

The

COMMUNICATOR *Express*

VOLUME 35 OCTOBER 2009

CCCS/CCCI PROFESSIONAL DEVELOPMENT SERIES: INTERPRETING FOR THE SUBSTANCE ABUSE FIELD.

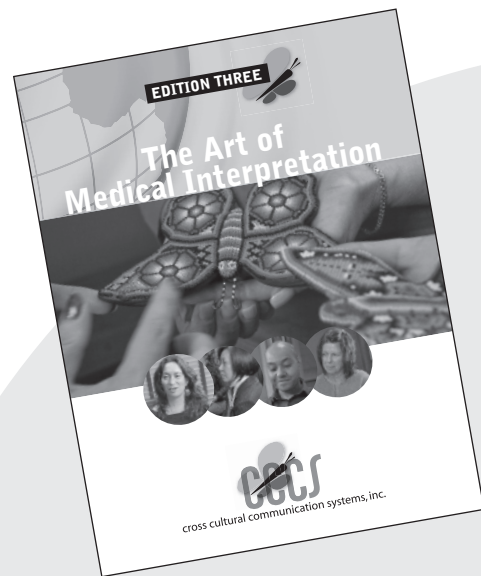
Defining Substance Abuse: A person can become intoxicated by ingesting or being exposed to a substance or a toxin which changes the behavior and or thinking process, and is not being used to treat a general medical condition. For example, someone who has ingested alcohol can have slurred speech, have a poor sense of space, and exhibit unusual behavior. To the layperson, the term "substance abuse" often means that someone is dependent on or is intoxicated from alcohol or drug use. However, according to the DSM-IV manual (which provides a diagnostic framework for mental health disorders) several criteria have to be met for each substance-related disorder to be classified as a substance abuse illness. These criteria share a common root—they are caused by a drug, the side effects of a drug, or exposure to a toxin. A person suffering from a substance abuse related disorder will show cognitive or emotional impairments.

In addition, the DSM-IV also states that substance abuse is a maladaptive pattern of substance use that is repeated and that has caused significant negative consequences. These consequences may impact one's personal, interpersonal, social and/or work life. The category of substance abuse does not apply to caffeine and nicotine. The criteria identified on substance abuse in the DSM-IV are:

A pattern of substance use within a 12 month-period that shows significant impairments or distresses as illustrated by one or more of the following:

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home. (Example: poor school performance, and/or suspensions or expulsions from school;

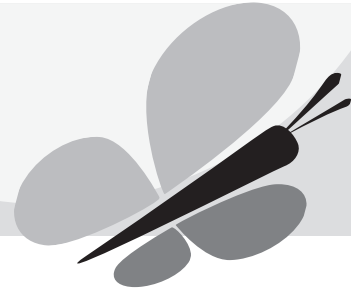
CONTINUED ON PAGE 2



INTRODUCING OUR NEW TRAINING MANUAL: THE ART OF MEDICAL INTERPRETATION! EDITION THREE.

Cross Cultural Communication Systems, Inc. is proud to announce our new training manual, The Art of Medical Interpretation 3rd Edition. This comprehensive manual for foreign language interpreters is the result of several years of teaching, consulting and collecting feedback from students and instructors of Volumes I and II. It supports educators and trainers in teaching linguistically qualified adult students and also serve as a resource guide to best practices and terminology for current interpreting professionals.

This essential tool includes over 800 pages of interpreter practice guidelines, medical terminology, disease information, exercises, diagrams, quizzes and over 90 role-plays. For more information contact: Linda Demmons at 781-729-3736 ext. 119, or e-mail at Linda_cottracts@cccsorg.com. Be sure to visit our website at www.cccsorg.com.



CCCS/CCCI PROFESSIONAL DEVELOPMENT SERIES: INTERPRETING FOR THE SUBSTANCE ABUSE FIELD

CONTINUED FROM PAGE 1

- neglecting or unable to work; neglecting children, etc.)
2. Recurrent substance use in situations in which it is physically hazardous. (Example: driving an automobile or operating a machine while under the influence.)
 3. Recurrent substance-related legal problems (arrests for substance related conduct).
 4. Continued substance use despite having persistent or recurrent negative effects of the substance (arguments with spouse about consequences of intoxication, physical fights, etc.)

The July 8, 2001 issue of Awake! magazine reported that "Numerous factors contribute to increasing drug abuse. Among these are disillusionment, depression and a lack of purpose in life. Additional reasons are economic problems, unemployment and poor parental example. Some who have

difficulty with human relationships use drugs to help them cope in social situations, drug-abusing peers can sway individuals, academic failures, etc. A belief that drugs boost confidence makes the individual feel witty and likable. Others simply find it easier to use drugs than to accept responsibility for taking control of their lives."

Current research has shown that there are many factors involved in how a person becomes "addicted." Although there is some controversy over the belief that there is a genetic component that runs in families of substance abusers, drug addiction is now identified as a "chronic, relapsing brain disease that is characterized by compulsive drug seeking and use despite harmful consequences. It is considered a brain disease because drugs change the structure and how it works." Alcohol, tobacco, narcotics, amphetamines, sedatives, hallucinogens, cannabis, cocaine, inhalants and opioids have proven to be the most harmful of abused substances.

Thanks to groundbreaking scientific research and discoveries about how the brain works, current understanding of "drug addiction" has focused on the illness as a disease affecting both the brain and behavior. This has helped scientists develop effective prevention and treatment approaches to help reduce the impact drug abuse has on individuals, families and communities. Drug abuse affects people of all ages and background and as with any disease, can require long-term treatment.

People typically use drugs to feel better, and drug abusers usually have the perception of being able to control their lives. However, when facing a substance-related disorder there is a continuum of reaction by the substance abuser:

- **Denial:** Refusing to accept a fact observed by others. For example, when an individual is mandated to receive treatment after being caught drinking and driving the offender will blame the police even when confronted with the facts surrounding the arrest.
- **Minimization:** A lack of ownership and recognition, or a simplification of the problem. For example, an individual may spend his/her money on drugs rather than paying monthly bills or the individual only admits to using once, minimizing the seriousness of the situation.

DEFINING SUBSTANCE ABUSE: A PERSON CAN BECOME INTOXICATED BY INGESTING OR BEING EXPOSED TO A SUBSTANCE OR A TOXIN WHICH CHANGES THE BEHAVIOR AND OR THINKING PROCESS, AND IS NOT BEING USED TO TREAT A GENERAL MEDICAL CONDITION.



CONTINUED ON PAGE 3

CCCS/CCCI PROFESSIONAL DEVELOPMENT SERIES: INTERPRETING FOR THE SUBSTANCE ABUSE FIELD

CONTINUED FROM PAGE 2

- **Acceptance:** Owning the problem. This is an enormous challenge for substance abusers as they must simultaneously deal with a physical and/or psychological desire or craving for a particular substance or toxin while attempting to change their lifestyle to promote a drug free environment.
- **Integration:** When a patient realizes that he or she must make lifestyle changes such as seeking treatment for substance abuse, maintaining sobriety and learning how to live with the illness and is ready to incorporate these changes.

According to the DSM-IV, a patient can fit into the category of substance dependence with or without physiological dependence (when one's body shows tolerance or withdrawal symptoms), requiring higher doses of a particular substance. Drug dependence is when a person continues to use a substance within a 12-month period of having an adverse reaction to a particular substance. Substance abusers can show a pattern of repeated intoxications and at times withdrawals.

Termination of the substance use does not always result in withdrawal, but it can occur when a person who is an "alcoholic" stops drinking. It is common for alcoholics to feel withdrawal symptoms, such as shaky hands and cold sweats, when they wake up in the morning. Other symptoms of withdrawal are blackouts or comments made during the day of which the alcoholic has no recollection or memories. Symptoms of alcohol withdrawal can begin within six to 48 hours after the last drink, and he or she

can exhibit bizarre behavior such as talking to him or herself, being afraid of things in the room, or looking disoriented. Often there is a glazed, glassy look to the eyes.

The U.S. Substance Abuse and Mental Health Administration (SAMHSA) 2008 National Drug Use and Health (NDUH) Report provides data on "prevalence and correlates of substance use, serious psychological distress, depression, related problems and treatment in the civilian population aged 12 or older in the U.S." A summary of the findings suggest that in 2008, "an estimated 20.1 million Americans aged 12 or older had used an illicit drug during the month prior to the survey interview (an estimated 8.0 percent of the population aged 12 years or older). Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or psychotherapeutic (prescription type) drugs use nonmedically. The increase rate of current illicit drug use was higher among young adults ages 18 to 25, or 19.6%, than for youths ages 12 to 17 and adults ages 26 or older.

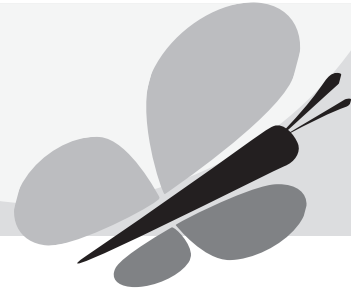
Treatment for substance abuse users can range from face-to-face counseling to entering a detoxification center. The greatest hurdle in treatment is acknowledgment and acceptance. The treatment may involve working closely with the patient to help them with the different stages of the continuum. When the patient is ready, counselors work with the patient to find alternative ways of coping with the problem that may have led to the abuse. Clinicians who are still in the evaluation phase of the disease may work with the patient to identify the different aspects of their

emotional, family and interpersonal relationships. Family involvement is also another component in the treatment of substance abuse.

Treatment as mentioned, may involved a stay at a detoxification center since alcohol and most drugs cause cravings while present in the body and some addicts require detoxification prior to initiating additional treatment and recovery. The time required for detoxification varies depending on the individual and substance involved. Trying to purge one's body of certain substances without proper professional help is extremely dangerous and can result in serious physical, psychological and emotional damage even death.

TREATMENT FOR SUBSTANCE ABUSE USERS CAN RANGE FROM FACE-TO-FACE COUNSELING TO ENTERING A DETOXIFICATION CENTER.





CCCS/CCCI
PROFESSIONAL
DEVELOPMENT SERIES:
INTERPRETING FOR THE
SUBSTANCE ABUSE
FIELD CONTINUED FROM PAGE 3



Disclaimer: This information is for educational purposes only and covers only a small amount of the complexity found in the evaluation, diagnosis and treatment of substance abuse illness. For more information refer to resources noted below as well as other not listed resources. Covered topics, write up and information have been summarized, copied or found at:

1. www.nida.nih.gov
2. www.nih.gov
3. "Introduction to Substance Abuse for Medical Interpreters" by CCCS, www.cccs.org
4. DSM-IV: Diagnostic and Statistical Manual of Mental Disorders



VOCABULARY:

1. **Addiction** An illness that results when a person takes a drug for a certain time and the body becomes used to this drug.
2. **Blackouts** A loss of memory when drinking alcohol.
3. **Drug** Any chemical substance whether of natural or synthetic origin, that can be used to alter perception, mood or other psychological states.
4. **Depression** A mood disorder characterized by extreme feelings of sadness, lack of self-worth, and inability to cope with daily activities, such self-grooming, feeding, work and social activities sleep disorder and more.
5. **Detoxification** When a person is physically addicted to a substance and when stopping it needs medical observation due to potential withdrawal symptoms.
6. **Disease** An illness.
7. **Minimization** The lack of ownership, recognition or simplification of the problem
8. **Relapse** To begin using drugs or alcohol again after a period of abstinence or not using them.
9. **Substance Abuse** The combination of a physical addiction with a psychological dependence on a drug.
10. **Tolerance** The body's ability to accept large quantities of drugs and/or alcohol without obvious negative side effects.
11. **Withdrawal** The physical distress experienced when the use of alcohol and/or drugs is stopped by an individual who is a heavy user. During withdrawal the individual may experience much physical discomfort as the body gets used to being drug and/or alcohol free.

SUBSTANCE ABUSE QUIZ

STUDENT NAME _____ LANGUAGE _____ DATE _____

ADDRESS _____ PHONE _____

FAX _____ E-MAIL _____

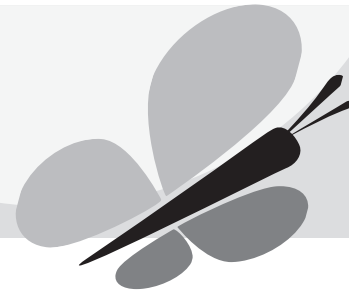
Please mark each statement “True” or “False”.

1. A person suffering from a substance abuse related disorder will show cognitive or emotional impairment. True False
2. Substance abuse is a maladaptive pattern of substance use that is repeated and that has caused significant negative consequences. True False
3. A pattern of substance use within a 10 month-period shows significant impairments or distresses. True False
4. Numerous factors contribute to increasing drug abuse. True False
5. Denial is refusing to accept a fact observed by others. True False
6. Acceptance is not owning the problem. True False
7. Integration is when a patient realizes that he or she must make lifestyle changes. True False
8. Ingesting or exposure to a substance or a toxin, changes your behavior and or thinking process not caused by a general medical condition. True False
9. Treatment for substance abuse users can range from face-to-face counseling to entering a detoxification center. True False
10. The greatest hurdle in treatment is acknowledgment and acceptance. True False

Circle the letter that best completes each statement.

11. Treatment may involve a stay at a _____..
 - a. home
 - b. school
 - c. Detoxification center
 - d. friend’s home
 - e. dorm room
 - f. hotel
12. NDUH estimates 20.1 million Americans aged _____ had used an illicit drug during the month prior to the survey interview or an estimated 8% of the population aged _____.
 - a. 10
 - b. 11
 - c. 12 or older
 - d. 8
13. A person can become intoxicated by ingesting or exposure to a _____ or a _____ which changes the behavior and/or thinking process not caused by a general medical condition.
 - a. substance
 - b. substance, toxin
 - c. toxin
 - d. mild body aches
 - e. watery eyes, itch

NOTE: Get your CCCS Continuing Education Points by e-mailing your answers to mdepaula@cccsorg.com or faxing them to 781-729-1217.



INTERPRETER'S CORNER

Interpreters: Training Certificates Required: In order to serve you and our customers better, CCCS has begun an auditing process of all our interpreter portfolios. We are pleased that most of CCCS freelance interpreters have received formal medical interpretation training. Please send us your copy of the training certificate. In the event you have not completed training, you can check the IMIA web page for available training programs. If you wish to participate in the CCCS interpreter training program, we are offering a 50% discount to all active CCCS freelance interpreters. The payments can be made in 4 sessions and must be paid in full by the end of the semester in order to receive your certificate.

CCCS will only contract with freelancer interpreters who have been trained. Those of you who have not yet completed a minimum of 54-hour interpreter training program have until January 1, 2010 to do so.

For more information contact Gail Marinaccio: CCCS, Inc., Att: Gail Marinaccio, P.O. Box 2308, Woburn, MA 01888; or fax to attention Gail 781-729-1217

Interpreter of the Month: CCCS is always proud to highlight the many professional interpreters working to ensure that LEP individuals receive the healthcare information necessary to remain healthy. This month we are delighted to highlight Xenia Barahona for her professional contribution to the interpreting field. Thank you, Xenia.

Interpreter Foundation Assessment: The next IFA (Interpreter Foundation Assessment) class will be held on Monday, October 19 from 8:30 a.m. to 5:50 p.m. For more information contact Amanda Duross at 781-729-3736 ext. 120.

The Green Interpreter:

Computers can be a very helpful tool but it can also add pennies to your electric bill and eat up unnecessary energy. Below are a few helpful tips to help you conserve both energy and money in your pockets.

- When not in use turn off your computers.
- Work with flat screen monitors which consume only about 1/3 of the energy of a Cathode Ray Tube (CRT)
- If at all possible, replace your desktop with a laptop. Laptops have been found to be more energy efficient in terms of both the computer and the monitor combination.
- Current computers are more energy efficient than your old computers.
- Check with various resources to identify energy efficient models.
- If you are replacing your old computer, consider recycling, or donating it to a non-profit organization.

The above suggestions are for consideration only and not an endorsement of changes. From http://sbinfocanada.about.com/od/environmentbiz/Environmental_Issues.



NEW CCCS STAFF MEMBER

CCCS is happy to welcome Elizabeth (Betsy) Burtis as the new Director of Client Development and Contracts and Director of Cross Cultural Communication Institute (CCCI). Betsy will be working on getting acquainted with existing clients, developing new business opportunities for CCCS and transitioning into leading the CCCI program over the next few months. Prior to joining CCCS, Betsy was employed in medical office practices and hospitals for over 15 years and worked to educate healthcare providers about the importance of language access and how to provide culturally effective care. She is very excited to be working directly in the field of interpretation, translation and training at CCCS.

Betsy also serves as the Chair of the New Hampshire Medical Advisory Board (MIAB). The board promotes health equity through language access, one of Betsy's passions and she is thrilled to be able to devote her professional time to this issue. She looks forward to working with all of the clients, students and staff members at CCCS. Feel free to contact Betsy by e-mail at bburtis@cccs.org, phone 603-880-4949, or schedule time to meet at the office. She will be working in the MA office on Tuesdays and Thursdays and in the Nashua, NH Regional Office on Monday, Wednesday and Friday.

We are happy to have Betsy join us at CCCS, Inc.

Zarita Araujo-Lane, LICSW, President, CCCS will be presenting at the October 9-10 IMIA Conference on the following topic:

Encouraging Professionalism by Quality Assurance Through the Critical Incident Process

The Critical Incident (CI) Team at CCCS created a process in which interpreters, managers and providers can share their concerns regarding any out-of-the ordinary circumstance which occurred during an interpreting encounter. The 3 W's interviewing process: *What happened? What are we going to do about it? What did we learn from this?* Is a safe approach to collecting information, triaging the details and coming up with an implementation plan for the new learned information based on the critical incident. Collectively, the CI team decides on how to assess the seriousness of the incident and reviews the results of interventions at an individual and or organizational level. This unique approach from being a listening entity to becoming the driving force in the implementation of topics for trainings and new institution guidelines is a crucial and truly Quality Assurance process for interpreters.

CCCS Future Training Event: CCCS continues to provide professional development programs through its CCCI trainings. One such program is an **Advanced Health Communication** workshop for Foreign-Educated Nurses (FEN) which includes topics like *Orientation to the US Health System Perspectives, Acculturation, Communication* and more. Look for future information on this very important workshop.

Upcoming Conferences 2009:

- October 9-11** IMIA (International Medical Interpreters Association) Global Perspective on Professional Medical Interpreters at the Hyatt Regency, Cambridge, MA. www.imiaweb.org
- October 14-16** New England Regional Minority Health Committee Health Conference: Eliminating Racial and Ethnic Health Disparities by 2010. From Disparities to Equity: The Power to Make Change at the Westin Hotel, Providence, Rhode Island. www.nermhc.com

THE NEW HAMPSHIRE CORNER

The Medical Interpreter Advisory Board (MIAB) continues its very important work in New Hampshire with a new chairperson, Betsy Burtis, leading the advisory board. The next scheduled planned meeting for the MIAB is Friday, January 22, 2010. For more information contact Betsy at CCCS, bburtis@cccsorg.com, or 603-880-4949.

The Diversity Task Force (DTF) under the direction of the New Hampshire Health and Human Services, Office of Minority Health will continue its work and meetings in New Hampshire. For more information on the DTF, contact Marianne Rechy at Marianne.Rechy@dhhs.state.nh.us, or 603-271-4320.



Cross Cultural Communication Systems, Inc.

PO Box 2308, Woburn, MA 01888
p: 781-729-3736 | **f:** 781-729-1217
 New Hampshire Regional Office: 43 Technology Way, Suite 2E3, Nashua, NH 03060
p: 1-888-678-CCCS | **f:** 603-386-6655
cccsinc@cccsorg.com | www.cccsorg.com
 CCCS Inc. is a SOMWBA and DBE-certified business | Copyright 2006 CCCS

Active since 1996, CCCS is a recognized authority on cultural-linguistic services, providing consultation, interpretation, translation and training services to healthcare, educational, legal and business institutions nationwide. CCCI is licensed by the New Hampshire Postsecondary Education Commission as a private, postsecondary career school.