RESILIENCE: PROTECTION, REPAIR AND REGENERATION

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Spent my career in behavioral health public sector work

PRESENTATION PLAN

- Reveal risk and protective factors
- Illustrate how people repair damage left by trauma, psychiatric conditions, and other life events
- Show examples of how systems, services, families, people with lived experience, and communities work to help reclaim lives

The rest of the presentation

Designed to show with random pictures that everyone - no matter how young, how old, what ethnicity, what culture - can be resilient!!

HOW I FOUND OUT ABOUT THE EXISTENCE OF RESILIENCE IN PEOPLE WHO SHOULDN'T HAVE HAD ANY LEFT !

THE VERMONT LONGITUDINAL PROJECT

- The most chronic cohort ever studied
- The so-called “hopeless” cases
- Received an innovative biopsychosocial rehabilitation program (1955-1965)
- Clinical team operated both in hospital & in community
- 97% Assessed av. 32 years after 1st Admit
- The longest study of deinstitutionalization
- The 2nd longest study of schizophrenia in world

Original Clinical Descriptions of the Vermont Cohort - 1955

- 16 years duration of illness
- 10 years being totally disabled
- 9 years from first hospitalization
- Middle-aged
- 5 of 6 single
- Impoverished
- Less than 9th grade education
- Isolated from family & friends
- Severe disturbances, impairments, & disabilities

THE MAJOR CROSS-SECTIONAL FINDINGS

- 68% Displayed Little Or No S/S
- 64% Had Less Than 2 Rehospitalizations In 20 Years Post Release
- Average Of Less Than 2 Years In Hospital Post Release For All
- 16% No Prescriptions Plus
- 34% No Use Of Drugs
- 25% Targeted Use Of Drugs
- 25% Religious Use Of Drugs

MORE MAJOR FINDINGS

- I.5% Involved With The Law
- 81% Able To Care For Self
- 40% Still Employed
- 20% Volunteer Work
- 54% USING CMHCs - 46% OUT OF SYSTEM!
- 67% of Those Med Checks Only Every 3-6 Months
- 68% Had Moderately Close To Close Friends – Reconstitution Of Social Skills

What Vermonters said helped the recovery process ………….

- Decent housing, food, and clothing #1
- People with whom to be
- Ways to be productive citizens
- Ways to manage medication and symptoms
- Individual treatment planning & case management
- Integration into the community

WHAT THE VERMONT SUBJECTS SAID MADE THE MOST DIFFERENCE IN THEIR STRUGGLES TOWARD RECOVERY

- “SOMEONE BELIEVED IN ME”
- “SOMEONE TOLD ME I HAD A CHANCE TO GET BETTER”
- “MY OWN PERSISTENCE”

- Translates to hope and hope connects with natural self-healing capacities

I stand in absolute awe of how they reclaimed their lives when the DSM-5 and much of psychiatry still expects downhill course or achievement of only marginal levels of functioning!!

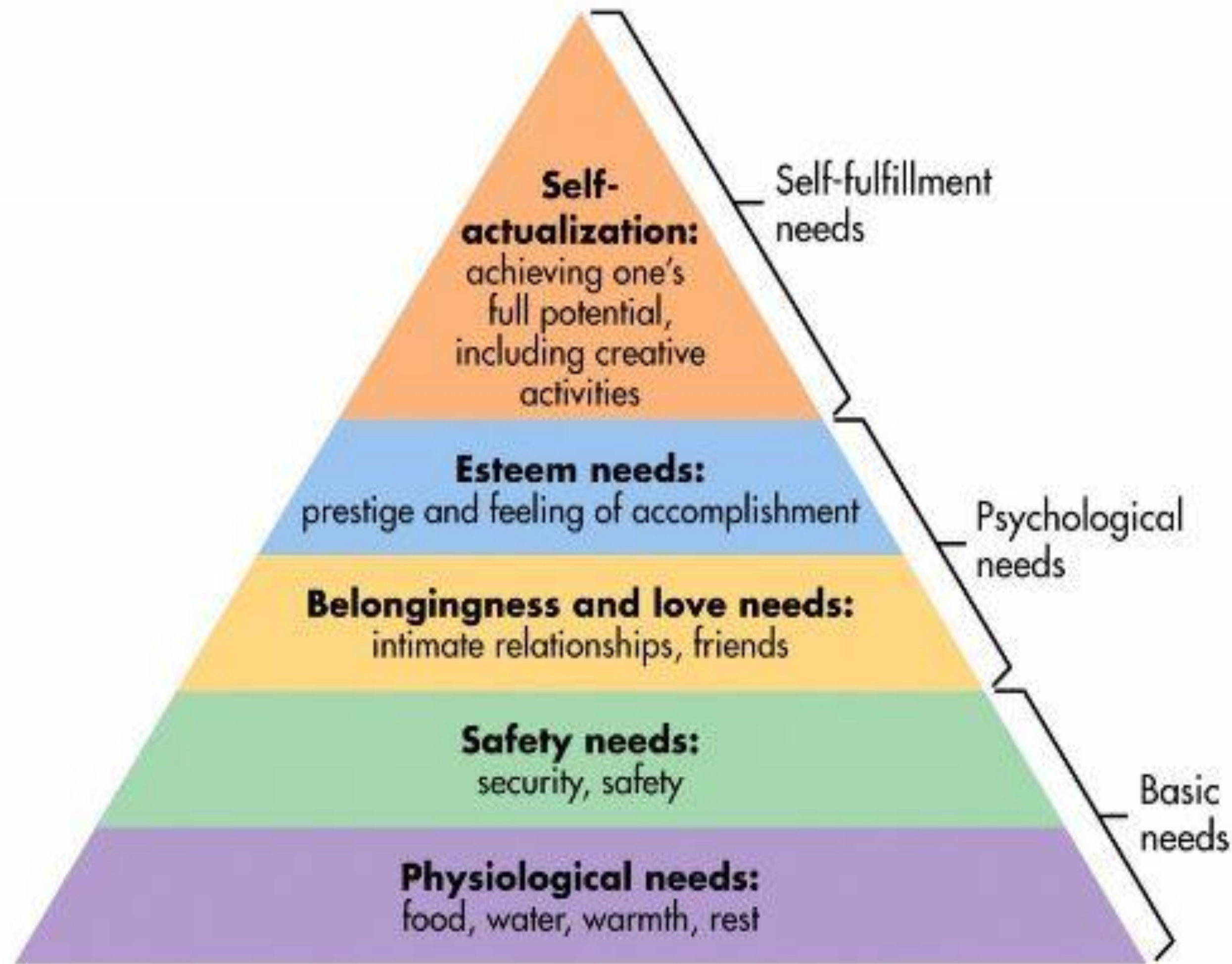
The Major Finding of the Eleven Contemporary Long-term Studies

- **Almost half to two thirds of every sample with serious psychiatric disorders such as schizophrenia (now being called psychosis spectrum disorders) have significantly improved or recovered when studied as intact groups across 2-3 decades of follow along studies.**

IN 1991, DR. DAN GOTTLIEB SAID:

- "The power of the human spirit to sustain grief and loss and to renew itself with hope and courage defies all description"

Abraham Maslow (1943) Hierarchical Needs



8 Dimensions of Wellness SAMHSA - 2016

1) Emotional
2) Environmental
3) Financial
4) Intellectual
5) Occupational
6) Physical
7) Social
8) Spiritual

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WHAT DO PEOPLE THINK THAT THEY ARE RECOVERING FROM?

- Loss of self, connection, & hope
- Loss of roles and opportunities
- Devaluing and disempowering programs, practices, and environments Prejudice and discrimination in society
- Internalized oppression and shame

(Spaniol, Gagne, Koehler, 1999)

The Effects of Stress

- The most important force shaping grit and resilience is stress.

- The more toxic the stress, the harder it is on the neurobiological substrate.
    - Southwick et al, 2011

Different challenges = different kinds of treatment approaches, = different kinds of resilience?

- Bereavement
- Disasters
- Rape
- Combat
- Terrorism
- Poverty
- Behavioral health problems
- Illnesses, such as cancer
- Physical Disabilities

So what is resilience?

"We know perfectly well what resilience means until we listen to someone else try to define it."

- **(G. VAILLANT, 1993)**

DICTIONARY DEFINITION OF RESILIENCE

- Used in English since 1626 !
- "The (*or* an) act of rebounding or springing back; rebound, recoil."
- "Elasticity-the power of resuming the original shape or position after compression, bending, etc."
  - THE OXFORD ENGLISH DICTIONARY (2006)

TEXTBOOK DEFINITIONS

- Symptom-free functioning following trauma exposure
- Positive adaptation despite adversity
- Enhanced psychobiological regulation of stress/fear related brain circuitry/neurotransmitters and hormones

Southwick et al, 2011

A CLINICAL DEFINITION

"the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of threats" APA 2011

MORE CLINICAL DEFINITIONS

- The ability to recover from a life challenge (such as serious illness or trauma)
- A natural urge toward health
- Promotes the healing process

DEFINITION FROM A FAMILY MEMBER

- "Resilience is the life force that flows and connects every living thing, continually prompting regeneration and renewal."

A. DEVESON, 2003

Definitions from people with lived experience

- Taking back control
- Reinventing one's self
- The triumph of the human spirit

History of Research

- Focus was mostly on children & adolescents
- Little on families
- Even less on adults and older adults
- Practically none in serious and persistent mental illnesses except by those people with the “lived experience” or persons related to them

ADOLESCENTS

More thoughts on subject….

- Literature divided into two groups

1) Response to crisis (STATE)
   - "Active process of self-righting and growth" (O'Connell-Higgins)
   - "Catalytic modification of response to the risk situation." (Rutter)

2) Residual capacity (TRAIT)
   - "Return to patterns of adaptation & competence" (Garmezy)
   - "Ordinary magic" (Masten)

MULTIDIMENSIONAL

- Interplay between type and severity
- Genetic predisposition & epigenetics
- Personality
- Environmental context
- Social supports and relationships (family, community and culture and governmental response.)
- Needs interdisciplinary team & research

Some people thinks resilience is both PROCESS AND OUTCOME

- PROCESS:
- cognitions, emotional reactions, leading to active coping and seeking social supports

- OUTCOME:
- biological, psychological, social behavioral, cognitive variables
- symptom free functioning,
- functioning well in spite of trauma-related psychopathology

ADDITIONS TO THE CONVERSATIONS………..

- **Much more complicated than originally thought**
- **Resilience may be an ever changing process mechanism not an outcome (succumb, survive, or thrive) or all three over time**
- **Need to know what to measure, how to measure and when to measure**

MULTIPLE COMPLEXITIES

- PHYSICAL RESILIENCE
- COGNITIVE RESILIENCE
- EMOTIONAL RESILIENCE
- SPIRITUAL RESILIENCE
- In same person at different levels and changing constantly (e.g. Like Piaget's horizontal décalage concept)
    - Dukes and Harding, 2008

New Terms Used by Some Investigators

- RESISTANT to trauma = no symptoms or response
- RESILIENCE in the face of trauma = mod to severe trauma stress and fast decrease
- RECOVERY from trauma = mod or severe response and gradual decrease

THINGS THAT SEEM TO GET IN THE WAY
(If you do it all the time)

- Negative emotionality (pessimism, actively create problems for themselves or self-fulfilling prophesies)
- Wishful thinking, self-blame, escape or avoidance
- Predicts future problems
  - Watson, David, & Suls, 1999 & Merton, 1948

THINGS THAT SEEM TO GET IN THE WAY - 2

- <u>Behavioral disengagement</u>
- (Giving up, daydreaming, taking mind off problems)
- <u>Mental disengagement</u>
- (venting emotions, pretending that the problems are not real/denial, or not likely to accept what occurred)

Some Clinical Problems in Need of Solutions

- Not recognizing that every person has a culture
- Or the need for more spiritual options
- Not dealing with human sexuality
- Increasing amount of metabolic syndrome
- Large amount of polypharmacy
- Not applying Social Learning EBP

Healthy People 2020
Significant Behavioral Health Disparities

- Based on racial or ethnic groups
- Religion
- Socioeconomic status
- Gender
- Age
- Mental health
- Cognitive sensory or physical disability
- Sexual orientation or gender identity
- Geographic location
- Transition age youth and young adults

Behavioral Health Services – Newer Style

- Broadening the focus
- to develop meaning and purpose
- Hope and optimism
- Self-respect and self-determination
- Learning coping strategies
- Taking a journey together
- Growing past the disability to further development of personality, meaningful goals, attributes, finding strategies and resources

More Measures Added In to the Treatment plan

- Strengths
- Interests
- Early goals
- Hopes
- Dreams
- Community-keeping behaviors
- Personality styles
- How did the person get into such a muddle?
- Temperament into account
- Coping strategies strengthened

Best Environment

- Promotes competence, autonomy, and relatedness
- Having a resilient attitude toward failure
- Providing connection, growth of ability and opportunity, belonging, and independence
  - Southwick et al, 2011

Clinicians and Culture at Critical Clinical Junctions

- Cultural response to trauma involves reconstruction of meaning and
- Protective factors such as personality, optimism, cognitive styles, and attributions, worldview, social supports, beliefs about illness, and health, and healing practices.
    - » Bell, 2011

ACTIVITIES THAT HELP INCREASE RESILIENCY

- Look for opportunities for self-discovery
- Nurture a positive point of view of yourself
- Keep things in perspective
- Maintain a hopeful outlook
- Take care of yourself
- Journaling, meditation, spiritual practices

ACTIVITIES THAT HELP INCREASE RESILIENCY

- Make connections
- Avoid seeing crises as insurmountable problems
- Accept that change is part of living
- Move toward your goals
- Take decisive action

MORE FROM ACADEMICS

- Positive psychology (Seligman, 2000) (eg. Resilience, courage, joy, altruism, honesty, perseverance etc., not pathology)
- Human nature or temperament (Pinker, 2002)
- Hardiness (old & new term)

Approaches that seem to help

- Optimism
- Faith
- Objective well being
- Creativity
- Forgiveness
- Perseverance
- Social and family supports
- Viewing one's life as meaningful
- Adaptability
- Tolerance
- Self reliance,

Best Environment

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A VISION STATEMENT

- "PEOPLE, FACING SERIOUS LIFE CHALLENGES (SUCH AS SERIOUS ILLNESS, DISABILITY AND/OR DISADVANTAGE), ARE RESILIENT AND CAN SIGNIFICANTLY IMPROVE AND OFTEN RECOVER………………

VISION STATEMENT CONTINUED

- …..WHEN THEY HAVE ACCESS TO KNOWLEDGE, SELF-HELP RESOURCES, SKILLED PROFESSIONALS, SUSTAINING ENVIRONMENTS, AND SOCIAL JUSTICE."
  - » **(HARDING, DEEGAN & RIDGWAY, 2001)**

"Hope can arrive only when you recognize that there are real options and that you have genuine choices."

Jerome Groopman, MD (2004)

RESILIENCE TAKES A COMMUNITY

THE BOTTOM LINE

- HOPE, RESILIENCE, PURPOSE, AND MEANING

THE CHINESE PROVERB
illustrated by Dr. Su-Ting Hsu

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MANY THANKS FOR ALLOWING ME THIS PRIVILEGE TODAY