be described in greater detail in the following sub-sections.

Quantitative Statistical Analyses

Additional quantitative pre-focus group questionnaires were distributed to and filled out by participants in focus group discussions. Descriptive quantitative analyses of pre-focus group questionnaires were performed for each target group separately, as the questionnaires differed slightly in their content, based on the target groups. All quantitative analyses were performed using SPSS (Version 23.0: IBM, 2015).

Qualitative Content Analysis (Mayring, 1983; 2015)

All focus groups and individual interviews were recorded and transcribed. Transcriptions in languages other than German or English were then translated into German with the help of a professional translation agency and proofed for accuracy by CIs. The software program MAXQDA (VERBI Software, 2017, 2020) was used to perform the deductive as well as inductive qualitative content analysis according to Mayring (1983).

The secretary then performed the data analysis independently and in cooperation with student assistants. A working group for qualitative data analysis also assisted in re-evaluating a portion of the data collected.

Qualitative analyses, including Grounded Theory (Glaser & Strauss, 2008), objective hermeneutics (see also Flick et al.,1995) and the qualitative content analysis (Mayring, 1983) are often used in order to explore a set of material collected through interviews, focus group discussions or written text and are based on various theoretical backgrounds. These types of analyses provide an additional possibility aside from quantitative analyses for examining written and spoken material. Mayring (1983; 2015) expresses criticism of the use of solely quantitative methods when analyzing this type of material, as the number of utterances expressing a particular idea may artificially lead to this idea gaining weight in an analysis without other latent or interactional aspects being taken into consideration. For this reason, the qualitative content analysis was deemed most appropriate for evaluating the material collected in the focus groups and individual interviews described in the previous section (see "Procedure").

The qualitative content analysis according to Mayring (1983) is a qualitative method of analysis which is frequently applied in German-speaking contexts and is seen as an efficient procedure for analyzing large quantities of material (Pohontsch, 2019). The aim of the qualitative content analysis is to apply a systematic subjective interpretation of communicated material, in order to identify patterns and themes and group these into meaningful categories for the purpose of gaining knowledge and understanding of a particular topic of focus (Downe-Wamboldt, 1992; Hsieh & Shannon, 2005; Kuckartz, 2012; Stamann et al., 2016; Pohontsch, 2019).

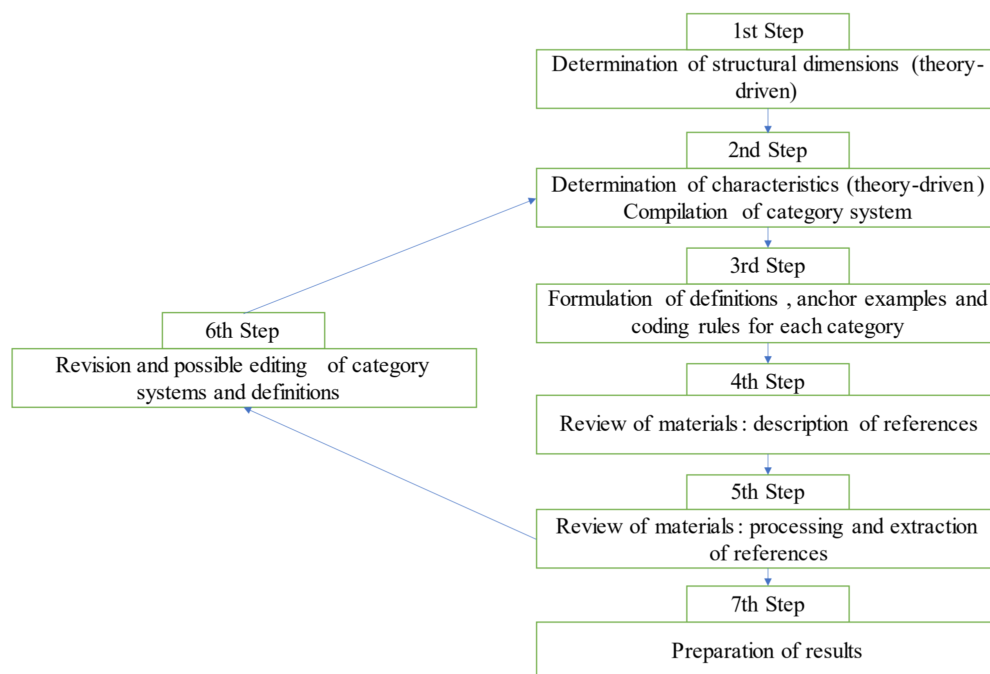
Mayring (2015) sees the quantitative content analysis as an intermediate method of analysis between quantitative and qualitative data analysis and thereby a means of incorporating quantitative data into qualitative analyses and recommends using a combination of methods for examining material from different perspectives. At the same time, however, he cautions against the overemphasis of quantitative analyses of text and spoken material. In his 1985 explanation of his qualitative content analysis, Mayring advises using caution when evaluating statements

and the false assumption that the frequency of a response or statement is equivalent to the importance of said response or statement, as repeated formulations could have different meanings or values in the context of various statements, just as single statements may communicate concepts or ideas which are of the utmost importance to a given context. Not only Mayring (1985), but also Morgan (2010), as well as Morgan and Bottorf (2010) stress the importance of considering the larger context and the interactions between participants when evaluating text elements for research purposes.

The qualitative content analysis can be seen as a qualitatively oriented category-led text analysis (Mayring, 2010). Mayring (1983) describes three types of content analysis, namely summarizing, explicating and structuring. The structuring content analysis was deemed most appropriate for describing the data collected in the current study, in order to identify subject matter and other factors that are needed for the training of CIs working in the area of social work or social services with refugees and asylum-seekers in Germany. According to his description of the structuring content analysis, Mayring (1983; 1985) states that the goal of the structuring analysis is to filter out certain aspects out of the material or data collected, in order to organize cross-sectional data according to predetermined categories based on certain criteria. The category system helps to create the structure for the material, and all text elements that fit into the categories are extracted from the material and organized into categories.

Figure 3

Structuring content analysis process



Note. Recreated based on Mayring (1985).

When creating a structure using this method, Mayring (1985) describes various forms of structures which may be deemed appropriate, depending on the ultimate goal of the analysis:

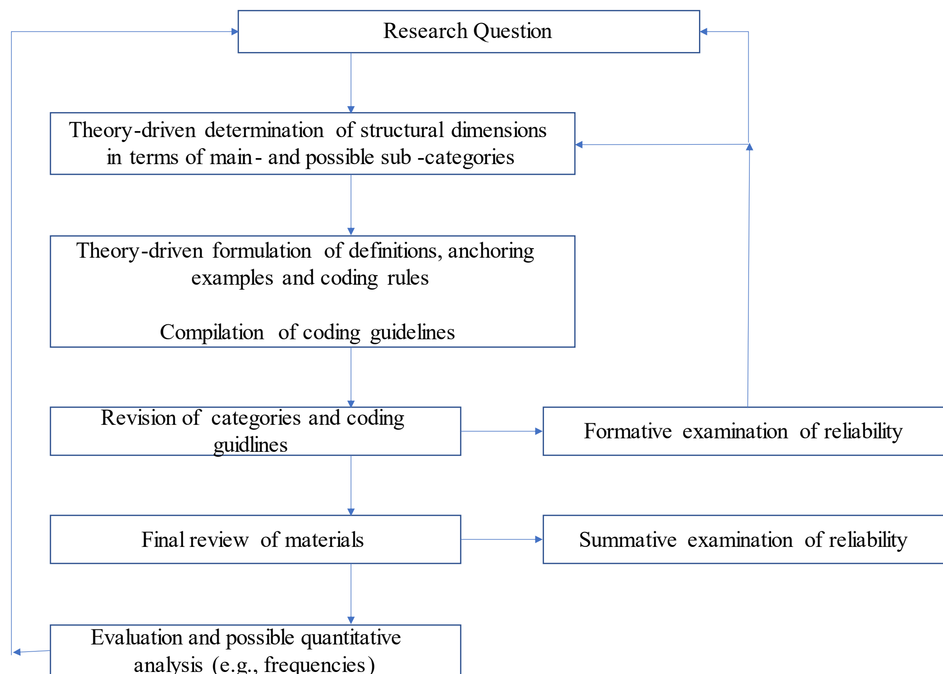
- A *formal* structuring aims to filter out the inner structure of the material and organize this according to formal structuring principles.
- A *content* structuring is used to extract and summarize content and topics or themes out of the material and organize this content.
- A *typifying* structuring uses a typifying dimension to find individual, distinctive expressions in the material and to describe them accordingly.
- A *scaling* structuring defines expressions according to individual dimensions in terms of defined scale points in order to assess the material accordingly.

In any case, the structuring dimensions must be precisely defined, derived from the research question and theoretically based. These dimensions will normally be differentiated and divided according to individual expressions or (sub-)categories. In order to determine if and when an element of the material falls into a certain category, it is important to define the inclusion criteria precisely.

The current study will initially apply a content structuring approach to organizing the material collected.

Figure 4

Deductive category-building process



Note. Recreated based on Mayring (2000b).

Although one may choose to use a solely deductive approach to the structuring content analysis (Maring, 2015; 2000b), a combination of deductive and inductive category-building may also be applied, as deemed appropriate (Gläser & Laudel, 2010; Mayring, 2015). Schreier (2012, 2014) describes the structuring qualitative content analysis as a means of organizing text material by which structuring categories or dimensions and sub-categories are formed based on the material. In many cases, a deductive approach is applied for defining the main categories or dimensions, and an inductive approach is applied for identifying relevant sub-categories from the material. The material collected in the present study applied a deductive strategy for defining categories or dimensions as well as sub-categories, and an inductive approach was deemed appropriate for identifying additional sub-categories from the material, as recommended by Schreier (2012). For a detailed list of the main deductive and inductive categories, please see Appendix I.

In order to define the criteria for inclusion into any given category, Mayring (1985) recommends using the following procedure:

1. Definition of categories: define the categories and which elements would be included into each category.
2. Anchoring examples: provide prototypical examples of text elements which fit into each of the categories.
3. Coding rules: set rules for determining a standard categorizing procedure to deal with unclarity.

Table 21

Deductive coding instructions table

Category	**Definition**	**Anchoring Example**	**Coding Rules**
Language competencies (Pöchhacker, 2000: 47; Hale, 2007: 177 – 178; Hrehovčík, 2009: 161; Meyer et al., 2010)	Minimum level of abilities and skills in the respective languages of communication	"Well, B2, I would say. B2, C1. I don't know whether you mean the European reference system[6]? Yes? well, definitely B2, C1."	In this case both B2 and C1 can be coded, as both are mentioned as being recommended.

[6] This quote refers to the Council of Europe´s (2001) CEFR, which ranges from A1 (beginning language proficiency) to C2 (advanced mastery) in terms of language competency levels. For further information, please see: https://www.commoneuropeanframework.org/

In the coding instructions table above, an example of language competencies as a deductive main category is shown. The additional sub-category of "minimum language competency requirement," which represents a deductive category derived from the training program research, was added as a specifier, as the main category of "language competencies" subsumes a number of other deductive sub-categories. This sub-category was then defined as the "minimum level of abilities and skills in the respective working languages" required for CIs. The anchoring example shows two possibilities that one interviewee deemed appropriate. These two levels of proficiency are then each coded for this statement, as both are presented as being acceptable.

In addition to the aforementioned processes for analyzing the data collected, Morgan (2010), as well as Morgan and Bottorf (2010) emphasize the importance of evaluating interactions and non-verbal language when analyzing data collected in the context of focus group discussions. Because the analysis of the data was performed by an individual who was only present in the focus groups and individual interviews in Hamburg, the only interactional aspects which could be analyzed were those involving agreement or disagreement among participants.

Results

Quantitative Analyses

Pre-Focus Group Questionnaires

The results of the pre-focus group questionnaires can be found in Appendix J.

Qualitative Analysis

Study sample

The following tables describe the overall makeup of the participants in the focus group and individual interviews conducted.

Table 22

Focus groups in Hamburg

Focus Groups in Hamburg					
	Code	Target Group Description	Total Participants (n)	Male (n)	Female (n)
1	FGB	Volunteers in social work	7	3	4
2	FGA	Professionals in social work	10	2	8
3	FGC	Paid community interpreters	11	4	7
4	FGD	Volunteer community interpreters	6	4	2
5	FGE	Refugees and asylum-seekers (Dari)	8	2	6
Total			42	15	27

Table 23

Focus groups in North-Rhine Westphalia

Focus Groups in North-Rhine Westphalia					
	Code	Target Group Description	Total Participants (n)	Male (n)	Female (n)
1	FGI	Volunteer community interpreters	8	5	3
2	FGJ	Language and integration mediators	7	1	6
3	FGH	Paid community interpreters	7	4	3
4	FGG	Volunteers in social work	6	6	0
5	FGK	Refugees and asylum-seekers (Levantine Arabic)	8	8	0
6	FGF	Professionals in social work	8	1	7
Total			44	25	19

Table 24

Individual interviews in Hamburg

Individual Interviews with Experts - Hamburg				
	Code	Target Group Description	Male (n)	Female (n)
1	EM1	Interpreter with university degree (Arabic-German)	1	
2	EM2	Head of training institute for community interpreters	1	
3	EF1	Interpreter with university degree (Arabic-German)		1
4	EF2	University professor of translation studies		1
5	EF3	Head of university training program for court interpreting		1
6	EF4	Leadership role in community interpreter pool		1
7	EF5	Head of training program for language and cultural mediators (LCMs)		1
8	EF6	Leadership role in a government employment agency		1
9	EM3	Leadership role in a housing program (also for refugees and asylum-seekers)	1	
10	EF7	Leadership role in a training institute		1
11	EF8	Leadership role in a training institute		1
12	EF9	Leadership role in a social service organization		1
13	EF10	Leadership role in a social service organization		1
14	EF11	University professor of linguistics		1
Total			3	11

Table 25

Individual interviews with refugees and asylum-seekers in Hamburg

		Individual Interviews with Refugees and Asylum-Seekers - Hamburg		
		Target Group Description	Male (n)	Female (n)
1	EIDHKF	Refugees or asylum-seeker (Kurmanji Kurdish)		1
2	EIDHKM	Refugees or asylum-seeker (Kurmanji Kurdish)	1	
3	EIDHTF	Refugees or asylum-seeker (Tigrinya)		1
4	EIDHTM	Refugees or asylum-seeker (Tigrinya)	1	
5	EIDHAM	Refugees or asylum-seeker (Levantine Arabic)	1	
6	EIDHAF	Refugees or asylum-seeker (Levantine Arabic)		1
Total			3	3

Table 26

Individual interviews with refugees and asylum-seekers in North-Rhine Westphalia

		Individual Interviews with Refugees/Asylum-Seekers – NRW		
		Target Group Description	Male (n)	Female (n)
1	EIDNAF	Refugee or Asylum-Seeker (Levantine Arabic)		1
2	EIDNAM	Refugee or Asylum-Seeker (Levantine Arabic)	1	
3	EIDNKF	Refugee or Asylum-Seeker (Kurmanji Kurdish)		1
4	EIDNKM	Refugee or Asylum-Seeker (Kurmanji Kurdish)	1	
5	EIDNTF	Refugee or Asylum-Seeker (Tigrinya)		1
6	EIDNTM	Refugee or Asylum-Seeker (Tigrinya)	1	
Total			3	3

Themes identified:

In this sub-section, the following themes were identified in the focus group and individual interviews, which will be explored in greater detail below:

1) Structural hurdles in community interpreting
2) Types of training programs
3) Subject matter for training programs

Theme 1: Structural hurdles in community interpreting

Beliefs about integration motivation and access to services

Widely held beliefs about integration and the motivation to integrate or assimilate into the society of one's host country tend to influence policy decisions and vice versa, which may prove

problematic when such widely held beliefs are not based on scientific evidence, but rather solely on prejudices (e.g., Kende et al., 2022; McLaren, 2003).

One person in a leadership position at a governmental agency expressed her belief that if community interpreting is offered in the long-term, immigrants will not be motivated to learn German themselves (see also McLaren, 2003; Stadler, 2016).

> EF6[7]: Not that the clients rely on that for years: 'at the employment center they have interpreters, so I don't have to learn any German'… And so we offer that as a general rule to new clients because we work toward the clients going to German courses. And that is also important that that be communicated to the outside/public that that is our strategy.

Here she emphasizes that it is not only important that community interpreting not be offered for years after immigration but also that that be known by the public so as to discourage people from relying on CIs as a long-term solution.

This represents a commonly held prejudiced belief to argue against providing translation and interpreting services: that if (im)migrants are offered language-related services for too long, they will not be motivated enough to learn the official language of their host country and assimilate to the majority culture (Kendle et al., 2022).

Legal hurdles

There are a number of structural issues which could be highlighted surrounding language assistance for persons with LGP. One of the main issues which was mentioned is related to the status of the German language as official language. As such, any documents provided in a foreign language must be accompanied by an official translation, which is to be paid by the applicant (BMJ, VwVfG §23 Amtssprache).

A female expert in a leadership role in an interpreter pool talks about the situation in Munich, where interpreters are afforded to (im)migrants with LGP. She recognizes, however, that that is not the case everywhere in Germany, as the right to language assistance is not set in law.

> EF4: In Munich is that a luxury that the city of Munich affords interpreters. It is not like that everywhere. Maybe it is the case that the clientele itself makes sure that there is interpreting, in terms of seeing to it [that there is an interpreter]. And I think that it would be important to have the right to a common understanding as a law. That the people, that they have a right to be understood. Be it in the medical branch or in administration and in the social services. And in consultation or counseling anyway. Well, that is unfortunately not everywhere. And I wish that that would be regulated by law.

Due to the law stating that German is the official language and that applicants are responsible for funding their own interpretations or translations, this interviewee highlights a potential

[7] Original statements in German can be found in Appendix K.

hurdle in securing language assistance for persons with LGP who cannot afford to pay for official translations or interpretations.

Children as ad-hoc interpreters

Another topic which was breached was the topic of children as ad-hoc interpreters, which was also a focus of Substudy 1. In a focus group with professionals in the field of social work, the topic of children as ad-hoc interpreters was discussed as being incredibly problematic.

> Af02: where do I get someone over here who is able to interpret something specific? Because they have to endure what they hear. So, I thought that that was very terrible before in the hospital with the children. Of course, we have to do everything quickly when someone has a cancer diagnosis, so that we can start, but the child interprets his mother's or his father's cancer illness.

This example highlights the difficulty surrounding the acquisition of interpreters in a timely manner when urgent healthcare-related information needs to be communicated to LGP patients and the impact that the task of interpreting has on children.

Professionalization

The lack of professionalization or *quality standards for training* in the field of community interpreting in Germany was an issue which was addressed by the overarching research project. However, additional concerns related to training or qualifications in general were also reflected upon in focus groups and individual interviews, such as the *(lack of) recognition of foreign qualifications* and a general *(lack of) appreciation* for community interpreting.

One topic related to issues with training involved the *recognition of foreign qualifications* – be they primary and secondary school or higher education qualifications. This was an issue which was mentioned related to structural issues, as the recognition of previous qualifications may determine whether or not a potential CI can participate in further qualification programs or whether they may have to repeat education or training which is not recognized.

Another aspect related to recognition as a sub-category relates to the *(lack of) appreciation* perceived surrounding the profession of CIs. In general, this was attributed to the lack of official professional status and standardized qualification.

A female expert in a leadership role in a training institute speaks about the need for professionalization among CIs, not only for ensuring more appreciation or recognition from others, but also for a sense of identity in their professional standing.

> EF8: That is how it is. And then, like I said, I am also of the opinion that we need a best possible, well, not another sort of ad-hoc training, where the people learn just a little. But rather, they should also see themselves as professionals. And not as people doing the grunt work, but really as professionals in their own profession.

Here she emphasizes the need for more thorough training in order to support CIs in their profession and ensure that they be treated with the respect that they deserve and not be required to do “the grunt work”. She also addresses the effect that this would have on their own identity as CIs. Therefore, a professionalized and standardized qualification for CIs would allow them a certain standing, both intrapersonally and interpersonally.

Theme 2: Types of training programs

As the types of training programs were covered in greater detail in Substudies 2.1 and 2.2, those identified in the present structuring content analysis are listed briefly below.

Regarding the potential *types of qualification* which could be offered to potential CIs, the following were mentioned by participants in the focus group and individual interviews (see Substudy 2.1 for additional types of qualifications): *specialization, study program (e.g., Bachelor's or Master's degree), training, short training, professional training, advanced training,* and *state examination.*

Theme 3: Subject matter for training programs

Subject matter for training programs was also mentioned in Substudies 2.1 and 2.2, and in this substudy, the deductive categories, which were derived from the existing literature and/or the existing training programs, were used as a basis for this structuring content analysis. Additional inductive sub-categories were also identified.

3.1 Language competencies *(Pöchhacker, 2000; Hale, 2007; Hrehovčík, 2009; Meyer et al., 2010)*

An expert with a leadership role in a social service organization gives her opinion on *language prerequisites* for potential participants in a training program for CIs.

EF10: “Well, B2, I would say. B2, C1. I don't know whether you mean the European reference system[8]? Yes? well, definitely B2, C1.”

She is of the opinion that potential participants should possess high intermediate to advanced language competencies in order to work toward becoming CIs.

Other deductive categories, which were also mentioned by participants in focus group and individual interviews are listed below.

In addition to *language prerequisites*, which were seen in the training program research (Substudies 2.1 and 2.2), *language learning goals (Slapp, 2004)*, as well as more specific

[8] This quote refers to the Council of Europe´s (2001) CEFR, which ranges from A1 to C2 in terms of language competency levels. For further information, please see: https://www.commoneuropeanframework.org/

language-related skills, such as *subject-specific jargon (Hale, 2007)*, *advanced language competencies (Hale, 2007)* or *concepts which are difficult to translate* were also discussed in the literature as well as in the focus groups and expert interviews.

An interpreter with a university degree speaks on his experiences with advanced language competencies and difficult-to-translate concepts:

> EM1: What I think is essential, what I often see that is not there is that one's own language is also tested or that one works with one's own language purposefully … but I think that that is important to also always include one's own language, so that native speakers of Arabic reflect on how … with one's own language, which difficulties arise. So a practical example from Arabic is that in Arabic there is only one word for psychiatrist and psychologist because many native speakers cannot tell the difference. And (some?) German native speakers cannot tell the difference either, but that one discusses such linguistic things and how to deal with them.

He also touches on the topics listed below, such as linguistic competencies *(Hale, 2007)*. In addition, fostering an *awareness of register (Hrehovčík, 2009; Meyer et al., 2010; Hertog, 2010)* was also emphasized in the literature, the training program research and the expert interviews.

The same interviewee then goes on to talk about *differences and nuances between dialects (Hale, 2007; Hale & Luzardo, 1997)* and the importance of recognizing one's own limitations.

> EM1: Aside from that, I think that is important … well, also to know, where are one's own limits? … in Arabic there is often the problem of the dialect, so also native speakers reach their limits when they speak to someone who comes from another region and that one deals with that professionally and does not try to conceal uncertainties and act as though they actually do understand and things of the like.

Another important aspect that he mentions deals with professional transparency when dealing with one's own limitations in understanding unfamiliar dialects.

Various topics related to language competencies were discussed in the focus groups and expert interviews, which were also found in the existing literature on CI training.

3.2 Interpreting/Translation

The following deductive categories related to interpreting and translations were found in the literature as well as in the research performed on existing training programs for CIs and in focus group and individual interviews: *introduction to interpreting (Hrehovčík, 2009)*, *theory of interpreting/translation (Hale & Luzardo, 1997; Hale, 2007)*, *interpreting techniques (Kautz, 200; Hale, 2007; Hrehovčík, 2009; Hertog, 2010)*.

On the topic of *interpreting techniques*, a professor of linguistics talks about the use of *simultaneous or whispered interpreting (chuchotage) (Hale & Luzardo, 1997; Hale, 2007)* compared to *consecutive interpreting (Hale & Luzardo, 1997; Hale, 2007; Hrehovčík, 2009)* within the context of community interpreting.

EF11: Well, if that is completely negotiable, the mode of interpreting. First of all, I was … always operating from the assumption of the consecutive mode. Because that is most times the most comfortable for the people, for the agents of the institutions. One could, of course, think that whispered or simultaneous interpreting would be the most comfortable. That is not true. Most people feel confused when they have not practiced that. So for that reason, consecutive is usually the most comfortable.

In this exchange, she talks about the difficulties that simultaneous interpreting can bring with it in the context of community interpreting, where consecutive interpreting is often preferred.

Further deductive categories related to interpreting and translation skills to be honed in training programs, which were seen in the literature as well as in the training program research (Substudies 2.1 and 2.2) and the focus groups and expert interviews, were *note-taking techniques (Hale & Luzardo, 1997; Hrehovčík, 2009)*, *oral translation (Hale & Luzardo, 1997; Hale, 2007)* and the *transmission of meaning (Bührig & Meyer, 2009; Hrehovčík, 2009)*.

Regarding the *transmission of meaning*, there seemed to be two schools of thought represented by the participants in the focus groups and expert interviews, namely whether meaning should be transmitted in a word-for-word verbatim translation or interpretation or whether a more general translation or interpretation that may not be a verbatim translation may transmit meaning more accurately than attempting a verbatim translation or interpretation.

An expert in a leadership role at a social service organization makes a case for word-for-word translations in interpreting, in order to transmit the meaning as closely to the original statement as possible.

EF10: So that you please do not add anything that was not said and interpret nothing, but rather to relay the things as literally and word-for-word as possible. Even if that is something difficult, that is clear. There we always have to discuss, but that a word-for-word accurate translation is available and with as little interpretation as possible.

A professor of linguistics expresses her opposing opinion that word-for-word translation or interpreting is unrealistic and not conducive to communicating meaning.

EF11: “I am absolutely not a fan of when someone says that that must be reproduced exactly the way it is.”

She elaborated that word-for-word translations or interpretations are not always feasible, particularly considering linguistic differences between the target languages.

Regarding the importance of checking for *precision or accuracy*, an expert in a leadership role at a social service organization talks about the dangers of inaccurate interpretations or translations.

EF10: So if someone interprets or translates something incorrectly, then really awful things can happen, that kind of thing is familiar to me, especially when it is about medical things. But also social services ... So that can really go wrong, right?

Given that inaccurate translations or interpretations can have dire consequences, learning about precision and accuracy in potential training programs was considered to be of the utmost importance.

Although there seemed to be some contention regarding whether verbatim interpretations or translations are feasible or necessary, there was a general consensus that accuracy represents a top priority, regardless of interpreting mode.

3.3 Practical applications

The following practical applications were derived from the training program research in Substudies 2.1 as well as 2.2 and were also mentioned by participants in the focus groups and expert interviews: *role-plays/simulations, on-the-job shadowing, internships/practicums and supervision*. Supervision, in particular, will be elaborated upon in detail in the following chapter (see Substudy 3.1).

3.4 Advancement of cognitive abilities and skills

The fostering of *mental agility (Hale & Luzardo, 1997; Hale, 2007)* through techniques, such as *memory exercises (Slapp, 2004; Hale & Luzardo, 1997; Hale, 2007; Hrehovčík, 2009)*, was found in recommendations from the existing literature and was also reflected in the training program research (see Substudies 2.1 and 2.2). These categories were also mentioned by experts in individual interviews.

3.5 Ethical standards (Kautz, 200; Hale & Luzardo, 1997; Hale, 2007; Hrehovčík, 2009; Hertog, 2010)

Ethical standards (i.e., *confidentiality, transparency, neutrality/impartiality*) were outlined in the existing literature and covered in training programs found in the training program research (Substudies 2.1 and 2.2). In addition, they were discussed in focus groups and expert interviews. One expert focuses on the aspect of *neutrality or impartiality* in her statements.

> EF11: And then for the community interpreters the question is of course 'Am I neutral? Am I taking sides?' and so on … And from that point of view is the taking of sides the side of the client. That doesn't mean that it should be at the expense of something or someone else. But rather, I would simply presuppose a dutiful agent that does their job well. (laughs) and that means namely that both are on the side of the client (…) like that

Here she interprets *neutrality or impartiality* as being "on the side of the client", both regarding the CI as well as any agents or consultants working with the SUG or the "client".

Role of the community interpreters

Although it is clearly communicated in the literature, in the training program research and by many participants that an *understanding of the professional role of the community interpreter (Hrehovčík, 2009; Meyer et al., 2010)* is of the utmost importance, there seem to be conflicting

ideas about what role that is. This issue will also be explored in further detail in the following chapter (see Substudy 3.1).

A professor of linguistics discusses the knowledge which may be useful to know when working as a CI in the field of social work with refugees and asylum-seekers, and she emphasizes that demanding that CIs who work in this area also serve as experts on the asylum system is unrealistic.

> EF11: That cannot be demanded of anyone either … it has become clear to me that one person cannot possibly know everything. That really does not work … Well, what I would say that it is good if someone knows about the individual institutions where he can also help … Like a sort of guide to the institutions. I believe that you cannot demand from anyone that they know all about the asylum system … But that is much too complex. You cannot tie them up in that, too. I mean, how should they do all of that? What I would warn [people] about is that then you would find people who interpret. And then can they be accountable for that whole mess? No … No way. That won't work. No role overload for the community interpreters.

As a final thought, she highlights the need for clarity and for preventing "role overload" in community interpreting.

An expert in a leadership role at a training institute for CIs sees the role of the CIs as involving more than merely interpreting the language.

> EF8: They must also understand their role. They have to know what they, how should I say this, which role they play, what their functions are. They have, of course, defined interpreting functions, assistance functions, informational functions. That means they are not just interpreters, but rather, they can also function as social worker assistants under the guidance of social workers and in that way, they can also of course take on a lot of tasks that are otherwise shelved there, right?

She sees the CIs in an intermediary function between social workers and clients, where the CIs also take on a social work assistance function alongside their interpreting role.

Another expert with a leadership role in a training institute cautions against expecting CIs to play an intermediary or consulting role.

> EF7: that is why the subject-specific expertise must stay with the consultants, and the language and cultural mediators are first and foremost rehearsed in interpreting the different terminology. So really in the sense of vocabulary knowledge, but that the questions 'what exactly does this particular paragraph mean?' and 'what are the next steps?' or 'what are my possible legal courses of action for example, if something is not recognized?' That is very important to us that that always remains for the consultants to address and for that reason, we do not want language and cultural mediators to consider themselves specialists in that area. Because that is, in our view, rather dangerous … They are not consultants, not guides, not assistants in social work, they are not social workers or something like that, so to speak…

She emphasizes the danger of expecting to work beyond their level of competency and perform roles above and beyond that of a CI.

Another expert who is the head of a training program for court interpreting uses the example of interpreting in the case of asylum or immigration administration and the importance of CIs having some sense of the laws that affect their clients – in order to better interpret for their clients and the asylum and immigration services – without the CIs serving as legal consultants.

> EF3: Well, for example, about German laws, about, in the sense of the immigration laws, that one knows about them there, which does not mean that the interpreter should function as a consultant. I am really against having someone somehow take the liberty of – as an interpreter – just serving as a consultant. So I am absolutely against this idea.

She stresses the importance of understanding the laws in order to better interpret in the context of immigration law, however, she underlines a strict division of responsibilities, wherein the CIs are only responsible for interpreting interactions between consultants and clients.

Another head of a training program sees the role of the CIs in the field of language and cultural mediation in schools as being broader and involving not only interpreting, but also conflict mediation and a number of other topics.

> EF5: Well, first of all, the area of language and cultural mediation has three components: Language, then of course the heritage, and the third component is of course the subject-specific knowledge … Naturally, mediation, conflict mediation is also a big component. Just understanding one's role. … And then comes the various subject matter, so to speak. We have addiction prevention, violence prevention, how to deal with child endangerment. … well, one tries to give them as many tools as possible so that they can integrate themselves well in the framework of the school. And also build bridges very well between the systems.

She sees the role of language and cultural mediators (LCMs) as being an intermediary role between students, teachers and parents to mediate potential intercultural conflicts related to a range of topics.

Despite the emphasis on the importance of having a firm understanding of the role of CIs, the statements given regarding this role were divided between those who believe that the CIs should solely interpret and those who believe that they should play an intermediary role in various contexts.

3.6 Subject-specific knowledge (Hale, 2007; Hertog, 2010)

With regard to subject-specific knowledge, *subject-specific jargon (Hale, 2007; also under Language competencies),* as well as *knowledge of the field or system of work (Hale, 2007; Hertog, 2010; e.g., asylum/integration, law enforcement/police/court, the educational system, social services, medicine, psychotherapy),* including an *understanding of relevant roles and responsibilities of different actors* were found in the relevant literature, the training program research (Substudies 2.1 and 2.2) and in the focus groups as well as individual interviews.

An interpreter with a university degree opines about the importance of gaining knowledge of the social system and the responsible agencies.

EM1: I think, it is imperative, of course, background knowledge about the German social system, German state welfare institutions, not only about the legal foundation, social (security) law books, but also about the respective circumstances, what the governmental offices are called, what and who are in charge, I think that that is … basis [sic].

Other areas which were mentioned in the literature as well as in the training program research and in statements from interviewees were *research competencies (Kautz, 200; Hrehovčík, 2009)* and gaining an *understanding of how to work with traumatized individuals.*

For example, a professor of translation studies talks about the importance of training potential CIs on a number of subjects, "and also how to work with vulnerable groups" (EF2).

In these examples it can be seen that basic subject-specific knowledge was perceived as being helpful to potential CIs by the interviewees.

3.7 Social competencies (Hrehovčík, 2009)

Communicative competencies (Hrehovčík, 2009), including how to conduct *pre- and post-session discussions (Hale & Luzardo, 1997; Hale, 2007),* were also described in the relevant literature, training program research and in the statements gathered from interviewees.

A professor of linguistics talks about what CIs should learn about pre-session discussions.

EF11: "And the community interpreters should be prepared that they might have a pre-session discussion with the persons that they will be interpreting… so that they can shake hands and what they should be aware of … yes."

Further areas which were also found in the literature, the training program research and the current study related to *skills in conducting and coordinating interpreting sessions (Hale & Luzardo, 1997; Hale, 2007; Bührig & Meyer, 2009; Meyer et al., 2010)* as well as general *rhetorical competencies (Hale & Luzardo, 1997).*

3.8 Emotional competencies

The following emotional competencies were determined to be important to foster in potential CIs: *self-reflection*, *setting personal boundaries*, *maintaining emotional distance* and *dealing with traumatic events or situations (Hale & Luzardo, 1997; Hale, 2007; Meyer et al., 2010).* A number of the categories were mentioned in the existing literature and/or in the training program research described in Substudies 2.1 and 2.2. One category, namely *empathy*, was derived inductively through the focus group and individual interviews. These areas will be dealt with in detail in the next chapter. For this reason, they are merely listed here and are supported with examples in Substudy 3.1.

3.9 Cultural competencies (Kautz, 200; Hale, 2007; Hrehovčík, 2009; Hertog, 2010)

Various aspects of cultural competencies were discussed in the existing literature and training programs, and these were also explored in focus group and individual interviews.

In the focus group for certified language and integration mediators (CLIMs), one participant is of the opinion that CLIMs should be well informed on the cultural backgrounds of the service provider group (SPG) as well as the SUG.

> Im4: Okay, I think the one [sic] language and integration mediator should be well informed on how things should work and then in the best case go with the people and knowledge of both cultures. Some (…) speak, for example, Arabic, but the cultural in Syria is a bit different from Iraq, for example.

An expert in a leadership position at a training institute reflects on the *concept of politeness and norms in different cultures* and stresses the importance for LCMs to intervene and explain potential differences to service providers and services users.

> EF5: And those are then intercultural misunderstandings or differences: 'Why doesn't the man ever shake my hand when I come?' … and those are then always somewhat difficult or problematic topics, where it is often helpful when an interpreter is there, a language or cultural mediator.

A focus group of volunteers in the field of social work discusses the issue of *taboos in different cultures.*

Gm03: "there are many taboos that exist that are not able to be talked about, or misunderstandings arise from these taboos. And that is relatively important."

Various interviewees talked about the importance of *intercultural communication* in order to prevent or clarify misunderstandings.

An expert in a leadership role at a social service organization talks about her perspective on intercultural communication in terms of intercultural sensitivity, rather than with an emphasis on having extensive knowledge of specific countries.

> EF9: I don't think that it is particularly helpful to somehow have detailed knowledge of Iraq or Morocco. I don't know now how that would help me. So, it would be more important for me to train something like intercultural sensitivity: that one is, like, aware of certain things that one automatically does or says, in order to, like, accordingly, like, always, like, react to whatever culture.

She points out that intercultural sensitivity involves reflecting on one's own automatic reactions and perceptions.

Another expert with a leadership role in a government employment agency mentions the importance of intercultural communication for understanding codes or mannerisms which may not be understood intuitively by persons from other cultural backgrounds.

EF6: "Well, … that is helpful, I think, in order to also somehow understand certain cultural codes that we sometimes might not even notice."

In this way, intercultural communication skills can be helpful for transmitting messages encoded in other codes or mannerisms which may be overlooked by persons with different cultural backgrounds.

Yet another expert with a leadership role in a training institute speaks about the importance of intercultural communication skills when dealing with illness in different cultural contexts and how to communicate symptoms within another system.

> EF4: The understanding, for example, of illness in my country. What is illness in my country? How it is here in Germany? What makes up the system in my country? … Because, for many people, for whom we interpret, the people are not familiar with the system in Germany. At the same time, they behave or they say certain things that might not be understood by the professionals [here]. And for that reason, it is very important. If I know about the system, then I can also give an explanation for that. The client says this and that because that is what is believed in that culture. For example. So explaining culture.

The concept of illness as well as possible subjective models to explain certain ailments tend to be influenced by cultural beliefs, which gives intercultural communication a particular weight for correct diagnosis and treatment (see also Rüdell et al., 2009).

Having *knowledge of relevant information on ethnic and/or religious differences in relevant groups* from various regions was also identified as an important aspect related to cultural competencies.

An expert with a leadership role in a training institute gives an example using Syria and its diverse religious and ethnic makeup.

> EF5: So Syria is big, and there are also different ethnic groups and religions, and that is often very useful and helpful when the interpreters immediately, well, relatively quickly recognize where the people come from. How can I categorize them? Where are certain sensitivities?

She posits that if one is familiar with these groups and possible "sensitivities" or conflicts, one may be able to better facilitate the communication between service provider (SPG) and SUG more effectively.

Another expert with a leadership role in a training institute also touches on knowledge of political systems or of the hardships facing certain minority groups and how this can be of particular importance.

> EF4: Or if you know a lot about a political system. Because, if someone is from a minority group, now [sic] example from Arabic countries, if Kurdish person [sic] or Christian person [sic] has fled the situation there and would like to somehow say here and suffers from certain conflicts, you can only understand if you also understand these conflicts.

Her example sheds light on conflicts which may be of particular interest or importance in asylum hearings.

Although having knowledge of certain cultural or geopolitical aspects was deemed important within the context of community interpreting, some interviewees cautioned *against "culturalizing" or ascribing prejudices or overgeneralizations to certain cultures*.

In a focus group with professionals from the field of social work, the topic of avoiding *"culturizing"* is discussed.

> Ff06: So sometimes I have the feeling, as I said, I believe or my opinion is, like, not that only, because I come from another country, that I am automatically culturally competent just because of that … but rather that it is just something more nuanced … And also such things like power asymmetries like collective processes, perceptions of others, and so on. So that these different dimensions of intercultural encounters are trained so that it will also become clear that … but just that not/ that a culture is not homogenous, that a culture is always changing, and so on, these basics that one knows from intercultural education, these are, I think, very helpful, in order to NOT draw conclusions about others based on one's own ...

This participant emphasizes the need to take a nuanced look at individuals and individual situations and to consider power dynamics as well.

> Ff05: And otherwise, you are right that, basically, naturally everyone is an individual and even here I cannot say 'Okay, just because I live in Cologne, that is also how the people of Bavaria live too, like that, eh?' But I might have an idea of how it is there. (Laughs). And maybe more than someone who, I don't know, lives in Eastern Africa.

Another participant agrees with her and gives an example using the cultural and regional diversity within Germany to support the argument that cases must be considered individually, although regional or cultural knowledge may be taken into consideration as well.

Some interviewees mentioned the importance of *anti-racism or anti-bias training* as an asset for CIs and others working in this field. This was also a topic found within the training program research as being offered in various training programs (Substudy 2.1).

An expert in a leadership role at a training institute mentions precisely this type of training as an important aspect of the training for potential CIs.

EF7: "Mhm (agreeing). Exactly. Those are the areas that are important for us … and an anti-bias or diversity training."

An interpreter with a university degree also touches on this topic. However, he relates it to the interpreting task itself and how to deal with racism within the context of community interpreting.

> EM1: That all falls under the topic of the interpreter's self-reflection, but also reflection like developing a type of critical distance, so what one does when insults are thrown, when racism occurs, or other such things. So how does one act there? I believe, for us in our study program at the university, we were taught 'loyalty to the speaker'. So that one transmits statements as close to the original statement as possible, what the speaker says, even when it, racism, too, but when there are difficult situations, those are important points, what naturally, depending on, yes, exactly, critical scrutiny.

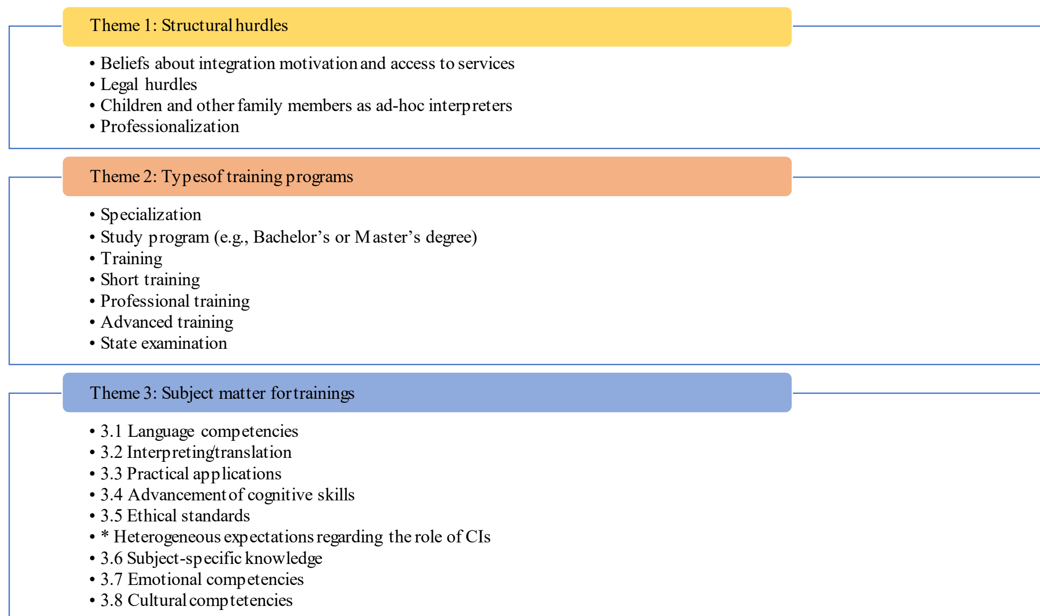
In the end, he ascribes this manner of dealing with racism to one's ability to self-reflect and to maintain distance to the speakers as well as the content being interpreted in order to remain "loyal" to the speaker.

Summary of themes

For greater clarity, the main themes identified above are summarized in the following overview.

Figure 5

Summary of themes identified in the structuring content analysis



Discussion

Although there were a number of different individuals who took part in the focus groups and individuals who came from different backgrounds, both culturally and in terms of professional and personal experiences, there were a number of common themes which were identified as being desirable or important for training programs for potential CIs. Many of the areas identified had already been discussed in the existing literature on community interpreting, but there were also additional themes and nuances that were described by the participants in this study.

The first theme identified involved structural and other related hurdles surrounding community interpreting in the field of social work with refugees and asylum-seekers, including *beliefs about integration motivation and access to services*, *legal hurdles*, *children as ad-hoc interpreters* and the issue of *professionalization* of CIs, which are issues often cited in existing literature, as well (e.g., Hale, 2007; Ahamer, 2013). In particular, the lack of recognition of foreign qualifications (see also Pecoraro & Wanner, 2019; Pfeffer & Skrivanek, 2018) as well as the lack of appreciation for CIs and the need for their proper qualification have also been

highlighted in the literature to date (Hale, 2007; Slayter, 2006; Bauer & Alegría, 2010; Bischoff & Hudelson, 2010; Bührig & Meyer, 2013).

The second theme dealt with types of training programs which could be made available to potential CIs. This section evidenced a great deal of overlap with the training program research described in Substudy 2.1, as well as with existing research and recommendations for this field (e.g., Hale, 2007; Müller, 2011; Evrin, 2014; Mikkelson, 2014).

The third and final theme outlined a detailed description of subject matter for potential community interpreting training programs, and the nine categories of subject matter were *language competencies*, *interpreting/translation*, *practical applications*, *advancement of cognitive abilities and skills*, *ethical standards*, *subject-specific knowledge*, *social competencies*, *emotional competencies* and *cultural competencies*. These areas can also be found in recommendations stemming from existing literature on the subject (e.g., Valero-Garcés, 2011; Hale, 2007; Townsley, 2007; Daneshmayeh, 2008; Hrehovčík, 2009); Rudvin and Tomassini, 2011; Mikkelson, 2014) as well as in Substudies 2.1 and 2.2.

An interesting finding regarding the role of the CIs was highlighted, as there was a clear consensus that possessing an understanding of one's role as a CI was essential. Nonetheless, there seemed to be disagreement regarding what that role should be. Some participants described the role as involving not only interpretation but also cultural mediation and social work assistance, whereas others cautioned against "role overload" by demanding that CIs not only interpret language but also take on roles normally played by other professionals. This is an issue that is not unique to this study, but has been explored by a number of researchers in the area of community interpreting (e.g., Hale, 2007; Meyer et al., 2010b). Kaufert and Putsch (1997) noted that CIs are often recruited to take on the roles of "advocate, counsellor, mediator, culture brokers, medical assistants and case managers" alongside their roles as CIs, which Hale (2007) notes are examples of "roles that constitute different professions which require their own adequate formal training", pointing to the "role overload" discussed in the present substudy.

Limitations and recommendations for future research

With regard to sampling bias, it can be assumed that participants in this study may represent a particular subgroup of their respective populations which are more interested in training requirements for CIs. An additional factor related to the sampling involves the 20€ reimbursement for participants' time, which may have motivated more participants who were either in need of extra money or who had fewer time commitments at the time of the data

collection. It is unclear whether this modest monetary incentive had any effect on participants' statements.

Although the sample was quite diverse with representatives from a number of different groups being interviewed in focus groups or individually, the planned focus group with teachers involved in the training program for CLIMs was unable to take place, due to time constraints. This particular group may have otherwise allowed for further insight into training needs from the perspective of trainers themselves, beyond that which was gathered from experts involved in the training of CIs.

Due to the fact that all focus groups and individual interviews were merely audio recorded and transcribed, a more detailed analysis of group dynamics and interactions, as well as non-verbal responses to statements or questions, was not possible. Morgan (2010), as well as Morgan and Bottorf (2010) emphasize the importance of evaluating interactions and non-verbal language when analyzing data collected in the context of focus group discussions. Future studies may benefit from video analysis as an alternative to transcript analysis.

An additional aspect related to the languages of communication in the interviews and focus groups that may have played a significant role in responses and analyses is the use of CIs in these interviews and focus groups, which may have resulted in certain content and/or nuances being lost in translation. Additionally, the focus groups with refugees and asylum-seekers involved German-language informed consent forms, as well as questionnaires, which were verbally translated by the CIs present. Again, this may have influenced participants' understanding and thusly their responses to various items. Ideally, all of these materials would have been translated into the respective languages, however, due to financial and time constraints, this was not possible. Future research would do well to ensure that all materials are translated into the languages of the participants, as possible. In addition, back translations of interpreted portions of the transcribed interviews and focus groups would have been helpful for checking the accuracy and precision of interpretations, but again, time and financial constraints did not allow for this in the current study. In the future, these issues should be addressed as well as possible to ensure the highest degree of understandability and accuracy regarding materials presented to participants and those which are subsequently analyzed.

Given that many of the participants in both the focus group discussions and the individual interviews were non-native speakers of German and that a number of responses were interpreted from other languages into German at the time of the interviews and discussions, a more detailed linguistic analysis of syntax, semantics and pragmatical cues, which Mayring (1985) suggests, was not possible, as such an analysis would have demanded an in-depth and individualized

evaluation of idiosyncratic as well as language transfer effects in order to fully understand possible interpretations of various formulations.

As mentioned above, the discussion surrounding the definition of the role of CIs deserves further attention from future research. Ibrahim (2004) similarly observed that “although there is substantial agreement on the answer to the first question [what the interpreter actually does] in contrast, there is far from consensus on the answer to the second question [what the interpreter ought to do].” Therefore, the recommendation from Hale (2007) that “more research is needed on what the role(s) of the interpreter ought to be, on whether such a role changes according to situation, participants and context and on the reasons behind the prescribed roles,” can only be echoed here as an area of need for future research to address.

Conclusion

Although there were some areas which were more contentious, many of the concepts deemed necessary for training programs for CIs show a high degree of agreement with those seen in existing training programs (see Substudy 2.1) as well as evaluated training programs (see Substudy 2.2), which suggests a high degree of consensus surrounding the training needs for potential CIs. Although there was much agreement that it is important for CIs to have a firm understanding of their professional role, the individual conceptualizations of this role were quite heterogeneous, highlighting the need for clarity in general regarding the role(s) which CIs should and should not play.

2.3 Subtopic 3: Secondary traumatic stress among community interpreters and other helping professions

"The big issue for traumatized people is that they don't own themselves anymore. Any loud sound, anybody insulting them, hurting them, saying bad things, can hijack them away from themselves. And so, what we have learned is that what makes you resilient to trauma is to own yourself fully."

— Dr. Bessel Van Der Kolk

Background Information

Occupational stress may take on different forms and be influenced by a number of factors (Maslach et al., 1996; Maslach et al., 2001; Schaufeli et al., 2002; McFadden at al., 2015). Among professionals who work in helping professions with direct contact to vulnerable and traumatized populations, there are a number of structural factors which may contribute to occupational stress. For instance, many in helping professions may not have control over their own exposure to potentially traumatic material in the workplace or the ability to influence the circumstances with which vulnerable individuals are confronted, and this feeling of powerlessness represents one factor which can impact their experience of occupational stress (Lusk & Terrazas, 2014; Pulvimanasinghe et al., 2015; Baldshun, 2019). Research to date has identified a number of symptoms associated with occupational stress, including a reduction in cognitive and general performance, as well as motivational and emotional disengagement (Baldshun, 2019).

One particular form of occupational stress which has been examined in a growing number of research studies to date is *secondary traumatic stress* (STS; Stamm, 1999), which describes a posttraumatic stress reaction in response to secondary exposure to traumatic material, such as in an occupational setting involving work with traumatized individuals in which traumatic experiences may be discussed in detail. Individual risk and protective factors likely affect the extent to which occupational stress or STS is experienced (Hernandez-Wolfe, 2015). The construct of STS will be explored further below.

The scientific literature on this topic initially focused on professionals in therapeutic roles, such as social workers, counselors, therapists and nurses (e.g., McCann & Pearlmann, 1990; Figley, 1995; Holmqvist & Andersen, 2003; Daniels, 2006; Lusk & Terrazas, 2014; Kjellenberg et al., 2014; Baldshun, 2019), although these symptoms have also been observed in non-therapeutic professionals who are also exposed to traumatic material in their place of work (see also Figley,

1995; Pearlman & Saakvitne, 1995; Stamm, 1999), including CIs. To date, comparatively less research has been performed to date focusing on CIs and their experiences of occupational stress and STS, although this field appears to be expanding as awareness of this concept spreads (Miller et al., 2005; Lor, 2012; Lai et al.,2015; Wichmann et al., 2018; Villalobos et al., 2021). For example, a study by Lai et al. (2015) found that 78% of CIs working in a number of areas in the Australian context experienced varying degrees of distress following exposure to traumatic material. However, the utilization of formal and informal psychosocial support was reported as a possible protective factor. Wichmann et al. (2018) examined STS among CIs in Germany who work in the fields of psychotherapy, psychiatric medicine, medicine and in psychosocial contexts with refugees and asylum-seekers and found that 22% of the CIs met the diagnostic criteria for posttraumatic stress disorder (PTSD).

Occupational stress and exposure to traumatic material

Various types of occupational stress have been found to be associated with varying degrees of stress and or exposure to distressing or traumatic material. One construct related to occupational stress which does not require the exposure to traumatic material is *burnout* (Maslach, Jackson & Leiter, 1996). Other forms of occupational stress involving the exposure to traumatic material have been referred to as *vicarious traumatization* (Pearlman & Saakvitne, 1995), *secondary traumatic stress* (Stamm, 1999), *vicarious trauma* (McCann & Pearlman, 1990), *traumatic countertransference* (Herman, 1992) and *compassion fatigue* (Figley, 1995; Stamm, 1999). At times, these terms are used interchangeably as synonyms, and other times they are used to highlight various aspects which may be emphasized more or less by one term versus another, but all represent efforts to describe some degree of posttraumatic stress reaction experienced by individuals who come into contact with traumatic material as part of their occupation (Baird & Kacen, 2006; Baldschun, 2019). Another equally important set of terminology for evaluating occupational stress includes terms that focus on protective factors, such as *vicarious resilience* (McCann & Pearlman, 1990) and *compassion satisfaction* (Stamm, 2010). These concepts will also be explored in greater detail below.

Compassion Satisfaction

The term Compassion Satisfaction (CS) describes an increase in job satisfaction and self-regard related to one's occupation (Stamm, 2005, 2010) and involves the experience of occupational self-efficacy (Craig & Sprang, 2010). In a study performed to measure CS among CIs, Splevins et al. (2010) found that despite the fact that many CIs work with and interpret for traumatized and otherwise vulnerable individuals, these interpreters were able to experience CS to higher degrees the more they believed that their work made a valuable contribution. In this way,

believing that one can make a difference through one's work can increase feelings of self-efficacy, job satisfaction, and CS, which represent protective factors against developing STS.

Compassion Fatigue

Compassion Fatigue (CF) is a term which describes psychological stress reactions to exposure to traumatic material (Figley, 1995; Stamm, 1999). Hyperarousal, flashbacks and/or avoidance of certain stimuli associated with the traumatic material are some symptoms of CF (Figley, 1995; Sprang et al., 2011). A number of studies suggest that CF is also associated with questioning one's beliefs or values, world view, sense of self and interpersonal connectedness (e.g., Janoff-Bulmann, 1989; Perlman & Saakvitne, 1995; Stamm, 1999). Research to date has shown that CF can lead to a decrease in or loss of the ability to perform in the workplace as well as to symptoms of depersonalization (Kjellenberg et al., 2014), and symptoms of CF exhibit a certain degree of overlap with those seen in STS.

Burnout

Burnout (Maslach, Jackson & Leiter, 1996) describes a reaction to chronic confrontation with occupational, emotional and interpersonal stressors. Onset is often gradual, and symptoms include as emotional exhaustion, ineffectiveness or decreased performance, as well as cynicism. More severe forms of burnout may also include experiences akin to depersonalization.

Risk factors associated with burnout include emotional as well as interpersonal stressors in every day work situations and a diminished capacity for tapping into personal, psychological and social resources (Maslach, Jackson & Leiter, 1996; Maslach, Schaufeli & Leiter, 2001; McFadden et al., 2015; Schaufeli et al., 2002).

In this way, burnout represents a type of occupational exhaustion which may be associated with or comorbid to CF. Whereas burnout may encompass the psychological stress reaction to stressful work-related content in a more general sense, it does not necessarily involve the exposure to traumatic material, which is indeed the case with CF and STS (Pearlman & Saakfvitne, 1995; Stamm, 1999). Burnout and CF as well as STS differ in their origins and in part in their symptoms, but they share a connection in terms of occupational stress and structural factors which may influence employees' experience of burnout or CF as well as STS in different ways (Sprang et al., 2007; Stamm, 1997).

Secondary Traumatic Stress (STS)

Beginning in the 1990s, a number of researchers examined the symptoms of PTSD experienced secondhand by professionals working with traumatized individuals and coined the following terms to describe this condition: *vicarious trauma* (McCann & Pearlman, 1990), *traumatic countertransference* (Herman, 1992), *compassion fatigue* (Figley, 1995), *vicarious*

traumatization (Pearlman & Saakvitne, 1995), and *secondary traumatic stress* (Stamm, 1999). Pearlman & Saakvitne (1995) and Stamm (1999) introduced the idea that the *burnout* as well as *vicarious trauma* or *compassion fatigue* and depression are not mutually exclusive, meaning that comorbid depression or burnout may also be seen in individuals experiencing vicarious trauma, CF or STS.

When Stamm (1999) first coined the term *secondary traumatic stress*, he defined it as involving "vivid images of another's terror with its profound demand for attention: nightmares, strange fears, and generalized hopelessness". Others have expanded upon the symptoms of STS to include intrusive images, hyperarousal, avoidance, cognitive modifications, affective lability and functional constraints (Figley, 2002; Bride et al., 2007). When comparing the symptoms of *secondary traumatic stress* to the symptoms of PTSD, there is a high degree of overlap, and the main difference made between the two is that PTSD was originally thought to involve experiencing trauma firsthand (see DSM-IV-TR, APA, 2000; ICD-10, WHO, 1993; ICD-11; WHO, 2021), whereas secondary traumatic stress involves the secondhand experience of trauma through the sharing of traumatic material by those who have experienced it firsthand (see also Stamm, 1999).

A study performed by Baird and Kracen (2006) attempted to identify correlates of *vicarious traumatization* (VT; Pearlman & Saakvitne, 1995) and STS, in order to provide greater clarity to further inform practice and training. Baird and Kracen (2006) found that regarding STS, there was "persuasive evidence for [the] amount of exposure to trauma[tic] material and reasonable evidence for personal trauma history" as being "important in the development of STS." Regarding VT, there appears to be evidence that, as with STS, personal trauma history represents one predictor of VT, however, perceived coping style as well as supervision experiences seem to play a role as important predictors of the development of VT and not necessarily of STS (Baird & Kracen, 2006), which underpins the need for further research in this area to determine to what degree the aforementioned concepts describe similar constructs and to what extent each concept describes distinct constructs.

Although it has been widely accepted that traumatic events which individuals experience or witness directly may have lasting effects on said individuals to varying degrees (see also DSM-IV-TR, APA, 2000; ICD-10, WHO, 1993), The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5, American Psychiatric Association (APA), 2013) has expanded the diagnostic criteria for Posttraumatic Stress Disorder (PSTD) to include not only individuals who have directly experienced or witnessed traumatic events but also those who have learned of traumatic events of loved ones and those who have been exposed to traumatic

events through "experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse)" and notes that this last type of exposure is reserved for individuals whose exposure to traumatic material is work-related (DSM-5, APA, 2013, pp. 271-272).

The symptoms of PTSD defined by the DSM-5 (APA, 2013) are paraphrased here and include

> (1) intrusion symptoms associated with the traumatic events, which may present themselves in the form of recurrent, involuntary and intrusive distressing memories of said event(s), recurrent distressing dreams relating in content and/or affect to those event(s), flashbacks, intense or prolonged psychological distress when exposed to cues that have similarities to aspects of the event(s), and/or marked physiological reactions to said cues;
>
> (2) avoidance of internal (i.e., thoughts, memories or feelings) and external (i.e., people, places, situations) stimuli associated with the traumatic event(s);
>
> (3) uncomfortable changes in mood and cognition, including amnesia, persistent and exaggerated negative beliefs, unjustified feelings of guilt, persistent negative emotions (e.g., fear, anxiety, anger, shame);
>
> (4) markedly diminished interest or participation in significant activities, feelings of detachment or estrangement from others, and/or persistent inability to experience positive emotions;
>
> (5) marked changes in arousal and reactivity in terms of irritability and aggression, reckless or self-destructive behavior, hypervigilance, exaggerated startle response, concentration problems, and/or sleep disturbance;

According to the DSM-5 (APA, 2013), the experience of STS, resulting from secondary exposure to traumatic material in a professional setting, meets the criteria for PTSD (see also Falkai, 2015). However, prior to the DSM-5, as well as currently in regions which do not recognize the diagnostic criteria set forth by the DSM-5 and use instead the International Statistical Classification of Diseases and Related Health Problems diagnostic manual – currently either the ICD-10 (World Health Organization, WHO, 1993) or the ICD-11 (WHO, 2021) – such as in Germany, the symptoms experienced by professionals working with traumatized individuals might be categorized as an adjustment disorder, an affective disorder, such as depression, or an anxiety disorder, as only firsthand exposure to traumatic material is associated with a PTSD diagnosis according to the current ICD diagnostic manuals.

This third subtopic of the dissertation will concern itself with experiences of STS, as experienced by CIs and other helping professions. The decision was made to use terms such as *secondary traumatic stress*, *compassion fatigue* and others listed above, rather than *posttraumatic stress disorder*, in order to highlight the secondhand experience of trauma in the work with vulnerable populations, such as refugees and asylum-seekers. Because data regarding

firsthand trauma were also collected in one substudy in this section (see Substudy 3.3), this distinction is also helpful to examine further the experiences of firsthand and secondhand traumatic reactions.

In Substudy 3.1, a quantitative questionnaire measuring symptoms of anxiety and depression was filled out by CIs. In addition, statements regarding experiences with traumatic material and symptoms of secondary traumatic stress will be explored using the data collected in the focus groups and individual interviews described in the previous chapter. These data were analyzed using a qualitative content analysis according to Mayring (1983).

Substudy 3.2 will focus on data collected as the basis for a bachelor’s thesis in the form of a scoping review on secondary traumatic stress among various helping professions.

Finally, Substudy 3.3 will detail a quantitative cross-sectional study which was performed as the basis for a master’s thesis on secondary traumatic stress symptoms among CIs in Germany. This substudy is based on quantitative online questionnaire measuring the constructs of burnout, CS and CF among CIs.

2.3.1 Substudy 3.1: Secondary traumatic stress and resources in community interpreting – A mixed methods study

Background Information

To date, there has been a great deal of research focusing on various difficulties that CIs may encounter in their occupation (e.g., Hale & Luzardo, 1997; Hale, 2007). Hale (2005) details a number of conflicting demands from institutions, clients and ethical standards with which CIs find themselves confronted. She argues that a lack of training standards, conflicting interpretations of the role of CIs, "as well as a tendency to undermine the most complex and difficult task of accurate interpreting, all contribute to the interpreter's identity crisis." As described in Substudy 2.3, conflicting perceptions of the CI's role represent one potential stressor with which CIs are confronted, as well as other issues related to recognition and appreciation. In addition, CIs working in this field are often confronted with traumatic material (e.g., Hale, 2007; Lor, 2012; Lai et al.,2015; Wichmann et al.,2018). Issues surrounding the exposure to traumatic material in the interpreting situation have been the subject of research regarding the potential for distress and the effects which distress may have on the interpreting process. For example, Colin and Morris (1996) write about the effects that transmitting the details of torture in an asylum hearing, concentrating on the potential hinderances to accuracy:

> When the 'case history' of an asylum-seeker who has been tortured is being elicited, the interpreter may find it harrowing to have to listen to and relay details of suffering and atrocities…There is always a risk that these factors will have an adverse effect on the highly accurate interpreting that is so absolutely necessary in this context. (p. 62)

While distress on the part of the interpreter may have negative effects on the accuracy of the interpretation, another aspect of this distress concerns the long-term effects on the health and wellbeing of the interpreters themselves. Research to date has shown that individuals working in various helping professions often experience distress due to secondary exposure to traumatic and disturbing material (e.g., Figley, 1995; Pearlman & Saakvitne, 1995; Stamm, 1999). In more recent years, the field of community interpreting has also been examined in terms of the potential for exposure to traumatic material (e.g., Hale, 2007), as well as in regard to secondary traumatic stress (e.g., Lor, 2012; Lai et al.,2015; Wichmann et al., 2018). In addition to potential stressors or risk factors regarding secondary traumatic stress, resources or protective factors have also been explored with respect to the field of community interpreting (Splevens et al., 2010). To date, much of the research dealing with this population has focused on the use of quantitative methods (Splevens et al., 2010; Mehus & Becher, 2016; Wichmann et al., 2018). The present substudy was conducted using a mixed methods study design, in order to incorporate both quantitative and qualitative data regarding both stressors and resources in the

field of community interpreting, particularly in the area of social work with refugees and asylum-seekers.

Research Question and Objective

The following research question was formulated and the current substudy was designed in order to answer this question:

What resources and stressors can be found among community interpreters working in the field of social work with refugees and asylum-seekers?

Based on the existing literature, it was hypothesized that "role overload" and exposure to traumatic material (e.g., Hale, 2007; Meyer et al., 2010b) would represent some stressors seen in this area. Regarding resources, supervision and peer consultation were seen as possible protective factors, as has been indicated in previous research (Mehus & Becher, 2016). However, this substudy was designed in order to allow for further stressors and resources to be identified in an exploratory manner.

Methods

Participants

The participants described in Substudy 2.3 of this dissertation were the same participants interviewed in focus groups or individual interviews for the qualitative portion of the data analysis. However, one of the quantitative questionnaires used in this study was distributed solely to those participants working as CIs in Hamburg and NRW. Therefore, the sample for the Hospital Anxiety and Depression Scale (HADS) questionnaire described below consists of five focus groups of CIs, some of whom worked primarily on a paid basis, some of whom worked primarily on a volunteer basis, and others who were qualified as CLIMs.

Materials

The materials used for this portion of the study overlap significantly with those used in the previous chapter. Therefore, similarities will be briefly described, and differences will be elaborated upon in greater detail.

Study-specific questionnaires

The same pre-interview sociodemographic questionnaires and semi-structured interviews were used for this substudy as those which were detailed in Substudy 2.3.

The Hospital Anxiety and Depression Scale – German Version *(original: Zigmond & Snaith, 1983; German version: Herrmann-Lingen & Buss, 1995; 4th edition: Herrmann-Lingen, Buss & Snaith, 2011)*

In addition to the aforementioned study-specific questionnaires, the German version of the Hospital Anxiety and Depression Scale (HADS) was used, as it has been validated in previous studies.

HADS is a 14-item paper-and-pencil self-report questionnaire used to measure possible indications of anxiety and depression in the week leading up to the filling-out of the questionnaire. The HADS is designed to be completed by participants 15 years of age or older. Originally, the HADS was designed for patients in an inpatient setting, but it has been used in the context of research studies with non-clinical populations as well (Bjelland et al., 2002).

The HADS has been deemed economical and user friendly, being used as a standard in rapidly assessing symptoms of anxiety and depression (Löwe et al., 2003; Hinz & Brähler, 2011). Participants are encouraged to answer the questions intuitively and not to take "too long" to think over responses. The average duration of the questionnaire is about five minutes (Herrmann-Lingen et al., 2011).

Each item allows for single responses to multiple-choice questions rated on a four-point Likert scale, which differs from item to item and refers to frequency, degrees of severity or duration or changes in behavior or state regarding symptoms of anxiety or depression. Items are divided into Depression and Anxiety sub-scales.

The scoring of each item is based on a four-point Likert scale, ranging in score values from zero to three. Scoring is performed with the help of a scoring grid to determine whether items are scored or reverse scored and whether each item belongs to the Depression or Anxiety sub-scale. Total scores for the Depression (D) and the Anxiety (A) sub-scales are calculated separately, and may range from 0 to 21 with increasing severity of symptoms for each sub-scale. Current suggested ranges of severity are provided for determining whether each sub-scale score falls into the "normal" (0-7), "mild" (8-10), "moderate" (11-14) or "severe" range (15-21) (Herrmann-Lingen, Buss & Snaith, 2011).

Quality Criteria

Sensitivity and specificity. The Anxiety sub-scale has been shown to have a specificity of 78% and a sensitivity of 90%, and the Depression sub-scale has evidenced specificity of 79% and sensitivity of 83% (Bjelland et al., 2002).

Regarding its clinical application, an optimal clinical cut-off score of ≥8 was suggested for both sub-scales, as this score shows the best relationship between sensitivity and specificity (Bjelland et al., 2002). Therefore, the utility of the original cut-off score of ≥8 has been confirmed. In addition, total scores may also be used to serve as a global screening of psychiatric symptoms (Spinhoven et al., 1997).

Internal consistency. Internal consistency evaluations measured by Cronbach's alpha have shown scores ranging from 0.68 to 0.93 for the Anxiety sub-scale; 0.67 to 0.90 on the Depression sub-scale (Mykletun et al., 2001; Velligan et al., 2002). The overall HADS scale has been shown to yield a Cronbach's alpha scores of 0.82 to 0.94 (Mykletun et al., 2001; Whealan-Goodinson et al., 2009).

Internal validity. The scale structure, dividing the questionnaire into the two aforementioned sub-scales, has been confirmed by a number of factor analyses (e.g., Mykletun et al., 2001; Bjelland et al., 2002; Schönberger & Ponsford, 2010), which indicates good construct validity. In addition, the HADS shows good construct validity when measured against screening characteristics for the clinical evaluation of anxiety and depression (Löwe et al., 2003). In addition, correlations between the Anxiety and Depression sub-scales have ranged between 0.49 and 0.63, with a tendency toward higher correlations in samples with somatic pathology than in non-clinical samples (Velligan et al., 2002).

The HADS has been shown to have good content validity, as well as good convergent validity, as determined by correlations with similar measures of anxiety and depression (between 0.49 and 0.83) (Löwe et al, 2003; see also Dahm et al., 2013 as well as Ownsworth et al., 2008).

Test-retest validity. One study showed that an adolescent sample evidenced scores of 0.74 for the Anxiety sub-scale and 0.62 for the Depression sub-scale after a two-week period between tests (White et al., 1999).

When tested on a German population, the HADS German Version showed that 21% of the normal population scored eight or above on the Anxiety sub-scale and 23% for Depression (Hinz & Brähler, 2011).

Procedure

The general procedure for this portion of the data collection was described in Substudy 2.3. However, aspects which are specific to this portion of the data analysis will be described below.

Focus Groups

Participants in each of the focus groups filled out a demographic questionnaire, and CIs were also given the German version of the Hospital Anxiety and Depression Scale (HADS-D) to fill out in order to assess symptoms of anxiety and depression.

Focus groups which are relevant to this substudy include all focus groups with paid and volunteer CIs as well as CLIMs, but also volunteer and paid individuals involved in social work. Focus groups with refugees and asylum-seekers were also included in these data analyses, as these provide an additional perspective on the stressors experienced by the CIs who serve this population.

Individual Interviews

Individual interviews were performed with experts at various relevant organizations with relevant expertise as well as with refugees and asylum-seekers. These were also included in the current analysis. See Substudy 2.3 for further information on the individual interviews.

Ethical review and data protection

As the same sample was used for Substudy 2.3 and the present substudy, the information regarding ethical review and data protection remains the same for the current substudy.

Data Analysis

All focus group discussions and interviews were recorded and transcribed. Those interviews and discussions which took place in part in another language were also additionally proofread by CIs for accuracy. As was the case in Substudy 2.3., only German-language portions of the discussions and interviews, which were interpreted by CIs, were coded for analysis.

For this portion of the data analysis, the focus will be placed on CIs interviewed in Hamburg and NRW.

The Hospital Anxiety and Depression Scale (HADS) – German Version was used to assess indications of anxiety and depression, and transcribed focus group discussions as well as individual interviews were analyzed for further indications of occupational stress and wellbeing related to the work in community interpreting for refugees and asylum-seekers.

Quantitative Statistical Analysis

A quantitative descriptive analysis of variance, frequencies, means and standard deviations was performed using SPSS (IBM, 2015, 2020). In addition, a single-variate analysis of variance (ANOVA) was planned in order to determine whether statistically significant differences could be observed in terms of HADS items and total scores between groups based on employment and training status as primarily paid or primarily volunteer CIs or CLIMs.

Qualitative Content Analysis

A qualitative content analysis was performed using deductive and inductive categories according to Mayring (1983) using MaxQDA (VERBI Software, 2017, 2020) for coding.

The focus of this qualitative content analysis has been placed specifically on material related to (secondary traumatic) stress experienced by CIs in the field of social work with refugees and asylum-seekers. Specifically, this analysis focuses not only on stressors and indicators of stress but also stress prevention and alleviation efforts, which may be seen as protective factors for preventing or combatting secondary traumatic stress.

As described in the previous chapter (see Substudy 2.3), a content structuring content analysis with a content structuring procedure was followed for extracting and summarizing the content and topics or themes from the material and to organize this content (see Mayring, 1985). In addition, the dimensions of this subject matter were then organized using some degree of scaling structuring, in order to more specifically describe themes and topics, which are described in terms of greater (+) or lesser (-) degrees of a certain construct.

Once again, as described in the previous chapter, main categories or dimensions were initially defined based on relevant scientific literature as well as on the basis of the training program research performed in Substudy 2.1. Deductive categories are listed in Table 27 below.

Table 27

Deductive categories

Deductive categories with citations
Self-reflection (Hale, 2007: 177)
Setting personal boundaries (Hale, 2007: 177)
Maintaining emotional distance (Hale, 2007: 177)
Ethical dilemmas (Hale & Luzardo, 1997; Hale, 2007: 177)
Understanding of one's professional role (Hrehovčík, 2009: 161; Meyer et al., 2010)
Dealing with traumatic events or situations (Hale, 2007: 177)
Supervision (training program research – see Substudy 2.1)
Peer consultation (training program research – see Substudy 2.1)
Psychoeducation (training program research – see Substudy 2.1)

Once the categories were identified, these were defined and anchoring examples were extracted from the material. Finally, coding rules were set for each category, in order to ensure consistency in coding between raters (see Table 28).

Table 28

Deductive coding table with examples

Category	Definition	Anchoring Examples	Coding Rules
Emotional distance (Hale, 2007)	the maintenance of emotional distance in the professional setting; not allowing oneself to become personally emotionally involved in work-related material	"That is also important to maintain distance." (referring to a statement about emotionally stressful situations) "…when one allows oneself to be affected so much and gets too emotionally involved… then we all take them home, mentally. And then we ourselves cannot deal with it."	Degree of emotional distance: "more (+) emotional distance" as desirable in the professional setting "less (-) emotional distance" as undesirable and distressing in professional as well as in personal life

The coding table above provides an example of a deductive category found in the literature, namely the need to maintain "emotional distance" in the professional setting, which Hale (2007) emphasized as a necessary skill needed among CIs, particularly those working in settings involving exposure to traumatic or emotionally distressing material. Anchoring examples were provided from the evaluated material, and coding rules were set based on a scaling of more (+) or less (-) emotional distance, depending on the statements from the material.

As in the previous chapter, an inductive approach was used for identifying further relevant categories or sub-categories from the focus group and individual interview material. The inductive categories and sub-categories will be described in greater detail in the Results section.

Results

Quantitative Statistical Analyses

Descriptive Statistical Analyses

Frequencies

In Hamburg, 16 (42.1%) and in NRW 22 (57.9%) CIs with various qualifications and work statuses completed the HADS-D. Of those who participated, one specific qualification and two possible work statuses were used to determine which focus group each individual CI could participate in, namely with the qualification as a CLIM (n=7; 18.4%) and the work statuses of being employed on a paid basis most of the time (n=17; 44.7%) and working on a volunteer

basis most of the time (n=14; 36.8%). Seven (18.4%) of the participants left at least one item in the Anxiety subscale unanswered, resulting in missing values. For the Depression subscale, three participants (7.9%) left at least one item unanswered. In order to account for missing values, these were replaced with the series mean. The following analyses were performed using the series mean replacement.

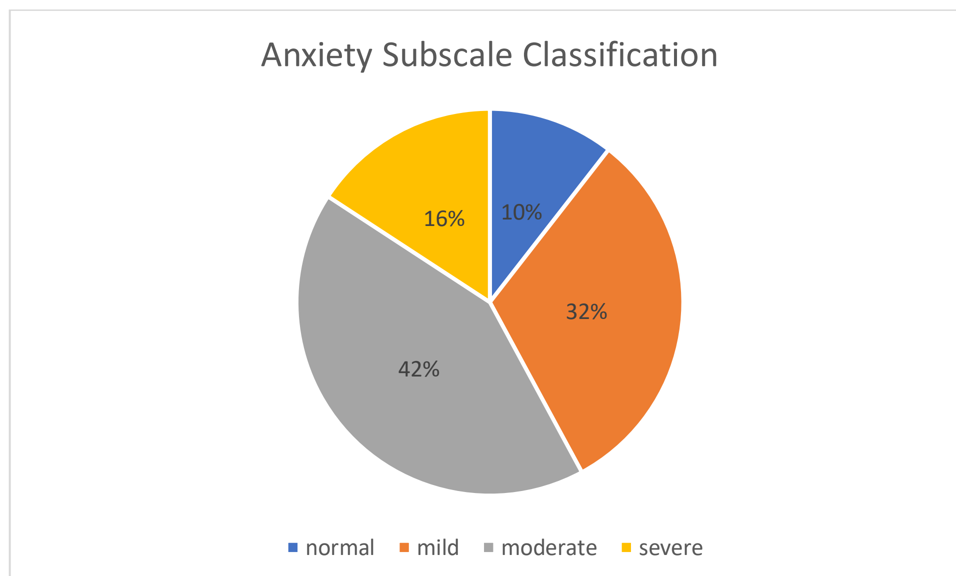
Total subscores

Anxiety subscale scores ranged from seven to 17 in the sample, as a whole. The median subscale score was 11, and the mode was 11.06, which was quite close to the mean (M=11.0645; SD=2.86). This indicates that on average, the participants indicated having experienced moderate levels of anxiety in the week prior to filling out the questionnaire. It is important to note that the mean, median and mode subscale scores fall into the moderate category of symptom severity (see Appendix L).

When observing the frequencies of each of the categories normal (≤7), mild (8-10), moderate (11-14), and severe (≥15), there were four participants (10.5%) whose Anxiety subscale scores fell into the normal range, 12 (31.6%) in the mild range, 16 (42.1%) in the moderate range, and six (15.8%) in the severe range of anxiety symptom severity (see Figure 6 below).

Figure 6

Percentages of Anxiety subscale classifications



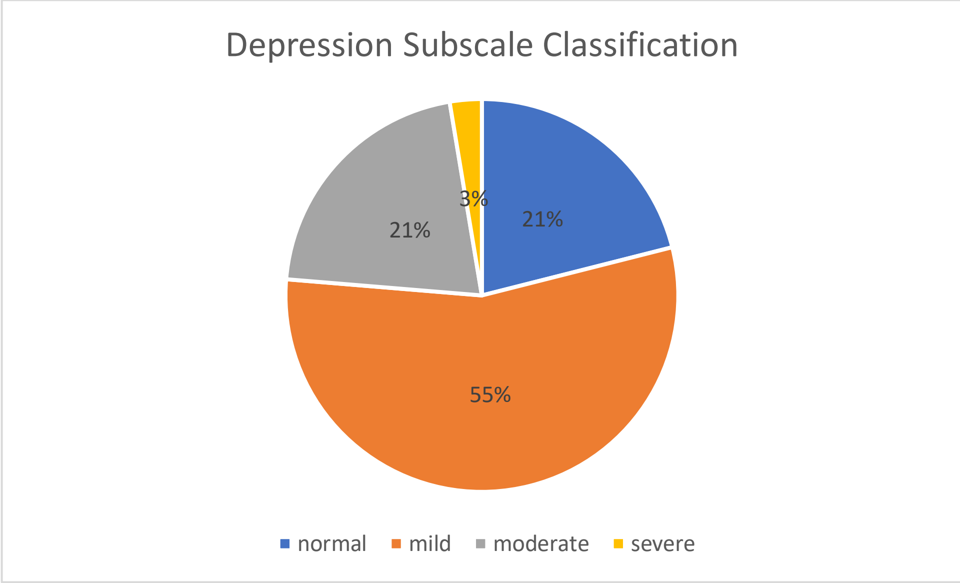
The Depression subscale scores ranged from seven to 15 with a median of nine and multiple mode subscale scores of seven, eight, and nine (each n=8; 21.1%). On average, participants scored 9.34 (SD=2.20) on the Depression subscale, which coincides with the mild symptom

severity. Notably, the mode subscores indicate that the most participants exhibited a normal to mild score on the Depression subscale (n=24; 63.3%) (see Appendix L).

More specifically, eight (21.1%) of the participants scored within the normal range on the Depression subscale. 21 (55.4%) scored in the mild range, eight (21.1%) within the moderate range, and one (2.6%) in the severe range (see Figure 7 below).

Figure 7

Percentages of Depression subscale classifications



When comparing the average subscale scores of CIs by their work and qualification statuses as paid or volunteer CIs or CLIMs, paid CIs scored on average 11.49 (SD=2.72) on the Anxiety subscale, which is in the moderate range, and 9.88 (SD=2.11) on the Depression subscale, which is associated with the mild range. Similarly, volunteer CIs' responses resulted in a mean Anxiety sub-scale score of 11.51 (SD=3.20), which corresponds to the moderate range, and a mean Depression subscale score of 9.21 (SD=2.61), which falls into the mild range. CLIMs scored an average of 9.14 (SD=1.77) on the Anxiety subscale and 8.29 (SD=1.11) on the Depression subscale, both of which correspond to the mild range on each subscale.

Figure 8

Mean Anxiety subscale scores by CI group

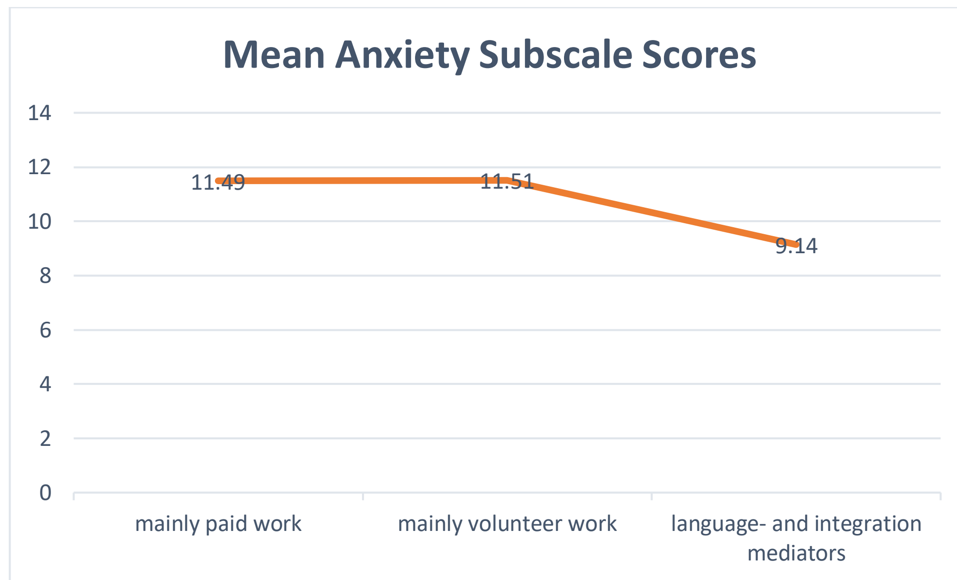
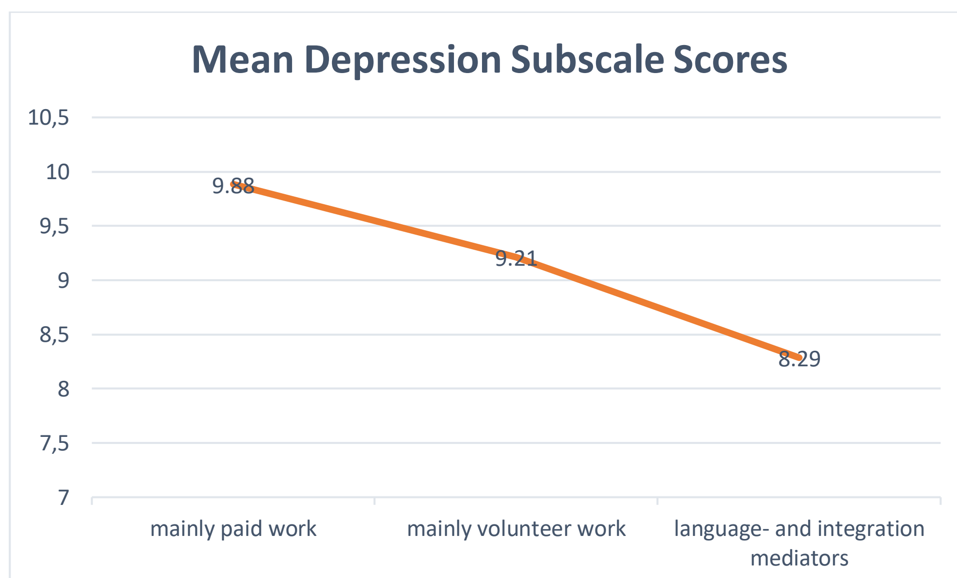


Figure 9

Mean Depression subscale scores by CI group



In order to determine whether there were significant differences between the CIs' mean Anxiety and Depression subscale scores based on status as either paid or volunteer CIs or CLIMs, the Levine test of homogeneity of variances was first performed, which indicated that the null hypothesis of homogeneity between the groups could be accepted (i.e., $p>0.05$).

A single-variate ANOVA was then computed to determine whether statistically significant differences could be seen regarding Anxiety and Depression subscale scores between groups defined by their status as primarily paid or primarily volunteer CIs or CLIMs. The results of the

ANOVA suggest that there were no statistically significant differences between these groups in terms of total Anxiety (F(2)=2.05; p=0.144) or Depression (F(2)=1.37; p=0.268) subscale scores.

Qualitative Content Analysis

Below the deductive categories defined above are again depicted with one inductive category, which can be seen in gold. Each of these subcategories were grouped into overarching categories in order to facilitate the categorization process.

Table 29

Deductive and inductive categories

Categories	Subcategories (with citations)
Emotional competencies	Self-reflection (Hale, 2007: 177)
	Setting personal boundaries (Hale, 2007: 177)
	Maintaining emotional distance (Hale, 2007: 177)
Potential stressors	Ethical dilemmas (Hale & Luzardo, 1997; Hale, 2007: 177)
	Understanding of one's professional role (Hrehovčík, 2009: 161; Meyer et al., 2010)
	Dealing with traumatic events or situations (Hale, 2007: 177)
(professional) psychological support	Supervision (training program research – see Substudy 2.1)
	Peer consultation (training program research – see Substudy 2.1)
	Psychoeducation (training program research – see Substudy 2.1)
	Psychotherapy

In the focus groups and individual interviews with CIs as well as social service workers and volunteers, social workers and experts, a number of themes were mentioned, which were repeated in a number of these interviews and discussions. One theme which was shared among all of the aforementioned groups was the topic of sources of occupational (secondary traumatic) stress among CIs working with refugees and asylum-seekers. The sources most clearly highlighted were partially of a structural, external or interpersonal nature, whereas others were related to intrapersonal factors. These sources were role diffusion or "role overload", pressure from refugees and asylum-seekers or from individuals or organizations to take on additional responsibilities beyond the role of CI, personal attacks or assertions of guilt, exposure to traumatic material while interpreting or translating, and exposure to potentially traumatic situations while interpreting. Each of these themes will be explained in greater detail and supported by selected statements from the focus groups and individual interviews.

In addition to the risk factors for developing symptoms of occupational (secondary traumatic) stress, other topics discussed included protective factors related to personal emotional competencies, as well as sources of (professional) psychological and emotional support.

The following sections will examine these factors organized according to themes, which were identified in the material from the focus group and individual interviews.

<u>Theme 1: Emotional competencies</u>

The overarching theme of emotional competencies played a central role in various focus group discussions and individual interviews. Under this theme, the following factors were underlined as being of particular importance, both in the existing research (e.g., Hale, 2007) and in the data collected: *empathy*, *maintaining emotional distance*, *setting personal boundaries*, and *self-reflection* or *introspection*.

Some general statements to underline the need for well developed emotional competencies were gathered from expert interviews. For example, a professor of translation studies stresses the importance of offering opportunities for CIs to further develop their emotional competencies, in order to better cope with the stressful and at times traumatic situations with which they are confronted.

EF2[9]: "…Concretely and primarily how to deal with stressful, difficult, traumatizing situations that are seen more frequently in this area than in other settings."

She acknowledges that CIs are often confronted with stressful or traumatic situations and that they must be well equipped for dealing with the emotions which may be triggered from such interactions.

An interpreter with a university degree also highlighted the importance of fostering emotional competencies and self-care in potential CIs.

> EF1: But also beyond the purely linguistic aspects, dealing with emotions: with your own emotions because you are not a machine, but also with the emotions that are carried over. You know it from psychology: Transference and countertransference, and that is not lost on the interpreter. When you are confronted with such emotions and there you need pretty stable strategies for mental hygiene over the years.

Mental hygiene strategies for effective self-care are part of her recommendation, but she also emphasizes the importance of recognizing transference and countertransference processes, which are further at play in such interactions as those that CIs share with their clients (see Herman, 1992).

***Empathy** (+/-)*

The topic of empathy was touched upon as a necessary requirement for working as CIs with refugees and asylum-seekers in the field of social work, as the participants in focus group and

[9] Original statements in German can be found in Appendix M.

individual interviews were asked what potential CIs should learn to prepare themselves for working in this field.

A Kurdish-(Kurmanji)-speaking refugee or asylum-seeker shares her belief that empathy or "humanity" would be an important concept for CIs to learn before working with refugees and asylum-seekers:

> EIDHKF: The first thing that they should learn is humanity… Well, they should simply take the time for [sic] why these people have even come here and ask sometimes what is up with them and what they need. That is it. So the thing that they should learn first and foremost: humanity.

This woman's concept of "humanity" or empathy encompasses an understanding for the experiences and struggles of the refugees and asylum-seekers and also involve an implied ability or willingness to help.

An Arabic-(Levantine)-speaking refugee or asylum-seeker describes his view of the meaning of empathy in this context:

> EIDNAM: But rather also (…) communicating not only the content, but also to be sensitized or aware. And also at the same time have the same feelings and he knows precisely: This client or patient, that for him mediates [sic]/(…) from were comes [sic]? What problems has [sic], these feelings from war or so forth/ he must just know about everything. That he can transmit these feelings with the feelings and the/(…) to be sensitive. And feelings from these patient/(…) or the client… one-hundred percent know. And that is very important.

This man explains that his concept of empathy involves knowing precisely what someone else has experienced and is feeling and expresses his opinion that this is absolutely necessary in order to transmit the feeling behind the content when interpreting.

Although empathy was seen as a necessary component to interpreting, having too much empathy was seen as a hinderance to working effectively in this field. As an example, the focus group with volunteers in the field of social work discussed the topic of having too much empathy and not enough emotional distance.

> Bf01:… it is, like, just difficult when the community interpreters are too empathic. It must be and it is of course important to interpret the situation correctly, how both sides are feeling. But on the other hand, when they have maybe too much compassion with a person at one point in time and somehow want to protect that person and in doing so, like, then compromise the translation, then that is also difficult once again. So that is, like, such a problem. And, like, in general, that is why, like, again the thing with the distance…

Being overly empathic and not maintaining enough emotional distance was seen as a potential risk factor for interpreting incorrectly in order to protect a client.

In sum, empathy was seen as an essential component for working with vulnerable populations, in general. In regard to interpreting, empathy was also perceived as being central to interpreting

not only the words, but also the feelings accurately. In balance, too much empathy was considered to be a risk factor for potentially compromising the integrity of the interpretation.

Maintaining emotional distance (+/-)

The topic of maintaining emotional distance was discussed in the relevant literature (e.g., Pross, 2006; Hale, 2007) and was mentioned in focus group and individual interviews regarding necessary emotional competencies for working in the field of community interpreting, in particular when working with vulnerable populations.

In the focus group of volunteers in the field of social work, the importance of maintaining professional emotional distance was discussed as it applies to the helping professions, in general.

> Bf02: … I think, generally in the area of social services… but that one, when one allows oneself to be affected so much and gets too emotionally involved, these socially difficult situations, then we all take them home, mentally. And then we ourselves cannot deal with it. Then we are also no longer good helpers. So this idea of setting healthy boundaries as someone working in the social services, is really totally important, the more reliable we are also for them again as contact persons a week later in the office hours. But then a thousand times in between. That is, I think, important.

This participant highlights her understanding of maintaining emotional distance as a necessary requirement for being able to help others effectively.

A focus group of paid CIs also discusses the importance of maintaining emotional distance in this line of work.

One participant states:

> Cm01: But nonetheless one must have the ability to construct a certain protection for oneself. That means that one does not just go with the feeling, but rather understands, feels now, but does not take personally. So that this bird's eye view also can be kept in view at all times. And that is in my opinion (muffled).

He compares emotional distancing to having a "bird's eye view" in order to not be led by emotions or take anything personally. Another participant agrees:

Cm02: "That is also very important – keeping the distance."

Some of the CIs shared about their own strategies for maintaining emotional distance. For example, a paid CI describes how she has been able to maintain emotional distance while working in this area:

> Hf04: I said, 'no... How can I do it like that? How will that look one week later? I will break down myself.' But after two, three days, I thought, 'okay, you do not have to [do] everything, you do not have to open up yourself, because, that is not directly my business.' So then, I must, in order to be able to continue at all, build a wall around me and stay behind it. And then it worked, too.

Over time, she has found a way to separate herself emotionally from her work by "building an [emotional] wall".

A CLIM also talks about her success in compartmentalizing her professional and private affairs.

> Jf06: Exactly, I am also, I am doubly stressed, eh? I am at [one organization as a certified language and integration mediator], and I have another job that I do. And then, naturally, then I have my family as well: parents, husband, and friends and things. And none of them notices anything. I just have my life and then and then, a friend said 'that is your work, and we don't notice anything about it, that you are somehow distressed' 'yes, then I would be in the wrong job if it were to show.' So thank God that it is like that for me. As soon as I close the door, there is like a button for me: I call it a day, and that's it. As soon as I leave the room, now in… clinics or wherever, as soon as I am out, before I reach the elevator, everything is forgotten. So then I don't think about it anymore. Well, I have learnt that, thank God, very, very well. So I can unplug really well. And, well, if it really, really stresses me, then I need a cigarette.

She describes being able to compartmentalize her work and her private life on the whole, however, she mentions turning to smoking in order to cope with more extreme levels of stress. Although the CIs stress the importance of learning how to maintain a certain degree of emotional distance in their profession, refugees and asylum-seekers provided some insight into their perspective on this topic and how emotional distance may be interpreted differently by members of the SUG.

A participant in the Dari-German focus group describes a situation in which a CI was moved to tears and hugged a client, which could be interpreted as an example of failing to maintain emotional distance. The participant describes this situation in a positive light:

> FGE: … And her[10] psyche was so sensitive that she frequently broke down crying. Well, she had an appointment with a psychologist here, and she spoke about her fate and also her worries. And the interpreter – she came from Afghanistan – I think she was from Kabul. She herself broke into tears and just hugged her. And in that moment, she also had such a feeling. Because, she said, 'I don't know how it is for the others, but for me it is like this that when you are here, you suddenly feel so alone – so lonely' And that gave her the feeling that she is there for her. And she has that very, very good, still positive memory.

This woman describes feeling understood and supported by the CI who broke down crying and shared her personal experiences with loneliness in a new country.

Contrarywise, another participant from the Dari-German focus group mentioned having a skeptical view of CIs who maintain a certain degree of emotional distance.

> FGE: Well, up until now, I have had contact with at least three or four interpreters. And with some, I don't know, well, I did not have the impression that they really understood us. Well, they made sure to take good care of themselves, if anything. But they were also good, they also really did their job sensibly.

Although she stresses that the CIs who "took good care of themselves" did their job well, she feels personally less well "understood" by them.

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[10] The community interpreter in the focus group seems to have interpreted this passage in the third person singular. Therefore, the "she" who took part in therapy was the female participant.

Overall, the perceptions of the SUG tended to consider less emotional distance as being more positive, while the SPGs of social workers and CIs stressed the necessity of finding a way to distance oneself emotionally from one's work.

Setting personal boundaries (+/-)

An additional aspect which was highlighted time and time again in the relevant literature (e.g., Hale, 2007) in the focus group discussions, as well as in some individual interviews, involves certain expectations, needs and wishes from the SUG of refugees and asylum-seekers. In some instances, the topic of cultural identity was emphasized when additional contact to CIs – above and beyond that of simply interpreting or translating in clearly defined situations – was sought out by refugees and asylum-seekers. For this reason, the topic of setting personal boundaries was often discussed, with varying degrees of success being reported.

To this point, one participant shares his experiences with difficulties in setting boundaries with acquaintances from the refugee camp where he lives. Because he has achieved a higher level of German proficiency and works as a volunteer CI, he receives requests for him to translate and interpret for other refugees and asylum-seekers at his camp, as well as for other acquaintances at all hours of the day and night:

> Dm01: Well, my negative, quite difficult, sometimes I go with a colleague[11] for example to [a state health insurance firm] or to the police. He has problems with a young man in the camp or something. And then I should translate all of that… Or some young men came sometimes and make problems about a small thing... I must translate that. That was a bit difficult for me… I cannot translate. And he says to me, 'you have to translate. You have to translate.' Also screaming 'you are a translator!' 'Yeah, I know. I am happy to help you, but not like this.'… So when I am at home or when I sleep, I get a message from a colleague of mine … sent to me: 'can you translate that for me?' So every hours or seconds, every three hours, I get mail or an image from a colleague of mine: 'can you translate that for me?' I read that, I tell him: 'you have an appointment at the employment center or something or something.' 'yeah, please, can you come with me?' That is quite a lot. For us, I cannot say 'no'. What [sic] is my brother, I cannot say 'no'… I say, like, 'I don't have time. I have school. I have to work [on] my paper.' So he goes home and talks about me: 'He said this and that, and now he doesn't want to come with me. And he got B2[12]. And I cannot get B2.' I don't know how to explain that…But this, every hour I get a message or a mail [sic] from a colleague.

This particular volunteer CI sees himself in a particularly precarious situation, as he also lived in a refugee camp and is himself a refugee. He describes conflicts related to cultural loyalty and a desire to help and be accepted by others from his country in his camp on the one hand versus his own personal needs on the other. These conflicts make it difficult for him to set personal boundaries with his clients, as they are also often his roommates or acquaintances.

[11] Here he seems to be talking about an acquaintance and not a work colleague whenever he uses the term "colleague" in this passage.

[12] High intermediate German language proficiency according to the CEFR (Council of Europe, 2001).

Another volunteer CI recalls a situation with a client who repeatedly spoke too personally to her and later contacted her repeatedly from prison.

> Df02: And there was/And he, like, referred to me, like his aunt, like, since for us in our language (Hausa) there is, like a name, as a sign of respect, that one calls people. Constantly he called me this, like in our language, like a pet name… Such things, that one like/He didn't call me Mrs (Isaka) or (Hashera), but rather 'Yaya'. 'Yaya' means like 'you big sister', such a thing. And it was uncomfortable like...

In this example, this CI felt very uncomfortable about the way the client spoke to her. This client then called her from prison and tried to ask her for help, which caused her a great deal of distress for some time afterward and led to her decision to no longer interpret for the police.

A paid CI talks about her struggles in learning to set boundaries as an LCM.

> Hf02: So I think, one must somehow learn to have boundaries set too. Because, I know that too, but, like, very differently… So this cultural mediation, is clear. But, too, where am I allowed to set boundaries? Well, do I have to allow myself to be insulted by a family that now just really does not seem to want to understand what is going on? Am I allowed to just stop? Where can I say 'no', and 'bye', 'that's enough'?

Here she describes her own inner struggle when deciding where and when she can set boundaries for herself in situations where she may be insulted by members of the SUG who are not receptive to unwanted information.

Two volunteer CIs give examples of boundary-setting and discuss the importance of setting boundaries in this field.

If2: "Through this framework I have been able to take a healthy step back, and no one calls me, and no one has (laughs) my telephone number, and it is good that way."

She feels relieved that she no longer gives out her private telephone number so that no one can contact her after hours.

Another participant continues and gives an example of how she separates her work from her personal life and sets personal boundaries for herself.

> If1: … I was like that. I tried to do it like that. I come home. My work is my coat. I take it off, and it hangs there. I concentrate on my home, but always in the evening, when everyone is already sleeping, a thought is spat out: 'oh, maybe one can do that to and so on and so on.' A little to-do-list that that that, but that is now gone. That is now for tomorrow for the job, because if one/ yeah, and private boundaries /somehow/ keep/

She talks about taking off her role as a CI like she is taking off her coat when she comes home, and this has helped her to separate herself from her work and set boundaries for herself when the urge presents itself to think about work in her personal free time.

Although these aspects of emotional competency play an important role in the field of community interpreting in the field of social work with refugees and asylum-seekers, there appears to be a complex interplay between the aspects and a particular challenge seems to be

how to maintain empathy whilst maintaining some degree of professional emotional distance and setting personal boundaries (see also Hale, 2007). The factor termed *self-reflection* or *introspection* is often mentioned as a pre-requisite to balancing empathy and personal boundaries, in order to best serve this vulnerable population whilst practicing self-care at the same time.

Self-reflection or introspection (+/-)

Self-reflection or introspection was frequently referenced as a valuable skill for CIs to possess and hone. The word "Selbstreflexion" can be translated into English as either "self-reflection" or "introspection", although the two represent two similar but distinct concepts. Therefore, due to this lexical gap, the context must be used to determine which of the two may be meant more precisely. Introspection is defined as "a reflective looking inward; an examination of one's own thoughts and feelings" (Merriam-Webster, 2022). Schwitzgebel (2011) compares introspection to perception in that introspection involves looking inward to try to understand oneself, whereas perception would involve looking outward to understand the world around oneself. Silvia and Phillips (2011) explain that self-reflection and insight are distinct from one another. Self-reflection and insight has been found to covary with measures of other self-consciousness variables, including private and public self-consciousness, as well as rumination. However, only insight correlated with constructs related to emotional regulation and wellbeing.

Regarding the question of necessary skills, strategies and techniques that are important for CIs to develop, one of the experts with a degree in interpreting says:

EF1: "So what techniques do I need (as a community interpreter)? Which strategies to I need? Distancing strategies. Self-reflection."

This particular interviewee focuses on emotional distancing strategies as well as self-reflection as skills needed for working in the field of community interpreting, in general terms.

Two paid CIs talk about receiving training in introspection and finding this helpful for evaluating how they would evaluate their own behaviors and how those might be evaluated by others.

Cm01: "Because, during the continuing education training… That one observes oneself: how am I? and the other side: how do I come across?"

Cf05: "Introspection."

Cm01: "A type of introspection."

In this context, these CIs discuss introspection in terms of gauging one's own current state, as well as being able to imagine how their own actions may be perceived by others.

Another paid interpreter also talks about the topic of introspection within the context of deciding whether or not one wants to and is capable of working in this field.

> Hf: Or I think that that is also very important now here, maybe I definitely want to work in social services and simply CANNOT. So if I am really not up to it that someone tells the people, 'that is nice that you want to do that, but it isn't a good fit.' … Because there are many that do that, but they are so personal, they deal with the people personally instead of factually… that one gains some awareness of do I want that, or can I even do it?

In this example, this CI describes introspection in terms of being able to identify one's own personal desires and limits realistically.

These examples make it clear that self-reflection and introspection are multifaceted skills, which allow one to understand how one may be perceived by others on the one hand, but which also helps one to identify one's own needs, desires and limits, in order to serve as a prerequisite to being able to set appropriate boundaries or maintain adequate emotional distance to traumatic or distressing material.

Theme 2: Potential stressors

The second overarching theme of potential stressors encompasses a range of structural, interpersonal and intrapersonal conflicts related to the *professional role* of CIs, *accusations of guilt* and *ethical dilemmas*.

***Professional role** (+/-)*

One theme that was highlighted in the literature (see also Hrehovčík, 2009; Meyer et al., 2010), as well as in Substudy 2.3, seemed to be central to many of the discussions and also appeared to also be a source of controversy, namely the topic of the professional role of CIs. Due to the landscape of the training and specific needs addressed by CIs in the German context (see Substudy 2.3), as well as due to a lack of well-established standards for this occupational group, the role or roles of CIs may vary greatly, depending on the work setting and the training programs and CI pools and agencies in any given area (see also Adkins, 1990; Refugee Review Tribunal, RRT, 2003; Ibrahim, 2004; Miller et al.,2005; Moreno et al.,2007; Hale, 2007; Meyer et al., 2010b). As an example, in asylum hearings, interpreters are generally not permitted to explain culturally specific gestures or sayings used by clients (Kalin, 1986; Barksy, 1994; RRT, 2003), however, many CIs themselves understand their role as acting as a "cultural bridge" in order to facilitate communication and understanding (Hale, 2007).

In addition to the systemic unclarity or diversity in the settings in which CIs are employed, there are also various SUGs, namely both governmental agencies, social service agencies, schools and hospitals, for example, but also refugees and asylum-seekers themselves, each of whom

have their own expectations, needs and desires, which play an integral role in forming the expectations set for CIs and their performance in these settings.

For example, a participant who works as a paid CI and who took part in a focus group discussion, shares her inner monologue when confronted with situations that call her neutrality or impartiality into question.

Hf03: “Well, I just thought to myself: ‘okay, I am neutral. Impartial. I am only interpreting, nothing more.’”

In other settings, such as in schools, CIs who are trained as “language and cultural mediators” (LCM, Sprach- und Kulturmittler:innen[13]) in Hamburg are to act not only as interpreters of written and spoken language, but also as mediators when intercultural factors may influence the communication on a given topic in one direction or another. In these cases, the role of the LCMs involves an additional mediator role, which requires them to mediate conflicts between students of different linguistic, ethnic and/or national backgrounds, and their training involves components of both areas.

Despite having an understanding that their role involves not only interpreting, but also mediating, some of the LCMs interviewed in this particular study expressed a high degree of clarity in their understanding of their role as well as a clear distribution of responsibilities between themselves and their colleagues from other professions. However, others highlighted their perception of their role being complex and difficult in nature and the distribution of responsibilities not always easy to discern and manage. For example, one LCM describes understanding her role as clearly different from that of an interpreter and explains why this role is also complex and at times difficult due to having to mediate between teachers, parents and students.

> Cf03: We must, we react now between the parents in the school and between parents, students and teachers. We have to really take care, because, we are between them. We are not interpreters. We are language and cultural mediators. It is completely different, completely different. We must understand this feeling. We must think along with in (muffled) or in the school. It is not so easy… We play an important role between pedagogical staff, teachers and students. We must find a solution. Why? Parent-teacher-conferences first of all. And with the school first of all. One-on-one talks with students. One-on-one talks with teachers and then together in a conversation. That finding a solution will be done [sic].

[13] It is important to note that language- and cultural mediators (Sprach- und Kulturmittler:innen) is not a homogenous term, and in different German states or provinces, the roles of language- and cultural mediators or cultural mediators (Kulturmittler:innen) may differ greatly from the description here in this particular location and setting.

She seems to feel a great deal of responsibility for mediating between pedagogical staff, teachers, students and parents, and she emphasizes that she does not identify as an interpreter but as an LCM, which she sees as vastly different from the role of an interpreter.

Another LCM mentions having clearly defined roles among the members of his team:

> Cm01: I wanted to say again, you had asked before whether that is often like that for us, that we also take on responsibilities, although we really have an intermediary role. For me, it is not that way… We help refugees, we prepare them for the job market. Well, with language, but also with resumes, job coaching and all kinds of different things. And there, I have to say that I am not in that type of situation… there is a caregiver or a psychologist or a doctor. And then I am there. And then the one, the participant. And then it is already clearly under control. But despite that, the roles really are clear. Well, I do not have the feeling that I all of a sudden have to do everything. More like a little, like, support a bit.

An expert in a leadership role in a social service organization details her thoughts on the understanding of the professional role of the CIs:

> EF9: This role understanding, because it is naturally the case that the community interpreters in the institutions work with us, too, in many cases, like, simply have different descriptions of their jobs. That means they must permanently walk this line between pure interpreting and social work assistance, and when one does not manage that … then it simply does not work with the language mediation or interpreting, because then they are of course permanently in a conflict situation that they, like, actually are between the contracting authority, in this case the institution heads, and the residents, and we… want to avoid just that.

She acknowledges that the role of the CIs differs depending on their job descriptions or settings and describes her organization’s efforts to avoid role diffusion or overload.

In yet other settings, the role and expectations that CIs see themselves confronted with are less clearly defined, and this lack of definition or clarity may lead to some degree of “role overload” or role diffusion, in which CIs or bi- or multilingual staff members are asked to take on additional roles for which they are not paid or trained to do (see also Substudies 1 and 2.3 as well as Meyer et al., 2010a).

An expert in a leadership role in a housing program, which also provides housing to refugees and asylum-seekers, talks about the complexity of role of CIs and the need for setting clear boundaries between interpreting and performing other duties despite pressure from the residents to take on additional roles.

> EM3: … so the role of the community interpreters is, I think then also/ well, it is a difficult role, I believe, for the people. They should of course on the one hand be mediators of the language, really only due to their role, they are at the same time across from us as their employer and across from the residents maybe due to… the people frequently have the same background, cultural background and so on and stand there, I think and are caught between a rock and a hard place. And to hold the balance is pretty difficult for many. So that they then feel put under pressure by the residents, at the same time, we have the expectation that they hold back in the sense that they not do too much for the residents, but rather, that they should just translate the language. And it is difficult for the people, I believe, to find a professional distance and maybe

to say 'I am just the community interpreter,' rather/ and 'I cannot do a parallel consultation.' That is a phenomenon that there is very frequently that the community interpreters independently read the residents' mail outside in the hallway and tell them what it is, although that is not really their job

He emphasizes the difficulty that many CIs may have in setting boundaries amidst pressure to provide more assistance to the residents, particularly when confronted by conflicting role expectations from their employer or the SPG and the SUG.

As implied above, there were some situations described, in which there appeared to be an implicit expectation from the SUG as well as the employer or SPG that the CIs should be willing and able to make themselves available as "guides" or mentors, due to their own migration backgrounds.

As an example, one Arabic-speaking refugee or asylum-seeker described his beliefs and expectations about CIs and what they should know about and do as part of their job, saying that they should act as a "compass" for refugees and asylum-seekers.

EIDNAM: I believe, and that is my opinion, that it is very important and should/must be. In any event, the community interpreter must/ has much information about social work in Germany, because how can that be that a community interpreter has less information about own [sic] land, where he lives, and he doesn't know how the system works? Because he must act as a broker from [sic] people that are migrants. Some, they are mentally disturbed from certain problems, war or whatever. And many young children or minors who need help. Or many other things. Or people that need better [sic] life. So. If a community interpreter has much information about many associations, many organizations, many social work institutions in Germany…He will become not as [sic] interpreter or community interpreter, but rather out of [sic] a/ a compass.

This man gives the impression that CIs should possess a great deal of information about their countries of residence and that they should share this information with refugees and asylum-seekers, who are attempting to orient themselves in their host country.

Another participant in the focus group for CLIMs shares her experience of having similar expectations projected onto her by the refugees and asylum-seekers, due to her cultural background.

If2: And then we are in the hospital and after the hospital they say 'Yes, are we going to go now to look for an apartment? You are after all my sister.' I say, 'No, my dear sister, I cannot do that.'

Some of the CIs who participated in different focus groups also shared their experiences with these types of expectations from refugees and asylum-seekers. Two participants from a focus group discussion for paid CIs discuss their experiences below.

A participant begins by talking about some unrealistic expectations that he has been confronted within his day-to-day work.

Hm02: Sometimes the refugees, I am in the employment agency, and they ask about [state health insurance] or health problems, just because I speak Arabic (clears his throat), they think that I work for the employment

> agency. They think I have the keys. For example, a family is looking for a big apartment. They think I have the key here somewhere in [a] drawer…

This CI gives examples of expectations that members of the SUG seem to have of him in his role, namely that he should provide consultation about health insurance, medical problems or housing issues.

As can be seen in these excerpts, the role of the CI is a complex one, which may involve competing expectations from different parties, depending on the context.

***Accusations of guilt** (+/-)*

At times, not only unrealistic expectations, but also assertions of guilt directed at CIs were also described, including, but not limited to accusations of incorrect interpretation or translation as being the reason for negative reactions from governmental agencies, for example a denial of applications for asylum or family reunification or a guilty verdict in court.

A focus group with paid CIs discussed the topic of accusations coming from refugees and asylum-seekers. One participant focuses on situations in which decisions are made by governmental agencies and CIs are ascribed blame for decisions made by the governmental agencies which are perceived as being undesirable by the refugees and asylum-seekers.

> Cm01: Well, one negative aspect, I think, is that there is sometimes great disappointment in this social field. When somehow things don't work out like the refugees and asylum-seekers would like with the governmental agencies. That one, well, that I am the one that gets [the blame], although I can't do anything about it. I can only relay how it is. And when it isn't approved or the family reunification doesn't work out, then the frustration from the participant [client] lands on me. And that is, like, I find it always very difficult.

Here he stresses the difficulty in dealing with the blame given to him by the SUG when government agencies decide contrary to refugees' and asylum-seekers' expectations, even though he cannot influence such decisions.

Another participant responds in kind and shared his own experiences with accusations from refugees and asylum-seekers, particularly in the legal context.

> Cm03: And I already mentioned (muffled), that he is right…The guilty party, for example, needs, for example, then someone to reject. Naturally one is, the community interpreter also guilty. Incorrectly translated or something. I have also had one such experience.

Here he offers an explanation of displaced blame being placed on CIs in situations dealing with parties found guilty of crimes.

Other CIs described similar experiences regarding being blamed or hearing accusations directed at other CIs by the SUG of refugees and asylum-seekers when various applications were denied. One Arabic-speaking interviewee described a situation in which seven asylum-seekers had the same interpreter in the asylum hearing, and all seven were denied asylum. The interviewee as

well as the others whose asylum application was denied see the interpreter as being at fault for the denial of their asylum application.

> EIDHAF: Okay, I have tell [sic] you. With the seven in the hearing? Seven people. The same interpreter. And they are all naturally surprised. All seven were denied. Why? That cannot be that all seven of us were denied at once. That can only be because of the interpreter.

Due to the fact that so many applications were denied, no other explanation seems plausible to this interviewee other than that the interpreter must be to blame. Assuming that this hypothesis is correct, lack of training, fatigue due to lengthy hearings and distressing material, or the inability to clarify cultural context may have played a role (see Kalin, 1986; Barksy, 1994; RRT, 2003).

Some such accusations or conflicts related only to denied applications or appeals, whereas other examples related to ethical conflicts or dilemmas which CIs are often confronted with in their everyday work life.

Ethical dilemmas (+/-)

Some assertions of guilt were described in a number of situations involving ethical dilemmas (see also Hale & Luzardo, 1997), which at times seemed to involve some degree of cultural loyalty being suggested for justifying requests that would otherwise qualify as ethical violations on the part of CIs (see also Hale, 2007).

In a focus group with volunteer CIs, various participants shared their experiences with moral dilemmas in the workplace. One participant talks about the challenge of having to interpret for opposing parties from his country of origin.

> Dm02: … Sometimes is indeed negative, one has a guilty conscience. For example, someone worked with the fascist … regime or with the secret service… and now has fled the country. And then the two sides… they both come to other countries as refugees. And there sometimes [one] must interpret for them.

Although this participant positions himself clearly in terms of this particular conflict within his country of origin, he realizes that he must remain neutral or impartial in his position as a CI. This participant goes on:

> Dm02: Yes, then [one] must first of all interpret correctly what he says, but one does not have a good feeling, one does not enjoy while interpreting. One must sometimes for many lies, nonetheless one must interpret that, although one knows 100 percent that he is lying. And then one sees, whether one has a guilty conscience, whether one, I help someone, that had to do with crimes. Other, my job, I cannot say ‘no’. I cannot interpret differently, I cannot say, ‘reject,’ that I cannot interpret anymore. Here is [sic] different experiences that I have made. And then here in this situation, one does not feel good.

He also mentions being faced with clients who are being dishonest and his inner conflict with having to interpret what are, in his eyes, blatant lies.

Another participant shares her experiences working with a client who asked for her advice while dealing with the police.

> Df02: Yes. For me it was like that, one time… Because he continually asked for my opinion. He was with the police. And he continuously asked me in our language, whether he is allowed to say that or not. And that was very uncomfortable for me. And I said to him, 'what should I say? Tell the truth to the question. And I am just here to translate. That is only my role. I cannot do more. I am not a policewoman.'

She describes her efforts in maintaining neutrality and making clear to the SUG that she cannot assist them in police interrogations.

Many of the ethical dilemmas described in the focus group and individual interviews involve challenges to the ethical standard of neutrality or impartiality, which requires that CIs interpret spoken language and do not play a role in evaluating the material with which they are presented.

Theme 3: Exposure to potentially traumatic material and situations (+/-)

Because exposure to traumatic material represents a special type of stressor, Theme 3 is dedicated completely to this topic. Hale (1997, 2007) and other researchers (e.g., Lor, 2012; Lai et al., 2015) emphasize the exposure to potentially traumatic material and situations in the field of community interpreting, particularly when working with vulnerable or traumatized individuals. Both the exposure to traumatic material while interpreting or translating in terms of transmitting information about traumatic events or experiences of refugees and asylum-seekers, as well as exposure to potentially traumatic work situations while interpreting, were discussed, particularly in focus group discussions, but also in individual interviews.

Three paid CIs listed various situations in which they were confronted with traumatic material in their work during the following exchange in a focus group discussion.

One talks about her experiences in the school system with traumatizing material and situations:

Cf04: "And there one learns, like, naturally the whole school system, traumatization, violence, so everything that can be found in the school."

Another adds:

Cf07: "There was actually a boy who was very traumatized."

Yet another mentions having worked as an interpreter in trauma therapy:

Cf01: "Well, I have interpreted in trauma therapy."

This exchange shows a small sample overview of possible interactions with traumatized individuals which may expose these CIs to traumatic material.

In another focus group discussion for paid CIs, some participants share their experiences with traumatic material and potentially traumatizing situations.

One begins by talking about working with vulnerable individuals:

Hf02: "That's it, some of them are traumatized themselves. They're not doing well."

Another continues:

> Hf04: … I am, last time I was at the [federal governmental agency for asylum and migration services] there was a man, he is traumatized. He tells a word from there and a word from there. And at all, he couldn't [put] two sentences together, well, in a row or in an order. And I noticed that. And then I could say that to the judge. Then he had more of an understanding. And was slower with him and so on. Another community interpreter would not understand that. Because, he doesn't know what trauma is, maybe. So maybe, too, he knows it. Well, is, our work has very, very much to do, it is really not only transmitting the language. Well, we must ALSO transmit people, the people, their suffering, their culture, there habits, so that the others understand what is behind this man.

She stresses the importance for being empathic and not only understanding but also communicating the suffering which traumatized individuals carry with them.

Different CIs described various types of exposure to a range of traumatic material and situations in their everyday work. Some describe interpreting information about physical or sexual violence, working with traumatized individuals and interpreting traumatic material within a therapeutic context, and still others talk about traumatic situations in which they not only interpreted but also played a mediatory or de-escalating role themselves.

Theme 4: Secondary traumatic stress (STS, Stamm, 1999) (+/-)

There were a number of allusions to some degree of STS being experienced by the CIs who took part in the focus group discussions.

One paid CI summarizes her experience of STS with the following statement:

> Cf02: I am very satisfied… But negative thing is very sad and (muffled). And sometimes, when I go home and sleep, these sad images always come. And I cannot sleep. Sometimes I cry. But many, many Afghans have bad, pretty bad intensive time. *And because of everything I cannot carry thing* [sic][14]. That is for me very hard indeed.

She describes intrusive images that present themselves at night and prevent her from sleeping.

Another CLIM describes her experience of STS in the following way:

> Jf01: Another negative experience… You cannot let that come too close to your heart, your soul or your psyche. You must build barriers between yourself and your clients, they suffer and you yourself [sic]. And sometime in time, depending on how often you work and depending on how intense or drastic your assignments are… Then you find yourself in a self-built capsule and when you come home… I am still in this capsule. And there is a certain distance between me and my children because I close myself off

[14] The italicized sentence is formulated grammatically incorrectly, and it is unclear how to correctly interpret and translate this sentence. One interpretation could be that this community interpreter cannot carry the responsibility for everything. Another could be that she feels unable to cope with everything all at once.

> voluntarily or involuntarily from my family. I cannot let them get that close to me because that is so practiced/taken to [sic], and that is the negative thing. You can't just flip a switch and say 'Hey yeah, Momma is here. Let's play now.' Then you transfer what outside [sic] into your home. Of course, I think that that is unfortunate, but it is unavoidable.

She describes the isolation that she feels in coping with the emotional burden of working in this field and the toll it takes on her relationship with her children and her family. Specifically, she speaks of experiencing some degree of emotional numbing, which may serve to shield her emotionally from the traumatic material to which she is exposed. However, precisely this numbing, which helps her not to be as intensely affected by the traumatic material at work, hinders her from being emotionally available in her private life, particularly in her interactions with her children.

Another paid CI describes his own firsthand posttraumatic stress which resulted from a situation in which he interpreted for a suicidal refugee in the following statement:

> Hm03: Normally one proudly tells others that one saved someone's life. With a colleague, I saved the life of a refugee, who had fashioned a rope around his neck and wanted to jump, out of the third or fourth floor or something. Below with the fire department, so it was really a rather huge operation, that was a 16-year-old young African. We then, like, had to calm him down in French. Well, that took forever. And it was pure luck that it worked. Now I always have problems with my conscience. I really haven't told hardly anyone that. What would have happened if I had said any sentence incorrectly? What would have happened? Normally, one would say with pride, 'I saved someone's/what a good person,' now I am a double-person. It isn't like that. Well, I have really, when I think about it, I get goosebumps. And I know for sure that I just messed around with things in my work that I cannot cope with. Done. That's how I see it. That would have, that was probably luck, that could have gone very differently. Luckily it didn't though… But in that situation, I experienced my own weakness. Back then, I was highly praised as a representative and a team leader, as someone who could really do a lot and so on. But I noticed then, no, you can't do anything. Except speak maybe a language here and there. But I noticed there that it is completely, well, then I couldn't really take my work or myself so seriously. And that was like a small breakdown.

Even though he was able to help prevent a man from committing suicide, this CI talks about how he is haunted by guilt and by thoughts about what could have happened if he had made any mistakes. Following this experience, he describes experiences of depersonalization and feeling detached or unable to "take [his] work or [him]self so seriously" anymore, as well as a change in how he sees the world and himself.

The focus group discussions with CIs revealed various symptoms of secondary traumatic stress, such as intrusive images, crying, emotional numbing, and depersonalization, which some CIs experience in their day-to-day lives, resulting from their exposure to traumatic material and situations in their work.

Theme 5: (Professional) psychological support

Various forms of professional or peer support for dealing with challenging or traumatic material or situations are of the utmost importance as potential protective factors or resources in this field of community interpreting, particularly given the vulnerable population served and the material with which one is confronted on a daily basis. The forms of support mentioned the most frequently in the focus groups and individual interviews ranged from *peer consultation* to *supervision* to *psychotherapy* to *psychoeducation*, and psychoeducation was mentioned at times for being better equipped with the knowledge needed to best know what may be needed for addressing different issues appropriately. However, *a lack of (professional) support* is mentioned as being a serious issue in this area.

Lack of professional support (-)

The lack of professional support of any kind was highlighted by a number of participants in focus groups and individual interviews. At times, structural issues surrounding the lack of professional support were mentioned.

In the focus group for professionals in the field of social work, the topic of lack of professional emotional or psychological support is discussed:

> Ff07: What additionally is evident is the high psychological stress of the community interpreters. Well, there is a lot/ that is about a lot in our context, but when we also go into the refugee camps there is a lot about traumatizations, a lot of traumas that happened in their homelands, that the community interpreters have to translate. Those are stories that shake us up, and we have often heard from community interpreters that there is too little supervision, too little guidance. Where should they leave that? Well, we also have seen a high rotation among the community interpreters, because after one, two years (…) work with the people who have fled, especially from war zones, they are overwhelmed, some of them cannot do it anymore. That was our experience on the job.

This participant stresses the high turnover rate of CIs in this area due to a lack of supervision or psychological support. Another participant agrees:

Ff05: "… That the community interpreters then also somehow should have a space, as you already said, where they can let that out."

Both of these social workers agree that supervision is necessary for supporting CIs so that they can process the traumatic material with which they are confronted and continue to work in this field.

In a focus group of volunteer CIs, one CI expresses feelings of isolation and a sense of lacking professional support for dealing with stress related to this type of work:

> If2: Well, when I did that privately, I felt totally alone and with all of these problems…When a woman comes, for example, and says to me 'I was raped.' And I am a woman. How should I just absorb that and go home and smile? Or how should that work? I need either someone that I can talk to or I have to be

> professionalized, in order to be able to deal with that. And what is missing for me in the volunteer work is contact persons…

She describes dealing with interpreting information about sexual assault as a female CI, how this affects her psychologically, and how she feels at a loss on how to cope with this type of traumatic material without someone whom she could contact for support.

A focus group with paid CIs also discussed the topic of supervision and the lack thereof. One participant talks about a lack of supervision and poses clear arguments for why he personally would like supervision and why he thinks that supervision is necessary for CIs working in this field:

> Hm03: What was missing in my work is the supervision. Well, no one gave us the opportunity to observe everything from a safe distance: what our work means; what we must fulfill; what kinds of problems there can be; and how we can protect ourselves from that ... I had more than just a few problems because of that, that we also had very difficult cases that I could not just tune out at home … But we never got supervision. Everything was very last-minute. And we had to just deal with whatever it is. And in the end, that didn't really work anymore without causing friction. I had to take a whole lot home with me. We stopped people from committing suicide. There were rapes.

He explicitly names attempted suicides and rapes as situations which he has experienced in his work as a CI, and he also describes in vague terms the toll that these experiences had on his personal life. For these reasons, he stresses the importance of having supervision available to CIs.

One expert in a leadership role at a social service organization acknowledges the necessity of having supervision available to CIs, whilst admitting that her organization cannot currently fund such a supervision for their CIs.

> EF10: Yes, if people do that (i.e., community interpreting) more frequently or even professionally, then I would think that that is definitely good – supervision…We don't have supervision, but our community interpreters always come here to talk to us ... But it is not supervision in a true sense …Well, we couldn't afford that at the moment.

Here she highlights not only the need for supervision but also for structural and financial changes which would allow for the funding of supervision for CIs.

A university professor of translation studies also talks about the importance of supervision and the lack of offers:

> EF2: …And that is something, where, like, those who interpret in the field, then are very frequently left on their own. So it is like this more or less, where everyone says 'yes, wonderful. And that is super. And it would be great if we had that,' but the fact is that it is offered only very rarely...

This expert summarizes quite concisely what has been said in the other statements, namely that the general consensus is that CIs need supervision, but unfortunately, it is only offered all too rarely.

Supervision (+)

There have been studies performed which document the benefits of supervision for individuals professionally involved with traumatized or vulnerable populations (e.g., Lansen & Haans, 2004). Supervision was also talked about in a number of focus group discussions and individual interviews, and its value for helping CIs discuss difficult situations and topics and find solutions in a structured manner through moderation by a supervisor was underlined repeatedly. However, a lack of supervision or a lack of resources to offer supervision was highlighted as being a major deficit in this field. Another difficulty described by one expert was that even when supervision is offered, it may not be taken advantage of as much as would be desirable.

In the focus group with volunteer CIs, a participant states her case for supervision:

If2: "Where is it supposed to go? That there is at least supervision; that someone also finally listens to us, with all of these traumas, eh?..."

She emphasizes the need for supervision to cope with the traumatic material with which CIs are confronted with on a regular basis and seems to express her relief at finally having an opportunity to process the traumatic material with which she finds herself confronted in her work.

In addition to supervision being recommended in general, some expert interviewees made a distinction between their recommendations for group versus individual supervision.

One expert in a leadership role at a training institute shared his thoughts on group supervision and how the topic is addressed at his institute:

> EM2: Well, at our institute, that is a fixed component of the first module [of the training]. There are nine hours minimum [of supervision] … we also have clear guidelines for the qualification of supervisors. We also have certain guidelines about the supervision itself. It must be group supervision. It must be three hours maximum per unit of supervision … So I find that very important, definitely.

Here he mentions the minimum requirements for supervision and also touches on the need for finding qualified supervisors to lead the group supervision sessions.

One expert, who is an interpreter herself and in a leadership role at a training institute for language and communication mediators, shares her thoughts on group and individual supervision:

> EF8: We have two possibilities for supervision, so to speak. One is that these individual sessions, which are mandatory after the first couple of appointments take place, also are always allowed to be requested by the language- and communication mediator, if they see the need. It could either be when they say 'the situation at my last deployment was difficult'… but also whenever one has the impression, 'the things that I interpreted there or what I heard there, that is overwhelming for me emotionally, or that is really definitely affecting me more.' Those are just the two biggest reasons for which the language- and communication mediators are allowed to contact us… the individual sessions can take place as needed. And on the other

> hand, we have been offering group supervision for the last two years, where it is just about having an exchange about maybe similar experiences and but also that techniques can be taught that can be used for good boundary-setting and also for self-care, especially in this often very challenging field...

In this statement, she underlines the importance for offering individual supervision for more acute or urgent situations and group supervision for general processing and problem-solving as well as for sharing ideas for boundary-setting or self-care.

Another expert, who has a leadership role in a CI pool, expresses her views on individual and group supervision:

> EF4: Yes. Well, we offer around 30 sessions per year. We set the appointments freely with the supervisors. And let the interpreters decide when they want to come. There is a yearly schedule. And there they can decide when they come. But there is a maximum of 12 people. Per appointment, exactly. But we also offer individual supervision when something is acute. Interpreters experience some situations where they definitely need individual supervision. Then we offer them that. And we will also soon have the possibility, telephone consultation, when it is very acute, in order to calm the situation down a bit.

Again, this expert also highlights the importance of offering individual supervision for acute situations and group situations on a regular basis so that CIs can decide when they come to the group supervision sessions.

In contrast to the desire to have supervision offered, one expert, who is the head of a training institute and CI pool, explains that individual supervision is only being offered by her institute on as-needed basis but has not been taken advantage of frequently:

> EF5: My experience is based on that which I have now done. And we offered group supervision, wasn't in demand. Well, in the first round, we hadn't yet offered supervision. Because we were occupied with taking a look at it first. And only after the first round, do you really know what is really necessary? In the round that we are now in, from the beginning I planned supervision in because I then realized over time, it is important. And we now have introduced an on-demand offer so to speak. That means when someone says 'I need supervision', then they call a certain person. And gets individual sessions. And that hasn't really been made use of, actually. That is due to the fact that because they have their group and sometimes they get help there. There a case must be really quite dramatic, like we had one, where it was about a suicide threat. Or the person was then sort of in a tight spot. But there, I didn't have supervision. That was a case, where they definitely would have called and said 'yes, how do I deal with that?'

She explains that there was a group supervision which was not made use of and that the need for supervision became clearer with time. However, she also states that the current on-demand individual supervision is not often used and offers the explanation that it may not be as necessary, due to a regular group meeting, which may serve as a type of peer consultation.

All participants seem to agree that supervision is necessary for supporting CIs working in this field, and this section underlined the need for both group supervision for more general issues

and problem-solving strategies and individual supervision for more acute situations. However, another issue mentioned was that some supervision offers are not taken advantage of.

Peer consultation *(+)*

As an alternative to supervision, some individuals mentioned peer consultation as a means for talking about difficult situations and finding solutions with other CIs who may have dealt with similar situations.

Some of the paid CIs discuss their experiences with peer consulting, which is referred to here as an *exchange*.

One participant says:

Cf03: "Yes, once a month. And then we speak about our experiences in the school: what happens, which problems [we] have, how we can solve [them]. I think that that is very great. Great intervention and project."

She stresses that the peer consulting offers CIs an opportunity to discuss issues and find solutions, which is something that she sees as extremely helpful.

One expert interpreter with a university degree describes her view of peer consultation as being helpful. However, she refers to the peer consultation as "supervision"[15]:

> EM1: Well, I think, what I always find to be sensible are supervisions in the form of conversations among colleagues. Like an exchange with colleagues… Where one (muffled) talks about problems and sees what others have as possible solutions for certain recurring problems. I can let out frustration or let out other emotions or something… but like that in a collegial exchange[16], I found now, in my experience, the most sensible.

She highlights the benefits of having peer consultation in sharing experiences with problems and finding solutions.

Another expert in a leadership role at an institute for training CIs stresses the importance of having peer consultation or supervision:

> EF7: Otherwise I think that it is also important that something like actually… for people who are just in this intermediary position to create their own supervision. Because they are simply not specialists, and they have also been clients at some point, I'll just say… And there I think, it is very, very sensible to create something like a supervision or at least, yes, a peer consultation group for people that work in these positions[17].

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[15] Among several of the interviewees, the distinction between peer consulting, supervision and psychotherapy were not always easily differentiated. In other words, it was often clear what was meant, although the terminology used was not always consistent with the reality. Therefore, the following is an attempt to represent the statements as accurately as possible.

[16] Due to her emphasis on the necessity of having a collegial exchange, peer consulting seems to have been meant.

[17] Because no specialists are present in this description, this would be an example of peer consultation.

She placed emphasis on CIs creating opportunities for peer consultation for themselves in this field.

Another expert in a leadership role at a training institute for CIs highlights the necessity of regular peer consultation or supervision:

EM2: "The interpreters who are really frequently in the field – they also continue to visit supervision or peer consultation at their respective agencies on a regular basis. We find that extremely wise. That is recommended."

On the whole, peer consultation was perceived as being necessary for CIs working in this field to have access to, in order to find solutions to problem or to process difficult situations among colleagues who find themselves in similar positions.

***Psychotherapy** (+)*

One interviewee who is in a leadership position at a training institute for CIs emphasized the importance of one-on-one supervision with a psychologist in the event of re-traumatization. Because this type of psychological counseling has an inherently clinical component, this statement seems to best describe individual psychotherapy.

> EF7: Perhaps depending on the work setting/job site, if it is more in the medical field, where one also really/ although not really at all in the medical field, well, I experience that in conversations with immigration agencies or with employment agencies, when then traumatic experiences come up, then in such cases where it can for some people come to a re-traumatization or also very, very, very drastic experiences are told now. There, an individual supervision with a psychologist is perhaps advisable.

She stresses the importance of CIs experiencing secondary trauma or re-traumatization being able to seek out proper psychotherapeutic support. Although she describes this as "supervision with a psychologist," psychotherapy would be a more appropriate intervention for more effectively dealing with cases of re-traumatization.

Finally, a volunteer CI, who took part in a focus group discussion, expresses her desire to have more psychological support for her and other volunteer CIs

If2: "I have already noticed that what is very much lacking is for one, psychological support for oneself, because we are also human, and we take in all of it."

She expresses this wish in terms of a general psychological support, which may take on the form of psychotherapy.

Although psychotherapy was not the first line of support recommended in the focus groups and individual interviews and it was not explicitly named, it was clear that participants saw the need for professional psychological support, particularly in cases of re-traumatization or for general psychological support.

Psychoeducation (+)

Some topics related to psychoeducation were not only seen in the training program research (see Substudy 2.1) and research to date (e.g., Pross, 2006), but were also mentioned in focus group and individual interviews, such as tools for learning self-care or coping skills, as well as information on working with traumatized individuals.

A paid CI, who took part in a focus group discussion, voices her opinion that psychological knowledge can be extremely helpful for individuals working in this field.

Cf07: "That is why, well, that is very, very helpful that one has a little bit of psychology, bit of psychology knowledge. And that is very, very helpful."

Two paid CIs, who both took part in a focus group discussion, share their ideas about needing knowledge about how to work with traumatized individuals and protect themselves emotionally.

Hf01: "And that is what one needs – many skills and a lot of knowledge with other people, who are now traumatized. And it is very difficult…"

The other woman continues:

Hf04: "Well, I wish more, as I said before, that I get help to protect myself. And not after, for example, months or years of work with these traumatized people, that I am then traumatized and broken myself."

She expresses a general wish to get some sort of assistance, in order to learn how to protect herself emotionally so that she does not also suffer from secondary traumatic stress as a result of her work in this field.

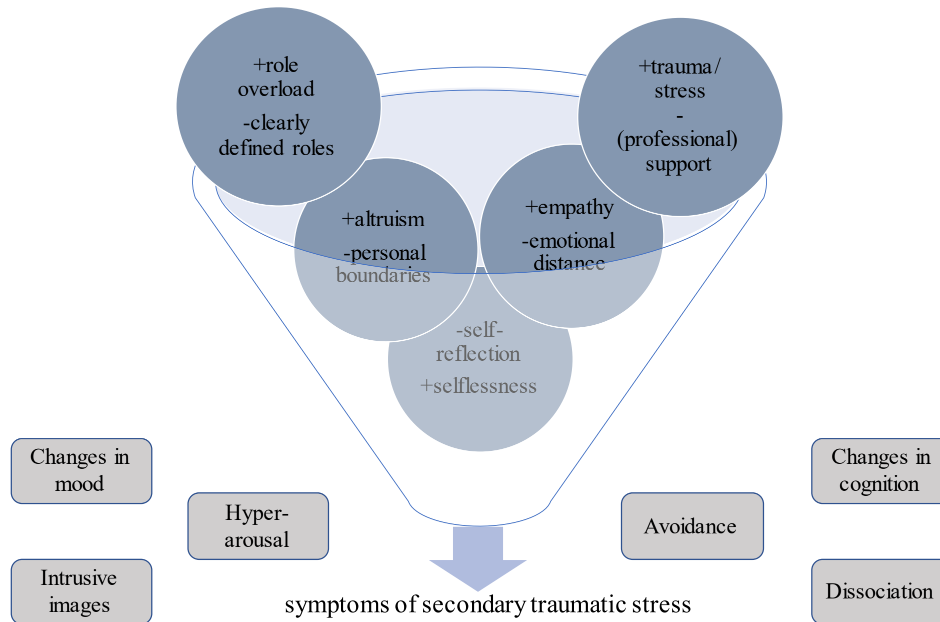
In general, statements were gathered which seemed to allude to gaining psychoeducation for being able to better process or cope with the stressors of working in the field of community interpreting with refugees and asylum-seekers.

Summary of results

The aforementioned findings will be summarized below in order to provide a more coherent overview of the complex themes discussed.

Figure 10

Relevant factors for secondary traumatic stress



Based on the material analyzed in this data set, five major themes were identified, namely potential stressors, emotional competencies, exposure to traumatic material and (professional) psychological support. The figure above represents an attempt to summarize the data in a model to illustrate how each of the above themes may relate to symptoms of secondary traumatic stress, which were described by a number of participants working in the field of community interpreting with refugees and asylum-seekers. As varying degrees of certain factors may serve as risk or protective factors, the symbols "+" and "-" were chosen to represent "more" or "less" of these factors, respectively.

Role clarity:

+ role diffusion / -clearly defined roles

Less clarity regarding the role of the CIs and the greater role diffusion, which involves them taking on additional roles as informal social workers, (conflict) mediators and unofficial counselors, represents one source of occupational stress.

Emotional competencies:

+altruism / -personal boundaries

Although many of the refugees and asylum-seekers interviewed emphasized willingness to help or altruism as being a desirable trait amongst CIs, statements which emphasize high degrees of altruism and a lack of healthy personal boundaries set also contain material indicative of heightened degrees of occupational stress. In addition, some statements from CIs indicated that

as they were better able to set personal boundaries, they were able to function better professionally, which would represent a personal resource or protective factor.

+*selflessness / -self-reflection or introspection*

The concept of self-reflection or introspection is mentioned in terms of its protective role against developing secondary traumatic and occupational stress, as CIs can practice self-reflection and mindfulness in order to better identify their own needs and limitations. The term "selflessness" was chosen to encompass the opposite, namely a state in which CIs do not reflect on their own needs and continue to attempt to help others at their own expense. Statements which highlight such tendencies to overextend oneself and not consider one's own needs and limits also tend to be indicative of higher levels of occupational stress experienced by CIs. In balance, greater degrees of self-reflection and less selflessness would represent protective factors or resources, as the statements by CIs illustrated.

+*empathy / -emotional distance*

As was indicated in various statements in the material, it seems that high degrees of empathy, coupled with an inability to maintain professional emotional distance to one's clientele, appears to contribute to heightened occupational and secondary traumatic stress experienced by CIs. Contrarily, statements given by CIs indicated that greater emotional distance served as a protective factor or personal resource against developing STS.

Exposure to traumatic material and (professional) psychological support:

+*trauma/stress / -(professional) support*

Finally, the exposure to general stressors coupled with traumatic material, traumatized individuals, and/or traumatic situations at work, coupled with a lack of (professional) emotional and psychological support in the form of peer consultation, supervision, psychotherapy and/or psychoeducation, seems to possibly contribute to the experience of secondary traumatic stress. The aforementioned factors cannot be singularly linked to secondary traumatic stress symptoms, although these appear to contribute to general occupational stress, which may make individuals more susceptible to developing symptoms of secondary traumatic stress if they are also exposed to traumatic material presented by traumatized individuals or traumatic experiences in their work and are unable to process their experiences in a structured and emotionally supportive environment (e.g., Griffiths et al., 2003; Pross, 2006; Hernandez-Wolfe et al., 2015; Mehus & Becher, 2016; Mendez, 2018; Baldschun, 2019).

Discussion

Regarding potential sources of occupational and/or secondary traumatic stress, a number of structural, interpersonal or external as well as intrapersonal factors were identified and

emphasized in many of the interviews and focus groups conducted with various actors and experts in the field of social work and community interpreting. The external, interpersonal or structural factors include exposure to traumatic material or situations, "role overload" or role diffusion, ethical dilemmas, pressure or accusations from the SUG, and a lack of professional emotional and psychological support. These external, interpersonal or structural factors, which may be difficult for CIs to influence, have been found to play an important role in occupational wellbeing versus occupational stress (e.g., Griffiths et al., 2003; Baldschun, 2019). For example, Griffiths et al., (2003) reported that ethical dilemmas in particular were found to correspond with occupational stress and STS. In addition, pressure or accusations from the SUG may relate to a perception that the SUG is particularly reliant upon the SPG for assistance, which has also been found to relate to increased symptoms of occupational stress and STS (Puvimanasinghe et al., 2015). Particularly within the context of asylum hearings, which represented one context in which accusations from the SUG were given as examples, the role of the CIs in asylum hearings restrict their ability to explain cultural concepts which may be relevant (Barksy, 1994; RRT, 2003). Kalin (1986) talks about possible issues which may arise in such contexts that hinder communication:

> Because of the close links between language and culture, however, even excellent translators fulfil this task only when they attempt to communicate in their translations the cultural context of words and concepts. Interpreters used in the asylum procedure often not only lack this sophistication; sometimes they are also not qualified or they make mistakes because of fatigue resulting from a lengthy hearing. All this may distort the communication between asylum-seeker and refugee tribunal. (p. 233)

Specifically related to "role overload", previous research has indicated that more clearly defined roles are related to greater psychological resources (Hernandez-Wolfe et al., 2015). Research to date has shown that structural support in the form of peer consultation and supervision also promote healthy psychological processing of stressful or traumatic material (Pross, 2006; Mehus & Becher, 2016).

Among the intrapersonal factors identified that appeared to correspond to heightened experiences of occupational and secondary traumatic stress were a lack of self-reflection or introspection, an inability to set healthy personal boundaries as well as maintain professional emotional distance to distressing work-related material. Previous research has found that emotional competencies, such as self-reflection or introspection, the ability to set healthy personal boundaries as well as the ability to maintain emotional distance, are linked to psychological as well as occupational wellbeing (e.g., Antonovsky, 1988; Ortlepp & Friedmann, 2002; Pross, 2006; Sprang et al., 2007). In that same vein, CIs detailed their own developments regarding self-reflection or introspection as well as strategies for setting healthy

boundaries and maintaining emotional distance in order to prevent themselves from experiencing burnout or STS. Research to date supports these findings that self-awareness and the ability to set healthy boundaries and address one's own needs represent protective factors against developing STS (e.g., Lusk & Terrazas, 2015; Puvimanasinghe et al., 2015)

The results of the HADS questionnaire indicate that on average, the CIs who took part in the focus group discussions reported moderate symptoms of anxiety and mild symptoms of depression in the week leading up to the focus group discussion, which suggests that these individuals in this sample experienced some degree of distress in the week prior to their participation in this substudy. Although the HADS cannot be used to draw conclusions related to STS, the elevated symptoms of anxiety and depression reported should be considered in combination with reports of other symptoms of distress, which were given in the form of statements describing various complaints within the context of the focus group discussions.

Focus groups and individual interviews further highlighted a number of sources of secondary traumatic stress experienced by a number of CIs, as well as symptoms of PTSD, including nightmares, intrusive thoughts, sleeping issues, emotional numbing, avoidance, diminished interest or participation in normal activities, feelings of isolation or detachment from others, depressed mood, increased anxiety, concentration issues, hypervigilance, and hyperarousal (compare to APA, 2013; as well as Figley, 1995; 1996; 2002; Bride et al., 2007). Others expressed feelings of being overwhelmed and not knowing how best to deal with these feelings and how best to protect themselves and set healthy boundaries for themselves with regard to their work in the field of community interpreting, particularly in their work with refugees and asylum-seekers. This feeling of being overwhelmed was described by Mishori et al. (2014), particularly when considered increased number of cases handled per individual. Additionally, feelings of resignation (Kjellenberg et al., 2014) or powerlessness (Lusk & Terrazas, 2014; Pulvimanasinghe et al., 2015) have also been found to represent risk factors for developing occupational stress and STS. Mendez (2017) also found that intense emotional reactions to clients' traumatic accounts represented a risk factor for the development of STS.

In order to provide additional structured psychosocial support to CIs, peer consultation, supervision, psychotherapy and psychoeducation were named as possible protective factors (e.g., Pross, 2006; Mehus & Becher, 2016). However, the provision of these supports seems to be dependent upon a number of factors, which may hinder CIs in their ability to participate in these supportive services. Among the hinderances mentioned were financial constraints by CI agencies or pools, additional financial burdens and time constraints on the part of CIs.

Limitations and recommendations for future research

Regarding the sampling procedure used in this study, it is unclear whether the CIs who participated in this study are representative of a larger population of CIs who work in this area, as a certain degree of selection bias may be unavoidable, since no educated assumptions can be made about those who chose not to participate in the study.

The HADS-D (Herrmann-Lingen, 2011) was used to assess general symptoms of depression and anxiety among CIs. Although they were all proficient in German, due to the fact that German was not the native language of a number of them, it is unclear whether certain terms or formulations might have been unclear or whether the participants might have responded to items differently in their native or other languages (see also Bender et al., 2010).

As an alternative to the HADS, the Professional Quality of Life Scale (ProQOL, Stamm, 2009) was taken into consideration. However, the use of the English-language original as well as the translated versions of the ProQOL "may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold." The issue which was encountered with the German version of the ProQOL, which was available on the official website at the time of the substudy, is that it contained a number of problematic translations of terms which should have been altered in order to use this scale for German-speaking populations. Since the data for this study were collected and analyzed, an improved German-language version has been released on the official ProQOL website (see Skala zur Erfassung der beruflichen Lebensqualität – Mitgefühlszufriedenheit und Mitgefühlsmüdigkeit – ProQOL Version 5 (2009): Gräßer, M. et al. (2016)). Future studies may consider using this updated version of the German-language ProQOL for measuring Compassion Satisfaction and Compassion Fatigue as indicators of STS, rather than symptoms of anxiety and depression, which are measured by the HADS.

Another language-related limitation of this study can be seen in the analysis of translated material, as refugees and asylum-seekers were interviewed using CIs, which may have resulted in content or nuances being lost in translation. Future research should consider language-related aspects that may affect the accuracy or precision of responses or analyses in order to optimize the ease of understanding and maximize accuracy for analysis.

As was mentioned in the previous chapter, as only audio recordings were used and transcribed, the possible analysis of interactions, which Mayring (2010) recommends, was not possible beyond statements referencing other participants' statements and may add interesting and valuable information to analyses in future research.

Because this substudy was performed retrospectively and using qualitative as well as descriptive and correlational quantitative data, no causal relationships between the various

factors identified and the experience of symptoms of STS can be determined. Future research may consider using longitudinal strategies where possible, in order to observe the complex relationship between potential risk and protective factors and the development of STS among CIs.

Conclusion

The results of this study highlight the occupational and secondary traumatic stress experienced by CIs who work with refugees and asylum-seekers in the context of social work in Germany. Because many CIs in our study indicated heightened levels of anxiety and depression, as well as symptoms of PTSD, this study underscores the importance of providing CIs reliable professional emotional and psychological support in order to best cope with their inevitable exposure to traumatic material in this line of work.

2.3.2 Substudy 3.2: Secondary traumatization in human service professions – A scoping review (Rehm, 2019)

Background Information

A number of researchers have concerned themselves with exploring STS and other related concepts among members of a number of helping professions (McCann & Pearlman, 1990; Herman, 1992; Figley, 1995; 1999; Pearlman & Saakvitne, 1995; Stamm, 1999).

In order to summarize the existing data on STS among helping professions, such as community interpreting, this substudy focuses on providing an overview of relevant research findings on STS among human service professionals (see Rehm, 2019 for further details).

Research Question and Objective

The following research question was formulated to guide the process of this scoping review: *"What is known from the existing literature about harmful psychological impacts as a reaction to professional engagement with the distress of migrants?"*

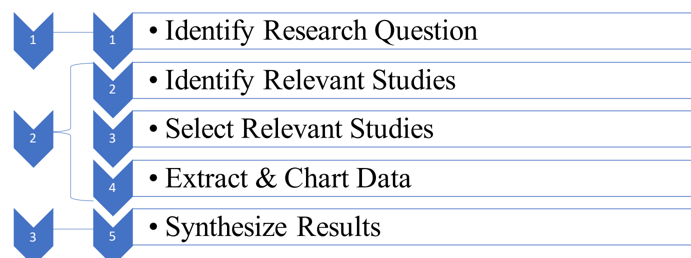
This research question was defined according to the Population-Context-Concept (PCC) criteria as suggested by Arksey and O'Malley (2005) as well as Baldini Soares et al. (2015) for providing an orientation for the present scoping review. The broad scope of this research question allows for a wide range of studies to be included into the review, thereby preventing relevant studies from potentially being excluded in the preliminary stages of the search.

Methods

A scoping review, based on Arksey and O'Malley's framework (2005) was the chosen method for examining the existing research on the topic of secondary traumatic stress (STS) among various professions working with migrant populations.

Figure 11

The five steps of a scoping review



Note. Recreated based on Rehm, 2019.

The study design and procedure were modeled according to guidelines put forth by Arksey and O'Malley (2005) as well as Baldini Soares et al. (2015). The above depicted five steps for performing a scoping review can be summarized in three phases. The first phase is the planning phase and is seen in step one above, in which the research question is formulated and relevant steps for addressing the research question are determined. Specifically, relevant search databases are identified and search strings, as well as inclusion and exclusion criteria, are formulated. The second phase encompasses steps two to four above and can be summarized as conducting the review. In this phase, search strings are applied to searches, relevant studies are identified using the defined inclusion and exclusion criteria, and these findings are documented in the form of review protocols and charts. The third and final phase corresponds to the fifth step above and involves the documentation and synthesis of the results. Each of the aforementioned phases and steps will be described in the following subchapters.

Search Strategy

The needs analysis performed at the onset of the present review showed a lack of research studies focusing on certain occupational fields in the work with vulnerable migrant populations, such as CIs. Previous studies (e.g., Wichmann, 2018; Breitsprecher et al., 2020a, b) highlight the need for expanding research in this area to include a wider range of professions who come into contact with vulnerable populations, such as CIs.

In order to maximize relevant research identified, the present scoping review excluded only study designs which would not likely be used for scientific research, based on the PCC criteria later in this substudy (see subchapter "Study Selection Criteria based on PCC"). Examples of excluded study designs are editorials, manuals, letters, collected editions, opinion surveys and animal studies. All other qualitative, quantitative and mixed-method study designs were included.

The database search focused on English-language publications from 1990 until 2018, as the onset of research on topics related to STS can be traced back to 1990 with McCann and Pearlman's study on "vicarious traumatization" (see also Pearlman & Mac Ian, 1995).

Database

The database chosen for the search is PsycINFO (American Psychological Association [APA], 2017), which contains scientific literature in the fields of behavioral and social sciences, covers the time period from 1598 until the present and is updated on a weekly basis.

Search strings

A broad range of search strings were formulated using defined PCC criteria described below, and these were supplemented using the thesaurus feature of PsycINFO (APA, 2017).

Search, Screening and Selection of Publications

Study Selection Criteria based on PCC

The search strings as well as the corresponding inclusion and exclusion criteria were defined using the categories "Population", "Context" and "Concept" to target relevant scientific literature.

Population

The research question requires that two target groups be defined: the service provider group (SPG) and the service user group (SUG). The SPG encompasses those who are *"professionally engaged with the distress of migrants"* and includes a variety of human service professions. The SUG, is comprised of *"migrants"* who are or have been subjected to *"distress"*, including, but not limited to refugees and asylum-seekers (UNHCR, 2015) who may exhibit a variety of symptoms related to distress or trauma and stress-related disorder, such as PTSD, acute stress disorder and adjustment disorder (see e.g., DSM-5, APA, 2013).

Context

The context within which the SPG and SUG interact may be defined as settings involving psychosocial, medical, therapeutic, linguistic or administrative services.

Concept

The concept defined for the present scoping review represents the effects of the interactions of the two aforementioned groups, namely the concept of STS, traumatic countertransference and other terms related to these concepts (see also Pearlman & Saakvitne, 1995; Bride et al., 2007). Symptoms of STS may include intrusive imagery, hyperarousal, avoidance, affective lability and functional impairments (Figley, 1995; 1996; 2002; Bride et al., 2007).

Charting the Data

The database search was documented in protocols including the name of the database, the date of database search, search strings and number of hits, and data were collated, synthesized and charted in an Excel file (see Rehm, 2019 for further details).

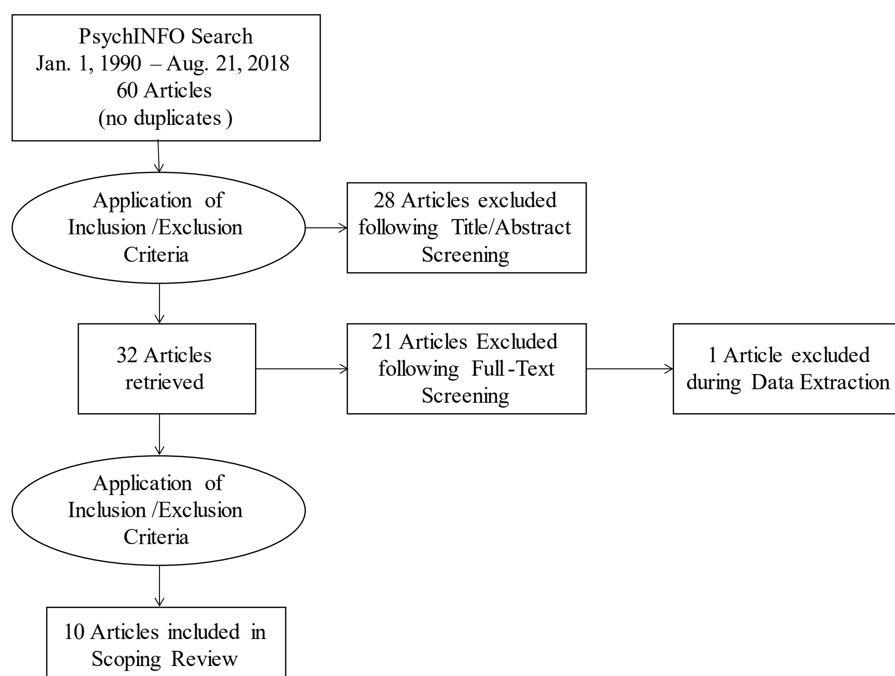
Results

The search resulted in 60 hits, none of which were duplicates. After title and abstract screening performed by two independent raters using pre-defined inclusion and exclusion criteria, results were compared, and any discrepancies were resolved through discussion. Following the first screening, 28 articles were excluded, and 32 were included and retrieved. Full-text screening was again performed by two independent raters, and results were compared and discrepancies resolved. In the process of full-text screening, 21 additional studies were excluded, and the

reasons for their exclusion were noted[18]. Originally, 11 articles were deemed eligible for inclusion in the present review, however, during the process of data extraction, one article was found to be ineligible and was excluded accordingly.

Figure 12

PRISMA Flow chart of the scoping review process



Note. From Moher et al., 2009. Recreated based on Rehm, 2019.

Descriptive data

General trends

The data collected indicate an increase in the research on this topic over time. Among the ten articles included in this scoping review, nine have been published since 2000, and only one dates back to 1993.

In regard to the geographical distribution of the countries in which the studies were conducted, four were from the USA, three from Australia, two from Sweden and one from Denmark.

Regarding the theoretical approaches applied in each of the included articles, Figley's concept of "Compassion Fatigue" (1985, 1995) was seen in four; McCann and Pearlman's "Vicarious Traumatization" (1990) was found in three; and Pearlman and Saakvitne's concept of "Vicarious Trauma" (1995, 1996) was also seen in three of the articles.

[18] Ten articles had a different focus; seven articles only provided secondary data; two articles had a different focus and only provided secondary data; and two articles were unavailable for retrieval (Rehm, 2019).

Service provider group (SPG)

In each of the included articles, the contact with vulnerable populations was seen in the settings of counseling or healthcare centers, and the overwhelming majority of the SPG represented therapeutic staff, however, some were administrative or managerial staff, project coordinators and translators.

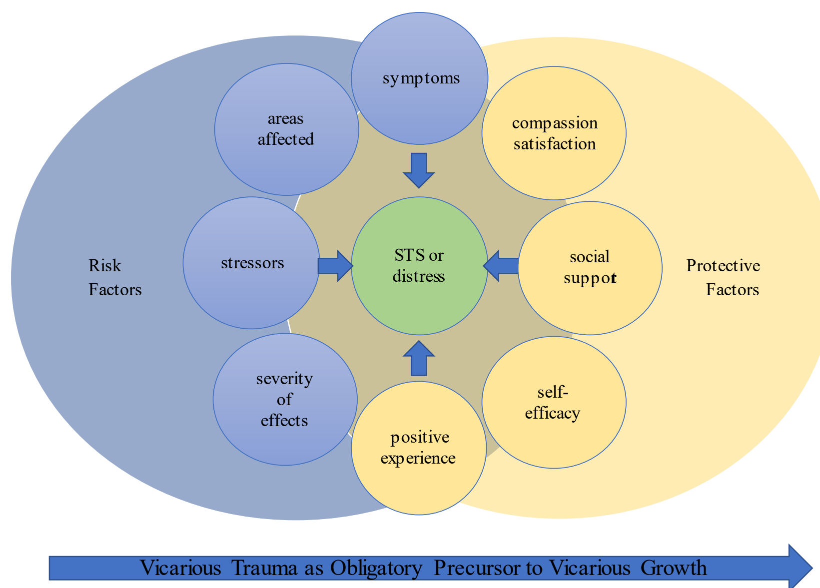
One study examined whether participants from the SPG had experienced trauma in their own lives prior to their exposure to traumatic material in the workplace and found that participants with a personal trauma history do not necessarily experience greater degrees of compassion fatigue (CF) and that personal trauma history was positively correlated with posttraumatic growth (PTG) (Kjellenberg et al., 2014).

Key findings

Key findings of the scoping review are summarized in the following subchapters and presented in the following image.

Figure 13

Key findings



Note. Adjusted figure based on Rehm, 2019.

Symptoms of STS or distress

Holmqvist and Andersen (2003) identified one symptom which pertains to the self-evaluation of the SPG and their perception that they themselves have become less caring in their work.

Additionally, studies by Holmqvist and Andersen (2003) as well as Lusk and Terrazas (2014) identified the following physical symptoms associated with STS or distress: headache, fatigue, tension, sleeplessness, intrusive thoughts, nightmares, impaired functioning and depersonalization, which Kjellenberg et al. (2014) identified as symptoms of compassion fatigue (CF). Emotional numbness, sadness and feelings of anxiety and/or embarrassment were emotional symptoms found (Holmqvist & Andersen, 2003; Lusk & Terrazas, 2014). When compared to the DSM-5 (2013) criteria for PTSD, there appears to be a great deal of overlap in symptoms of STS and PTSD.

The symptoms described above were seen in three major life areas, according to Barrington and Shakespeare-Finch (2013), namely in life view, self-perception and interpersonal relationships. Areas that tend to be most greatly affected when the SPG experiences STS include organizational tasks, interpersonal challenges or structural demands (Hernandez-Wolfe et al., 2015). Symptom severity has also been shown to be influenced by a number of factors. Specifically, Kjellenberg et al. (2014) found that age as well as the number of years working with traumatized populations positively correlated with CF as well as impaired functioning and negatively with compassion satisfaction (CS).

Stressors

Griffith (2003) categorized stressors accordingly: torture- and trauma-related, cultural, role-related and environmental. In addition, working conditions which exacerbate stress include working shifts exceeding 12 hours of duration or decision-making involving repatriation.

Risk factors

In addition to occupational stressors, further risk factors for STS have been identified, namely confrontation with ethical dilemmas and exposure to anti-refugee prejudices in personal social networks (Griffith, 2003); feelings of resignation (Kjellenberg et al., 2014) or powerlessness (Lusk & Terrazas, 2014; Pulvimanasinghe et al., 2015); intense emotional reactions to clients' traumatic accounts (Mendez, 2018); perceived limited resources of the SUG, such as the perception of the dependence of the SUG on the SPG (Puvimanasinghe et al., 2015); increased number of years working with traumatized individuals (Kjellenberg et al., 2014); increased number of cases handled, particularly in asylum evaluations and hearings (Mishori et al., 2014); and increasingly negative feelings towards the work with traumatized individuals (Puvimanasinghe et al., 2015). Additionally, cultural mismatch between the SPG and the SUG has been linked to increased feelings of vulnerability (Lusk & Terrazas, 2014). Kjellenberg et al. (2014) advise using caution when assessing risk factors and emphasizes the necessity of investigating possible bi-directional influences of these factors on vulnerability.

Protective factors

Personal experiences and perceptions have been found to serve as protective factors. For instance, personal experience as a migrant, refugee or asylum-seeker has been found to be a protective factor against developing STS or distress when working with traumatized groups (Kjellenberg et al., 2014). Additional protective factors include self-efficacy and CS (Lusk & Terrazas, 2015; Puvimanasinghe et al., 2015); social support by family and friends (Lusk & Terrazas, 2015) as well as colleagues (Mishori et al., 2014). Contrary to the findings of Kjellenberg et al. (2014), Lusk and Terrazas (2015) found that an increased number of years of work experience with traumatized individuals served as a protective factor against developing STS.

Protective factors related to the interaction between the SPG and the SUG include cultural match, as well as cultural awareness and resource-orientation (Lusk & Terrazas, 2015; Puvimanasinghe et al., 2015). One particularly salient finding was that witnessing the SUG overcoming adversity proved to be a protective factor against developing symptoms of STS (Hernandez-Wolfe et al., 2015; Kjellenberg et al., 2014; Lusk & Terrazas, 2015; Puvimanasinghe et al., 2015).

STS as an obligatory precursor to posttraumatic growth (PTG)

Several studies have emphasized the link between vicarious trauma (STS) and vicarious growth (PTG), as the former appears to be necessary in order to experience the latter (Barrington & Shakespeare-Finch, 2013; Kjellenberg et al., 2014; Hernandez-Wolfe et al., 2015; Mendez, 2018).

Discussion

Each of the included studies reported on both risk and protective factors related to STS among those in the SPG. Some of the protective factors examined include the ability to foster clients' resources and benefit from this experience personally (Holmqvist & Andersen, 2003; Kjellenberg et al., 2014), the experience of CS (Holmqvist & Andersen, 2003; Puvimanasinghe et al., 2015) and the development of self-awareness and coping strategies to address one's own needs (Lusk & Terrazas, 2015; Puvimanasinghe et al., 2015).

PTG was also described as a protective factor against future STS, although PTG is only seen following STS (Barrington & Shakespeare-Finch, 2013; Kjellenberg et al., 2014; Hernandez-Wolfe et al., 2015; Mendez, 2018). Three areas of change associated with PTG are "changes in self" (p. 456), "a changed sense of relationships with others" (p. 456) and "a changed philosophy on life" (p. 457) (Tedeschi & Calhoun, 1996, Barrington & Shakespeare-Finch; 2013).

The studies included in this review have shown that factors related to CF and CS, as well as risk and protective factors, present themselves in different manners over time among professionals working with traumatized groups. On the one hand, Kjellenberg et al. (2014) identified the amount of time working in this field as a risk factor for the development of STS. On the other hand, another study showed that clinical staff working with refugees reported changes in their world view and new meaning attributed to their experiences associated with PTG (Barrington & Shakespeare-Finch, 2013). Yet another study found that psychotherapists working with traumatized patients showed greater detachment compared to those working with patients without trauma-related disorders (Holmqvist & Andersen, 2003). Although this may represent a protective factor, it could also be indicative of greater risk for the development of STS or CF. For this reason, further examination of potential risk and protective factors is recommended.

Limitations and recommendations for future research

The database selection was limited to PsycINFO, which is located in and tends to be biased towards publications from North America. The inclusion of further databases is recommended for future studies, in order to provide a broader selection of studies. In addition, the present scoping review was limited to English as a publication language, but it would be desirable for future studies to include other languages to broaden the scope of the studies included.

In the research to date, risk and protective factors are often difficult to isolate when examining their influence on the development of STS or CF. Some authors argue that risk and protective factors are functionally connected to one another (e.g., Hernandez-Wolfe et al., 2015). Others highlight the difficulty of determining which factors may constitute risk and/or protective factors (e.g., Holmqvist & Andersen, 2003). An example of one controversial factor is seen in the professional distance between the SPG and the SUG. On the one hand, a certain degree of professional distance is necessary, but an increase in distance in terms of social withdrawal can be indicative of initial signs of burnout or CF (Burisch, 1994; Kaluza, 2018). In this way, there appears to be a need for risk and protective factors to be considered on a continuum.

Conclusion

Both risk and protective factors have been identified which deserve further attention in future research. In addition, these factors have practical implications. Finally, this review emphasizes the need for further research dedicated to a broader range of professions that come into contact with traumatized individuals and traumatic material.

2.3.3 Substudy 3.3: Occupational psychological stress among community interpreters – An empirical study on risk and protective factors (Rehm, 2020)

Background Information

There have been several studies which have documented risk as well as protective factors regarding the experience of STS among various helping professions (e,g,, Holmqvist & Andersen, 2003; Kjellenberg et al., 2014; Lusk & Terrazas, 2015; Puvimanasinghe et al., 2015; Hernandez-Wolfe et al., 2015). However, there is a lack of research performed in this area specifically targeting CIs and their experiences of STS or compassion fatigue (CF) and burnout as well as possible protective factors which may be summarized under the term compassion satisfaction (CS) for the purpose of the present study (see also Lor, 2012; Lai et al., 2015; Wichmann, 2018). For this reason, the current study was performed to examine the experiences of CF and/or burnout and CS among CIs in the German context.

In the interest of further exploring STS among CIs, risk and protective factors as well as existing preventative measures will also be included in the current study, in order to provide a more complete picture of the STS experienced by CIs in Germany.

Research question, research to date, and hypotheses

The following question has been formulated to inform the current substudy:

What are some risk and protective factors which influence occupational stress among community interpreters?

An objective of the current study is to examine the risk and protective factors in regard to occupational stress among this population. In addition, the influence of the three dimensions of *individual disposition*, *working conditions* and *environmental factors* on occupational CS, CF and burnout will be examined.

Research to date has focused on the influences of occupational stress in terms of CS, CF and burnout in healthcare occupations. More specifically, professionals in the fields of medicine, (school) social work and psychotherapy have been included in much of the research to date (e,g,, Holmqvist & Andersen, 2003; Kjellenberg et al., 2014; Lusk & Terrazas, 2015; Puvimanasinghe et al., 2015; Hernandez-Wolfe et al., 2015), and the results of this research shall be applied to the field of community interpreting for the purposes of the current study.

Personal experience

One’s own experience of migration, fleeing one’s homeland and/or traumatic life events can lead to greater resiliency when faced with these topics in one’s professional life. Possible explanations for these findings may be related to empathy as well as self-efficacy, which have been found to help individuals ascribe new meaning to such experiences (Kjellenberg et al.,

2014; Splevins et al., 2010). Therefore, (im)migration experience, including personal experience as refugees or asylum-seekers, is expected to be associated with lower CF scores.

According to Baldschun (2019), occupational wellbeing is determined by institutional requirements of the employer or organization as well as by contact to clientele and thematic work subject matter, the last of which is in most cases not influenceable by employees themselves. Emotional competencies in dealing with painful material as well as the creation of coherent experiences appear to be more important for maintaining psychological health (Antonovsky, 1988). These competencies may also contribute to an increase in occupational wellbeing, particularly in difficult working contexts (Ortlepp & Friedmann, 2002; Pross, 2006; Sprang et al.,2007). It is expected that training related to stress management and emotional regulation will be associated with lower CF scores.

Years of work experience in professions dealing with sensitive topics and vulnerable populations are associated with poorer work performance and a decrease in CS (Kjellenberg et al., 2014). Kjellenberg et al. (2014) posit that this may represent an unintended side effect of the development of resiliency in the face of occupational stress. For this reason, more years of work experience are expected to be associated with lower CS scores.

Working conditions

According to the results of previous studies involving medical staff suffering from occupational stress, a preferred strategy for coping with occupational stress tends to involve recruiting support from colleagues, rather than from friends and family (Mishori et al., 2014; Hodgekinson & Shepherd, 1994). This observation suggests that structural support through supervision or peer consultation may represent a valuable protective factor regarding the development of CF. One study indicates that peer consultation and supervision promote healthy psychological processing of stressful material in the workplace (Mehus & Becher, 2016). For the purpose of the current study, access to as well as participation in supervision or peer consultation are expected to be associated with lower CF scores.

In order to protect the psyche from stress when working with sensitive topics or traumatic material, it is necessary to streamline tasks in order to allow for the psychological processing of said material. A study performed by Hernandez-Wolfe et al. (2015) found that among professionals in therapeutic medical care, the less time these professionals spent performing non-therapeutic tasks, the greater the resources and protective factors found among this population. When applied to the field of community interpreting, this result suggests that the fewer additional responsibilities that CIs have in addition to interpreting, the greater the resources and protective factors that they may be able to tap into. For the purpose of the current

study, data on the additional responsibilities of organizational responsibilities, public relations (PR) and human resources/personnel-related (HR) responsibilities will be gathered and their association with CF scores will be examined. Additional work responsibilities or tasks (e.g., organization, PR and HR) above and beyond community interpreting are expected to be associated with higher CF scores. In addition, it is hypothesized that there will be an increase of CF scores correlated with increasing numbers of tasks or responsibilities beyond community interpreting.

According to a study by Griffiths et al. (2003), stressful work environments can cause greater psychological stress than sensitive or traumatic material. Specifically, this study showed that working shifts longer than 12 hours is associated with a greater risk for developing CF than being exposed to information or material related to torture. When considered in combination with the results of Hernandez-Wolfe et al.'s 2015 study, the greater the time dedicated to work tasks, the less time can be dedicated to processing sensitive or traumatic material. In the current substudy, the correlation between working conditions, such as irregular working times, shift work or being on-call; regular overtime; a fully staffed team, an understaffed team or no team (see also Graber et al., 2008); and fulltime, parttime, or seasonal or contract work and CF scores will be examined. Irregular work hours, regular overtime, shift work or on-call work are expected to be associated with higher CF scores. CF scores are also expected to be influenced by the team context (i.e., fully staffed team, understaffed team, no team) and the work time variable of fulltime, parttime or seasonal or contract work.

One risk factor which weighs heavily on the development of stress symptoms is a perceived loss of control (Enzmann & Kleiber, 2004; Schwarzer, 2000; Lazarus & Folkman, 1984). In a study performed by Dablé (2012), processes involving the reception of stressful or disturbing film content was analyzed and described as an interaction between involvement and distancing. Distancing moments allowed the viewers to analyze and structure emotionally overwhelming content. Such distancing moments are required for processing and coping strategies. In films, distancing moments are created in that following disturbing information, scenes with reduced or missing content are shown. These scenes with reduced content allow for cognitive processing and emotional regulation (Hanich & Wulff, 2012; Dablé, 2012; Suckfüll, 2004).

These results can be applied to the field of community interpreting. It can be assumed that gaps in information in facial expressions, acoustics, or context effects in the reception of written material may represent a reduction in content and therefore create a certain distancing moment. In the same way, a change in modality (e.g., from spoken to written or vice versa) or a lack of

synchronous timing may also represent a distancing process. In this way, written translation may be associated with lower CF scores, due to increased control and distancing effects.
A further emotional regulation strategy is seen in body movements, through which recipients are exposed to kinetic or tactile stimuli. This leads to a grounding effect in the here and now, a centering of the self and to an increased sense of security (Bleuel & Suckfüll, 2011; Neff et al., 2011). These results may be relevant to subfield of community interpreting of signed languages, which may also be associated with lower CF scores. Therefore, the type of community interpreting work performed is expected to influence CF scores. In particular, it is expected that written translational work or signed language interpretation may be associated with lower CF scores compared to spoken interpretation.

Social Factors

Perceived positive social support has been shown to be a protective factor against occupational stress reactions in professionals working in the fields of medicine, social work and educational fields. In these professional groups, perceived positive social support has been associated with higher CS and lower burnout scores (Hodgkinson & Shepherd, 1994; Ordlepp & Friedmann, 2002). The present study will compare data collected from CIs regarding these factors. Perceived social support is expected to be associated with higher CS and lower burnout scores.

Methods

Participants

CIs recruited for participation in this study were individuals who interpret spoken and/or signed languages and/or translate texts, regardless of the type of training these individuals may or may not have received. As this study concerns itself with occupational and traumatic stress, CIs who work in potentially stressful settings, in which they may be exposed to traumatic materials, such as in social services, court, asylum courts and settings, hospitals or psychological and psychiatric institutions, were of particular interest. The sample was recruited independently of work area, given that exposure to traumatic material and stressful work settings are not specific to particular fields. Given the fact that many CIs work in various settings parallel to one another, the exclusion of certain fields may have resulted in an exclusion of CIs whose experiences, risk and protective factors are relevant to the present study.
Although the focus of the current study lies in the exploration of STS among CIs, it would not have been feasible to make a diagnosable posttraumatic stress reaction or disorder (PTSD; DSM-5, APA, 2013; Falkai et al., 2015) an inclusion criterion for the recruitment of our sample. In addition, it would not have been feasible to include or exclude participants based on secondary occupational exposure to traumatic material.

That being said, the only criterion for participation in this study was the occupational experience of interpreting spoken and/or signed languages and/or the translating written language.
In order to achieve a moderate effect strength (d=0.5) regarding statistical power (.8; β=20%) and an alpha level of α=.05, a one-way independent t-test would require a sample size of 51 participants per group (N=102), and a two-way independent t-test would require a sample size of 64 participants per group (N=128; Cohen, 1988; Ryan, 2013). According to these calculations, a corresponding sample size was recruited.

Instruments

A 49-item questionnaire was developed and presented to the participants in an online format. The questionnaire was comprised of questions related to occupational stress as well as occupational, biographical and sociodemographic factors.
For the purpose of collecting data on occupational stress, the Professional Quality of Life (ProQOL) questionnaire (Stamm, 2009) was used. The ProQOL is a 30-item questionnaire used to assess CS, CF and burnout and represents an extension of the Compassion Fatigue Self-Test (Figley, 1995), which was developed to assess CF as an aspect of occupational stress. Occupational stress is assessed according to the three subscales of CS, Burnout and CF. Each of the three subscales of the ProQOL is comprised of 10 items, which are evaluated on a 5-point Likert scale from *1=never* to *5=very often or always.* Each subscale therefore allows for scores between 10 and 50. The German language version of the ProQOL used in this study was obtained from Gräßer, Hovermann and Kebé (2016), as it has been validated and is available for public use.
The reliability scores of the current sample (α=.86, .64, .71) approached the reported reliability scores of the psychometric evaluation of the German language version of the ProQOL (α=.88, .75, .81; Gräßer et al., 2016). The ProQOL cannot be used as a diagnostic instrument for assessing the clinical severity of CF or burnout, but higher scores on these subscales indicate an increased risk or increased occupational stress (Stamm, 2005).
Sociodemographic data, as well as data on possible risk and protective factors were assessed using a questionnaire which was informed by research to date and developed specifically for the current study (see Rehm, 2020).
Of particular interest for the current study was the question of whether participants had received trauma-specific training or any form of supervision and/or peer consultation in their workplaces. Risk factors, such as hours of work, working conditions and responsibilities assumed beyond community interpreting were also included in this portion of the questionnaire.

In addition, social support in the form of team support and external supports in the family or social network was assessed as a potential protective factor.

Questions were posed in a mix of yes or no, multiple choice and/or short answer formats. The questionnaires were completed anonymously and online.

Procedure

In order to recruit participants, CI pools were contacted throughout Germany, using publicly available contact information. The link to the online questionnaire was sent to two professional associations for interpreters and translators, seven training programs for CIs, three community interpreting specific social networks, two community interpreting agencies, four municipal contact centers, 23 (university) hospitals with interpreting services, 63 psychosocial and psychotherapeutic centers, 74 courts and 40 freelance CIs who actively work in the areas of criminal and civil justice, forensic medicine, psychology and migration services. Using snowballing, participants were encouraged to forward the link to other CIs. Informed consent was obtained prior to completion of the questionnaires, and participants were given the option to leave their contact information in order to receive updates about the results of the study. The questionnaire was available online for a period of one month.

Data analysis

The collected data were analyzed using the statistics software program R (R Core Team, 2019). Participants were grouped according to occupational, biographical and sociodemographic data. Using one- and/or two-sided independent t-tests as well as single-factor as well as multi-factorial analyses of variance were performed in order to test the hypotheses regarding predicted significant differences regarding mean scores on the subscales of CS, Burnout and CF. An alpha-level of (α=0.05) was used for determining statistical significance. Missing values were imputed using median substitution. Whenever possible, effect strengths were estimated using Cohen's *d*.

Results

Sociodemographic data

After excluding participants with more than eight missing values as well as those whose questionnaire time was determined to be unrealistically quick, data of N=138 CIs were included in the final analyses. Of those, around 82% (n=113) indicated identifying as female, and all others identified as male. 94% (n=130) of participants indicated being between the ages of 20 and 60 (M=3.63; SD=1.31)[19].

[19] Age ranges were categorized and coded with the following system: 1=under 20; 2=20-30; 3=21-40; 4=41-50; 5=51-60; 6=61-70; 7=over 70.

Over a third of the participants (39%; n=54) had worked for one to five years as a CI; 16% (n=22) indicated having worked between six and ten years in the field of community interpreting; 17% (n=24) reported working between eleven and 20 years in this field, and 20% (n=28) for more than 20 years. Only 7% (n=10) of the participants reported having worked less than one year of work experience as a CI. Almost all participants (95%; n=133) indicated having received professional training in order to work in the field of community interpreting.
Regarding the modes of communication, 70% (n=97) reported interpreting oral communication; 46% (n=64) reported translating written communication, and 20% (n=28) reported interpreting signed communication. 37% (n=51) of participants reported using two of the aforementioned modes in their work.
With regard to the fields in which participants worked as CIs, 83% (n=114) reported working in more than one field. The fields which were most frequently chosen as one of the participants fields of work was healthcare (62%; n=85) as well as social services and therapy (72%; n=99). Another finding regarding the occupational context in which our participants find themselves was that a majority (72%; n=100) generally worked alone, without a team. Nonetheless, around half (49%; n=68) of the participants had access to supervision, and slightly more than half of these participants participated in supervision (54%; n=37). 77% (n=106) of the participants indicated having access to peer consultation, and 71% (n=75) of these participants participated in peer consultation.

Personal experience

Table 30

Results related to personal experience

			CF		CS	
Predictors		n	M	SD	M	SD
Migration-	yes	90	20.68	4.98		
Experience	no	48	19.31	4.23		
RAS[20]-	yes	29	21.38	4.72		
Experience	no	109	19.89	4.74		
Trauma*	yes	81	21.02	4.83		
	no	57	19.04	4.45		
Stress-	yes	70	20.29	4.95		
Training	no	68	20.12	4.60		
Years of	less than 1	10			38.70	7.15
Experience	1 – 5	54			40.89	5.15
In	6 – 10	22			40.18	5.07
Community	11 – 20	24			40.46	5.15
Interpreting	over 20	28			40.96	5.99

Note. * p≤0.05: **p≤0.01. Taken from Rehm, 2020.

[20] RAS=refugee or asylum-seeker

In this sample, CIs with migration experience had higher mean CF scores than those without migration experience, however, this difference was not statistically significant [t(110.23)=1.70; p=0.093; d=0.29]. The mean CF scores between individuals with and without experience as refugees or asylum-seekers was not statistically significant [t(44.22)=1.51; p=0.139; d=0.32]. Therefore, the hypotheses that migration and/or RAS experience would be associated with lower CF scores was refuted, as there was no significant difference between mean scores regardless of (forced) migration experience.

Regarding personal trauma history, those individuals who reported having experienced trauma firsthand also showed significantly higher CF scores on average than individuals who did not indicate having experienced trauma in their own lives [t(126.42)=2.50; p=0.014; d=0.43]. As such, the hypothesis that individuals with traumatic experiences would report lower CF than those without such experiences was refuted, and the opposite proved true in this sample.

Special training in stress management was not found to have any significant impact on CF scores in this sample [t(135.73)=0.21; p=0.837; d=0.04], therefore, the hypothesis that this type of training would be associated with lower CF scores was refuted.

The analysis of variance for the categorized years of occupational experience in the field of community interpreting indicated no significant differences in CS scores [F(4,41)=0.27; p=0.894][21]. Thus, the hypothesis that CS values would be significantly negatively correlated with years of experience was refuted.

Working conditions

Table 31

Results related to working conditions

				CF	
Predictors			n	M	SD
Supervision	Availability	yes	68	20.93	5.20
		no	70	19.50	4.21
	Participation	yes	42	20.40	5.43
		no	96	20.11	4.46
Peer	Availability	yes	106	20.53	4.90
Consultation		no	32	19.13	4.16
	Participation	yes	78	20.50	5.17
		no	60	19.82	4.18
Additional	Number				
Responsibilities	None		18	19.50	4.19
	1		81	19.51	4.49
	2		31	22.16	5.54

[21] Eta or Eta squared as an indicator of effect strength could not be calculated, as the cells of the analysis of variance were of unequal size.

	3		8	21.25	3.73
	Type				
	HR*[22]	yes	22	22.09	4.34
		no	116	19.84	4.77
	PR	yes	36	20.94	5.79
		no	102	19.94	4.34
	Organizational	yes	109	20.40	4.69
		no	29	19.45	5.03
Working	Irregular	yes	124	20.13	4.66
Times		no	14	20.86	5.72
	shifts/on-call	yes	15	22.00	5.49
		no	123	19.98	4.64
	overtime	yes	33	20.70	4.93
		no	105	20.05	4.72
Team context	Fully staffed		32	20.19	4.94
	Understaffed		6	21.33	3.88
	No team		100	20.14	4.78
Type of job[23]	Full-time		54	19.56	4.10
	Part-time		35	20.37	5.22
	Seasonal		47	20.74	5.05
Type of	Written only*	yes	17	16.71	4.47
Language		no	70	20.69	4.61
Work[24]	Spoken only	yes	46	20.50	4.57
		no	41	20.05	4.87
	Signed only	yes	24	21.79	4.45
		no	63	19.87	4.78

Note. Taken from Rehm, 2020.

Neither the availability of supervision [t(128.86)=1.77; p=0.079; d=0.3] or peer consultation [t(59.27)=1.60; p=0.115; d=0.3], nor the participation in supervision [t(66.31)=0.30; p=0.762; d=0.06] or peer consultation [t(135.62)=0.86; p=0.392; d=0.14] was seen to correlate with significant differences in CF scores. Therefore, both hypotheses were refuted.
The number of additional responsibilities was not associated with significant differences in CF scores [F(3,27)=2.17; p=0.115]. With regard to the type of additional responsibilities and CF scores, there were no significant differences found between the participants with and without organizational responsibilities [t(41.91)=-0.92; p=0.362; d=0.2], as well as between those with and without PR responsibilities [t(49.6=-0.95; p=0.347; d=0.21]. However, there was a significant difference found between CF scores among participants with and without HR

[22] * p≤0.05: **p≤0.01
[23] Two participants indicated being unemployed at the time of the survey.
[24] For this variable, the total number of participants in the sample was n=87, as those who indicated performing more than one type of language work were excluded to prevent skewing. The number of participants for the rest of the variables is N=138.

responsibilities [t(31.42)=-2.19; p=0.036; d=0.48]. Therefore, the subhypothesis regarding the number of additional responsibilities and higher CF scores, as well as the subhypothesis regarding higher CF scores being associated with organizational and PR responsibilities were refuted, as the only subhypothesis which was supported by these data was the subhypothesis that additional HR responsibilities and higher CF scores would be positively correlated.

The current sample showed no significant correlations regarding CF scores and the factors of irregular work times [t(15.01)=0.45; p=0.653; d=0.15], frequent overtime [t(51.74)=-0.67; p=0.508, d=0.14], shift or on-call work [t(16.53)=-1.36; p=0.191; d=0.43]. Similarly, the variables of team context [F(2, 14)=0.25; p=0.783] and work status (i.e., freelance, part-time, full-time) [F(3,5)0.50; p=0.699] showed no relationship to higher or lower CF scores. Therefore, this hypothesis was refuted.

Participants who only interpreted spoken language showed no significant differences in regard to their CF scores compared with those who only translated written language or those who only interpreted signed language [t(95.47)=-0.53; p=0.599; d=0.09]. Those who solely interpreted signed language likewise showed no significant differences regarding CF scores compared to those who solely interpreted or translated spoken and written languages [t(35.07)=-1.90; p=0.66; d =0.41]. However, participants who solely translated written material showed significantly lower CF scores [t(21.08)=3.43; p=0.002; d=0.87). In this way, the hypothesis that spoken interpreting would be associated with higher CF scores was refuted, as was the hypothesis that signed interpreting would be associated with lower CF scores. Nonetheless, the hypothesis that the translation of written language would be associated with lower CF scores was supported.

Social factors

Participants whose profession was perceived positively by their circle of family and friends (n=115) indicated significantly higher [t(29.79)=-3.09; p=0.004] mean CS scores (M=40.23; SD=5.32) than those who reported mixed or negative perceptions among those in their social environment (n=23; M=37.17; SD=5.83). This positive perception of their profession was likewise associated with significantly lower [t(33.82)=5.96; p<0.001] burnout scores (M=20.23; SD=4.02) than those who were met with mixed or negative perceptions of their profession among their social circle (n=23, M=25.26; SD=3.62). Therefore, the hypothesis that a positive perception of one's profession would serve as a protective factor in regard to higher CS scores and lower burnout scores was supported.

Discussion

As discussed in the introduction, many studies, including the present study, have focused on risk and protective factors in relation to occupational stress have also used CF as well as burnout and CS scores to serve as indicators of risk and protective factors, respectively. As such, it was assumed that CS and CF as well as burnout scores would measure opposite tendencies, which has been shown to be supported psychometrically (see Table 32 below).

Table 32

Correlation matrix of the ProQOL-subscales

Subscale	1	2	3
CS	-		
Burnout	-0.71**		
CF	-0.17*	0.44**	

Note. N=138; *p≤0.05; **p≤0.01. Taken from Rehm, 2020.

Thematically, the subscales do not lie on a continuum, but rather are treated as independent components of an interactive network. In this way, various combinations of subscale scores may be associated with certain behavioral patterns or psychological experiences, but it is not possible to compute a total score from the three subscales or to predict any types of behaviors or experiences based on such a score (Stamm, 2005). Future studies may do well to focus on CS and its possible protective value.

Migration, refugee or asylum-seeking experience, and trauma

The assumptions that experiences of migration, having been a RAS or trauma would be associated with lower CF scores among CIs was refuted. Traumatic experiences were in fact associated with higher CF scores among CIs in this sample.

The theoretical background of these assumptions is based on the postulates of Kjellenberg et al. (2014) and Splevens et al. (2010), according to which the chance to live empathically in professional contexts and to experience self-efficacy allow for one's own experiences to be given new meaning, which should thereby reduce stress, which is associated with posttraumatic growth. The current results suggest that empathy and self-efficacy may merely represent moderating factors and that posttraumatic growth may be a prerequisite for lower CF following personal traumatic experiences. Therefore, future research should attempt to illuminate these factors and their specific roles in stress reduction as well as to focus on identifying causal factors in order to better understand the complex relationship between self-efficacy, empathy, posttraumatic growth and occupational stress as well as STS.

Finally, the theoretical assumptions of this and other studies (e.g., Kjellenberg et al., 2014; Splevins et al., 2010) may need to be re-evaluated, as there is also existing scientific literature

which suggests that having experienced trauma firsthand, including traumatic events associated with migration and fleeing one's homeland, may be associated with higher CF scores (Cunningham, 2003; Nelson-Gardell & Harris, 2003; Sprang et al., 2007). The results of the current study speak to the plausibility of these assumptions. Therefore, both the concepts of PTSD and PTG should be considered within the context of CF or STS with personal trauma history.

Additional tasks and responsibilities

The current results showed that the number of additional responsibilities aside from community interpreting had no significant influence on CF scores. Likewise, additional responsibilities related to PR and organizational work had no significant influence on CF scores. However, individuals with additional responsibilities related to HR showed significantly higher CF scores compared to individuals without this type of additional responsibility. Stamm (1999) suggests that this could be related to some degree of self-sacrifice with a lack of focus on one's own needs and one's own limited capacity for additional tasks and responsibilities.

In this way, this type of additional responsibility represents a significant risk factor for the development of occupational stress. Future research should explore the relationship between additional HR responsibilities and possible factors related to self-sacrifice and/or attentional deficits related to one's own limitations and needs, as additional HR responsibilities may merely represent a mediating factor related to self-sacrifice and CF.

Field of work

The three fields of work in the area of community interpreting showed significant differences in degrees of CF that was experienced by CIs working in each of those areas. Specifically, those who exclusively translate written language indicated significantly lower levels of CF than others. This result can be explained using arguments related to how information is received and processed from the field of media psychology (Suckfüll, 2016), which indicate that written forms of communication contain reduced information compared to other forms (i.e., spoken or signed) of communication, which thereby allows information – even information of sensitive or traumatic nature – received through written communication to be processed more easily. Another possible factor could be that those individuals in our sample who work exclusively with written language tend to work in areas that may not involve as much sensitive or traumatic content. When considering this possibility, it can be seen that those individuals who work exclusively with written language (n=42) indicated working in the following areas: almost one third of them work in economics and finance (29%, n=12) as well as law (31%, n=13); another group works in technology (17%, n=7); medicine and pharmacy (17%, n=7) as well as

healthcare (7%, n=3). The fields of social work and psychotherapy, which often involve a great deal of sensitive or traumatic material, were not listed as areas of work among those who exclusively translate written material in our sample.

Another important aspect of the reception and processing of various contents, which cannot be overlooked, is effective methods of distancing, emotional regulation and control, which are not dependent upon a certain medium – in this case, written language – but are rather individual factors (Suckfüll, 2016). In this way, the individuals and the context of reception play an equally important role in the reception and processing of sensitive material (Früh et al., 2002). In the case of this study, only one aspect of the context, namely the form of language used, was considered. Future studies may focus on individual differences among CIs and their language mode of choice, as well as areas of work to determine whether other factors may influence occupational stress and CF.

Social environment

The result of the current study, which pointed to the impact of positive perceptions of community interpreting among one's social environment being associated with significantly higher CS and lower Burnout scores, should be considered with caution. According to Beck and Hautzinger (2010), individuals with depressed mood tend to not only perceive themselves and future events in a negative light, but rather, this trend extends to their perceptions of other processes in their social environment. In this way, depressive symptoms could negatively influence participants' perceptions of how positively or negatively their field of work is perceived among their family and friends.

According to Maslach et al. (2001), depressive symptoms can also be triggered by burnout. In our sample, the Burnout scale correlated significantly negatively with the CS scale $r=-0.71$, $p<0.01$. In this way, depressed mood and/or burnout could explain individual perceptions of messages from their social environments, as explained by Beck in his cognitive triadic model (Beck et al., 1979). Taking this into consideration, the results of the current study should be understood with that in mind, and future studies on CS, CF and Burnout may consider adding an additional depression scale in order to examine possible moderating effects of depressed mood on CS, CF and Burnout scores.

Limitations and recommendations for future research

Due to the fact that no financial or material incentives were used in order to recruit participants, the sample in this study is comprised of CIs who were motivated to make a contribution to scientific research, which represents some degree of sampling bias. By contacting various CI

pools, an attempt was made to recruit a variety of CIs, but in the end, participation was entirely voluntary and free of extrinsic incentives.

Factors which may have been relevant but were not included in this questionnaire were family and relationship status as well as highest level of education, which may represent potential risk or protective factors. In addition, the areas of work should be described in greater detail, in order to gather data on possible traumatic material which may be encountered in the workplace. It is important to keep in mind that the results of this study are based on correlational analyses of mean results and cannot be used to assume causal relations between any of the factors analyzed. Therefore, all of the risk and protective factors mentioned in this study must be considered within a complex system of factors. Therefore, protective factors may provide ideas for ways to improve one's stress reaction, and risk factors may provide warning signals to avoid, but neither can be said to actively have a reaction on one's occupational stress, as these protective and risk factors cannot be seen in isolation to determine their effectiveness on increasing or decreasing occupational stress.

Conclusion

Risk and protective factors for occupational stress exist within a dynamic system. In this way, the correlations explored between individual factors, working conditions and social environment and CS, CF and Burnout scores among CIs can serve to add to the scientific literature on this topic to date. A number of possible moderating factors were seen between the factors of mental health and work context. In the future, personality traits or affective states could be examined within the context of community interpreting, in order to further explore individual factors and their influences on CS, CF and Burnout.

Two identified variables should be highlighted, which had not been mentioned in previous research. Among the risk factors identified in this study, taking on additional HR responsibilities beyond community interpreting showed a correlation with increased vulnerability to experience CF. Among the protective factors, it was shown that exclusively translating written material appeared to serve to protect individuals from higher CF. These results point to the need to consider possible risk and protective factors within the field of community interpreting. Future studies could consider examining individual stress reaction strategies in combination with the factors explored in this study in order to specify recommendations in regard to occupational stress management in the field of community interpreting.

3. Discussion

3.1 Summary of results

Subtopic 1 Summary of findings

The goal of Substudy 1 was to answer the question of *What language barriers and resources can be found in the hospital context in Hamburg, Germany?* The results of this quantitative cross-sectional study illustrated that hospital staff members of various occupational groups demonstrate multilingual competencies, which they also use in interactions with LGP patients and their family members. However, despite the availability of an internal interpreting service, ad-hoc interpreting is frequently performed by patients' family members, including children, as well as by hospital staff members not trained in or paid for medical interpreting. Previous studies have also reported similar trends in other hospitals (Hudelson et al., 2014; Kluge et al., 2012). This highlights the need for more training for staff working with LGP patients and improved regulation in the field of community interpreting within the context of medical care regarding the need for CI training (see also Beeber et al., 2009; Corsellis, 2005; Grbić & Pöllabauer, 2008; Pöllabauer, 2010, 2012; Ahamer, 2013).

Subtopic 2: Summary of relevant findings

Substudy 2.1 was designed as a theoretically based scoping review and quantitative descriptive international CI training program analysis with the objective of addressing the following research question: *What training programs are available in Germany and abroad for potential community interpreters working with refugees and asylum-seekers in the field of social work?* The results of this scoping review revealed much heterogeneity in terms of training program duration, foci, subject matter and structural aspects (e.g., online or in-person). However, the subject matter which was recommended in the previous research (see Hale, 2007; Hrehovčík (2009); Rudvin and Tomassini (2011); Valero-Garcés (2011); Mikkelson, 2014) were also seen in the included programs.

The research question which guided Substudy 2.2 was the following: *What is the status quo of training programs available to public service and community interpreters in terms of offers and evaluations?* A systematic review of the existing scientific literature was carried out using a number of databases from relevant areas. Results showed a dearth of systematic evaluations of training programs in scientific literature databases, which may point to systematic evaluations performed by governing bodies (e.g., NAATI in Australia) that are unlikely to publish their results in journals available in such databases. The fact that information regarding the details of the evaluations performed were neither available on the websites of training programs (see Substudy 2.1), nor were they available in scientific databases, may indicate a lack of

transparency in the evaluation process. The evaluations which were found in the scientific literature evidenced a high degree of heterogeneity in terms of methodology and quality, as was the case with the training programs themselves (see Substudy 2.2).

After having explored the existing training programs and evaluations thereof in the first two substudies under Subtopic 2, Substudy 2.3 was performed in order to address the following research question: *What needs can be identified for the training of community interpreters in Germany?* A structuring qualitative content analysis (Mayring, 1983) was used in order to evaluate material collected in a series of focus groups and individual interviews with paid and volunteer CIs, refugees and asylum-seekers, social workers as well as volunteers in the field of social work, and various experts. The analysis yielded results which showed that the training needs for CIs working in the field of social work or public services with refugees and asylum-seekers in Germany overlapped with the existing recommendations regarding subject matter detailed in research to date (e.g., Hrehovčík (2009); Rudvin and Tomassini (2011); Valero-Garcés (2011); Mikkelson, 2014). In terms of the role of the CIs, however, participants showed a lack of consensus regarding whether CIs should solely interpret the language, whether they should serve as cultural mediators, or whether they should also serve as social work assistants, which has also been described in the literature to date (e.g., Hale, 2007).

Subtopic 3 Summary of findings

Using further qualitative material collected in the aforementioned focus groups and individual interviews, combined with quantitative questionnaires filled out by volunteer and paid CIs in their respective focus groups with the goal of finding an answer to the following research question: *What resources and stressors can be found among community interpreters working in the field of social work with refugees and asylum-seekers?* The results of Substudy 3.1 identified a number of stressors as well as resources experienced by CIs working in the field of social work with refugees and asylum-seekers. Some of the stressors identified included external or interpersonal factors, such as “role overload” or role diffusion, pressure or accusations from the SUG and a lack of professional psychological support. Other stressors which were intrapersonal in nature included poor self-reflection, inability to set healthy personal boundaries and an inability to maintain emotional distance. In order to combat these and other stressors, participants detailed intrapersonal resources in terms of emotional competencies, such as self-reflection, setting healthy boundaries and finding strategies to maintain emotional distance, which are factors which have found to be linked to psychological, as well as occupational wellbeing (Antonovsky, 1988; Ortlepp & Friedmann, 2002; Sprang et al., 2007). Aside from intrapersonal resources, additional structural resources were seen in the

form of group and individual supervision, peer consultation, psychoeducation and psychotherapy. Previous research has also shown that interventions such as these can help individuals cope more effectively with the exposure to distressing material (e.g., Pross, 2006; Mehus & Beecher, 2016).

In order to answer the question of *What is known from the existing literature about harmful psychological impacts as a reaction to professional engagement with the distress of migrants?* Substudy 3.2 was conceptualized as a scoping literature review (Rehm, 2019). The review summarized risk and protective factors found in various studies on the topic of secondary traumatic stress among individuals working in helping professions serving vulnerable populations. Some of the risk factors discussed were ethical dilemmas (see also Hale, 2007), exposure to anti-refugee prejudices, feelings of powerlessness and resignation, cultural mismatch between the SPG and the SUG, intensive emotional reactions to secondhand traumatic material, perceived limited resources of the SUG, increased caseload (Lusk & Terrazas, 2014; Pulvimanasinghe et al., 2015; Hensel et al., 2015), and increasingly negative feelings toward the work with traumatized individuals or CF (Puvimanasinghe et al., 2015). In balance, protective factors identified were personal experience with (forced) migration (see also Splevens et al., 2010; Kjellenberg et al., 2014), increased years of experience working with vulnerable groups (Lusk & Terrazas, 2015), greater perceived self-efficacy, greater CS, interpersonal support in the workplace as well as in personal life (see also Hensel et al., 2015), similar cultural background between SPG and SUG, greater cultural awareness and greater resource-orientation. In addition to factors associated with STS, factors related to posttraumatic growth (PTG) were also identified. More precisely, increased years of working with vulnerable groups was found to be a risk factor in some studies (e.g., Kjellenberg et al., 2014), except among those who had experienced PTG (Barrington & Shakespeare-Finch, 2013). An additional finding relates to emotional detachment as a protective factor (Holmqvist & Andersen, 2003), which may be indicative of CF. Due to conflicting findings in the existing literature, further research is needed to examine possible mediating factors relating to potential and risk factors for developing STS and the role that PTG may have as a particularly salient mediating factor.

As an extension of the above substudy, Substudy 3.3 served to address the following question: *What are some risk and protective factors which influence occupational stress among community interpreters?* A quantitative cross-sectional study was performed on the basis of an online self-report questionnaire filled out by CIs throughout Germany (Rehm, 2020). Their responses revealed risk and protective factors concerning secondary traumatic stress among CIs

in Germany. With the help of correlational analyses, it was found that CIs with firsthand traumatic experiences reported significantly higher CF scores, which has also been seen in previous research showing that personal trauma history corresponded to a heightened risk for developing STS among therapeutic professionals (Hensel et al., 2015). Positive associations with the CIs profession among family and friends and among the CIs themselves correlated significantly with higher CS scores and lower burnout scores. Novel risk and protective factors were also identified. Specifically, additional HR responsibilities were found to correlate significantly with higher CF scores, and exclusively translating written material was identified as a protective factor against developing STS.

3.2 Methodological considerations

A combination of quantitative and qualitative methods was applied in order to carry out the substudies described above. In the following sections, personal reflections on my role as the researcher with regard to the qualitative data collection and analyses will be described. Following those reflections, the strengths and limitations of the dissertation as a whole will be elaborated upon. Finally, possible implications of this research for future research and practical applications will be identified.

3.2.1 Reflection of my role as researcher regarding the qualitative content analyses

As a female U.S. American migrant, clinical psychologist, linguist and teacher, who has worked as a bilingual social worker and served as a CI – many times in an ad-hoc fashion – in various countries, I identify strongly with the role of the CIs who were the subject of this research project. Having also interpreted in mental health treatment, psychiatric and hospital settings, I was grateful for my training in clinical psychology, in particular regarding the topics of supervision and peer consultation, as these were areas that I saw lacking in my experience as a CI. In addition, due to my training in linguistics with a focus on multilingualism, second and foreign language acquisition, psycholinguistics, translation and interpreting as well as interlinguistic transfer, I have enjoyed an education which may not have been afforded to many individuals working as CIs.

In my experience, I observed many of the things which were mentioned in the existing scientific literature firsthand – particularly the belief by lay persons that bilingualism is the only requirement for having the ability to function as an interpreter as well as the underestimation of the difficulties of interpreting quickly and accurately in various contexts.

In my experiences as a migrant, I have been repeatedly confronted with anti-American discrimination, as well as with systemic inequities in legal systems for regulating immigration

and the recognition of foreign qualifications. Nonetheless, in my case, my foreign qualifications were recognized for the most part, allowing me to continue functioning at a similar socioeconomic level in my current host country. In other host countries, this would not have been the case, particularly regarding work permits.

As a teacher of German, English and Spanish as second and foreign languages, I also had the opportunity to work with a number of children, adolescents and adults who were refugees and asylum-seekers. At times, traumatic or extremely distressing material was also shared with me. However, a clinical psychologist, I have had the good fortune of having received many hours of supervision and peer consultation, as well as psychotherapy as part of my own psychotherapy training, from which I have benefitted greatly. In addition, I have had training in the treatment of traumatized individuals, which has also informed my own ability to process traumatic material with which I may be confronted.

Due to my own experiences in these fields, I am aware of my personal conviction and bias that the mental health of CIs should be more centrally and systematically supported and that interventions, such as supervision and peer consultation should be a given and not a luxury. That being said, I realize that my qualitative content analysis was unquestionably influenced by my own experiences, and although I made every effort possible to remain as objective and neutral as possible, including by consulting with other research assistants and independent raters of the material, I realize that these strongly held personal convictions have likely influenced my analysis of the material in a certain way that may have been interpreted differently, had the analyses been performed by someone with another background.

In balance, my personal experiences also served to inform the research project in a positive way by allowing me to consider topics which may have been otherwise less obvious – such as in regard to the topic of secondary traumatic stress and the processing of emotional material in various languages, which also has a special connection to my own experiences as a clinical psychologist as well as my linguistic research in the field of multilingualism.

Another area which might have been highlighted more thoroughly involves the concepts of anti-racism and reflections on white privilege, which could have otherwise been focused upon more profoundly, had these aspects been reflected upon from the onset of this research project. As a white female with an academic background, I was also in a privileged position compared to many of the persons of color who were participants in the studies described in this dissertation. The power dynamics of privilege and oppression should be considered when discussing topics such as the lack of recognition of foreign qualifications and the overqualification of individuals with migration background. It is my sincere hope that these aspects be more seriously

considered in future research when analyzing the various factors related to (secondary traumatic) stress and the related risk and protective factors which contribute to experiences of STS.

Another aspect which cannot be neglected is the way in which I may have been perceived, particularly by the participants who took part in the focus groups and individual interviews described in Substudies 2.3 and 3.1. Because I am a migrant of German and otherwise Western European descent, I have an identifiably German surname and am White. Although I acquired German as my first foreign language and not as a mother tongue, I have lived in Germany for a decade and speak German at a level similar to that of an academically educated native speaker. However, I do have a slight foreign accent, which is at times detectable by some native speakers but not by all, and I occasionally make mistakes and formulate statements in a manner not typical of a native speaker. Therefore, I may have been presumed to be German by many participants, although some native speakers, in particular, may have realized that I am a migrant and a non-native speaker of German. My colleague who moderated a majority of the focus groups and individual interviews, is White, German and is also a native speaker of German. Many of the participants in the focus groups and individual interviews were Persons of Color (POCs) and/or non-native speakers of German, although there were also native German participants who were White, as well as those who were Persons of Color. This is particularly relevant in the discussion about possible stressors and resources experienced by CIs in their work. Especially regarding the topic of racism and discrimination, which was mentioned sparingly and only by one participant who wished for anti-discrimination training so as to better understand how to react when confronted with discrimination. Due to the fact that both the other research assistant and I are White, this may have discouraged participants, and POCs in particular, from disclosing experiences of racism and discrimination because of the perception that we may not be receptive to statements about racism and discrimination, particularly considering that other White individuals were likely the perpetrators of said racism and discrimination. Looking back, the other research assistant and I could have directly asked about this aspect in order to encourage discussion about this topic, but our collective Whiteness would still likely have had an effect on participants' willingness to discuss this topic and their relative ease or discomfort with speaking to us about this issue (see Crenshaw, 1991 for further information on Intersectionality).

3.2.2 Strengths of the dissertation

A particular strength seen in this dissertation is the scope of the areas from which the data were collected. Because CIs working in public services or social work with refugees and asylum-

seekers often work for a number of organizations or types of organizations, as well as in various fields (see Substudies 2.3 and 3.3), it is fitting that this area involved data from a number of organizations and fields, as well. In Substudy 1, data were collected in a hospital setting. In the following four substudies (i.e., Substudies 2.1, 2.2, 2.3 and 3.1), the data were collected from a range of areas related to social work, which allowed for some insight not only into the field of social work itself, but also some perspectives from governmental agencies as well as the educational system and psychotherapy. Substudies 2.1 and 2.2 dealt not only with national data but also international data for comparison. In addition, substudy 2.1 represented a novel use of the scoping review strategy for systematically reviewing information available outside of literature databases. Substudy 2.2 also incorporated a breadth of potentially relevant databases, in order to include as many studies as possible in the screening process. Although the search languages were English and German, results were included in a range of languages, namely English, German, Spanish, Portuguese, Italian and French, which allowed for additional studies to be screened which might have otherwise gone unnoticed had the output languages been further restricted. Substudies 2.3 and 3.1 allowed insight into the personal experiences of CIs, refugees and asylum-seekers as well as various actors from the field of social work, in order to further explore training needs and specific resources as well as stressors involved in this line of work. Particularly regarding the diversity of sources and the sheer amount of material collected, and analyzed, these substudies represent an important addition to the scientific literature on the topics of CI training and STS among CIs. Substudy 3.2 concerned itself with international data from various sources, not only focusing on the field of community interpreting, but also other helping professions. Finally, Substudy 3.3 allowed for a short overview of the experiences of CIs in Germany who are active in a variety of fields.

Another strength which this dissertation demonstrates involves its methodological diversity, as this dissertation comprises substudies with quantitative cross-sectional designs using questionnaires to analyze the relevant data according to descriptive and correlational statistical analyses, a systematic scoping review of a broad internet search of relevant websites, a systematic literature review, a scoping literature review and qualitative content analyses of focus group and individual interview material. Each of these methods was useful for collecting and analyzing a particular set of data, and the combination of these methods allowed for a broader scope of the present dissertation.

3.2.2 Limitations of the dissertation

The data collected in Substudy 1 were based upon a self-report questionnaire which was evaluated quantitatively. Other more objective measures of language competencies might have

been more accurate in determining language competency levels. In addition, a qualitative design might have allowed for other responses from participants regarding their own strategies for communicating with LGP patients and their family members.

Regarding the scoping review performed in Substudy 2.1, one limitation was that only English-language and German-language programs were targeted, leaving CI training programs in other languages unaccounted for. In addition, the exclusion of training programs targeting medical and legal as well as sign language interpreting only in Substudies 2.1 and 2.2, neglected other potentially important information regarding the training programs available to CIs working in public services or social work with refugees and asylum-seekers. An additional limitation regarding this particular internet search was seen with respect to the manual search and extraction process, which could be automatized using advancements in IT.

With respect to Substudy 2.2, the question remains whether further information regarding the evaluations of such training programs might be found elsewhere outside of research databases, for example, in the case of national accreditation authorities (e.g., NAATI, 2021), which perform evaluations of training programs.

Although Substudies 2.3 and 3.1 involved a range of target groups to be questioned, the planned focus group with instructors in a language- and integration mediator training may have offered further insight, beyond that which was obtained from other experts responsible for training programs. In addition, the now updated German-language ProQOL would be a more appropriate instrument for measuring STS compared to the HADS-D.

Substudy 3.2 involved an abridged scoping review performed in one database, which tended to be biased to North American studies, in particular. Future studies of this kind would do well to include further databases in order to incorporate a broader range of studies into such a review.

Finally, the data collected in Substudy 3.3 were based on self-report questionnaires which were scored quantitatively. Future studies may consider qualitative or mixed-methods designs or other measures to evaluate CS and CF in this population.

3.3 Implications for research and practice

As the substudies summarized in this dissertation have shown, there are a number of important considerations regarding future research, as well as practical applications for the field of community interpreting. This portion of the dissertation will first detail relevant topics for future research. Afterward, practical implications will be detailed.

Considerations for future research

A number of aspects were highlighted in the substudies which deserve further attention in the form of scientific research. One issue mentioned not only in the previous research (e.g., Ahamer, 2013), but also in the research summarized here (see Study 1), concerns the use of children as well as other family members and otherwise unqualified ad-hoc interpreters (e.g., Cambridge, 2005). Future research may serve to further explore the risks involved, not only in terms of the integrity of interpretations, but also with regard to the psychological impact that this type of task may have on children and family members as well as other untrained individuals.

Aside from the aforementioned inequalities alluded to regarding migration background and ad-hoc interpreting duties, further systemic inequities pertaining to the recognition of foreign qualifications, legal hurdles preventing access to medical and psychotherapeutic as well as language services, and other forms of discrimination faced by both migrant populations and CIs, should be examined in future research.

Another challenge described in this dissertation involves the the varied and at times conflicting expectations regarding the role of the CI (see Substudies 2.3, 3.1 and 3.3). These such expectations and perceptions of the role(s) that CIs are to play have been the subject of previous research (e.g., Kaufert & Putsch, 1997; Hale, 2007) and will undoubtedly continue to be an important subject to explore in future research.

Just as the conflicting expectations placed on CIs with respect to their role represent a potential stressor, this dissertation highlighted a number of other potential stressors with which CIs may be confronted. Particularly due to the complex nature of some risk and protective factors described in this dissertation (e.g., longer time working with vulnerable populations: Kjellenberg et al., 2014; Splevins et al., 2010), it would be advisable for future research studies to concern themselves with additional mediating factors (e.g., intrapersonal factors) in order to deepen the scientific understanding of these factors. Longitudinal studies would also be particularly helpful for understanding PTG and the development from PTSD or STS to PTG over time. In addition, the impact of interventions, such as supervision, peer consultation, psychoeducation and/or psychotherapy should also be further explored, as Substudy 3.3 revealed no significant difference in CF scores between those who took part in supervision and peer consultation and those who did not, whereas previous research had shown both to be beneficial to psychological health (Pross, 2006; Mehus & Becher, 2016).

With respect to the mode of interpreting and its possible effects on psychological health and wellbeing of CIs, the use of the first person singular (*I*) versus the first person singular (*he/she/they*) has been explored and has provided evidence of increased distress experienced by

interpreters when using the former to interpret traumatic or otherwise distressing accounts (e.g., Miller et al., 2005; Weis & Herbert, 2017; Villalobos et al., 2021). Therefore, further research is needed in this area in order to ensure both the emotional wellbeing of the interpreters as well as the integrity of the interpretations.

As the field of community interpreting traverses a range of fields, such as medicine, public safety, immigration, asylum, psychotherapy, public services, social work, education, there is a need not only for more interdisciplinary research involving linguistics, psycholinguistics, psychology, educational sciences, information technology and more.

Practical considerations

In addition to the possibilities which the results described in this dissertation may provide to the field of research, there are also a number of practical implications for the field of community interpreting as a whole. With respect to the findings from existing research, there is a need for synthesizing the interdisciplinary knowledge gathered from a variety of fields of relevant research and translating this into practice in order to create norms and policies which are aligned with good scientific practice (see also Toledano Buendía, 2010).

Systemic inequities were mentioned regarding not only language policies set forth by law, such as the law stipulating that only German sign language interpreting is deemed necessary in governmental institutions as well as in terms of insurance coverage of the interpreting costs incurred for medical treatment (i.e., §17 Abs. 2 SGB I i.V.m. § 19 Abs. 2, S. 4 SGB X). As Germany becomes increasingly multilingual, language policies should also be changed to provide equitable services to all residents of Germany, regardless of their heritage or language competencies. As an extension to this, the law restricting the medical treatment of asylum-seekers to acute and urgent care only (i.e., Asylbewerberleistungsgesetz, § 4 AsylbLG) should also be revised to account for the increased long-term cost incurred by not treating psychological illnesses with the same urgency as physical ailments (see also Trautmann et al., 2016; König et al., 2021).

As was found in Substudy 1 and described in great detail by Ahamer (2013), the use of children as ad-hoc interpreters for their parents is inexcusable, and yet, it continues to occur much too frequently. Ideally, policies would be put into place to ensure that other means of communication or interpretating would be provided in order to prevent children from being put into such a precarious position to interpret for their parents. As translation technology continue to evolve and improve, this may provide a more acceptable alternative when other interpreting services are unavailable, although these continue to have significant disadvantages compared

to human interpreters and translators and cannot be recommended without caveats (see also Al-Salman, 2000; Latief et al., 2020).

Considering the fact that Germany has become a country with a great deal of immigration (Statista Research Department, 2022a), it would do well to move away from reliance on multilingual ad-hoc interpreters and develop more comprehensive community interpreting services as well as standards and agencies for quality control and accreditation of such services (see also Ozolins, 2000, pp. 22-23), in order to meet the needs of its ever more diverse population. The ultimate goal would be that through norms and standards of training for CIs, as well as much needed policy changes regarding the access to language assistance in the fields of healthcare, psychotherapy and other public services, Harris' (2000) dream could be realized that

> the right to communicate with the powers that be in one's own language has become a right and not a concession. 'The powers that be' include the courts, the police and the other participants in the law enforcement system; immigration authorities; social services, both government and non-governmental; doctors, hospitals and all the panoply of health care services.

Not only in Germany, but around the world, the role of CIs continues to be a point of contention (see also Kaufert & Putsch, 1997; Ozolins, 2000; Ibrahim, 2004; Hale, 2007). To this point, it is of the utmost importance that research-informed centralized policies be put forth to ensure that CIs be trained and supported in their roles, in order to ensure their occupational wellbeing and avoid creating working environments which may lead to increased risk of STS (see Rehm, 2020).

The findings summarized in this dissertation may serve to support existing recommendations for CI training and may inform future CI training programs. In addition, the results of the substudies described here may also be used to inform potential trainings for users of CI in various settings, in order to ensure that the SUGs are better informed about the rigors and prerequisites for CIs, rather than relying on untrained multilinguals as ad-hoc CIs (e.g., Substudy 1; Ahamer, 2013).

Regarding training and supervision of CIs, much psycholinguistic research has shown that physiological reactions to emotional spoken statements are stronger than to statements of a neutral nature and that self-referential statements (i.e., "I" statements in the first person singular) show increased reactions (e.g, Miller et al., 2005; Weis & Herbert, 2017; Villalobos et al., 2021). A question which was not addressed in the current study but which would be necessary to address for future research and training for CIs would be regarding the use of the first person when interpreting versus the use of the third person, as the latter may serve emotionally protective role, particularly when interpreting sensitive or traumatic material.

Although this has been recommended in previous research (e.g., Miller et al., 2005; Villalobos et al., 2021) and likely incorporated in existing trainings, without a centralized governing body and quality standards for training and accreditation, it remains unclear how much of this type of research is used to inform training and training policy. Toledano Buendía (2010) states, "research into community interpreting needs to be encouraged as it is the only way…to achieve authorized norm development," underscoring the need for research for driving on the development of norms and standards for CI training.

Beyond the implications listed for training, this dissertation has served to underscore the importance of psychological support for CIs in the form of supervision, peer consulting, psychotherapy, psychoeducation (see Substudy 3.1). It would be advisable that these services be made available to all CIs who may be exposed to traumatic or otherwise distressing material in their work (see also Lai et al., 2015).

3.4 Conclusion

The substudies summarized in the current doctoral dissertation underscore the need for further research as well as research-informed policies for informing the role(s) and the training of CIs themselves as well as for users of community interpreting services in order to foster understanding for the challenges and hurdles involved in this type of work related to training as well as secondary traumatic stress and various relevant risk and protective factors.

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Appendices

Appendix Substudy 1

Appendix A Multilingualism in healthcare questionnaire (English translation) 218

Appendices Substudy 2.1

Appendix B: Search Terms by PICO-Criteria 228

Appendices Substudy 2.2

Appendix C: Sample search strategy protocol with search terms from PsycINFO 230

Appendices Substudy 2.3

Appendix D: Focus group inclusion and exclusion criteria 233

Appendix E: Individual interview inclusion and exclusion criteria 235

Appendix F: Core questions for CI focus groups 237

Appendix G: Core questions for RAS focus groups 237

Appendix H: Core questions for individual interviews with RAS 238

Appendix I: Main deductive and inductive categories 239

Appendix J: Quantitative data from pre-focus group questionnaires 241

Appendix K: Substudy 2.3 Original statements in German 254

Appendices Substudy 3.1

Appendix L: Hospital Anxiety and Depression Scale Responses 258

Appendix M: Substudy 3.1 Original statements in German 260

Appendix A: Multilingualism in healthcare questionnaire (Maggu et al., 2017)

Multilingualism in Healthcare

Resources, experiences and needs in everyday work

We are delighted about your participation in our research project!

Please be mindful of the following instructions when filling out the questionnaire:

- Please read the questions carefully and select the option that ***spontaneously*** speaks to you first.
- We are interested in ***your personal experiences***; hence there are no "right" or "wrong" answers.
- Please try to answer ***all*** the questions ***entirely.*** If you are not exactly sure in some of the cases, an approximate response is still better than no response.

Data protection:

- The survey is anonymous in accordance with Hamburg's Data Protection Act (Hamburgischen Datenschutzgesetz, HmbDSG). It is impossible to trace your responses back to you, which has been confirmed by the UKE's data protection supervisor.
- In order to protect your anonymity, please do not write your name or any other identifying information anywhere on the paper.

1. Information about your linguistic competences

A. Which languages do you understand or speak? *(Please print the names of the languages in capital letters)*	**B. Which of these languages would you consider to be your mother tongue?** *(Please tick. Multiple responses possible.)*
Language 1:	❑
Language 2:	❑
Language 3:	❑
Language 4:	❑
Language 5:	❑

C. Which language(s) do you use most frequently?		
1.	At work:	
2.	In your private life:	

D. Where have you learned your language(s)?
Please fill in the language(s) and tick where applicable. Multiple responses are possible.

Fill in language	School in Germany	School in other country	Family	Stay abroad	Foreign language school	Other
„Language 1":	❑	❑	❑	❑	❑	

„Language 2“:	❑	❑	❑	❑	❑	
„Language 3“:	❑	❑	❑	❑	❑	
„Language 4“:	❑	❑	❑	❑	❑	
„Language 5“:	❑	❑	❑	❑	❑	

E.1 How well do you understand your language(s) while listening? *Please mark the level of your skills and competences with an "x" in each row. The difficulty increases from left (1= basic skills) to right (6= advanced skills).*						
In … I can *Please write down your language(s) in the column.*	understand single words and parts of sentences.	understand easy sentences in daily life (e.g., while shopping).	understand the most important information in a conversation, at work, on the radio/TV.	understand when someone gives a speech or reads the news.	effortlessly understand long speeches, movies and TV shows.	effortlessly understand everything, even when somebody speaks quickly and with an accent.
	1	**2**	**3**	**4**	**5**	**6**
1:	❑	❑	❑	❑	❑	❑
2:	❑	❑	❑	❑	❑	❑
3:	❑	❑	❑	❑	❑	❑
4:	❑	❑	❑	❑	❑	❑
5:	❑	❑	❑	❑	❑	❑

E.2 How well can you participate in conversations? *Please mark the level of your skills and competences with an "x" in each row. The difficulty increases from left (1= basic skills) to right (6= advanced skills).*						
In … I can *Please write down your language(s) in the column.*	say single words and parts of sentences.	say easy sentences in daily life (e.g., while shopping).	participate in conversations about familiar topics.	discuss and defend my own positions in familiar situations.	express myself well and discuss with others in daily life and at work.	effortlessly participate in any conversation and express myself appropriately.
	1	**2**	**3**	**4**	**5**	**6**
1:	❑	❑	❑	❑	❑	❑
2:	❑	❑	❑	❑	❑	❑
3:	❑	❑	❑	❑	❑	❑
4:	❑	❑	❑	❑	❑	❑
5:	❑	❑	❑	❑	❑	❑

E.3 How well can you read and understand texts? *Please mark the level of your skills and competences with an "x" in each row. The difficulty increases from left (1= basic skills) to right (6= advanced skills).*						
In … I can	understand single words and parts of sentences.	read information in short texts (e.g.,	read texts in simple language.	read long texts about current issues (e.g., newspaper	read long non-fiction texts and literature (e.g.,	everything including specialized journal

Please write down the language(s) in the column.		ads, brochures, menus).		articles and reports).	detective or romantic novels).	articles and works of literature.
	1	**2**	**3**	**4**	**5**	**6**
1:	❑	❑	❑	❑	❑	❑
2:	❑	❑	❑	❑	❑	❑
3:	❑	❑	❑	❑	❑	❑
4:	❑	❑	❑	❑	❑	❑
5:	❑	❑	❑	❑	❑	❑

E.4 How well can you speak coherently?

Please mark the level of your skills and competences with an “x” in each row. The difficulty increases from left (1= basic skills) to right (6= advanced skills).

In … I can *Please write down the language(s) in the column.*	say single words and parts of sentences.	describe my family/profession in simple sentences.	talk about experiences and opinions in coherent sentences.	give detailed explanations about many topics I’m interested in.	present complicated topics in a detailed and structured manner.	fluently, logically and appropriately discuss topics in detail.
	1	**2**	**3**	**4**	**5**	**6**
1:	❑	❑	❑	❑	❑	❑
2:	❑	❑	❑	❑	❑	❑
3:	❑	❑	❑	❑	❑	❑
4:	❑	❑	❑	❑	❑	❑
5:	❑	❑	❑	❑	❑	❑

E.5 How well can you write?

Please mark the level of your skills and competences with an “x” in each row. The difficulty increases from left (1= basic skills) to right (6= advanced skills).

In … I can *Please write down the language(s) in the column.*	Write short simple idioms, e.g., holiday postcards and personal data	write short simple notes/ messages/ simple letters (e.g., to say thank you)	write easy accounts of experiences and long personal letters	write detailed texts about topics I’m interested in	describe complicated topics in detail and with a clear structure	write clear, fluent, stylistically appropriate reports, articles and elaborate letters.
	1	**2**	**3**	**4**	**5**	**6**
1:	❑	❑	❑	❑	❑	❑
2:	❑	❑	❑	❑	❑	❑
3:	❑	❑	❑	❑	❑	❑
4:	❑	❑	❑	❑	❑	❑
5:	❑	❑	❑	❑	❑	❑

F. Dealing with linguistic diversity in routine hospital practice The following part is about how you experience linguistic diversity in your daily routine at work and how you deal with it when you treat patients and deal with family members that speak a different language than you do.						
Please <u>tick only the one box</u> with the most appropriate response for you.	Applies completely	Applies somewhat	Neither/ nor	Does not apply much	Does not apply at all	No response possible
Linguistic diversity is a benefit.	❑	❑	❑	❑	❑	❑
I don't distinguish between patients and treat them all the same, even if it is difficult to communicate with them.	❑	❑	❑	❑	❑	❑
It is hard for me to speak slowly and use simpler language with people who cannot fully understand my instructions.	❑	❑	❑	❑	❑	❑
With patients that don't understand German very well, I schedule more time in order to explain the therapeutic options to them.	❑	❑	❑	❑	❑	❑
When dealing with non-German-speaking patients in a professional context, I often feel insecure, angry or frustrated.	❑	❑	❑	❑	❑	❑
Even though it takes more time, I try to find colleagues/employees that are native speakers or interpreters for patients that don't speak German well.	❑	❑	❑	❑	❑	❑
I often become impatient when I cannot make myself understood by non-German-speaking patients.	❑	❑	❑	❑	❑	❑
I find it exciting to treat non-German-speaking patients.	❑	❑	❑	❑	❑	❑
I ask non-German-speaking patients what kind of support they need to reach the treatment objectives that were agreed upon.	❑	❑	❑	❑	❑	❑

Following the IKG-27.

2. Application of your linguistic competencies at work

A. Have you spoken a language other than German at work in the past month?	❒ Yes ❒ No → Continue with B

A.1 How often and in which language(s) did this occur during the past month?

Please write down your language	At least once a day	At least once a week	1 - 3 times a month	Less than once a month
1:	❒	❒	❒	❒
2:	❒	❒	❒	❒
3:	❒	❒	❒	❒
4:	❒	❒	❒	❒
5:	❒	❒	❒	❒

B. Do you ever support other people at the UKE in their work with your language competencies?	❒ Yes ❒ No → *Continue with 3 on page 9*

B.1 Does this support include translation or interpreting?
Multiple „yes" responses are possible.

❒ no
❒ yes, namely interpreting for patients and/or their family members
❒ yes, namely translating texts

B.2 Who asks you for translation or interpreting?
Multiple responses possible.

❒ patients
❒ family members
❒ colleagues from my ward
❒ colleagues from other UKE wards
❒ superiors
❒ other persons, namely:

C. Please estimate how many hours you have spent on average doing the following activities during the past month:

Activity	**Hours per month**
Interpreting for patients / family members :	
Translation of texts :	

C. 1 How typical is this amount of time compared to the past six months?

❒ rather typical
❒ I have translated/interpreted more than usual this month
❒ I have translated/interpreted less than usual this month

D. To what extent do you consider requests for translation/interpreting as…

	Does not apply at all	Does not apply much	Neither/nor	Applies somewhat	Applies completely
…an extra burden?	❒	❒	❒	❒	❒

…a welcome change?	❑	❑	❑	❑	❑
…a contribution to a considerate and friendly cooperation?	❑	❑	❑	❑	❑
…an enrichment of your work?	❑	❑	❑	❑	❑
… other, namely:	❑	❑	❑	❑	❑

E. Experience of appreciation of your effort

E.1 How much do the following people appreciate the fact that you support others with your linguistic competencies?

	Not appreciated at all	Not appreciated much	Somewhat appreciated	Rather appreciated	Much appreciated
Your superiors	❑	❑	❑	❑	❑
Your colleagues	❑	❑	❑	❑	❑
Your patients	❑	❑	❑	❑	❑

E.2 Is your effort appreciated in one of the following ways?

	no	yes
Direct financial appreciation, e.g., through earned overtime	❑	❑
Indirect financial support, e.g., paid leave, time off in lieu	❑	❑
Other, namely ______________________________	❑	❑

F How sure of yourself do you feel in this temporary role as interpreter or translator?

not sure at all	not very sure	fairly sure	sure	very sure
❒	❒	❒	❒	❒

3. Information about your work with patients

A. Do you have any direct contact with patients or their family members in your work at the UKE?

❒ Yes
❒ No→ *Continue with 5, page 12*

A.1 What percent of your work time is spent caring for patients?
Please tick.

❑ 25% maximum ❑ between 25-50% ❑ more than 50%

A.2 In which kind of health care setting do you work?
Please tick.

❒ outpatient ❒ inpatient ❒ in both settings → *continue with A.2.1*

A.2.1 If you work in both outpatient *and* inpatient settings, what percent of your work time with patients do you spend in the outpatient setting?
Please tick.

❑ 25% maximum ❑ between 25-50% ❑ more than 50%

4. Contact with limited Germany proficiency patients at work

A. Information about limited German proficiency patients and/or their family members	
A .1: What is the **percentage** of **patients** with whom you **have not been able to communicate** or with whom you have only been able to **communicate with great difficulty** during the past month?	
A.1.1 Measured against **all outpatient patients** that you have dealt with:__________% ❒ I don't know ❒ not applicable	**A.1.2** Measured against **all inpatient patients** that you have dealt with __________% ❒ I don't know ❒ not applicable
A.2 What is the **percentage** of **family** members with whom you **have not been able to communicate** or with whom you have only been able to **communicate with great difficulty** during the past month?	
A.2.1 Measured against **all family members of outpatient patients** that you have dealt with: __________% ❒ I don't know ❒ not applicable	**A.2.2** Measured against **all family members of inpatient patients** that you have dealt with: __________% ❒ I don't know ❒ not applicable
A.3 Mother tongue(s) of limited German proficiency patients and family members	
A.3.1. Which is/are the mother tongue(s) of these patients and their family members?	A.3.2 What is the percentage of those speaking this language, measured against all of your non-German-speaking patients and their family members?
Please note the languages:	*Proportion in %:*
1.	**%**
2.	**%**
3.	**%**
4.	**%**
5.	**%**
6.	**%**
7.	**%**
8.	**%**
9.	**%**
10.	**%**
❒ I do not know	❒ I do not know
B. Dealing with language barriers	

B.1	**How often have you used one of the following opportunities when dealing with patients or their family members who do not speak German well:**					
	❒ not applicable → *continue with C.1*	never	rarely	now and then	often	very often
1	Using gestures to communicate	❒	❒	❒	❒	❒
2	Using linguistic tools, e.g., pictograms/ picture boards/ dictionaries /translation programs	❒	❒	❒	❒	❒
3	Passing them on to colleagues who are native speakers	❒	❒	❒	❒	❒
4	Interpreting by adult family members, friends or acquaintances of these people?	❒	❒	❒	❒	❒
5	Interpreting by relatives younger than 18 years of age	❒	❒	❒	❒	❒
6	Interpreting by multilingual colleagues at the UKE who are medically trained	❒	❒	❒	❒	❒

7	Interpreting by colleagues who are multilingual but not medically trained	❐	❐	❐	❐	❐
8	Using the UKE‘s interpreting service	❐	❐	❐	❐	❐
9	Other, namely:	❐	❐	❐	❐	❐

Source: Following Migrant Friendly Hospitals » Phase A : Evaluation des acquis et des besoins an der CHUV

D. Need for support

D.1 How sure do you feel when dealing with limited German proficiency patients…

…regarding verbal communication?	**… regarding dealing with cultural differences?**	**…regarding working with interpreters?**
❐ very sure ❐ sure ❐ fairly sure ❐ not very sure ❐ not sure at all	❐ very sure ❐ sure ❐ fairly sure ❐ not very sure ❐ not sure at all	❐ very sure ❐ sure ❐ fairly sure ❐ not very sure ❐ not sure at all

Following Migrant Friendly Hospitals » Phase A : Evaluation des acquis et des besoins an der CHUV

D.2 Which measures do you consider useful to support you in your work with limited German proficiency patients?

	useful	not useful	possibly useful	Does not apply to me
1 Training	❑	❑	❑	❑
2 Including the topic in team meetings	❑	❑	❑	❑
3 Including the topic in supervision/case discussions	❑	❑	❑	❑
4 Provision of multilingual information material for the target group	❑	❑	❑	❑
5 Other measures that you consider useful to support your work with this target group:				

D.2.1. In your opinion which topics would be particularly useful for a training?

1 Intercultural competences in health care?	Yes ❑	No ❑
2 Working with interpreters in routine hospital practice?	Yes ❑	No ❑
3 Working with refugees in health care?	Yes ❑	No ❑
4 Other, namely:	Yes ❑	No ❑
❐ Not applicable		

D.2.4.1 In your opinion which topics would be useful for multilingual information material?

Information about existing services	Yes ❑	No ❑
Other, namely:	Yes ❑	No ❑
❐ Not applicable		

5. Personal Details

A. With which gender do you identify? *Please tick one.*	❒ female ❒ male

B. Which age group do you belong to?

❒ younger than 30 years ❒ 30 – 40 years ❒ 41 – 50 years ❒ 51 - 60 years ❒ older than 60 years

C. Please specify which clinic you work at: *Multiple responses possible*

❒ Department of Psychiatry and Psychotherapy ❒ Medical Clinic of Oncology and Hematology

D. Please select which staff group best describes your area of work: *Multiple responses are possible.*

❑	**Administrative staff**
❑	**Medical staff:** Consultants, ward doctors, outpatient doctors/doctor in training, practical year
❑	**Nursing staff and physician's assistants:** nursing staff, healthcare professionals, nursing ancillary staff, medical assistants
❑	**Psychological staff:** psychological psychotherapists/psychologists, psychotherapists for children and adolescents/psychotherapists in training
❑	**Special therapists:** occupational therapists, music therapists, physiotherapists, speech therapists, social workers, etc.
❑	**Other staff**

D.1 Please mark with a cross how much work experience you have in that position:

❑less than 1 year ❑1-3 years ❑4-9 years ❑10 or more years

E. Education

E.1 What is the highest school-leaving qualification you have received in Germany?

❑	I did not go to school in Germany
❑	I left school without a school-leaving qualification
❑	completion of compulsory basic secondary schooling (9th grade; Hauptschulabschluss, Volksschulabschluss)
❑	general certificate of secondary education (10th grade; Realschulabschluss, mittlere Reife)
❑	entrance requirement for higher education (12th or 13th grade; (Fach-)Abitur, Hochschulreife, Fachhochschulreife)

E.2. If you have received a school-leaving qualification abroad, which is your highest qualification from abroad?

❑	I did not go to school abroad
❑	I left school without graduating
❑	School-leaving-qualification without entrance requirement for higher education
❑	School-leaving-qualification with entrance requirement for higher education

F. Studies/Apprenticeship

F.1 Have you completed an apprenticeship/studies in Germany?

❑	No
❑	Yes, apprenticeship
❑	Yes, studies (university, university of applied sciences and arts)

❑	Yes, other qualification
F.2. Have you completed an apprenticeship/studies abroad?	
❑	No
❑	Yes, apprenticeship
❑	Yes, studies (university, university of applied sciences and arts)
❑	Yes, other qualification

G. Information about your migration background

G.1 Which nationality… (Multiple responses are possible)		
…do you have?	**…. does your mother have?**	**… does your father have?**
❒ German	❒ German	❒ German
❒ other, namely ____________________________	❒ other, namely ____________________________	❒ other, namely ____________________________
G.2 Which is the country of origin of…		
… yourself?	**…your mother?**	**…your father?**
❒ Germany	❒ Germany	❒ Germany
❒ other country, namely ____________________________	❒ other country, namely ____________________________	❒ other country, namely ____________________________

Source: Following DEGS des RKI und Gesundheit und Wohlbefinden von Menschen mit türkischem Migrationshintergrund

J.	**Is there anything you would like to tell us within the context of the survey? We look forward to your comments, opinions, and suggestions!!!**

____

____

____

____

Thank you very much for your participation!

Appendix B: Search Terms by PICO-Criteria

Search Terms According to PICO-Criteria

Population	Intervention	Context	Context	Outcome
Ad-hoc interpreter	Continuing Education	barriers	Asylum seekers	Accreditation
Ad-hoc interpreting	Qualification	health services	culturally and linguistically diverse	Accredited community interpreting program
Bilingual workers	Training Course	social services	CALD	Assessment
Community interpretation	Training	social work	Cross cultural research	Best practice
Community interpreters	Advanced Training	community services	Cross-language research	Evaluation
Community interpreting	Professional Development	community healthcare	Cultural exchange	Evidence-based
Community interpreting and translating	Professional Education	social pedagogy	Culturally and linguistically diverse communities	Interpreter guidelines
Community navigators	Postgraduate Training	healthcare services	Culturally and linguistically diverse populations	Interpreting research
Conversation interpreter	Postgraduate Education	healthcare service	Forced migration	National standards
Conversation interpreting	Academic Training	mental health	Immigrants	Professional standards
Cultural consultation	Academic Education	mental health service	Immigration	Professionalisation
Dialogue interpreter	Schooling	mental health services	Language barrier	Professionalization
Dialogue interpreting	course	mental healthcare	LEP	Program* evaluation
Healthcare interpreter	qualification	psychosocial care	Limited English Proficiency	Quality improvement
Informal interpreter	Brief training	psychosocial healthcare	Migrants	Quality standards
Informal interpreting	Certificate	integration	Migration	Requirements
Informal translation	Certification	psychosocial health	Refugees	Standard guide
Integration specialist	certification	social care services	Use of Interpreters	admission requirement
Intercultural mediation	education	community social care services	Vulnerable populations	national guidelines
Intercultural mediator	training		CALD community	international guidelines
Interpretation	Qualification		CALD population	international standards
Interpreter			Vulnerable population	
Interpreter services			culturally and linguistically diverse community	
Interpreting			culturally and linguistically diverse population	

Interpreting service	
Interpreting services	
Lay interpreter	
Lay interpreting	
Liasion interpreter	
Liasion interpreting	
Mediator	
Mental health interpreter	
Mental health interpreting	
Natural interpreter	
Oral translation	
Oral translation	
Oral translation services	
Oral translator	
Public service interpreter	
Public service interpreting	
Social service interpreter	
Social service interpreting	
Telephone interpreter	
Telephone interpreting	
Translation	
Translator	
Video interpreter	
Video interpreting	
Volunteer interpreter	
Volunteer translator	

Appendix C: Sample search strategy protocol with search terms from PsycINFO

Search Strategy for PsycINFO: **09.12.2016**
1. Population AND Context AND Context: Service User Group (Hits=150)
2. Population AND Intervention AND Outcome (Hits=102)
3. 1 AND 2 (Hits=6)
4. Population AND Context AND Context AND Intervention (Hits=21)

Population
1. ad-hoc interpret*.mp.
2. community interpret*.mp.
3. exp interpreters/ or interpreter*.mp.
4. exp foreign language translation/
5. community navigator.mp.
6. cultural consultation.mp.
7. dialogue interpret*.mp.
8. health?care interpret*.mp.
9. informal interpret*.mp.
10. informal translat*.mp.
11. intercultural mediat*.mp.
12. interpret* service*.mp.
13. mental health interpreter*.mp.
14. natural interpreter*.mp.
15. oral translat*.mp.
16. public service interpret*.mp.
17. telephone interpret*.mp.
18. video interpret*.mp.
19. volunteer interpret*.mp.
20. language broker*.mp.
21. exp foreign languages/
22. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21

AND

Intervention
1. exp training/
2. training course.mp.
3. exp education/
4. exp continuing education/
5. qualification.mp.
6. advanced training.mp.
7. exp professional development/
8. exp postgraduate training/
9. postgraduate education.mp.
10. academic training.mp.
11. academic education.mp.
12. exp curriculum/
13. schooling.mp.
14. exp schools/
15. professional certification/

16. exp educational programs/
17. exp social work education/
18. exp computer assisted instruction/
19. exp personnel training/
20. exp educational degrees/
21. exp career development/
22. on?site training.mp.
23. online training.mp.
24. exp internet/
25. exp teaching/
26. pedagogy.mp.
27. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26

AND

Context
1. exp social services/
2. exp social casework/
3. social work*.mp.
4. exp social workers/
5. social pedagogy.mp.
6. exp community services/
7. community health?care.mp.
8. community social care.mp.
9. exp mental health/
10. exp mental health services/
11. health?care service*.mp.
12. exp community mental health services/
13. exp housing/
14. housing service*.mp.
15. exp social integration/
16. exp "assistance (social behavior)"/
17. exp social support/
18. access.mp.
19. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18

AND

Context: Service User Group
1. asylum seeker*.mp.
2. culturally and linguistically diverse.mp.
3. CALD.mp.
4. cross?cultural research.mp.
5. forced migration.mp.
6. immigrant*.mp.
7. exp immigration/
8. language barrier*.mp.
9. exp human migration/

10. multicultural*.mp.
11. refugees/
12. communication barriers/
13. exp language proficiency/
14. LEP.mp.
15. migrant*.mp.
16. vulnerable population*.mp.
17. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12
    or 13 or 14 or 15 or 16

AND

Outcome
1. exp educational program accreditation/
2. accreditation.mp.
3. exp professional standards/
4. accreditation structure.mp.
5. exp student admission criteria/
6. admission* requirement*.mp.
7. educational program evaluation/
8. program evaluation/
9. exp best practices/
10. best practice.mp.
11. certified.mp.
12. exp educational reform/
13. exp competence/
14. exp policy making/
15. exp educational administration/
16. exp evaluation/
17. exp course evaluation/
18. exp evaluation criteria/
19. exp evidence based practice/
20. guidelines.mp.
21. quality standard*.mp.
22. national standard*.mp.
23. international standard*.mp.
24. exp professional competence/
25. exp educational standards/
26. professional skill*.mp.
27. exp professionalism/
28. exp "quality of services"/
29. quality improvement.mp.
30. standard guide.mp.
31. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12
    or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21
    or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30

Study Type (no additional search terms)

Appendix D: Focus group inclusion and exclusion criteria

In- and Exclusion Criteria: Focus Groups (each with 8 – 10 Participants)

Planned Focus Groups	
Hamburg (5 focus groups total)	Cologne/North-Rhine Westphalia (~~7~~ 6 focus groups total)
Professionals in social work	Professionals in social work
Volunteers in social work	Volunteers in social work
	Certified Language and Integration Mediators
Paid community interpreters	Paid community interpreters
Volunteer community interpreters	Volunteer community interpreters
Refugees and asylum-seekers (Dari)	Refugees and asylum-seekers (Levantine Arabic)
	~~Teachers of Certified Language and Integration Mediators~~

1. Professionals in Social Work – Hamburg and Cologne	
Inclusion Criteria	**Exclusion Criteria**
At least 6 months of professional work experience in social work and at least 20 interpreted appointments	Less than 6 months of professional work experience in social work or less than 20 interpreted appointments
Majority paid work in social work with refugees and asylum-seekers	Majority volunteer work in social work or lack of contact to refugees or asylum-seeker

2. Volunteers in Social Work – Hamburg and Cologne	
Inclusion Criteria	**Exclusion Criteria**
At least 6 months of volunteer work in social work and at least 20 interpreted appointments	Less than 6 months of volunteer work in social work or less than 20 interpreted appointments
Majority volunteer work in social work with refugees and asylum-seekers	Majority paid work in social work with refugees and asylum-seekers or lack of contact to refugees or asylum-seekers

3. Paid Community Interpreters – Hamburg and Cologne	
Inclusion Criteria	**Exclusion Criteria**
Majority paid work in community interpreting with refugees and asylum-seekers	Majority volunteer work in community interpreting or lack of contact to refugees or asylum-seekers
At least 6 months of paid work in community interpreting and at least 20 interpreted appointments	Less than 6 months of paid work in community interpreting or less than 20 interpreted appointments
	Not certified as Language and Integration Mediators

4. Certified Language and Integration Mediators – only Cologne/North-Rhine Westphalia	
Inclusion Criteria	**Exclusion Criteria**
Bikup-Certification as Language and Integration Mediators	No qualification or another qualification
At least 6 months of paid work in community interpreting and at least 20 interpreted appointments	Less than 6 months of experience in community interpreting or less than 20 interpreted appointments

5. Volunteer Community Interpreters – Hamburg and Cologne	
Inclusion Criteria	**Exclusion Criteria**
Majority volunteer work in community interpreting with refugees and asylum-seekers	Majority paid work in community interpreting or lack of contact to refugees or asylum-seekers
Majority volunteer work in community interpreting with refugees and asylum-seekers	Majority paid work in community interpreting with refugees and asylum-seekers or lack of contact to refugees or asylum-seekers

6. Refugees and Asylum-Seekers (Levantine Arabic) – only Cologne	
Inclusion Criteria	**Exclusion Criteria**
At least 18 years of age	Under 18 years of age
Mother tongue: Levantine Arabic	Other mother tongue
Status as a refugee or asylum-seeker	Other status (e.g., with student visa)
At least 3 months in Germany	Less than 3 months in Germany
No longer than 3 years in Germany	Longer than 3 years in Germany
Not working as a community interpreter	Working as a community interpreter

7. Refugees and Asylum-Seekers (Dari) – only Hamburg	
Inclusion Criteria	**Exclusion Criteria**
At least 18 years of age	Under 18 years of age
Mother tongue: Dari	Pashtu or another mother tongue
Status as a refugee or asylum-seeker	Other status (e.g., with student visa)
At least 3 months in Germany	Less than 3 months in Germany
No longer than 3 years in Germany	Longer than 3 years in Germany
Not working as a community interpreter	Working as a community interpreter

Appendix E: Individual interview inclusion and exclusion criteria

In- and Exclusion Criteria: Individual Interviews

Planned Individual Interviews	
Hamburg (20 interviews total)	Cologne (6 interviews total)
Refugees and asylum-seeker: two interviewees per language: Tigrinya, Kurdish and ~~Pashtu/o~~ Arabic (n=6)	Refugees and asylum-seeker: two interviewees per language: Tigrinya, Kurdish and Arabic (n=6)
Leadership persons in relevant organizations (mind. n=6)	
Experts in relevant areas (mind. n=8)	

1. Refugees and Asylum-Seekers – Hamburg and Cologne	
Inclusion Criteria	**Exclusion Criteria**
At least 18 years of age	Under 18 years of age
Tigrinya, Kurdish, Dari or ~~Paschtu/o~~ or Arabisch as mother tongue	Another mother tongue
Status as a refugee or asylum-seeker	Other status (e.g., with student visa)
At least 3 months in Germany	Less than 3 months in Germany
No longer than 3 years in Germany	Longer than 3 years in Germany
Not working as a community interpreter	Working as a community interpreter
	Participation in a focus group

2. Leadership roles in relevant institutions in the field of social work – Hamburg only	
Inclusion Criteria	**Exclusion Criteria**
At least 2 years of work experience at the current institution or another similar organization	Less than 2 years of total work experience at the current institution or another similar organization
In a leadership role in relevant work areas	In another role under the leadership level In another irrelevant work area (e.g., finance)

3.1 Experts: Interpreters with university degrees – Hamburg only	
Inclusion Criteria	**Exclusion Criteria**
Experience with refugees and asylum-seekers	No experience with refugees or asylum-seekers
At least 3 years of professional experience	Less than 3 years of professional experience
Higher education degree (interpreting)	Another degree

3.2 Experts: University (outside of research) – Hamburg only	
Inclusion Criteria	**Exclusion Criteria**
At least 5 years work experience in the field	Less than 5 years of work experience in the field

Expertise in a relevant area (interpreting)	Expertise in another area

3.3 Experts: Training or Educational Institutes – Hamburg only	
Inclusion Criteria	**Exclusion Criteria**
At least 2 years of work experience at the institution or a similar organization	Less than 2 years of work experience at the institution or a similar organization
Expertise in a relevant area (e.g., integration, pedagogy, language didactics, school psychology)	Expertise in another area
Knowledge of the difficulties and problem areas in community interpreting	Lack of knowledge of the difficulties and problem areas in community interpreting

3.4 Experts: Research – Hamburg only	
Inclusion Criteria	**Exclusion Criteria**
At least 5 years of research experience (with at least a doctoral degree)	Less than 5 years of research experience (and/or without a doctoral degree)
Expertise in a relevant area	Expertise in another area

Appendix F: Core questions for CI focus groups

Core Question 1:
How have you been qualified or trained to work as a community interpreter?
What do you think of the training that you received in order to work as a community interpreter?
Which content areas from your training have been most relevant and practically applicable to your work as a community interpreter?
Looking back, which content areas would you have liked to have had included in your training program?

Core Question 2:
What are some particularly positive or particularly negative experiences that you have had in your work as a community interpreter?

Core Question 3:
How and to what extent should community interpreters be trained nowadays, in order to be well prepared for their work in this field?

Appendix G: Core questions for RAS focus groups

Core Question 1:
In which contexts have you come into contact with community interpreters (i.e., interpreters who were not friends or family members), and what were these experiences like?

Core Question 2:
What were some particularly positive or particularly negative experiences that you have had with community interpreters?

Core Question 3:
In your opinion, what should community interpreters learn, so that they can do their job well?

Appendix H: Core questions for individual interviews with refugees and asylum-seekers

1. Please tell us a bit about yourself:
    - How long have you been living in Germany?
    - Where did you live before you came to Germany?
    - Have you lived in other countries? If so, in which ones?

2. In which situations have community interpreters interpreted for you here in Germany? (meaning persons who were not friends or family members)

    OR: In which situation did you first have contact with community interpreters here in Germany? Please tell me about the different situations in the order in which they occurred, where community interpreters interpreted for you!

3. What were some particularly positive experiences that you have had with community interpreters?

    What were some particularly negative experiences that you have had with community interpreters?

    OR (for each situation): What was particularly positive about the community interpreter's work in this situation? What was particularly negative about the community interpreter's work in this situation?

4. What do you think is important in conversations that are interpreted?

5. In your opinion, what should community interpreters learn so that they can be good community interpreters?
    OR: What should be taught in schools for community interpreters?
    OR: What would you need to learn if you wanted to become a community interpreter yourself?

6. Is it important to you that community interpreters have a lot of knowledge about your home region and your culture?

    OR: Have you been in situations where you have noticed that the community interpreter knew your culture and your home region well? Can you give us an example?

7. Is it important to you that community interpreters know a lot about social work and social work organizations?

    OR: Have you been in situations where you have noticed that the community interpreter knew a lot about social work and social service organizations? Can you give us an example?

Appendix I: Main deductive and inductive categories

- Language Competencies (Pöchhacker, 2000: 47; Hale, 2007: 177 – 178; Hrehovčík, 2009: 161; Meyer et al., 2010)
  - Minimum Language Requirements: e.g., B2 in both languages
  - Language Learning Goals (if applicable): e.g., C1 in German (Slapp, 2004)
  - Advanced Language Competencies, including sayings or figures of speech and slang (Hale, 1997:177)
  - Subject-specific jargon (Hale, 1997:177)
  - Understanding of seemingly untranslatable concepts in the respective languages (Cultural Competencies)
  - Linguistic Competencies (Hale, 2007)
    - Awareness of the register (Hrehovčík, 2009: 161; Meyer et al., 2010; Hertog, 2010)
    - Differences and nuances between dialects (Hale, 2007; Hale, 1997:177)
- Cultural competencies (Kautz, 200: 348-350; Hale, 2007: 177 – 178; Hrehovčík, 2009: 161; Hertog, 2010)
  - The concept of politeness in the respective cultures
  - Intercultural communication (in order to prevent or clarify misunderstandings)
  - Knowledge of relevant information on ethnic and/or religious differences in relevant groups
- Interpreting/Translation
  - Introduction to interpreting (Hrehovčík, 2009: 162)
  - Theory of interpreting/translation (Hale, 2007: 177 – 178)
  - Interpreting techniques (Kautz, 200: 348-350; Hale, 2007: 177 – 178; Hrehovčík, 2009: 161; Hertog, 2010)
    - Simultaneous/whispered (chuchutage) interpreting (Hale & Luzardo, 1997; Hale, 2007)
    - Consecutive interpreting (Hale & Luzardo, 1997; Hale, 2007; Hrehovčík, 2009: 161)
    - Note-taking techniques (Hale & Luzardo, 1997; Hrehovčík, 2009: 161)
  - Oral translation (Hale & Luzardo, 1997; Hale, 2007)
  - Transmission of meaning (Bührig & Meyer, 2009; Hrehovčík, 2009)
- Advancement of cognitive abilities and skills
  - Mental agility (Hale, 1997:177)

            - Memory exercises (Slapp, 2004; Hale, 2007; Hrehovčík, 2009: 161)
- Ethical standards (Kautz, 200: 348-350; Hale & Luzardo, 1997; Hale, 2007: 177 – 178; Hrehovčík, 2009: 161; Hertog, 2010)
    - Professional ethical dilemmas (Hale & Luzardo, 1997)
    - Confidentiality
    - Neutrality/Impartiality
    - Understanding of one's professional role (Hrehovčík, 2009: 161; Meyer et al., 2010)
- Subject-specific knowledge (Hale, 2007: 177 – 178; Hertog, 2010)
    - Subject-specific jargon (bzw. unter Sprachlichen Kompetenzen zuzuordnen)
    - Knowledge of the field or system of work (e.g., asylum hearings and legal principles) (Hale, 2007: 177 – 178; Hertog, 2010)
    - Understanding of relevant roles and responsibilities of different actors
    - Research competencies (Kautz, 200: 348-350; Hrehovčík, 2009: 161)
- Practical applications (deductive Categories – from the training program research)
    - Role-plays/simulations
    - Shadowing
    - Internship
    - Supervision
- Emotional Competencies (partially deductive categories from the literature or the training program research, partially *inductive categories*)
    - *Empathy*
    - Self-reflection (Hale, 2007)
    - Setting personal boundaries
    - Maintaining emotional distance
    - *Coping with trauma or secondary traumatic stress* – dealing with one's own or others' traumatic experiences (e.g., through psychotherapy or supervision)
    - Dealing with traumatic events or situations (Hale, 1997:177)
- Social competencies (Hrehovčík, 2009: 161)
    - Communicative competencies (Hrehovčík, 2009: 161)
        - Pre- and post-session discussion (Hale, 2007)
    - Skills in conducting and coordinating interpreting sessions (Hale, 2007:177; Hale, 2007; Bührig & Meyer, 2009; Meyer et al., 2010)
    - Rhetorical competencies (Hale, 2007:177)

Appendix J: Quantitative data from pre-focus group questionnaires

Professionals in social work

Demographic information

Focus group A: Professionals in social work (Hamburg)

Total	Gender	Age	Total work experience (years)	Work with RAS (years)
(n=10)	female (n=8; 80%) male (n=2; 20%)	24 – 62 M=38.7 SD=14.03	1 - 35 M=5.58 SD=12.26	1 - 17 M=4.13 SD=4.91

Focus group F: Professionals in social work (North-Rhine Westphalia)

Total	Gender	Age	Total work experience (years)	Work with RAS (years)
(n=8)	female (n=7; 87.5%) male (n=1; 12.5%)	33 – 70 M=48.12 SD=13.92	5 - 53 M=21.88 SD=17.02	2 - 8 M=5.06 SD=2.24

Work experience

Focus group A: Professionals in social work (Hamburg)

% of clientele RAS	Type of work	Frequency of work with community interpreters (CIs)	Settings
50% (n=2; 20%) 99% (n=2; 20%) 100% (n=4; 40%) "I do not know" (n=2; 20%)	mainly paid (n=1; 10%) exclusively paid (n=9; 90%)	daily (n=2; 20%) several times/week (n=5; 50%) once/week (n=1; 10%) several times/year (n=1; 10%) less frequently (n=1; 10%)	schools (n=1; 10%) initial reception centers/camps (n=3; 30%) other (n=6; 60%)

Focus group F: Professionals in social work (North-Rhine Westphalia)

% of clientele RAS	Type of work	Frequency of work with community interpreters (CIs)	Settings
20-100% M=70.71% SD=24.90 "I do not know" (n=1; 12.5%)	mainly paid (n=1; 12.5%) exclusively paid (n=7; 87.5%)	several times/week (n=1; 12.5%) once/week (n=2; 25%) several times/month (n=1; 12.5%) once/month (n=3; 37.5%) several times/year (n=1; 12.5%)	schools (n=2; 25%) government agencies (n=3; 37.5%) initial reception centers/camps (n=1; 12.5%) residential facilities (n=1; 12.5%) other (n=2; 25%)

Migration background

Focus group A: Professionals in social work (Hamburg)

	Countries of origin		
	Federal Republic of Germany (FRG)/ Time in FRG (years)	Elsewhere	Other countries listed
Self	(n=8; 80%) Time: 10 (n=1; 10%) 46 (n=1; 10%)	(n=2; 20%)	Bosnia (n=1; 10%) Ivory Coast (n=1; 10%)
Parents	both (n=4; 40%)	both (n=6; 60%)	both: former German Democratic Republic (GDR) (n=3; 30%) Bosnia (n=1; 10%) Togo (n=1; 10%) mother: Poland (n=1; 10%) father: Iraq (n=1; 10%)
Maternal grandparents	both (n=7; 70%)	both (n=3; 30%)	Bosnia (n=1; 10%) Togo (n=1; 10%) Poland (n=1; 10%)

Paternal grandparents	both (n=6; 60%)	grandmothers: (n=4; 40%) grandfathers: (n=3; 30%) "do not know" (n=1; 10%)	grandmothers: Bosnia (n=1; 10%) Togo (n=1; 10%) Iraq (n=1; 10%) Czechoslovakia (n=1; 10%) grandfathers: Bosnia (n=1; 10%) Togo (n=1; 10%) Iraq (n=1; 10%)

Focus group F: Professionals in social work (North-Rhine Westphalia)

Countries of origin			
	Federal Republic of Germany (FRG)/ Time in FRG (years)	Elsewhere	Other countries listed
Self	(n=8; 100%)	(n=0; 0%)	none
Parents	father (n=48; 100%) mother (n=6; 75%)	father (n=0;0%) mother (n=2; 25%)	mother: Poland (n=1; 12.5%) USA (n=1; 12.5%)
Maternal grandparents	grandmother (n=4; 50%) grandfather (n=5; 62.5%)	grandmother (n=4; 50%) grandfather (n=3; 37.5%)	grandmother: Poland (n=2; 25%) Russia (n=1; 12.5%) USA (n=1; 12.5%) grandfather: Poland (n=1; 12.5%) Russia (n=1; 12.5%) USA (n=1; 12.5%)
Paternal grandparents	all (n=8; 100%)	(n=0; 0%)	none

Linguistic repertoire

Focus group A: Professionals in social work (Hamburg)

Languages spoken	Mother tongues	LOTG used at work
		Yes (n=10; 100%)
German (n=10; 100%) English (n=7; 70%) French (n=2; 20%) Spanish (n=2; 20%) Polish (n=1; 10%) Lamba (n=1; 10%) Croatian (n=1; 10%) Arabic (n=1; 10%) Bosnian (n=1; 10%) Russian (n=1; 10%) Serbian (n=1; 10%) Ewe (n=1; 10%) Bassari (n=1; 10%) Bambara (n=1; 10%)	German (n=8; 80%) Lamba (n=1; 10%) Croatian (n=1; 10%) Polish (n=1; 10%)	English (n=9; 90%) French (n=3; 30%) Arabic (n=2; 20%) Serbian (n=1; 10%) Russian (n=1; 10%) Ewe (n=1; 10%) Bosnian (n=1; 10%) Bambara (n=1; 10%)

Focus group F: Professionals in social work (North-Rhine Westphalia)

Languages spoken	Mother tongues	LOTG used at work
		Yes (n=8; 100%)
German (n=8; 100%) English (n=6; 75%) French (n=2; 25%)	German (n=8; 100%) English (n=2; 25%)	English (n=2; 25%) French (n=1; 12.5%) No language listed (n=5; 62.5%)

Level of education

Focus group A: Professionals in social work (Hamburg)

	No training	Training in progress	Completed education/training
Primary and secondary school education	(n=0; 0%)	(n=0; 0%)	technical college certificate (n=3; 30%) qualification for university study (n=7; 70%)
Post-secondary education	(n=0; 0%)	university study program (n=1; 10%)	polytechnic degree (n=6; 60%) university degree (n=3; 30%)

Training for working with community interpreters	(n=6; 60%)	(n=0; 0%)	(n=4; 40%) Duration: 5 hours (n=1; 10%) 2 days (n=1; 10%)

Focus group F: Professionals in social work (North-Rhine Westphalia)

	No training	Training in progress	Completed training
Primary and secondary school education	(n=0; 0%)	(n=0; 0%)	technical college certificate (n=2; 25%) qualification for university study (n=6; 75%)
Post-secondary education	(n=0; 0%)	(n=0; 0%)	polytechnic degree (n=4; 50%) university degree (n=4; 50%)
Training for working with community interpreters	(n=7; 87.5%)	(n=0; 0%)	(n=1; 12.5%) Duration: 16 hours (n=1; 12.5%)

Volunteers in social work

Demographic information

Focus group B: Volunteers in social work (Hamburg)

Total	Gender	Age	Total work experience (years)	Work with RAS (years)
(n=7)	female (n=4; 57.1%) male (n=3; 42.9%)	25 – 67 M=45 SD=14.57	1 - 40 M=10.57 SD=15.60	1 - 30 M=10.14 SD=12.24

Focus group G: Volunteers in social work (North-Rhine Westphalia)

Total	Gender	Age	Total work experience (years)	Work with RAS (years)
(n=6)	female (n=0; 0%) male (n=6; 100%)	42 – 80 M=59.5.7 SD=14.94	2 - 27 M=7.17 SD=9.91	1 - 3 M=2 SD=0.89

Work experience

Focus group B: Volunteers in social work (Hamburg)

% of clientele RAS	Type of work	Frequency of work with CIs	Settings
90% (n=1; 14.3%) 95% (n=1; 14.3%) 100% (n=4; 57.1%) "I do not know" (n=1; 14.3%)	partly paid/partly volunteer (n=3; 42.9%) mainly volunteer (n=2; 28.6%) exclusively volunteer (n=2; 28.6%)	daily (n=2; 28.6%) several times/week (n=2; 28.6%) once/week (n=2; 28.6%) several times/month (n=1; 14.3%)	schools (n=3; 42.9%) government agencies (n=2; 28.6%) initial reception centers/camps (n=2; 28.6%) residential facilities (n=2; 28.6%) other (n=4; 57.1%)

Work experience

Focus group G: Volunteers in social work (North-Rhine Westphalia)

% of clientele RAS	Type of work	Frequency of work with CIs	Settings
60% (n=1; 16.7%) 90% (n=1; 16.7%) 100% (n=2; 33.3%) no answer (n=2; 33.3%)	mainly paid[25] (n=1; 16.7%) Partly paid/partly volunteer (n=1; 16.7%) exclusively volunteer (n=4; 66.7%)	daily (n=2; 33.3%) several times/week (n=1; 16.7%) several times/month (n=1; 16.7%) several times/year (n=1; 16.7%) less frequently (n=1; 16.7%)	schools (n=1; 16.7%) government agencies (n=1; 16.7%) residential facilities (n=1; 16.7%) other (n=5; 83.3%)

Migration background

Focus group B: Volunteers in social work (Hamburg)

[25] It should be noted that this one participant did not meet the criteria for participation in the focus group, as the group was for volunteers and he worked on a mainly paid basis, however, because his statements were not able be separated from the others for the qualitative content analysis, the remainder of his quantitative data was also evaluated, in order to give a more complete view of the makeup of this focus group.

Countries of origin			
	Federal Republic of Germany (FRG)/ Time in FRG (years)	Elsewhere	Other countries listed
Self	(n=4; 57.1%) Time: 2 (n=1; 14.3%) 17 (n=1; 14.3%) 44 (n=1; 14.3%) (M=21; SD=21.28)	(n=3; 42.9%)	Iran (n=2; 28.6%) Syria (n=1; 14.3%)
Parents	both (n=4; 57.1 %)	both (n=3; 42.9%)	both: Iran (n=2; 28.6%) mother: Syria (n=1; 14.3%) father: Palestine (n=1; 14.3%)
Maternal grandparents	grandmother (n=4; 57.1%) grandfather (n=3; 42.9%)	grandmother (n=3; 42.9%) grandfather (n=4; 57.3%)	grandmother: Iran (n=2; 28.6%) Syria (n=1; 14.3%) grandfather: Iran (n=2; 28.6%) Netherlands (n=1; 14.3%) Palestine (n=1; 14.3%)
Paternal grandparents	grandmother (n=4; 57.1%) grandfather (n=3; 42.9%)	grandmother (n=3; 42.9%) grandfather: (n=3; 42.9%) "do not know" (n=1; 14.3%)	grandmother: Iran (n=2; 28.6%) Palestine (n=1; 14.3%) grandfather: Iran (n=2; 28.6%) Palestine (n=1; 14.3%)

Focus group G: Volunteers in social work (North-Rhine Westphalia)

Countries of origin			
	Federal Republic of Germany (FRG)/ Time in FRG (years)	Elsewhere	Other countries listed
Self	(n=5; 83.3%) Time: 41 (n=1;16.7%)	(n=1;16.7%)	No answer (n=1;16.7%)
Parents	both (n=5; 83.3%)	both (n=1;16.7%)	both: No answer (n=1;16.7%)
Grandparents	all (n=4; 66.7%)	all (n=1;16.7%) No answer (n=1;16.7%)	all: No answer (n=1;16.7%)

Linguistic repertoire

Focus group B: Volunteers in social work (Hamburg)

Languages spoken		Mother tongues		LOTG used at work	
				Yes	(n=6; 85.7%)
German	(n=6; 85.7%)	German	(n=4; 57.1%)	English	(n=5; 71.4%)
English	(n=4; 57.1%)	Persian	(n=2; 28.6%)	Arabic	(n=2; 28.6%)
Persian	(n=2; 28.6%)	Arabic	(n=1; 14.3%)	Persian	(n=1; 14.3%)
Arabic	(n=1; 14.3%)			French	(n=1; 14.3%)
Spanish	(n=1; 14.3%)				
Dari	(n=1; 14.3%)				

Focus group G: Volunteers in social work (North-Rhine Westphalia)

Languages spoken		Mother tongues		LOTG used at work	
				Yes	(n=6; 100%)
German	(n=6; 100%)	German	(n=5; 83.3%)	English	(n=5; 83.3%)
English	(n=4; 83.3%)	French	(n=1; 16.7%)	French	(n=1; 16.7%)
French	(n=1; 16.7%)				

Level of education

Focus group B: Volunteers in social work (Hamburg)

	No training	Training in progress	Completed training
Primary and secondary school education	(n=0; 0%)	(n=0; 0%)	qualification for university study (n=7; 100%)
Post-secondary education	(n=0; 0%)	university study program (n=3; 42.9%)	apprenticeship (n=1; 14.3%) polytechnic degree (n=2; 28.6%) other: midwife training (n=1; 14.3%)
Training for working with community interpreters	(n=4; 57.1%)	(n=0; 0%)	(n=3; 42.9%) Duration: 12 hours (n=1; 14.3%) 28 hours (n=1; 14.3%) 6 days (n=1; 14.3%)

Focus group G: Volunteers in social work (North-Rhine Westphalia)

	No training	Training in progress	Completed training
Primary and secondary school education	(n=0; 0%)	(n=0; 0%)	technical college certificate (n=1; 16.7%) qualification for university study (n=4; 66.7%) another type of school-leaving qualification (n=1; 16.7%)
Post-secondary education	(n=0; 0%)	university study program (n=1; 16.7%)	apprenticeship (n=1; 16.7%) polytechnic degree (n=3; 50%) university degree (n=1; 16.7%)
Training for working with community interpreters	(n=4; 66.7%)	(n=0; 0%)	(n=2; 33.3%)

Paid community interpreters

Demographic information

Focus group C: Paid CIs (Hamburg)[26]

Total	Gender	Age	Total work experience (years)	Work with RAS (years)
(n=11) (n=10)	female (n=7; 63.6%) (n=7; 70%) male (n=4; 36.4%) (n=3; 30%)	28 – 67 M=47.33 SD=13.21 No answer (n=1; 9%)	1 - 18 M=5.81 SD=6.04	0.5 - 18 M=5.86 SD=7.36

Focus group H: Paid CIs (North-Rhine Westphalia)

Total	Gender	Age	Total work experience (years)	Work with RAS (years)
(n=7)	female (n=4; 57.1%) male (n=3; 42.9%)	32 – 53 M=45.67 SD=8.16	0.5 - 10 M=3.29 SD=3.76	0.5 - 3 M=1.6 SD=1.08 no answer (n=1; 14.3%)

Work experience

Focus group C: Paid CIs (Hamburg)

% of clientele RAS	Type of work	Frequency of work as CIs	Settings
80% (n=1; 10%) 90% (n=2; 20%) 100% (n=5; 50%) “I do not know” (n=2; 20%)	mainly paid (n=6; 60%) exclusively paid (n=4; 40%)	daily (n=1; 10%) several times/week (n=9; 90%)	schools (n=5; 50%) government agencies (n=5; 50%) initial reception centers/camps (n=4; 40%) residential facilities (n=4; 40%) other (n=6; 60%)

[26] One of the male participants had to leave the focus group prior to the beginning of the recording of the discussion. Therefore, the recorded focus group discussion contains statements from a total of 10 paid community interpreters: seven female (70%) and three male (30%).

Focus group H: Paid CIs (North-Rhine Westphalia)

% of clientele RAS	Type of work	Frequency of work as CIs	Settings
0% (n=1; 14.3%) 95% (n=2; 28.6%) 99% (n=1; 14.3%) 100% (n=2; 28.6%) no answer (n=1; 14.3%)	partly paid/partly volunteer (n=2; 28.6%) exclusively paid (n=4; 57.1%) no answer (n=1; 14.3%)	daily (n=2; 28.6%) several times/week (n=2; 28.6%) several times/month(n=2; 28.6%) less than once per month (n=1; 14.3%)	schools (n=3; 42.9%) government agencies (n=3; 42.9%) initial reception centers/camps (n=3; 42.9%) residential facilities (n=2; 28.6%) other (n=2; 28.6%)

Migration background

Focus group C: Paid CIs (Hamburg)

	Countries of origin		
	Federal Republic of Germany (FRG)/ Time in FRG (years)	Elsewhere	Other countries listed
Self	(n=1; 10%) Time: 9 - 45 (M=25.5; SD=12.11)	(n=8; 80%) No answer (n=1; 10%)	Iran (n=6; 60%) Egypt (n=1; 10%) Afghanistan (n=1; 10%) Eritrea (n=1; 10%)
Parents	both (n=1; 10 %)	both (n=9; 90%)	both: Iran (n=6; 60%) Egypt (n=1; 10%) Afghanistan (n=1; 10%) Eritrea (n=1; 10%) No answer (n=1; 10%)
Maternal grandparents	both (n=1; 10%)	both (n=9; 90%)	both: Iran (n=6; 60%) Egypt (n=1; 10%) Eritrea (n=1; 10%) No answer (n=1; 10%)
Paternal grandparents	both (n=1; 10%)	grandmother (n=7; 70%) grandfather (n=8; 80%) both "do not know" (n=1; 10%)	grandmother: Iran (n=4; 40%) Egypt (n=1; 10%) Eritrea (n=1; 10%) No answer (n=1; 10%) grandfather: Iran (n=5; 50%) Egypt (n=1; 10%) Eritrea (n=1; 10%) No answer (n=1; 10%)

Focus group H: Paid CIs (North-Rhine Westphalia)

	Countries of origin		
	Federal Republic of Germany (FRG)/ Time in FRG (years)	Elsewhere	Other countries listed
Self	(n=1; 14.3%) Time: 6 - 31 (M=15.6; SD=10.31) No answer (n=1; 14.3%)	(n=6; 85.7%)	Iran (n=2; 28.6%) Iraq (n=1; 14.3%) Syria (n=1; 14.3%) No answer (n=2; 28.6%)
Parents	(n=0; 0 %)	both (n=7; 100%)	both: Iran (n=3; 42.9%) Iraq (n=1; 14.3%) Turkey (n=1; 14.3%) No answer (n=2; 28.6%)
Maternal grandparents	(n=0; 0 %)	both (n=7; 100%)	both: Iran (n=3; 42.9%) Iraq (n=1; 14.3%) Turkey (n=1; 14.3%)

			No answer (n=2; 28.6%)
Paternal grandparents	(n=0; 0 %)	both (n=7; 100%)	both: Iran (n=3; 42.9%) Iraq (n=1; 14.3%) Turkey (n=1; 14.3%) No answer (n=2; 28.6%)

Linguistic repertoire

Focus group C: Paid CIs (Hamburg)

Languages spoken	Mother tongues	LOTG interpreted/ translated
Dari (n=6; 60%) German (n=5; 50%) Arabic (n=3; 30%) Persian (n=3; 30%) English (n=3; 30%) Tigrinya (n=1; 10%) Amharic (n=1; 10%) Kurdish (n=1; 10%) French (n=1; 10%) Turkish (n=1; 10%)	Persian (n=3; 30%) Farsi (n=3; 30%) German (n=1; 10%) Tigrinya (n=1; 10%) Amharic (n=1; 10%)	Dari (n=6; 60%) Farsi (n=5; 50%) Arabic (n=2; 20%) Persian (n=1; 10%) Tigrinya (n=1; 10%) Amharic (n=1; 10%) Kurdish (n=1; 10%) English (n=1; 10%) French (n=1; 10%) Turkish (n=1; 10%) Pashto (n=1; 10%)

Focus group H: Paid CIs (North-Rhine Westphalia)

Languages spoken	Mother tongues	LOTG interpreted/ translated
German (n=5; 71.4%) Arabic (n=3; 42.9%) English (n=3; 42.9%) Persian (n=2; 28.6%) Farsi (n=2; 28.6%) French (n=2; 28.6%) Dari (n=1; 14.3%) Kurdish (n=1; 14.3%) Turkish (n=1; 14.3%)	German (n=2; 28.6%) Persian (n=2; 28.6%) Arabic (n=1; 14.3%) Farsi (n=1; 14.3%) Kurdish (n=1; 14.3%) French (n=1; 14.3%)	Arabic (n=3; 42.9%) French (n=2; 28.6%) Persian (n=2; 28.6%) English (n=2; 28.6%) Dari (n=1; 14.3%) Kurdish (n=1; 14.3%) Turkish (n=1; 14.3%) Afghan (n=1; 14.3%)

Level of education

Focus group C: Paid CIs (Hamburg)

	No training	Training in progress	Completed training
Primary and secondary school education	(n=0; 0%)	(n=0; 0%)	10th grade education (i.e., "Realschulabschluss/Mittlere Reife") (n=1; 10%) technical college certificate (n=2; 20%) qualification for university study (n=6; 60%) another type of school-leaving qualification (n=1; 10%)
Post-secondary education	(n=1; 10%)	unspecified training program (n=1; 10%)	apprenticeship (n=1; 10%) polytechnic degree (n=2; 20%) university degree (n=1; 10%) other: (n=4; 40%) master's degree in business (n=1; 10%) unspecified bachelor's degree (n=2; 20%)
Community interpreter training	(n=9; 90%)	(n=0; 0%)	language and cultural mediator (n=1; 10%)
Training for working with traumatized individuals	(n=6; 60%)	(n=0; 0%)	(n=4; 40%)

Focus group H: Paid CIs (North-Rhine Westphalia)

	No training	Training in progress	Completed training
Primary and secondary school education	(n=0; 0%)	(n=0; 0%)	technical college certificate (n=2; 28.6%) qualification for university study (n=4; 57.1%) another type of school-leaving qualification (n=1; 14.3%)
Post-secondary education	(n=1; 14.3%)	unspecified training program (n=1; 14.3%)	apprenticeship (n=2; 28.6%) bachelor's degree (n=1; 14.3%) other (n=2; 28.6%)
Community interpreter training	(n=7; 100%)	(n=0; 0%)	(n=0; 0%)

Training for working with traumatized individuals	(n=6; 85.7%)	(n=0; 0%)	 Duration: 48 hours	(n=1; 14.3%) (n=1; 14.3%)

Language and integration mediators

Demographic information

Focus group J: Language and integration mediators (North-Rhine Westphalia)

Total	Gender	Age	Total work experience (years)	Work with RAS (years)
(n=7)	female (n=6; 85.7%) male (n=1; 14.3%)	28 – 54 M=43.71 SD=8.46	1 - 11 M=3.86 SD=3.48	1 - 11 M=4.33 SD=3.56 no answer (n=1; 14.3%)

Work experience

Focus group J: Language and integration mediators (North-Rhine Westphalia)

% of clientele RAS	Type of work	Frequency of work as CIs	Settings
70% (n=1; 14.3%) 80% (n=1; 14.3%) 90% (n=2; 28.6%) 100% (n=1; 14.3%) no answer (n=2; 28.6%)	partly paid/ partly volunteer (n=1; 14.3%) mainly paid (n=2; 28.6%) exclusively paid (n=4; 57.1%)	daily (n=2; 28.6%) several times/week (n=4; 57.1%) several times/month (n=1; 14.3%)	schools (n=5; 71.4%) government agencies (n=5; 71.4%) initial reception centers/camps (n=4; 57.1%) residential facilities (n=3; 42.9%) other (n=3; 42.9%)

Migration background

Focus group J: Language and integration mediators (North-Rhine Westphalia)

Countries of origin			
	Federal Republic of Germany (FRG)/ Time in FRG (years)	Elsewhere	Other countries listed
Self	(n=0; 0%) Time: 14 - 38 (M=24.5; SD=7.94)	(n=7; 100%)	Iran (n=2; 28.6%) No answer (n=5; 71.4%)
Parents	(n=0; 0 %)	both (n=7; 100%)	both: Iraq (n=1; 14.3%) Palestine (n=1; 14.3%) Iran (n=2; 28.6%)
Maternal grandparents	(n=0; 0%)	both (n=7; 100%)	both: Iraq (n=1; 14.3%) Palestine (n=1; 14.3%) Iran (n=1; 14.3%) No answer (n=4; 57.1%)
Paternal grandparents	(n=0; 0%)	both (n=7; 100%)	both: Iraq (n=1; 14.3%) Palestine (n=1; 14.3%) Iran (n=2; 28.6%) No answer (n=3; 42.9%)

Linguistic repertoire

Focus group J: Language and integration mediators (North-Rhine Westphalia)

Languages spoken	Mother tongues	LOTG interpreted/ translated
German (n=6; 85.7%) Arabic (n=2; 28.6%) Dari (n=2; 28.6%) Bosnian (n=1; 14.3%) Farsi (n=1; 14.3%) Russian (n=1; 14.3%) Serbian (n=1; 14.3%) Persian (n=1; 14.3%) Kurmanji (n=1; 14.3%) Croatian (n=1; 14.3%)	German (n=2; 28.6%) Arabic (n=1; 14.3%) Bosnian (n=1; 14.3%) Russian (n=1; 14.3%) Farsi (n=1; 14.3%) Serbian (n=1; 14.3%) Persian (n=1; 14.3%) Croatian (n=1; 14.3%) Turkish (n=1; 14.3%)	Arabic (n=2; 28.6%) Dari (n=2; 28.6%) Bosnian (n=1; 14.3%) Persian (n=1; 14.3%) Farsi (n=1; 14.3%) Serbian (n=1; 14.3%) Turkish (n=1; 14.3%) Kurmanji (n=1; 14.3%) Croatian (n=1; 14.3%)

Turkish (n=1; 14.3%) English (n=1; 14.3%)			

Level of education

Focus group J: Language and integration mediators (North-Rhine Westphalia)

	No training	Training in progress	Completed training
Primary and secondary school education	(n=0; 0%)	(n=0; 0%)	9th grade education (n=1; 14.3%) 10th grade education (n=1; 14.3%) technical college certificate (n=1; 14.3%) qualification for university study (n=4; 57.1%)
Post-secondary education	(n=0; 0%)	(n=0; 0%)	apprenticeship (n=1; 14.3%) polytechnic degree (n=1; 14.3%) university degree (n=1; 14.3%) other (n=4; 57.1%)
Community interpreter training	(n=0; 0%)	(n=0; 0%)	language and integration mediator training (n=7; 100%)
Training for working with traumatized individuals	(n=6; 85.7%)	(n=0; 0%)	(n=1; 14.3%) Duration: 15 hours (n=1; 14.3%)

Volunteer community interpreters

Demographic information

Focus group D: Volunteer CIs (Hamburg)

Total	Gender	Age	Total work experience (years)	Work with RAS (years)
(n=6)	female (n=2; 33.3%) male (n=4; 66.7%)	24 – 64 M=44.50 SD=14.32	0.5 - 35 M=12.25 SD=14.43	0.5 - 38 M=12.30 SD=16.53 no answer (n=1; 16.67%)

Focus group I: Volunteer CIs (North-Rhine Westphalia)

Total	Gender	Age	Total work experience (years)	Work with RAS (years)
(n=8)	female (n=3; 37.5%) male (n=5; 62.5%)	28 – 52 M=38.25 SD=9.07	0.5 - 35 M=9.07 SD=12.38 no answer (n=1; 12.5%)	0.5 - 20 M=4.10 SD=6.51

Work experience

Focus group D: Volunteer CIs (Hamburg)

% of clientele RAS	Type of work	Frequency of work as CIs	Settings
10% (n=1; 16.7%) 40% (n=1; 16.7%) 85% (n=1; 16.7%) 90% (n=2; 33.3%)	mainly volunteer (n=2; 33.3%) exclusively volunteer (n=4; 66.7%)	several times/week (n=2; 33.3%) once/week (n=3; 50%) several times/month (n=1; 16.7%)	government agencies (n=3; 50%) initial reception centers/camps (n=1; 16.7%) other (n=3; 50%)

Focus group I: Volunteer CIs (North-Rhine Westphalia)

% of clientele RAS	Type of work	Frequency of work as CIs	Settings
50% (n=2; 25%) 100% (n=2; 25%) no answer (n=4; 50%)	mainly volunteer (n=2; 25%) exclusively volunteer (n=6; 75%)	several times/week (n=2; 25%) several times/month (n=3; 37.5%) once/month (n=2; 25%) less frequently (n=1; 12.5%)	schools (n=1; 12.5%) government agencies (n=2; 25%) initial reception centers/camps (n=1; 12.5%) residential facilities (n=2; 25%) no answer (n=5; 62.5%)

Migration background

Focus group D: Volunteer CIs (Hamburg)

Countries of origin			
	Federal Republic of Germany (FRG)/ Time in FRG (years)	Elsewhere	Other countries listed
Self	(n=0; 0%)	(n=6; 100%)	Iran (n=2; 33.3%)

	Time: 2 - 44 (M=20.33; SD=18.66)		Syria (n=2; 33.3%) Niger (n=1; 16.7%) Poland (n=1; 16.7%)
Parents	(n=0; 0 %)	both (n=6; 100%)	both: Iran (n=2; 33.3%) Syria (n=2; 33.3%) Niger (n=1; 16.7%) Poland (n=1; 16.7%)
Maternal grandparents	(n=0; 0 %)	both (n=6; 100%)	both: Iran (n=2; 33.3%) Syria (n=2; 33.3%) Niger (n=1; 16.7%) Poland (n=1; 16.7%)
Paternal grandparents	(n=0; 0 %)	both (n=6; 100%)	both: Iran (n=2; 33.3%) Syria (n=2; 33.3%) Poland (n=1; 16.7%) grandmother: Niger (n=1; 16.7%) grandfather: Nigeria (n=1; 16.7%)

Focus group I: Volunteer CIs (North-Rhine Westphalia)

Countries of origin			
	Federal Republic of Germany (FRG)/ Time in FRG (years)	Elsewhere	Other countries listed
Self	(n=1; 12.5%) Time: 2 - 42 (M=18.54; SD=16.26)	(n=7; 87.5%)	Iraq (n=2; 25%) No answer (n=5; 62.5%)
Parents	mother (n=1; 12.5%) father (n=0; 0%)	mother (n=7; 87.5%) father (n=8; 100%)	mother: Iraq (n=2; 25%) Poland (n=1; 12.5%) Syria (n=1; 12.5%) Turkey (n=1; 12.5%) No answer (n=2; 25%) father: Iraq (n=2; 25%) Poland (n=1; 12.5%) Syria (n=1; 12.5%) Egypt (n=1; 12.5%) Turkey (n=1; 12.5%) No answer (n=2; 25%)
Maternal grandparents	grandmother (n=1; 12.5%) grandfather (n=0; 0%)	grandmother (n=7; 87.5%) grandfather (n=8; 100%)	grandmother: Iraq (n=2; 25%) Poland (n=1; 12.5%) Syria (n=1; 12.5%) Turkey (n=1; 12.5%) No answer (n=2; 25%) grandfather: Iraq (n=2; 25%) Poland (n=1; 12.5%) Syria (n=1; 12.5%) Egypt (n=1; 12.5%) Turkey (n=1; 12.5%) No answer (n=2; 25%)
Paternal grandparents	(n=0; 0%)	both (n=8; 100%)	both: Iraq (n=2; 25%) Poland (n=1; 12.5%) Syria (n=1; 12.5%) Egypt (n=1; 12.5%) Turkey (n=1; 12.5%)

			No answer (n=2; 25%)

Linguistic repertoire

Focus group D: Volunteer CIs (Hamburg)

Languages spoken	Mother tongues	LOTG interpreted/ translated
German (n=4; 66.7%) Arabic (n=2; 33.3%) Persian (n=1; 16.7%) Persian-Azerbaijani [27](n=1; 16.7%) Hausa (n=1; 16.7%) Spanish (n=1; 16.7%) Djerma (n=1; 16.7%) French (n=1; 16.7%) Polish (n=1; 16.7%)	Arabic (n=2; 33.3%) French (n=1; 16.7%) Persian-Azerbaijani (n=1; 16.7%) Persian (n=1; 16.7%) Polish (n=1; 16.7%) Hausa (n=1; 16.7%)	Arabic (n=2; 33.3%) Persian (n=2; 33.3%) French (n=1; 16.7%) Polish (n=1; 16.7%) Persian-Azerbaijani (n=1; 16.7%) Turkish (n=1; 16.7%) Kurdish (n=1; 16.7%)

Focus group I: Volunteer CIs (North-Rhine Westphalia)

Languages spoken	Mother tongues	LOTG interpreted/ translated
German (n=6; 75%) Arabic (n=3; 37.5%) English (n=3; 37.5%) Serbian (n=1; 12.5%) French (n=1; 12.5%) Polish (n=1; 12.5%) Spanish (n=1; 12.5%) Croatian (n=1; 12.5%)	Kurdish (n=2; 25%) German (n=1; 12.5%) Arabic (n=1; 12.5%) Polish (n=1; 12.5%) Serbian (n=1; 12.5%) Croatian (n=1; 12.5%) No answer (n=1; 12.5%)	Arabic (n=4; 50%) Kurdish (n=2; 25%) Turkish (n=2; 25%) English (n=2; 25%) Polish (n=1; 12.5%) Turkish (n=1; 12.5%) French (n=1; 12.5%) Serbian (n=1; 12.5%) Russian (n=1; 12.5%) Spanish (n=1; 12.5%) Croatian (n=1; 12.5%)

Level of education

Focus group D: Volunteer CIs (Hamburg)

	No training	Training in progress	Completed training
Primary and secondary school education	(n=0; 0%)	(n=0; 0%)	10th grade education (n=2; 33.3%) technical college certificate (n=1; 16.7%) qualification for university study (n=3; 50%)
Post-secondary education	(n=1; 16.7%)	(n=0; 0%)	apprenticeship (n=1; 16.7%) polytechnic degree (n=2; 33.3%) other (n=1; 16.7%) no answer (n=1; 16.7%)
Community interpreter training	(n=6; 100%)	(n=0; 0%)	(n=0; 0%)
Training for working with traumatized individuals	(n=5; 83.3%)	(n=0; 0%)	(n=1; 16.7%) Duration: 20 hours (n=1; 16.7%)

Focus group I: Volunteer CIs (North-Rhine Westphalia)

	No training	Training in progress	Completed training
Primary and secondary school education	no school-leaving qualification (n=1; 12.5%)	(n=0; 0%)	9th grade education (i.e., “Haupt/Volksschulabschluss”) (n=1; 12.5%) 10th grade education (n=1; 12.5%) technical college certificate (n=2; 25%) qualification for university study (n=1; 12.5%)
Post-secondary education	(n=4; 50%)	unspecified training program (n=1; 12.5%)	apprenticeship (n=1; 12.5%) other (n=1; 12.5%)
Community interpreter training	(n=8; 100%)	(n=0; 0%)	(n=0; 0%)
Training for working with traumatized individuals	(n=8; 100%)	(n=0; 0%)	(n=0; 0%)

[27] It is unclear whether this person identifies as ethnically as Persian Azerbaijani, whether both Persian and Azerbaijani are meant as separate languages, or whether a combination of ethnicity and language is meant. Because it is impossible to trace the answers to an individual and ask them what is meant, the answer was left as is.

Refugees and asylum-seekers

Demographic information

Focus group E: RAS (Dari; Hamburg)[28]

Total	Gender		Age	Contact to CIs in the following settings	
(n=8) (n=6)	female male	(n=6; 75%) (n=5; 83.3%) (n=2; 25%) (n=1; 16.7%)	19 – 61 M=32.67 SD=15.45	schools government agencies initial reception centers/camps residential facilities	(n=2; 33.3%) (n=6; 100%) (n=6; 100%) (n=5; 83.3%)

Focus group K: RAS (Arabic; North-Rhine Westphalia)[29]

Total	Gender		Age	Contact to CIs in the following settings	
(n=8)	female male	(n=0; 0%) (n=8; 100%)	23 – 33 M=27.71 SD=4.03	schools government agencies initial reception centers/camps residential facilities no contact so far	(n=1; 12.5%) (n=4; 50%) (n=3; 37.5%) (n=1; 12.5%) (n=1; 12.5%)

Migration background

Focus group E: RAS (Dari; Hamburg)

Countries of origin		
	Time in FRG (years)/ residency status	Other countries listed
Self	Time: 1.5 – 2 (M=1.83; SD=0.20) temporary residency permit (n=3; 50%) asylum not yet resolved (n=3; 50%)	Afghanistan (n=6; 100%)
Parents		both: Afghanistan (n=6; 100%)
Grandparents		all: Afghanistan (n=6; 100%)

Focus group K: RAS (Arabic; North-Rhine Westphalia)

Countries of origin		
	Time in FRG / residency status	Other countries listed
Self	22 months to almost three years (M=2.12; SD=0.33) temporary residency permit (n=8; 100%)	Syria (n=6; 75%) Iraq (n=1; 12.5%) No answer (n=1; 12.5%)
Parents		both: Syria (n=7; 87.5%) Iraq (n=1; 12.5%)
Grandparents		all: Syria (n=6; 75%) Iraq (n=1; 12.5%) Palestine (n=1; 12.5%)

Linguistic repertoire

Focus group E: RAS (Dari; Hamburg)

Languages spoken		Mother tongue	
Dari German	(n=6; 100%) (n=3; 50%)	Dari	(n=6; 100%)

[28] Of those who participated in the discussion, six filled out pre-focus group questionnaires, as two participants – one female and one male – arrived later than the rest with their young child in tow and were unable to stay longer to fill out the questionnaire. Therefore, their post-focus group questionnaire data as well as their qualitative responses to the discussion questions were included for analysis.
Unlike other groups, this group was made up almost entirely of individuals who knew and lived with one another in a refugee camp. All but one individual lived in said camp and arrived one hour too late to the focus group meeting, due to being unable to find the location, despite a number of descriptions, signage and guides being put into place to assist them in arriving to the location. One older female participant appeared to set the tone for what the consensus among the individuals from this camp was, as she at times disagreed with statements, and no members of the group contradicted her statements. Instead, following her diverging opinions, there was often a moment of silence until either the moderator, the secretary or the one focus group member not from the camp spoke or posed a question.

[29] Of the eight Arabic-speaking refugees and asylum-seekers who took part in focus group K discussion in Cologne, one of them indicated never having had contact to community interpreters (12.5%), and one reported that Kurdish – and not Arabic – was his mother tongue (12.5%). Although these were inclusion criteria for participating in the focus group in the first place, due to the fact that these participants´ statements cannot be separated from those of the other participants, their responses to the questionnaires were also included for descriptive statistical analysis, so that the make-up of the focus group can be accurately described.

Farsi (n=1; 16.7%) English (n=1; 16.7%) Urdu (n=1; 16.7%)	

Focus group K: RAS (Arabic; North-Rhine Westphalia)

Languages spoken	Mother tongues
Arabic (n=8; 100%) English (n=4; 50%) German (n=3; 37.5%) Kurdish (n=1; 12.5%) Turkish (n=1; 12.5%)	Arabic (n=6; 75%) Kurdish (n=1; 12.5%) No answer (n=1; 12.5%)

Appendix K: Substudy 2.3 Original statements in German

Theme 1: Structural hurdles in community interpreting

Beliefs about integration motivation and access to services

EF6: Nicht, dass Kunden sich über Jahre darauf verlassen, im Jobcenter wird gedolmetscht, dann brauche ich kein Deutsch zu lernen. …Genau. Und wir bieten das im Regelfall auch nur für Neukunden an, weil wir dann darauf hinwirken, dass die Kunden in Deutschkurse gehen. Uns ist auch wichtig, dass das sozusagen auch nach außen getragen wird, dass das unsere Strategie ist.

Legal hurdles

EF4: Ja. Also was ich mir wünsche, von Ihrem Projekt, dass das auch geregelt wird, auch von staatlicher Seite her. Es ist in München Luxus, dass die Stadt München sich, sage ich mal, Dolmetscher leistet. Das ist nicht überall. Vielfach ist es so, dass die Klientel selber für Verdolmetschung sorgt, also sich drum kümmert. Und ich finde, es wäre ganz wichtig, dass das Recht auf Verständigung schon im Gesetz ist. Dass die Leute, die das Recht drauf haben, dass sie verstanden werden. Sei es im medizinischen Bereich oder in Verwaltung und im sozialen Bereich. Und in der Beratung sowieso. Also das ist leider nicht überall. Und da wünsche ich mir, dass das von der Gesetzgebung her geregelt wird.

Children as ad-hoc interpreters

Af02: Und wo kriege ich denn eigentlich, also vereidigt oder nicht ist ja ein Qualitätsmerkmal, aber wo kriege ich denn jemanden her, der in der Lage ist, was Bestimmtes zu dolmetschen. Weil, die müssen das aushalten, was sie da hören. Also das fand ich auch im Krankenhaus früher mal mit den Kindern sehr schlimm. Natürlich müssen wir, wenn jemand eine Krebsdiagnose hat, das alles schnell machen, damit wir anfangen können. Aber das Kind dolmetscht die Krebserkrankung seiner Mutter. Oder seines Vaters.

Professionalization

EF8: Das ist so. Und dann, wie gesagt, ich bin auch der Meinung, dass wir eine möglichst, also nicht schon wieder so eine ad-hoc-Ausbildung brauchen, die wo die Leute so ein bisschen was lernen. Sondern die sollen sich auch Professionelle verstehen. Und nicht als Zuarbeiter, sondern wirklich als Professionelle in ihrer eigenen Profession.

Theme 3: Content areas for training programs

3.1 Language competencies

EM1: Was ich essenziell finde, was ich oft sehe, dass es das nicht gibt, ist, dass die eigene Sprache auch getestet wird, oder dass gezielt mit der eigenen Sprache gearbeitet wird … aber ich finde es wichtig, dass immer auch die eigene Sprache mit einbezogen wird, also dass auch arabische Muttersprachler reflektieren, wie man mit der eigenen Sprache, welche Schwierigkeiten da auftreten. Also ein praktisches Beispiel aus dem Arabischen ist, es gibt im Arabischen nur ein Wort für Psychiater oder Psychologe, weil das viele Muttersprachler nicht unterscheiden können. Und (manche?) deutsche Muttersprachler können das auch nicht unterscheiden, aber dass man solche sprachlichen Dinge auch thematisiert und wie man damit umgehen kann.

EM1: daneben finde ich ganz wichtig … Also auch wissen, wo sind die eigenen Grenzen? Was macht man, wenn man an seine Grenzen stößt? Sei es sprachlich, bei Arabisch ist ganz oft das Problem der Dialekt, also auch Muttersprachler stoßen an ihre Grenzen, wenn sie mit jemanden sprechen, der aus einer anderen Region kommt und dass man das professionell damit umgeht und nicht versucht, Unsicherheiten zu kaschieren und so zu tun als würde man doch verstehen und solche Sachen.

3.2 Interpreting/Translation

EF11: Also wenn das frei verhandelbar ist, der Dolmetschmodus. Ich war jetzt erst mal immer von so einem konsekutiven Modus auszugehen. Weil das für die Leute, für die Agenten der Institution, meistens das komfortabelste ist. Man könnte ja denken, Flüster- oder Simultandolmetschen wäre das komfortabelste. Stimmt aber nicht. Die meisten fühlen sich dann irritiert, wenn sie es nicht geübt haben. Also deswegen ist das konsekutive meistens das komfortable. (…)

EF10: Eher das zweite wäre so die wichtigsten Grundsätze der Dolmetschertätigkeit. Also dass man bitte nichts hinzufügt, was nicht gesagt wurde, und nichts interpretiert, sondern möglichst wörtlich die Sachen wiedergibt, geben soll. Auch wenn das manchmal schwierig ist, das ist schon klar. Da müssen wir auch immer diskutieren, aber dass eine Worttreue vorliegt, und so wenig Interpretation wie möglich.

EF11: Ich bin jetzt gar nicht ein Fan davon, wenn man sagt, das muss dann genauso reproduziert werden.

EF10: Also wenn jemand falsch was dolmetscht oder übersetzt, dann können einfach richtig schlimme Dinge passieren, so was ist mir auch bekannt, vor allem wenn es um medizinische Dinge geht. Aber auch Sozialhilfe, so wie Sie das meinten. Also das kann sehr schiefgehen, ne?

3.5 Ethical standards

EF11: Und dann es ist ja beim Sprachmitteln immer die Frage, bin ich neutral. Nehme ich Partei für und so weiter. Da würde ich jetzt sagen. Jemand kommt mit einem Anliegen in eine Institution. Und wenn es gut läuft, wird dieses Anliegen bearbeitet, in dem Sinne, dass man einen Schritt weitergekommen ist. So. Und von daher ist eine Parteinahme natürlich klientenseitig. Was aber nicht heißt, dass es auf Kosten von irgendwas oder irgendwem geht. Sondern ich würde da einfach mal den pflichtbewussten Agenten, der genau seinen Job gut macht, einfach voraussetzen. (lachend) Und das hieße nämlich, dass beide für den Klienten Partei ergreifen. (...) So. Ich würde immer sagen, wenn das Dolmetschen in sozialen Bereich, oder das Mitteln, wenn das stärker in Deutschland zur Tagesordnung gehört, müssen die Agenten der Institutionen mit ins Boot geholt werden. Die müssen darauf vorbereitet werden. Die müssen. Und zwar in jeder Hinsicht. (...) So.

EF11: Auch das kann man in Gänze niemandem abverlangen. Ich komme gerade aus einem Gespräch mit der H A B. Wo ich nämlich mit meinem netten Kollegen eine Doktorarbeit zu Asylverfahren betreue. Und mittlerweile ist mir klar, dass das eine Person überhaupt nicht alles wissen kann. Das geht wirklich nicht. Sondern da müsste man auch gucken, wie man / Also was ich sagen würde. Gut ist, wenn so jemand über die einzelnen Institutionen weiß, wo er auch helfen kann. Also wo er sagen kann, wenn du das und das nicht weißt, gehe da und da hin. Wie so ein Wegweiser durch die Institutionen. Man kann glaube ich niemandem abverlangen, über das Asylverfahren wirklich Bescheid zu wissen. Ja. Diese unterschiedlichen Status sollte man wissen. Und was da dann für eine betroffene Person / Also welcher Handlungsspielraum dadurch festgelegt ist. Das sollte man sicherlich wissen. Mit Blick auf das Metier. Oder mit Blick auf das Feld, was man bearbeitet. Aber das ist viel zu komplex. Das kann man denen nicht auch noch aufbinden. Ich meine, was sollen die denn alles machen. (...) Wovor ich wirklich warnen würde ist, dann hat man Personen gefunden, die Sprachmitteln. Und die können dann den ganzen Sumpf können sie dann ausbaden? Nein. Den die Institution oder diese Gesellschaft verbockt hat. Auf keinen Fall. Das geht nicht. Keine Überfrachtung der Rolle einer sprachmittelnden Person. So. (lacht)

EF8: Die müssen auch ihre Rolle verstehen. Die müssen wissen, was sie, wie soll ich sagen, welche Rolle sie haben, was ihre Funktionen sind. Die haben ja definiert Dolmetsch-Funktionen, Assistenzfunktionen, Informationsfunktionen. Das heißt, die sind nicht nur Dolmetscher, sondern die können auch als Unterstützer von Sozialarbeiterinnen fungieren unter Anleitung der Sozialarbeiterinnen und damit natürlich auch sehr viel Aufgaben übernehmen, die sonst dort gelagert sind, ja? Also nehmen wir mal an, sowas wie ein Formular ausfüllen oder sowas, ja.

EF7: Da ist es uns vor allen Dingen wichtig, dass sozusagen die großen Unterschiede bekannt werden. Sozusagen was für verschiedene Aufenthaltstitel es gibt und dass das eben auch länderspezifisch gehandhabt wird. Aber eben auch vor allen Dingen, dass das laufenden Änderungen unterworfen ist von politischer und gesetzlicher Seite und dass deswegen das Fachwissen weiterhin einfach bei den Beraterinnen und Beratern verbleibt und die Sprach- und Kommunikationsmittler vor allen Dingen darin geübt sind, die verschiedenen Begrifflichkeiten gut zu verdolmetschen. Also wirklich im Sinne von sozusagen Vokabelwissen, aber dass die Fragen „Was genau bedeutet dieser bestimmte Paragraph?“ und „Was genau bedeutet dieser Aufenthaltstitel?“ und „Was sind die nächsten Schritte?“ oder „Was sind auch meine juristischen Möglichkeiten, um zum Beispiel gegen eine Nicht-Anerkennung vorzugehen?“ Das ist uns sehr wichtig, dass das immer bei den Beraterinnen und Beratern bleibt und deswegen wollen wir auch nicht, dass die Sprach- und Kommunikationsmittler sich da als Spezialisten fühlen. Weil das ist, aus unserer Sicht, eher gefährlich. Also ein gutes Grundlagenwissen, Wissen um die Fachbegriffe und die großen Themen, aber da auch dann klar immer mit dem Hinweis verbunden, das ist ein so kompliziertes Gebiet, dass das wichtig ist, dass sie da wirklich die Sprachmittlung übernehmen, aber den Beraterinnen und Beratern wirklich die Arbeit komplett überlassen. Deswegen sind wir da eher ein bisschen auch von der Praxis ausgehend ein bisschen skeptisch, ob das wirklich geht, wenn man als Rolle für Sprachmittler festlegt, sie sollen wirklich nur sprachliche Verständigung herstellen. Sie sind keine Berater, keine Begleiter, keine Assistenten der sozialen Arbeit, sozusagen kleine Sozialarbeiter oder so. Wenn sie wirklich nur Sprachmittler sind, dann ist das Tätigkeitsfeld eben ziemlich klein, aber oft klar umrissen und dann hängt man sehr von dieser Auftragslage ab, die schlecht planbar ist. Genau.

EF3: … Also doch zum Beispiel über deutsche Gesetze, über, also in dem Sinne Ausländergesetze, dass man da Bescheid weiß, was aber nicht bedeutet, dass der Dolmetscher als Berater fungieren soll. Ich bin wirklich dagegen, dass jemand irgendwie sich die Freiheit nimmt, als Dolmetscher einfach als Berater zu fungieren. Also ich bin auch absolut gegen diese Vorstellung…

EF5: Also zunächst mal, der Bereich der Sprach- und Kulturmittlung hat ja drei Bausteine. Sprache, dann eben die Herkunft und der dritte Baustein ist eben das Fachwissen. Damit sie relevant sind im Schulsystem, wenn sie keine Pädagogen sind. Und da sind Lehrer und Lehrkräfte, Sozialpädagogen sehr speziell. Um auf Augenhöhe mit denen zu sein, braucht man eine gewisse Berechtigung. Einfach gewisses Fachwissen, um innerhalb von Schule, wo ganz viele verschiedene Lehrkräfte mit verschiedenen Expertisen und Fachwissen sind, gibt es trotzdem eine Lücke. Und das ist eben, wie gehen wir mit Fällen um, wo eben vieles aufeinander prellt. Das heißt, wir versuchen, Kulturmittler zu stärken und Ihnen eine Existenz, eine Berechtigung im Schulsystem zu geben. Indem wir Ihnen Informationen und Wissen vermitteln, die innerhalb von Schule ist, aber auch die Schule stärkt. Es fängt an, der größte Baustein ist erst mal überhaupt das Wissen über das Bildungssystem mit 24 Unterrichtseinheiten. Danach natürlich, auch wenn das Menschen mit Migrationshintergründe sind, interkulturelle Kompetenzen auch zwischen anderen Kulturen. Sie müssen auch lernen zu gucken, dass nicht jeder, auch wenn ich die Sprache Arabisch spreche, dass gerade ein Schiite ist und ich bin Sunnite oder was auch immer, Beispiel. Der Umgang damit eben, wie man Gespräche führt, versuchen wir zu stärken. Und natürlich dann, wie ist das schulische System, Aufnahmesysteme für Neuzuwanderer aufgebaut. Was muss man beachten, was sind die rechtlichen Grundlagen im Bildungssystem. Mit welchen Argumentationen können wir, Lehrkräfte, aber auch Eltern Abhilfe schaffen, wenn es um Religionsfragen geht oder verschiedene Rechtsansichten. Natürlich ist ein großer Baustein auch eben Mediation, Schlichtung. Eben Rollenverständnis. Dort sie zu stärken, damit sie wissen, dass sie sich abgrenzen müssen. Und dann kommen die verschiedenen Fachbereiche sozusagen. Wir haben Suchtprävention, Gewaltprävention, Umgang KWG, also Kindeswohlgefährdung. Wie vermitteln wir Werte und Normen, hin zu Elternkooperation. Das sind so grob, also man versucht, denen möglichst viel Werkzeug mitzugeben, damit sie im Rahmen von Schule eben gut sich da reinfinden. Und eben auch sehr gut die Brücke schlagen können in die Systeme.

3.6 Subject-specific knowledge

EM1: Ja. Ja, zu den curricularen Fragen, ich denke, es ganz unverzichtbar ist, natürlich jetzt das Hintergrundwissen über deutsches Sozialsystem, deutsche sozialstaatliche Institutionen sowohl was die Gesetzeslage betrifft, Sozialgesetzbücher, bis hin zu den jeweiligen vor Ort den Gegebenheiten, wie dann welche Ämter heißen, was, wo zuständig ist, das denke ich, das ist (Grundforderung?), Grundlage sein

3.7 Social competencies

EF11: Und da sollten die sprachmittelnden Personen darauf vorbereitet werden, dass sie vielleicht mit den Personen, die gedolmetscht werden, ein Vorgespräch führen… Sonst eben, dass man an die Hand gibt, worauf sie achten sollen.(...) Ja.

3.9 Cultural competencies

Im4: Okay, ich meine, der eine Sprach- und Integrationsmittler soll sich am besten sehr gut informieren, wie die Sachen umgehen sollen und dann am besten gehen mit die Leute und wissen über die beide Kulturen. Manche (...) wissen, zum Beispiel, Arabisch sprechen, aber die Kultur von Syrien ist ein bisschen verschiedene von Irak, zum Beispiel.

EF5: Und das sind dann interkulturelle Missverständnisse oder Differenzen. „Warum gibt mir der Mann nie die Hand, wenn ich komme?“ … Oder „Warum macht die Mutter keinen Sprachkurs?“ Also einfach solche Sachen, ne? „Warum wird mit den Kindern nicht ordentlich gelernt zuhause?“ Und das sind dann immer so ein bisschen schwierigere oder problematische Themen, wo es oft hilfreich ist, wenn ein Sprachmittler dabei ist, ein Sprach- oder Kulturmittler.

Gm03: Die zweite Sache, das sind positive Erfahrungen, dass viele Sprachmittler, die eingesetzt werden, nach und nach es lernen oder zumindest so in die Richtung gehen, Hintergrundkenntnisse sich anzueignen über die entsprechenden Kulturen. Was relativ wichtig ist. Weil sonst viele Tabus auftreten, wo dann nicht drüber geredet werden kann oder Missverständnisse entstehen aufgrund dieser Tabus. Und das ist relativ wichtig.

EF9: Ich muss jetzt ein bisschen lachen, weil wir hatten erst letzte Woche eine interkulturelle Schulung, wo die Teilnehmer genau das haben wollten und worauf wir dann sagten: Ja, aber wissen Sie denn, wie viele Heimatländer

es gibt auf der Welt (lacht)? Also dementsprechend nein. Denn ich gehe natürlich davon aus, dass eine Person, die halt sprachmittelt in einer Sprache aus einer Sprache, dass die zumindest Grundkenntnisse über die entsprechenden Länder dann hat. Wenn ich jetzt arabisch sprachmittle, habe ich Grundkenntnisse über die Länder, weil ich mich dort aufgehalten habe. Ich empfinde es aber jetzt nicht unbedingt als hilfreich, irgendwie detaillierte Kenntnisse über den Irak oder Marokko zu haben. Also das wüsste ich jetzt nicht, was mir das helfen würde. Also da wäre es mir wichtiger, eher die interkulturelle Sensibilität zu schulen, dass man sich nämlich halt bestimmter Dinge, die man automatisch tut oder sagt, bewusst ist, um dann halt entsprechend halt auf welche Kultur auch immer halt eingehen zu können.

EF6: Ich finde das schon. Also, das sagen immer so/ Das ist hilfreich, glaube ich, um gewisse kulturelle Codes auch irgendwie zu verstehen, die wir manchmal vielleicht gar nicht bemerken.

EF4: Also das Verständnis für bestimmte Begriffe. Das Verständnis für zum Beispiel Krankheit in meinem Land. Was ist Krankheit in meinem Land? Wie ist das hier in Deutschland? Wie ist das System in meinem Land gemacht? Welche Rolle, also was kenne ich als System und wie ist das hier? Weil, für viele Leute, für die wir dolmetschen, sind die Menschen gar nicht vertraut mit dem System in Deutschland. Gleichzeitig natürlich verhalten sie sich oder sie sagen auch bestimmte Sachen, die vielleicht für Fachkräfte nicht verständlich sind. Und deshalb ist es ganz wichtig. Wenn ich aber das System kenne, dann kann ich auch gleich die Erklärung dazu geben. Die Klientin sagt das und das, weil man das so in der Kultur glaubt. Zum Beispiel. Also Kultur erklären.

EF5: Also Syrien ist groß, und da gibt es auch verschiedene Bevölkerungsgruppen und Religionen, und das ist oft sehr nützlich und hilfreich, wenn die Sprachmittler sofort, also relativ schnell erkennen, wo kommen die Leute her. Wie kann man sie einordnen? Wo liegen auch bestimmte Befindlichkeiten?

EF4: „Oder im politischen System auch sich gut auskennt. Weil, wenn jemand aus einer Minderheitgruppe ist, jetzt Beispiel aus arabischen Ländern, wenn kurdische Person oder christliche Person geflüchtet ist aus der Situation dort und möchte hier irgendwie sagen und leidet unter bestimmten Konflikten, kann man nur verstehen, wenn man diese Konflikte versteht auch."

Ff06: Also, manchmal habe ich so das Gefühl, wie gesagt, ich glaube oder meine Auffassung ist halt nicht, dass nur, weil ich aus einem bestimmten Land komme, ich deswegen automatisch interkulturell kompetent bin. Und auch nicht automatisch alles über die Kultur dieses Landes weiß, sondern das ist ja was sehr differenziertes und das fände ich gut, wenn da noch mehr Aspekte reinkommen würden, wenn es nicht schon so ist. Und auch so Sachen, wie Machtasymetrie, wie Kollektiverfahrungen, Fremdbilder und so weiter. Also, dass diese verschiedenen Dimensionen von interkulturellen Begegnungen ein bisschen geschult werden, damit auch klar wird, dass … Ich will es gar nicht zu sehr ausführen, aber dass halt eben nicht/ dass eine Kultur nicht homogen ist, dass eine Kultur immer im Wandel ist und so weiter, diese Basics so, die man so aus der interkulturellen Pädagogik kennt, sind, glaube ich, sehr hilfreich, um NICHT zu sehr von seinem eigenen auf andere zu schließen und dann auch in so eine Übertragung rein zu kommen. Oder dass die Gefahr einer Übertragung zumindest besteht.

Ff05: (...) Also, ich hatte das bisher noch nie, dass jetzt einer da gesagt hat: "Okay, weil bei mir ist das so, weil ich komme aus dem und dem Land und jetzt ist das für den auch so." Aber ich finde schon, dass wenn die Sprachmittler halt auch aus dem Land kommen, von mir aus irgendwo in Südamerika, dass sie schon eine bessere Idee haben, wie funktioniert das Leben und die Gesellschaft dort als ich vielleicht, wenn ich noch nie dort war und nicht die Erfahrung da gesammelt habe, wie es denn dort ist. Und ansonsten hast du schon Recht, dass, quasi, natürlich jeder individuell ist und auch hier kann ich jetzt nicht sagen, okay, nur weil ich in Köln jetzt so lebe, leben die Bayern auch so, ne? Aber ich habe ja vielleicht eine Idee, wie das da ist. (Lachen). Und vielleicht mehr als jemand, der, keine Ahnung, in Ostafrika wohnt.

EF7: Mhm (bejahend). Genau. Sind die Bereiche, die für uns wichtig sind… und ein Anti-Bias- oder Diversity-Training…

EM1: Das fällt alles unter das Thema Selbstreflektion des Dolmetschers, aber auch Reflektion wie so eine kritische Distanz zu entwickeln, also was macht man, wenn jetzt Beschimpfungen auftreten, wenn Rassismus auftritt oder solche Sachen. Also wie verhält man sich da? Ich glaube, bei uns im Studium hieß es dann: Loyalität dem Sprecher gegenüber. Also dass man möglichst originalgetreu was wiedergibt, was der Sprecher sagt, auch wenn es, Rassismus auch, aber wenn es schwierige Situationen sind, das sind wichtige Punkte, was da natürlich je nach, ja/ genau, kritische Hinterfragung.

Appendix L: Hospital Anxiety and Depression Scale Responses

Anxiety Sub-Scale Frequencies per Item Response					
Score	Item	Description (English)	Translation (German)	n=	%
	A1	"I feel tense or 'wound up'"	"Ich fühle mich angespannt oder überreizt"		
3		Most of the time	meistens	2	5.3
2		A lot of the time	oft	6	15.8
1		From time to time, occasionally	von Zeit zu Zeit, gelegentlich	16	42.1
0		Not at all	überhaupt nicht	14	36.8
	A2	"I get a sort of frightened feeling as if something awful is about to happen"	"Mich überkommt eine ängstliche Vorahnung, dass etwas Schreckliches passieren könnte"		
3		Very definitely and quite badly	ja, sehr stark	2	5.3
2		Yes, but not too badly	ja, aber nicht allzu stark	2	5.3
1		A little, but it doesn't worry me	etwas, aber es macht mir keine Sorgen	12	31.6
0		Not at all	überhaupt nicht	22	57.9
	A3	"Worrying thoughts go through my mind"	„Mir gehen beunruhigende Gedanken durch den Kopf"		
3		A great deal of time	einen Großteil der Zeit	1	2.6
2		A lot of the time	verhältnismäßig oft	4	10.5
1		From time to time, but not too often	von Zeit zu Zeit, aber nicht allzu oft	8	21.1
0		Only occasionally	nur gelegentlich/nie	21	55.3
999		Missing	Fehlend	4	10.5
	A4	"I can sit at ease and feel relaxed"	"Ich kann behaglich dasitzen und mich entspannen"		
0		Definitely	ja, natürlich	22	57.9
1		Usually	gewöhnlich schon	11	28.9
2		Not often	nicht oft	2	5.3
3		Not at all	überhaupt nicht	2	5.3
999		Missing	Fehlend	1	2.6
	A5	"I get a sort of frightened feeling like 'butterflies' in the stomach"	"Ich habe manchmal ein ängstliches Gefühl in der Magengegend"		
0		Not at all	überhaupt nicht	23	60.5
1		Occasionally	gelegentlich	14	36.8
2		Quite often	ziemlich oft	0	0
3		Very often	sehr oft	0	0
999		Missing	Fehlend	1	2.6
	A6	"I feel restless as I have to be on the move"	"Ich fühle mich rastlos, muss immer in Bewegung sein"		
3		Very much indeed	ja, tatsächlich sehr	4	10.5
2		Quite a lot	ziemlich	8	21.1
1		Not very much	nicht sehr	11	28.9
0		Not at all	überhaupt nicht	14	36.8
999		Missing	Fehlend	1	2.6
	A7	"I get sudden feelings of panic"	"Mir überkommt plötzlich ein panikartiger Zustand"		
3		Very often indeed	ja, tatsächlich oft	0	0
2		Quite often	ziemlich oft	3	7.9
1		Not very often	nicht sehr oft	9	23.7
0		Not at all	überhaupt nicht	26	68.4

Depression Sub-Scale Frequencies per Item Response					
Score	Item	Description (English)	Translation (German)	n=	%
	D1	"I still enjoy the things I used to enjoy"	"Ich kann mich heute noch so freuen wie früher"		
0		Definitely as much	ganz genau so	32	84.2
1		Not quite so much	nicht ganz so sehr	5	13.2

2		Only a little	nur noch ein wenig	1	2.6
3		Hardly at all	kaum oder gar nicht	0	0
	D2	"I can laugh and see the funny side of things"	"Ich kann lachen und die lustige Seite der Dinge sehen"		
0		As much as I always could	ja, so viel wie immer	27	71.1
1		Not quite so much now	nicht mehr ganz so viel	6	15.8
2		Definitely not so much now	inzwischen viel weniger	2	5.3
3		Not at all	überhaupt nicht	3	7.9
	D3	"I feel cheerful"	"Ich fühle mich glücklich"		
3		Not at all	überhaupt nicht	0	0
2		Not often	selten	0	0
1		Sometimes	manchmal	6	15.8
0		Most of the time	meistens	31	81.6
999		Missing	Fehlend	1	2.6
	D4	"I feel as if I am slowed down"	("Ich fühle mich in meinen Aktivitäten gebremst")		
3		Nearly all the time	fast immer	0	0
2		Very often	sehr oft	4	10.5
1		Sometimes	manchmal	16	42.1
0		Not at all	überhaupt nicht	18	47.4
	D5	"I have lost interest in my appearance"	"Ich habe das Interesse an meiner äußeren Erscheinung verloren"		
3		Definitely	ja, stimmt genau	3	7.9
2		I don't take as much care as I should	ich kümmere mich nicht so sehr darum, wie ich sollte	3	7.9
1		I may not take quite as much care	möglicherweise kümmere ich mich zu wenig darum	4	10.5
0		I take just as much care as ever	ich kümmere mich so viel darum wie immer	26	68.4
999		Missing	Fehlend	2	5.3
	D6	"I look forward with enjoyment to things"	"Ich blicke mit Freude in die Zukunft"		
0		As much as I ever did	ja, sehr	31	81.6
1		Rather less than I used to	eher weniger als früher	6	15.8
2		Definitely less than I used to	viel weniger als früher	1	2.6
3		Hardly at all	kaum bis gar nicht	0	0
	D7	"I can enjoy a good book or radio or TV program"	"Ich kann mich an einem guten Buch, einer Radio- oder Fernsehsendung freuen"		
0		Often	oft	31	81.6
1		Sometimes	manchmal	6	15.8
2		Not often	eher selten	0	0
3		Very seldom	sehr selten	1	2.6

Appendix M: Substudy 3.1 Original statements in German

Theme 1: Emotional competencies

EF1: Aber auch über das rein sprachliche hinausgehend, der Umgang mit Emotionen. Sowohl mit eigenen Emotionen, weil man ja keine Maschine ist, als auch mit den Emotionen, die an einen herangetragen werden. Sie kennen es ja aus der Psychologie. Übertragung und Gegenübertragung und das lässt den Dolmetscher auch einfach nicht kalt. Wenn er mit solchen Emotionen konfrontiert wird und da braucht man über die Jahre ganz stabile Strategien der Psychohygiene.

Empathy

EIDHKF: Die sollen als Erstes Menschlichkeit lernen… Also sie sollen sich einfach die Zeit dafür nehmen, warum diese Menschen überhaupt hierher gekommen sind und auch mal fragen, was denen fehlt und was die brauchen. Das ist das. Also in erster Linie sollen sie lernen, Menschlichkeit.

EIDNAM: Sondern auch (...) nicht nur den Inhalt weiterleiten, auch/ sondern auch sensibel sein. Und auch gleichzeitig hat die gleiche Gefühle und er weiß ganz genau: Dieser Kunde oder der Patient, das für ihn vermittelt/ (...) von wo kommt? Was für Probleme hat, diese Gefühle von Krieg oder so weiter/ er muss einfach über alles wissen. Dass er kann diese Gefühle weiterleiten mit die Gefühle und die/ (...) sensibel zu sein. Und Gefühle von diesen Patient/ (...) oder die Kunde 100 Prozent wissen.
Und das ist sehr wichtig.

Bf01: Ja. Ich wollte noch sagen, ich weiß nicht, ob ich das vorhin gesagt habe oder ob ich es nur gedacht habe, also deswegen sage ich jetzt einfach noch mal, (alle lachen) Entschuldigung, dass also teilweise es halt einfach schwierig ist, wenn die Sprachmittler zu empathisch sind. Es muss und ist natürlich wichtig, die Situation richtig zu interpretieren, wie beide Seiten gerade drauf sind. Aber andererseits, wenn sie in einem Moment dann zu viel vielleicht Mitgefühl mit einer Person haben und die irgendwie schützen wollen und dabei aber halt dann die Übersetzung dabei beeinträchtigen, ist das dann halt auch schon wieder schwierig. Also das ist halt so ein Problem. Und halt allgemein, deswegen halt wieder die Sache mit dem Abstand. Also persönlich möglichst keine persönlichen Beziehungen zwischen den Leuten, allgemein auch zwischen den Beratern und der Person, die da irgendwie um Rat sucht. Ich versuche da auch immer, jetzt, also habe ich früher vielleicht/ Obwohl, habe ich eigentlich schon immer gemacht, Abstand zu halten. Indem ich den Leuten halt auch klarmache, dass sie nicht die einzige Person ist, die ich unterstütze. Dass ich das nicht mache, weil wir eine Familie sind, sondern dass ich halt ein Lehrer bin und dass ich das zwar ehrenamtlich mache. Aber trotzdem also nicht, ich werde zwar nicht dafür bezahlt, aber es ist trotzdem auch, sind wir jetzt nicht eine Familie, also du bist nicht mein Bruder oder so was. Und das mache ich halt zum Beispiel auch, indem ich die Leute natürlich nicht zu mir nach Hause bestelle. Aber auch kaum irgendwo alleine treffe, sondern meistens immer jemand dabei ist. Entweder lege ich das so, dass zum Beispiel jemand anders, der auch irgendwie noch einen Rat braucht, kurz davor oder kurz danach kommt. Sodass die sehen, sie sind nicht die Einzigen in meinem Leben. Oder ich erzähle auch über andere Flüchtlinge und sage, auch weil mich da was gestört hat, damit die halt auch merken, dass ich nicht immer alles supertoll finde. Sondern dass sie halt auch merken, ich bin da auch manchmal kritisch. Und habe auch, es gibt auch Dinge, die mich stören. Und also, dass die halt einfach merken, da ist nicht immer alles Friede, Freude, Eierkuchen.

Maintaining emotional distance

Bf02: Diese Härte, oder was wir so als Härte empfinden, ist ja auch, glaube ich, generell im sozialen Bereich, ihr habt hier sicherlich mehr Erfahrungen noch als ich. Aber dass man, wenn man sich das zu nah an sich herankommen lässt und zu emotional da reingeht, diese sozialen schwierigen Situationen, dann nehmen wir sie alle mit nach Hause, mental. Und kommen selber nicht mehr klar. Dann sind wir auch keine guten Helfer mehr. Also dieses sich gesunde Abgrenzen als sozial Tätiger, ist ja total wichtig, umso verlässlicher sind wir auch für die dann wieder als Ansprechpartner eine Woche später in der Sprechstunde. Aber dann tausend Mal dazwischen. Das ist glaube ich wichtig.

Cm01: Aber dennoch muss man die Fähigkeit haben, einen gewissen Schutz für sich selbst zu bauen. Das heißt, dass man mit dem Gefühl nur nicht mitgeht, sondern die versteht, jetzt fühlt, aber nicht persönlich nimmt. Damit man auch diese Vogelperspektive auch immer noch im Auge behalten kann. Und das wird meiner Meinung nach (unv.)

Cm02: Das ist auch sehr wichtig, die Distanz zu halten.

FGE: Ganz zu Anfang, ich habe richtig Probleme mit, also sie sagt, also sie wissen das, wie schlimm das war damals. Also, wenn man so krank ist und sie war alleine, ohne ihren Mann. Und ihre Psyche war so sensibel gewesen, dass sie sehr häufig in Tränen aufgelöst ist. Also sie hat einen Termin bei einem Psychologen hier gehabt.

Und da hat sie über ihr Schicksal und auch ihre Sorgen gesprochen. Und die Dolmetscherin, sie kam auch aus Afghanistan, ich glaube, sie war aus Kabul. Sie ist selber in Tränen aufgelöst und sie hat sie einfach umarmt. Und in dem Moment hat sie auch so ein Gefühl gehabt. Weil, sie sagt, ich weiß nicht, wie bei den anderen ist es, aber bei mir ist es zumindest so, dass, wenn man hier ist, dann fühlt man sich auf einmal so allein, so einsam. Und das hat hier eigentlich eher so ein Gefühl gegeben, dass sie für sie da ist. Und das hat sie sehr, sehr gut jetzt immer noch positiv in Erinnerung.

FGE: Also bis jetzt habe ich bestimmt mindestens mit drei, vier Dolmetschern schon eine Begegnung gehabt. Und bei einigen weiß ich nicht, also ich habe nicht den Eindruck gehabt, dass sie uns richtig verstanden haben. Also sie haben sich eher um sich selber sehr gekümmert. Aber es waren auch gute dabei, die auch wirklich sinnvoll ihren Job gemacht haben.

Hf04: Habe ich gesagt, nein, das gibt es nicht. Wie kann ich das so, wie wird das so nach einer Woche aussehen. Ich werde doch selber kaputt gehen. Aber nach zwei, drei Tagen habe ich gedacht, okay, man muss ja nicht alles, man muss ja sich hier selber nicht öffnen, weil, das ist ja nicht direkt meine Sache. Also dann, ich muss, um überhaupt weitermachen zu können, eine Mauer um mich ziehen und einfach mal nur so dahinter bleiben. Und dann hat es auch funktioniert.

Jf06: Genau, ich bin da auch, ich bin ja doppelt belastet, ne? Ich bin bei [einer Organization als Sprach- und Integrationsmittlerin tätig] und ich habe noch den Job, den ich mache. Und dann natürlich, dann habe ich noch meine Familie, Eltern, Mann und Freunde und alles so. Und keiner von denen kriegt was mit. Ich habe einfach irgendwann mein Leben und dann und dann, hat meine Freundin gesagt, "das ist deine Arbeit und wir merken gar nichts davon, dass dich dann irgendwie belastet." "Ja, dann wäre ich ja falsch bei diesem Job, wenn man mir das anmerken würde." Also Gott sei Dank ist es bei mir so, sobald ich die Tür zumache, ist bei mir so ein Knopf, Feierabend, das war's, also sobald ich aus dem Zimmer rauskomme, jetzt bei …Kliniken, oder egal wo, sobald ich raus bin, vor dem Aufzug ist schon vergessen. Also dann denke ich gar nicht mehr darüber nach. Also ich habe das ja gelernt, Gott sei Dank, sehr, sehr gut. Also ich kann sehr gut abschalten. Und also wenn mich das auch sehr, sehr belastet, dann brauche ich eine Zigarette.

Setting personal boundaries

Dm01: Also mein negativ, ganz schwierig, manchmal gehe ich mit einem Kollege zum Beispiel zum AOK oder zur Polizei. Er hat Probleme mit einen jungen Mann gemacht im Camp oder so. Und dann sollte ich als übersetzen… oder einige junge Mann, kamen manchmal und machen Probleme über eine kleine Sache… Ich muss das übersetzen, das war bei mir ein bisschen schwierig. Also sie geben, sie bilden in Deutschland andere Bild von unsere Kultur. Das war bei mir bisschen schwierig. Ich kann nicht übersetzen. Und er sagt mir auch, du musst übersetzen, du musst übersetzen. Auch schreien, du bist Übersetzer. Ja, ich weiß. Ich helfe dir gerne, aber nicht so… also wenn ich zu Hause bin oder wenn ich schlafe, bekomme ich ein Nachricht von ein Kollege von mir oder ein Boss zu mir geschickt, kannst du das für mich übersetzen. Also jede Stunden oder Sekunden, jede drei Stunden bekomme ein Post oder ein Bild von einem Kollege von mir, kannst du das für mich übersetzen. Ich lese das, ich sage ihm, du hast einen Termin beim Jobcenter oder so oder so. Ja, bitte kannst du mit mir kommen? Das ist ganz viel. Bei uns, ich kann nicht nein sagen. Was mein Bruder ist, ich kann nicht nein sagen. Ja, ich kann, also ich gehe mit ihm. Und dann fertigmachen, sage ich halt, ich habe keine Zeit, ich habe Schule. Ich muss mein Papier auch arbeiten. Also er geht nach Hause und spricht über mich. Hat sowieso mir gesagt und er will nicht mit mir kommen. Und er hat B2 geschafft. Und ich kann nicht B2 schaffen. Ich weiß nicht, wie kann man das erklären, also wenn man, zum Beispiel, wenn man hat viele Geld oder viele Sachen oder gute Sachen und andere Mann hat keine. Und ich rede nicht mit ihm, wie kann man das erzählen. Aber dieser, jede Stunde bekomme ich eine Nachricht oder einen Post von einem Kollegen.

Df02: Und das war/ Und er hat mir auch so, wie seine Tante so, weil bei uns, in unserer Sprache (Haussa) gibt es so wie eine, als Respekt, so eine Name die man diejenige nennt. Ständig hat er mir so diese, das, so wie in unserer Sprache, wie Kosenamen… Solche, die man so/ Er hat mich nicht Frau (Isaka) genennt oder (Hashera), sondern (Yaya ?). (Yaya?) bedeutet wie, du große Schwester, solche Ding. Und es war unangenehm so. Und damit, seitdem habe ich nicht mehr für die Polizei so übersetzt. Weil, ich habe das noch immer im Kopf. Danach ist er in Gefängnis gelandet. Denn er hat mich so mit seinem Betreuer so aus dem Gefängnis so angerufen. Und er sagt zu mir, (Yaya?) zu sehen, wo er gelandet ist. Als eher so wie eine Hilfe. Ja. Und er würde, ich weiß es nicht, ob er/ Ich weiß nicht, ob er abgeschoben würde oder nicht. Weil, er hat Angst, dass er so abgeschoben würde. Und er hat mich ständig so, was soll er machen, was soll er der Polizei sagen, damit er/ Und das war wirklich, bis heute habe ich noch gesagt, also ich hätte das erzählt. Habe ich auch seine Stimme im Ohr. Es war, es hat ein bisschen Zeit gebraucht. So an dem ganzen Tage konnte ich nicht abschalten.

Hf02: Als ich finde, man muss irgendwie lernen, Grenzen vorgesetzt zu bekommen auch. Weil, ich kenne das auch, aber halt ganz anders… Also dieses Kulturelle vermitteln, ganz klar. Aber auch, wo darf ich Grenzen setzen. Also muss ich mich von einer Familie, die jetzt wirklich überhaupt nicht verstehen will, was los ist, muss ich mich jetzt beleidigen lassen? Darf ich aufhören, wo kann ich nein sagen und Tschüss, es reicht jetzt?

If2: durch diesen Rahmen habe ich einen gesunden Abstand bekommen und mich ruft keiner an und keiner hat (lachend) meine Telefonnummer und das ist gut so.

If1: Man kommt nach Hause, ich war so, ich habe da versucht so zu machen, ich komme nach Hause, meine Arbeit ist mein Mantel, den ziehe ich aus und der hängt da. A/ ich konzentriere mich auf mein Zuhause, aber immer abends, wenn alle schon schlafen, spukt da noch ein Gedanke, ach, vielleicht kann man das noch so und so machen und so und so. Eine kleine To-Do-Liste, das, das, das, aber das ist jetzt weg, das ist jetzt für morgen für den Job, weil wenn man/ ja, und private Grenzen irgendwo// behalten,//

Self-reflection

EF1: Also welche Techniken brauche ich? Welche Strategien brauche ich?. (...) Distanzierungsstrategien. Selbstreflektion.

Cm01: Weil, während die Fortbildung (unv.) einmal eine gewisse politische und halbpraktische Erfahrung sammeln kann. Dass man sich selber beobachtet, wie bin ich und die andere Seite. Wie bin ich rüber gekommen.

Cf05: Selbstreflexion.

Cm01: Eine Selbstreflexion vom Typ her.

Hf: Oder ich finde das auch sehr wichtig jetzt mal hier, vielleicht möchte ich ja unbedingt im sozialen Bereich arbeiten und KANN es einfach nicht. Also wenn ich wirklich nicht dafür geeignet bin, dass man den Leuten auch erklärt, ist ja schön, dass du das machen willst, aber es passt nicht. Du bist halt ein Mensch, dass man den das auch klar macht. Weil, es gibt ja viele, die das machen, aber die sind dann immer so persönlich, gehen die mit den Menschen um, statt sachlich… Dass man sich da auch bewusst wird, will ich das oder kann ich das überhaupt?

Theme 2: Potential stressors

Professional role

Hf03: Also ich habe für mich einfach gedacht, okay, ich bin neutral, parteilos. Ich dolmetsche nur, mehr nicht.

Cf03: Wie müssen wir reagiert jetzt zwischen Eltern in der Schule und zwischen Eltern, Schüler und Schülerin und Lehrerin, wie müssen sehr beachten weil, wir sind dazwischen. Wir sind keine Dolmetscher und Dolmetscherinnen. Wir sind Sprach- und Kulturmittler, ist ganz anderes, ganz anderes. Wir müssen diese Gefühl verstehen. Wir müssen mitdenken in (unv.) oder in der Schule. Es ist nicht so einfach… Wir spielen wichtige Rolle zwischen pädagogische Kraft, Lehrer, Schüler und Schülerin. Wir müssen eine Lösung finden, warum. Elterngespräch erst einmal. Und mit Schule erst einmal. Einzelgespräch mit Schüler oder Schülerin. Einzelgespräch mit Eltern, Einzelgespräch mit Lehrer und dann ein zusammen Gespräch. Dass ein Lösung zu finden gemacht wird.

Cm01: Ich wollte noch mal sagen, Sie hatten ja vorhin gefragt, ob das oft so ist bei uns, dass wir ja auch die Verantwortung übernehmen, obwohl wir eigentlich die Zwischenrolle spielen sollten. Also bei mir ist das nicht so. Also wir helfen Geflüchteten, wir bereiten sie auf den Arbeitsmarkt vor. Also mit Sprache, aber auch mit Lebenslauf, Jobcoaching und all so verschiedenen Sachen. Und da muss ich sagen, da bin ich nicht in dieser Situation… da ist jetzt ein Betreuer oder ein Psychologe oder ein Arzt. Und dann bin ich dabei. Und dann derjenige, der Teilnehmer eben. Und dann ist das schon klar geregelt. Aber trotzdem sind eigentlich die Rollen so klar. Also ich habe nicht das Gefühl, dass ich auf einmal alles machen muss. Eher so ein bisschen, dass es so ein bissen Unterstützung dann.

EF9: dieses Rollenverständnis, denn es ist natürlich so, dass die Sprachmittler in den Einrichtungen auch arbeiten bei uns, in vielen Fällen halt einfach verschiedenen Stellenbeschreibungen auch haben, das heißt die müssen permanent diese Gradwanderung machen zwischen reinem Dolmetschen und sozialbetreuen und wenn man das nicht ganz klar hinbekommt und das war tatsächlich, das Ding eigentlich durch alle vier Module durch diese Diskussion darüber, wenn man das nicht klar hinbekommt, dann funktioniert das halt auch mit dem Sprachmitteln beziehungsweise Dolmetschen nicht, denn dann sind die ja permanent in einer Konfliktsituation, dass sie halt

tatsächlich zwischen dem Auftraggeber, sprich der Einrichtungsleitung, stehen und den Bewohnern und das wollen wir gerade als Sprachmittler vermeiden.

EM3: Also, ich glaube, da gibt es für die Leute wirklich auch Bedarf sozusagen, dass die sich da auch mal austauschen können, denn die stehen da, glaube ich, irgendwie ziemlich unter Druck, von allen Seiten und werden da so ein bisschen hin und hergerissen. Also, die stehen unter Druck von Seiten des Bewohners, mehr zu machen, zu helfen, sind vielleicht auch vom kulturellen Background geneigt, zu tun und werden die dann aber weggezogen und ich glaube, das ist nicht so einfach für die Leute. Ja, es gibt natürlich/ Ja, es gibt/ Also, die Rolle der Sprachmittler ist, glaube ich dann auch/ Also, ist eine schwierige Rolle, glaube ich, für die Leute. Die sollen natürlich einerseits Vermittler sein der Sprache, eigentlich nur von ihrer Rolle her, sind gleichzeitig gegenüber uns als ihr Arbeitgeber und gegenüber den Bewohnern vielleicht auch aus/ Sage ich mal, die haben/ Die Leute haben häufig denselben Background, kulturellen Hintergrund und so weiter und stehen da, glaube ich, ziemlich zwischen den Stühlen. Und das irgendwie so in Balance zu halten, ist glaube ich ziemlich schwierig für viele. So, dass sie sich dann vom Bewohner unter Druck gesetzt fühlen, gleichzeitig haben wir die Erwartung, dass sie sich zurückhalten, also in dem Sinne, dass sie da nicht zu viel für die Bewohner machen, sondern eigentlich nur das Sprachliche übersetzen sollen. Und da ist es glaube ich schwierig für die Leute, da so eine professionelle Distanz zu finden und vielleicht zu sagen: "Ich bin hier nur der Sprachmittler", sondern/ Und ich kann jetzt nicht nebenbei so eine Parallelberatung, das ist ein Phänomen, das es sehr häufig dann gibt, dass die Sprachmittler also eigenständig draußen auf dem Flur die Post der Bewohner lesen, ihnen die erklären, obwohl das eigentlich nicht ihre Aufgabe ist.

EIDNAM: Ich glaube und das ist meine Meinung es ist sehr wichtig und soll/ sollte sein. Auf jeden Fall muss Sprachmittler/ (...) hat viele Informationen über die soziale Arbeit in Deutschland, weil wie kann das sein, dass ein Sprachmittler hat weniger Informationen über eigene Land, wo er wohnt, und er weiß nicht, wie das System funktioniert? Weil er muss vermitteln von Menschen, die Migranten sind. Manche, die sind psychisch gestört durch bestimmte Probleme, Krieg oder egal was. Und viele junge Kinder oder Minderjährige, die brauchen Hilfe. Oder viele andere Sachen (...) oder Menschen, die brauchen besser leben/ (...) so. Wenn ein Sprachvermittler hat viele Informationen über viele Vereine, viele Organisationen, viele Sozialarbeiteinrichtungen in Deutschland, er kann (...) sein in diesem Moment/ er wird nicht als Dolmetscher oder Sprachmittler, sondern aus einer/ (...) ein Kompass.

If2: Und dann sind wir ins Krankenhaus und nach dem Krankenhaus sagen die: "Ja, gehen wir jetzt eine Wohnung suchen? Du bist doch meine Schwester." Ich sage, nein, meine liebe Schwester, das kann ich nicht."

Hm02: Manchmal, die Flüchtlinge, ich bin im Jobcenter und die fragen über [Krankenkasse] oder Gesundheitsprobleme, nur weil ich Arabisch spreche (Räuspern), sie denken, dass ich bei Jobcenter arbeite. Sie denken, habe ich die Schlüssel. Zum Beispiel, eine Familie sucht eine große Wohnung. Sie denken, ich habe den Schlüssel hier irgendwo in Schublade und dann ich muss…

Sources of stress: accusations of guilt

Cm01: Also negativ finde ich, dass die große Enttäuschung manchmal da drin ist, in diesem sozialen Bereich. Wenn irgendwie Dinge nicht so klappen, wie die Geflüchteten es sich wünschen mit den Behörden. Dass man, also dass ich dann auch diejenige bin, die das abbekommt, obwohl ich ja nichts dafür kann. Ich kann es ja nur so weitergeben, wie das ist. Und wenn das nicht bewilligt wird oder die Familienzusammenführung nicht klappt, dann kommt der Frust von dem Teilnehmer an mir an. Und das ist halt, finde ich immer sehr schwer.

Cm03: Und hab ich schon erwähnt (unv.), dass der recht hat. Der Dolmetscher oder der Sprachmittler nur eins. Der Schuldige zum Beispiel braucht zum Beispiel dann jemand, der jetzt abgelehnt wird. Natürlich ist man, die Sprachmittler auch schuld. Nicht richtig übersetzt oder so was. Das habe ich auch mal so eine Erfahrung gehabt.

EIDHAF: Okay, das habe ich dir erzählen, mit den sieben in der Anhörung? Sieben Leute, derselbe Dolmetscher. Und die wundern sich ja natürlich, alle sieben abgelehnt worden sind, warum? Das kann doch nicht angehen, dass wir alle sieben auf einmal abgelehnt worden sind. Das kann ja nur an dem Dolmetscher liegen.

Ethical dilemmas

Dm02: Man bekommt besser Gefühl. Manchmal ist schon negativ, hat man schlechtes Gewissen. Zum Beispiel jemand hat mit faschistisch Schah-Regime gearbeitet oder mit Geheimdienst vom Schah gearbeitet. Jetzt ist auch geflüchtet. Und dann sind zwei Seite, die wollen gegen Khomeini-Regime, islamische Republik waren zwei Schichten. Die Anhänger des Schah-Regime, faschistisches Schah-Regime. Und die andere Seite, revolutionäre Gruppen. Die kommen beide nach Ausland als Flüchtlinge. Und da manchmal muss für sie dolmetschen.

Dm02: Ja, dann muss erst mal richtig dolmetschen, was er sagt, aber man hat kein gutes Gefühl, genießt man nicht bei Dolmetschen. Muss man jemanden manchmal auch für viele Lüge, trotzdem muss man das dolmetschen, obwohl man 100 Prozent weiß, dass der lügt. Und dann sieht man, ob man hier bekommen schlechte Gewissen, ob man, ich helfe jemanden, der bei Verbrechen zu tun hatte. Anders, meine Aufgabe, kann ich nicht nein sagen. Kann ich nicht anderes übersetzen, kann ich nicht sagen, ablehnen, dass ich nicht mehr dolmetschen kann. Hier ist verschiedene Erfahrungen, das ich gemacht habe. Und dann hier in dieser Situation, man fühlt sich nicht gut.

Df02: Und ich habe ihm gesagt, was soll ich sagen, sagt auf Frage die Wahrheit. Und ich bin hier nur als zu übersetzen. Das ist nur meine Rolle. Ich kann nicht mehr machen. Ich bin kein Polizistin. Ich kann auch nicht für ihn machen.

Theme 3: Exposure to potentially traumatic material and situations

Cf04: Und da lernt man halt natürlich das ganze Schulsystem, Traumatisierung, Gewalt, also alles, was in der Schule vorkommen kann.

Cf07: Der war tatsächlich ein Junge, der sehr traumatisiert war.

Cf01: Also ich habe mal in der Traumatherapie gedolmetscht.

Hf02: Das ist ja, die sind ja teilweise traumatisiert selber, denen geht es nicht gut.

Hf01: Das muss man lernen, das nicht mitleiden und nicht immer Gefühle sich auch verletzt werden. Weil es, zum Beispiel für mich am Anfang war es sehr schwierig, manchmal wenn ich zum Beispiel manche Situationen gesehen habe. Besonders bei Frauen. Zum Beispiel, wenn man sieht, ein Mann zu einer Frau, weil, Entschuldigung, weil ein (lachend) Mann ist, beschimpft oder viele Sachen. Ich war sehr, sehr gestört…Und ich habe gedacht, nein, brauche ich etwas mehr, zu lernen, dass ich (lachend) mich nicht also stören. Und deswegen, das ist mehr als, dass ich gedacht hatte, ERST, dass ich gedacht hatte. Und deswegen jetzt glaube ich, ist nicht einfach, dass mit die Flüchtlinge man arbeitet. Und viele denken, das ist so einfach, aber ich fühle mich nicht so. Und das ist schwierig. Und man muss sehr stark sein, dass ich in diese Bereich arbeiten kann.

Hf04: … ich bin, letztes Mal bei BAMF war ein Mann, er ist traumatisiert. Er erzählt ein Wort von da und ein Wort von da. Und hat überhaupt, er konnte nicht zwei Sätze zusammen, also in eine Reihe oder in eine Folge. Und dann habe ich das erkannt. Und dann konnte ich dem Richter das sagen. Dann hat der mehr Verständnis. Und war mit ihm langsamer und so weiter. Ein anderer Sprachmittler wird das nicht verstehen. Weil, er weiß nicht, was ein Trauma ist, vielleicht. Also vielleicht auch, er weiß das. Also ist, unsere Arbeit hat sehr, sehr viel zu tun, es ist wirklich nicht nur, die Sprache zu vermitteln. Also wir müssen Menschen auch, die Menschen, deren Leid, deren Kultur, deren Gewohnheit AUCH vermitteln, damit die anderen verstehen, was hinter dieser Mann steckt.

Theme 4: Secondary traumatic stress

Cf02: Ich bin sehr zufrieden… Aber negative Sache ist sehr traurig und (unv.). Und manchmal, wenn ich gehe nach Hause und ich schlafe, es kommt immer diese traurigen Bilder. Und ich kann nicht schlafen. Manchmal ich weine. Aber viele, viele Afghanen haben schlechte, ganz schlechte intensive Zeit. Und kann ich nicht wegen alles Sache tragen. Das ist für mich ganz schwer doch.

Jf01: Noch eine negative Erfahrung. Wie gesagt, kein Nobelverleihung, sondern immer etwas Trauriges, wo Menschen Hilfe brauchen. Du darfst das auch nicht zu nah an dein Herz, an deine Seele lassen. Du musst irgendwelche Barriere zwischen Kunden, die leiden und dich selber auch aufstellen. Und dann irgendwann mit der Zeit je nachdem, wie oft du arbeitest und je nachdem wie intensiv oder krass deine Einsätze sind… Dann du befindest dich in selbstgebauter Kapsel und dann wenn du nach Hause kommst… ich befinde mich immer noch in dieser Kapsel. Und da gibt es bestimmte Distanz zwischen mir und meinen Kindern, weil ich sperre mich freiwillig, oder unfreiwillig ab von meiner Familie. Ich kann die auch nicht so nah an mich lassen, weil das ist schon so geübt/angewöhnt und das ist das Negative. Du kannst nicht so umschalten und sagen, "ha ja, hier ist Mama, alles wunderbar, jetzt spielen wir." Dann du überträgst was draußen in dein Zuhause, das finde ich natürlich schade, aber kann man nicht vermeiden.

Hm03: Normalerweise erzählt man ja mit Stolz, dass man jemandem das Leben gerettet hat. Ich habe mit einem Kollegen einem Flüchtling das Leben gerettet, der hat einen Strick um den Hals gebastelt und wollte runterspringen, aus der zweiten, dritten Etage oder was. Unten Feuerwehr mit, also es war schon eine ziemlich große Aktion, das war ein 16-jähriger junger Afrikaner. Den wir dann halt mit, auf Französisch war das auch noch,

beruhigen mussten. Also das hat ewig lange gedauert. Und es war Glück, dass es funktioniert hat. Jetzt habe ich immer noch Probleme mit meinem Gewissen. Das habe ich wirklich kaum irgendjemandem erzählt, was wäre denn passiert, wenn ich da irgendeinen Satz falsch gesagt hätte. Was wäre da passiert. Normalerweise sagt man mit Stolz, ich habe jemanden das/ Wie gut ich mich doch als Mensch, jetzt bin ich Doppelmensch. So ist es nicht. Also ich habe wirklich, wenn ich drüber nachdenke, kriege ich immer noch Gänsehaut. Und weiß ganz genau, dass ich jetzt gerade in meiner Arbeit mit Sachen rumhantiert habe, denen ich nicht gewachsen bin. Fertig. So sehe ich das. Das hätte, das war wahrscheinlich Glück, das hätte ganz anders laufen können. Ist es aber zum Glück nicht. Also das war für mich jetzt auch nicht der Grund, ganz von dieser Arbeit abzulassen. Aber an der Stelle habe ich meine eigene Schwäche zu erfahren bekommen. Ich wurde damals als Stellvertreter und als Teamleiter relativ hochgelobt, wie jemand, der wirklich vieles kann und so weiter. Aber da habe ich gemerkt, nein, du kannst gar nichts. Außer vielleicht hier und da mal eine Sprache. Aber da habe ich gemerkt, dass es völlig, also da konnte ich meine Arbeit und mich selbst auch nicht mehr so ernst nehmen. Und das war so ein kleiner Bruch.

Theme 5: (Professional) psychological support

Lack of professional support

Ff07: Was uns zusätzlich auch noch auffällt, ist die hohe psychische Belastung der Sprachmittler. Also, da wird viel/ da geht es auch viel um unseren Kontext, aber wenn wir auch in Flüchtlingsunterkünfte gehen viel um Traumatisierungen, viel um Traumata, die in der Heimat passiert sind, die die Sprachmittler übersetzen müssen. Das sind Geschichten, die uns auch erschüttern und wir haben schon oft von Sprachmittlern gehört, dass es zu wenig Supervision gibt, zu wenig Begleitung. Wo sollen die das lassen? Also, wir haben auch eine hohe Rotation bei Sprachmittlern festgestellt einfach, weil nach ein, zwei Jahren (...) Arbeit mit geflüchteten Menschen insbesondere aus Kriegsgebieten, die sind dicht, die können auch teilweise nicht mehr. Das war auch noch so unsere Erfahrung im Dienst.

Ff05: Der eine oder andere, je nachdem welche Migrationserfahrung man selbst hat, dann auch, glaube ich, einiges nochmal aufgewühlt werden kann, wenn man auf einmal auf jemanden trifft, der eine ähnliche Geschichte hat, die ähnlich schwierig ist und dass man dann halt nicht mehr so eine professionelle Distanz halten kann oder vielleicht auch selbst eigentlich danach einen hohen Gesprächsbedarf hat so. Dass die Sprachmittler dann auch irgendwie einen Raum haben sollten, wie du schon gesagt hast, wo sie das dann auch loswerden können.

If2: Also, ich habe mich, als ich das privat gemacht habe, total alleine gefühlt und mit diesen ganzen Problemen…Wenn eine Frau kommt, zum Beispiel, und zu mir sagt:" ich wurde vergewaltigt." Und ich bin eine Frau, wie soll ich das denn einfach aufnehmen und nach Hause gehen und lächeln? Wie soll das gehen? Ich brauche jemanden entweder, mit dem ich reden kann oder ich muss professionalisiert werden dazu, um damit umzugehen. Und was mir halt fehlt in der Ehrenamtsarbeit ist, Ansprechpartner…

Hm03: Was mir an meiner Arbeit gefehlt hat, ist die Supervision. Also man hat uns keine Gelegenheit gegeben, das alles von einer sichereren Entfernung aus zu betrachten, was unsere Arbeit bedeutet, was wir erfüllen müssen. Was es für Probleme geben kann. Und wie wir uns selbst davor auch schützen können. Ich hatte nicht wenige Probleme dadurch, dass wir auch wirklich sehr schwierige Fälle hatten, die ich zu Hause nicht einfach so habe abschalten können. Ich habe zwar beim Roten Kreuz auch gearbeitet und vorher auch für eine katholische Sache, für Obdachlose. Aber die Supervision haben wir nie bekommen. Alles war sehr kurzfristig. Und wir mussten halt mit dem klarkommen, was ist. Und das hat am Ende nicht mehr wirklich so reibungslos geklappt. Ich habe sehr viel mit nach Hause nehmen müssen. Wir haben Leute vom Selbstmord abgehalten, es gab Vergewaltigungen.

EF10: Ja, wenn Menschen das häufiger machen, oder sogar professionell, dann fände ich das unbedingt gut, eine Supervision. Das muss sicherlich nicht so häufig sein, aber dadurch dass doch oft schwierige Situationen sind, auch in denen die Leute eingesetzt werden, das sind ja oft Konflikt- oder eben schwierige persönliche Situationen. Deswegen fände ich das eigentlich sehr gut, wenn es einen Austausch gäbe. Eine Art von Supervision. Wir haben keine Supervision, aber unsere Sprachmittler kommen immer wieder hierher, um entweder mit uns, aber vor allem mit unseren anderssprachigen Kollegen zu reden. Also von daher bekommen wir ein ganz gutes Feedback von den Einsätzen. Es ist aber jetzt keine Supervision in dem Sinne. So was haben wir nicht, haben wir jetzt auch nicht angedacht. Also das können wir im Moment nicht leisten.

EF2: Wir selber bieten keine Supervision, weil wir ja sozusagen jetzt nicht wirklich Dolmetscher vermitteln und auch nicht als Pool agieren. Aber gerade in diesem Block, wo es um die psychosoziale Kompetenz geht, da kooperieren wir eben mit PsychotherapeutInnen auch. Wir haben hier drei verschiedene Personen, mit denen wir da immer wieder kontaktieren, die alle auch Supervision in der Praxis für Dolmetscher und Dolmetscherinnen regelmäßig anbieten, also sozusagen die dieses Feld auch kennen. Und dass das etwas ist, wo halt die, die dolmetschen in dem Feld, dann sehr häufig allein gelassen werden. Also es ist so quasi, wo alle sagen „Ja, wunderbar. Und das ist super. Und es wäre toll, wenn wir das hätten“, aber de facto gibt es das nur sehr selten. Ein

bisschen versuchen wir, dahin zu steuern, dass sie sich das eigenverantwortlich selbst organisieren. Da gibt es jetzt momentan gerade einen Versuch über eine Therapeutin, die zum Beispiel für eine Gruppe, die das wollen, ein gutes Angebot gemacht hat. Und die finanzieren sich das sozusagen selbst und privat, jetzt. Aber, ja.

Peer consultation

Cf03: Ja, einmal im Monat. Und dann wir sprechen über unsere Erfahrungen in der Schule, was passiert, welche Probleme haben, wie können wir auflösen. Das finde ich sehr toll. Tolle Maßnahme und Projekt.

EM1: Also ich finde, was ich immer sehr sinnvoll finde, sind Supervisionen in Form von Kollegengesprächen also Austausch mit Kollegen, am besten auch noch verschiedene Sprachen oder gleiche Sprachgruppen, wo man sich über (unv.) Probleme austauscht und dann schaut man, was andere für Lösungsmöglichkeiten haben für bestimmte wiederkehrende Probleme. Ich kann Frust loswerden oder andere Emotionen loswerden oder so, also es muss moderiert sein von einer Person, die da Erfahrung hat, vielleicht die nicht Dolmetscher ist, aber so im Kollegenaustausch fand ich jetzt, aus meiner Erfahrung am sinnvollsten.

EF7: Ansonsten finde ich das auch wichtig, dass es sowas wie tatsächlich… für Menschen, die eben so in dieser Zwischenfunktion sind, nochmal eine eigene Supervision aufgebaut wird. Weil sie sind eben nicht Fachkräfte und sie sind irgendwie auch mal Klienten gewesen, sage ich mal so… Und da denke ich, ist es sehr sehr sinnvoll, auch sowas wie eine Supervision oder zumindest, ja, eine Intervisionsgruppe aufzubauen für Leute, die in diesen Funktionen tätig sind.

EM2: Die Dolmetschenden, die wirklich häufig im Einsatz sind, die besuchen auch regelmäßig weiterhin Supervisionen oder Intervisionen bei ihren jeweiligen Vermittlungsstellen. Auch das finden wir extrem sinnvoll. Das ist zu empfehlen.

Supervision

If2: Wohin damit? Dass man wenigsten Supervision hat, dass uns auch mal jemand anhört, mit diesen ganzen Traumas, ne, wenigstens, dass jemand rüberguckt, dass wir auch Schulungen bekommen, wie man Grenzen setzt…

EM2: Die Dolmetschenden, die wirklich häufig im Einsatz sind, die besuchen auch regelmäßig weiterhin Supervisionen oder Intervisionen bei ihren jeweiligen Vermittlungsstellen. Auch das finden wir extrem sinnvoll. Das ist zu empfehlen…Ja, unbedingt, sehr sinnvoll. Also bei uns ist das fester Bestandteil von Modul eins. Es sind neun Stunden enthalten in der Mindestseminarzeit. Wir haben auch eine klare Vorgabe, was die Qualifikation Supervisoren angeht. Wir haben gewisse Vorgaben auch, was die Supervision selber angeht, es muss Gruppensupervision sein. Es müssen maximal drei Stunden sein pro Supervisionseinheit. Und es muss Mindestzeit zwischen den einzelnen Supervisionseinheiten liegen, also damit auch wirklich eine neue Praxis, dann neue Reflexion einfließen kann. Also ich finde das sehr wichtig, unbedingt.

EF8: Genau. Wir haben sozusagen zwei Möglichkeiten von Supervision. Das eine ist, dass diese Einzelgespräche, die verpflichtend nach den ersten paar Terminen stattfinden, auch immer angefragt werden dürfen von den Sprach- und Kommunikationsmittlerinnen und Mittlern, wenn sie selber einen Bedarf danach sehen. Das kann entweder sein wenn sie sagen: „Die Situation bei dem letzten Einsatz war schwierig." Zum Beispiel: Ich habe bei einer Schulkonferenz gedolmetscht. Da waren zehn Personen im Raum und es gab keine klare Gesprächsregeln und ich musste gucken, dass ich das alleine hinkriege, weil mich niemand unterstützt hat. Obwohl ich darum gebeten habe. Das kann ein Anlass sein, also wirklich einfach die Dolmetsch-Situation, aber auch wenn der Eindruck entstanden ist, die Dinge die ich da gedolmetscht habe oder das was ich gehört habe, das überfordert mich emotional oder das nimmt mich auf jeden Fall mehr mit. Das sind so die beiden großen Anlässe aus denen sich die Sprach- und Kommunikationsmittler bei uns melden dürfen bei der Kollegin die die Netzwerkbetreuung macht und Begleitung und wo dann Einzelgespräche stattfinden können nach Bedarf. Und zum anderen machen wir regelmäßig seit zwei Jahren Gruppen-Supervision, wo es einfach darum geht sich auszutauschen über vielleicht ähnliche Erfahrungen und aber auch dass noch Techniken vermittelt werden, die genutzt werden können für eine gute Abgrenzung und auch für eine Selbstfürsorge gerade in diesen ja doch oft sehr anforderungsvollen Bereich. Genau.

EF4: Ja. Also wir bieten ungefähr 30 Sitzungen im Jahr. Wir machen die Termine frei mit den Supervisoren. Und lassen die Dolmetscher entscheiden, wann sie kommen wollen. Es gibt einen Jahresplan. Und da können sie sich entscheiden, wann sie kommen. Aber Maximum sind zwölf Personen… Wir bieten aber auch Einzelsupervision, wenn gerade irgendwas Akutes ist. Dolmetscher erleben manche Situationen, wo sie dann danach unbedingt Einzelsupervision brauchen. Dann bieten wir ihnen das an. Und wir haben gleich auch Möglichkeit, telefonische Beratung, wenn es sehr akut ist, um die Situation ein bisschen zu beruhigen.

EF5: Meine Erfahrung basiert auf das, was ich jetzt getan habe. Und Gruppensupervision haben wir auch angeboten, wurde gar nicht abgerufen…Also im ersten Durchlauf haben wir noch keine Supervision angeboten. Weil wir damit beschäftigt waren, das erst mal uns anzuschauen. Und man weiß erst nach dem ersten Durchlauf, dass das wirklich erforderlich ist. Im Durchlauf, in dem wir uns jetzt befinden, von Anfang an habe ich Supervision mit angedacht, weil ich dann im Laufe der Zeit erkannt habe, es ist wichtig. Und wir haben jetzt ein Abrufangebot sozusagen dort eingebracht. Das heißt, wenn jemand sagt, ich brauche Supervision, dann ruft er eine bestimmte Person an. Und kriegt dann Einzelgespräche…Und das wird gar nicht so wirklich in Anspruch genommen tatsächlich. Das liegt daran, weil sie ihre Gruppe haben und manchmal sich DORT Abhilfe schaffen. Da muss ein Fall schon sehr dramatisch sein, wie wir einen hatten, wo es um Suizidgefährdung ging. Oder die Person dann auch so ein bisschen in Zugzwang war. Aber da hatte ich keine Supervision. Das wäre aber ein Fall gewesen, wo sie definitiv dann angerufen hätte und gesagt hätte, ja, wie gehe ich damit um. Und jetzt war ich ja heute hier. Und das nächste Mal wird die Supervision von Ihnen angeboten (lacht), vom UKE angeboten.

Psychotherapy

EF7: Vielleicht je nach Einsatzort, wenn es mehr im medizinischen Bereich ist, wo man auch wirklich/ obwohl gar nicht mal im medizinischen Bereich, also ich erlebe das auch in den Gesprächen mit den Ausländerämtern oder mit den Jobcentern, wenn dann traumatische Erfahrungen hochkommen, dann in solchen Fällen wo es für manche Personen zu einer Re-Traumatisierung kommen kann oder auch sehr, sehr, sehr einschneidende Erlebnisse jetzt erzählt werden, da ist das vielleicht eine einzelne Supervision mit einer Psychologin oder Psychologen sinnvoll.

If2: Ich habe bereits gemerkt, dass sehr fehlt ist einmal psychologische Unterstützung für einen selber, weil wir sind auch Menschen und wir nehmen das alles auf.

Psychoeducation

Cf07: Deswegen also, das ist sehr, sehr hilfreich, dass man auch ein bisschen Psychologie, bisschen Psychologiekenntnisse auch hat. Und das ist sehr, sehr hilfreich.

Hf01: Und das braucht man viele Kenntnisse und viele Wissen, mit anderen Menschen, die jetzt traumatisiert sind. Und es ist sehr schwierig…

Hf04: Also ich wünsche mir mehr, wie ich vorhin gesagt habe, dass man mir hier hilft, mich selber zu schützen. Und nicht nach zum Beispiel Monaten oder Jahren Arbeit mit diesen traumatisierten Leute, dass ich dann selber traumatisiert und kaputt bin.

List of Tables and Figures

Tables

Substudy 1

Table 1: LOTG use at work by occupational group (Maggu & Mösko, 2017) 27

Table 2: Language assistance by occupational group 29

Substudy 2.1

Table 3: A comparison of systematic and scoping reviews (Brien et al., 2010) 40

Table 4: PICOCS-categories (CRD, 2006 and Uman, 2011) 42

Table 5: Training program screening: Inclusion and exclusion criteria 43

Table 6: Data extracted from included websites 47

Table 7: Countries identified 48

Table 8: Types of qualification 49

Table 9: Training program providers 50

Table 10: Training program duration 51

Table 11: Training program subject matter 52

Table 12: Training program specializations 54

Table 13: Training program admission requirements 55

Table 14: Language requirements 56

Table 15: Type of examination for completion 56

Substudy 2.2

Table 16: PICOS-Categories (CRD, 2006; Uman, 2011) 64

Table 17: Databases by field 65

Table 18: Literature screening: Inclusion and exclusion criteria 67

Table 19: Training program design variables 74

Table 20: Kirkpatrick classification and MMAT ratings 79

Substudy 2.3

Table 21: Deductive coding instructions table 97

Table 22: Focus groups in Hamburg 98

Table 23: Focus groups in North-Rhine Westphalia 99

Table 24: Individual interviews with experts in Hamburg 99

Table 25: Individual interviews with refugees and asylum-seekers in Hamburg 100

Table 26: Individual interviews with refugees and asylum-seekers in NRW 100

Substudy 3.1

Table 27: Deductive categories 128

Table 28: Deductive coding table with examples 129

Table 29: Deductive and inductive categories 133

Substudy 3.3

Table 30: Results related to personal experience (Rehm, 2020) 177

Table 31: Results related to working conditions (Rehm, 2020) 178

Table 32: Correlation matrix of the ProQOL-subscales (Rehm, 2020) 181

Figures

Substudy 2.1

Figure 1: PRISMA-Diagram of search protocol (from Moher et al., 2009) 45

Substudy 2.2

Figure 2: PRISMA-Diagram of the search protocol (from Moher et al., 2009) 71

Substudy 2.3

Figure 3: Structuring content analysis process (Mayring, 1985) 95

Figure 4: Deductive category-building process (Mayring, 2000b) 96

Figure 5: Summary of themes identified in the structuring content analysis 113

Substudy 3.1

Figure 6: Percentages of Anxiety subscale classifications 130

Figure 7: Percentages of Depression subscale classifications 131

Figure 8: Mean Anxiety subscale scores by CI group 132

Figure 9: Mean Depression subscale scores by CI group 132

Figure 10: Relevant factors for secondary traumatic stress 157

Substudy 3.2

Figure 11: The five steps of a scoping review (Rehm, 2019) 163

Figure 12: PRISMA Flow chart of the scoping review process (from Moher et al., 2009; recreated based on Rehm, 2019) 166

Figure 13: Key findings (adjusted based on Rehm, 2019) 167

List of publications

Note: The publications are listed in reverse chronological order. Those which are associated with the studies described in this dissertation are in gray.

Hanft-Robert, S.; Emch-Fassnacht, L.; Higgen, S.; Pohontsch, N.; Breitsprecher, C.; Müller, M.; **Mueller, J.T.** & Mösko, M. (2022, November 4). Training service providers to work effectively with interpreters through educational videos: A qualitative study. *Interpreting*. DOI: https://doi.org/10.1075/intp.00090.han.

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Curriculum Vita

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Eidesstattliche Erklärung

Ich versichere ausdrücklich, dass ich die Arbeit selbständig und ohne fremde Hilfe verfasst, andere als die von mir angegebenen Quellen und Hilfsmittel nicht benutzt und die aus den benutzten Werken wörtlich oder inhaltlich entnommenen Stellen einzeln nach Ausgabe (Auflage und Jahr des Erscheinens), Band und Seite des benutzten Werkes kenntlich gemacht habe.

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Ich erkläre mich einverstanden, dass meine Dissertation vom Dekanat der Medizinischen Fakultät mit einer gängigen Software zur Erkennung von Plagiaten überprüft werden kann.

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