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
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
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.
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.
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.
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