



ICRID INSIGHTS

Advocating for best practices in interpreting by fostering relationships with the Deaf community and interpreting practitioners; to provide support, the development of equality, professionalism, and excellence within the profession of sign language interpreting throughout Indiana.

From the President's Desk - Colleen Geier, Ed.D., CI/CT, ICRID President

One of the things on my mind recently has been preparing for ASR and the interpreter workshop in April. I hope you will attend and be a part of introducing ASL and Interpreting students to our wonderful profession. If you attend the workshop on April 14th think about coming Friday evening and participating in the fun with students and also join us for lunch on Saturday. Lunch is included with the workshop and it will be a great opportunity for the students to network and sign with working interpreters.

The other thing I've been thinking about is Mentoring. I've been an interpreter for 30 years and the topic of mentoring comes up again and again. In 2016 I did my doctoral study and part of the research was about the gap between graduation and certification. We all know there is a need! You graduate from an interpreting program and everyone wishes you well and sends you off into the schools or community and you're left to figure out the path towards certification. Some of us are lucky enough to be taken under someone's wing (an interpreter or someone in the Deaf community) who will guide us along the way. I had many mentors when I was starting out and I can never give back enough to repay what those people gave to me. Others aren't so lucky, many flounder and even leave the profession before reaching that "promised land" of certification.

We all know there is a need, but setting up some kind of formal mentoring is hard. Who should be the mentors? Who has the time? Where does the funding come from? As someone who teaches interpreting I see students graduate every year and go off to work. They do well, but I have to hope they can find that person to guide them. I hope they keep in touch with professors and interpreters they meet along the way. I hope they ask questions and keep growing.

Mentoring is something the ICRID board has been talking about. We would love to partner with others to create a mentoring system within Indiana. Please share your experiences and ideas with us. If you've heard of a good mentoring model, we'd love to know about it. Or maybe there is some mentoring being done in your area and we could help with that. We are interested in any ideas. You can contact me or any of the other board members or you can send ideas to the newsletter at editor@icrid.org. Let's work together to make the path easier for other interpreters.

Colleen

"Alone we can do so little; together we can do so much."

Helen Keller

ICRID ASR 2018



That's right! It's time once again for ICRID's Annual Spring Retreat. This year's theme is "We're Going Places: Come With Us!" and it will be held at Goshen College. The ASR is an awesome opportunity for ASL students, interpreting students, and working interpreters to learn side by side while forming community connections. The ASR is an immersive experience where all participants are encouraged to use only non-verbal means to communicate. Be that via ASL, gesturing, or old fashioned paper and pencil, all participants will learn (or take a refresher course) on how Deaf and

Hard of Hearing individuals make their way in a hearing world. To make sure that everyone follows this rule, there is a modest penalty of 25¢ per word spoken.

Make sure you bring a roll of quarters if you're inclined to be chatty!



There is still time to register! [Click here to register for the ASR!](#)

Students & ICRID Members → \$60

Non-ICRID Members → \$75

Interpreters can go to the ASR too! Holly Elkins is giving a workshop on the effects of trauma in the process of interpreting for Deaf and Hard of Hearing consumers. [Click here to find out more!](#)

From the Editor:

Only a short couple of weeks ago, I put out a call asking for submissions for this publication. Well, the response far exceeded my expectations. I have for you a few wonderful articles written by members of the Indiana interpreting/ASL community. The call for submissions is one that I will repeat every time I have yet another deadline looming. Please look out for it and consider writing for this publication. You're not writing for me, you're writing for the community of people who will read this publication. The next newsletter goes out June 1st, 2018, so you have between now and then to think if there is anything you would like to contribute. Feel free to email me at any time if you have questions, comments, complaints, or suggestions about INSIGHTS. My email address is below. This is not MY newsletter, dear reader. It is YOUR newsletter.

Zach Evans, Editor of INSights
editor@icrid.org

ICRID RAPS - A Monthly Multi-Site Discussion Group

Some of us love getting together to discuss current articles and webinars and we do it all over the state at ICRID RAPS meetings. We would love to see more of you involved and wonder what we can do to expand RAPS? Here are some things that have been suggested, we'd love to know what you think. You can respond to these ideas or suggest other things at raps@icrid.org

- set up more online dates for RAPS
- alternate traditional RAPS with an Ethics discussion - have a topic each time and interpreters can bring their own ethical dilemmas and questions to discuss with the group
- include articles on specific topics - what do you want to learn about?
- change the format completely to some other kind of discussion group
- change the times/days or even locations when the RAPS groups meet

If you have ideas for RAPS or other discussion groups please let us know at RAPS@icrid.org

Colleen Geier
 ICRID RAPS coordinator

Is Professionalism out the Door? -- Pat Molinder

Webster dictionary describes **Professionalism** as the skill, good judgment, and polite behavior that is expected from a person who is trained to do a job well.

Employed as an educational interpreter, I realize we are a different breed, but that doesn't mean we can't still be professional. I can remember many years ago attending a workshop that spoke of how to dress, act and what we should or shouldn't allow ourselves to do (or be coerced to do). I'm not just talking the knowledge and ability side of interpreting, but the way we as humans take on responsibilities of our job.

Arriving at work two minutes before the bell rings, rushing into the room, then trying to look and act like you know what is going on is not professional. It is possible to do the job, but are you doing the best job you can do? Are you prepared, are you ready to be the best you can be? Is your mindset to do the quality job you can for that student/client? Are you prepared for the job you are about to do? You wouldn't want a surgeon to run into the operating room just as they are wheeling you in, grab a scalpel and start cutting before he had looked at your chart. Why is it ok for us to run in a minute before we are to begin interpreting and start signing without preparation? Am I committed to the integrity of the job?

Showing up for work with long, bright red nails, neon striped shirt and makeup ready to go out clubbing is far from professional. Standing out in the crowd is for movie stars, not interpreters. Getting an accurate and clear message to the client shouldn't be clouded with glitz and glory. It might take a second look in the mirror every morning to make sure the interpreting is what will be seen, not the new blue hair, the large dangly earrings, or the bright pink lipstick that was bought last night! Do I blend in with the rest of the experts I stand with?

The job of an interpreter starts long before they sign that first word. We may need to acquire background information, look up topic related words, be well versed in current affairs and have enough information about the assignment to interpret with.

To remember how far we come, the battles we have fought to get here and the mountains we have moved to be regarded on equal ground with other specialized careers, we must constantly maintain the high quality of our trade in looking the part. Unfortunately, the majority of the people that see us in action haven't a clue what we are doing. Therefore, making sure we emit professionalism in everything we do must be a part of our daily task. Every morning as we look in the mirror, it may benefit us to ask, "Am I ready to be the professional my job requires of me today?"

Dear Interpreter.... A new column for ethical questions!

Being an interpreter is rife with complications, intricacies and conundrums. Every interpreter, at some point in their career, will ask themselves "Did I do the right thing?" We're here to help! If you have a question about a situation that really stumped you, or might be instructive to others in future situations, send it to us! We'll get our best ethical minds on the job and do our best to figure out if what happened is a win/win, a win/lose, or a lose/lose situation, and what possible outcomes could result. All situations or questions will be framed within the [RID/NAD Code of Professional Conduct](#).

Also, it doesn't have to be an ethical situation. If you have a general advice question that is relevant to our profession, send it our way! We'll do our best to help. There are a lot of seasoned professionals who read this publication. If the editing staff is stumped, we'll send it to the hive-mind! Several heads are better than one.

Send any submissions to editor@icrid.org.

A few guidelines for submitting:

1. Please **omit all identifying information**. Confidentiality is a big deal in our profession, and we want to make sure everyone's privacy is protected. Obfuscate any and all details that might give away who was involved.
2. Keep it brief. Extraneous information only clouds the mind and confuses the story. Give us a clear problem that can be analyzed.
3. If there was a conclusion to the situation, include that. Rarely is there only one right or wrong answer in ethical decision making. We can take the decision that was made into account.

An example question:

Dear interpreter,

I'm a staff interpreter at a high school and I went along with a Deaf student on a field trip to an awards ceremony. The organizers of this event had arranged for a community interpreter, however they provided the community interpreter with the incorrect location for the event. In absence of the community interpreter, it fell to me to interpret the ceremony, even though I felt very much out of my league. Meanwhile, the community interpreter, realizing they were in the wrong place, obtained the correct location and raced to the ceremony. Once there, they immediately relieved me in the "hot seat" and interpreted the rest of the ceremony. The agency providing the community interpreter contacted me to apologize for the mishap and offered to provide some compensation, but I declined, since I was already "on the clock" as this student's regular interpreter through the school.

Thanks!

Thanks for your question! This was indeed a problematic situation. A couple of tenets of the CPC come to mind that are applicable in this situation:

1. **2.2 Assess consumer needs and the interpreting situation before and during the assignment and make adjustments as needed.** You obviously stepped up and provided the needed service in the absence of the community interpreter. You took up the slack for that interpreter.
2. **6.8. Charge fair and reasonable fees for performances of interpreting services and arrange for payment in a professional and judicious manner.** Accepting payment for interpreting this situation from a secondary source when you are already being paid from another could be construed as "double dipping" and would not set a good precedent and may produce ill will from your staff employer if they found out about this.

HEALTHCARE INTERPRETING - Charlotte Ottinger

Healthcare interpreters are expected to adhere to high standards of accuracy and professional behavior. When you are scheduled to interpret for a medical appointment, being late, not following the hospital dress code, or not taking proper health precautions can have serious consequences.

Below are four scenarios from the healthcare setting with illustrated consequences of unprofessional behavior, and clearly defined expected behaviors for healthcare interpreters. I hope this provides you with insight into the field and gives you more confidence to work as a healthcare interpreter.

Scenario 1: You show up late to interpret for a scheduled medical procedure or clinic appointment.

- *"Accessibility Anxiety."* Your client may be nervously looking at her watch and getting more and more concerned that she will not have adequate access to communication for her appointment. *Did they request an interpreter? Will my interpreter show up? How am I going to fully discuss my problem with my doctor?* Your delay has caused your patient unnecessary angst and this may, in turn, tarnish the relationship you have with your client.

- If you are late to an appointment, the front desk staff will have to stop what they are doing (i.e. checking in patient, checking out patients, answering phone calls, etc.) in order to call the agency to find out where you are and if you are still coming. This takes them away from meeting the needs of the other patients in their clinic.
- Now that the front desk staff has called the agency, the agency coordinator has to stop what he is doing to text or call you to find out where you are. Then he has to call the hospital or clinic back to let them know the expected ETA. In the meantime, the agency phones are ringing off the hook with additional interpreter requests, but he can't get to them because he's trying to find you.
- When you show up late to a medical appointment, you not only have delayed your client in being seen, you have also delayed the doctor and other medical personnel. Because of your delay, every appointment after your patient's appointment will also be delayed for the rest of the day. This may lead to staff missing lunch to get caught up, or going home late. Some appointments may even have to be rescheduled. You have inconvenienced a lot of people.
- Suppose you are late for a patient who has a time sensitive treatment, surgery, or research study? Your tardiness could disrupt the treatment plan or nullify the entire study if they can't start without you. If you are late for surgery, you will delay other surgeries that follow or cause them to be rescheduled. And if your patient is diabetic and needs to eat at a specific time, being late could throw off their mealtime or insulin schedule and cause medical complications.

Scenario 2: You show up dressed inappropriately or unprofessionally.

- Healthcare staff may not recognize you as an interpreter if you are not following their prescribed dress code. If they don't recognize you as an interpreter, it may delay or prevent you getting to the patient. Be sure to ask what you are expected to wear.
- Always wear your name badge. This is a patient safety issue, because it identifies who you are and assures the other healthcare professionals that you have a legitimate reason for being there. An official name badge also indicates that you have been sent by an approved interpreter agency. If the hospital is on "Flu Restrictions" and you are not wearing a name badge, you may not even be allowed in the hospital.
- Your inappropriate attire may reflect poorly on the interpreter profession. Low cut shirts, jeans and strappy high heels are not appropriate in the healthcare setting....no matter how cute you look. Leave the LuLaRoe leggings at home.
- Healthcare professionals are not allowed to wear sandals or open-toed shoes...and you shouldn't wear them either. Not only can your exposed toes transfer fungi and germs, but you also make yourself vulnerable to dangerous fluid spills such as chemotherapy and blood products.

Scenario 3: You forget to wash your hands when entering or leaving a patient's room and/or when leaving the hospital.

- You are bringing germs into the hospital and potentially infecting patients and staff. If you spread a virus, a patient may need to stay in the hospital longer or a staff member may have to miss work.
- You may get sick by picking up something in the hospital. Contrary to what you might think, a hospital is not a clean place. Nosocomial infections (also called "healthcare acquired infection" or HAI) are infections acquired in the hospital or other healthcare facilities. In the United States, the Centers for Disease Control and Prevention estimated roughly 1.7 million hospital-associated infections cause or contribute to 99,000 deaths each year. This is serious business, so wash your hands!
- You may not get sick. You may not make a client sick. But if you don't wash your hands frequently when interpreting in a healthcare setting, you may bring a virus home to your family. If your children get sick, you will likely lose time from work because you need to stay home with them.
- If a healthcare professional notices that you are not washing your hands, they will immediately identify you as unprofessional and/or inexperienced. Don't be surprised if they call you out on it. "Excuse me, but you need to go back out and wash your hands before you enter this patient's room." Save yourself the embarrassment and make this step a priority.



Kayla Thieke, per hospital policy, is scrubbing up before entering the Newborn ICU to interpret. (Ms. Theike is Wearing a name badge but it can not be seen in these pictures.)

Scenario 3: You have accepted an interpreting assignment when you have a bad cold or flu.

- You can't help but feel distracted when you have to pause your interpretation to sneeze or blow your nose. Your client and the healthcare professionals will not appreciate you arriving with symptoms that may indicate you are contagious. Wearing a mask while you interpret is not really a viable option for obvious reasons.
- You could seriously compromise someone else's health. If you are interpreting for a cancer patient, a family with a newborn, or a patient who has a compromised immune system, even a common cold could lead to dangerous complications.
- If the hospital is on "Flu Restrictions" and they are screening all who enter the hospital, your cough or other symptoms may be enough to prevent you from entering the hospital. Another interpreter will have to be called...again, causing a delay.

Healthcare interpreting is exciting and challenging. If you demonstrate strong professionalism you will be on your way to a successful career!

Charlotte Ottinger is the ASL/English Staff Interpreter for IU Health. She holds a Bachelor's degree from Purdue University, Nursing degree from Indiana University, and Master's degree from Gallaudet University.

Intersecting Personality and American Sign Language Interpreting

Rebecca A. Buchan, MA, CI, CT, IIC

Having been heavily involved in the Deaf, Hearing and Interpreting communities for the last twenty years, there is one declaration I can definitively make: who we are has a direct impact on what we do as interpreters. By dissecting the different aspects of personality, as framed through the Myers Briggs Type Indicator (MBTI), one can look at a person's characteristics, tendencies and behavior and quickly see a correlation between those things and the professional choices interpreters make on a daily basis.

Before those intersections can be understood, however, a foundation of the Myers Briggs Type theory must be laid. The MBTI looks at personality by dividing it into four dichotomies. By virtue of these divisions being labeled dichotomies, it is important to note that a person cannot simultaneously show characteristics of both sides of the spectrum. In addition, the theory states that a person can move from one side of the dichotomy to another, but will have innate, or "default" settings that will be more comfortable and immediately

accessible to them. Personal or professional crisis can sometimes force a person out of their natural tendencies, but once the crisis is resolved, or maybe even as a way to resolve the crisis, a person will move back to what is most instinctive to them.

The first category of the MBTI is the Extravert/Introvert dichotomy. This grouping looks at the origin of a person's energy. Extraverts look outward for their source of energy, engaging themselves with people and the external world around them. Conversely, an introvert will look inward in order to regroup or recharge. It is a matter of how a person processes their thoughts and ideas. If someone's thoughts were like a ball of play dough, an Extrovert would remove the play dough (or thoughts) from their head and mold those thoughts externally for the world to see. An Introvert will mold the thoughts first in their head, and then be willing to show them to the world. Because of the underlying premise of the analogy, it is often said that Extraverts appear gregarious and social while Introverts are quiet and introspective.

The manner in which one gathers information from their world is the focus of the second MBTI dichotomy. Sensors take in information through their five senses and trust that information because it is based in the very real, concrete world around them. However, having a "sixth sense" is often the way iNtuitives describe their fact gathering techniques; not relying so much on their senses, but rather looking at a global picture and connecting the dots. Sensors prefer details in their life as that further bolsters their perspectives. On the other hand, iNtuitives will often have a bird's eye view and take in a panoramic assessment of any given situation. Sensors see each individual tree; iNtuitives see the forest.

Probably the most overt and easily understood dichotomy of the MBTI theory is the Thinker/Feeling category. This particular grouping refers to how people make decisions. For some people, making decisions is based on analysis and logic and they, therefore, would be considered Thinkers. Emotions rule the life of a Feeler and decisions are based on consensus and consideration of the people in which they interface. The decisions of a Thinker are based on rationale and objectivity. In contrast, Feelers' decisions are likely rooted in the subjectivity of "matters of the heart".

The final category of the MBTI dichotomies is Judging/Perceiving. If a person prefers to have a structured and orderly life, then they lead a Judging lifestyle. These particular types of people enjoy predictability and closure in their lives, whether it is with a project, task or conversation. Judges often function with a mental or actual To Do list and derive great pleasure from completing and checking off those listed items. Perceivers live life with less structure, always seeking the possibility that lurks around the next corner. Opportunities abound for the Perceivers of the world, while quick decision making often rules the lives of Judges.

Integrating one's preferences based on the aforementioned dichotomies is how Katherine Briggs and Isabel Briggs Myers, the mother-daughter originators of the MBTI theory, developed the sixteen different Myers Briggs types. By asking a series of questions on a survey that forces a person to make a decision one way or the other, the assessment developed by Briggs and Briggs Myers places people into one of the sixteen type categories. While no personality assessment is one hundred percent foolproof, the MBTI meets and exceeds the standards for psychological instruments in terms of its reliability. Looking at one's MBTI type will give substantial information on a person's characteristics, preferences and behavior.

The above premise is the lead-in to the notion that who we are affects what we do, and for the sake of this paper, what we do as interpreters. The field of interpreting, while going mostly unnoticed by mainstream society, is a complicated profession fraught with countless cognitive, interpersonal and ethical decisions. Because of the avant-garde nature of this burgeoning profession, interpreters choose to enter and stay in the field for a variety of reasons. The consideration of these reasons, I maintain, directly correlate back to a person's characteristics and preferences, ergo their personality. The study of Linguistics and Language is an abstract one, focusing on the nuances and subtleties of verbal and non-verbal communication. For interpreters who state that it is the "love of the language" that leads them and keeps them in the field, gathering information in this sometimes intangible manner, may speak to their iNtuitive preference. Declaring

their love of the communities in which interpreters serve is often a comment made by a Feeler. Interpreters operate under a common understanding that we are to be seen and not heard meaning that our role is to be as inconspicuous as possible while bridging a communication gap between two or more parties. What little research, infusing the ideas of MBTI and the field of interpreting, that exists predicts that most interpreters are Introverts. This idea nicely aligns with the above mentioned interpreter modus operandi since introverted interpreters will more easily keep their thought “play dough” in the head and therefore remain as unobtrusive as possible.

In the field of interpreting, one starts out very specialized, i.e. working as an interpreter in a K-12 setting. Narrowing the venues in which one works is actually encouraged in the beginning of an interpreter’s career as it is hypothesized that the unpredictability of our work is kept to a minimum. An interpreter working in a third grade mainstreamed classroom will be working with the same Deaf or hard of hearing student, the same hearing students and the same teachers almost every day. The routine and the pace of the classroom will be set and maintained to match the cognitive and learning development of that age group. In that setting, there will be little variation to the language and word choices used on which an interpreter must base many interpreting decisions. As an interpreter gains knowledge and experience, however, he or she seeks to diversify their interpreting portfolio, dabbling into areas that require more challenge and broader skill base. If one holds to the theory of Myers Briggs, however, this diversification is in direct conflict to the premise that based on our personalities and characteristics, interpreters should be seeking the areas in which they excel and have expertise, not branching out into every aspect of interpreting imaginable.

That being said, interpreters are called upon to work in a variety of settings and venues. Where ever Deaf people are, there, too, shall be an interpreter. The educational setting is one of the more common places one might find an interpreter, but we can also be found in medical, legal, religious, political and business settings. While a skilled interpreter can function adequately in most any setting, personal preferences and characteristics will give an interpreter an additional level of comfort and confidence in a particular environment. Though it is a simplified example, consider two very different types of religious services. One is a charismatic, unstructured event where church goers are “full of the holy spirit”. This type of service can be a high energy and unpredictable place for an interpreter to function in, as there is no apparent order of service and emotions are running high. Now picture a somber, liturgical church event that follows a strict order of service and includes common recitations and prayers. Very little emotion may be shown by the congregation.

For an interpreter who is a Feeler and a Perceiver, the former venue may allow an opportunity for the interpreter to operate within their own preferences and render an interpretation that more closely emulates that of the speakers, matching both affect and intent. An interpreter who prefers less of a display of emotions in addition to structure will likely find the environment of the latter church service a more comfortable “glove” to wear. The energy levels of both types of services can potentially impact the effectiveness of the interpretation as well. An Introvert working in the charismatic service may tire more easily and therefore lose message equivalency in their interpretation, as interpreting is a very taxing cognitive process. Whereas in the same setting, the energy level of an Extravert interpreter will only be gaining momentum as the physicality and external processing is being shared by those in the environment.

In recent years the occupational health theory of Demand Control Schema has made its debut into the interpreting world thanks to the work of Robyn Dean and Robert Pollard. This schema has been customized to fit our work as interpreters and basically states that there are a plethora of demands placed on a working interpreter, nevertheless, every interpreter brings their own controls, or “tools” to the setting to counter act those demands. The theory also maintains that it is the group of demands which an interpreter finds to be significant that he or she will institute the employment of their controls. An intriguing intersection of the Demand Control theory and the MBTI theory is that what one interpreter finds to be a significant demand another interpreter will chose to leave unaddressed or the level of demand is so insignificant that the interpreter has already met that demand with little to no conscious decision of doing so. In Demand Control Schema theory an idea that our controls fall onto a liberal to conservative spectrum is introduced. Liberal

controls are overt choices an interpreter makes to meet a given demand. Conservative controls are less obvious decisions, possibly completely mental ones, or even a decision to not address the demand at all. Experience and professional dialogue tells me that personality can and often affect where our controls fall on that spectrum. The benefits of fully understanding the intersection of these two theories have not been fully realized, as applications of both theories, in tandem, are still relatively new to our field. This is an area into which I would like to eventually more deeply delve. For now, however, it is just interesting to note, once again, that our personalities have an impact on our roles as interpreters and the decisions we face in the daily work of our profession.

The above mentioned applications of the Myers Briggs Type Theory and the field of interpreting are really just scratching the surface. More research and professional dialogue is needed to extrapolate deeper meaning and relevance of how our personality affects the work we do as American Sign Language interpreters. I can see further implications of the marriage of these two ideas to such areas as language acquisition of interpreting students, the preparation for national certification that interpreters must undertake to ethical choices that are an essential part of our work. Our characteristics, tendencies and behavior affect everything that we do as interpreters and by using the framework underlined in the Myers Briggs Type Theory, we can gain important insight into our budding profession that can have far reaching effects on the individual work of a single interpreter, all the way to interpreting pedagogy and beyond.

Works Cited

Briggs Myers, I., Kirby, L and Myers, Katherine (1993). Introduction to Type. CPP, Inc. Mountain View, California.

Pollard, R. Q & Dean, R. K. (Eds.) (2008). Applications of Demand Control Schema in Interpreter Education. (Proceedings of the August 3, 2007 pre-conference meeting at the national convention of the Registry of Interpreters for the Deaf.) Rochester, NY : University of Rochester.

Upcoming Local and Regional Workshops

Indiana:

4/13 - [Holly Elkins - Shadows in Trauma](#)

4/13-14 - [ICRID ASR](#)

4/13 - [Christian Interpreter Workshop](#)

4/18-20 - [ADARA Conference](#)

4/21 - [Willard ASLTA Conference](#)

5/5/ - [Demystifying Legal Interpreting](#)

Ohio:

4/6-7 - [Trix Bruce Workshops](#)

4/14 - [Discover Interpreting Patterns](#)

5/4 - [What the SUTVA?](#)

Illinois:

4/4 - [Domestic/Sexual Violence in the Deaf Community](#)

4/28 - [Beyond the Interpretation: Soft skills in Medical Interpreting](#)

5/3 - [Access 101: Intro to the ADA](#)

5/5 - [Introduction to the Court System](#)

Kentucky:

4/7- [Co-teaching: A Bilingual/Bicultural Approach to Teaching](#)

4/27-28 - [KYRID Conference](#)

6/23 - [Biblical Basis for the CPC](#)

Michigan:

4/7-8 - [Healthcare interpreters conference](#)

5/4 - [Trix Bruce Workshops](#)

Multiple Dates/Times/Places - [Ethical Discussions](#)



Thanks for reading!