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SIRCC online conference (University of Strathclyde, 10th November 2022): Falling apart and hanging together: Notes on resilient caregiving organisations

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Abstract

This keynote, delivered at the Scottish Institute for Residential Child Care online conference 2022, supports the theme of resilience and recovery and considers the development of resilience, from both the individual caregiver and organisational perspective. Bill shares a story with delegates and asks them to spend time in online breakout rooms considering its content. The keynote concludes with considerations around what is required to support organisations, and in turn, to support caregivers to become more resilient.

Keywords

Residential child care, group care, recovery, resilience, relationships, organisational change, caregiving, trauma, Scotland

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Introducing Ellie Canary

I'm going to start with a story about Ellie Canary; the title is *Falling Apart and Hanging Together*.

> You're a social worker at a residential treatment centre. This is your fifth year, and you generally find the work satisfying. It's difficult at times, when you're working with kids that have so little going for them, and even when you do your best, you know they're going to have a tough time. But there are also moments when you help kids get second chances, and because of luck and a strong adult in their lives, their lives are much, much better because of the work that you've done. It is those moments that keep you going, along with some of the relationships that you have with co-workers and supervisors.
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> You've also had some bad moments when you're just tired of working so hard with so few resources in so many cases, but you get your work done. That's why it's so hard to understand Ellie Canary. Ellie has been here for just under three years, and you don't know her all that well. She seems high maintenance. You haven't worked with her all that much, but friends have, and report that she can be difficult and demanding when the cases get tricky. In the past week, though, you've had more direct experience with her. You overheard her conversation with a supervisor - you couldn't help it. Her voice was raised loudly, almost to the point where she was yelling, and she was angry and upset about not being able to find a placement for a kid who was scheduled to leave the residential centre in a few weeks, without family or guardians and no foster parents. The kid was, of course, distraught. 'It's just not right', she said loudly, her face threatening. 'I'm sick and tired of this happening to these kids. Why can't you do something about this?' Before the supervisor could respond, Ellie turned around and walked away, brushing past you in the hallway without even looking up. You could hear her down the hall still muttering about how useless the supervisor was.
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> It turns out later the same day you're asked by the residential director to team a case with Ellie which involves working closely with the new

domestic violence (DV) specialist from the Department of Children and Families who needed to get involved in a case at the centre. The director says that Ellie and the previous DV specialists had not worked very well together, and she wants to make sure that the new specialist starts off on the right foot. You have a lot to do; but you also want the new DV specialist to work out well in the area, because it's going to make life a lot easier around DV issues related to kids at the centre. You also have a case of your own, so it might make sense to meet with the new worker about both cases at the same time. So, you agree to team the case, the director thanks you and says she'll let Ellie know. Later in the day, you swing by Ellie's desk to talk about the case. She's sitting there staring at her computer screen without movement or expression. You wait for her to welcome you. She doesn't, so you finally clear off some papers from a chair and sit down. She looks at you blankly and then blinks into recognition, finally registering that you're there. You explain you're there to discuss the DV case, she smiles stiffly, closes the folder, and just hands it to you; 'It's all yours' she says. You explain you're not taking the case over, just working with her on it. 'I don't need to do this with you', Ellie says, 'I need to not be doing this case, so if you really want to help just take it away'. You explain you have enough cases of your own, including a domestic violence case, so you can't really take over her case, and you tell her it might be useful for the two of you to spend a few minutes talking about both cases, and how to work with the new specialist.

She just looks at you. You're tempted to just stand up and walk away. But you don't. You ask Ellie what she thinks about the idea. 'I just closed a case', she says, 'you'd think I'd get a break or a thank you. But I just get another case', she looks at the folder, 'and it's a lousy one'. You must get to another meeting; you stand and ask Ellie about a time to talk before meeting with the new specialist, you ask her to let you know when she's available over the next few days so you can set up the meeting. She barely acknowledges you leaving. You're frustrated with her but decide it's not worth confronting her, given all the other work you must do. She is

indeed as difficult with you as you've heard from others, and you're thankful you aren't a supervisor who has to deal with her. Later that day, you're sitting at your desk and realise you haven't heard from Ellie, so you walk down the hall to her desk. She's not there, the computer screen is blank, her coat is gone. You turn to walk back and run into her supervisor. You ask if she's seen Ellie. 'No', she says, 'but she doesn't stay late and work late, much. She's a single mom with a couple of kids'. You ask her if Ellie is usually responsive about setting up meetings, returning emails and calls. 'It's hit or miss', the supervisor says, 'there are times well, when I'll get an email from her sent at 2 in the morning, and other times I won't get any response at all', the supervisor continued, 'I'm hearing that Ellie is not returning phone calls lately and is late responding to clients, I do need to talk to her about this'. You wonder what you've got yourself into. You have a lot of your own cases, you don't want to waste time on trying to coordinate with another social worker, who seems not just difficult, but uninterested in working with you. You sigh. You turn towards your computer, and you send the specialist an email about the need to get together to talk in the next day or so.

At this point in the story, readers are asked to pause and reflect from the perspective of the co-worker who has been asked to team this case with Ellie. What would you do at this point? And why?

The importance of narrative

The narratives that we have in our head always determine who we are, who other people are, and the actions that we take. When we think about Ellie, there are certain stories that we often tell: 'she had a rough day', 'it's going to be okay', 'she's tired and worn down and needs sleep', 'she has to develop a thicker skin and not take the work so personally', 'she'll be fine, just give it some time', 'she's not getting the right supervision', 'she's not in the right unit', 'she doesn't have the right role', 'she doesn't have the right cases', 'she's not cut out for the job', or 'she's not strong enough to handle the emotional demands'. All those stories locate the issue inside Ellie as an individual. The narratives that we tell ourselves frame how we think about something and therefore what we do. In

this case, those stories lead to actions, which is fixing the other person, which of course is not the complete picture.

If we think about what Ellie *needs* based on those narratives, we say, 'just give her some time and space, and she'll be okay', 'she needs good mentor advice about how to not let the cases get to her personally', 'she needs her supervisor to say "this is your job" and hold her accountable', 'she needs someone else simply to take some of her work and lighten the load', 'she needs to think about is this the right job', or 'is she 'strong enough?'

Depending on which story you create about Ellie, you would take one or more of these actions. Because if our story is about the individual, our interventions are about the individual. Yet if we change the frame, and change how we think about Ellie, we also change the kinds of actions we might take. If we shifted away from locating the problem in the individual, and instead understood the basic premise of residential treatment, which is that staff members are always at risk for secondary trauma, we would alter our approach. For example, what if I told you Ellie was sick, then you would feel empathy for her.

The reason I named Ellie the 'canary' is because, on some level, she's the canary in the coal mine. Everyone working in residential treatment is always at risk with respect to this invisible attacker: you cannot smell, see, or taste the noxious gas in the coalmine that affects everybody all the time, even as it affects some people more, or more quickly, than others.

The impact of trauma

Secondary trauma has different names, including secondary traumatic stress, compassion fatigue, and vicarious trauma. Essentially, what they all mean is that when we as humans work closely with people who have been traumatised, we inevitably, unconsciously, soak up their experience. This means that when you sit down with a family in distress, when you're working with a kid in distress, when you're working with a co-worker in distress, and you take in their story, you're not just taking in their story, you're taking in their emotions as well, as matter of empathy.

Using the metaphor of a tuning fork: We have a tuning fork inside us, as empathetic human beings in caregiving work, and we're resonating on the same frequency through which others are communicating to us. This is unconscious. We cannot consciously will ourselves to stop it; it happens, and it affects us. Think of us all as sponges that soak up other people's pain and anguish, despair and outrage, sadness, and shame. If we absorb and contain that material, we get affected as human beings. None of us are immune.

There are clear signs that Ellie is suffering from a disease emanating from secondary traumatic stress. For example, she avoids people who require too much work, as if placing on her forehead a 'Do Not Disturb' sign, or a hotel sign stating that there are 'no rooms available'. She's unconsciously sending messages that say she is in shutdown or lockdown mode. She's routinely frustrated, angry, and despairing, emotions that she has soaked up from clients and co-workers. She doesn't want to go to work or stay there, which is a way of protecting herself from more exposure. And she avoids supervision. Why? Because she doesn't necessarily feel like she's able to unpack those emotional experiences in there and then be left with them alone.

If Ellie's the canary in the coalmine, it means that our traditional ways of staying strong, such as pushing away the emotion and trauma of the work, will sooner or later cease to work. As such we must redefine what it means to stay "strong" in this work.

What does it mean to be strong?

I do a lot of research and writing and consulting with caregiving organisations, including residential treatment centres, and the first work I need to do with people is have these conversations about 'what does it mean to be strong in this work? What does strength mean?' And typically, when we think about prevailing ideas about strength, what we mean is that we are invulnerable. 'The work doesn't get to me, look how strong I am'. My friends say, 'I can't believe you do that work, and it doesn't bother you at all'. And I pridefully say, 'yeah, it doesn't bother me at all right?' Or it means the people that we deal with, don't get to us emotionally, don't affect us. It might mean that the emotions that we feel when we do our work do not impact us. That's typically what strength means - we're

like action heroes, superheroes who walk through the chaos and are unaffected by it, and the bullets don't touch us. We're not weakened. We're not disabled. It means, of course, that we believe unconsciously that we have armour that's thick and strong enough to withstand assaults.

Recall the brand-new residential treatment centre workers. In their first few cases they're really struggling, they're sad, they might be crying, they might be upset, they might be mad, and you say to yourself, they'll learn, right, they'll learn to get tougher, and they'll learn to get stronger. Right? Yet that narrative is problematic. It's a problem if what we believe is that all we need is armour that is thick enough and strong enough and then we'll be fine. If we believe that, then people can only learn to cope by unconsciously locking into a strongbox within them the emotional difficulty and pain of what they're doing. They locate that somewhere in them, and then they're able to go home, and it stays in there shut tight. That's our illusion. That's our wish. When the strongbox does not hold, we see forms of leakage. People are sarcastic, they're cynical, they dismiss emotion as weakness. They turn away, find ways to distance themselves, not just from their own painful emotions, but from the people who are expressing those emotions. They escape, they self-medicate. Or they do too much: Sex, drugs, rock and roll, alcohol, reality TV.

None of these, of course, are bad in moderation. They help keep us functional. They help keep us 'sane'. The problem is, if we encase ourselves in heavy armour, if those tendencies - compartmentalisation, escapism, emotional distance, sarcasm - become habits, they've captured us. It's not just that we have them as tools, but they have us. Essentially, the metaphor here is the armour that gets so heavy that you can't take it off. And this causes damage to people. There are costs to their habits of staying strong.

The costs of habits

So, what do I mean by the costs? First, when cut off our emotions at work, it's not so easy to reconnect to them when we're with our friends, when we're there with our family, our loved ones, our partners. If we learn at work how to emotionally distance or 'not to care too much', we're disconnecting the wires a little bit, and it's hard over time to connect them when we get home. Much like

the kids that we work with, we are left chronically isolated and alienated. We don't feel appreciated, we don't feel loved. Second, our basic trust and human goodness is affected to the point that it's harder to remain intimate with and trusting of others. Think, for example, about going to a grocery store, a supermarket, and there's a three-year-old kid sitting in a cart and crying, just wailing. I might walk by and think, oh, the kid looks sad, probably didn't get the chocolate milk that he wanted. And I keep walking, I do my shopping. You, the people who are embedded in the worker residential treatment centre, walk by, and have a very different experience. You're on high alert. Where's the mother? Where's the father? Is there abuse going on? What's going on here? Is this kid being abandoned? Is this kid being abused? Working in residential treatment centres with abused, ignored, intruded upon, and abandoned children changes your worldview in very subtle and important ways, such that you start to tell very particular stories about what you see.

I think of people in this profession as the Coast Guard, as the people who are patrolling the waters, to make sure the world is safe. And the rest of us are ignorantly, blissfully going along our ways. The rest of us are civilians, and you guys are on the frontlines. That does something to you as human beings. Relationships with clients suffer as people learn not to care, or more accurately, not to care too much by distancing from others. Ellie didn't go to her supervisor, people stop going to peers and supervisors, partly because they just don't want to. My hypothesis is that they don't want to explore what they're carrying emotionally, it's just too painful.

And, of course, we struggle to remain compassionate. The root of the word compassion, the Greek root, is 'to suffer with'. That's what compassion is. We're suffering alongside suffering others. It's hard over time to continue to do that, particularly when you're alone. And, by the way, it's not just compassion for others, it's compassion for ourselves.

I want to share with you a great quote by Parker Palmer (2000), a writer, theologian, and trained social worker. He writes in his book *Let Your Life Speak*:

> Violence is what happens when we don't know what else to do with our suffering. Sometimes we aim that violence on ourselves as in overwork

> that leads to burnout or worse, or in the many forms of substance abuse. Sometimes they aim at violence and other people.

It's the first sentence that really, for me, is very powerful. When people in treatment centres experience or commit violence of the physical or the verbal or abusive kind, or are brutal to themselves, it is because they're suffering something that is unnamed and unmet.

Redefining strength

Is there a different way to do this, in which we meet suffering as a part of the work that we do for ourselves and for others in these treatment centres?

The answer starts with the redefinition of strength. So, if the old definition is the operating definition of 'I'm invulnerable, and the work doesn't get to me', I want to offer a different way of understanding what it means to be strong in the work of caregiving organisations. My premise here is that anyone who absorbs and contains emotions, toxic emotions, - sadness, fear, rage, abandonment, isolation - for too long, will suffer damage. Sadness or despair or rage or bitterness starts to become who we are. We start to become - It's not simply I *feel* bitter, it's, I *am* bitter. That is a profound shift. It indicates that armour doesn't really protect us. So, the question I've been struggling with is: 'what is strength, given the fact that we cannot not feel some of what we import from traumatised and distressed others?'

What I came up with is strength - and ultimately, resilience - is a function of having the capacity to absorb, to contain, to work with and release painful emotions, and to keep going without lasting damage. It's an ongoing process of absorption, containing, and release. I use the word contain because the opposite of containers is to leak out; it's to *not* contain somebody as you leak your experiences everywhere.

Ellie Canary is leaking them everywhere, in the relationship with her supervisor or clients, her co-worker, herself. So, to contain is to acknowledge what you're experiencing, to work with, to understand them and release the emotionally disturbing bits. None of which we can do by ourselves. Which is why we're going to move toward the idea of containing *relationships*.

A collective responsibility

First, however, consider the question - 'Whose responsibility is it to help the caregiver, to help the social worker, to help the residential treatment centre worker, to actually be able to be strong in that way?' Well, it starts with us, right? It starts with any of us in the caregiving profession. We must choose to care for ourselves – exercise, therapy, show social support, friendship, healthy habits, intimacy.

And yet, to understand what it means to be in a trauma-marked organisation, others in the organisation, particularly those who are in leadership and management roles, must start thinking of their job as helping to ensure that toxicity is dispersed and absorbed by groups and teams, rather than located in individuals.

A few of you wrote in the chat after your breakout conversations, 'let's not scapegoat Ellie'. And that's exactly right. And so, the idea is, how do we make sure that it's not Ellie who's the identified canary, the identified patient, the identified problem? Let's help people understand that all of us are affected, and therefore, all of us need to figure out how to join to disperse what you're absorbing.

This involves, in part, supervision. Part of what I really care about when I work with organisations and help them develop an understanding of this in practice is helping people realize the purpose of supervision. It is not simply to disperse cases, or to count and manage; it is also to make sure that they go beyond the boring phrase that 'our workers are our most important asset'. Everybody says it, yet nobody has a clue as to what it means. It lives in the relation between the supervisor and the social worker, or their caregiver, and the supervisor helping form peer relations amongst others. That's part of their job. It's not one that they're rewarded for. It's not one that they're held accountable to. It's not one that's measured. But it is crucial in terms of being an effective supervisor.

I also suggest that the role of senior leaders in these settings is to enable *good enough* healing environments. This comes from Donald Winnicott, who focused on the good enough mother, the good enough holding environment. I've shaped it a little bit to say, what does it mean for leaders to create good enough healing

environments, in which everything becomes named and discussable, a source of work as opposed to shame.

What does that mean? It means we create regular meeting structures and practices shaped by create norms in which people are lauded as opposed to diminished for talking openly about their experiences. It means there's a discourse about how this work affects all of us as a matter of course. This allows for what I call relational bridges between people across which difficult emotions can be shared and released.

At the core of relational bridges is the process of defining and approaching this as a collective problem, not an individual problem. Which is not easy, because in some ways, our human brains are wired to hold onto individual stories. We're all so gifted at telling a story about Ellie as an individual. It's much less easy for us to hold on to complicated stories about the group or the organisation or the community. But those are the stories that enable systemic change.

Implementing intervention principles

I'm going to talk about a few intervention principles along with an example of how I worked with an organisation to help them implement some of these principles.

The first principle is the need to strengthen the social networks among people in the organisation. Think of the social network as a sort of web in which people feel held and connected. Ellie Canary not only feel exhausted, or burned out, or depleted, they're also looking around, and it seems like everyone else is doing fine. This adds a layer of shame, as if there's something wrong with her. A social network offers the possibility of people reframing this experience. They shift from ‘I have shame because I am less than’ to the possibility of, ‘Oh, this is affecting all of us. What does that mean about how I can connect with others?’ And you start to see other people as affected as well. Social networks become the absorption mechanism. As opposed to any one member. The idea here is that social networks of workers can absorb traumatic experience effectively by fusing its effects and demonstrating that members’ feelings are understood.

Imagine, then, that Ellie is in embedded in an emotionally connected social network, say, for example, a team or group, and suddenly, her experience becomes diffused and validated among everybody else, and therefore, it's not all on her as a weight she must bear alone. Instead, the distress becomes diffused, such that they can all bear this together. Ellie's not left outside, but instead, she's validated and included as a valuable member of the group or team. Now, that's not easy. Why? Because if I'm in a group of caregivers, and Ellie is one on my team, but she's struggling, I unconsciously get some pleasure out of her being the struggling one, which allows me to believe that I'm fine. So, I am unconsciously motivated to not reach out to bring her back in, because she's serving a purpose for me, allowing me to think of myself as strong and capable, and unaffected, because I see someone who is less who's struggling. That's the dirty secret, which we do not ever talk about, but which gets in the way of really developing strong social networks. That's why scapegoats exist.

The second principle is this idea of a safe place. When I think of safety, I think of, 'can I say what I think and feel and not suffer formal or informal consequences?' The premise here is that staff members who experience secondary traumatic stress need places in which to tell their stories to others, and in doing so, experience insight and relief. There's a book on my shelf called *Trauma and Recovery* by a psychologist named Judith Herman, one of the first people to write beautifully about the idea of trauma. What she said is, recovery from trauma requires people to tell their stories over and over in ways that allow them to relive the emotions. It's not just that they relate the facts of what happened but also that they relive the emotions a little bit. In so doing, they move from having a story that grips them, that has them in its grasp, that becomes their identity, to one of the stories that they have. Think here of a large wave receding back into the ocean, leaving a residue. The traumatic incident becomes part of who you are, not all of who you are, because it is one of the stories that you tell about yourself and your experience. This shift only occurs when we're able to verbalise our experience.

It is crucial to understand that emotions demand to be expressed. We can do that well or badly, but it must occur. To express them well is to verbalise them with others who receive them with affirmation and support and care. To express

them badly is to act them out, to show people how furious and upset you are by making them furious and upset. When we create safe places for others, they are more likely to express their emotions well and not badly. We do that for others when we attend well and closely to others. Just listen and absorb, and nod, and help people feel like they're not alone.

The third principle involves the creation of a holding environment, a place where we accept the stressors as real and legitimate as opposed to sort of saying they're not. We do this well when we view what's happening as institutional, that by the mere fact that we do this work we will experience these things, indeed, we cannot help doing so. The holding idea is that it's not an individual problem. This position leaders to seek solutions as opposed to assigning blame or creating scapegoats. In a healing environment, there's a high tolerance for individuals struggling well and badly. People express their support clearly, directly, abundantly. There is praise and commitment and affection. All the things that we say we need to offer to the kids in our care, we need to offer to one another as well, and we need to be able to take that in. And finally, there are a few sanctions against what can be said. The healing, holding environment is a place where we simply accept the disturbing reality of our work and its effects. And we accept that together.

Intervention in action

I worked with these three principles in the context of a residential treatment centre that was struggling to care for its own members.

The intervention involved groups of residential care workers meeting every two weeks for an hour. I trained peer facilitators to keep the group on task. The whole focus of the conversation was simply this question: ‘How does our work affect us as human beings?’ It's a powerful question, and one that people wanted to avoid. They wished instead to simply complain and vent. They wanted to blame their leaders and supervisors. They wanted to blame their peers. They wanted to blame the families and the kids. To simply blame is to remain in a place of victimization. But if we start to look at how this work affects us as

human beings, we share stories of what happened to us, the impact, and what we can learn about ourselves. Ultimately, that's what keeps us resilient. Because when we simply complain to one another, we feel better in the moment, but truthfully, we feel a lot worse, because there's no hope when all we're doing is complaining. The cliché is that misery loves company, but the more complicated truth is that misery loves misery. It just creates a cycle of more misery.

They met every two weeks for an hour, focused only on 'how does this work affect us as human beings?' They shared feelings, but the groups were not therapy, and what I mean by that is, somebody would say, 'I really struggled with that. I really struggled when the mother of that child showed up late again, and berated her child, during a family visit, family visitation'. Therapy is when I would say to the social worker, 'So were you troubled by the mother because of your relationship with your own mother?' That's therapy, the exploring of why certain individuals might have certain vulnerabilities or triggers or wounds. That's not the purpose of these groups. And that's not what we did. Instead, the facilitator would help people look at when others had similar experiences of being really frustrated and let down by the people who were supposed to be watching out for these kids. Together, they explored how that affected them as people doing this work. While the conversation was just an hour every two weeks is nothing, it still created a model for how they could talk with one another the rest of the time. That's what I cared about. I cared about them changing their narrative and their discourse with one another, and changing their definition of strength, from invulnerability to thoughtful vulnerability.

The groups followed certain rules of engagement. They agreed to:

- Remain focused on the how this work affects us as human beings.
- Honour people's choices to remain silent. People were invited to speak, but they were only invited, they could stay quiet, because I wanted people to have a sense of consent and control, because often in this work, we don't have a sense of control.
- Speak using the word I, of course, and not speak for others.
- Remain aware of how much space they took up in the group, to neither talk too much or too little.

- Not give advice to others. Resist the impulse to fix, advise, save or set straight. Simply share a story that can help others reflect on their experiences. They share their stories and the emotions they had, and that is enough. In fact, it's more than enough.
- Attend closely to the person speaking and avoid side conversations.
- Understand that 'other people are not failed attempts at being you'. Think about that. You are not a failed attempt at being me. Because what often is the case is 'well, that's not how I would do it', and therefore you would demonstrate or share that you were disappointed that others didn't do it the way you would have done it. Instead, I wanted people to be legitimately curious about it. So 'that's funny, you reacted that way I would have reacted this way - help me understand'. So, there's a curiosity, which again, is a form of complete and utter respect.
- Don't text or be on the phone. If you need to take a call, leave the room.
- And confidentiality was interesting. You may share what you've learned in here, but you may not ever name anyone else in this group. All you can say is, hey, here's what I learned from that. Here's what I learned from our conversation'.
- Start and end on time, which is really about the management of boundaries and respecting one's boundaries.

I spent a year with them training and supporting these group discussions, meeting regularly with the peer facilitators and exploring with them what the work of facilitator was doing to them as human beings. I was modelling for them how to do this group, and it's still going, which is wonderful.

Resilient discourses

With another residential treatment centre, I expanded the work to focus not simply on enabling frontline workers to discharge disturbing emotions from their work but also to create proactive plans for enabling resilience. I helped senior leaders with a process that I called *resilience planning*, in which every member has an action plan for maintaining resilience and an ongoing system in which

supervisors check in and monitor plans. This also of course required me to train supervisors about what resilience is and how to plan for that. We focused on the nature, symptoms, and management of secondary traumatic stress. I also helped them create coping sessions, which were held anytime a member was involved in any disturbing event – a restraint, for example, or a runaway youth. The weekly sessions were attended by anyone that had an event that week. The groups learned to talk about what happened, how it had affected them, and what they did. They learned to support one another, to create relational bridges.

We trained them to do that, and again, in this organisation, I did the same thing as I did in the other, where there's peer groups in which trained peer facilitators meet monthly to talk about what this work does to them. The focus was on what they were absorbing, an alternative to the discourse of 'What's wrong with you?'

As part of organising for resilience, I needed to work with the leaders to change their discourses, to change how they spoke about the work itself. Resilience is not simply what we do, but how we talk about it. I focused on three effective discourses. The first discourse is the importance of embedding people in a web of caring, available relationships. The idea is that we can find shelter and strength when we move toward rather than away from one another. What does that mean? It means we must be very clear about communication, we share information, we meet and clarify structures, we think together rather than rush to respond. We listen to one another, we approach problems and diagnose what's happening together, and commit to creating solutions together. And we're able to respectfully disagree. At the core here is the idea that we do not have to face what we're facing by ourselves and therefore be left isolated with shame and a sense of diminishment.

The second discourse that grounds resilience is that our emotions matter. That is, emotions offer valuable information, and when we focus on emotions, we're then able to create the right relationships. What does that mean? It means we engage in relatively open, emotional expression of sadness and joy. We tolerate and don't turn away from difficult emotions. We check in with one another during meetings and interactions. We believe emotions are valuable sources of strength rather than weakness, only to the extent to which we're able to acknowledge them openly. I think here of decompression stops; it is a concept

familiar to scuba divers. It refers to the importance of creating planned moments of pausing on the ascent to the surface of the ocean, to forestall difficulties of absorbing potentially toxic compressed air. Attending to emotion is a way to decompress—to stop, breathe, understand what we're containing, release it and then continue. Without the relief of these emotional pressures, without the importance of understanding that these emotions matter to us, we will, as I said earlier, express them badly rather than well. Emotions are central, not peripheral, in helping us understand what our work means to us and how to connect with one another. To understand this is to avoid the fantasy that when we enter the workplace, we can take our emotions off like a coat, and then just do our work. But that's just not the way we're wired.

The third resilience discourse is about hope and optimism. Effective leaders of resilient organisations they help people understand the world as manageable rather than incomprehensible. We maintain the belief that we can understand and comprehend what's happening, and that we can overcome adversity. Here too there is a parallel with our work with kids in residential treatment. We seek to provide them with the tools and the belief that they can move ahead, that they can overcome adversity. When people believe that what they do will make a difference, that their influence is real and predictable, they're able to try and shape what's happening positively as opposed to negatively.

What does this mean in terms of how we approach our work? We approach really difficult situations as opportunities to learn and grow. We appreciate difficulty but assume we're going to have the resources and abilities among us, that together we can manage our work in ways that get our work done and leave us intact. The other thing we do is we tell and re-tell stories of meeting challenges, overcoming adversity, and getting stronger because of it. And so, resilience, as a capability, grows. It evolves, as we realise that we can survive and learn from stuff as we examine and solve problems.

When we believe that we can handle adversity, it becomes true, enabling us to strengthen our belief that our world is manageable. How we talk is how we work. I want us to normalise conversation about what the work does to us, what it feels like to do this work, how we try to take care of ourselves in ways good and bad, how we can reach out to one another instead of turning away from one

another. These new conversations are marked by what I think of as an integration of emotions into our work, not splitting them off, so you are more likely to ask of others, 'What happened?' 'What's going on?' 'Tell me what's going on with the situation, the case, the situation, the client, and what are you going to do?' and 'How are you?' 'What was it like for you?' 'What are you feeling?' 'What are you feeling now?' 'What do you need?' This is at the heart of what supervisors, leaders, and peers ought to be doing, as a way of acknowledging that what's happening inside the human worker is as important and valuable as the work that they are doing on behalf of others.

When we take seriously that this work always affects care workers, and we pay attention to the selves of the members, and not just to the work, we strengthen one another and the work of the organization itself.

Compassion cascades

We're not gifted at these types of conversations. Years of defining strength in terms of toughness means that agency leaders and members tend to focus on the work itself and not on the humans performing the work. We tend to focus on the cases, as opposed to the people working these cases. The classic narrative here that justifies this is that 'we just don't have the time.' What they say is 'there's just too much real work to do'. But the truth is, if you followed people in a residential care centre around and marked what they were doing and not doing, you would find that they would waste more time by *not* talking about their experiences of the work than by pausing for decompression stops with one another. While people are strapped for time, always, the strength of the time narrative also points to a defence mechanism, to protect people from exploring and experiencing fully the emotional costs of their work. Yet this only maintains those emotional costs. When people hold on to their difficult situations and emotions too long, everything suffers, which means work is not going to get done efficiently or effectively, and there will be casualties among the kids and the staff members themselves. Reducing those costs and enabling workers to be fully engaged with one another occurs only when we move toward and away from addressing our experiences, both those that are disturbing and those that are wondrous, openly and together.

Reference

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About the author

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