cross cultural communication systems, inc.

COMMUNICATOR PRESS

Embracing linguistic and cultural connections! Providing 24/7 language solutions.

September 2010 / Volume 47

Are You Ready to Interpret For A Mental Health Encounter?

By Zarita Araujo-Lane, LICSW

A great majority of mental health encounters happen in primary care or in the emergency room. According to the Bazelton Center for Mental Health Law, 25% of all primary care encounters involve a diagnosable mental illness and 50% of mental health problems are still not being diagnosed properly. The World Health Organization is recommending that all medical providers "screen for mental health issues, assess and furnish care to those with mild or moderate disorders or whose severe mental health disorders are stable."

So even if interpreters decide not to interpret in traditional mental health settings, they will certainly find themselves interpreting for patients with mental health issues. For example, in her assessment of a patient with possible memory impairments, a family doctor may conduct memory testing through the interpreter. Or an ER doctor may see a patient presenting with suicidal ideation, one who is experiencing his first psychotic break, or one who suffers from substance abuse issues. In all of these situations, the interpreter will be practicing mental health interpretation.

Are you ready to interpret in mental health settings?

When you think of the term "mental health," what is your first reaction? How would you describe a person who suffers from a mental illness or disorder?

Mental illness is prevalent in today's society. According to the Centers for Disease Control (CDC), "One in two Americans has a diagnosable mental disorder." The reality, then, is that all of us, as individuals, have been impacted to some extent by someone who suffers from a mental illness.

Unfortunately, our society's take on mental illness has caused the subject to remain taboo in many circles. When we or someone we love suffers from a mental illness, we generally do not talk about it is as much as we would talk about any other type of chronic illness. Often, insurance companies do not pay for outpatient psychiatric visits. So the mentally ill are likely to live in silence and isolation. The CDC states that, "Less than half of adults get help. Only one third of the children get help. Suicide is the 8th leading cause of death in the US. 81 people commit suicide each day in the US." It also states that "ethnic minorities are less likely to seek professional help."

Those who suffer from mental illness are often forgotten and feared by society. Mental Health interpreters can be the linguistic and cultural bridge between the provider and the patients' worlds. But no matter how good we are as interpreters in terms of facilitating communication from one language to another, in mental health interpreting we encounter extra "weight" – the stigma attached to the seeking of mental health treatment and the shame a patient often feels when there is a third person in the session.

Alliances between the patient and the interpreter can happen because of our own feelings towards the illness and because of how we perceive the clinician should react to the situation. For example, if you are interpreting in an

CONTINUED ON PAGE 2

ACCORDING TO THE CENTERS FOR DISEASE CONTROL (CDC), "ONE IN TWO AMERICANS HAS A DIAGNOSABLE MENTAL DISORDER."

Are You Ready to Interpret For A Mental Health Encounter?

continued from page 1

outpatient setting, you may experience some of the "fuzziness" that comes with a clinician's efforts to establish rapport (therapeutic relationship) with the patient. However, if you are in an emergency room and the patient is a chronic visitor with substance abuse issues, you may feel that the provider does not attempt to develop any type of rapport with the patient. In this case, the provider's job is to assess the level of intoxication and to plan for the patient's sobriety. The provider may even appear to treat the patient in an aggressive or confrontational way in an attempt to break the patient's denial. These actions might be understood by the novice interpreter as unfair, and the interpreter may begin to develop positive feelings about the "poor" patient and negative feelings about the "bad" doctor.

To be an effective mental health interpreter, one must have some understanding of how mental illness is described in the clinical world perspective. In the 1840, there was only one category of mental illness, "idiocy/insanity." Since then, there has been an attempt to collect and to standardize guidelines on how to assess and treat patients who suffer from a mental illness. It has taken many generations for us to arrive at today's definition of what constitutes a mental illness or disorder.

One help in understanding mental illness is the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). The DSM-IV is the result of an effort of more than 1,000 professionals working subdivided in at least 13 work groups and a 27 member task force of mainly psychiatrists and a few psychologists with specific expertise in the different disorders covered in this manual.

A big break in mental health diagnosis and treatment came in 1994, when, after different versions of the DSM, the DSM-IV was printed. It was considered a revolutionary assessment tool where homosexuality was no longer considered an illness and there was a lot more attention focused on specific mental health disorders experienced by the different ethnic groups living in the US.

According to its most recent edition (DSM-IV TR), mental illness is defined as a "clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress, pain or disability or with significant risk of suffering pain, disability or an important loss of freedom ... whatever its original cause, it must currently be considered a manifestation of a behavioral, psychological or biological dysfunction."

The DSM-IV TR is divided into five different Axes - each with very clear descriptions of main behaviors or symptoms and the need to rule out (differential diagnosis) similar symptoms or potential medical conditions that can cause such symptoms. Age, precipitants, length of time, and connectivity with social and work activities are all important variables considered in the differential diagnosis. Axis I, II and III name the disorder or disorders which are a cluster of symptoms. Axis IV describes the holding environment and the functioning level of an individual in society.

Axis I - Clinical disorders (depression and others)

Axis II - Personality Disorders. (Borderline personality disorder and others). Mental Retardation. Learning Disorders. Motor Communication Disorders. Pervasive Developmental Disorders. Attention-Deficit and Disruptive Behavioral Disorders. Feeding and Eating. TIC Disorders. Elimination Disorders. Other Disorders of Infancy or Adolescence (break down).

Axis III -General Medical Condition. When a patient has a mental disorder related to a medical condition. The disorder should be recorded on Axis I plus Axis III w/specification of medical condition.

Axis IV - Psychosocial and Environment Problems. Problems related to interaction w/legal system/crime. Other psychosocial and environment problems.

Axis V - Global Assessment of functioning Reporting of the clinician's judgment with two main pieces: 1- covers symptoms/severity, 2- covers functioning.

If a patient's symptoms do not meet the criteria as required but have many of the features, they can be classified as Not Otherwise Specified or NOS. In addition, the status of the diagnosis can change and its symptom severity is assessed accordingly:

In Partial Remission: full criteria of category was previously met, but now there are fewer impairments.

In Remission: full criteria of category was previously met, but now there are no impairments, no symptoms or signs, but it should be noted.

Prior History: full criteria of category was previously met, but now there are no impairments, no symptoms or signs, but it should be noted. There is a full recovery.

The Global Assessment of Functioning in Axis V describes and supports Axis I and Axis II by assessing the seriousness of the patient's ability to function in the outside world. This ability is measured on a scale from 0 to 100. A rating of 100 indicates superior functioning, while a rating of 60 indicates moderate

CONTINUED ON PAGE 3

symptoms (depressed mood, mild insomnia, etc.). A patient who receives a rating of 10 is considered to be in "persistent danger of severely hurting self or others (e.g. recurrent violence) or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death."

A patient who rates low on a scale of global assessment may require hospitalization. If the patient refuses hospitalization, he/she can be forced into it for a period of 48 hours while a legal guardian is appointed and the involuntary hospitalization is argued by representatives of the patient and the hospital in front of a judge. Terminology differs from state to state, and in Massachusetts it is said that a patient who is involuntarily hospitalized has been "pink slipped."

So how can you get ready to interpret for a mental health encounter?

Be careful with your roles as clarifier, culture broker and advocate while in the session. All these interpreter roles play an important part in the diagnosis of patient, so we are not asking you to not act on them, but we are asking you to know when to do it, so that your actions are appropriate to the clinical environment and do not interfere with assessment or treatment.

The mode of interpreting changes from illness to illness. If there is logic, most likely the interpreter would use the consecutive mode. If there is no logic, the interpreter should use the simultaneous mode and at times resort to summarization if patient is making sounds without meaning or creating new words. Patients under the influence of a substance or with psychotic features can present with slurred speech and incoherent thoughts. So if the patient states, "My boss is my fish," the interpreter should relay this message "as is," despite the fact that it does not make sense to the interpreter.

The management of the flow, the content of the interpretation and any challenges that may arise should be discussed if possible during a pre-session, and without fail, during a post session. This is when interpreters might share their other roles outside conduit, with a view to helping the provider understand what may have been missed in the session and hopefully to strategize for future sessions.

Interpreting names of medications can be dangerous for the interpreter, and it is best to use the English names when interpreting the provider's words to the patient. Do not try to match American medications with those in your country, as the chemical composition is often different. Below, we provide you with a list of common medications so you become familiar with their names as you hear these from the provider.

When in doubt, ask the provider to write down the name of the medication, and always take note of the dosages in your notebook, as it is important to get this right when interpreting the provider's treatment instructions. Some psychotropic medications can kill a patient if taken in an improper dosage, so repeat the instructions back to the provider to be sure that you have accurately transmitted them to the patient.

Per the following table, we have divided a list of antidepressants into four main categories: 1-antidepressants (SSSRI'S), 2-antidepressants (MOAI's), 3- antidepressants (TCA). 4-antidepressants (others).

List of Antidepressants: SSRI's *(selective serotonin reuptake inhibitors)*	**Antidepressants: MOAI's** *(monoamine oxidase inhibitors)*	**Antidepressants:TCA's** *(tricyclic antidepressants)*	**Antidepressant Drug List: Others** *(Effexor is one of the "newer" antidepressants. SSRI's have fewer side effects than TCA's or MOAI's (not as sedating, fewer anticholinergic side effects, safe in overdose)*
Paxil (paroxetine) Prozac (fluoxetine) Zoloft (sertraline) Celexa (citalopram) Lexapro (escitalopram oxalate) Luvox (fluvoxamine)	Nardil (phenelzine) Parnate (tranylcypromine)	Adapin (doxepin) Anafranil (clomipramine) Elavil (amitriptyline) Endep (amitriptyline) Ludiomil (maprotiline) Norpramin (desipramine) Pamelor(nortryptyline) Pertofrane(desipramin Sinequan (doxepin) Surmontil(trimipramine) Tofranil (imipramine) Vivactil (protriptyline)	Effexor (venlafaxine) Cymbalta (duloxetine) Desyrel (trazodone) Buspar (buspirone) Edronax,Vestra (reboxetine) Remeron (mirtazapine) Serzone (nefazodone) Wellbutrin (bupropion)

Copied/adapted from http://www.antidepressants.ws/list-of-antidepressants.html

PRESIDENT'S CORNER

Dear colleagues, interpreters and friends:

We are facing some challenging times and through our Interpreter Resource Department, CCCS is more than willing to listen to your concerns and needs. There may be times when you just want to vent about a difficult situation, so that you can process your feelings, and at the same time always respecting and following HIPAA guidelines.

According to CDC, "Stress is a prevalent and costly problem in today's workplace. About one-third of workers report high levels of stress, and high levels of stress are associated with substantial increases in health service utilization. Additionally, periods of disability due to job stress tend to be much longer than disability periods for other occupational injuries and illnesses. Evidence also suggests that stress is the major cause of turnover in organizations." (http://www.cdc.gov/niosh/blog/nsb120307_stress.html).

Stress at work according to CDC can cause depression, anxiety, post-traumatic stress disorder, dissatisfaction, fatigue, tension, aggression, substance abuse, difficulty with concentration and memory problems. If any of these problems are experienced for a long period of time, they can cause cardiovascular issues and other health problems.

Recently I attended an interpreting conference and at our exhibit table we had a chance to visit with many of the interpreters providing services to CCCS and to other local private and state institutions. This was a rare moment in our very busy schedules where we sat down, laughed and at the same time shared some concerns over how our work may impact us as people and professionals.

I heard comments that impact us at multiple levels. These had to do with the act of interpreting, the Institution's policies and guidelines, our country's ambivalence towards our work and the people we serve, and the changes affecting the language industry.
Interpreters on a daily basis, relay, perform, or mimic other people's feelings of sadness and happiness, often, without having the opportunity to sort out or to care for their own emotions regarding their interpreting encounters. One minute an interpreter may be at a birthing center, and the next minute one maybe interpreting for a family member about a sudden death by a car crash, stroke or suicide, followed by a request to perform a job that often is not related to interpreting services, such as answering phones for a department or assisting with the billing for another.

The range of emotions, of feeling great, needed and respected for providing qualified interpreting services, can turn into a low when faced with situations which are loaded with confusion and disregard for human beings who are LEP or immigrants. So one goes from being needed, to being discarded!

As the budgets get tighter and the country seems to have increased its negative sentiments towards immigrants, the interpreter's job becomes more challenging because the vast majority of interpreters are immigrants. This can cause feelings of loneliness when we at home, in our communities, and at work. Not too long ago, present managers were colleagues of the many interpreters in the work force. They shared similar issues and they were often friends at work and in their social lives, but now, interpreters mourn the loss of these friendships, as managers are under greater stress to meet a case load that saves money to institutions who are already hurting financially, due to the economic crisis.

There was a clearly expressed feeling of vacuum on how decisions are being made about interpreter's professional growth, by some of the leaders in our language industry. For many different reasons, interpreters shared confusion and although they are paying their dues at different language associations, they fear retaliation if they are not in agreement with the decisions being made, or they have no idea of the many decisions that are being made that are affecting their profession. Trainings and conferences are expensive, professional growth resources are scarce. Interpreters seemed confused on which direction to take regarding the certification movement as some of the first

CONTINUED ON PAGE 5

certified interpreters were the ones who possibly designed the certification exam. They shared confusion, wanting to be recognized professionally, but at the same time they felt a sense of betrayal by their own colleagues.

Whether it was chatting with our colleagues at the tables, in the hallways, or elsewhere, we ended up laughing, expressing ourselves and at the same time reminding ourselves that in fact it is never too late! When the wound is opened, one needs the tools to heal, and here are some suggestions:

- Make sure that you have enough fluids and food with you before you go out to your assignments
- Prepare yourself as much as possible for your encounters
- Attempt a brief pre and post session with the providers involved
- Get to know yourself, find your triggers and learn how to manage them
- Find a way to appropriately debrief, by perhaps calling a colleague or a supervisor
- Join a support group or a co-supervision group at your work place
- Become involved at a community level so that you can give your voice a chance to be heard
- Check Language Associations' websites, read their bylaws, read their notes, compare information and become an active member
- Become an active member of professional list serves
- Write about your experiences (but always respecting privacy and confidentiality issues)
- Get informed regarding the two certification movements and volunteer your skills
- Look for other job opportunities where your interpreting skills are an asset
- Spend personal time just "being" not "doing"

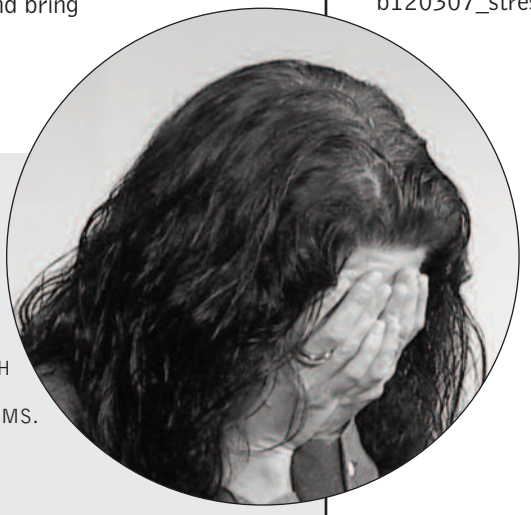
On behave of our entire staff, we want to thank you for all your great work and together day by day we can move mountains and bring sunshine to our wonderful profession!

According to the CDC web page one must seek care from a professional if you have noticed the following:

- Feelings of hopelessness and/or pessimism
- Feelings of guilt, worthlessness, and/or helplessness
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable
- Fatigue and decreased energy
- Difficulty concentrating, remembering details, and making decisions
- Insomnia, early-morning wakefulness, or excessive sleeping
- Overeating, or appetite loss
- Thoughts of suicide, suicide attempts
- Persistent aches or pains, headaches, cramps, or digestive problems that do not get better, even with treatment

You may want to watch a brief DVD for free or download a booklet on stress at work and how to prevent it from (http://www.cdc.gov/niosh/blog/nsb120307_stress.html).

STRESS AT WORK ACCORDING TO CDC CAN CAUSE DEPRESSION, ANXIETY, POST-TRAUMATIC STRESS DISORDER, DISSATISFACTION, FATIGUE, TENSION, AGGRESSION, SUBSTANCE ABUSE, DIFFICULTY WITH CONCENTRATION AND MEMORY PROBLEMS.



Diversity Rx Seventh Annual Conference in October 18-21, 2010 at the Renaissance Baltimore Harborplace, Baltimore, MD.

True to its mission, Diversity Rx since 1997 continues to provide information, education, support and inclusive voices to the "growing field of healthcare providers, policymakers, researchers and advocates working to design and implement health services that are responsive to culturally diverse communities." The upcoming conference in Baltimore is no exception.

Diversity Rx has evolved from a clearinghouse of information site, to a hard working advocacy group that provides a series of programs to everyone concerned with issues affecting the language and cultural needs of minorities, immigrants, refugees, etc. The United States is a unique and culturally diverse nation comprised of many ethnicities, races and diverse cultures. And while this unique diversity is what makes America great, it can also create many challenges to healthcare professionals when managing and providing medical services. The impact that language, culture, and race often creates can affect the delivery of services for the diverse population when seeking medical assistance.

Without a doubt, healthcare providers are always seeking ways to provide the same medical attention to its diverse population whether in an urban or rural setting and the obstacles faced by both the patient and the provider can at times be overwhelming. Studies have found that culture-bound beliefs can affect understanding of diseases, compliance, and the management of treatment thus affecting healthcare outcomes. Providing important information to ensure equitable healthcare to all, Diversity Rx provides educational resources for providers, stakeholders, consumers, etc. on their website. Some of the resources include:

- Free Webinars
- Communities of Practice
- Peer Learning Networks
- Get Your Voice Updates
- CLAS-talk listserve
- Cross Cultural Health Care (RCCHC) links
- Why Language and Culture are Important

Also we do not want to forget the Diversity Rx annual Quality Health Care for Culturally Diverse Populations' Conference. This annual event provides an incredible array of educational up to date information and an opportunity to network with many professionals in the field. Some workshops, presenters and presentations being offered at this year's conference are;

- Keynote Speaker-Dr. Howard Koh, Assistant Secretary for Health under President Obama
- Preconference Sessions such as: Healthcare Encounters: Cultural Strategies that Work; Language Access and the Law in Healthcare – From Evidence to Action; How can physicians use their second language skills effectively: test driving a guidance model; and more
- Conference sessions include topics such as: Conducting assessments for organization cultural competence and policy development; Collecting race, ethnicity and language data: perspectives and progress from the field; Policy strategies for improving minority and immigrant health: an international roundtable; Using technology to improve organization access to information about diverse populations; etc.
- Film Festival and much more.

One of the participants in this year's Film Festival is a contribution by CCCS, Inc. entitled *"The Burned Heart: When a Provider is not fluent in a patient's language,"* and will be presented by CCCS, Inc.'s president Zarita Araujo-Lane, LICSW. The film presents a well-intentioned provider's attempt to interview a Spanish speaking patient who presents with abdominal pain. The case study examines the potentially dangerous effect of false fluencies, poor grammar and a lack of medical terminology in the patient's language. It is not uncommon for providers to learn a foreign language to help improve provider-patient communication, however, conversing in a foreign language does not automatically qualify the provider to converse fluently in the learned language and the "Burned Heart" clearly shows the effect of not having the language fluency necessary to provide the best and most effective care to a patient.

Interview with Ms. Julia Fortier

We at CCCS, Inc. had an opportunity to interview Ms. Julia Fortier who has been involved with Diversity Rx from its very beginning. We wanted to ask Ms. Fortier a few questions about DiversityRx, her involvement and the mission and issues most important to DiversityRx. Thank you Ms. Fortier for taking the time to speak with us.

1. **Please tell us a little bit about your background and how you became involved with DiversityRx?**
   I think diversity and health was in my background before I even knew I wanted to do this work. My mother's family was from Mexico, and I studied medical anthropology and public health in college. Then I worked on minority health legislation for several years while on the staff of the Health and Environment subcommittee in the US House of Representatives. I was very inspired by the work I saw being done at the grassroots level, and wanted to do more to support those efforts and help people in the field learn from each other. I started Resources for Cross Cultural Health Care in 1995 with a newsletter and a grant from the Henry J Kaiser Family Foundation to convene a group of national stakeholders on language access issues in health care. The DiversityRx website grew out of those efforts and was launched in 1997.

2. **What is the mission of DiversityRx?**
   The purpose of DiversityRx is to improve the accessibility and quality of health care for minority, immigrant, and indigenous communities. We support those who develop and provide health services that are responsive to the cultural and linguistic differences presented by diverse populations.

   DiversityRx informs, educates, and supports health care providers, policymakers, researchers, and advocates who share our goals. We facilitate the exchange of knowledge and information among professional colleagues. We provide professional development opportunities and offer technical assistance on key practice and policy issues. We also spearhead research and policy development, and advocate for culturally responsive care.

3. **Have you seen a change in how stakeholders currently view and work towards the mission of DiversityRx?**
   I think there has been tremendous progress over the last decade. When we first started our work, it was difficult to get national health care organizations to discuss cultural and linguistic competence at all. They didn't see a place for it in their priorities, and it was considered a very marginal issue. That began to change with the publication in 2001 of the National Standards for Culturally and Linguistically Appropriate Services in Health Care, which we developed in partnership with the HHS Office of Minority Health, and with the 2003 Institute of Medicine report on disparities in health care. Now cultural and linguistic competence and disparities reduction is on the agenda of quality organizations, health professions societies, health plans and researchers, and several provisions were included in the national health reform legislation.

4. **Do you believe that the national healthcare reform will help support a shift to more equitable healthcare access for all?**
   Health care reform represents both a tremendous opportunity and a big challenge. Removing one of the key structural barriers to care — access to affordable insurance — is a necessary first step, but it will also require changes in how we deliver care if vulnerable populations are to benefit in a meaningful way. They need to know what services they're entitled to, and how to use the system. Most importantly, they need to actively participate in prevention and treatment, in partnership with health professionals who understand that their needs as patients might be different from the "mainstream."

5. **How do you find the time to do all you do?**
   Well, I love everything I do — the work, my family, music, cooking, exploring the world. I try hard to find a place for everything — some days it works, and some days are a little stressful! I'm very grateful for how many ways there are to connect with people — email, phone calls, webinars, and listservs — because it means I can live in Europe, but still be connected to colleagues in the States and around the world. It's really a lot of fun, and the people I work with and for with are the best inspiration.

www.diversityrxconference.org
http://medical-dictionary.thefreedictionary.com/culture-bound
www.psychiatictime.com

ask Dr. Lane

What is Pulmonary Fibrosis?

Pulmonary Fibrosis is an autoimmune disorder that causes inflammation to attack the walls of the alveoli or air sacs. Scarring occurs in the walls and they become thick and difficult to distend. It takes much more work to move the lungs during the act of breathing, and the thick, scarred walls interfere with gas exchange. The patient becomes breathless in the struggle to move the lungs and to get enough oxygen in, and CO2 out. This kind of lung disease is therefore called a restrictive disease because the movement of the lung tissue and the gas exchange are restricted. This is in contrast to obstructive diseases like asthma and emphysema where the problem is in the obstruction of the airways. In pulmonary fibrosis, there is little that can be done as far as treatment is concerned other than anti-inflammatory drugs that are usually in the form of corticosteroids.

Upcoming Conferences

Upper Midwest Translators & Interpreters Assn (UMTIA) Annual Conference
Saturday September 25, 2010

Century College East Campus, White Bear Lake, MN
For more info, visit www.umtia.org

Diversity Rx Seventh Annual Conference

October 18-21, 2010

Renaissance Baltimore Harborplace, Baltimore, MD.
Zarita Araujo-Lane, LICSW , President of CCCS, Inc. will be presenting *"The Burned Heart: When a Provider is not fluent in a patient's language."*
www.diversityRxConference.org

American Literary Translators Association (ALTA) 2010 Annual Conference
October 20-23, 2010

The Philadelphia Marriott Hotel, Philadelphia, PA
For more info, visit www.utdallas.edu/alta

American Translators Association (ATA)
51st Annual Conference
October 27-30 Denver, CO.

Zarita Araujo-Lane, LICSW , President of CCCS, Inc. will be one of the co-presenters for *"Introduction to Medical Terminology,"* along with Maria Rosdolsky, Patricia M. Thickstun, and Armando Ezquerra Hasbun
(Wednesday, 9:00am-12:00pm)
www.atanet.org

Upcoming Trainings

The Art of Medical Interpretation-60 hour course
Woburn, Ma
November 8-13, 15, 16, 2010 (Daily 9am-5:00pm)
November 16, 2010-January 20, 2010 (Tuesdays and Thursdays 6:00pm-10:00pm)

For more information please call Linda at 781-497-5066

CONGRATULATIONS
Debra Eccles, 10 years with CCCS, Inc.

On Tuesday September 14, I sat down to talk with Debra Eccles as she completed 10 years here at CCCS, Inc.

Interviewer: How have times changed since you first started working at CCCS, Inc.?

Debra: Greatly. When I first started working here there were only 3 other people including Zarita, and now we have a full office. Back then the interpreting industry was different as well. In times past we would get most of our cases well in advance and now many of our cases are last minute or are for the next day. Also we are seeing a shift in how communication is done. Previously the requests were usually made by phone or via fax, and now we are seeing more and more email requests. The pace has definitely quickened as well.

Interviewer: What have you enjoyed most about working at CCCS, Inc.?

Debra: I would have to say that it would be getting to know the interpreters and clients. We have some interpreters and clients that have been working with us from day one, so over the years you get to know them well and you develop relationships with them.

Interviewer: Would you like to mention a memorable experience that you've had here at CCCS, Inc.?

Debra: Sure, I remember one time when I had just started working for CCCS, Inc., and I sent an Arabic male interpreter to a hospital to interpret for an international patient. After the interpreter arrived at the appointment I received a call from him stating that he would not be able to handle the case. I asked him why and he said that it is because the patient is a "princess." He later went on to explain some cultural aspects that were important for me to be aware of. So needless to say that over the years, I have been able to learn many different things about diverse cultures, and how to work with them, respecting their culture rather than against them, or imposing my own thoughts.

Interviewer: Thank you so much for your thoughts and we hope that you will be with us for another 10 years.

Debra: It was a pleasure.

Here are a few comments from some of Debra's co-workers.

"Debra is the rock of our business by always showing up at work no matter how challenging the weather may be: rain, sunshine or snow, our colleagues and customer and interpreters always know to expect to hear Debra's voice."

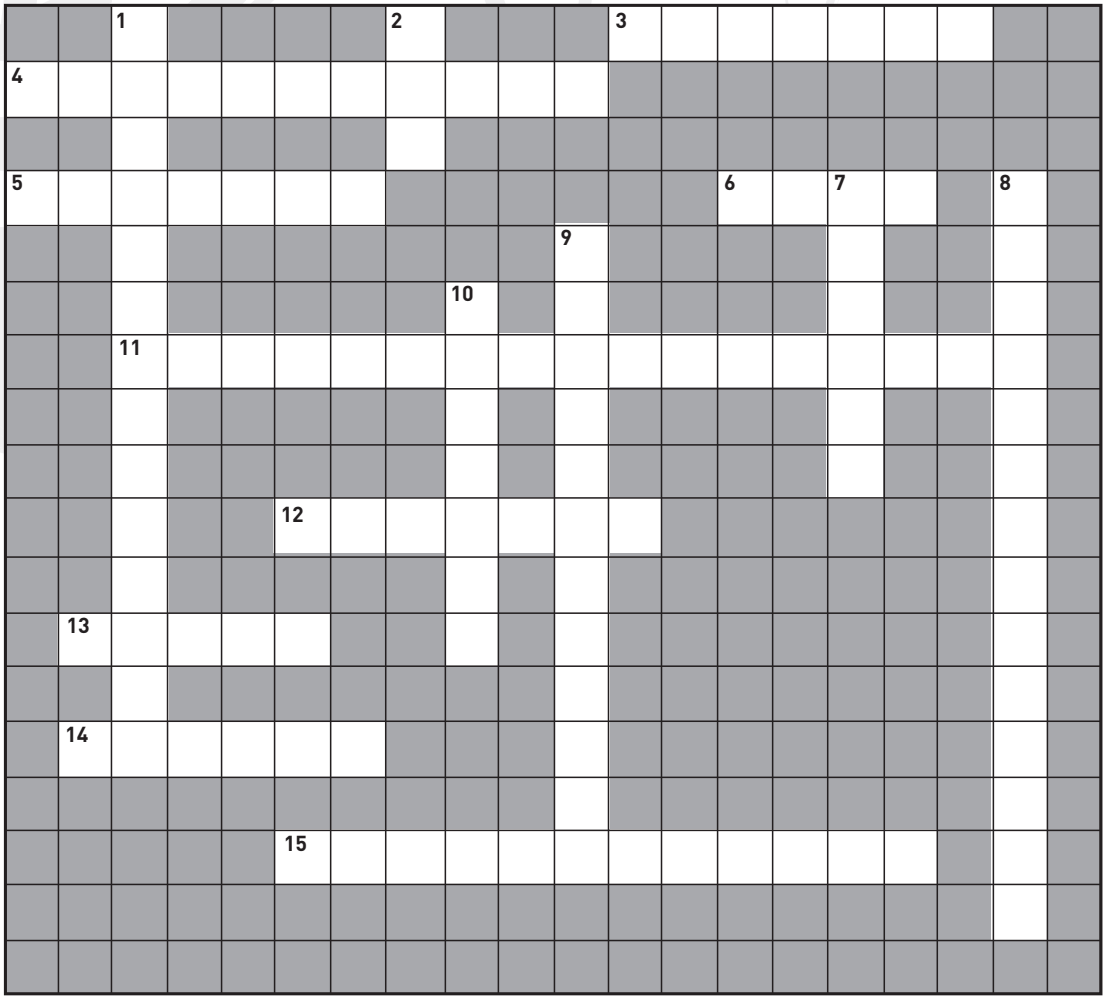
"I am honored to be working with such a great human being!"

"She has been my mentor and always gives me unconditional support; her leadership has helped me to be come better at my job."

"She is always willing to help others, she is smart, funny and she does an amazing job running the interpreter dispatch department. She has a very stressful job, but she still manages to laugh and have fun with her team, our clients and interpreters. I truly enjoy working with Debra."

"Debra has helped me to grow as a person as well as a professional, teaching to me to lead and to make imperative decisions. Her unique headship makes my job enjoyable, helping me to accomplish my goals in order to reach the next level."

CCCS, Inc. September Crossword



After you have finished reading this month's Communicator Express, see if you can complete our crossword.

ACROSS

3. Air Sacs
4. Mode used if the patient is coherent
5. 8th leading cause of death in the U.S.
6. Section of the DSM-IV TR Manual
11. Condition affectiong the walls of the alveoli (2 words)
12. On-Going
13. Not to be talked about
14. Reason why many don't seek out treatment for mental illness
15. Mode of interpreting sometimes used in mental health

DOWN

1. Medication commonly used in mental health
2. Up-coming tranlator's conference
7. First category of mental illness
8. Too much of something legal or illegal (2 words)
9. Mental health clinician that prescribes meds
10. Good relationship

Answers on page 11.

Interpreter's Corner

We are excited to inform our interpreters that we are looking to expand our legal interpreting department. Soon we will be having an 8 hour legal assessment training for all interpreters that have training (in legal or medical.) Please call Gail at 781-729-3736 at ext. 106 to let her know your availability. Also, look for our postings regarding the dates for our webinars on HIPAA, Healthcare Safety, and Sexual Harassment. Lastly, we will soon be offering new workshops for interpreters on topics such as advanced interpreting skills and on mental health. In the future this information will be posted on the web and will be made available in this newsletter.

NH Corner

Amanda Duross

On Friday September 24, 2010 from 10:00am to 12:00pm the MIAB will hold its next meeting which is a learning workshop and its purpose is to help develop a shared understanding of Health Disparities and Health Equities among other topics. Please see below for the address of the location.

Manchester Health Department
1528 Elm Street, Manchester NH

Also, it is of note that the New Hampshire Advisory Committee to the U.S. Commission on Civil Rights met on September 20th, 2010 in Manchester to discuss how population changes will affect the country. Current figures show that minority populations are growing at a rate of 12 times faster than the white population. As a result, experts are projecting that by the year 2050, the U.S. will become what they call a "majority minority society," or in other words, the U.S. will not be comprised of a majority race. As demographics change, then healthcare policies and standards will evolve and change. We will be interested in finding out the results of this meeting.

Answers to the CCCS Crossword-September

Across	**Down**
3. Alveoli	1. Antipressant
4. Consecutive	2. ATA
5. Suicide	7. Idiocy
6. Axis	8. Substance Abuse
11. Pulmonary Fibrosis	9. Psychiatrist
12. Chronic	10. Rapport
13. Taboo	
14. Stigma	
15. Simultaneous	

CCCS INC.

Embracing Culture

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.embracingculture.com** | CCCS Inc. is a SOMWBA and DBE-certified business | Copyright 2010 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.