RESILIENCE AND DIVERSITY
AN EVOLVING CONVERSATION

Diana Isabel Alvis Palma
Birmingham CAMHS – HOB
diana.alvispalma@bch.nhs.uk
Learning communities in working contexts

- Practical knowledge – reflexive and experiential.
- Knowledge connected to day to day practice.
- Extend professional practices
- Change of organizational culture
- Negotiating and reflecting about what is included and excluded as right, good or legitimate.
- Cross-cultural work

Resilience as a metaphor to unfold those learning communities within a systemic practice
Resilience

It is the process of, or capacity for, successful adaptation in circumstances normally associated with psychological dysfunction and low competence

(Fonagy et al, 1994; Rutter, 1987)
- There are long term sequelae of early experiences

- They mainly arose through indirect chain effects rather than direct effects that permanently damaged the child at the time.

- These experiences create vulnerabilities that predispose individuals to react adversely to life events, carrying long term threat and the onset of psychiatric disorder.

Rutter, 1999
There are individual differences in susceptibility to develop future psychopathology that derive from a complex mix of risk and protective factors.

Rutter, 1999
Observer

Independent

Reality

To know

To Discover

To Measure

To treat or to Intervene

Positivism - modernity
Realities are constructed socially

To construct and to coordinate local meanings and actions

Cultures make morally legitimate choices that must be understood as such

Language is culturally historical and contingent

Dominant professional and social discourses

Post-modernity - Social Constructionism
How to move aesthetically within the tension between different accounts of health/resilience (modernity and post-modernity) in order to make room for meaningful change in modernistic services?

How learning in the working context may facilitate that process of change?
Bogota Colombia
RESILIENCE PROVIDES A FRAMEWORK FOR THINKING ABOUT DEVELOPMENT THAT DIFFERS FROM FATALISTIC PREDETERMINISMO OF CLASSICAL THEORIES

WIDELY AVAILABLE TO PROFESSIONALS

CONNECTION WITH SYSTEMIC AND SOCIAL CONSTRUCTIONIST
How to Question, Appreciate and Construct Community Work

- Epidemiology
- Risk Approach
- Public health
- Social Networks
- Resilience
- Language and Communication
- Systemic Thinking
- Social Constructionism
- Appreciative Inquiry
Story of Carlos at the “Sagrado Corazon” school in Simon Bolivar in Bogota context

- Behavioural problems
- At risk of being permanently excluded.
- Teachers: how to help him?
  - Looking for his abilities
  - Moving him to a different year where his abilities could be enhanced.
  - Other children welcome him and made him feel important.
  - Teachers spoke to parents
  - Teachers encourage Carlos to talk to parents.
  - School celebrate Carlos’ achievements.
I. The best stories of caring that took place in the school
   Telling inspiring stories

II. Discovering places, relationships and constructing dreams with children.
   Stars and moons

III. Parents and teachers meet with children’s dreams.
     Questioning, mottos and murals

Unfolding Hope and Resilience at School

Creating a caring team for children that need more attention.
   Systemic intervention
   And additional Input from other services

School Community + Family + Health Multi-agency

Mental Health Professionals

School Teachers

Implementing Initiatives
   Creating spaces to play, going to the nature reserve
I arrived as a school teacher at the Juan Rey School in 1982, where the socioeconomic level is very low and the number of students that I have in charge was very high. I realized that a girl was missing from school, so I started to ask for her, and her mates said that she had had an accident.

I went to visit the girl and I knew that she was alone at home. Being the older of four brothers, she must cook for them before going to school. One day when she was putting “cocinol” into the stove, there was a fire and her legs got burned. She had not had any medical assistance. She went to receive emergency aid, but she couldn’t go back because she lives far away from the nearest health center. When I arrived at her home, her legs were infected and without movement.

When I saw this, I went to the hospital and told the doctors. They were very moved and decided to send an ambulance to pick up the girl every day and to give her the adequate medical treatment. Then, I kept doing things for the girl until she had recovered completely. One of the things that made me happiest is when I saw the girl coming back to school, I felt very proud of myself.

I think, all this was possible both thanks to my firmness and will to see this problem to its end, and to the health service provided to the girl. Another thing that motivated me was the love that I feel for my students, and my wish to protect them. This has been a very important experience for me that allowed me to help a girl to be able to keep going in life. I think that it is very important to give children affection, and the school is a place were they can get it and, after the family, we as teachers are the ones that can provide it. Something important is that people at school see me now as someone they can trust.

Teacher: Dora Albing Torres de Avila
Emotions Are Socially Constructed

- It is more useful to understand emotions as processes of appraisal and communication which draw on cultural meanings and which are reconstituted, experienced and changed in the course of evolving social relationships” (Krause, 1998 pg 64).
PROTECTIVE FACTORS

ACROSS DIFFERENT STUDIES

- CLOSE RELATIONSHIPS WITH SUPPORTIVE ADULTS
- EFFECTIVE SCHOOLS
- CONNECTION WITH COMPETENT, PROSOCIAL ADULTS IN THE WIDER COMMUNITY

- Luthar, Cichetti and Becker, 2000
RESILIENCE – ECOLOGIC PERSPECTIVE

- Process - instead of trait-
- Repeated interaction different contexts
- Between person and favourable features of surrounding context: family, school, neighbourhood, society.
- Fluctuates across development – specific outcomes at specific time.
RESILIENCE – ECOLOGIC PERSPECTIVE

- Little benefit of change individual protective factors because of the overall context will remain the same.

- Prevention efforts are better focused on promoting multiple protective factors across domains, including the child, family and larger community (Luthar and Cicchetti, 2000)
RESILIENCE – ECOLOGIC PERSPECTIVE

- Social determinants of health to address structural deficiencies in the society – policies to address those deficiencies.
“the degree of resilience displayed by a person in a certain context may be said to be related to the extent to which that context has elements that nurture this resilience”

(Gillian, 2004)
Birmingham UK
Emina’s Story

- Behavioural difficulties
  - Support at school several kinds
  - Risk of being permanently excluded
    - Referred to CAMHS
- Referred to Family Therapy – Family conflict.
  - Home Visit
- Conflict between school and parents
  - Parents: School discrimination
- School: question parental capacity, ability to put boundaries, colluding with daughter
- Curious about why receiving letters from school was annoying for the father.
  - Not communication through letters in Bosnia
- History of being in a concentration camp as context to understand his emotions
Cross Cultural Family Centre

- Centre for the innovation in training of cultural competence for BME communities using systemic/narrative/social constructionist ideas.
- Learning communities
- Systemic team ways of working
- Across different agencies and professionals
- Social and cultural diversity
- Experiential learning
How do we understand families and their situations?

What is our accountability in the organization, its policies and its practices?

What are our Duties, Rights and Responsibilities?

What is the place of learning? How do we learn?

What are our ethics? How do they influence our decisions?

What kind of team are we, how we construct our relationships?

How do we understand families and their situations?

Cross Family Centre
Social GRRAACCESS (Burnham, 1992; Roper-Hall 1998)

- Gender
- Race
- Religion
- Age
- Ability
- Class
- Culture
- Ethnicity
- Sexuality
- Spirituality
Social GRRAACCES is more than an interesting difference…

- Determine flows of power and different individuals' ability to participate meaningfully in particular practices of systems
IT IS ONE OF THE CENTRE’S MAIN HOPES/GOALS THAT PROFESSIONALS USE THE LEARNING TO EXTEND THEIR DAY TO DAY PRACTICE WITH SYSTEMIC/SOCIAL CONSTRUCTIONIST/ NARRATIVE SKILLS IN WAYS THAT MAKE SENSE FOR THEIR WORKING CONTEXT.
When I first met this family I was to co work with the Play Therapist as she was finding it difficult to engage mum and her 11 year old daughter. My main role was to work with mum to look at family dynamics, relationships, attachments and what mums main concerns were. The Play therapist agreed she would work with her daughter looking at self esteem and attachments. The family make up and ethnicity was Mum was a single parent muslim with a dual heritage daughter who was part asian and black. When I first met mum she was very distrustful and did not really engage well with me and the first two sessions needed to be introduced with the Play therapist in tow.

I recognised as a social worker that sometimes parents take some time to engage and sometime avoid difficult situations. I also recognised that sometimes parents tell their stories to a lot of people and I wondered how forthcoming would I be to tell my story to a complete stranger. I also recognised that I was a black female and I wondered how she felt about this. I decided to explore with her about ethnicity and religion to see how these two influences or did not influence her. I was surprised when I began to discuss with her about her religious beliefs that she expressed strongly that she is a Christian. I began to explore her surname and stated that this sounded like a Muslim name. She agreed. I asked her to tell me more.
MT stated that she was in fact brought up in a Muslim family and that she no longer believed in what they believed in. MT had cut and dyed her hair and stated “I no longer dress the way they do”. During sessions after this I noticed that she would quote from the Bible, for which I understood. During further sessions I would ask her questions like “if your mum was here (MT’s mum deceased when she was 14), what would she use the Bible or the Qur’an?”. MT replied that she would use ‘the Qur’an’. We would have lengthy conversation about religion, Bible, Qur’an, ethnicity and about her upbringing.

I do not believe that she had realised how much her Muslim identity influence her day to day living. She expressed to me that she did not like to go out on Broad Street, she will not drink, she refuses to sleep around and she does not like lying or deceitfulness. I stated that what she needed to do was to separate the two as being a Muslim does not mean that you are violent (prior to and after this we had discussed in different ways the difficult experiences that had lead her to feel in this way and had impacted on her child being referred to CAMHS, as well as her strengths), that there are good people who are Muslim also. MT would also state I don’t want to be one of them, I want to be a Christian. I asked “Why do you want to be a Christian? MT said it is better they don’t beat their children (historically MT had been physically and mentally abused by her father).
Through doing the genogram (MT wrote her genogram in Arabic) I learned that she can speak mirpuri fluently and I can also read Arabic. I asked her if she had taught any of these to her daughter who is dual heritage. MT stated she had taught her a few words but she cannot read Arabic. MT stated that perhaps she wished that she had but because of attachments in the beginning of having her daughter she did not do this. I found that she would discuss with me about her daughter being dual heritage

By the end of the therapeutic work she was much in touch with her Asian ethnicity. She was more keen to go into Asian areas and she started going into her daughter’s school which was predominantly an Asian school. She allowed her daughter to bring friends around of different ethnicity and accepting that her daughter was more into Asian music that she was. It helped the girl to explore more freely about who she was.

Jacquie Gayle – Senior Social Worker
I feel that religion was central to the recovery and steps forward that I and her mother were able to take on a number of levels. Further to this, I would go as far as to say that faith in God was crucial to their survival.

Her faith that what had happened to her husband and son was in God’s hands gave mother the means to psychologically survive the trauma she had suffered. Her investment in her unborn son seemed central and crucial. At one stage she had named him ‘Godspower’ and he seemed not only to represent her faith in the power of the goodness of God as opposed to the destructive power, but almost to take on significance of messianic proportions in the idea of a saviour. One felt crucially that if she had lost her son at any stage in her pregnancy, she would have lost not only her baby but her means of hope and recovery and that there would have been consequences to her mental health and her ability support I. Following the birth of her son she seemed to achieve a state of mind where she held him in a less idealised way in her mind and was able to name him D. The baby gave I and her mother a means of focusing and preserving their life giving impulses and their faith in life over death and destruction.

Whilst the circumstances of the new baby seemed to be crucial to the survival one wonders about the impact on Daniel of the profound investment in him. Whilst he is clearly greatly loved and cared for there may be complications for him in carrying the complicated projections that have been placed on him from before birth, particularly in the context of the loss of the other son.

On another level, there was the practical, religious and moral support which the family accessed from the minister and from the congregation.

In CAMHS Mother seemed to appreciate help given on a practical level which connected her to her community and was able to take in some new ideas about I’s nightmares and flashbacks as being normal symptoms of a young mind exposed to traumatic circumstances that it could not cope with as opposed to an idea of her being ‘crazy’. This seemed in tune with what her minister was also communicating to her. I think the work held her religious beliefs as central with respect and in this context she was able to take in some different ideas which broadened her thinking but did not threaten the means by which she had survived.

Nicola Searby –Child Psychotherapist.
To answer your questions, I think in the session because all of the children were given an opportunity to reflect on their relationship with Mum and each other in a visual/sculpted way this enabled mum to understand their positions in the family which she hadn’t taken on before. It also allowed for the position Y had been taking to be explored and challenged and for Mum to see that this was a difference for him compared to the other children and that maybe this wasn’t helpful...Mum was up moving about and playing a game with the children, this maybe enabled her to drop her guard a little and so she engaged in the process more or did so because the session was less reliant on language as information was visually represented.

For me the session enabled me to see that Mum could be emotionally available for the children and reflect on the relationships that existed within the family. It made me feel more optimistic about the family moving forward as I could see them laughing and talking together with genuine affection.

Kate Robson, Clinical Psychologist
Mobilizing resources in ways that are coherent and in coordination with parent’s/child family values.
Health CAMHS Team + 3 agencies

Cross-agency Consultation Networking Training SPACE FOR GRRACCEES

Multi-agency Consultation Team One off consultation Tier 1

Joint Work as part of MDT

Across Disiplines Trainees Team

Cross Agency Initiatives
Reflexive about the tension between professional/service knowledge/cultures and family cultures

Aesthetically moving within the tension to facilitate change, resources, hope.
RESILIENCE IN DIVERSE COMMUNITIES

- Higher rates of positive outcomes in studies utilizing white middle class samples than

- Studies utilizing diverse, low income samples and multiple risk factors.

- Vanderbilt-Adriance and Shaw (2008)
Identifying the contextual meaning of adolescent/child development among specific racial/ethnic and economic subgroups to develop theories sensitive to the experiences of non white and poor teens.

Transitions into and out adolescence occur in contexts of factors related to individual and family response to surviving in economically deprived and high risk environments. (Burton, Allison, and Obeidallah (1995))
Resilience Across Cultures

- Global and contextual factors as well as culturally and contextually specific aspects of youngsters’ life.

- Aspects of resilience influence more or less depending on culture and context.

- Expressed in idiosyncratic ways based on the environment in which the young person lives (dependence/independence from parents)

- Ungar 2008
An internal locus of control advantage to a white child growing up in poverty who can anticipate future success attributable to his or her personal hardiness. This same trait has been shown to have little or bearing on African American child from lower-class home who perceives little or not access to economic security or high education (Cross, 2003, Golden, 1997)
Protective effect of support from school was more important among poor youth than others (DuBois et al 1994).

Parental perception of behavioural problems affect parenting behaviour of mother in more advantage than disadvantage background.

Levels of life and personal distress more potent in affect quality of parenting (Durnas & Wekerle, 1995)
Development of minority children

- Social position (gender, race etc)
- Racism and discrimination
- Segregation (residential and psychological)
- Promoting/inhibiting environments (school, care)
- Adaptative culture (traditions, legacy)
- Child Characteristics
- Family values and beliefs
- Children’s developmental competences.

Different communities under stress may offer a child very different resources that sustain the child’s well being.

Some aspects of resilience that are specific to the context must be appreciated as culturally embedded manifestation of core element of their resilience – violence can be manifestation of resilience.

Ungar 2008
It takes a whole village to raise a child
Neuroplasticity

- Structural and functional reorganization of the brain in response to environmental inputs
As your mind changes, your brain changes.

- Immaterial mental activity maps to material neural activity.
- This produces temporary changes in your brain and lasting ones.
- *Temporary* changes include:
  - Alterations in brainwaves (= changes in the firing patterns of synchronized neurons)
  - Increased or decreased use of oxygen and glucose
  - Ebbs and flows of neurochemicals
Mental Activity Shapes Neural Structure

- The flows of mind sculpt the brain.
- Immaterial information leaves material traces behind
- Increased blood/nutrient flow to active regions
- Altered epigenetics (gene expression)
- “Neurons that fire together wire together.”
- Increasing excitability of active neurons
- Strengthening existing synapses
- Building new synapses; thickening cortex
- Neuronal “pruning” - “use it or lose it”

- Taken from using the mind to change the brain Rick Hanson, Ph.D.
Biology and resilience

“objective evidence”
- Early adversity has substantially ill effects on the developing brain architecture as well as on the chemical and physiological system implicated in coping.
- Different social experiences can lead to substantial and enduring changes in the expression of genes.
- Sensitive and responsive caregiving can substantially reduce these negative effects of toxic stress (National Scientific Council on Developing Child, 2005)

Mediators: biological pathways between experience of stress and adjustment.
- Excessive activation of HPA axis and elevation of the stress hormone cortisol (Charley 204)
- Excessive cortisol damage the synthesis and reuptake of neurotransmitters as well as the receptor (Goodyer, Herbert & Tamplin, 2003)

Moderators: biological factors that in interaction with risk, confer heightened vulnerability versus resilience.
- Oxitocin --- Supression of the HPA axis ---- Reduction stress and anxiety.
The mind develops at the interface of neuro-physiological processes and interpersonal relationships.

Interpersonal experience plays a special organizing role in determining the development of brain structure early in life and the ongoing emergence of brain function throughout the lifespan.

(Siegel, 1999)
Biological determinism is shaped by the meaning that family and culture give to them, having a completely different meaning according to social discourses and cultural practices (Cirulnik, 2001).
Localized discourses that defines a group’s concept of resilience is privileged more or less depending of the power of those articulated it.
Despite the critical need for, and benefits of, psycho-education and psychotherapy, people’s social needs (family relationships) receive scant attention, with various medical societies viewing the assessment of such domains as “extra” work.

Heave prioritizing of biology in mental health comes at the cost of other research initiatives and what is sacrificed is likely to be critically important.

(Luthar and Brown, 2007)
Learning

Learning is a process of continuous questioning prevailing representations of teacher/learners and learning

To challenge the assumption of what is to be included or excluded as normal, right or good.

Reflecting and challenging what we know and how we know it
Learning Community in Working Contexts

- Learning process facilitated the engagement of professionals (health, social care, education) and community (leaders, patients, families) in different conversations/practices that facilitated the unfolding of resources at multiple levels.
Resilience emerge in the social interaction where people make sense of adversity.

The aim is to integrate experiences’ into a coherent narrative that spans public and private domains, where hope, agency and future emerge.

D Alvis, 2005, 2008