Franca Butera-Prinzi

A: Welcome and thanks for coming today.

I had this dream that my USB didn’t work and that no-one turned up.

So thanks for your time and hopefully, it’ll be a process of sharing our wisdoms and our experiences of how we hold hope for families when there’s enormous grief and despair. I’m here with my colleague, Nella Charles and Karen’s on her way, so just a little bit about our team.

So I’m part of the ABI team and the ABI team was established in 1984 at the Bouverie Centre, and it really came about by accident, really, because there were some passionate family therapists and neuropsychologists who really saw the, the degree of an impact of ABI on the individual and families, and just started the work very slowly at Bouverie back then, and really recognised the degree of mental health and distress that families and children were experiencing, and then from the year 2000, disability services from DHS recognised that we needed some more funding to increase our services, so they provided some funding for that. So we work with families in the non-compensable sector, and some of the work that we do is clearly around family counselling, and that’s for adults and children with a brain injury.

We also train across Victoria and interstate, do some consultation and training of workers in the areas of family sensitive practice.

We have a family-to-family link up program and essentially, that’s around linking families together who are experiencing a similar set of circumstances and that’s really come about from our families who say, look, with due respect, the work that you do and the information that we get and the support we get from workers is fantastic, but can we meet somebody else who is going through the same thing? So the wisdom that comes from that is so valuable, so we have that as a regular opportunity for families to come in.

We did receive funding to develop that program and now it’s just part of what we do.

Our other work is around the Tree of Life which I’ll be describing this morning, and again, that’s a narrative tool that we use to strengthen and harness people’s inner family strengths and abilities. And we have a Taekwondo group who is particularly for Bouverie families where are mental health issues or disability, and we’ll talk a little bit about that because it’s very exciting news with our young kids competing in South Korea at the moment as we speak, and we’ve had in the past a writer’s group and a multiple family group.

That’s our little house there.

Someone said it looks like a big factory, but really, it’s quite pretty inside and that’s our little waiting area.

Sorry, I forgot to acknowledge the Indigenous community, so can I do that now, please, before we start?
So I’d like to acknowledge the traditional custodians of the land in which we stand today, the Wurundjeri people of the Kulin Nations and I would like to acknowledge elders, past and present, and welcome any Indigenous and non-Indigenous people here today.

All right, so in the spirit if actually understanding and appreciating resilience and hope, I’d like to have you think about what that means for you, and I’d like you to think about a time in your life where your family faced a particular difficulty, just sit with that for a moment, so who was there? What was happening at the time? And think about what was the most difficult part of that situation, so sit with that just for a moment.

Okay, so a couple of questions.

What helped your family manage that challenging time and what resources did you need to meet that challenge?

Would anybody like to share?

Q: Other family members.

A: Other family members. Yeah, what in particular?

Q: I think just being able to actually talk about the experience and know that they were around, that was a very big part. In my case, the initial response was 05:54 [inaudible] 06:08

A: So psycho education, or what was it about that?

Q: Yeah, and proper transformation to me about what the diagnosis was and what was involved and about being properly educated.

A: Yep, and that knowledge is strength, isn’t it, because you know what you’re dealing with. Anybody else like to share? It doesn’t have to be anything fancy. What actually helped at that point in time?

Q: 06:42 [inaudible] 06:55

A: Yeah, okay, thank you. Anybody else?

That’s something to actually think about, because that’s what we can often share with our clients and to help them strengthen them from their experiences.

So I think most of our families would say very similar things, that it is the close family and extended family community that actually makes a difference, so we need to actually think about how we support them in order for them to actually hold the strength and the hope for each other.

So a little bit about sort of our thinking around resilience and working with families, and I’d like just to share some of our thoughts around that. We’ve drawn from the work of Walsh who talks about family resilience as an ability to withstand and rebound from crisis and adversity.
However, what we know is that families go from one crisis to another, so it’s very difficult for them to rebound from where they were, but really, that they are creating new pathways and new ways of actually being, and we know there’s a study from Cummins, from Deakin University, that says that carers have the lowest collective wellbeing of any group.

That’s also comparing wellbeing of those who are homeless and who are unemployed.

He also says that carers have the highest rate of depression, anxiety, and stress, and chronic pain and this is an amazing question, so how come they’re not getting treatment? How come they’re not getting the attention that they need and most of the carers would say, they just don’t have time.

How common is that? So I think that we are advocates as well, of looking out for family members, because if we don’t look after them, then how can they possibly look after the injured person?

What we know is that families go through pretty tough times and transitional times, anyway, so there are crises that are associated with that, having a young family, being a mum for the first time, adolescence, managing independence and dependency, young adulthood and launching in to moving out of home, all of those can present with crises.

If we add a brain injury or disability on top of that, it’s quite a lot for families to deal with. So we come from the position of that the families who certainly we see, are doing the best that they can under very difficult circumstances. Does that make sense?

So one of the authors, I’ve really sort of been thinking about the reciprocal nature of families and impact is Vangle, and he talks about, and has done a study of 109 pairs of TBI clients and their carers, and found that if the carer had pretty good life satisfaction, so was travelling quite well, that in fact, the person with the ABI being an adult or child was doing quite well, so there’s a really strong connection, and that in fact, it was very interconnected and that’s really important research because it’s just new, and we haven’t actually, we’ve talked about and thought about how the person’s impacted, how the family’s impacted, but not how they actually cross over, so it’s really important to start to think about that crossover.

So the other thoughts that we had were in fact that a lot of the research in resilience is around individual traits, and what is it about them as an individual that helps them to get by, but we’re thinking about it in terms of family unit, and that it isn’t a process of bouncing back, and it’s not an end state either, but it’s actually a changing process, and that at one point in time, they might be travelling quite well, but at another point, like a family experiencing adolescence and some challenges around that, that might be a really difficult time.

So it’s really context-related, and it evolves and changes over time, and I think we need to be aware that families need support at those transitional moments.

Okay, the biggest insight that we have as a team is that it, that resilience is actually interdependent with others, other extended family, community, and it’s also an extended community, so depending on what is actually happening in the community
in the family, that really determines resilience, that strengthens resilience, but also
that families can actually become quite vulnerable as well. So poverty, financial
hardship, illnesses, extra illnesses in the family, all create more vulnerability for the
family, and that we see family systems and the wider social networks, that’s us, okay?

We can become the shock absorbers in times of crisis.

When they’re deplete of energy, when they’re deplete and in despair and most of the
families who we see at Bouverie, are at a point of despair and have lost hope, we hold
that hope for them whilst they’re just managing.

So I think that that’s where the idea of holding resilience and trust has come from, and
that we hold it on behalf of clients and I’ve just already mentioned that, whilst they
are struggling with very serious family issues.

So it’s important that we don’t judge, that we have no timeline for families, but rather
that we share with them a deep recognition and respect for each family’s capacity to
change and adapt and that’s believing that it is possible.

So if we believe it, if we believe that it is possible, then they will too, that we are
actually a really important part of that system.

Once they come to us, once we are part of their life, we also become part of that
system.

The other concept that we thought was really helpful to think about is that they’re not
either just doing really well or they’re not, but they’re withholding despair and
resilience at the same time, and I really like this idea about struggling well.

So those who struggle are not necessarily deficient, weak or blameworthy, but are
managing under very difficult circumstances influenced by genuine hardship.

So our families are not just managing the cognitive behavioural emotional impact of
brain injury, there’s a whole lot of other family stuff that goes on that they’re holding
then as well.

So the idea is that resilience and vulnerability may in fact co-exist and sit side by side,
and at some point, and at various times, one family member might be more resilient
than another, or they just might be more resilient at one point in time, as opposed to
another, okay, and they’re holding each other.

So some of the ABI literature informs us that these are some of the protective factors
that can impact on a family managing, so it’s social supports, which we’ve just
mentioned, acceptance that life will never be the same, positive thinking and affect,
spirituality, and that might be aligned with a religion, but it might be other forms of
spirituality.

It might be about nature, it might be about yoga or meditation, so that can be quite a
wide concept. Providing structure, carer support, psychoeducation which I’ve
mentioned, and addressing trauma, and that’s a really important one. I was just talking
with Lauren this morning about how important it is for us to recognise that some
families who we are working with and some individuals have also experienced some trauma, perhaps earlier in their life or as a consequence of the ABI.

It might be a car accident or an assault, so that the trauma is still sitting in their body, it’s still part of a struggle that they’re managing, and I think that without actually recognising that and helping them through that, that there’s going to be that sort of reactivity that’s going on and then the impact on other family members.

Okay, so this is a model that our team has been working with and using the way of conceptualising how families actually, what they go through and what needs to happen, so they’re sort of really about tasks, and this was sort of developed twenty-odd years ago, when the first of our team members started working with families and it’s sort of evolved since then.

But I think it’s actually a really solid way of actually understanding the journey that families actually go through, and as you can see, it’s not linear, so it’s not that they started understanding and resolving grief, and then they moved towards some restructuring and/or growth.

It just moves and evolves and it’s really circular, so it’s around understanding and processing grief, so it’s not that they come to an end point with grief.

It’s there and sometimes it comes up at different points in time, and mixed with that is the complication of trauma.

There’s also a process of restructuring. Restructuring their own identity, the restructuring of family’s identity, and that’s a really tough one. And there’s restructuring of roles and responsibilities, who does what, particularly if you’ve got a young family, it can throw the whole system completely out of whack, and then there’s understanding meaning.

Why did this happen to us? What do I make of my life now? How do I actually manage my family through a parent? How do I manage my family? I was a competent parent before, who’s going to look after the kids?

I was employed, I was a manager, now I can’t even get out of bed. So that’s happening all the time.

And then there’s growth through adversity, how do you actually work to a point of stability, and that again is changing all the time, depending on the family’s progression through life stages as well.

Any questions, thoughts? Is this making sense?

Okay, so this is just a model that we are working with, and it’s been really a positive way of actually appreciating the families’ journey.

So I’m going to talk about a family who we’ve been working with, and it’s just to illustrate what we do and how we do it, how we conceptualise the family work that we do, and an appreciation that it’s actually much broader than just family counselling.
So this is a family and you may recognise the family because we’re sort of a small community, really, so if you do recognise the family, if you can just respect sort of their confidentiality and their sort of life.

So a family who we’ve been working with, a mum who is in her forties and she sustained a brain injury when she was in her twenties. She was working as an accountant, a qualified accountant, and then had a major car accident, fill me in if I’m missing some points, a major car accident where she wasn’t able to work any longer in that capacity, and a few years later, she then met her husband, we’ll call her Delia, and she met her partner and husband, John, and the point, they came in contact with Bouverie was following the birth of their twins.

So at that time, clearly, she had some fairly major cognitive impairment, memory problems, emotional regulation was a problem, planning was a problem, so you can imagine all of that, and then having twins.

Having twins is hard enough, and then being a parent is hard enough, so with all of that, she was in absolute despair, her partner was in despair, so they sought counselling from the Bouverie Centre, and I think with that support and the support of the community, I think they managed quite well, and then two years ago, so twelve years after, they’ve recontacted and I think that’s the strength of the team at Bouverie because we do see families at any time, they can come back at any time, depending on what is actually occurring at that point in time.

So at this stage, the twins are fourteen, and they’re naturally going through adolescence, testing the boundaries, and they’re increasing their independence, their ideas, so the level of conflict has just absolutely escalated, and if you’re already in a position where you’re emotionally compromised, I think Delia was just finding it very difficult to actually manage and hold and calm the situation.

It was a daily battle, really, and since then, not since our contact, but they’ve also had a nine-year-old daughter as well.

So some of the issues that have emerged are that one of the twins also has a learning disability, and their nine-year-old also has a learning disability, so you can see how stressed this family must be.

Some of the issues that we’ve dealt with, even though the family composition was post-ABI, their grief was still very present in that starting to compare themselves with other families. So how come my mum can’t do that, and how come we can’t do that, so these are some of the comments that have come from them.

Q: 24:51 I just wanted to add that just for a moment, it’s interesting the referral. I think it happens often, I found that the presented issues, one thing in the referral that says a lot of it is to do with the commenting, and the conflict that’s around control, a couple had briefly separated, and also some general issues, but it’s not until you actually go digging that you realise that they were a consequence of the struggle with the ABI itself, and it’s with the time that they had the twins or more recent referral. 25:26

A: Yep, so thanks for mentioning that, Nella, because what we often get is referrals that have come from other community health centres or other practitioners where it is
complex and these presentations, the work that we do is very complex, and quite
often, families will say that they actually didn’t get it, they didn’t get sort of the
complexity around the conflict and the difficulties and the cognitive issues, okay?

So these are some of the comments that have come from the family, okay?

What could’ve been if my mum didn’t have a brain injury if she was like my friend’s
mum? And she would say, I’ve survived the accident, but look at my daily struggles.
Look what I have to put up with every morning when I get up.

So my mum is different. Why my mum? If only, so they’re carrying that grief, that
ambiguous grief every day, as they see their mum struggle, as the conflict escalates
every day. And I think that what was really important for this particular family for
Delia is that she saw herself as a bad mother, she wasn’t actually coping and that she
was not good enough, and in some ways, it was really important for us to reframe
that, and for her not to keep blaming herself, and to think of it more in terms of
sensitivity and of the nervous system and overload and be aware of her emotional
reactivity.

Now mixed in with this is trauma.

So she experienced a car accident, and quite often, we hear that they wouldn’t have
remembered the car accident, so the trauma’s not relevant, but it’s in the body. And so
the heightened reactivity, the irritability is complicated with the cognitive difficulties,
and it’s really important to actually attend to both, and that’s certainly what we do and
Nella’s been fantastic in the sense that she’s been able to offer some really clear
trauma intervention for both Delia and her husband, John, who also has a heightened
reactivity. And I guess the really important thing for the family is around the
relational trauma, so family members, when there’s heightened trauma and reactivity,
there’s a loss of trust and safety and we certainly prioritise that in the work that we do.

How do we actually attend to the trauma, even if the memory of that trauma is not
present, and this a quote that Delia says quite often:

I look fine, so others don’t understand that each day’s a struggle to remember, to
make sure I’m organised, that I haven’t forgotten something important. I get tired,
okay?

That’s fairly common.

Okay, so some of the work that we’ve done is around restructuring roles and
responsibilities and I think that for Delia to see herself as a good mother and a loving
mother, and John was the primary financial provider, but to look at how they can
actually share some of those roles much more fluidly so that they’re supporting each
other was really important. So giving up perhaps being seen as just the mum, but also
as a sister, a daughter, so extending herself and her identity further.

So appreciating that one of the twins, the girl who has the learning difficulty was seen
as being naughty and just destructive and uncooperative, but I think that
understanding her as an adolescent with a learning disability also assisted them in
being more compassionate towards each other, and more open to, this reactivity is not
happening in the family, because I’m a bad mother, but because it’s a natural progression of families, a transitional period that we need to contain, but if the parents were working more closely together which they had been, they were able to contain some of that much more than if it was just Delia’s responsibility to contain and manage. So it’s a far more shared responsibility. And the idea of the ongoing support and maintenance is really important and I think that’s where we come in to the picture, that we don’t give up, that we keep supporting them at different and difficult times.

So the idea of developing new identities and working from a position of shame and diminished worth which is what this family was experiencing, to more of a position of compassion, normalising their experiences and validating their efforts. And some of the great things about what they were doing in the family which we’ll come to in a moment, so working more towards strengths, pride and acknowledging their own capacities.

Growing through adversity was a really important one. So valuing both individual efforts and needs with family needs, and working towards commitment towards the family unit, and having a shared and relational view of their struggles, and using the environmental influences to lessen the vulnerability, and I think that this family worked really well at connecting with extended family, church, youth groups, choir. The youngest girl, Anna, became involved in our Taekwondo group at Bouverie, so extending themselves and using the environmental influence, I think helped them to create a sense of pride and strength. I think this is a fantastic quote from Walsh, around holding both hope and despair with families, that practitioners can change the odds against them, and I think that this family could not get to where they are without the support of our team, the general practitioner who’s a specialised practitioner in ABI, a neuropsychologist who visits on a regular basis, the OT who visits on a regular basis, the practitioners who are working with the learning disabilities for their children, so this is a team who hold the family.

They could not possibly do this on their own, and I think it’s a community responsibility.

One of the tools that we have used to work with this family is to strengthen their capacity and lessen their vulnerability is the Tree of Life, and do people know about the Tree of Life?

Yeah, some people do?

No, okay, well, I’ll just let you know what it is very briefly and then just what they produced as a way of actually strengthening themselves as a family. So what the Tree of Life is, it’s a narrative tool that has been used in the past for disadvantaged communities in Africa, South America, all sorts of places, and it really starts off with actually identifying the, where your family’s from, what strengths you gain from that history, so the roots are where the family has come from.

Then we have the ground, so where the children, where the family live at the present, what are their current activities, how they actually identify with where they’re at at the moment.
The trunk is around their skills and abilities, so identifying what their personal and family strengths and skills are.

The branches are their hopes and dreams, so moving towards what could be and their wishes for themselves and for the family.

The leaves, and this is fantastic, around the people who are important to them in their life, friends, peers, extended family, workers and then there’s the flowers and the seeds. So the gifts that children and adults want to pass on to others, and then there are the fruits, the gifts that the child or adult has been given. And doing this process with the family was absolutely extraordinary, and Nella and I did this not so long ago, but the sense of connectedness that came out of this activity with the family was extraordinary, so they came in another crisis, in despair, high conflict, and really walked away with a strong sense that they’re a strong family, so this is what their trees look like.

So this is what they produce together over a period of maybe two hours around their tree. This is Delia’s tree, and she was able to talk about all the things that were important to her so that she wasn’t just a woman with an ABI, that she was a mother and a daughter and an important member of the family, so she talked about her roots. They’re an Italian family from Sicily, so what that meant for them and there were tears in this as they were doing this, particularly from Robert who is quite often seen as a disciplinarian and pretty hard. Connecting with his roots and his family and what was important to him was really important and I don’t think the kids have actually seen him cry before, so this is a huge connecting activity as well.

Q: 37:34 At one point, didn’t they speak about the migration industry within the family like their grandparents coming to Australia and I think that the kids, even though they knew that, they heard it in a different way, and I think they all had a sense that their life and history was much, much bigger than theirs. 37:54

A: Yeah, absolutely, and that the importance of family and how hard they have tried to create a family who’s connected who’s loving, and I think this is what came out, particularly for the kids, but also for Delia and John, to hear each other’s story, because they probably hadn’t done that for quite a while.

So some of the things that they talked about in terms of their strengths, wanting peace in the family, all the things that they are connected to, school, football. They talked about how important their families were and in terms of the traditions around pasta and playing cards together, and I think that what tends to happen for the families certainly who we see is that they come in with despair, they lose all of this.

There’s a loss of what is important to them and the strengths that they gain from these experiences, so reconnecting with those important values is really, really important.

So they talk about faith, respect. There’s family, their peers, their community, so it was an absolutely amazing process. Did you want to say anything else about that?

Q: 38:58: Just that it was interesting at the end of that two hours, I said to Franca, you would not think that this was the same family who came in for the family therapy which is talking about the problems. They were there for two hours, there was a tiny
bit of friendly squabbling at the end between the kids, but that was nothing, and they looked like a different family. That really, really stood out.

A: Yep, absolutely, and the question was, what will you take away from doing this, and they said, no matter what happens, we have each other, but they probably wouldn’t have said that about a week ago, or a week before that.

Everyone cares for one another. We do love each other, we sometimes forget, but we come back to it.

Being together, we form as one, the kids are best friends, even though they have a go at each other.

So they walked away, feeling strengthened, and can I just say that this can be used in any context, so I would encourage you to think about the possibility of connecting with strengths.

You can use it with an individual, or you can use it for a couple, or you can use it as a larger family, and we’ve used it with kids up in Geelong with Lauren at the McCullough Centre with young kids and their siblings, and it worked beautifully.

Any questions about that, about the use of the tool?

Q: 41:09: The thing that strikes me about learning that is there are lots of little bits of fruit on there, like they are with each other and that’s bringing up positive things.

A: Yep, that’s it, yeah, humour, love, care, respect, it’s just fantastic, the fact that they could even articulate it when they were just so problem-saturated a month ago or a couple of months ago is absolutely wonderful, and it’s this, as I said, this is not an important, as I’ll probably come back next week with more conflict, but we bring back their values and their connectedness. And we laminate them and they get a copy of their work and we’ve got one, so we can use them as well.

So the younger girl who’s now nine also has a learning disability, has become a part of our Taekwondo group.

The Taekwondo group at Bouverie was developed for families where there’s a parent with a serious mental illness or disability, so most of the families who have been involved in the Taekwondo group would be probably families where the kids were climbing the walls, not attending school, behavioural problems, really acting out. We’ve had the benefit of Bernie and Lydia Victor, who were world Taekwondo champions who have developed this group as volunteers, and it’s been running for seven years at Bouverie, so this was another way of families creating connectedness with community, having an identity, having a sense of achievement.

So this is coordinated by Aaron at Bouverie, and the range of kids is between five and eighteen.

Parents are involved in the process, so in a room maybe double the size of this room, the parents are in one end of the room and the kids work with Bernie at the other end, so they’re very much part of the process.
They can see how their children, what they achieve, what they can achieve through Bernie and his direction, being firm, but being playful, so it’s a really lovely way for families to connect with each other.

So as we speak, and being really proud of this, Bernie has taken four of his students who have reached Black Belt level over the years. This would never have been achieved, these kids would probably never ever see themselves as achieving anything, really, so he’s taken them to South Korea.

As we speak, they’re there at the moment, and paid for all of their expenses.

We got an email yesterday from Bernie to say that three of the students reached Bronze level, and one has achieved a Silver medal.

So this is what they look like, and this is where they’ve been practising for the last number of years, the small room.

Suddenly, they’re thrust in to this, absolutely mind-blowing. They were just so proud of themselves, there were lots of tears, there was lots of fear, going in to the competition, lots of holding of themselves, imagine what experiences that would be for them, of actually being able to manage fear and containing themselves and achieving so much.

So this is another way that I think Bouverie think about the concept of resilience.

It’s not just sitting in a room, talking about your problems; it’s much, much bigger than that.

It’s about connecting with the system and we’ve had lots of meetings with other systems, the GP, the OT, the neuropsychs and so forth, the Tree of Life, the Taekwondo group.

Hopefully, we’ll help them meet with another family who are going through the same experience, so it normalises their experience. They’re not sort of dysfunctional family out there.

So this is just another example of what can be.

I can’t express enough how important the systemic work is when we’re working with complex needs and it’s been absolutely pivotal in the work that, and I think that the way that we see this as intensive work and it requires intensive work from others from the system. So it’s really, really important that we work together as a group, both with the family, but with other systems in place.

So if we’re going to be working so hard, what’s really important is that we maintain the sense of hope and resilience, because what we know is that there is a cost to caring.

We really cannot not be affected by the work that we do, either at a conscious or unconscious level, so it’s really important to think about what we bring, the impact that the work has on us. So I share with you this slide, because sometimes this is how I feel. I don’t know about you, but does it sound or look sort of familiar?
But it’s really important to appreciate that we are absorbed by the work that we do, and that it is not a weakness, that it is about those who work well are going to be affected, there is a cost to the work.

So I’d like you to think about what sustains you in your work. I quite like this quote, that there is pleasure derived in being and doing the work well.

So I’d like you just for a moment to talk with a person next to you, and just think about what sustains you in your work, what helps you to hold on to hope? What helps hold the resilience in your work, because if we don’t hold it, we can’t hold it for the family, just a minute.

So any thoughts, Sharon, thoughts about what sustains you?

Q: Team building.
A: Yeah, and what is it about the team that sustains you?

Q: Sense of humour.
A: Humour, fantastic, yep.

Q: 48:39 The support that you can gauge from that as well.
A: Yep, anybody else?

Q: 48:43 In private practice, I’ve found that it’s good to work with a schedule, but also with a variety of work, so some groups and I think I also find working alone while others are there. 48:40
A: Absolutely, so variety in the work, so keeping that sort of energy going, yep, lovely, anybody else?

Q: 49:07 [inaudible]
A: Yeah, anybody else, one more.

Q: 49:15 People aren’t rigid beings, as they’re forever changing, so if there’s always change, then there’s always a chance of the change, and that chance of change is mostly about people wanting better and if we do, we want to better ourselves and we anticipate that the families who we’re working with do as well, whereas if it’s rigid, then it always will. 49:43
A: Absolutely, so our thinking needs to shift as well and change and be challenged, because that’s what we’re facing, and I think that the way that I see it is that every attempt that families make and reach out for support is a chance for hope, that things can be different, so whether that’s family therapy, whether it’s OT, physiotherapy.

Q: 50:12 And it’s also a privilege that people are seeking to change their lives, and I’m gobsmacked with that one quite often.
A: Absolutely, and the sort of sense of trust that they have in revealing some fairly personal circumstances, absolutely.
Just a thought around the research that actually indicates that even though we encourage families to look after themselves and do things, the people who are less likely to look after themselves in terms of self-care are workers, so think about that.

We’re not really good at it for ourselves, but we do like to encourage family members and the people who we work with to do it.

So this is what Figley talks about being important in terms of worker resilience. Education, developing and maintaining relationships in supportive networks, feeling content in your own life, and someone said that a moment ago, and setting realistic goals, limits and boundaries. All really important stuff, and I’d like to finish the morning and this session with a quote from one of my heroes, Margaret Mead, who’s a social anthropologist:

Never doubt that a small group of thoughtful, concerned citizens can change the world. Indeed, it is the only thing that ever has.

Okay, thank you.

END OF TRANSCRIPT