

Advanced therapeutic interventions for sustained recovery: A structured group approach

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Mental health recovery is a multifaceted journey that requires interventions tailored to the evolving needs of individuals as they progress beyond initial treatment stages. Recognising the gap in services for those in advanced stages of recovery, this study evaluates the efficacy of the Advanced Skills Group (ASG) programme, a pioneering initiative designed to address this underserved population. The ASG programme integrates advanced therapeutic techniques such as cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT), and mindfulness-based stress reduction (MBSR) to provide targeted support. This quasi-experimental study enrolled 24 participants who had been in recovery for at least one year and demonstrated stability in managing acute symptoms. The programme's effectiveness was assessed through a 12-week course, with evaluations using standardised psychological scales before and after the intervention. The results showed significant improvements in psychological well-being, with reductions in anxiety and depression symptoms as measured by the GAD-7 and PHQ-9 scales. Improvements in distress tolerance, emotional regulation, and interpersonal effectiveness were also reported by a significant majority of participants. Participant feedback highlighted high satisfaction with the programme, emphasising the quality of facilitation and the relevance of the skills taught. The findings suggest that the ASG programme effectively fills a critical gap in mental health services, providing a model for future programmes aiming to support individuals in advanced stages of recovery. This study underscores the importance of tailored interventions and advocates for their broader adoption in mental health settings to enhance long-term recovery outcomes.

Keywords: advanced recovery; cognitive behavioural therapy; dialectical behaviour therapy; mental health interventions; mindfulness-based stress reduction

The continuum of mental health services – ranging from crisis intervention to long-term recovery support – plays a pivotal role in addressing individuals' diverse and evolving needs (Davidson, 2016). At the onset of mental health challenges, immediate crisis intervention focuses on stabilising individuals and managing acute symptoms. This initial phase often involves emergency services (Murphy, 2007), psychiatric evaluation (Cosci et al., 2012), and short-term interventions aimed at reducing distress and ensuring safety (Stanley & Brown, 2012). As individuals progress beyond crisis stabilisation, they transition into the early stages of recovery, where the emphasis shifts towards establishing a foundation for long-term well-being. During this phase, interventions such as psychoeducation, medication management, and individual therapy are commonly utilised to equip individuals with coping skills and support networks necessary for sustained recovery (Mueser et al., 2006).

While these early interventions are undeniably crucial, a significant gap emerges as individuals advance further along their mental health recovery journey (Woods, 2001). This gap becomes particularly evident for individuals who have surpassed the initial stages of recovery and now face a multitude of challenges unique to their advanced stage. These challenges may include maintaining long-term progress, navigating complex emotional landscapes, and safeguarding against subtle forms of relapse. Standard therapy groups and interventions, which are typically designed for individuals in the early stages of recovery, may fall short in providing the nuanced and tailored support needed by those in advanced stages. As a result, individuals in advanced recovery may experience barriers to continued growth and may struggle to find resources that effectively address their evolving needs (Walsh, 2002).

This recognition of the service gap for individuals in advanced stages of mental health recovery served as the catalyst for the development of the Advanced Skills Group (ASG) programme. The ASG programme represents a new initiative specifically tailored to meet the needs of individuals who have progressed beyond basic therapeutic interventions. Rooted in evidence-based practices and informed by the experiences of individuals in advanced recovery, the ASG programme offers a comprehensive and structured approach to mental health support. By integrating advanced therapeutic techniques such as cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT), and mindfulness-based stress reduction (MBSR), among others, the ASG programme addresses the multifaceted needs of participants while promoting sustained well-being and empowerment. Through a combination of psychoeducation, skill-building exercises, and group discussions, participants are equipped with the tools and insights necessary to navigate the complexities of their ongoing recovery journey with confidence and resilience (Franczak et al., 2016; Manuel et al., 2018; Rejojo-Howell, 2021).

Despite considerable advancements in mental health interventions, the predominant focus remains skewed towards the initial stages of recovery (Andresen et al., 2006; Perkins & Slade, 2012; Roberts & Wolfson, 2004). This oversight perpetuates a systemic gap in services tailored for individuals who have surpassed basic therapeutic interventions and now require more nuanced and complex support systems. Consequently, individuals may find themselves stagnating in their recovery journey due to a lack of appropriate resources that cater to their evolved needs (Halkier & James; 2016; Healy, 2012; Rejojo, 2018).

Enter the ASG, a pioneering initiative designed explicitly to address this service gap. The ASG offers a structured, evidence-based environment meticulously crafted to support individuals in the advanced stages of recovery. The programme's overarching objective is to equip participants with sophisticated coping mechanisms and a deeper psychological insight, thereby facilitating continued growth and preventing regression. At the core of the ASG's approach lies the integration of advanced CBT, DBT, and MBSR, among other cutting-edge methodologies, all tailored to address the multifaceted needs of its participants.

The primary aim of the ASG is threefold: firstly, to provide advanced psychoeducational tools and techniques meticulously tailored to sustain and enhance mental health recovery; secondly, to foster a supportive community that encourages in-depth discussion and mutual aid among participants, thus nurturing a sense of belonging and camaraderie essential for sustained progress; and finally, to rigorously evaluate the effectiveness of advanced therapeutic interventions within a group setting, with the intent of serving as a model for future programmes. Through these concerted efforts, the ASG endeavours to enhance the quality of life for individuals advanced in their mental health recovery, ushering in a new era of comprehensive and tailored support systems.

Despite considerable advancements in mental health interventions, the predominant focus remains skewed towards the initial stages of recovery. This oversight perpetuates a systemic gap in services tailored for individuals who have surpassed basic therapeutic interventions and now require more nuanced and complex support systems (Faber et al., 2023). Consequently, individuals may find themselves stagnating in their recovery journey due to a lack of appropriate resources that cater to their evolved needs.

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METHODS

This study utilised a quasi-experimental design to assess the Advanced Skills Group (ASG) programme's efficacy, which specifically supports individuals in advanced stages of mental health recovery. Participants, selected from a pool that had been in active recovery for at least one year and had shown stability in managing their acute mental health symptoms, were required to have a minimum recovery period and a healthcare provider's recommendation. The 12-week programme consisted of weekly 90-minute sessions, with group sizes ranging from 8–12 participants.

The ASG incorporated multiple evidence-based therapeutic techniques to meet the complex needs of individuals at advanced recovery stages. These techniques included:

1. *Advanced cognitive behavioural therapy (CBT)*: This involved schema therapy to identify and alter entrenched belief systems, and cost-benefit analysis to evaluate thought patterns and behaviours critically.
2. *Dialectical behaviour therapy (DBT)*: Participants practised exercises aimed at improving emotional regulation, distress tolerance, and interpersonal effectiveness. The focus was on mastering these skills through practical, group-based activities.
3. *Mindfulness-based stress reduction (MBSR)*: This technique used advanced mindfulness exercises to enhance self-awareness and emotional control, essential for ongoing recovery.
4. *Narrative therapy*: This therapy encouraged participants to rewrite their personal narratives to better align with their recovery goals, thereby fostering a renewed sense of agency and purpose.

These integrated interventions were aimed at equipping participants with the tools necessary for sustained growth and preventing regression, addressing the gap in services for individuals at this recovery stage (Shaver et al., 2023). The programme also intended to foster a community environment where participants could engage in deep discussions and mutual aid, enhancing their sense of belonging and shared recovery journey.

Study design and participants

This study employed a quasi-experimental design to evaluate the effectiveness of the Advanced Skills Group (ASG), a specialised therapeutic programme targeting individuals in advanced stages of mental health recovery. Participants were recruited from a diverse pool of individuals who had been in active recovery for at least one year and demonstrated stability in managing acute symptoms related to their mental health condition.

Eligibility criteria included a minimum recovery period of one year and a recommendation from a healthcare provider. Recruitment efforts involved collaboration with local mental health clinics and community centres, which helped identify potential participants. The study was advertised through flyers and online posts on community mental health forums, with additional outreach conducted via email through local mental health service providers.

Screening for eligibility was conducted through initial phone interviews, followed by in-person meetings to ensure a thorough assessment of each candidate's suitability for the intensive nature of the programme. This dual-step screening process ensured that all participants met the necessary criteria for stability and readiness to engage in the programme, thus aligning with the study's aim to provide targeted therapeutic intervention.

The programme was designed to run for 12 weeks with weekly sessions, each lasting 90 minutes. Each session was structured to accommodate a cohort of 8–12 participants, fostering an environment conducive to group dynamics and individual participation. This small group format was critical in ensuring personalised attention and support from the facilitators while allowing participants to form a supportive community, enhancing the therapeutic impact of the programme.

Ethical considerations

The implementation of the ASG programme was rigorously guided by ethical considerations to ensure the safety, privacy, and well-being of all participants. Ethical approval for the study was obtained from the Institutional Review Board (IRB), which reviewed all research protocols to ensure they adhered to national and international ethical standards.

Informed consent was a critical component of the recruitment process. All participants were provided with detailed information about the study's aims, the nature of the interventions, potential risks, and benefits, and their rights as study participants, including the right to withdraw from the study at any time without any consequences. This consent was obtained in writing before any assessment or therapeutic intervention began.

Confidentiality was strictly maintained throughout the study. All data collected were anonymised and securely stored, accessible only to the research team. Any publications or presentations resulting from the study ensure that no participant could be individually identified from the presented data. Additionally, the study was designed to minimise potential harm to participants. The therapeutic interventions were administered by licensed clinical social workers with extensive experience in handling sensitive mental health issues, ensuring that all therapeutic activities were conducted safely and ethically. Participants were also provided with access to additional mental health support if needed, to address any distress or issues arising from their participation in the study.

These ethical practices were integral to the study's design and implementation, ensuring that the research was conducted responsibly and with respect for the dignity and rights of all participants.

Procedure

The programme was meticulously structured, with each session crafted to progressively introduce and build upon the described therapeutic techniques. The initial sessions were devoted to setting group norms and ensuring confidentiality, which established a safe and structured environment for all participants. As the programme progressed, the depth and complexity of the interventions increased, ensuring participants developed their skills effectively.

The facilitation of the sessions was carried out by licensed clinical social workers, who are experts in mental health. Their role was critical in guiding the sessions and ensuring that each participant was fully engaged and could derive maximum benefit from the material presented.

Each session of the ASG programme was meticulously planned to not only introduce but also build upon the therapeutic techniques discussed previously. The sessions were structured around a central theme for the week, which aligned with the overarching recovery goals of the programme.

The typical session began with a brief review of the previous session's content and participant reflections on their experiences applying the learned techniques during the week. This review was followed by a structured teaching segment where facilitators introduced new concepts and techniques. For example, one session might focus on advanced mindfulness exercises, while another might delve into deeper aspects of DBT such as distress tolerance or interpersonal effectiveness.

Participants then engaged in practical, hands-on activities designed to practice the new skills in a supportive group setting. These activities included role-playing scenarios to enhance interpersonal

skills, guided visualisation practices to improve emotional regulation, and group discussions where participants could share insights and personal experiences related to the therapy techniques.

Each session concluded with a wrap-up discussion and the setting of personal goals for the following week, where participants planned how they would apply the new skills in their daily lives. Facilitators also provided handouts and resources for further reading and practice outside of the group sessions, ensuring continuous engagement and learning.

This detailed session structure was critical in ensuring that participants could progressively deepen their understanding and application of the therapeutic techniques, thus fostering a cumulative effect on their mental health recovery.

Data collection and analysis

Data collection was a vital component of the study, encompassing pre- and post-intervention assessments to gauge the programme's effectiveness accurately. These assessments included standardised psychological scales, which are recognised for their reliability and validity, and participant feedback forms that provided qualitative insights into the participants' experiences.

The collected data was thoroughly analysed to measure improvements in psychological well-being, enhancement of coping strategies, and overall participant satisfaction with the programme. Statistical methods were employed to compare scores from before and after the programme, providing a quantitative measure of the programme's impact on mental health recovery. This rigorous approach to data analysis ensured that the findings were robust and provided a clear picture of the programme's effectiveness.

To comprehensively assess the long-term effectiveness of the ASG programme, a structured follow-up plan has been implemented. This plan is crucial for understanding the sustained impact of the therapeutic interventions on participants' mental health recovery over time.

The follow-up strategy involves scheduled assessments at 3, 6, and 12 months post-intervention. These assessments are designed to measure the same psychological well-being and coping strategy metrics used in the initial post-programme evaluation, allowing for consistent data comparison over time. The long-term follow-up will help identify any enduring benefits of the programme, as well as any potential for regression in participants' mental health status.

Participants have consented to these follow-up assessments during their initial enrolment in the study, with reminders and support provided by the research team to encourage continued participation. Additionally, the follow-up includes optional monthly check-in calls to offer participants ongoing support and to gather qualitative data on their recovery progress. These calls are intended to provide insights into how participants are applying the skills and techniques learned in the ASG programme in their everyday lives and to identify any barriers they encounter.

Data from these long-term assessments will be crucial for refining the programme and adjusting it to better meet the needs of individuals in advanced stages of mental health recovery. This ongoing evaluation will also contribute to the broader mental health field by providing evidence on the effectiveness of structured, long-term therapeutic support.

RESULTS

Participant demographics and completion rates

The study enrolled a total of 24 participants across two cohorts of the Advanced Skills Group. All participants met the eligibility criteria, including a minimum of one year in recovery and stability in acute symptom management. The completion rate for the programme was 92%, with 22 participants completing the full 12-week course. These demographic details are summarised in Table 1, which provides an overview of the programme's scope and participant criteria.

Table 1
Advanced Skills Group programme overview

Section	Details
Purpose	Address unique needs in mental health recovery for individuals advanced in their recovery journey.
Scope	12-week programme with weekly sessions, targeting a cohort of 8-12 participants.
Methods	Integrates advanced CBT, DBT skills, and MBSR among other evidence-based practices.
Eligibility	Participants must have been in active recovery for at least one year and stable in acute symptoms.
Objectives	Enhance coping skills, develop psychological insights, prevent relapse, and support community.
Expected benefits	Advanced skills development in handling personal mental health challenges, fostering resilience, and promoting long-term well-being.

Changes in psychological well-being

Pre- and post-intervention assessments showed significant improvements in psychological well-being among participants. The Generalized Anxiety Disorder 7-item (GAD-7) scale and the Patient Health Questionnaire-9 (PHQ-9) were used to measure anxiety and depression symptoms respectively. Statistical analysis revealed a marked decrease in mean scores on both scales: GAD-7: pre-intervention mean = 10.2, post-intervention mean = 5.4 ($p < 0.01$); PHQ-9: pre-intervention mean = 12.3, post-intervention mean = 6.1 ($p < 0.01$). These results, indicating a significant reduction in symptoms of anxiety and depression, are detailed in Table 2, which outlines changes in well-being and coping strategies with precise statistical measures.

Table 2
Statistical analysis of ASG programme outcomes

Outcome measure	Description	M (Pre-intervention)	M (Post-intervention)	Statistical significance	Additional Statistical Details
Generalized Anxiety Disorder 7-item (GAD-7) Scale	Measures anxiety symptoms	10.2	5.4	$p < 0.01$	Effect Size: 1.2, Confidence Interval: 95% CI (0.8, 1.6)
Patient Health Questionnaire-9 (PHQ-9)	Measures depression symptoms	12.3	6.1	$p < 0.01$	Effect Size: 1.3, Confidence Interval: 95% CI (0.9, 1.7)
Distress Tolerance	Participant-reported improvement in managing distress	N/A	86% improvement noted	a	Test of Proportion: $p < 0.01$
Emotional Regulation	Participant-reported improvement in emotional regulation	N/A	91% improvement noted	a	Test of Proportion: $p < 0.01$
Interpersonal Effectiveness	Participant-reported improvement in handling interpersonal relationships	N/A	88% improvement noted	a	Test of Proportion: $p < 0.01$

^a Reported as percentage

Improvements in coping strategies

Participants reported enhanced coping mechanisms, as evidenced by their responses on customised scales focusing on distress tolerance, emotional regulation, and interpersonal effectiveness. Significant improvements were observed in participants' ability to manage stress and emotional distress, with the majority reporting better emotional regulation and increased efficacy in handling interpersonal relationships: (1) Distress Tolerance: Improvement reported by 86% of participants; (2) Emotional Regulation: Improvement reported by 91% of participants; (3) Interpersonal Effectiveness: Improvement reported by 88% of participants. Table 2 quantifies these improvements, highlighting the robust gains in critical areas of mental health recovery.

Participant feedback and satisfaction

Feedback collected through participant surveys indicated high levels of satisfaction with the programme. Key areas highlighted included the quality of the facilitation, the relevance of the skills taught, and the supportive group environment. On a scale from 1 (poor) to 5 (excellent), the average satisfaction rating was 4.7. Qualitative feedback emphasised the value of the advanced techniques and community support in sustaining their recovery. This feedback is further supported by Table 3, which summarises the intervention techniques and their outcomes, reinforcing the structured and evidence-based approach of the programme.

Table 3
 Summary of intervention techniques and outcome measures

Technique/Intervention	Description	Outcome Measures
Advanced CBT techniques	Schema therapy, cost-benefit analysis focusing on cognitive distortions	Changes in cognitive distortions, belief systems
Mindfulness-based stress reduction (MBSR)	Advanced mindfulness exercises to enhance self-awareness and emotional control	Mindfulness Questionnaire scores, self-reported stress and emotional well-being levels
Dialectical behaviour therapy (DBT)	Exercises to improve emotional regulation, distress tolerance, and interpersonal effectiveness	Improvement in distress tolerance, emotional regulation, and interpersonal effectiveness
Narrative therapy	Storytelling sessions to reframe personal narratives and analyse life stories	Qualitative analysis of narrative changes

DISCUSSION

The results from the Advanced Skills Group (ASG) programme indicate significant improvements in psychological well-being and coping strategies among individuals in advanced stages of mental health recovery. The reduction in GAD-7 and PHQ-9 scores underscores the effectiveness of the integrated therapeutic interventions such as CBT, DBT, and MBSR. These findings highlight the importance of tailored interventions that address the specific needs of individuals beyond the initial phases of mental health recovery.

The ASG effectively fills a notable service gap by providing advanced psychoeducational tools and fostering a supportive community environment. By integrating evidence-based therapeutic techniques, the ASG offers a structured programme that supports continued growth and prevents regression for individuals in advanced stages of recovery. The programme's emphasis on enhancing coping skills, developing psychological insights, and preventing relapse aligns with the unique challenges faced by individuals in this phase of recovery.

While the results are promising, it is important to acknowledge the limitations of the study. The quasi-experimental design and the absence of a control group limit the ability to definitively attribute improvements solely to the intervention. Additionally, the small sample size and specific demographic characteristics of participants may affect the generalisability of the findings. Future research with a randomised controlled trial design and a larger, more diverse participant pool would strengthen the evidence for the program's effectiveness.

The ASG has demonstrated significant potential in enhancing the mental health and well-being of individuals advanced in recovery. The programme's structured approach and integration of evidence-based techniques offer a valuable resource for mental health services seeking to address the unique needs of individuals beyond the initial stages of recovery. Further research is warranted to explore the long-term effectiveness and applicability of the ASG model in diverse settings and populations.

Implications for clinical practice

The findings of this study have significant implications for clinical practice in mental health settings, particularly for individuals in advanced stages of recovery. By demonstrating the effectiveness of the ASG programme in enhancing psychological well-being and coping strategies, this research offers valuable insights for mental health professionals seeking to optimise support for their clients.

1. *Tailored interventions:* The ASG programme's success underscores the importance of tailored interventions that address the specific needs of individuals beyond the initial phases of mental health recovery. Mental health professionals can adapt similar structured programmes to provide targeted support for clients who have progressed beyond basic therapeutic interventions.
2. *Integration of evidence-based techniques:* The integration of evidence-based therapeutic techniques, such as CBT, DBT, and MBSR, highlights the importance of adopting a holistic approach to mental health treatment. Clinicians can incorporate these techniques into their practice to enhance the effectiveness of their interventions and support long-term recovery.
3. *Community support:* The emphasis on fostering a supportive community environment within the ASG programme underscores the importance of peer support in mental health recovery. Mental health professionals can encourage participation in group-based interventions and support groups to provide clients with opportunities for mutual aid, validation, and connection.
4. *Prevention of relapse:* By equipping participants with advanced coping mechanisms and psychological insights, the ASG programme aims to prevent relapse and promote sustained recovery. Clinicians can prioritise the development of relapse prevention strategies in their treatment plans, empowering clients to manage challenges effectively and maintain their progress over time.
5. *Evaluation and adaptation:* The rigorous evaluation of the ASG programme's effectiveness within a group setting serves as a model for future programmes. Mental health professionals can use similar research methodologies to evaluate the impact of their interventions and continuously adapt their approaches based on empirical evidence.

Incorporating these insights into clinical practice can enhance the quality of care provided to individuals in advanced stages of mental health recovery, ultimately improving their overall well-being and long-term outcomes.

Limitation

The study on the ASG programme acknowledges several limitations that warrant consideration. Firstly, the research design employed a quasi-experimental approach without a control group, which hinders the ability to definitively attribute observed improvements solely to the intervention. Future studies incorporating randomised controlled trials would strengthen the causal inference between the ASG program and its outcomes. Secondly, the study's sample size was relatively small, consisting of 24 participants from specific demographic groups. This limited sample size may constrain the generalisability of the findings to broader populations. Moreover, the eligibility criteria for participants, including a minimum of one year in recovery and stability in acute symptom management, may have introduced selection bias and excluded individuals with different needs or at earlier stages of recovery. Additionally, the study's short-term follow-up assessment immediately post-intervention provides only limited insight into the long-term effectiveness of the ASG program. Future research with longer follow-up periods would offer a more comprehensive understanding of the sustained impact of the intervention on mental health outcomes. Lastly, the study's facilitators were licensed clinical social workers with expertise in mental health, potentially introducing facilitator bias. Implementing measures to mitigate bias, such as blind assessment procedures, could enhance the study's methodological rigor. Despite these limitations, the ASG programme represents a significant advancement in mental health services, offering tailored support for individuals in

advanced stages of recovery. Addressing these limitations in future research endeavours would contribute to a more robust evidence base for the programme's effectiveness and applicability.

CONCLUSION

The ASG programme represents a significant advancement in mental health services, addressing the unique needs of individuals advanced in their recovery journey. Through a structured and evidence-based approach, the ASG has demonstrated effectiveness in enhancing psychological well-being, improving coping strategies, and fostering a supportive community environment.

The results of this study underscore the importance of tailored interventions that cater specifically to individuals in advanced stages of recovery. By integrating advanced therapeutic techniques such as CBT, DBT, and MBSR, the ASG offers a comprehensive programme that supports continued growth and prevents regression.

While the study has yielded promising results, further research is warranted to explore the long-term effectiveness and applicability of the ASG model in diverse settings and populations. Future studies should focus on larger sample sizes, randomised controlled trial designs, and longer follow-up periods to strengthen the evidence base for the programme's effectiveness.

In conclusion, the ASG programme represents a valuable resource for mental health services seeking to address the complex needs of individuals advanced in recovery. By providing advanced psychoeducational tools, fostering a supportive community environment, and integrating evidence-based therapeutic techniques, the ASG offers a promising approach to enhancing long-term mental health outcomes.

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