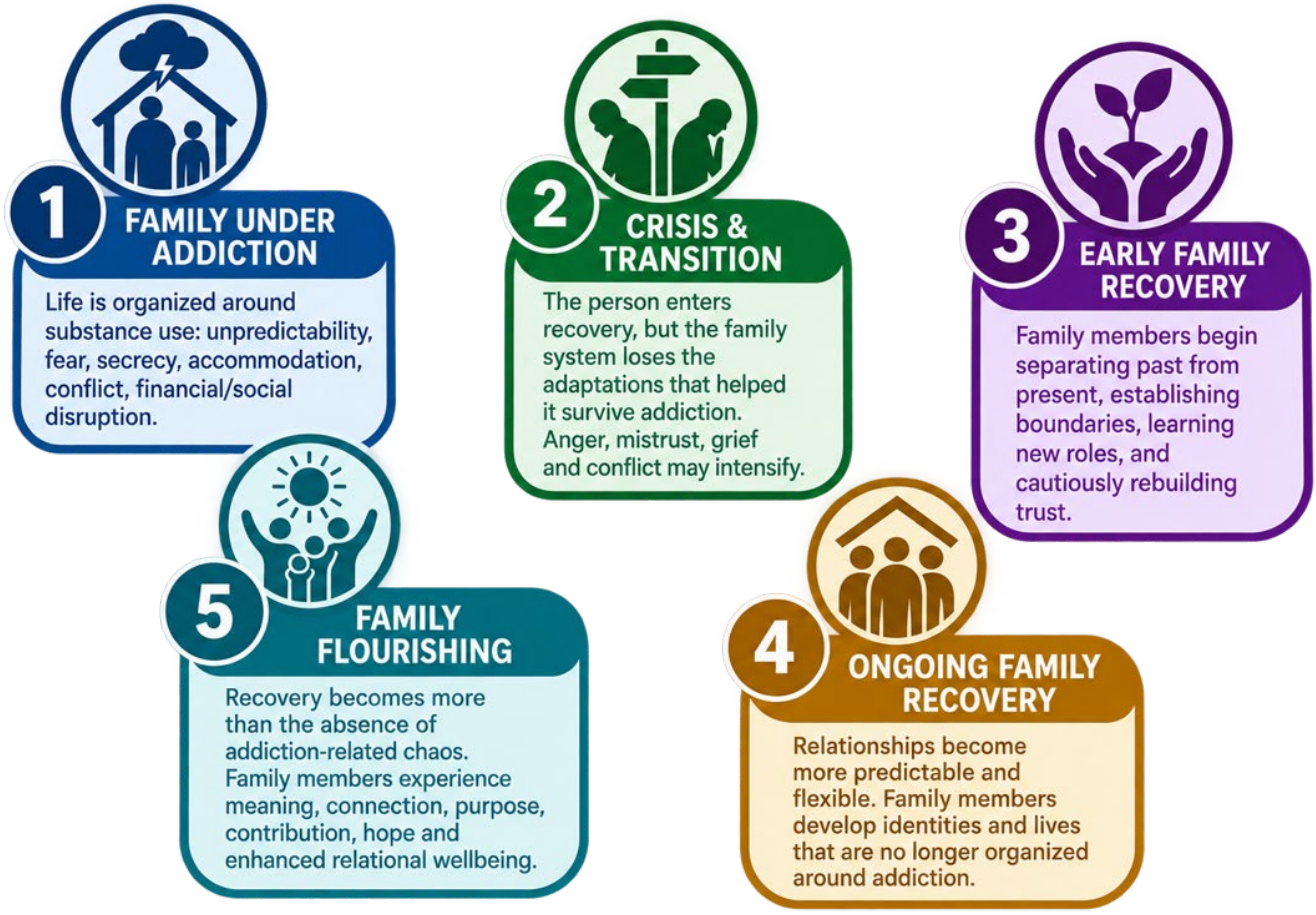
The Synergy of Family Flourishing in Addiction Recovery
Caroline Beidler, David Best PhD, William Stauffer

"The whole is greater than the sum of its parts." — Aristotle



Overview: We are articulating a strengths-based framework for understanding how families can move beyond surviving addiction toward collective healing, resilience, and flourishing. Recovery within the ecological framework of family is best viewed as a dynamic, relational process in which positive changes between respective members can reinforce one another (both positively and negatively), build shared recovery capital, and benefit the entire family constellation.

- **Family recovery is a developmental process**: Families may move through crisis and transition, early recovery, ongoing recovery, and post-traumatic growth and flourishing. These processes are not necessarily linear or synchronized, and should be the subject of considerably greater research attention.
- **Resilience can create a positive ripple effect**: Improved communication, trust, healthy boundaries, connection, and shared purpose can strengthen individual and collective recovery, although positive outcomes are not guaranteed.
- **We call for an expanded focus of both research efforts and the service model**: The paper calls for greater investment in family recovery research, family recovery capital, and community-based supports that help families heal and flourish together, involving the active participation and co-production with families at various stages of the collective recovery journey.

Addiction is not just deeply destructive to individual lives; it erodes and fragments whole families. Members become enmeshed or estranged. Lives are derailed. Claudia Black a generation ago highlighted the unspoken rules of families impacted by addiction. Do not talk about what is happening. Do not trust what you see or what you are told. Do not let yourself feel what you are feeling. These cycles can repeat intergenerationally and echo over the long term. Yet this is not the whole story. Humans are incredibly resilient. We have long seen this as an individualized process, yet when clans or tribes of people of any size support the growth of individual members, this process can be synergistic for all. It is time we focus on these facets of growth potential in the context of family recovery.

Family Under Addiction - When addiction becomes firmly ensconced within the family unit, it increasingly organizes the life of its members around use and dealing with or evading the resultant consequences. Daily life may be characterized

by unpredictability, fear, secrecy, conflict, financial and social disruption. Efforts are focused on managing or containing the pathology. Family members adapt by accommodating, rescuing, monitoring, controlling, withdrawing, or assuming responsibilities that would otherwise belong to the person experiencing addiction. Over time, these adaptations can become entrenched patterns of family life, affecting relationships, roles, trust, and the development processes of children. The family is primarily in a state of suffering and survival and can splinter and break. Members can have difficulty imagining anything different.

Within a family affected by addiction, shame, remorse, guilt, grief, anger, fear, and resentment resonate across the family system. All members are influenced by the emotional dynamics of the entire family. Addiction can alter relationships, roles, expectations, communication, and the family's sense of identity. Culture also profoundly shapes how families understand these emotions. Different cultures also carry different beliefs about family obligation, individual responsibility, addiction, honor, privacy, gender roles, spirituality, emotional expression, and help-seeking adding additional nuances to familial recovery trajectories.

What we are aiming to do in this paper is to articulate a strengths-based approach to familial post traumatic growth and resiliency, based on the ideas of recovery and recovery capital (as both a framing mechanism and a potential metric for measuring progress), but including other strengths-based approaches to outline a new approach to addressing family recovery.

Resiliency and flourishing in the family - Resiliency can emerge from these traumatic experiences. William White recently penned an important work focused on these processes, Post Traumatic Growth and Flourishing in Addiction Recovery: A Critical Review and Commentary. In this piece, he articulates in a scholarly manner something that is long known experientially in the recovery community. We are better versions of ourselves as a result of recovery. This is rarely an individual process. Recovery is a “we” thing. White describes broad areas of consideration in which we have a paucity of scientific insight. There is an emerging evidence base for post traumatic family resilience that White is building on here including the work of Dr Micheal Ungar who found that under the strain of addiction within the family system, there is resilience. Families do not merely return to their baseline; they experience a series of radical and lasting transformations. He found evidence that the family unit often develops deeper emotional intimacy, clearer communication, and an entirely new, values-based belief system (Ungar, 2015).

Flourishing is a collective process and can even occur following the loss of a loved one to addiction. For the purpose of this paper, readers should understand that family can be composed of traditional nuclear compositions and extend to non-traditional structures and may even combine the family of origin with a family of choice. At times, when the dynamics of the traditional family structure do not support recovery or are not present, individuals develop recovery circles that may contain immediate families who are supportive of recovery but also close trusted associates who provide direct, daily support or even be comprised entirely of people not genetically related.

Families can act as open or closed systems based on how freely they let information, energy, and outside influences pass through their boundaries which will deeply influence the transmission of both trauma and flourishing. How and when recovery is transmitted and transforms these constellations are not well described in our current literature. It is likely that in the family system with more open boundaries, resilience occurs as a social contagion of hope. The members’ belief that things could get better are bolstered with the expectation that it can actually happen. We see that this resiliency can originate and transmit from every node of the family constellation, and from every link between family members. It can and does routinely occur, and we know relatively little about the starting point for this process of growth and hope emerging from trauma within the family. This is an area that requires more formal investigation to more fully understand who the carriers of recovery are and under what conditions these dynamics resonate across the family structure. We also know very little about the transmission of recovery either within or between families.

William White articulated that recovery is a process of multiplication. It is influenced by each individual and the groups they belong to in a synergistic manner. Mutual aid groups have long held that recovery happens in community. The family is a vital node of a connected community, and an important part of any transmission model understood at a community level, where recovery can be transmitted within families, between families and across diverse social systems. These are facets in which we would be well served if the academic knowledge base would more fully investigate the dynamics of group resiliency.

As White writes on page 76 of his paper on post-traumatic growth and flourishing in recovery:

The potential for communal healing raises two interesting questions: 1) Does flourishing in recovery flow from the self (an intrapersonal process), from the community (an outcome of community enrichment), or from a synergy within the person-community relationship (an interpersonal process)? and 2) Is recovery flourishing contagious (can it be transmitted via social contact)? Confirming the latter proposition would open a whole new arena of service interventions aimed at increasing the quality of life and social contributions of recovering individuals and families. Indicating such potential is a study by Walt and colleagues who found positive effects of living in a recovery residence mediated by high quality, harmonious relationships with one's housemates. This finding suggests that social environment as well as intrapersonal factors influence recovery outcomes.

The experiential evidence base has confirmed this countless times in every era in a myriad of communities. It is our academic evidence base that has lagged in confirming these experientially gained truths within the context of family resiliency. Nonetheless, a compelling study that reinforces the proposition that recovery outcomes are shaped not only by individual resources but also by the social environment in which recovery occurs was published in 2021, Context Matters: Home-level But Not Individual-Level Recovery Social Capital Predicts Residents' Relapse. It found that recovery social capital at the home level, but not the individual level, predicted relapse. This supports the importance of shared recovery-supportive environments and the nurturing of recovery capital generated through relationships. Recovery housing functions as family units. This strengthens the case that recovery housing can be a setting within which social relationships and communal recovery capital influence individual recovery outcomes.

Training the lens of the scientific method on these processes as part of a broader recovery focused research process is vital to augmenting resiliency within our family constellations. As author and nationally recognized speaker Caroline Biedler stated in an interview with me on the frontiers of recovery research, when we look both backwards over our history and forward into what can and should be our legacy for the next generation, it is clear that family recovery must move from an optional adjunct to support the healing of the individual to a family and community wide model that is co-produced, developmentally informed, system-level organizing principle in recovery support services as well as in addiction science.

System Inertia in Addiction Recovery Dynamics - One of the lessons of recovery history is that community knowledge gained experientially is nearly always our first evidence base. One hundred years ago as mutual aid blossomed in America, the vein of gold that had been found was the power of one person in recovery to support another, which quickly led to the understanding of how powerful a transformative force was that of the committed group. The adaptation of that insight however into how we formulate formal addiction recovery support structures has moved at a glacial pace.

Addiction impacts all members of the system; resiliency processes must also do so. There is evidence from various ways of knowing that the process of building resiliency in individual members, families and recovery circles is typically not a smooth process, far from it. In Al-Anon, one of the sayings in the literature is "Alcoholism is a family disease." It is framed this way as members have learned through experience that it deeply harms the emotional, mental, and physical health of every person living in the household, not just the person who drinks. Recovery by extension blossoms beyond the individual struggling with addiction within the family system. Over the course of time this has been borne out by other evidence bases. This impacts on the family capital the family possesses and has access to (partly as a result of shame, guilt and stigma) but also to their individual and collective identities. As a result, changes in family functioning, PTG and resiliency may shape the social recovery capital available to the addicted individual, in the same way that changes in the recovery capital of the addicted individual is likely to influence the recovery potential of the family, predicated in part on the level of contact and also how open or closed the family system is to other external social influences. This is a dynamic and bi-directional process. What is more, this is empirically testable.

Stephanie Brown and Virginia Lewis in their seminal work (1998) described family resiliency not as a return to the old family, but as a new developmental process requiring fundamental change. Their developmental model begins with the recognition that the family has adapted to addiction. During active addiction, the family reorganizes itself around drinking, its routines, roles, expectations, communication patterns, and ways of managing crisis. When drinking stops, the organizing force around which the family has been structured changes. Recovery from this perspective can be experienced as trauma within the family, as can the absence caused by prison time or treatment. This can be painful and require scaffolding to support the individual members through the process of change. Knowledge, education and understanding of addiction careers and recovery pathways would be a good start for families. In the same way that

substance cessation does not equal recovery for the individual, so the recovery of the family is about much more than adjusting to changes in substance use and harms.

Literature for our field has long framed these forces as central to processes of resilience. In TIP 39 over twenty years ago in Chapter 4—Integrated Family Counseling to Address Substance Use Disorders, it describes these dynamics:

> "*Just as the family system organizes itself around the client's substance misuse to maintain a level of homeostasis, you can expect family members to act differently (and not always positively) when the client with the SUD enters recovery. For example, family members may express resentment and anger more directly to the recovering person because of the disruption of the family's homeostasis. Children and adolescents may engage in more externalizing behaviors like aggression, violence, lying, or stealing. An adolescent or intimate partner who has taken on major responsibilities for family functioning given up by the adult client with the SUD may resent and unintendedly sabotage the client's efforts to resume a position of responsibility and authority in the family system.*" (Center for Substance Abuse Treatment, 2004)

In this context, some of the ways our field has characterized healing and resolution within the family have been naive as the dynamics can be quite volatile in early recovery. Focusing on the most desirable within the range of potential outcomes: everyone gets better together. People can get into recovery thinking that their family will embrace and support what they are doing and find quite the opposite as the underlying pathological dynamics within the family are protected. Family members can embark on a change process hoping to engage their addicted loved one in a successful recovery process and it does not unfold in that way. Yet it is a truism that both addiction and recovery changes everyone in the family. Journeys of resiliency yield positive outcomes. Yet, we need to be forthright. We cannot present that as the universal outcome for all families in all circumstances even as we believe that any member who undergoes a change process has the potential to yield benefit. Familial trauma that precedes the addiction will still exist and the consequences of addiction (which can include mortality or permanent rupture in family relationships) should not be glossed over.

Shifting Family Dynamics from a Pathology Orientation to a Resiliency Orientation - The graphic above is influenced by William White's work on Post-traumatic Resiliency within a family framework. It is an adaptation and extension of Brown and Lewis's developmental model of family recovery through the first four stages. The aim is for familial 'better than well' dynamics, not a goal of resetting to an earlier state of family functioning. We see some families that are primed for resiliency that can at times influence an earlier or more sustained process of recovery initiation for the member with the substance use disorder.

We are building upon the foundations of the developmental model in an effort to more fully articulate the processes and dynamics that can foster growth, resiliency and flourishing across the family constellation. The utility of such a framework extends well beyond academia into clinical practices through to the development of familial recovery capital tools and interventions. The articulation and refinement of such models can support our capacity to improve intervention strategies as well as to understand how families themselves are generative of processes of resiliency.

We see families in which heavy substance use is prevalent that resist the recovery process. This was well articulated by Mark Sanders in his essay on White's work titled Recovery Flourishing as an Act of Rebellion! If heavy substance use within a family constellation is the norm, the very act of recovery can be experienced as rejection by other members. In some cultural contexts, family loyalty may make acknowledging and openly addressing addiction feel like betrayal. In others, addiction may be interpreted primarily as a moral failure, bringing intense shame to all members. There can be an emphasis on maintaining family reputation. Other cultural traditions may emphasize collective responsibility and communal healing, creating important sources of resilience.

A study of family recovery (Yalof, 2025) found that family members' readiness to change and family functioning were positively and reciprocally associated over time. In other words, changes in family members and healthy shifts in family functioning can reinforce one another. There is no single unifying experience in respect to the trajectory of recovery within the family constellation. We may never reach a time when we have a full range of strategies to support every family struggling with substance use conditions to the very highest level of functioning. Yet more fully understanding and supporting these processes would likely lead to conditions in which family resiliency would support many more to be better versions of themselves and more supportive of each other.

Flourishing within the family centers on synergy. The collective is stronger than its respective elements when members work together to support each other. While trauma can be passed down generationally, so can flourishing. There are also conditions that can strain flourishing within the family constellation such as divorce, job loss or death of a member. These crises can reduce functioning within the family and erode the capacity for members to support each other. In this way the model is not linear. It also depends on the balance of personal, familial and community capital – and how much the family is an open or closed social system. Life happens and adversity with it but if there is a combination of trust, resiliency and flourishing within the family the overall trajectory will be positive (and ultimately 'better than well').

As Families emerge from addiction (the end of the first stage in Bill White's model), we propose four processes of amelioration that are neither linear nor synchronized that are aligned with the remaining four phases of the graphic:

Crisis and Transition - The tipping point into transitional dynamics may occur when immediate survival and crisis management processes begin to give way to sufficient safety, stability, and willingness that is visible among family members in ways that foster experimentation with new boundaries, roles, communication, and healthier patterns of relationships**.** When the family emerges through crisis into a transitional phase, the family dynamic changes. The catalyst for this transition can be bidirectional and originate from the actions of any member sparked by internal or external dynamics. It is rarely if ever a simple return to "normal", to how things were in the before times. Instead, it often enters a period of profound transition. The patterns that developed to survive addiction may no longer work, while new patterns of living that are being learned have not yet been established. Long-suppressed anger, grief, fear, mistrust, and resentment may emerge precisely when everyone expects things to be getting better. Family members may struggle to reconcile the person they knew during active addiction with the person now attempting to recover, while the person in recovery may feel frustrated that the family has not "moved on." This may be a period of recrimination within the family, fueled by guilt, shame and blame. This may also be the point at which there is an accounting of what the family has lost, emotionally, materially and reputationally and a recognition of the impact on family functioning.

As roles change, people can feel threatened, particularly when other people in the family may be using substances in addictive ways. The transition to a resiliency process for all members is far from certain. We know from the Adverse Childhood Experiences Study that the impact of trauma is extensive yet also influenced by positive childhood experiences, augmenting these dynamics intergenerationally and across the family system. In other words, there can be hope that recovery be re-rooted in the family tree. However, we caution readers not to view traumatic resiliency as an endpoint. As Joseph Campbell once said, "the quest is the grail you seek." This is a journey of growth that can be challenging but those very challenges are facets of the journey of growth. One of the challenges for science and then for family education is to transcribe the five year journey to individual stable recovery (Betty Ford Consensus Group, 2007) to family processes of resiliency and recovery, and make adjustments to the model based on emerging data and theory.

Early Family Recovery – In early family recovery, family members gradually begin to develop new ways of relating to one another. Relationships improve. Safety and predictability begin to return, but trust must be rebuilt through repeated experiences rather than promises. Family members begin establishing healthier boundaries, communicating more directly, relinquishing some of the roles and behaviors developed during the addiction dynamic, and recognizing that each person may have their own recovery needs. It may also require new ways of relating and communicating and a method of articulation that reflects this. Members begin to recover in their own right from the effects of addiction themselves. If a family reorganizes in ways that the collective members are authentically supportive of the recovery process either for the person with the substance use condition, themselves and particularly for the family as a positive social identity, the family is working together in ways that support each other. If we better understood ways to support families transitioning to this stage, this could dramatically improve recovery processes across America and beyond!. Part of the challenge for the science of family recovery is to identify changes in affect, behaviour and beliefs on the part of the person in recovery and the family members that allow these transitions to occur and (for us) how that can be mapped in changes in individual and collective recovery capital.

Ongoing Family Recovery – The tipping point between family recovery initiation and more sustained processes of resilience that deepens the capacity to flourish may occur when the family moves beyond primarily repairing the harms of addiction and begins to derive new meaning, purpose, connection, strengths, and possibilities from what it has experienced and learned. As healthier dynamics become routine and reflexive and move beyond tentative risks to change the internal dynamics, members gain experience and become more confident in their capacity to navigate through challenges. When families embrace resiliency, recovery dynamics become integrated into daily life rather than

remaining a crisis-management activity. Trust, flexibility, communication, and mutual responsibility become more established, while individual family members develop identities and relationships that extend well beyond the historic orientation on addiction. The family as a unit as well as individual members develop greater capacity to handle stress, conflict, and unexpected challenges without returning to the old patterns that once characterized family life trapped in the pathology of addiction dynamics. While the process of getting to this stage is anything but easy or comfortable members experience the benefits of coming through the trauma of addiction and becoming stronger as a result. They develop processes characterized by resilience, adaptation, connection, and continued growth.

Post-Traumatic Growth and Flourishing Across the Family Constellation – As resilience and healing evolve and become more durable over time, family recovery may move well beyond the subtraction of addiction-related harm and the restoration of healthier patterns toward deeper forms of relational and collective flourishing. The family is better than well, having emerged from the trauma transformed into an improved version of itself. Drawing on post-traumatic growth theory, recovery capital research, and emerging work on family recovery capital, attaining the level of growth to the point of thriving can be articulated as a stage or an end point from which one may progress or regress across in the context of family across areas of being, global health, and social functioning. It may involve new sources of meaning, deeper relationships, increased compassion, greater resilience, and a stronger sense of shared purpose. The experience of addiction remains part of the family's history but may become far less central to the family's identity and future. Some families may transform their experience into advocacy, service, mentoring, or helping others, while others may simply discover a deeper appreciation for connection, belonging, and the possibilities of a good life. Importantly, these outcomes should be understood as possibilities rather than inevitable consequences of recovery. This formulation extends existing post-traumatic growth and recovery-capital research from the individual to the family as a potential unit of recovery and flourishing.

Moving Forward - A promising tool is the Family Recovery Capital Framework (FRCF) by David Best and William White, along with Shelley Duffy, Kevin McInerney, Helen Thompson, Dot Smith, Viv Evans, and Robert Stebbings. It is a strengths-based tool designed to measure the internal and external resources a family unit possesses to support both an individual's recovery from addiction and the family's own collective healing. The FRFC represents a major paradigm shift in addiction science. It transitions the focus of substance use disorder (SUD) from a purely individual issue to a collective, systemic process. Developed out of multi-project family-recovery research, the FRFC establishes that addiction acts as a form of chronic trauma for the entire family system, requiring its own distinct recovery journey separate from the individual's abstinence in a positive sum process that spread from individual to family and community synergistically.

Ultimately, this proposed model of family flourishing suggests that recovery should not be viewed as an individual achievement but instead a highly relational and generative process. As we wrote in C-CHIME: Seeing the connected forest through the individual trees: A cascade model of building recovery capital through community and connections, recovery capital is built through connection and can cascade outward, with people who experience recovery becoming contributors to the social environments that sustain recovery for others. Applied to the family constellation, this is a strength-based orientation that suggests that as families move from surviving the disruption of addiction toward healing, connection, meaning, identity, hope, and empowerment, the resources developed through recovery may become part of the family's collective capital. The aim will be to test this model of connectedness and flourishing in the context of Bill White's staged approach to test its applicability and value, based on a strength-based and recovery capital focused approach

In this sense, post-traumatic growth and flourishing represent a transformation in which the family becomes a source of connection, meaning, resilience, and recovery capital for its members and, potentially, for others beyond the family. Recovery thus becomes more than the absence of addiction-related harm; it becomes a cascading process in which healing can produce new relationships, new possibilities, and new contributions to the wider recovery ecosystem. But where is the contagion? We see it as the synergy of positive change reverberating through a familial structure as resiliency efforts yield results and magnify. And who are the carriers? These are people whose character, quality of life, openness about recovery, empathy, and service make recovery "contagious" to others. People are magnetically drawn to them, they generate confidence and readiness for action, and sustained connection with them is associated with recovery and improved quality of life.

It is time we focused our resources on family flourishing. As Stephanie Brown once said, "many people initially think that recovery means a move from bad to good; recovery is not a move from bad to good, but from false to real." Another

way to say this is that recovery is about authenticity, about creating lives and relationships that are more honest, connected, meaningful, and whole. We are on the cusp of transformative processes in how we understand family resilience and recovery, and there are families out there depending on us to take that next step. Our challenge is about a great deal more than merely helping families survive addiction, but to support them discovering what becomes possible when recovery creates the conditions for families to heal, grow, and flourish together.

While our conceptual understanding of what constitutes a resilient family is highly robust. In the simplest manner, it means moving beyond the unspoken rules within a family system organized around addiction. Normalize dialogue on what has happened and how to change it. Validate what individual members see, feel and experience. Support more flexible processes as members explore their own strengths and internal resources.

Our empirical tracking of the real-time operational dynamics behind this shift is still very early in the developmental process, leaving considerable gaps in the literature and in our capacity to improve outcomes. We call for a focus of effort on expanding research, and developmental models to expand our understanding of how families recover and family resiliency in the face of addiction in order to improve outcomes for families in order to foster resiliency processes. We will also undertake our own research and will seek a range of partners to assist in this process.

We need to develop institutions focused on these processes that can maintain a focus on the long-term goal of the synergies of familial flourishing in order to move forward effectively. One promising example is the Global Family Recovery Alliance. It was formed to meet this very challenge. To serve as an incubator of family recovery research by bringing together an international alliance of organizations, researchers, experts, peers, and advocacy organizations that have a common mission and vision for increased family recovery support and family recovery research around the world. The yield of such efforts extends well beyond the impacted members of the families. Yet for such work to succeed it will require sustained and dedicated funding across research, service systems and community grounded resource development. The benefits extend generationally, beyond dining room tables and outwards into the greater community. The return on investment would be profound. The time is now.

Sources

Betty Ford Institute Consensus Panel. What is recovery? A working definition from the Betty Ford Institute. J Subst Abuse Treat. 2007 Oct;33(3):221-8. doi: 10.1016/j.jsat.2007.06.001. PMID: 17889294. https://pubmed.ncbi.nlm.nih.gov/17889294/

Brown, S., Lewis, V. (1998). The Alcoholic Family in Recovery. A Developmental Model. The Guilford Press, New York. ISBN: 1-57230-402. https://academic.oup.com/alcalc/article-abstract/38/3/288/99064

Center for Substance Abuse Treatment. (2004). Integrated models for treating family members. In Substance abuse treatment and family therapy (Treatment Improvement Protocol [TIP] Series, No. 39, pp. 53–74). Substance Abuse and Mental Health Services Administration. https://www.ncbi.nlm.nih.gov/books/NBK571079/

Duffy, S., Best, D., McInerney, K., Thompson, H., Smith, D., Evans, V., Stebbings, R., & White, W. (2025, October). The family recovery capital framework. STAR Recovery, PROPS, Recovery Connections, & Adfam. https://deriu82xba14l.cloudfront.net/file/2511/2025%20The%20Family%20Recovery%20Capital%20Framework.pdf

Jason, L. A., & Stoolmiller, M. (2022). Context matters: Home-level but not individual-level recovery social capital predicts relapse. American Journal of Community Psychology, 69(1-2), 173–182. https://doi.org/10.1002/ajcp.12481

Runyan, J.D., Vermilya, S., St. Pierre, M. et al. A mixed methods experience sampling study of a posttraumatic growth model for addiction recovery. Sci Rep 14, 3511 (2024). https://doi.org/10.1038/s41598-024-53740-7

Sanders, M. (2026, April 10). Recovery flourishing as an act of rebellion! (J. Schwartz, Ed.). Recovery Review. https://recoveryreview.blog/2026/04/10/recovery-flourishing-as-an-act-of-rebellion/

Stauffer, W. (2026, February 23). An interview with Caroline Beidler – The future of family recovery as a coproduced collaborative process of resiliency: The Frontiers of Recovery Research interview series. Recovery Review. https://recoveryreview.blog/2026/02/23/an-interview-with-caroline-beidler-the-future-of-family-recovery-as-a-coproduced-collaborative-process-of-resiliency-the-frontiers-of-recovery-research-interview-series/

Stauffer, W., & Best, D. (2025). C-CHIME: Seeing the connected forest through the individual trees: A cascade model of building recovery capital through community and connections. https://recoveryreview.blog/2025/06/07/c-chime-seeing-the-connected-forest-through-the-individual-trees-a-cascade-model-of-building-recovery-capital-through-community-and-connections-dr-david-best-bill-stauffer-june-2025/

Ungar M. Varied Patterns of Family Resilience in Challenging Contexts. J Marital Fam Ther. 2016 Jan;42(1):19-31. doi: 10.1111/jmft.12124. Epub 2015 Apr 10. PMID: 25864565. https://pubmed.ncbi.nlm.nih.gov/25864565/

Weintraub, P. (2007, February 9). A toxic brew. Psychology Today. https://www.psychologytoday.com/us/articles/200702/a-toxic-brew

White, W. L. (2026). Post traumatic growth and flourishing in addiction recovery: A critical review and commentary. Chestnut Health Systems/Recovery Research Institute. https://deriu82xba14l.cloudfront.net/file/3030/White 2026 Post Traumatic Growth and Flourishing in Addiction Recovery.pdf

Yalof, L. S. (2026). The Satir growth model: A systemic framework for supporting families affected by substance use disorder. The American Journal of Family Therapy, 54(4), 459–474. https://www.tandfonline.com/doi/full/10.1080/01926187.2025.2594531

October 28, 2026 Post Link – HERE