

The background of the slide is a photograph of a rugged, grey rock cliff on the left side. The cliff is partially covered with green moss and small plants. At the top of the cliff, there are several thin, white-barked trees, likely aspens, with green foliage. To the right of the cliff, a vast, calm body of water stretches to the horizon. The water is a deep blue, with a lighter turquoise area visible near the base of the cliff. The sky is a clear, pale blue.

# Nurturing Resilience in Mental Health Providers

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That which does not kill you makes you stronger  
(Neitzsche)

Trauma is a terrible lesson in vulnerability  
(Brian Keenan)

# Job Stressors in Mental Health

- Professional dissonance
- Role conflict & ambiguity
- Lack of intrinsic & extrinsic rewards
- Responding to difficulty client situations

# Mental Health Clinician

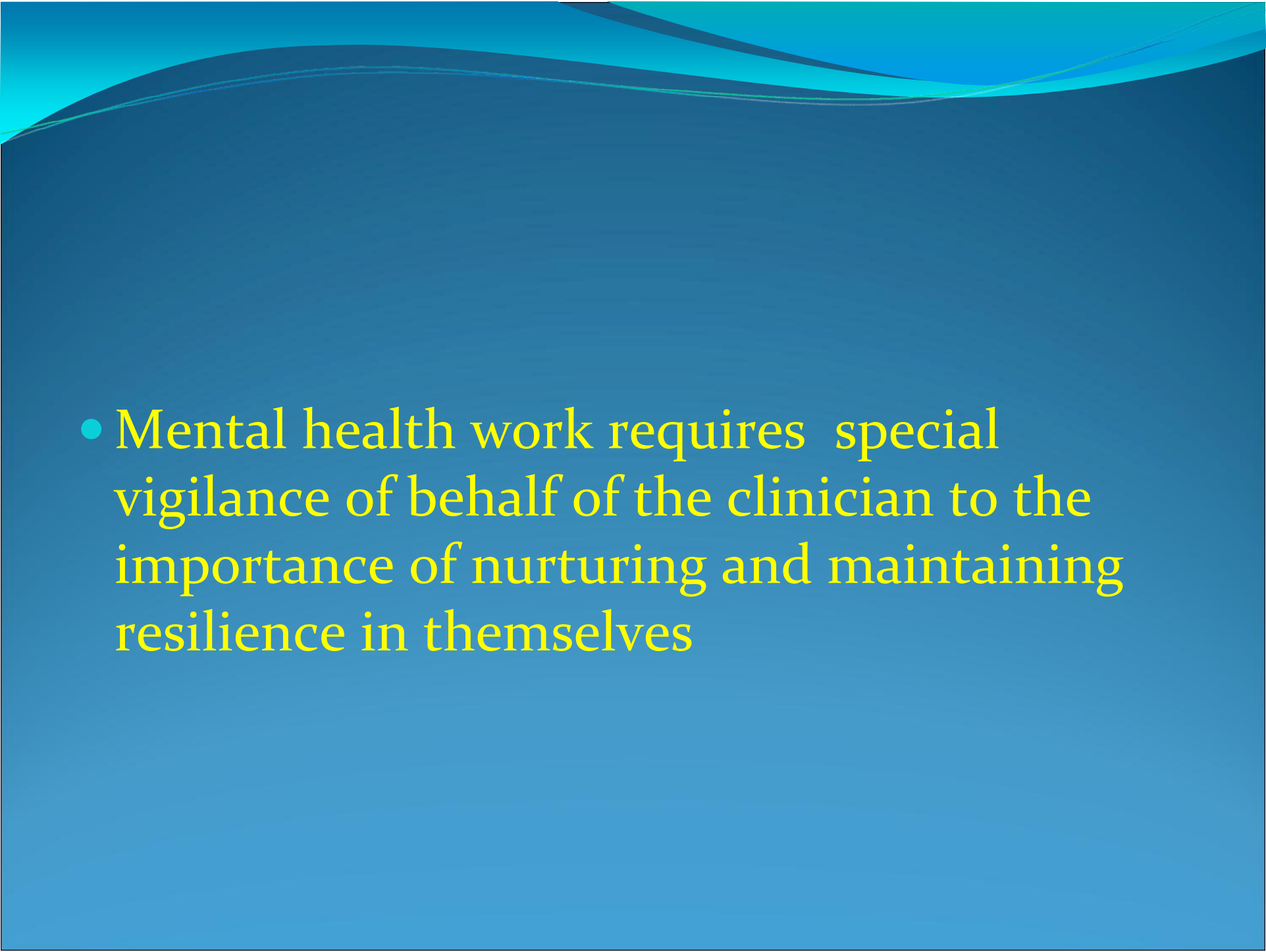
- Compassion fatigue
- Negative self image
- Emotional exhaustion
- Pervasive sense of meaninglessness

# Risk & Resilience

- Rutter (2007) states that resilience to environmental hazard come from exposure rather than avoidance of risk

# Clinician Exposure

- The nature of mental health work involves frequent exposure of the clinician to adverse psycho-social conditions, crisis situations, traumatic narratives and emotional turmoil

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- Mental health work requires special vigilance of behalf of the clinician to the importance of nurturing and maintaining resilience in themselves

# Clinician Exposure

Living conditions of clients are not abstractions, they are a lived reality

ACT teams visit client's homes & communities on a regular basis



# Clinician Exposure

The clinician's senses are fully engaged, sometimes overwhelmed by the sights, the sounds the smell and the taste of people's lives.

# Family Background of Clients

- Psychotherapy with adult clients is a constant reminder of the critical importance of taking care of children both emotionally and physically in the early years

- Work by Perry (2002) on the effect of violence and trauma on the infant brain is a stark reminder of the damage that can be caused to essential neurobiological functioning by patterns of neglect and abuse.

# Early Childhood Influences

- Stories of neglect and abuse
- Chaotic multi- problem families
- Continuous school failures
- Social isolation & deprivation
- Emotionally invalidating environments

# Impacts

- Decreased psycho-social functioning
- Psychopathology
- Social isolation
- Degrees of resilience

# Nurturing Resilience

- Mental health environments that support and nurture resilience in front line clinicians are indirectly supporting and nurturing resilience in their clients

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# Lessons from research on Resilience in Child Protection

# Resilience

- What is resilience?
- How is it developed?
- How is it maintained?



# Resilience

- **Individual characteristics**  
Traits, temperament, skills, potential/capacities
- **Environmental characteristics**  
Key persons, opportunities, protective factors, social supports, socio-cultural assets
- **Interacting factors**  
Individual, family, community & culture

# Resilience Research

Qualitative findings re resilience from interviews with 60 front line CPW's in Canada, Ireland and Argentina has suggested the following are important in building and maintaining resilience

# Resilience Research

- A resilient mindset
- A resilient team
- A clear & meaningful purpose

# Constructing Resilience

- Defenses & coping mechanisms
- Personality & social support
- Secure attachment
- An enabling relationship

# Constructing Resilience

- Stubborn determination to survive
- Consequence of neglect and abuse
- View of self & self advocacy
- Education

# Resilience

- Intrinsic developmental quality/potential
- Attuned environmental responsiveness
- Dynamic aspect of relationships

# Resilience as dynamic interaction

- Resilience is an innate human quality that requires a facilitating environment and relationships that nurture and enable the development of resilience in the face of adversity

# What do you say or do in your work with clients that promotes resilience?

- Respectful collaborative with clients
- Exposure to environments that trigger a resilience response
- Helping clients see resilience in themselves



# Resilience Research

Shared resilience between clinicians and clients is a collaborative process with mutual mental health benefits

# Vicarious Resilience

The effect on the clinician's sense of resilience by exposure to clients demonstrating resilience in their lives

# Shared Resilience

When clients make progress the clinician 'owns' some of that success, it reflects positively on their skills and knowledge & increases commitment and efficacy

# Narratives of Resilience

In resilience stories the client is showing resilience by **doing something, no matter how minimal** to improve the conditions that diminish or sap resilience

# Key Indicators of Resilience

- Doing something to improve the situation
- Acknowledging some benefit from the work
- Developing some capacity for self reflection

# Resilience building

- Developing a support network
- Working collaboratively with CP or MH worker
- Attending to mental health issues, trauma and addiction

# Resilience building

- Working on changing or terminating an abusive relationship
- Attending a support group for woman abuse or effects of violence on children
- Self (or child) advocacy with social & health services
- Engaging in faith communities & spirituality

# Resilience building

- Any sign of resilience in the client impacts the social worker's sense of competence, triggers positive expectations, engages higher levels of commitment, and effects longevity in practice



# Zone of Risk

- Clients who are working to recover a sense of resilience in their lives are also doing less of the things that brought them to the attention of the child protection system

# Zone of Resilience

- They have moved from the *zone of risk to the zone of resilience*
- Client resilient behaviours are very helpful in sustaining the workers resilience in the face of frustration, failure and disappointment

# Resilience based Intervention

- What did we see in the client that helped us identify resilience?
- How was the client's resilience engaged?
- What part did the client's resilience play in the outcome?
- What part did our own resilience contribute?
- How did identifying resilience in the client impact our own resilience

# The Resilient Mental Health Worker

- Engages in resilience building strategies
- Experiences increased sense of competence and efficacy
- Works on a supportive team that nurtures resilience
- Develops good self feelings about 'being helpful'

# The Resilient Mental Health Worker

- Richer and deeper appreciation of the world
- Satisfaction of helping right a wrong (social justice needs)
- Helping shift the balance to create a level playing field

# The Resilient Mental Health Worker

- Possesses an antidote to feeling de-skilled
- Tuned in to early warning signs of emotional burnout
- Experiences minimal secondary traumatic stress

# The Resilient Mental Health worker

- Being part of a collaborative team that responds to the clinician as both a person and a professional
- Availing of 3 different kinds of supervision
  - Informal peer group
  - Structured supervision
  - Facilitative supervision

# The Resilient Mental Health worker

- Being clear about your role, mandate of your agency, and limits of professional competence
- Keeping a social justice perspective alive in the face of discrimination, marginalization and oppression
- Adopting a strengths based anti-oppressive frame for practice



# The Resilient Mental Health Worker

- Engaging in repeated patterns of self care, self management, self advocacy in whatever form or style suits you
- Having a method or plan in advance for dealing with difficult cases and time crunches
- Recognizing situations that give you the greatest counter-transference challenges

# The Resilient Mental Health Worker

- Questioning and challenging taken for granted assumptions in practice
- Maintaining synchronicity between, how you feel, what you say and what you do in practice
- Keeping the goal purposeful (what am I doing here, why am I doing it! how is it helping?)
- Having a stock of practice wisdom available

# Resilience Research

- Importance of cultivating a *resilient mindset* when working in high stress situations with clients experiencing serious mental health issues

# The Resilient Mindset in Practice

- Being philosophical, without pessimism or despair
- Knowing how to keep things in proportion, not expecting too much
- Appreciating the importance of time in critical events

# The Resilient Mindset in Practice

- Using theory as a relational map to negotiate realities
- Appreciating the significance of small steps
- Understanding and reframing relapse as an inevitable step along the way

# The Resilient Mindset in Practice

- Respecting the importance of boundaries and autonomy in your client's lives
- Learning to tolerate, ambiguity, uncertainty and indeterminacy in practice
- Being able to use humour in difficult situations

# Agency

- Organizational culture of resilience
- Validation & Resilience based supervision
- Clear mandate and commitment
- Psychiatric stress debriefing
- Inter-professional support & collaboration

# Resilience for Mental Health workers

- Resilience based supervision

*“Where did you find the stamina to hang in there”*

- Locating sources of renewal

*“what do you need to keep doing a good job”*



# Stress reduction techniques

- Relaxation training & stress inoculation
- Mindfulness mediation
- Self management of physiological and emotional arousal
- Systematic desensitization

# Meaning Making

- Research on resilience suggests that the work must be personally meaningful
- Constructing resilience with clients is a very meaningful activity

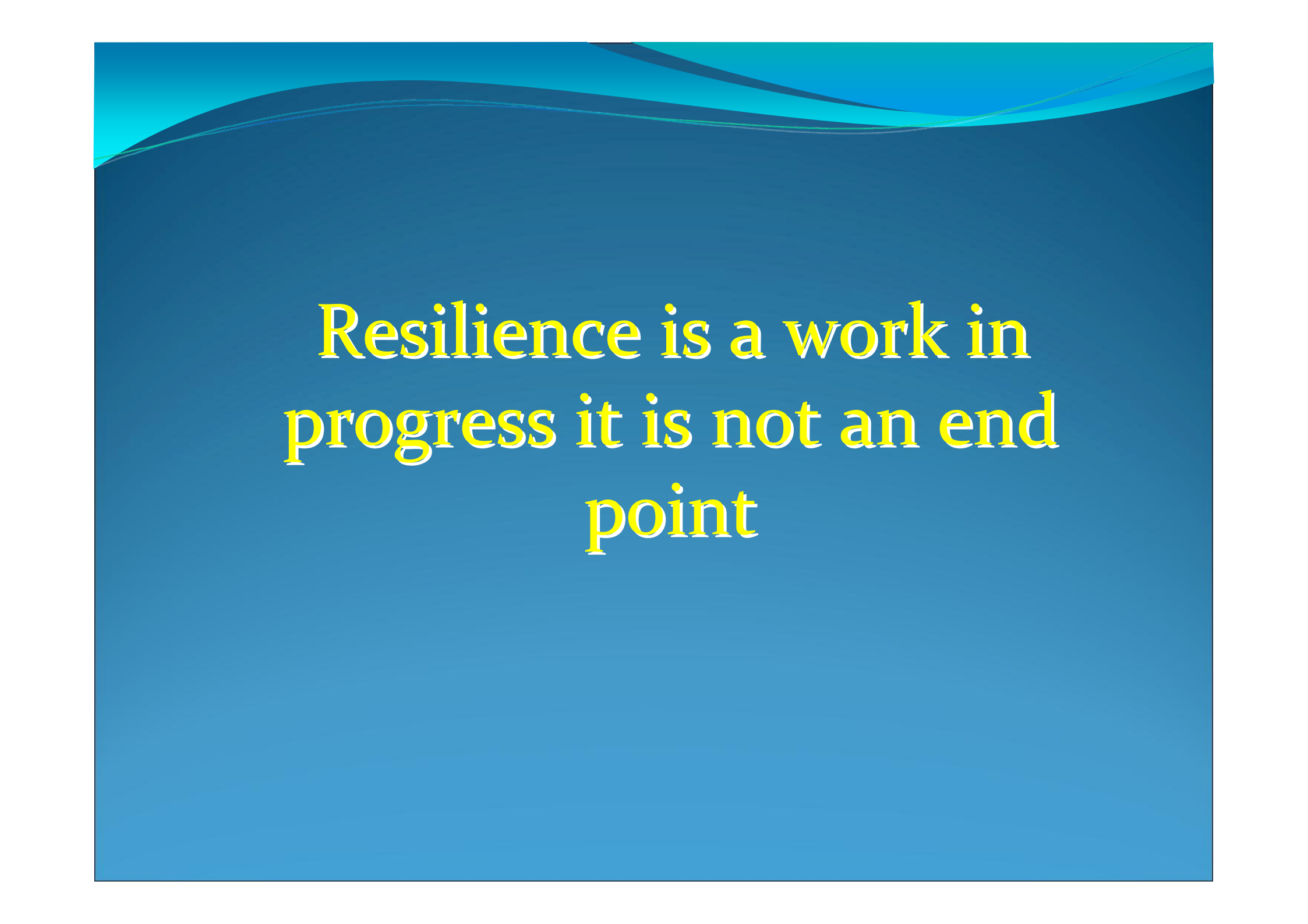
# Meaning Making & Resilience

Meaningfulness is an antidote to  
despair and demoralization, it  
fuels

resilience

# Four basic finding from resilience research

- A clinician must develop their own idea of what resilience is and know how it operates in people's lives
- A clinician must develop a resilient mind set regardless of the classification system used for mental disorders
- A clinician must look for opportunities to nurture resilience in their clients and participate by proxy in the performance of that resilience
- A clinician must join with team members in developing a sense of collective resilience

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Resilience is a work in  
progress it is not an end  
point

# The Resilient Human Spirit

“Al ser humano, le basta el espacio de una grieta para florecer”

“even a crack gives enough space for a human to flourish”

(Ernesto Sábato)



*"Resilience" by Ante Dabro, Canberra*