

ADDICTION

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Features

What resiliency research teaches us

The larger recovering community plays a critical role in supporting individuals' recovery
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In 2008, the Bangor Area Recovering Community Coalition (BARCC) in Maine held its first summit on addiction recovery, entitled "Broadening the Base for Recovery: Promoting Pathways to Recovery in the 21st Century." The conference provided a framework for viewing recovery from research in the field of resiliency developed over the past 20 years. While information abounds regarding the brain chemistry of addiction, resiliency research describes the "brain chemistry of recovery." The recovering community is inherently equipped to foster resiliency in individuals seeking recovery from addiction.

As recovery advocates call for a shift from chronic disease management to recovery management via recovery-oriented systems of care, resiliency research provides the architecture that builds a bridge linking prevention, treatment and recovery. It provides a framework for environmental supports that enhance all aspects of clinical interventions. From its origins in prevention, resiliency research is applicable to any group supporting the recovery process.

In an economic climate of constricted resources, with an underfunded system often at odds with itself, the recovering community stands in the gap as an underutilized resource. Resiliency provides the language that speaks across divisions as we progress through the 21st century.

What is resiliency?

Rooted in anthropological study, the term "resiliency" emerged in the early 1990s. Bonnie Benard's *Fostering Resilience in Kids: Protective Factors in the Family, School, and Community* first codified what resiliency looked like and how it could be achieved.¹ Since then, a significant body of research has been developed on the subject, mostly in relation to prevention and youth development. The brain dynamics of recovery are found in the literature of resiliency. Environmental strategies influence an individual's capacity for sustained recovery. Resiliency is independent of any particular treatment modality, yet is applicable to all of them.

Some common definitions of resilience include:

- An occurrence of rebounding or springing back;
- That property of a strained body that enables it to recover its size and shape as it is unloaded after some initial deformation; and
- Increased probability of school and life success despite adversities caused by early characteristics, conditions and experiences.

Resiliency literature points to the brain as being hard-wired for resilience. It is an inborn capacity for adaptation and survival.² A "resilient" person is someone who demonstrates social competency, problem-solving skills, a sense of autonomy, and hope for the future.

The ability to foster this type of brain development is best achieved when individuals belong to social groups with specific characteristics. Researchers identify three primary elements necessary to develop a resilient individual: high expectations, caring and support, and opportunities for participation.² These "environmental protective factors" can be found at the family, school, workplace, organizational, or community levels.

When exposed to such an environment, particularly when in relation with a caring adult or peer, an individual who otherwise might be at high risk for problems can "turn around." Mentors become "turnaround people" and schools become "turnaround places."³ Counselors, treatment centers, peer groups, facilitators, sponsors, home groups and fellowships all offer examples of potential turnaround opportunities. The recovering community is an alternate culture that provides

environmental protective factors for individuals seeking recovery.

A resilient person's attributes

The irony of resiliency research is that it simply rediscovers what is natural in a healthy, close-knit community. It is precisely this that makes the recovering community a resilient community comprising resilient individuals. Based in the common experience of individuals recovering from addiction, the recovering community is intentional; it has a unique purpose.

Resiliency is spoken in the language of recovery. The Substance Abuse and Mental Health Services Administration's (SAMHSA's) 2005 National Summit on Recovery defined recovery from alcohol and drug problems as a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.⁴ Resiliency tenets are embodied in the guiding principles articulated from that summit and reflect the constructs of resiliency research. These principles are paraphrased in these characteristics of a resilient person in recovery:

Social competence. Learning to re-socialize without drugs and alcohol is an essential skill of early recovery. Learning to work and have fun in recovery requires developing interpersonal skills, relationship skills and functional work habits. These are essential developmental tasks that must be mastered to some degree to ensure lasting recovery. It is like learning how to ride a bike: At first it feels awkward and is often clumsy, but with practice and skill it becomes easier and, in time, automatic. As Benard quotes Goleman in his discussion of the brain, "...the finding that the brain and nervous system generate new cells as learning or repeated experiences dictate has put the theme of plasticity at the front and center of neuroscience."²

Relearning social skills in recovery is literally retraining the brain in how to respond to social situations. The recovering brain creates new neural pathways to accommodate life experiences without alcohol and other drugs.

Problem-solving skills. Problem-solving skills are imbedded in many slogans in the recovering community, often in direct opposition to societal norms and specifically to addiction-oriented subcultures. Avoiding brain-related impulses and compulsive behaviors that can lead to relapse requires individuals to avoid instant gratification, learn how to think things through, and develop decision-making skills supporting their recovery. Learning personal relapse dynamics and prevention strategies are essential recovery skills. In essence, sustained recovery is the mastery of relapse prevention.



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A sense of autonomy. While the recovering community accepts the premise that one is not to be blamed for having an addiction, it embraces the principle of personal responsibility for recovery. Recovery is self-directed and empowering. At various times on the pathway to recovery, individuals may seek professional help and guidance. But recovery is fundamentally a self-directed process. The person in recovery is the "agent of recovery" and has the authority to exercise choices based on his/her recovery goals. The process of recovery leads individuals toward the highest level of autonomy of which they are capable. Through self-empowerment, individuals become optimistic about life goals.

A sense of purpose and hope for the future. Recovery emerges from hope and gratitude. Individuals in or seeking recovery often gain hope from those who share their search for or experience of recovery. They see that people can and do overcome the obstacles that confront them, and they cultivate gratitude for the opportunities each day of recovery offers.

Recovery involves (re)joining and (re)building a life in the community. Recovery is building or rebuilding healthy family, social and personal relationships. Those in recovery often achieve improvements in quality of life, such as obtaining education, employment and housing. They also increasingly become involved in constructive roles in the community through helping others and engaging in productive acts. Purpose is further supported by the rituals and celebrations of recovery, done in part to acknowledge the success of those celebrating, but also to serve as inspiration and hope to those

who are following the same path.

How recovering communities foster resiliency

Three primary environmental protective factors promote resiliency in individuals: high expectations, caring and support, and opportunities for meaningful participation. These can be found in virtually any environment, whether in the family, school, workplace, organization, or community. They are linked to the brain's capacity for adaptation and survival and meet basic developmental needs for safety; love and belonging; respect; autonomy and personal power; meaning; challenge; and mastery.

With basic developmental needs met, an individual develops the aforementioned resiliency characteristics. These attributes are expressions of, not caused by, resilience.³ Increased resiliency reduces health risk behaviors and improves social, health and academic behaviors.² The outcome is an individual with greater capacity for "bouncing back" from adverse events or circumstances—one with an enhanced capacity to achieve and sustain recovery.

Recovering communities can provide these necessary ingredients for fostering resiliency. Members of recovering communities provide positive models of personal identification, building important environmental factors of competence, connection and contribution. BARCC uses these guidelines for its local coalition efforts:

High expectations. Citing the Summit on Recovery, BARCC defines recovery from addiction as a process of change through which an individual achieves abstinence and improved health, wellness and quality of life. For a person addicted to alcohol and other drugs, learning to live without substances is a daunting prospect. Yet within the recovering community, these individuals encounter peers who have done just that. More importantly, recovering individuals convey their deep belief that addicts do have the capacity to recover, and they mirror that possibility through their own recovery. The recovering community holds this expectation for the journey of recovery. To do otherwise would be disempowering, because as the adage affirms, "People rise to their level of expectation." Maintaining abstinence one day at a time constitutes an example of a high expectation packaged in an attainable goal.

Caring and support. Treatment professionals and members of the recovering community forge connections by showing compassion-non-judgmental support that looks beneath addictive behavior and sees the suffering of the individual seeking help. This rapport and engagement often serves as the critical motivational foundation for successful recovery. Peers and allies support recovery; it is a hallmark of the recovery process. A common denominator in the recovery process is the presence and involvement of people who contribute hope and suggest strategies and resources for change. Peers, as well as family members and other allies, form vital support networks for people in recovery.

Opportunities for meaningful participation. Providing outlets for personal contribution is a tradition and expectation in recovering communities, but it is also a natural outgrowth of the strengths perspective. Helping others through service and peer support is fundamental to the recovering community. Individuals are ultimately responsible for their own recovery; this involves a personal recognition of the need for change. Individuals must accept that a problem exists and be willing to take steps to address it. The process of change can involve physical, emotional, intellectual and spiritual aspects of the person's life. Recovery is self-directed and empowering.

Conclusion

Treatment agencies, community organizations, peer support groups and self-help organizations can increase their capacity to foster resiliency. It is an attitude, a belief, a frame of mind. Some steps that may be taken to do so, either formally or informally, include:

- Reflecting on and discussing as a group your beliefs about innate resilience;
- Forming a resiliency study group;
- Creating a climate for resiliency; and
- Most of all, relaxing, having fun and trusting the process!

As efforts continue to develop recovery-oriented systems of care, resiliency points to common ground among prevention specialists, treatment providers and the recovering community. Its greatest power lies in its simplicity. But little effort has been directed to the subject of resiliency in treatment and recovery, and there is a call for such study. One can easily speculate that treatment and recovery outcomes can be positively influenced by the strength of environmental protective factors. It also takes a village to recover.

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