Recovery and Resilience: What can we do to help!

Marc Community Resources
Behavioral Health Services
“I've secretly arranged to have my ashes carelessly spilled on and stubbornly ground into my children's carpets.”
Recovery

A life in which you feel hopeful, empowered, and connected to the community.

Virginia Community Mental Health Center Recovery Advisory Group
What is Happiness

Happiness is someone to love, something to do and something to hope for.
Recovery - Not One Size Fits All

- For Some - The Ability to Live a Fulfilling and Productive Life Despite a Disability

- For Others - The Reduction or Complete Remission of Symptoms
Four dimensions that support a life in recovery:

- **Health**: overcoming or managing one’s illness(s) as well as living in a physically and emotionally healthy way;

- **Home**: a stable and safe place to live;
**Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and

**Community:** relationships and social networks that provide support, friendship, love, and hope.
Guiding Principles of Recovery

- **Recovery emerges from hope:** The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.
Hope Plays an Integral Role in an Individual’s Recovery
Self-Efficacy as the Goal

- **Recovery is person-driven:** Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s).
Recovery occurs via many pathways:

- Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery.
A common symptom of schizophrenia and bipolar disorder, made worse by alcohol abuse, is “anosognosia”. Xavier Amador, Ph.D.

- Inability to recognize that you have a mental illness.

- It is a symptom just like a paranoid delusion or a hallucination.
And if you’ve ever tried to talk someone out of a delusion you know this is futile and time poorly spent. It also usually stresses or destroys the trust and relationship.

So promise your son/daughter you will not ever again tell him he is ill and instead focus on healing your relationship with him.
Your common sense effort to educate him may be driving him further from you and from the help he desperately needs.

If you balk at my advice consider this: have you succeeded in convincing him he’s mentally ill and has an alcohol problem?

How long have you tried? If the answer is months or years and you’ve failed, you have nothing to lose by making the promise (and keeping it).
Apologize for arguing (I know this can sound hard–why should you apologize!) with him and tell him you want to listen to his point of view.

If we take his point of view–he’s very likely in a very lonely and desperate place. No one understands he’s not ill and the people closest to him are telling him he’s “crazy”!)}.
Apologizing and promising not to tell him he’s sick does not mean you will change your point of view or lie and say you agree there’s nothing wrong. It means you will stop arguing.

You will stop the “I’m right, you’re wrong cycle” that has resulted in his anger worsening and his running from you.

Focus on listening and respecting his point of view and from there you can talk about his getting help.
Recovery is holistic:

- Recovery encompasses an individual’s whole life, including mind, body, spirit, and community.
- The array of services and supports available should be integrated and coordinated.
We are not human beings searching for spirituality, we are spiritual beings searching for humanity.

Pierre Tilard De Chardin
Recovery is supported through relationship and social networks:

- An important factor in the recovery process is the presence and involvement of people who believe in the person’s ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and provide resources for change.
Recovery involves individual, family, and community strengths and responsibility:

- Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.
Recovery is supported by peers and allies:

- Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an valuable role in recovery.
Recovery is culturally-based and influenced:

- Culture and cultural background in all of its diverse representations, including values, traditions, and beliefs are keys in determining a person’s journey and unique pathway to recovery.
Recovery is supported by addressing trauma:

- Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.
Recovery is based on respect:

- Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery.
Resilience is the successful and sustained adaptation to adversity.

There are two aspects to resilience.

» The first is *recovery*, or how well people bounce back and recover fully from challenge.

» Second, and equally important, is *sustainability*, or the capacity to continue forward in the face of future adversity.
○ **Recovery** focuses on aspects of healing of wounds.

○ **Resilience** is determined by the amount of stress that a person can endure without a fundamental change in capacity to pursue aims that give life meaning.
Recovery and resilience are different in one critical respect.

- For recovery, homeostasis is the fundamental principle: a return to a former, more balanced state.

- Resilience, on the other hand, is focused on sustained homeostasis.

Resilience and its focus on sustainability deals with how will I respond to the next stressor I encounter.
“Recovery” may not be without some remaining emotional “scars,” but the return to health is often well beyond what our models of psychopathology would have predicted.

People differ in their inner strength, flexibility, and “reserve capacity” just as communities differ in resources and overall resilience capacities.

The responsiveness of the social and physical environment differs from one person or family to another, and from one community to the next.
The experience of frequent positive emotions – such feelings as joy, contentment, serenity, interest, vitality, and pride – is the hallmark of happiness.

Thus, the terms well being and happiness can be used interchangeably.
Happiness to be associated with relatively stronger social relationships; superior work outcomes; more activity, and energy.
In addition to their less happy peers, happy people have been found to be less likely to display symptoms of psychopathology, more likely to show good coping abilities and to act cooperatively and prosocially, to have bolstered immune systems and even to live longer.

This research indicates that the heritability of well being is approximately 50%.
Longitudinal studies demonstrate that people typically do not return to their baseline levels of well being after negative life events, such as a disability, unemployment, divorce, and widowhood.

By contrast, people adapt relatively quickly and completely to positive experiences.
Specifically, they propose that a person’s chronic happiness level is determined by three factors:

- A genetically based happiness set point (accounting for approximately 50% of the individual differences in happiness),
- Life circumstances that affect happiness (10%, and
- Activities and practices (the remaining 40%)
Life circumstances are the stable “facts” of a person’s life. These include life status conditions (e.g., health, location of residence, material possessions) and various demographic details, such as income, ethnicity, and religious affiliation.

Life circumstances are typically stable and are very challenging to change. Changing one’s circumstances to increase happiness is not likely to be fruitful.
Intentional activities appear to offer the best potential for lastingly increasing well-being. As described above, intentional activities and practices can account for as much as 40% of the individual differences in happiness.

The scope of these activities and practices is very broad and can be cognitive (e.g., having an optimistic attitude; behavioral (e.g., writing or sharing a letter of gratitude once a week, or motivational (e.g., developing and pursuing life goals).
Such as practicing different acts of kindness rather than the same acts week after week can reduce tedium and produce long-term increases in well being.

Timing, variety, and surprise – serve to entice attention to the activity, and adaptation is less likely when an individual is able to maintain sustained awareness of the activity.
Seligman, Steen, Park, and Peterson (2005) found that writing and sharing a gratitude letter produced an increase in happiness up to 1 month after the intervention.

Participants reported an increase in well being if they “counted their blessings” once a week.
Students who wrote or talked about a negative past experience reported higher levels of well being and physical health compared to students who thought privately about the experience.

This pattern was also found 4 weeks later.
Clinical trials have shown that the use of several mood-boosting “exercises” helped to alleviate symptoms of depression and the expression of gratitude and optimism led to a reduction of depressive symptomatology for up to 6 months after the intervention ended.
The critical mechanism involves positive emotions – that is, feelings of joy, pride, curiosity, peacefulness, vigor, or affection – that are generated from continued practice of intentional happiness-boosting strategies.
Individuals are encouraged and assisted in identifying their own personal goal(s).

Services are provided in the context of the individual’s family and community.

Services facilitate an individual’s and family’s interdependence with their community.
Conditions of a Recovery-oriented Person-Centered Care System

- Services Are Responsive to Expressed Individual and Family Needs and Desires
- Therapeutic Alliance is Directed By the Expectation of the Individual
- Individual Differences Across the Lifespan Are Valued and Considered
Reaching Goals for Each Person is Facilitated By Understanding Their:

- Hopes and Dreams
- Life Roles
- Valued Role Functions
- Interest in Work and Other Activities
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<th>Recovery Approach</th>
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<td>Services are Provided in the Context of Continuous Healing Relationships</td>
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<td>Professional Autonomy Drives Care</td>
<td>Services Are Customized According to the Needs and Values of the Individual</td>
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<td>Decision Making is Based on Training and Experience</td>
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<td>Professionals Control Care</td>
<td>The Individual is the Source of Control</td>
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<td>Knowledge is Shared and Information Flows Freely</td>
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## Comparison of Terms

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