Guiding Principles:

Resilience and Recovery
The New England Mental Health Technology Transfer Center has as its overarching aim “using evidence-based means to disseminate evidence-based practices” to promote the resilience and recovery of persons at risk for, living with, or recovering from mental health conditions and their loved ones. Based on the core characteristics of wraparound services for children/youth and families, as defined by the National Wraparound Initiative,¹ and recovery-oriented care, as defined by the U.S. Substance Abuse and Mental Health Services Administration², these practices will be consistent with the following principles:

Resilience and recovery are based on respect.

Community, systems, and societal acceptance and appreciation for persons affected by mental health concerns—including protecting their rights and eliminating discrimination—are crucial to promoting resilience and pursuing recovery. There is a need to acknowledge that taking steps in this direction may require great courage on the part of individuals and families. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one’s self are particularly important.

Resilience and recovery emerge from hope.

The belief that resilience and recovery are real provides the essential and motivating message of a better future: that people can be resilient and can overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, and providers. Hope is a catalyst of resilience and recovery processes.

Resilience and recovery are family- and person-driven.

For children and youth experiencing mental health difficulties, child/youth and family perspectives are intentionally elicited and prioritized during all phases of service provision. Planning is grounded in family members’ perspectives, and the team strives to provide options and choices such that the plan reflects family values and preferences. For adults, self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.
Resilience and recovery occur via many pathways.

Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds that affect and determine their pathways to resilience and recovery. Both resilience and recovery are built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each person and family. As a result, care pathways are highly individualized. To achieve the goals laid out in the care plan, the care team develops and implements a customized set of strategies, supports, and services. These may include professional clinical treatment; use of medications; support from families and in schools; peer support and mentoring; faith-based approaches; and other interventions. Resilience and recovery are also non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of life—and therefore recovery—it is essential to foster resilience in all individuals and families.

Resilience and recovery are holistic.

Resilience and recovery encompass an individual’s whole life, including mind, body, spirit, family life, and community. This recognition suggests the need for team-based care which can address: prevention, crisis intervention, self-care practices, family support, housing, education, employment, clinical care, community-based services and recovery supports, natural supports, primary health and dental care, faith, spirituality, complementary and alternative services, creativity, social networks, transportation, and community participation. The array of services and supports available should be coordinated, if not integrated.

Resilience and recovery are community-based and promoted through collaboration.

Care team members work collaboratively and share responsibility for developing, implementing, monitoring, and evaluating each care plan in partnership with the child/youth and family or adult. The plan reflects an integration of the child/youth and family’s—or adult’s—and team members’ perspectives, mandates, and resources. The plan guides and coordinates each team member’s work towards meeting the family or person’s goals. The care team implements service and support strategies that take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible; and that safely promote individual and family integration into home and community life.

Resilience and recovery are supported by peers and allies.

Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, may play an invaluable role in resilience and recovery. Families can support families, and peers can encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one’s self as well. Peer-operated supports and services provide important resources to assist persons and families along their journeys of resilience, recovery, and wellness. The roles of peers and allies may be different for adults and for children/youth and their families. Both families as a whole and youth can benefit from supports provided by their respective peers, and allies can also play roles for families as a whole.
Resilience and recovery are supported through relationships and social networks.

An important factor in promoting resilience and recovery is the presence and involvement of people who believe in the person and family’s abilities to face and overcome their difficulties; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, growth, autonomy, social inclusion, and full citizenship.

Resilience and recovery are culturally-based and influenced.

Race, ethnicity, gender, sexual orientation, and other differences in cultural background in all of its diverse representations—including values, traditions, and beliefs—are keys in determining a person and family’s journey and unique resilience or recovery pathways. Care should demonstrate respect for and build on the values, preferences, beliefs, culture, and identity of the child/youth and family or adult, and their community. Care should be culturally and linguistically appropriate as well as personalized to meet each individual’s unique needs. Whenever possible, services and supports should be provided in the language of preference of the persons, families, and communities being served.

Resilience and recovery are supported by addressing trauma.

The experience of trauma (such as physical or sexual abuse, domestic violence, war, natural disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health difficulties, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, growth, health, empowerment, and collaboration.

Resilience and recovery involve individual, family, and community strengths and responsibility.

Individuals, families, and communities have strengths and resources that serve as a foundation for resilience and recovery. Families and significant others have responsibilities to support their loved ones, especially children and youth. Care plans identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child/youth and family and their community. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion. Adults have a personal responsibility for their own self-care and, when in recovery, also have a social responsibility and should have opportunities to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.
In addition to disseminating resilience and recovery-oriented practices, the New England MHTTC assists states to offer evidence-based practices within the context of an overarching resilience and recovery-oriented system of care. While such systems need to take into account the ways in which care needs and provision evolve across the life span, the main function of these systems is to provide developmentally appropriate services and supports that promote the resilience and/or recovery of children/youth and their families, adults, and elders. This concept was developed with field input by SAMHSA and is described as a coordinated network of community-based services and supports that is family and person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve improved health, wellness, and quality of life for those at risk of, with, or recovering from for mental health difficulties. In addition, a resiliency and recovery-oriented system of care:

- **Is unconditional and does not give up on**, blame, or reject children, youth, adults, and their families for their difficulties. When faced with challenges or setbacks, care teams continue working towards meeting the needs of the person and family and towards achieving the goals in the care plan until an agreement is reached that care is no longer desirable or necessary.

- **Is designed to be accessible, welcoming, and easy to navigate** and provides individuals and families with more options with which to make informed decisions regarding their care;

- **Encompasses a menu of individualized, family and person-centered, culturally responsive, and strength-based services.** This menu includes clinical care as well as recovery support services. Recovery support services include supported housing, employment, and education; peer recovery coaching and other forms of family and individual peer support; peer-run programs and recovery community centers; social and family support, including child care; and care management;

- **Is research-based and outcomes-driven**, involving youth and adults in recovery, their families and allies, and the broader community in continually improving access to and quality of services;

- **Is anchored in the community**, offers outreach to individuals and families in need who are not yet engaged in care, and supports the premise that there are many pathways to promoting resilience and recovery;

- **Ensures continuity of care over time** and coordinated and integrated services;

- **Is adequately and flexibly financed**;

- **Is assessed and monitored using observable or measurable indicators of success**, and revises care plans accordingly on a regular basis.
To ensure the responsiveness of our work, we actively foster, develop and maintain Region 1 alliances among culturally diverse community stakeholders including service users, persons in recovery, youth, and family members; researchers and evaluators; and mental health providers, policy makers, administrators, and system leaders from each of the six states to guide New England MHTTC activities. We have established and will nourish a culture of learning, offering a range of training and technical assistance activities throughout the New England region, from universal and targeted technical assistance to intensive learning collaborative that offer in depth, interactive experiences over time.

The New England Mental Health Technology Transfer Center can be accessed through our website at http://www.mhttcnetwork.org/newnengland. You can also contact us via email (newengland@mhttcnetwork.org) or phone (617.467.6014).

Endnotes
