Vicarious Trauma
Self-Care
Demand Control Schema
What Do They Have in Common?

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Connect to Purpose
The one (or two) you’ll never forget…

Take a minute to recall the job.
Ground rules for sharing…

- Confidential!
- Keep identifying to a minimum
- Keep drama out of it
- Talk about the work
What made it stick out?
Who wants to share?

THAT FEELING WHEN YOU'RE NOT NECESSARILY SAD, BUT YOU JUST FEEL REALLY EMPTY.
Why should we talk about our work?

Our customers are counting on it!
Vicarious Trauma (VT)
What is Vicarious Trauma?

“The emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.”

– American Counseling Association (ACA, 2011).
Vicarious Trauma

• absorbing of another person’s trauma
• transformation of the helper’s inner sense of identity and experience
• what happens to physical, psychological, emotional and spiritual health in response to someone else’s traumatic history.

• VT is that it is the accumulation of experiences.
What puts us at risk?

- Transfer of information under difficult circumstances
- Content of the message
  - highly emotional
  - primarily negative
  - one or more of the parties is vulnerable

As interpreters listen, comprehend, process, and reformulate the discourse of consumers as they talk about their trauma, they bear witness to their victimization (Harvey, 2001, 2003).

Repeat exposure can lead to accumulation of occupational stress.
What else puts us at risk?

- Searching for source<>target equivalency
- Esoteric/technical terminology
- “Linguistical” patients, cultural minorities
- Lexical gaps
- Risk of error
- Sentinel events
What is stress?

The state that people experience when they *perceive* that the demands being placed upon them exceed the *internal or external supports* and coping resources they are able to mobilize.

Interpreters are isolated.
Demand Control Schema (DC-S)

Stress OR success/satisfaction

ARISE FROM

Relationship between:
Challenges (Demands) and
Resources Available (Controls)
Medical Interpreting Application

Dean & Pollard (2001) applied DC-S theory to MI. 4 Categories of Demands:

- Interpersonal
- Intrapersonal
- Paralinguistic
- Environmental
Interpreter Demands

• Interpersonal
  • Personality Differences
  • Cultural Differences

• Intrapersonal
  • Interpreter’s Physical or Psychological State (hungry? tired?)
  • Interpreter’s biases/personal beliefs
  • Interpreter relationship with patients
  • It just hits “too close to home!”
Interpreter Demands

• **Environmental**
  - Physical Setting for session
  - Space, odors, temperature

• **Paralinguistic**
  - Communication challenges
  - Accents, mumbling, etc.
Controls for interpreters

- Education/Experience
- Assignment preparation
- Acknowledge the nature of the assignment!
- Self-Care
“The interpreter strives to maintain impartiality and refrains from counseling, advising or projecting personal biases or beliefs.”

- Leads to “machine model approach”
- Assumption that interpreter can block one’s self from the interaction
- Interpreter’s mood/demeanor affects patient’s response
- Must convey affect and recognize emotions/before interpreting them
Discussion

- Groups of 3 or 4
- What are signs to watch out that could lead to Vicarious Trauma?
- 5 minutes
“Interpreting is a high demand occupation, one where the demands are numerous, dynamic, and interactive and arise from complex linguistic, environmental, interpersonal, and intrapersonal factors. Interpreting is also a profession that appears to present severe restrictions in decision latitude, especially in terms of responding to demands other than linguistic ones. This combination of high demand and low decision latitude puts interpreters at high risk for stress-related illness, injury ... and burnout.”

(Dean and Pollard, 2001)
Self-Care

• Not every traumatic encounter leads to VT!
• We “co-experience”
• Know the signs:
  • Emotional ups/downs
  • Not leaving work at work!
  • Physical aches/pains
  • Relationship Issues
  • Disconnected, loss of hope/passion
Negative, or avoidant, coping strategies

- Alcohol & drugs
- Isolating oneself from family
- Over sleeping
- Over work / overcommitting
- Negative emotion focus (loss of control, distress, hostility)
- Chemical use/self-medicating
- Avoidance
- Denial
- Behavioral issues (taking it out on others - aggression etc)
- Disordered sleeping habits
- Disengaging socially (pc, tv, gaming)
- Wishful thinking
Positive, or active, coping strategies

- spiritual care
- mentoring
- positive thinking/being optimistic
- forgive mistakes
- humor
- cognitive restructuring/reframing
- saying "no"/taking control/problem solving
- using visualization
- engaging in hobbies
- distraction (taking a break, not avoiding)
- journaling
- exercise
- professional development
- acceptance
- therapy
- progressive muscle relaxation
- supervision
- self-care
- limit trauma work/balance workload
- relaxation techniques
- taking a holiday/taking regular leave
- adopt a healthy/balanced lifestyle
- peer/social support
- yoga
- meditation
Take care of yourself!

• **Escape:** Get away from it all, physically or mentally (books or films, time off, talking to friends about things other than work)

• **Rest:** Having no goal or time-line, doing things you find relaxing (lying on the grass watching the clouds, sipping a cup of tea, taking a nap, getting a massage)

• **Play:** Engaging in activities that make you laugh or lighten your spirits (laughing with a friend, playing with a child, being creative, being physically active)
Remember your “why”

Keep the passion!

YOU ARE WORTH IT! YOU MATTER!
Keep in touch!

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