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Finding the Parallels Interpreter Summit

DE LA MORA Interpreter Training

Location

RESIDENCE HOTEL
7024 Augusta National Dr.
Orlando, FL 32822

Workshop Overview

Finding the Parallels 2018 is a three-day workshop taking place in Orlando, FL. A host of guest speakers, special courses, activities, and a networking reception will not only continue your education but also give you the opportunity to learn from the best in the field.

Dates

November 9-11
2018

Contact Hours

10.5 Medical – 1.5 IMIA approved credits with verified attendance.
13 Legal – 15 Florida State approved credits with certificate of completion
CEAA#18-0271

Summit Schedule

Friday, November 9th, 2018

6:00 PM	Check In
7:00 PM	Open Panel
9:00 PM	Prizes and Giveaways
9:30 PM	Dismissal

Saturday, November 10th, 2018

Presenter

8:30 AM	Check In	
9:00 AM	Presentation: Long Consecutive Techniques (2 hr 45 min) (10:30 AM 15-minute break)	Darinka Mangino
12:00 PM	Lunch (not provided)	
1:00 PM	Presentation: DUI Effects and Enforcement (2 hrs)	Michael Ihnken
3:00 PM	Break	
3:15 PM	Presentation: The Mindful Interpreter (1 hr 45 min)	Dr. Lizbeth Mendoza
5:00 PM	Dismissal	

Sunday, November 11th, 2018		Presenter
9:00 AM	Presentation: In-Depth Sight/Simultaneous Techniques (2 hrs 45 min) (10:30 AM 15-minute break)	Agustín de la Mora
12:00 PM	Lunch	
1:00 PM	Presentation: Parallels and Contrasts: An Ethical Approach (2 hrs)	Claudia Villalba
3:00 PM	Break	
3:15 PM	Presentation: Weaponology (1 hr 45 min)	Ed Hart
5:00 PM	Wrap-Up and Giveaways	
5:30 PM	Summit Ends	

Long Consecutive Techniques

Darinka Mangino

Inevitably, some consecutive two-way dialogues turn into monologues. Consecutive interpreters need to be prepared for these moments by honing their notetaking and memory skills. Interpreters in this workshop will have the opportunity for hands-on practice with advanced notetaking and memory development techniques.

DUI Effects and Enforcement

Michael Ihnken

DUI (Driving while Under the Influence) infractions are one area where the medical and legal fields heavily overlap. Driving while under the influence of drugs or alcohol is an offense determined by a person's physical and mental state; it is a medical assessment with legal consequences. Both legal and medical interpreters can benefit from an in-depth study of concepts and terminology related to the effects of controlled substances on the body, how these infractions are handled, and what terminology interpreters in either field (or both fields) may need to know.

The Mindful Interpreter

Dr. Lizbeth Mendoza

Interpreters in the medical and legal fields frequently have to face – and interpret – traumatic material. This interactive workshop offers interpreters practice advice and guidance for dealing with the shocking or traumatic themes which often surface in these fields, including instruction on support networks, mental preparation, coping methods, and meditation.

Sight/Simultaneous Techniques

Agustín de la Mora

Sight and simultaneous interpretation are two modes that involve interpreting while “looking ahead” to the next section. Both modes involve a gap between input and interpretation called *decalage*, which this workshop will aim to improve.

Parallels and Contrasts: An Ethical Approach

Claudia Villalba

Studying ethics helps interpreters when things get complicated from a moral perspective. These situations can be confusing enough when contained to one field of interpreting, but can be even more challenging when legal and medical ethics overlap. This class will explore situations where these areas can intersect, and how to handle them.

Weaponology

Ed Hart

Deepen your understanding of weapons and firearms with this detailed “firearm anatomy” class. This class will give interpreters a clearer picture of how various types of firearms function, and what terminology can be applied at every step of the process.

Instructor Bios

Agustín Servin de la Mora – *Presenting Sight/Simultaneous Techniques* – Agustín Servin de la Mora is the president of DE LA MORA Interpreter Training. He was born and raised in Mexico City, Mexico, and has been a professional freelance and staff interpreter for the last 28 years. He is one of the Supervisor Raters for the National Center for State Courts and has been a lead rater for the federal and consortium oral exams for court interpreters. He was the lead interpreter for the Ninth Judicial Circuit for over a decade, served as member of the Project Advisory Committee responsible for the creation of the National Standards for Healthcare Interpreter Training Programs for the NCIHC. He was a member of the Florida Court Interpreter Certification Board and a voting member of the Technical Committee of the National Consortium for Interpreter Certification. He is a state- and federally-certified court interpreter, as well as a certified medical interpreter. He has been a consultant for the Administrative Offices of the State Courts, conducting orientation seminars and advanced skills workshops for interpreters in at least 15 states. He has been featured as a speaker and presenter in several national conventions, including those of NAJIT, ATA, IMIA, and NASCA.

Claudia Villalba – *Presenting In-Depth Practice* – Claudia E. Villalba, a graduate from Kean University, N.J., taught court interpretation in Rutgers University and Brookdale CC in the State of New Jersey where she worked for 10 years for the New Jersey Judiciary as a staff interpreter, and subsequently as the supervising court interpreter for the County of Middlesex where she trained court interpreters. She worked as the supervising court interpreter for the 7th Judicial Circuit in the State of Florida for 11 years. She has worked with the NCSC as a subject matter expert for over five years. She is certified by the Administrative Office of the United States Courts, as a Federally Certified Court Interpreter. She is also a Certified Court interpreter by the Florida Court Interpreter Certification Board. Currently she practices as a freelance court and conference interpreter, and an instructor for DE LA MORA Interpreter Training.

Dr. Lizbeth Mendoza – *Presenting The Mindful Interpreter* – is originally from Mexico City, where she received her M.D. from the National Autonomous University of Mexico. Over the course of 13 years she has participated in different areas of Medicine including research, academics, and bilingual medical services as well as editing and translation of medical content. She is a Spanish Certified Medical Interpreter (CMI), freelance interpreter, and mentor for Medical interpreters. She is a member of the IMIA where she contributes actively as Vice-chair of the IMIA Colorado Chapter and Member of the Education Committee. She is an advocate for humanism, professionalism, continuing education and excellence in any healthcare practice, as well as of student-centered learning approaches, patient-centered practices, collaborative learning environments, and the Problem Based Learning methodology at any level of training or education.

Darinka Mangino – *Presenting Long Consecutive Techniques* – Darinka Mangino holds a Master in Advanced Studies for Interpreting Trainers from Université de Genève, Switzerland (2016); a PGC in Forensic Linguistics from Aston University, United Kingdom (2012) and a University Degree in Conference Interpreting from Instituto Superior de Interpretes y Traductores, Mexico City (2002). She is a Member of AIIC (International Association of Conference Interpreters) since Oct. 1st 2013 and appointed Public Relations Person for the Mexico, Central American and the Caribbean Region since 2015. Also a member of Colegio Mexicano de Intérpretes de Conferencias since March 2006.

As of 2011 she provides interpreting services to the Office of the President of Mexico, the Protocol Section of the Ministry of Foreign Affairs, and other Ministries for high profile assignments, State Visits, Working Visits both in Mexico and abroad like G20, UNGA, APEC, G7, among others. Her professional services are contracted by OAS and UN. Darinka Mangino is an Adjunct Professor at the Master in Interpreting & Translation program given by Universidad Anahuac and founder of Lexica Aula Virtual para Interpretes.

Michael Ihnken – *Presenting DUI Effects and Enforcement* – spent 14 years in law enforcement, finishing as a sergeant. In his career he made approximately 250 DUI arrests. Currently he works for a behavioral health organization as a case manager, which he's been doing for 6 years now. He helps people who have severe mental illness and are at risk for homelessness with applications for benefits through the social security administration.

Ed Hart – *Presenting Weaponology* – Deputy II Edward Hart began his law enforcement career in 1991 when he started working for Volusia County Corrections. In 1996 Deputy Hart became an adjunct faculty member of Daytona State College, and the Basic Law Enforcement program. Deputy Hart was lead instructor in Interpersonal Communications, and quickly obtained all high liability instructor certificates through the State of Florida, to include; Defensive Tactics, Firearms, and Emergency Vehicle Operations. Deputy Hart still maintains his adjunct status at Daytona State College teaching high liability topics through BLE and advanced training courses for sworn personnel.

Continuing Education Credits

Medical Interpreters:

This course has been approved for 1.5 IMIA CEUs with verified attendance. In order to claim your CEUs, you will need to have the presenter for each session sign next to that session's course number on the following attendance sheet. We will also issue you a certificate of completion to prove your participation in the conference.

Legal Interpreters:

This course has been approved by the State of Florida for 15 CIE credits. **Included in your registration is access to our Self-Paced Ethics for Interpreters course**, available on the conference resource webpage (details below). This course is worth 4 Florida CIE ethics credits.

Finding the Parallels Resource Webpage:

interpreter-training.com/fp-2018/

Password: FTP2018

Be sure to check the resources page after the conference!



IMIA/NBCMI Continuing Education Conference Attendance Sheet

- Recertify every 5 years by participating in education directly related to medical interpretation by completing **3 CEUs** (Continuing Education Units), equivalent to **30 contact hours** of IMIA/NBCMI approved trainings and workshops prior to your certification credential expiration date (5 years from initial CMI date of certification, for example).
- Each **1CEU** is equal to **10 contact hours** of IMIA/NBCMI approved trainings and workshops.
- Only one presenter’s signature is required for multiple-presenter workshops
- Please use multiple sheets if needed. Thank you!

For questions, please contact: staff@certifiedmedicalinterpreters.org

First Name	Middle Name	Last Name
Phone	Email	Certification Status/Number (CMI, QMI or None)

Workshop ID	Workshop Title	Presenter’ Signature (REQUIRED)	Date	Time In	Time Out
FTP18-02	Long Consecutive Technique		11/10/18	9 AM	12 PM
FTP18-01	DUI Effects and Enforcement		11/10/18	1 PM	3 PM
FTP18-05	The Mindful Interpreter		11/10/18	3:15 PM	5 PM
FTP18-03	In-Depth Sight/Simultaneous Techniques		11/11/18	9 AM	12 pm
FTP18-04	Parallels and Contrasts: An Ethical Approach		11/11/18	1 PM	3 PM

Attestation:

By filling this sheet and electronically signing below, I attest that I attended the workshops listed above, and I attest that all information is correct to my best knowledge.

Full Name	Date
-----------	------

Long Consecutive Techniques - Darinka Mangino

Mentimeter

Long Consecutive Techniques

- Introduction
- Myths
- Long Consecutive Skills Check-up
- Drills
- Q&A

♥ 👍 🗨

What is your mother tongue? Mentimeter

👤 0

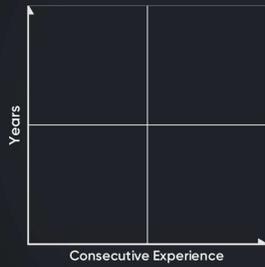
What type of Interpreting do you practice? Mentimeter

0	0	0	0	0
Conference	Legal	Medical	Community	Other

👤 0

Years of experience using CONSEC

Mentimeter



- 1 0-3
- 2 3-5
- 3 5-10
- 4 10+

0

How do you feel about Long CONSEC?

Mentimeter



- Love it
- Hate it
- Love/Hate
- Stage Fright
- No choice

0

Posted by **Cultura UNAM**
14,034 Views

What got me to Finding Parallels Summit?

10:23

Share

Like Comment Retweet

List the features of a professional CONSEC rendition Mentimeter

0

List the features of a unprofessional CONSEC rendition Mentimeter

0

Describe your CONSEC system: Mentimeter

0

Myths

Strongly disagree

Long Consec is not used anymore

Long Consec equals Taking Notes

You must use a notepad & pen

You must use symbols

Strongly agree

0

Stage 1 Presenter Speaks

0 0 0 0 0

Listening Analysis Note Taking Recall Coordination

0



Turn taking

0

Stage 2 Interpreter Speaks

Mentimeter

0 0 0 0

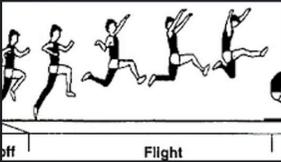


Recall Reading Delivery Coordination

0

Long Consecutive Skills

Mentimeter



- Approach
- Take off
- Flight
- Landing
- Distance
- 3 Attempts



Advance Preparation (Approach)

Mentimeter

0 0 0 0 0 0 0



Context Terms Setting Experience Tools Voice Mind

0

Mentimeter



How you feel about yourself affects your rendition

- Stress
- Previous Experiences
- Saving face
- Guild
- Teamwork

0

Briefing (Take off)

Mentimeter

- 0% Briefing with your client
- 0% Have the right tools with you
- 0% Feel in control
- 0% Fill terminology & context gaps
- 0% Set ground rules with partner

0

Landing

Mentimeter

Strongly disagree

- I make eye contact
- I make no omissions
- I dont interrupt speakers
- My delivery is clear & accurate
- My voice sounds trained & profesisonal

Strongly agree

0

Let's make some exercises Mentimeter

0

Outcome/drills Mentimeter

Strongly disagree | Strongly agree

Need to work on my consec subskills

I have strong consec subskills

0

How do you feel now about Long CONSEC? Mentimeter

- Love it
- Hate it
- Love/Hate
- Stage Fright
- No choice

0

Do you have any questions? Mentimeter

0 questions
0 upvotes

Mentimeter



Thank you & May you love CONSEC ever after!

❤️ 👍 🗨️

DUI Enforcement

By Sergeant Matt Ihnken
Volusia County Sheriff's Office
Drug Recognition Expert
Traffic Crash Reconstructionist

Why do we enforce DUI laws?

- DUI is the most frequently committed crime in the United States
- Over 10,000 people were killed in DUI crashes nationwide in 2013
- More people die in alcohol related crashes than every type of homicide, combined!!!
- On a typical weekend night, one in four drivers is impaired
- Every day, almost 30 people in the United States die in motor vehicle crashes that involve an alcohol-impaired driver. This amounts to one death every 51 minutes.

How big is the problem?

- ◆ Of the 1,149 traffic deaths among children ages 0 to 14 years in 2013, 200 (17%) involved an alcohol-impaired driver.
- ◆ Of the 200 child passengers ages 14 and younger who died in alcohol-impaired driving crashes in 2013, over half (121) were riding in the vehicle with the alcohol-impaired driver.
- ◆ In 2010, over 1.4 million drivers were arrested for driving under the influence of alcohol or narcotics. That's one percent of the 112 million self-reported episodes of alcohol-impaired driving among U.S. adults each year.
- ◆ Drugs other than alcohol (e.g., marijuana and cocaine) are involved in about 18% of motor vehicle driver deaths. These other drugs are often used in combination with alcohol. This number is increasing due to the changes in marijuana laws.

How do we address this problem?

ENFORCEMENT

ENFORCEMENT

ENFORCEMENT

Enforcement Procedures

- ✓ Enforcement begins with noticing signs of impaired drivers. These signs can be basically anything out of the ordinary such as weaving, very slow speed, excessive speed, stopped at green lights, wide turns, etc.
- ✓ When contacting drivers, look for signs of impairment.....obvious ones like odor of alcoholic beverages, speech patterns, fumbling with paperwork, disheveled clothing, etc.
- ✓ At this point, there is no requirement for Miranda, so ask questions....Have you been drinking, how much did you drink, do you take any prescription medications, etc.
- ✓ If you see any three clues of impairment on a driver, you can have them exit the car for FSE's.

Standardized Field Sobriety Exercises

- There are three Standardized and Validated Field Sobriety Exercises. These are Horizontal Gaze Nystagmus, Walk and Turn, and One Leg Stand
- Contrary to popular belief, NO ONE gets "certified" to administer the Horizontal Gaze Nystagmus
- Rather, once you complete the 24 hours Standardized Field Sobriety Testing course, you are trained in the proper administration of all three exercises
- The courts will not allow anyone, including DUI Instructors, to testify to HGN unless they are a Drug Recognition Expert. This does not mean you can't use it for probable cause for an arrest. HGN is the most accurate of all of the exercises.

SFSE'S CONT'

- Standardized and Validated means the exercises have to be done the correct way, and the same way, every time they are administered. The exercises have been validated by doing them as the SFSE manual says to do them. This is what makes them accurate, and admissible in court proceedings.
- Deviating from the proper way to administer the exercises can make you lose your case, and create bad case law for us all.
- It also means they should be done in the same order, every time. There will be times when one exercise can't be administered, such as someone with only one eye, missing limb, etc. This needs to be documented in your report.

Totality of circumstances

- Anyone who has any amount of time in law enforcement has heard this term, but what does it mean. Basically, this means EVERYTHING you have observed, from the start of the stop to the end of the exercises that shows you signs of impairment. At the conclusion of the SFSE's, in my arrest reports I write "Based on all observations of the defendant, Sergeant Ihnken determined he/she was under the influence to the extent his/her normal faculties were impaired, and placed him/her under arrest for DUI.
- This encompasses a totality of the circumstances, or EVERYTHING YOU SEE! To get to this point, you need to have documented EVERY observation you have made, and basically paint a picture of just how impaired your driver is.

Miranda in DUI Enforcement

- As a general rule, Miranda is not necessary in MOST DUI situations. However, as with everything else, there are exceptions to this
- The use of Miranda in DUI crash situations is an absolute necessity. The reason for this is the Crash Report Privilege. In Crash situations, to obtain the most honest and accurate depiction of a crash, drivers are protected in their statements by this. Anything stated during the crash report investigation is not admissible in criminal court, thus the necessity of Miranda.
- When investigating traffic crashes where a driver shows signs of impairment, law enforcement must "switch hats" from a civil crash investigator to a criminal law enforcement investigator.

MIRANDA IN DUI ENFORCEMENT CONT'

- To correctly "switch hats" a law enforcement officer must advise the driver they have completed the crash investigation and are now conducting a criminal investigation for DUI. At that point, Miranda must be read, or anything obtained verbally is inadmissible
- The seasoned investigator in this situation, once Miranda has been read and hopefully waived, will walk the driver back through the entire sequence of events, from prior to the crash to post crash. This can eliminate the need for a "wheel witness" if you can get the driver to admit driving and being involved in a traffic crash, which is an element of DUI per statute (to drive, or be in actual physical control of a motor vehicle on the roadways of this state)

Blood vs Breath

- In most situations, a breath test is the most common sample we will ask for
- There are times a breath test will be impractical or impossible
- In crash situations, where the suspect is transported to the hospital, the breath test becomes impractical or impossible for a variety of reasons such as the amount of time the person is being treated, the inability to bring an Intoxilyzer into an emergency room, or a person's injuries
- These situations require a law enforcement officer to ask for a blood sample, but when do we ask?
- Florida law provides when asking for a breath test, the request come AFTER after a lawful arrest has been made
- Some common terms in reference to breath and blood samples: Breath alcohol is measured in grams per 210 liters of breath, or g/210L. Blood is measured in grams per 100 milliliters of blood, or b/100ml. When you hear someone ask for the breath or blood results, this is how they should be explained.

BLOOD VS BREATH CONT'

316.1933 Blood test for impairment or intoxication in cases of death or serious bodily injury; right to use reasonable force.—

(1)(a) If a law enforcement officer has probable cause to believe that a motor vehicle driven by or in the actual physical control of a person under the influence of alcoholic beverages, any chemical substances, or any controlled substances has caused the death or serious bodily injury of a human being, a law enforcement officer shall require the person driving or in actual physical control of the motor vehicle to submit to a test of the person's blood for the purpose of determining the alcoholic content thereof or the presence of chemical substances as set forth in s. 877.111 or any substance controlled under chapter 893. The law enforcement officer may use reasonable force if necessary to require such person to submit to the administration of the blood test. The blood test shall be performed in a reasonable manner. Notwithstanding s. 316.1932, the testing required by this paragraph need not be incidental to a lawful arrest of the person.

SBI and APC

- SBI- Serious Bodily Injury is an injury to a person, including the driver, which consists of a physical condition that creates a substantial risk of death, serious personal disfigurement, or protracted loss or impairment of the function of any bodily member or organ

- APC- Actual Physical Control is to be in or on a vehicle with the immediate ability to drive *this is only found in the Florida Jury Instructions, it is mentioned in statute but never defined

Case Law

- So now that we have learned all that, lets throw a monkey wrench in the process with Case Law that changes it
- Missouri v McNeely- This was a landmark case in 2013 that went to the US Supreme Court and categorically changed the way we can obtain blood evidence in death and SBI cases
- McNeely is a prime example of bad case law resulting from bad decisions made in the field. In this case, a deputy in Missouri made a routine DUI stop at 0208 in the morning for speeding and driving over the center line.

CASE LAW CONT'

- At approximately 2:08 a.m. on 3 October 2010, Tyler McNeely was stopped after a highway patrol officer observed him exceed the posted speed limit, and cross over the centerline. The officer reportedly noticed signs of intoxication from McNeely, including bloodshot eyes, slurred speech, and the smell of alcohol on his breath. McNeely failed field-sobriety tests administered by the officer. After refusing to blow into a handheld breathalyzer, and stating that he would refuse a breathalyzer at the police station, the officer drove McNeely directly to a medical center instead of the station. The officer did not seek a warrant to conduct the blood test, but asked McNeely for his consent. McNeely was warned by the officer that by refusing a chemical test, his license would be revoked for one year. McNeely continued to refuse, and at 2:35 a.m., the officer proceeded to instruct the lab technician to draw a specimen of blood from McNeely. The results of the blood test showed a BAC of 0.154 percent, which was above the state's legal limit of 0.08 percent. McNeely was charged with driving while intoxicated, and later moved to suppress the results of his blood test, as he argued that it was done unconstitutionally as an unreasonable search and seizure.

CASE LAW CONT'

- Prior to 2010, Missouri law said if a DUI suspect refused chemical testing “then none would be given”
- This language was removed and the officer believed he did not need to secure a warrant for the blood and could force a suspect to provide a sample if they refused.

- The State of Missouri fought the lower courts ruling that a warrant in this situation was necessary and the suppression of the blood evidence. The basis of their argument was the dissipation of alcohol in the liver created an exigent circumstance, thus making a warrant unnecessary.

CASE LAW CONT'

- The Supreme Court issue was "Whether the natural metabolization of alcohol in the bloodstream presents a per se exigency that justifies an exception to the Fourth Amendment's warrant requirement for nonconsensual blood testing in all drunk driving cases."
- By an 8-1 margin, the US Supreme Court rejected the State of Missouri's argument. Although it was an 8-1 margin, there was no true majority opinion, instead the case was decided based on multiple opinions
- The Court affirmed the Missouri Supreme Court decision, agreeing that an involuntary blood draw is a "search" as that term is used in the Fourth Amendment.^[3] As such, a warrant is generally required. In its majority opinion, the Court found that because McNeely's "case was unquestionably a routine DWI case" in which no factors other than the natural dissipation of blood-alcohol suggested that there was an emergency, the court held that the nonconsensual warrantless blood draw violated McNeely's Fourth Amendment right to be free from unreasonable searches of his person. However, the Court left open the possibility that the "exigent circumstances" exception to that general requirement might apply in some drunk-driving cases.

MCNEELY AND THE EFFECT ON FLORIDA LAW

- The McNeely decision primarily affects two sections of Florida law: 316.1933 (Forced Blood Draws) and 316.1932 (Implied Consent Blood Draws)
- For a forced blood draw under section 316.1933 FSS based on McNeely a law enforcement officer must have one of the following:
 - Voluntary Consent
 - Obtain a search warrant
 - Demonstrate Exigent Circumstances
 - Obtain Medical Records

In cases of Voluntary Consent, the consent must truly be voluntary, do not tell a defendant if they refuse they are going to be arrested, or that if they refuse you will get a warrant

In Implied Consent cases, if a McNeely defense comes up, have medical records as backup.

DRUG IMPAIRED DRIVING

In most instances, a Drug DUI is no different from a regular DUI until the breath test. For FSE's the procedures are the exact same. It should be noted, some drugs will not show as many indicators of impairment as alcohol, especially in Narcotic and Cannabis cases. In narcotic cases, subjects can become used to the effect of the drug.

After arresting a subject for DUI with drugs, you should still ask for a breath test. If the subject consents to the breath test, have the test done and evaluate the results to see if it's a combination of drugs and alcohol. In instances where the breath result is anything under .08, a urine sample should be requested. If the subject consents to a Urine sample, and the breath results are under a .05, request a DRE respond to assist with the investigation.

Drug Recognition Expert

A DRE, or Drug Recognition Expert, is a highly trained law enforcement officer who has the ability to determine, based on physical and clinical indicators, what category of drugs a subject may be impaired on. The DRE can also determine if a medical condition exists or if the person is not impaired.

Florida currently has approximately 200 DRE's while there are just over 7000 in the entire world. This is less than 1/2 of 1 percent of all law enforcement officers. The DRE program exists in most countries in the world, and falls under the authority of the International Association of Chiefs of Police. The program is widely recognized as one of the the most challenging law enforcement course's available.

DRUG RECOGNITION EXPERTS CONT'

The DRE is trained to evaluate subjects for physical and clinical indicators of impairment. Clinical indicators include blood pressure, pulse, body temperature, and pupil sizes in different lighting conditions. The DRE will always need a witness or scribe to assist with the evaluation, and in most instances, this will be the arresting officer. The DRE will complete an evaluation, which usually takes 45 minutes to an hour, and will complete a report of their findings.

The VCSO currently has two DRE's available to assist when needed on any drugged driving case, provided you follow the correct procedures we covered.

MAJOR INDICATORS	CNS DEPRESSANTS	CNS STIMULANTS	HALLUCINOGENS	DISSOCIATIVE ANESTHETICS	NARCOTIC ANALGESIC	INHALANTS	CANNABIS
HGN	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	NONE
VERTICAL GAZE NYSTAGMUS	PRESENT *HIGH DOSES	NONE	NONE	PRESENT	NONE	PRESENT *HIGH DOSES	NONE
LACK OF CONVERGENCE	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	PRESENT
PUPIL SIZE	NORMAL (1)	DILATED	DILATED	NORMAL	CONSTRICTED	NORMAL (4)	DILATED (6)
REACTION TO LIGHT	SLOW	SLOW	NORMAL (3)	NORMAL	LITTLE OR NONE VISIBLE	SLOW	NORMAL
PULSE RATE	DOWN (2)	UP	UP	UP	DOWN	UP	UP
BLOOD PRESSURE	DOWN	UP	UP	UP	DOWN	UP or DOWN (5)	UP
BODY TEMPERATURE	NORMAL	UP	UP	UP	DOWN	UP, DOWN or NORMAL	NORMAL
MUSCLE TONE	FLACCID	RIGID	RIGID	RIGID	FLACCID	NORMAL / FLACCID	NORMAL
GENERAL INDICATORS	<p>DISORIENTED DROOPY EYES DROWSINESS DRUNK LIKE BEHAVIOR GAIT ATAXIA SLOW, SLUGGISH REACTIONS THICK, SLURRED SPEECH FUMBLING UNCOORDINATED</p> <p>*NOTE METHAQUALONE: ELEVATED PULSE BODY TREMORS</p>	<p>ANXIETY BODY TREMORS DRY MOUTH EUPHORIA EXAGGERATED REFLEXES EXCITED EYELID TREMORS GRINDING TEETH (BRUXISM) INCREASED ALERTNESS INSOMNIA IRRITABILITY REDNESS TO NASAL AREA RESTLESSNESS RUNNY NOSE TALKATIVE</p>	<p>BODY TREMORS DAZED APPEARANCE DIFFICULTY IN SPEECH DISORIENTED FLASHBACKS HALLUCINATIONS MEMORY LOSS NAUSEA PARANOIA PERSPIRING POOR PERCEPTION OF TIME / DISTANCE SYNESTHESIA UNCOORDINATED</p> <p>*NOTE: WITH LSD PILORECTION (GOOSE BUMPS, HAIR STANDING ON END) MAY BE OBSERVED</p>	<p>BLANK STARE CONFUSED CHEMICAL ODOR (PCP) CYCLIC BEHAVIOR (PCP) DIFFICULTY WITH SPEECH DISORIENTED EARLY HGN ONSET HALLUCINATIONS INCOMPLETE VERBAL RESPONSES INCREASED PAIN THRESHOLD "MOON WALKING" (PCP) NON-COMMUNICATIVE PERSPIRING (PCP) POSSIBLY VIOLENT SENSORY DISTORTIONS SLOW, SLURRED SPEECH MUSCLE RIGIDITY WARM TO TOUCH</p>	<p>CONSTRICTED PUPILS DEPRESSED REFLEXES DROOPY EYELIDS (PTOSIS) DROWSINESS EUPHORIA "ON THE NOD" PUNCTURE MARKS SLOW, LOW, RASPY SPEECH SLOWED BREATHING</p> <p>*NOTE: TOLERANT USERS EXHIBIT RELATIVELY LITTLE PSYCHOMOTOR IMPAIRMENT DRY MOUTH FACIAL ITCHING</p>	<p>BLOODSHOT, WATERY EYES, CONFUSION DISORIENTED FLUSHED FACE INTENSE HEADACHES LACK OF MUSCLE CONTROL NON-COMMUNICATIVE ODOR OF SUBSTANCE POSSIBLE NAUSEA RESIDUE OF SUBSTANCE SLOW, THICK, SLURRED SPEECH</p> <p>*NOTE: ANESTHETIC GASES CAUSE BELOW NORMAL BLOOD PRESSURE VOLATILE SOLVENTS AND AEROSOLS CAUSE ABOVE NORMAL BLOOD PRESSURE.</p>	<p>BODY TREMORS DISORIENTED DEBRIS IN MOUTH EYELID TREMORS IMPAIRED PERCEPTION OF TIME & DISTANCE INCREASED APPETITE MARKED REDDENING OF CONJUNCTIVA ODOR OF MARIJUANA, POSSIBLE PARANOIA RELAXED INHIBITIONS</p>
DURATION OF EFFECTS	<p>BARBITURATES: 1-16 HOURS TRANQUILIZERS: 4-8 HOURS METHAQUALONE: 4-8 HOURS</p>	<p>COCAINE: 5-90 MINUTES AMPHETAMINES: 4-8 HOURS METH-AMPHETAMINES: 12 HOURS</p>	<p>DURATION VARIES WIDELY FROM ONE HALLUCINOGEN TO ANOTHER LSD: 4-6 HOURS PSILOCYBIN: 2-3 HOURS</p>	<p>PCP ONSET: 1-5 MINUTES PEAK EFFECTS: 15-30 MINUTES EXHIBITS EFFECTS UP TO 4-6 HOURS DXM: ONSET 15-30 MIN. EFFECTS: 3-6 HRS</p>	<p>HEROIN: 4-6 HOURS METHADONE: UP TO 24 HOURS Others: Vary</p>	<p>MOST VOLATILE SOLVENTS: 6-8 HOURS ANESTHETIC GASES AND AEROSOLS: VERY SHORT DURATION</p>	<p>EXHIBITS EFFECTS: 2-3 HOURS IMPAIRMENT MAY LAST UP TO 24 HOURS WITHOUT AWARENESS OF EFFECT.</p>
USUAL METHODS OF ADMINISTRATION	<p>ORAL INJECTED OCCASIONALLY</p>	<p>INSUFFLATION (SNORTING) SMOKED INJECTED ORAL</p>	<p>ORAL INSUFFLATION SMOKED INJECTED TRANSDERMAL</p>	<p>SMOKED (PCP) ORAL INSUFFLATION (PCP) INJECTED (PCP) EYE DROPS</p>	<p>INJECTED ORAL SMOKED INSUFFLATED</p>	<p>INSUFFLATION (HISTORICALLY, HAVE BEEN TAKEN ORALLY.)</p>	<p>SMOKED ORAL</p>
OVERDOSE SIGNS	<p>SHALLOW BREATHING COLD CLAMMY SKIN PUPILS DILATED RAPID, WEAK PULSE COMA</p>	<p>AGITATION INCREASED BODY TEMPERATURE HALLUCINATIONS, CONVULSIONS</p>	<p>LONG INTENSE TRIP</p>	<p>LONG INTENSE TRIP</p>	<p>SLOW, SHALLOW BREATHING CLAMMY SKIN COMA CONVULSIONS</p>	<p>COMA</p>	<p>FATIGUE PARANOIA</p>
<p>FOOTNOTE: THESE INDICATORS ARE THE MOST CONSISTENT WITH THE CATEGORY. KEEP IN MIND THAT THERE MAY BE VARIATIONS DUE TO INDIVIDUAL REACTION, DOSE TAKEN AND DRUG INTERACTIONS.</p> <p style="text-align: center;">NORMAL RANGES</p> <p>PULSE: 60 - 90 BEATS PER MINUTE</p> <p>PUPIL SIZE: ROOM LIGHT- NEAR TOTAL DARKNESS- DIRECT LIGHT- AVG: 4.0mm Range: 2.5-5.0mm AVG: 6.5mm Range: 5.0-8.5mm AVG: 3.0mm Range: 2.0-4.5mm</p> <p>BLOOD PRESSURE: 120 - 140 SYSTOLIC 70 - 90 DIASTOLIC.</p> <p>BODY TEMPERATURE: 98.6 +/- 1.0 DEGREE</p> <p style="text-align: right;">05/13</p>							

Drug Effects Cont'

From the above slide, we can ascertain that some drugs mimic the signs of others while others have the exact opposite effect. Some of the effects are solely associated with certain drugs, while other effects can encompass several drug categories. To effectively enforce DUI laws, it is important to know how certain drugs affect people, especially the duration of effects. The matrix can be hugely beneficial to DRE's and DUI enforcement officers. Understanding how the different types of effects, such as additive, can enhance certain effects is also very important. Finally, knowing the poly drug usage is common will help the DUI enforcement officer in their efforts.

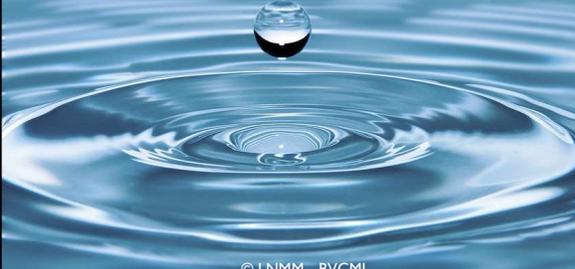
Summary

The Mindful Interpreter - Dr. Lizbeth Mendoza

Self-care for Medical and Court Interpreters

The Mindful Interpreter

By Dr. Lizbeth Nathalia Mendoza, MD, CMI-Spanish. dramendoza@bvcmi.com



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Self-care for Medical and Court Interpreters

The Mindful Interpreter

"Your mind is an instrument, a tool. It is there to be used for a specific task, and when the task is completed, you lay it down. As it is, I would say about 80 to 90 percent of most people's thinking is not only repetitive and useless, but because of its dysfunctional and often negative nature, much of it is also harmful. Observe your mind and you will find this to be true. It causes a serious leakage of vital energy."



Eckhart Tolle

Self-care for Medical and Court Interpreters

S.T.O.P.

By Bob Stahl and Wendy Millstine

S Stop – temporary stop the doing and business of mind... gentle return to and rest in present moment



T Take a breath – 3 slow deep breaths...allow attention to rest on the movement of your breath

O Observe – the present moment while breathing

- a) Sound
- b) Sight
- c) Sensation

P Proceed with Awareness and a SMILE



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Self-care for Medical and Court Interpreters

MINDFULNESS



**TRANSLATE
MINDFULNESS**



**INTERPRET
MINDFULNESS**

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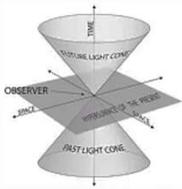
MINDFULNESS



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MINDFULNESS







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MINDFULNESS

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MINDFULNESS



Practice: 10-minute Guided Mindfulness Meditation
 Link: <https://www.youtube.com/watch?v=-5uaDoOCMb4>

Source:
 Jon Kabat-Zinn, PhD - Guided Mindfulness Meditation, Series 2
 (Audio Excerpt). [Sounds True](#) Channel.

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MINDFULNESS

"Drink your tea slowly and reverently, as if it is the axis on which the world earth revolves – slowly, evenly, without rushing toward the future; live the actual moment. Only this moment is life."



Thich Nhat Hanh

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MINDFULNESS

"I clean this teapot with the kind of attention I would have were I giving the baby Buddha or Jesus a bath."

Thich Nhat Hanh



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MINDFULNESS



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MINDFULNESS

Practice: Walking Meditation
Link: <https://www.youtube.com/watch?v=kxa8RpmVBUQ>

Source: Guided Walking Meditation – Free your mind in 15 minutes. By the "5 Minute Morning Meditation Channel"

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The Mindful Interpreter



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The Mindful Interpreter

- What is Stress?
- What is Eu-stress?
- What is Distress?
- Eu-stress vs. distress

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The Mindful Interpreter

- Positive or good stress.
- Stressor cognitively appraised as positive or challenging.
- Force that stimulates us to productively work through challenging situations and tasks.
- Help us meet our goals and stimulate positive productivity.

Colligan, T.W., & Higgins, E. M. (2005). Workplace Stress: Etiology and Consequences. *Journal of Workplace Behavioral Health*, 21(2), 89-97.

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The Mindful Interpreter

- Negative or bad stress.
- Stressor cognitively appraised as being negative, frustrating, unpleasant, outside of our coping abilities.
- Causes anxiety or concern.
- Decreases performance.
- Can lead to mental and physical problems.
- Can be short- or long-term.

Colligan, T.W., & Higgins, E. M. (2005). Workplace Stress: Etiology and Consequences. *Journal of Workplace Behavioral Health*, 21(2), 89-97.

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The Mindful Interpreter

- Making new friends.
- Losing contact with loved ones.
- Hospitalization, injury or illness (oneself / family).
- Being abused or neglected.
- Catastrophic event.
- Marriage.
- Filing for divorce.
- Purchasing a new home.
- Having a child.

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- Job change or promotion.
- Retiring.
- Winning a competition.
- Death (spouse, family member).
- Vacation.
- Moving.
- Holiday season.
- Other



The Mindful Interpreter



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The Mindful Interpreter

Be **mindful**
even when your **mind**
is **full**.



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The Mindful Interpreter



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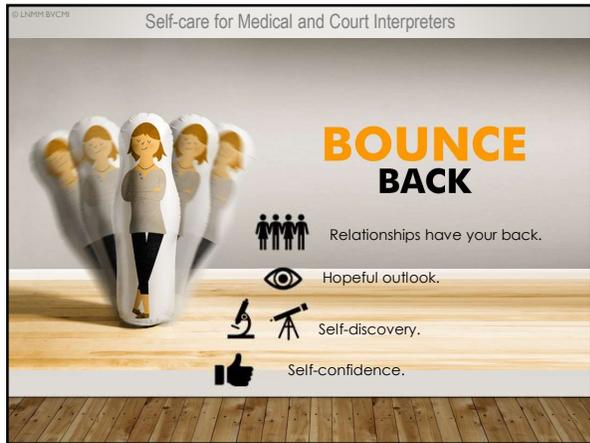
BOUNCE BACK

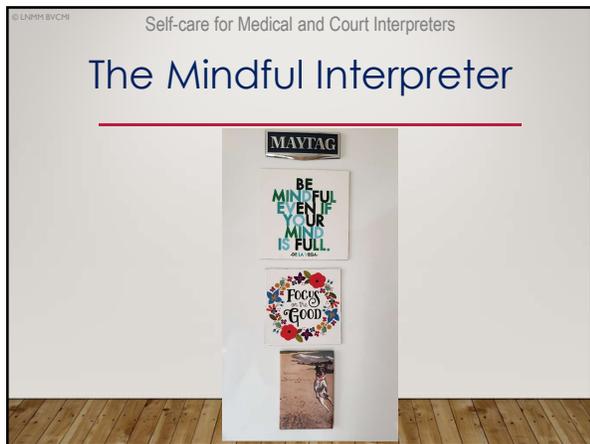


 Highly stressful events happen, but you can change how you **interpret** and respond.

 Perspective, perspective, perspective...











In-Depth Sight/Simultaneous Techniques – Agustin de la Mora

When your kidneys aren't working the way they should, waste and extra fluids build up in your body. Dialysis is one way to treat this problem, but you could also choose to have a kidney transplant. This could give you more freedom with your daily schedule. It may also give you more energy and help you feel better. And, survival rates are higher after a kidney transplant.

Still, it's a complex surgery. Here's what you should know before you decide it's right for you.

If your doctor thinks a transplant is an option for you, he'll put you in touch with a local transplant center. That's a hospital that does organ transplants. You'll then have exams, X-rays, and scans to make sure you're healthy enough to go through the transplant process.

There are two different ways you can get a healthy kidney. The first is through what's known as a "living donors." This might be a family member or close friend who is willing to give you one of their kidneys. Or, it could be a stranger who's willing to give you one of theirs. The second way you could get a kidney is from a deceased organ donor.

Either way, your blood and tissue will need to be tested to make sure yours matches that of the donor. This raises the chances that your immune system will accept the donor kidney and not try to attack it.

In-Depth Sight/Simultaneous Techniques – Agustin de la Mora

If you have a living donor, you'll be able to schedule the date of your transplant surgery.

Getting a kidney from a deceased organ donor may take much longer. You'll be placed on a waiting list. Then, when a kidney is ready, you'll receive a call telling you to get to the hospital right away.

A kidney transplant often takes 3 hours, but can last as long as 5.

You'll be given anesthesia so you stay asleep the whole time. Then once you're "under," the surgeon will make an opening in your abdomen, just above your groin. Your own kidneys won't be removed unless they're infected or causing pain, but the donor kidney will be put in. Its blood vessels will be attached. Then, the surgeon will connect the ureter (the tube that carries urine from your kidney) to your bladder.

The opening will be closed with stitches, special glue, or staples. A small drain may be put into your abdomen to get rid of any extra fluid that's built up during the surgery. Your surgeon will also insert a tiny tube called a stent into your ureter to help you pee. This will be removed 6 to 12 weeks later during a simple procedure.

If your damaged kidney is removed, you have the option of giving it to a kidney research group. Doctors will study it to learn more about kidney disease and hopefully get closer to a cure. If this interests you, you'll need to tell your transplant doctor ahead of time.

In-Depth Sight/Simultaneous Techniques – Agustin de la Mora

You may be able to get out of bed and walk around the day after your transplant. Still, it's likely you'll need to stay in the hospital for 5 to 10 days.

Although you should start to feel much better in about 2 weeks, you won't be able to drive or lift heavy objects for about a month. Your doctor will probably advise you to take off work for 6 to 8 weeks.

To stop your body from rejecting the donor kidney, you'll need to take a special medication every day. At first, you may also have to visit your doctor 2 to 3 times each week to make sure your body is healing the way it should. Over time, these visits will become much less frequent.

You'll recover faster if you stay active. Your doctor will tell you what exercises are safe to do and for how long. Many people start with walking and stretching, then slowly build up to longer and more intense workouts. But contact sports, like soccer and football, will be off limits, since you could harm your donor kidney.

Giving up smoking and alcohol are key to staying healthy. You may also think about talking to a dietitian about healthy meal planning. You'll be able to eat more fruits and vegetables and drink more liquids than someone on dialysis. But you'll also need to choose foods that can keep your blood pressure low and blood sugar stable.

In-Depth Sight/Simultaneous Techniques – Agustin de la Mora

Having a kidney transplant puts you at risk for health problems like high blood pressure and diabetes. You're also more likely to get infections. This could occur at the site of your incision. Or, it could be a yeast infection or a virus that affects your whole body, like shingles.

There's also a chance your body could start to attack (reject) the donor kidney. If so, you could experience:

- Fever
- Cough
- Vomiting
- Nausea
- Pain, especially while peeing
- Producing less urine than normal

If you notice any of these signs, you'll need to call your doctor right away. But many people who have a kidney transplant do very well.

In-Depth Sight/Simultaneous Techniques – Agustin de la Mora

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NATIONAL STANDARDS OF PRACTICE

for

Interpreters in Health Care

Funded by a grant from



National Council on Interpreting in Health Care
www.ncihc.org
September • 2005

STANDARDS OF PRACTICE

■ ACCURACY

OBJECTIVE:

To enable other parties to know precisely what each speaker has said.

Related ethical principle:

Interpreters strive to render the message accurately, conveying the content and spirit of the original message, taking into consideration the cultural context.

- 1. The interpreter renders all messages accurately and completely, without adding, omitting, or substituting.**

For example, an interpreter repeats all that is said, even if it seems redundant, irrelevant, or rude.

- 2. The interpreter replicates the register, style, and tone of the speaker.**

For example, unless there is no equivalent in the patient's language, an interpreter does not substitute simpler explanations for medical terms a provider uses, but may ask the speaker to re-express themselves in language more easily understood by the other party.

- 3. The interpreter advises parties that everything said will be interpreted.**

For example, an interpreter may explain the interpreting process to a provider by saying "everything you say will be repeated to the patient."

- 4. The interpreter manages the flow of communication.**

For example, an interpreter may ask a speaker to pause or slow down.

- 5. The interpreter corrects errors in interpretation.**

For example, an interpreter who has omitted an important word corrects the mistake as soon as possible.

- 6. The interpreter maintains transparency.**

For example, when asking for clarification, an interpreter says to all parties, "I, the interpreter, did not understand, so I am going to ask for an explanation."

STANDARDS OF PRACTICE

CONFIDENTIALITY

OBJECTIVE:

To honor the private and personal nature of the health care interaction and maintain trust among all parties.

Related ethical principle:

Interpreters treat as confidential, within the treating team, all information learned in the performance of their professional duties, while observing relevant requirements regarding disclosure.

7. **The interpreter maintains confidentiality and does not disclose information outside the treating team, except with the patient's consent or if required by law.**

For example, an interpreter does not discuss a patient's case with family or community members without the patient's consent.

8. **The interpreter protects written patient information in his or her possession.**

For example, an interpreter does not leave notes on an interpreting session in public view.

IMPARTIALITY

OBJECTIVE:

To eliminate the effect of interpreter bias or preference.

Related ethical principle:

Interpreters strive to maintain impartiality and refrain from counseling, advising, or projecting personal biases or beliefs.

9. **The interpreter does not allow personal judgments or cultural values to influence objectivity.**

For example, an interpreter does not reveal personal feelings through words, tone of voice, or body language.

10. **The interpreter discloses potential conflicts of interest, withdrawing from assignments if necessary.**

For example, an interpreter avoids interpreting for a family member or close friend.



STANDARDS OF PRACTICE

RESPECT

OBJECTIVE:

To acknowledge the inherent dignity of all parties in the interpreted encounter.

Related ethical principle:

Interpreters treat all parties with respect.

11. The interpreter uses professional, culturally appropriate ways of showing respect.

For example, in greetings, an interpreter uses appropriate titles for both patient and provider.

12. The interpreter promotes direct communication among all parties in the encounter.

For example, an interpreter may tell the patient and provider to address each other, rather than the interpreter.

13. The interpreter promotes patient autonomy.

For example, an interpreter directs a patient who asks him or her for a ride home to appropriate resources within the institution.

CULTURAL AWARENESS

OBJECTIVE:

To facilitate communication across cultural differences.

Related ethical principle:

Interpreters strive to develop awareness of the cultures encountered in the performance of interpreting duties.

14. The interpreter strives to understand the cultures associated with the languages he or she interprets, including biomedical culture.

For example, an interpreter learns about the traditional remedies some patients may use

15. The interpreter alerts all parties to any significant cultural misunderstanding that arises.

For example, if a provider asks a patient who is fasting for religious reasons to take an oral medication, an interpreter may call attention to the potential conflict.

STANDARDS OF PRACTICE

■ ROLE BOUNDARIES

OBJECTIVE:

To clarify the scope and limits of the interpreting role, in order to avoid conflicts of interest.

Related ethical principle:

The interpreter maintains the boundaries of the professional role, refraining from personal involvement.

16. The interpreter limits personal involvement with all parties during the interpreting assignment.

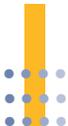
For example, an interpreter does not share or elicit overly personal information in conversations with a patient.

17. The interpreter limits his or her professional activity to interpreting within an encounter.

For example, an interpreter never advises a patient on health care questions, but redirects the patient to ask the provider.

18. The interpreter with an additional role adheres to all interpreting standards of practice while interpreting.

For example, an interpreter who is also a nurse does not confer with another provider in the patient's presence, without reporting what is said.



STANDARDS OF PRACTICE

PROFESSIONALISM

OBJECTIVE:

To uphold the public's trust in the interpreting profession.

Related ethical principle:

Interpreters at all times act in a professional and ethical manner.

19. The interpreter is honest and ethical in all business practices.

For example, an interpreter accurately represents his or her credentials.

20. The interpreter is prepared for all assignments.

For example, an interpreter asks about the nature of the assignment and reviews relevant terminology.

21. The interpreter discloses skill limitations with respect to particular assignments.

For example, an interpreter who is unfamiliar with a highly technical medical term asks for an explanation before continuing to interpret.

22. The interpreter avoids sight translation, especially of complex or critical documents, if he or she lacks sight translation skills.

For example, when asked to sight translate a surgery consent form, an interpreter instead asks the provider to explain its content and then interprets the explanation.

23. The interpreter is accountable for professional performance.

For example, an interpreter does not blame others for his or her interpreting errors.

24. The interpreter advocates for working conditions that support quality interpreting.

For example, an interpreter on a lengthy assignment indicates when fatigue might compromise interpreting accuracy.

25. The interpreter shows respect for professionals with whom he or she works.

For example, an interpreter does not spread rumors that would discredit another interpreter.

26. The interpreter acts in a manner befitting the dignity of the profession and appropriate to the setting.

For example, an interpreter dresses appropriately and arrives on time for appointments.

STANDARDS OF PRACTICE

PROFESSIONAL DEVELOPMENT

OBJECTIVE:

To attain the highest possible level of competence and service.

Related ethical principle:

Interpreters strive to further their knowledge and skills, through independent study, continuing education, and actual interpreting practice.

27. The interpreter continues to develop language and cultural knowledge and interpreting skills.

For example, an interpreter stays up to date on changes in medical terminology or regional slang.

28. The interpreter seeks feedback to improve his or her performance.

For example, an interpreter consults with colleagues about a challenging assignment.

29. The interpreter supports the professional development of fellow interpreters.

For example, an experienced interpreter mentors novice interpreters.

30. The interpreter participates in organizations and activities that contribute to the development of the profession.

For example, an interpreter attends professional workshops and conferences.

ADVOCACY

OBJECTIVE:

To prevent harm to parties that the interpreter serves.

Related ethical principle:

When the patient's health, well-being or dignity is at risk, an interpreter may be justified in acting as an advocate.

31. The interpreter may speak out to protect an individual from serious harm.

For example, an interpreter may intervene on behalf of a patient with a life-threatening allergy, if the condition has been overlooked.

32. The interpreter may advocate on behalf of a party or group to correct mistreatment or abuse.

For example, an interpreter may alert his or her supervisor to patterns of disrespect towards patients.

**Court Interpretation:
Model Guides for Policy and Practice in the State Courts**
by
William E. Hewitt

CHAPTER 9

Model Code of Professional Responsibility for Interpreters in the Judiciary

Introduction

The following document is a Model Code of Professional Responsibility for Interpreters in the judiciary. The Model Code presents key concepts and precepts, which over the years have emerged in statutes, rules, case law, and professional experience. Like the Model Court Interpreter Act (Chapter 10), it has been prepared in consultation with an advisory group of individuals who have special expertise in court interpretation. The advisory group included the judges, lawyers, court administrators, and state and federally certified professional interpreters who are named in the acknowledgements for this publication.

Purposes of the Model Code

The purposes of the Model Code are threefold:

- 1) to articulate a core set of principles, which are recommended for incorporation in similar codes that may be adopted in the several states or local jurisdictions;
- 2) to serve as a reference, which may be consulted or cited by interpreters, judges, and court managers where no other authoritative standards have been adopted, and
- 3) to serve as a basis for education and training of interpreters and other legal professionals.

CODE OF PROFESSIONAL RESPONSIBILITY
FOR INTERPRETERS IN THE JUDICIARY

PREAMBLE

Many persons who come before the courts are partially or completely excluded from full participation in the proceedings due to limited English proficiency or a speech or hearing impairment. It is essential that the resulting communication barrier be removed, as far as possible, so that these persons are placed in the same position as similarly situated persons for whom there is no such barrier.¹ As officers of the court, interpreters help assure that such persons may enjoy equal access to justice and that court proceedings and court support services function efficiently and effectively. Interpreters are highly skilled professionals who fulfill an essential role in the administration of justice.

APPLICABILITY

This code shall guide and be binding upon all persons, agencies and organizations who administer, supervise use, or deliver interpreting services to the judiciary.

Commentary:

The black letter principles of this Model Code are principles of general application that are unlikely to conflict with specific requirements of rule or law in the states, in the opinion of the code's drafters. Therefore, the use of the term "shall" is reserved for the black letter principles. Statements in the commentary use the term "should" to describe behavior that illustrates or elaborates the principles. The commentaries are intended to convey what the drafters of this model code believe are probable and expected behaviors. Wherever a court policy or routine practice appears to conflict with the commentary in this code, it is recommended that the reasons for the policy as it applies to court interpreters be examined.

CANON 1: ACCURACY AND COMPLETENESS

Interpreters shall render a complete and accurate interpretation or sight translation, without altering, omitting, or adding anything to what is stated or written, and without explanation.

Commentary:

The interpreter has a twofold duty: 1) to ensure that the proceedings in English reflect precisely what was said by a non-English speaking person, and 2) to place the non-English speaking person on an equal footing with those who understand English. This creates an obligation to conserve every element of information contained in a source language communication when it is rendered in the target language.

Therefore, interpreters are obligated to apply their best skills and judgment to preserve faithfully the meaning of what is said in court, including the style or register of speech. Verbatim, "word for word," or literal oral interpretations are not appropriate when they distort the meaning of the source language, but every spoken statement, even if it appears non-responsive, obscene, rambling, or incoherent should be interpreted. This includes apparent misstatements.

Interpreters should never interject their own words, phrases, or expressions. If the need arises to explain an interpreting problem (e.g., a term or phrase with no direct equivalent in the target language or a misunderstanding that only the interpreter can clarify), the interpreter should ask the court's permission to provide an explanation. Interpreters should convey the emotional emphasis of the speaker without reenacting or mimicking the speaker's emotions, or dramatic gestures.

Sign language interpreters, however, must employ all of the visual cues that the language they are interpreting for requires -- including facial expressions, body language, and hand gestures. Sign language interpreters, therefore, should ensure that court participants do not confuse these essential elements of the interpreted language with inappropriate interpreter conduct.

The obligation to preserve accuracy includes the interpreter's duty to correct any error of interpretation discovered by the interpreter during the proceeding. Interpreters should demonstrate their professionalism by objectively analyzing any challenge to their performance.

CANON 2: REPRESENTATION OF QUALIFICATIONS

Interpreters shall accurately and completely represent their certifications, training, and pertinent experience.

Commentary:

Acceptance of a case by an interpreter conveys linguistic competency in legal settings. Withdrawing or being asked to withdraw from a case after it begins causes a disruption of court proceedings and is wasteful of scarce public resources. It is therefore essential that interpreters present a complete and truthful account of their training, certification and experience prior to appointment so the officers of the court can fairly evaluate their qualifications for delivering interpreting services.

CANON 3: IMPARTIALITY AND AVOIDANCE OF CONFLICT OF INTEREST

Interpreters shall be impartial and unbiased and shall refrain from conduct that may give an appearance of bias. Interpreters shall disclose any real or perceived conflict of interest.

Commentary:

The interpreter serves as an officer of the court and the interpreter's duty in a court proceeding is to serve the court and the public to which the court is a servant. This is true regardless of whether the interpreter is publicly retained at government expense or retained privately at the expense of one of the parties.

The interpreter should avoid any conduct or behavior that presents the appearance of favoritism toward any of the parties. Interpreters should maintain professional relationships with their clients, and should not take an active part in any of the proceedings. The interpreter should discourage a non-English speaking party's personal dependence.

During the course of the proceedings, interpreters should not converse with parties, witnesses, jurors, attorneys, or with friends or relatives of any party, except in the discharge of their official functions. It is especially important that interpreters, who are often familiar with attorneys or other members of the courtroom work group, including law enforcement officers, refrain from casual and personal conversations with anyone in court that may convey an appearance of a special relationship or partiality to any of the court participants.

The interpreter should strive for professional detachment. Verbal and non-verbal displays of personal attitudes, prejudices, emotions, or opinions should be avoided at all times.

Should an interpreter become aware that a proceeding participant views the interpreter as having a bias or being biased, the interpreter should disclose that knowledge to the appropriate judicial authority and counsel.

Any condition that interferes with the objectivity of an interpreter constitutes a conflict of interest. Before providing services in a matter, court interpreters must disclose to all parties and presiding officials any prior involvement, whether personal or professional, that could be reasonably construed as a conflict of interest. This disclosure should not include privileged or confidential information.

The following are circumstances that are presumed to create actual or apparent conflicts of interest for interpreters where interpreters should not serve:

1. The interpreter is a friend, associate, or relative of a party or counsel for a party involved in the proceedings;
2. The interpreter has served in an investigative capacity for any party involved in the case;
3. The interpreter has previously been retained by a law enforcement agency to assist in the preparation of the criminal case at issue;
4. The interpreter or the interpreter's spouse or child has a financial interest in the subject matter in controversy or in a party to the proceeding, or any other interest that would be affected by the outcome of the case;
5. The interpreter has been involved in the choice of counsel or law firm for that case.

Interpreters should disclose to the court and other parties when they have previously been retained for private employment by one of the parties in the case.

Interpreters should not serve in any matter in which payment for their services is contingent upon the outcome of the case.

An interpreter who is also an attorney should not serve in both capacities in the same matter.

CANON 4. PROFESSIONAL DEMEANOR

Interpreters shall conduct themselves in a manner consistent with the dignity of the court and shall be as unobtrusive as possible.

Commentary:

Interpreters should know and observe the established protocol, rules, and procedures for delivering interpreting services. When speaking in English, interpreters should speak at a rate and volume that enable them to be heard and understood throughout the courtroom, but the interpreter's presence should otherwise be as unobtrusive as possible. Interpreters should work without drawing undue or inappropriate attention to themselves. Interpreters should dress in a manner that is consistent with the dignity of the proceedings of the court.

Interpreters should avoid obstructing the view of any of the individuals involved in the proceedings. However, interpreters who use sign language or other visual modes of communication must be positioned so that hand gestures, facial expressions, and whole body movement are visible to the person for whom they are interpreting. Interpreters are encouraged to avoid personal or professional conduct that could discredit the court.

CANON 5: CONFIDENTIALITY

Interpreters shall protect the confidentiality of all privileged and other confidential information.

Commentary:

The interpreter must protect and uphold the confidentiality of all privileged information obtained during the course of her or his duties. It is especially important that the interpreter understand and uphold the attorney-client privilege, which requires confidentiality with respect to any

communication between attorney and client. This rule also applies to other types of privileged communications.

Interpreters must also refrain from repeating or disclosing information obtained by them in the course of their employment that may be relevant to the legal proceeding.

In the event that an interpreter becomes aware of information that suggests imminent harm to someone or relates to a crime being committed during the course of the proceedings, the interpreter should immediately disclose the information to an appropriate authority within the judiciary who is not involved in the proceeding and seek advice in regard to the potential conflict in professional responsibility.

CANON 6: RESTRICTION OF PUBLIC COMMENT

Interpreters shall not publicly discuss, report, or offer an opinion concerning a matter in which they are or have been engaged, even when that information is not privileged or required by law to be confidential.

CANON 7: SCOPE OF PRACTICE

Interpreters shall limit themselves to interpreting or translating, and shall not give legal advice, express personal opinions to individuals for whom they are interpreting, or engage in any other activities which may be construed to constitute a service other than interpreting or translating while serving as an interpreter.

Commentary:

Since interpreters are responsible only for enabling others to communicate, they should limit themselves to the activity of interpreting or translating only. Interpreters should refrain from initiating communications while interpreting unless it is necessary for assuring an accurate and faithful interpretation.

Interpreters may be required to initiate communications during a proceeding when they find it necessary to seek assistance in performing their duties. Examples of such circumstances include seeking direction when unable to understand or express a word or thought, requesting speakers to moderate their rate of communication or repeat or rephrase something, correcting their own interpreting errors, or notifying the court of reservations about their ability to satisfy an assignment competently. In such instances they should make it clear that they are speaking for themselves.

An interpreter may convey legal advice from an attorney to a person only while that attorney is giving it. An interpreter should not explain the purpose of forms, services, or otherwise act as counselors or advisors unless they are interpreting for someone who is acting in that official capacity. The interpreter may translate language on a form for a person who is filling out the form, but may not explain the form or its purpose for such a person.

The interpreter should not personally serve to perform official acts that are the official responsibility of other court officials including, but not limited to, court clerks, pretrial release investigators or interviewers, or probation counselors.

CANON 8: ASSESSING AND REPORTING IMPEDIMENTS TO PERFORMANCE

Interpreters shall assess at all times their ability to deliver their services. When interpreters have any reservation about their ability to satisfy an assignment competently, they shall immediately convey that reservation to the appropriate judicial authority.

Commentary:

If the communication mode or language of the non-English-speaking person cannot be readily interpreted, the interpreter should notify the appropriate judicial authority.

Interpreters should notify the appropriate judicial authority of any environmental or physical limitation that impedes or hinders their ability to deliver interpreting services adequately (e.g., the court room is not quiet enough for the interpreter to hear or be heard by the non-English speaker, more than one person at a time is speaking, or principals or witnesses of the court are speaking at a rate of speed that is too rapid for the interpreter to adequately interpret). Sign language interpreters must ensure that they can both see and convey the full range of visual language elements that are necessary for communication, including facial expressions and body movement, as well as hand gestures.

Interpreters should notify the presiding officer of the need to take periodic breaks to maintain mental and physical alertness and prevent interpreter fatigue. Interpreters should recommend and encourage the use of team interpreting whenever necessary.

Interpreters are encouraged to make inquiries as to the nature of a case whenever possible before accepting an assignment. This enables interpreters to match more closely their professional qualifications, skills, and experience to potential assignments and more accurately assess their ability to satisfy those assignments competently.

Even competent and experienced interpreters may encounter cases where routine proceedings suddenly involve technical or specialized terminology unfamiliar to the interpreter (e.g., the unscheduled testimony of an expert witness). When such instances occur, interpreters should request a brief recess to familiarize themselves with the subject matter. If familiarity with the terminology requires extensive time or more intensive research, interpreters should inform the presiding officer.

Interpreters should refrain from accepting a case if they feel the language and subject matter of that case is likely to exceed their skills or capacities. Interpreters should feel no compunction about notifying the presiding officer if they feel unable to perform competently, due to lack of familiarity with terminology, preparation, or difficulty in understanding a witness or defendant.

Interpreters should notify the presiding officer of any personal bias they may have involving any aspect of the proceedings. For example, an interpreter who has been the victim of a sexual assault may wish to be excused from interpreting in cases involving similar offenses.

CANON 9: DUTY TO REPORT ETHICAL VIOLATIONS

Interpreters shall report to the proper judicial authority any effort to impede their compliance with any law, any provision of this code, or any other official policy governing court interpreting and legal translating.

Commentary:

Because the users of interpreting services frequently misunderstand the proper role of the interpreter, they may ask or expect the interpreter to perform duties or engage in activities that run counter to the provisions of this code or other laws, regulations, or policies governing court interpreters. It is incumbent upon the interpreter to inform such persons of his or her professional obligations. If, having been apprised of these obligations, the person persists in demanding that the interpreter violate them, the interpreter should turn to a supervisory interpreter, a judge, or another official with jurisdiction over interpreter matters to resolve the situation.

CANON 10: PROFESSIONAL DEVELOPMENT

Interpreters shall continually improve their skills and knowledge and advance the profession through activities such as professional training and education, and interaction with colleagues and specialists in related fields.

Commentary:

Interpreters must continually strive to increase their knowledge of the languages they work in professionally, including past and current trends in technical, vernacular, and regional terminology as well as their application within court proceedings.

Interpreters should keep informed of all statutes, rules of courts and policies of the judiciary that relate to the performance of their professional duties.

An interpreter should seek to elevate the standards of the profession through participation in workshops, professional meetings, interaction with colleagues, and reading current literature in the field.



PARALLELS & CONTRASTS

The purpose of this hands-on exercise is to get interpreters to create a Q&A script (4 of each, at least) in either a medical or a legal setting. Your scenarios must include:

1. Specialized terminology (medical and/or legal)
2. An ethical dilemma
3. Consecutive interpreting with note-taking
4. Use of props in your skit!!

SCENARIO: Bewitched

Upon arrival, the patient informs the interpreter that she has been bewitched by a rival witch and she sought the advice of a friend witch doctor and they were trying to break the spell. She pulls out a bottle and tells the interpreter that she was told to put her first morning urine in a bottle with nails, pins and needles and close it with a cork. After two weeks, she got worse and grudgingly decided to see a regular doctor.

When the doctor comes in, the patient complains of the following symptoms but doesn't say anything to the doctor about the alleged spell.

-Frequent and burning urination; pain in the lower back and abdomen, cloudy, dark and strange-smelling urine, fever and chills.

-The doctor diagnoses the patient with chronic UTI (urinary tract infection)

Treatment:

- Taking a low dose of antibiotics over a longer period of time to prevent repeat infections
- Empty bladder frequently
- Wipe from front to back
- Drink lots of water
- Take showers instead of baths
- Urinate before and after sex
- Wear cotton underwear and loose-fitting clothes

Ethical dilemma: the interpreter has to interpret everything accurately. How will the interpreter handle the information given to him/her by the patient?



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SCENARIO: Count Dracula goes to the Doctor

Count Dracula goes to see the doctor with the following symptoms:

-Frequent illness caused by a weak immune system, fatigue and lethargy, bone pain, depression, slow wound healing, decrease in bone mass, hair loss, excessive sweating, muscle pain and weight gain.

-The doctor diagnoses Count Dracula with Vitamin D deficiency

-Causes:

-lack or limited of exposure to sunlight

-low intake of fish, oil, egg yolks, cow liver and dairy products

-Age (Dracula is VERY old)

Treatment:

-Increased exposure to sunlight

-Vitamin D supplements:

600 international unites up to age 70

800 IU's for ages 70 and up

ETHICAL/CULTURAL dilemma, the doctor is not familiar with vampire culture and doesn't know that

(1) vampires cannot expose themselves to sunlight, and

(2) vampires are VERY old

Luckily, the interpreter is well-versed in Vampire culture and must act as the culture broker here.



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SCENARIO: Sentencing Hearing... She is taking... what????

At a sentencing hearing, the judge is asking the usual questions about the defendant's health and whether or not she is suffering from any mental or of any other health conditions. She admits to having some health issues. Because the defendant is facing imprisonment, the attorney wants to make sure she continues taking her medications so he proceeds to put all the names on the record. Some are pretty commonly known but the others are: Eculizumab, Peforomist, Vepoloxamer and Pancuronium. Neither the judge nor the attorney heard these names before.

The interpreter happens to have a background in pharmacology and knows about these medications. The Judge asks the attorney to spell the names of the medication and what each one is for. He doesn't know.

ETHICAL: What does the interpret do?



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SCENARIO: Head Splitting Headache

Patient suffering from head splitting headache goes to see the doctor with the following symptoms:

-Frequent throbbing headaches preceded by an “aura” in the form of a visual band with a shimmering or glittering border; nausea; light sensitivity, sound sensitivity, blurred vision, vomiting, pain lasts from 4 to 72 hours

-The doctor gives a potential diagnosis of migraine headaches

-Causes:

-Genetics: it is hereditary

-Diet: wine, aged cheese, caffeine or lack of it; processed meats; MSG Monosodium glutamate (found in e.g. Chinese food, broths); Aspartame

-To make sure it is properly diagnosed, the doctor proposes:

-Blood tests; MRI (magnetic resonance imaging), CT Scan (computerized tomography) and a Spinal tap (a lumbar puncture in which a thin needle is inserted between two vertebrae in the lower back to remove a sample of cerebrospinal fluid for analysis in a lab.

Treatment:

-Pain relieving medications over the counter (aspirin or ibuprofen; acetaminophen)

-Prescribed medications (Triptans, ergots, opioids, medical marijuana)

-Preventive medications: medications used to treat blood pressure, depression, anxiety and epileptic seizures

Ethical dilemma: the interpreter, who is also a court interpreter, recognizes the patient. She knows for a fact that he has a pending felony for possession of opiates and he is on pre-trial release while his case is pending. Interpreting in the legal setting, the interpreter found out that the patient has a serious drug addiction to opiates. The doctor wants to prescribe opiates for the pain but he doesn't know of the patient's addiction nor his legal problem.



PARALLELS & CONTRASTS

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SCENARIO: The Unhappy Clown

A clown goes to see a cardiologist claiming he/she has a heart condition.

The patient describes the following symptoms:

-Prolonged sadness and crying spells; changes in appetite and sleep patterns, anxiety, pessimism, loss of energy, feelings of worthlessness; inability to take pleasure in former interests; social withdrawal, inability to concentrate and indecisiveness.

-The doctor realizes that what the patient is describing is not an actual heart condition but depression (broken heart)

-Causes:

-Genetics: it can be hereditary

-Stressful events: clown is in love with acrobat who is in love with the ring master

-The doctor recommends the following treatment:

-Antidepressants: Zoloft, Prozac, Celexa, Lexapro, Paxil

-Psychotherapy

-Exercise

-Nutrition: healthier choices. Lay off the cotton candy and honey roasted peanuts and ice cream and other carnival food (funnel cakes, etc.)

-Social Support

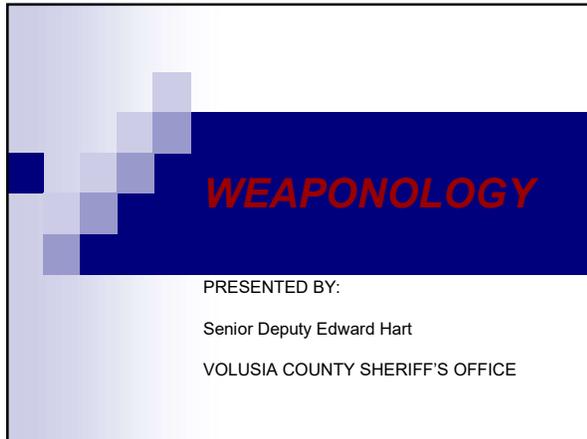
-Sleep: get enough sleep

-Stress reduction

-Other alternative treatments: acupuncture, yoga, meditation, vitamins & supplements

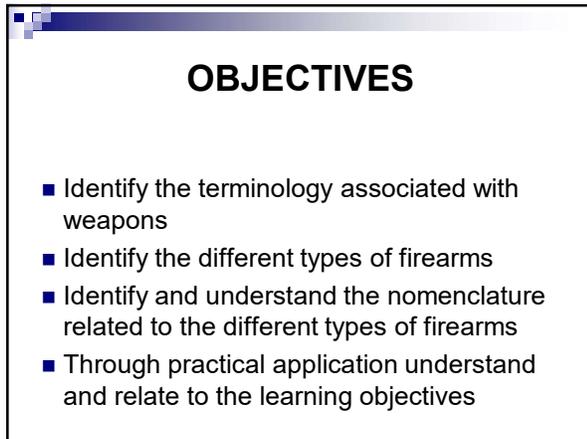
Ethical dilemma: Only the interpreter notices that the patient looks puzzled. All along he thought the problem was with his heart. The clown was expecting a different course of treatment.

Weaponology - Ed Hart



WEAPONOLOGY

PRESENTED BY:
Senior Deputy Edward Hart
VOLUSIA COUNTY SHERIFF'S OFFICE



OBJECTIVES

- Identify the terminology associated with weapons
- Identify the different types of firearms
- Identify and understand the nomenclature related to the different types of firearms
- Through practical application understand and relate to the learning objectives



TERMINOLOGY

■ **LONG GUN**: commonly utilized to identify the rifle category

■ **HAND GUN**: commonly utilized to identify the pistol category

■ **ACTION**: identifies the method in which a weapon will be loaded/charged

■ **CHARGED**: when a bullet has been introduced to the barrel of a weapon, prepared to fire

TERMINOLOGY CONTINUED

■ **BATTERY**: identifies when a bullet is in the barrel and the firing pin is waiting to be released by the trigger

■ **DOWNLOAD**: identifies the process of taking the bullets out of the weapon

■ **Re-LOAD**: identifies the process of putting more, additional bullets into the weapon

■ **RAPID FIRE**: identifies the process of sending multiple bullets out of the weapon at one time

■ **SUPPRESSIVE FIRE**: identifies the process of firing multiple bullets to keep a targets head down, so as to keep them from firing back

TERMINOLOGY CONTINUED

■ **DOWN RANGE**: identifies the area a barrel is pointed at

■ **SIGHT PICTURE**: what the shooter sees on the weapon while taking aim at a target

■ **AGGRESSIVE STANCE**: a stance taken by a subject who is in possession of the firearm with intent to use it, putting a victim in fear for their safety/life

TERMINOLOGY CONTINUED

- **PRESS CHECK:** A process conducted after charging a semi-auto handgun or most magazine fed rifles, that assures the round is in the chamber (battery) and ready to be fired.

TYPES OF FIREARMS

LEVER ACTION RIFLE



LEVER ACTION

- Requires manual manipulation of the lever located under the stock and receiver. Manipulating the lever will work the action causing the bolt to go to the rear, the fired cartridge will be extracted and ejected, The next cartridge will be loaded. when the lever is returned to its original position.

PUMP ACTION RIFLE



PUMP ACTION RIFLE

- Requires manual manipulation of the fore grip, located under the barrel. By pulling the fore grip and action back the following process takes place. The bolt will go to the rear, the fired cartridge will be extracted and ejected. The fore grip must be manually pushed forward and locked to ensure the next cartridge is in battery.

SEMI-AUTOMATIC RIFLE



SEMI-AUTOMATIC RIFLE

- Requires a one time manual manipulation of the bolt and action. This is done after loading the cartridge(s). Charging mechanisms are located on the receiver and integrated with the bolt and action.

BOLT ACTION RIFLE



BOLT ACTION RIFLE

- Requires manual manipulation of the handle attached to the bolt, located on the top of the receiver, integrated into the rear end of the barrel. Once the handle is unlocked and pulled back the bolt will go to the rear, the fired cartridge will be extracted and ejected. The bolt must be manually pushed forward and locked to ensure the next cartridge is in battery.

SELECTIVE FIRE RIFLE



SELECTIVE FIRE RIFLE

- Requires manual manipulation of the selector switch. Usually done with the support hand utilizing a finger or thumb. The selector switch can be manipulated to one of three positions. Safe, Semi, and Auto. This process is done after the weapon has been charged.

PUMP ACTION SHOTGUN



PUMP ACTION SHOTGUN

- Requires manual manipulation of the fore grip, located under the barrel. By pulling the fore grip and action back the following process takes place. The bolt will go to the rear, the fired cartridge will be extracted and ejected, The next cartridge will be loaded. The fore grip must be manually pushed forward and locked to ensure the next cartridge is in battery

SINGLE ACTION REVOLVER



SINGLE ACTION REVOLVER

- Requires the hammer to be manually pulled back and locked prior to every shot. This process will cause the cylinder to rotate, aligning the next round to be fired with the barrel and firing pin.

DOUBLE ACTION REVOLVER



DOUBLE ACTION REVOLVER

- Requires the trigger to be pulled. This causes a two step process. The cylinder will rotate aligning the next round to be fired, with barrel and firing pin. After which the hammer will be forced back and locked. The process can also be complete by pulling the hammer back as well.

SEMI-AUTOMATIC HANDGUN



SEMI-AUTOMATIC HANDGUN

- Requires manual manipulation of the slide, located on top of the receiver. The manual manipulation is only necessary to charge the weapon. Once charged the weapon will automatically complete the firing sequence every time the trigger is pulled and the weapon fires.

MORE COMMON EXAMPLES

AK-47 SEMI/FULL AUTOMATIC
MACHINE GUN



UZI – SEMI/FULL AUTOMATIC
MACHINE GUN



H&K MP-5 SEMI/FULL
AUTOMATIC MACHINE GUN



NOMENCLATURE

- [Weapon Function\g17_IMTT.exe](#)

[Weapon Function\m16.exe](#)

■ [Weapon Function\STI TrojanAnimation-Full.exe](#)

■ ANY QUESTIONS!!!!!!!!!!
