



# Third person

VICKI PALMER

**D**elivering psychological therapies in healthcare settings has always been demanding. There is a high volume of clients and a broad range of presentations, which reflect the changes in wider society.

It is our duty as therapists to keep abreast of shifting social paradigms and update therapeutic practice accordingly. All of us working in healthcare settings have had to develop a certain resilience to meet the demands of rapid change and growth in the profession. It has been the grit in the oyster shell, and has honed the value of the skill we bring to the therapy room.

In the past few months, we have all faced unprecedented upheaval due to the COVID-19 pandemic. We have learnt to be flexible and adapt to new ways of delivering psychological therapies.

As counsellors in healthcare settings, we have valued our contribution to the IAPT provision – and our contribution has been increasingly recognised, alongside the provision of cognitive behavioural therapy (CBT). We have learnt much from our CBT colleagues of different modalities, and they have learnt from their counsellor colleagues. Whatever our modality, none of us could have been prepared for the sudden change in March 2020 to our services and how we deliver therapy.

*‘We have learnt to be flexible and adapt’*

The pandemic has brought personal and professional challenges. There has been no separation between home and work. Whether we live alone or with others, we have had to speedily create new ways to protect client confidentiality. We have also had to be flexible with our self-care needs,

while accommodating the needs of those we care about. The situation has called on us to develop a type of ‘flexi-resilience’.

The term flexi-resilience was given to me by a client who was working face to face before the pandemic. The client adapted to working online from her home, as did I. In our review at the end of therapy, she reflected on the impact of a series of unprecedented traumas on her personal and professional resilience. Her therapy, she said, had brought her to a different type of resilience, which she called flexi-resilience.

*‘Therapists are familiar with uncertainty’*

If we have been working in healthcare, we will have acquired a professional resilience. As carers, many of us will have also been the resilient coper for our families and friends. Now, a different type of resilience is needed. I borrow my client’s term and call this flexi-resilience.

Flexi-resilience means sufficiently letting go of previous ways of exercising resilience in order to question them. What worked well before COVID-19 might not work well now, or after the pandemic. It is an opportunity to ask personal and professional questions about what is essential and important.

What can be relinquished and what can be compromised, at least in the short term? And we need to keep on questioning. It means we have to be in the moment, adapt to it, without clinging on to it, because we know it will change again. When facing uncertainty, we can only influence the ‘now’ moment and our response to it.

Therapists are familiar with uncertainty in the therapy room. Can we use our flexi-resilience to develop psychological

services? What kind of services do we need now? We need services that adapt to keep up with the frequent changes our world can now expect.

Flexi-resilience flourishes where there is:

- communication and connection
- capacity to make links where we haven’t made links before
- willingness to venture out of the safe cocoon of norms
- preparation for further change
- ability to be fully present in the now of what is happening for ourselves, our clients, our services and the outer world
- understanding of different perspectives so that no-one is excluded
- space for everyone to be heard – and an active response to what has been heard
- conscious letting go of patterns of thought, ways of working and ways of being that do not help in the now moment
- courage, persistence and co-operation to find new ways that work well in new times.

If we develop psychological provision in this way, we will find new ways to evolve inclusive, accessible services.

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**Vicki Palmer** is a BACP senior accredited counsellor, supervisor and member of the BACP Healthcare Executive. She has developed and taught on counselling and supervision diploma courses in England and Scotland and is also CEO of Oasis-Talk.