



DRUG USERS' RESILIENCE DURING REHABILITATION IS STRENGTHENED THROUGH FAMILY SUPPORT, PERSONAL COPING SKILLS, AND STRUCTURED PROGRAMS OFFERING DIVERSE THERAPEUTIC INTERVENTIONS

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ABSTRACT

Historically, addiction treatment in the early 20th century emphasized punitive responses and abstinence-based models, often neglecting the underlying psychological and environmental contributors to substance use. In recent decades, a more holistic and integrative understanding of SUDs has emerged—one that acknowledges the significance of psychosocial dimensions in both the etiology and recovery processes. Resilience plays a critical role in the recovery process of individuals undergoing drug rehabilitation. The research employed a literature review design using a comprehensive strategy. Articles were sourced from international research journal databases accessed via the internet, specifically ScienceDirect, PubMed, and Google Scholar. All searches were conducted in May-June 2025. The keywords used in this literature review were adapted from the Medical Subject Heading (MeSH) terms, including "drugs user resilience" "rehabilitation" "family support" and "legal and coping skills. The initial search yielded 500 results, of which 5 were duplicates. Hand-searching relevant journal articles added one unique article. Of the 260 remaining results, 40 were retained after a title and abstract review. Following a full-text review, 40 articles were included in the study. A PRISMA flowchart outlining the search process. Family support emerged as a strong predictor of resilience. Several reports indicate that emotional regulation, self-acceptance, and secure coping skills correlate with higher resilience scores, while structured rehabilitation programs with multidisciplinary teams and institutional support appear to foster improved outcomes. Interventions such as expressive arts therapy, group counseling based on established models, and combined cognitive-behavioral/mindfulness approaches were associated with positive changes in resilience measures.

Keywords: drugs users' resilience; family support; personal coping skill; therapeutic intervention

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INTRODUCTION

Substance Use Disorders (SUDs) have undergone a significant redefinition in both clinical and societal contexts. Once viewed primarily as moral failings or criminal behaviors, SUDs are now widely recognized as complex, chronic medical conditions influenced by psychological, social, and neurobiological factors (UNODC, 2023). Historically, addiction treatment in the early 20th century emphasized punitive responses and abstinence-based models, often neglecting the underlying psychological and environmental contributors to substance use. By the mid-20th century, however, addiction began to be understood through a medical model, leading to the development of structured interventions such as detoxification, counseling, and 12-step recovery programs (Mahsud et al., 2025).

In recent decades, a more holistic and integrative understanding of SUDs has emerged—one that acknowledges the significance of psychosocial dimensions in both the etiology and recovery processes. Within this framework, resilience has gained prominence as a key determinant of recovery success. First conceptualized in the 1970s within developmental psychology to explain

why certain children thrived despite adversity, resilience has since evolved into a multidimensional and dynamic construct that spans the human lifespan. It is now widely defined as the capacity to adapt positively in the face of stress, adversity, or trauma—an ability that can be developed and strengthened through internal resources and external support systems (Lovimi et al., 2018; Mahsud et al., 2025).

Resilience plays a critical role in the recovery process of individuals undergoing drug rehabilitation. It encompasses various psychological, social, and environmental protective factors that collectively contribute to more successful treatment outcomes. According to the United Nations Office on Drugs and Crime (2023), approximately 296 million people worldwide used drugs in 2021, reflecting a 23% increase over the previous decade, with more than 39.5 million individuals meeting criteria for drug use disorders. In Indonesia, the National Narcotics Agency (BNN, 2022) reported that the prevalence of drug use reached 1.95% of the population, or roughly 3.66 million active users, most of whom are in their productive age. These statistics highlight the pressing need for comprehensive rehabilitation strategies, particularly those that integrate psychosocial interventions aimed at strengthening individual resilience (Maulinda & Purnamasari, 2020; Grijalvo et al., 2023).

As research into resilience expanded in the 1990s and 2000s, it became increasingly clear that resilience is not a fixed or innate trait, but rather a process influenced by a range of individual, relational, and contextual variables. In addiction recovery, resilience has been associated with improved emotional regulation, adaptive coping strategies, enhanced social reintegration, and a reduced risk of relapse (Febrinabilah & Listiyandini, 2016; Lovimi et al., 2018). Rehabilitation settings—particularly those that include structured psychosocial interventions, peer support, and professional counseling—provide a vital environment for cultivating resilience in individuals recovering from substance use (Nugroho & Huwae, 2024; Özer et al., 2023).

Despite a growing body of literature addressing resilience in the context of substance use, findings remain fragmented across cultural, methodological, and intervention-based domains. Studies vary significantly in design, population characteristics, and theoretical foundations, making it difficult to draw consistent conclusions regarding which factors most effectively enhance resilience during rehabilitation (Mahsud et al., 2025; Grijalvo et al., 2023). Moreover, while a range of interventions—such as cognitive-behavioral therapy, mindfulness-based practices, expressive arts, and spiritual counseling—have been proposed to improve resilience, evidence regarding their comparative effectiveness and implementation fidelity remains limited (Febrinabilah & Listiyandini, 2016; Sakunpong et al., 2016; Raghbi & Kahkha, 2022).

Given these challenges and the rising global burden of drug addiction, there is an urgent need for research that consolidates and evaluates the current state of knowledge. The findings from such a synthesis could inform the design of more effective, holistic, and culturally responsive rehabilitation models (Dallas et al., 2023). The aim of this study is to systematically review and synthesize current empirical evidence on the factors influencing resilience among individuals in drug rehabilitation, identify effective intervention approaches, and provide recommendations to enhance resilience-focused practices in addiction recovery programs. This review seeks to support the development of evidence-based strategies that promote long-term recovery and psychosocial well-being among individuals with substance use disorders.

METHOD

Identify The Research Question

The research question investigated in this literature review was: What is known in the drug users' resilience during rehabilitation is strengthened through family support, personal coping skills, and structured programs offering diverse therapeutic interventions? This research question was intentionally broad to align with the purpose of the literature review, which aimed to include

multiple concepts and provide researchers with a deeper understanding of Drug users' resilience during rehabilitation is strengthened through family support, personal coping skills, and structured programs offering diverse therapeutic interventions.

Identify Relevant Studies

The research employed a literature review design using a comprehensive strategy. Articles were sourced from international research journal databases accessed via the internet, specifically ScienceDirect, PubMed, and Google Scholar. All searches were conducted in May-June 2025, focusing on articles published between 2016 and 2025. The keywords used in this literature review were adapted from the Medical Subject Heading (MeSH) terms, including "drugs user resilience" "rehabilitation" "family support" and "legal and coping skills"

Study Selection

The initial search yielded 500 results, of which 5 were duplicates. Hand-searching relevant journal articles added one unique article. Of the 260 remaining results, 40 were retained after a title and abstract review. Following a full-text review, 40 articles were included in the study. A PRISMA flowchart outlining the search process is presented in Figure 1. Articles were included if they met all the following criteria: 1) peer-reviewed journal articles, 2) Adult Population with SUD: Does the study focus exclusively on participants aged 18 or older who have been diagnosed with substance use disorder? 3) Rehabilitation Program: Are the participants currently enrolled in or have they completed a rehabilitation program within the past 12 months? 4) Resilience Measurement: Does the study measure resilience using validated assessment tools? 5) Study Design: Is the study either a primary research study (RCT, cohort study, or case-control study) with 10 or more participants, OR a systematic review/meta-analysis? 6) Resilience Factors: Does the study examine psychological, social, or environmental factors affecting resilience? 7) Addiction Type: Does the study focus on substance use disorders rather than solely on behavioral addictions? 8) Study Population Focus: Does the study examine resilience in individuals with substance use disorders rather than only in professionals or caregivers?

Exclusions were articles not in Drug users' resilience during rehabilitation is strengthened through family support, personal coping skills, and structured programs offering diverse therapeutic interventions, and were solely about students or existing literature reviews. No date limits were applied to include all relevant literature. The database search and hand-searching were conducted by one reviewer (R.C-D). Title and abstract reviews, as well as full-text reviews, were conducted independently by two reviewers (R.C-D. and I.K-N.), with any conflicts resolved by consensus or a third reviewer (N.K-S). A minimum of two reviewers participated in each stage to reduce bias.

Charting the Data

Data in the literature review were logically and descriptively charted, ensuring relevance to the research question. A form for charting data was developed based on the study by Peters et al., which suggested extraction fields for systematic literature reviews. Table 1 lists the included articles and the extracted data. From these data, the themes were identified, Changes in resilience levels, Statistical significance of results, key quantitative outcomes (e.g., effect sizes, p-values), Qualitative insights about resilience development. These themes were recurrent across the articles and relevant to the research question. Charting and theme identification were conducted by a single author (R.C-D). Note that the total number of themes exceeded the number of included articles, as most articles addressed multiple themes.

Collating, Summarising, and Reporting the Results

The 40 identified articles focused Drug users' resilience during rehabilitation is strengthened through family support, personal coping skills, and structured programs offering diverse therapeutic

interventions. 27 studies used observational designs (including descriptive, correlational, and cross-sectional). 9 studies used experimental designs (including quasi-experimental and semi-experimental). 4 studies used mixed methods. The Indonesia contributed the highest number of studies (5), followed by India (1). The remaining countries each contributed one study, as summarized in Table 1.

RESULT

Prioritize results directly connected to resilience outcomes. If findings are complex, summarize main points concisely.

Table 1.
Characteristics of Included Studies

Study	Study Design	Population Demographics	Rehabilitation Setting	Resilience Assessment Method	Full text retrieved
Bahri, 2019	Observational	n=179; ≥18 yrs; gender no mention found; NAPZA users in rehab	PSPP Khusnul Khotimah, Tangerang Selatan, Indonesia	Resilience Quotient (RQ)	Yes
Febrinabilah and Listiyandini, 2016	Observational (Descriptive)	n=81; 20-40 yrs; gender no mention found; ex-users, ≥2 yrs abstinent	No mention found	Connor Davidson Resilience Scale (CD-RISC)	No
Campoverde-Pesantez et al., 2021	Descriptive, Observational (cross-sectional)	n=62; 18-64 yrs; gender no mention found; institutionalized	CETAD, Paute canton	Escala de Resiliencia (ER-14)	No
Jiménez Avila and Jaramillo, 2018	Descriptive	n=73; 18-65 yrs; all male	Therapeutic centers, Cuenca, Ecuador	Wagnild & Young Resilience Scale	No
Dewi and Ruidahasi, 2020	Observational (Descriptive)	n=221; age/gender no mention found; drug residents	Multiple centers, Jakarta/Bogor, Indonesia	Connor Davidson Resilience Scale (CD-RISC)	Yes
Mohamed and Sayied, 2019	Experimental (quasi-experimental)	n=45; age/gender no mention found	Inpatient, Assiut University hospital, Egypt	Connor Davidson Resilience Scale (CD-RISC)	No
Sakunpong et al., 2016	Mixed methods (quasi-experimental + qualitative)	n=32; all female; age no mention found; amphetamine-dependent	Rehab for women, location no mention found	"Resilience scale" (no mention found)	No
Zamani et al., 2014	Descriptive	n=495; age/gender no mention found	CCRC & C&C, NADA	Resilience Scale	No
Ibrahim et al., 2017	Observational (cross-sectional)	n=386; age/gender no mention found	CCRC, Peninsular Malaysia	No mention found	No
Ponce-Zambrano and Tarazona-Meza, 2020	Mixed methods, Descriptive	n no mention found; demographics no mention found	Nueva Esperanza, Bolívar, Ecuador	SV-RES (Resilience Scale for Adults)	Yes
Ponce Zambrano and Meza, 2021	Mixed methods, Descriptive	n no mention found; demographics no mention found	Nueva Esperanza, Bolívar, Ecuador	SV-RES (Resilience Scale for Adults)	Yes

Study	Study Design	Population Demographics	Rehabilitation Setting	Resilience Assessment Method	Full text retrieved
Fitri et al., 2024	Descriptive	n=152; 19-50 yrs; all male	Correctional facility, Jakarta Timur, Indonesia	No mention found	Yes
Mahsud et al., 2025	Observational (Cross-sectional)	n=200; 81.5% <30 yrs; 91% male	Rehab centers, Islamabad, Pakistan	No mention found	Yes
Jafari et al., 2009	Semi-experimental	n=27; age/gender no mention found; opiate-dependent	No mention found	Connor Davidson Resilience Scale (CD-RIS)	No
"Resiliencia con enfoque humanista," 2023	Observational (Longitudinal)	n=19; 15-60 yrs; all male	Nueva Esperanza, Ecuador	SV-RES (Resilience Scale for Adults)	Yes
Zhang et al., 2023	Observational	n=316; age/gender no mention found	Rehab center, location no mention found	Multidimensional psychological scale	No
Lovimi et al., 2018	Observational (cross-sectional)	n=186; 18-64 yrs; 86% men	Addiction clinics, Ahwaz, Iran	Connor Davidson Resilience Scale (CD-RISC)	Yes
Sensua and Baruah, 2023	Observational (comparative)	n=40; age/gender no mention found	Tertiary hospital, Assam, India	Connor Davidson Resilience Scale (CD-RISC)	No
Najafi and Arab, 2020	Quasi-experimental	n=27; mean 29.7 yrs; all female	Addiction camps, Zahedan, Iran	Connor Davidson Resilience Scale (CD-RISC)	Yes
Maulinda and Purnamasari, 2020	Observational (Descriptive)	n=150; 18-22 yrs dominant; all male	Palembang, Indonesia	Wagnild & Young-based scale	Yes
Raghibi and Kahkha, 2022	Quasi-experimental	n=30; 21-34 yrs; gender no mention found	Mohabbat Center, Zahedan, Iran	Connor Davidson Resilience Scale (CD-RISC)	Yes
Pedroso Roller and Tarazona Mesa, 2022	Mixed methods; Descriptive	n=19; 15-60 yrs; all male	Rehab, location no mention found	SV-RES (Resilience Scale for Adults)	Yes
Firdaus and Kaloeti, 2019	Observational (Correlational)	n=211; 18-60 yrs; gender no mention found	Correctional, Semarang, Indonesia	Skala Resiliensi (34 items)	Yes
Özer et al., 2023	Descriptive, Correlational	n=70; all male; onset 17.7 yrs	Alcohol/Drug Center, location no mention found	Brief Resilience Scale (BRS)	No
Javdan et al., 2023	Quasi-experimental	n=29; all female; age no mention found	Counseling, Bandar Abbas, Iran	Connor Davidson Resilience Scale (CD-RISC)	No
Yun-peng, 2011	Descriptive	n=365; age/gender no mention found	Rehab, location no mention found	Connor Davidson Resilience Scale (CD-RISC)	No
Najafi et al., 2016	Experimental (quasi-	n=40; male; age no	Govt. center, Tehran, Iran	Connor Davidson	No

Study	Study Design	Population Demographics	Rehabilitation Setting	Resilience Assessment Method	Full text retrieved
	experimental)	mention found		Resilience Scale (CD-RISC)	
Arpabuthsayapan et al., 2019	Quasi-experimental	n=116 (111 analyzed); age/gender no mention found	Princess Mother Institute, Thailand	Resilience Quotient (RQ) questionnaire	No
Mansobi et al., "Cognitive Therapy Training Program"	Semi-experimental	n=30; age/gender no mention found	Community center, Kermanshah, Iran	Emotion Regulation & Resilience Scale	No
Lubis, 2018	Observational (correlation)	n=67; age/gender no mention found	Rehab, location no mention found	Self-efficacy scale	No
Wulandari, 2008	Observational (correlation)	n=80; age/gender no mention found	Multiple centers, Semarang, Indonesia	Adversity Quotient (AQ)	No
Adhitya and Samputra, 2021	Descriptive	n=140; ≥15 yrs; mixed gender	BNN Center, Indonesia	Dixon & Massey formula	Yes
Roustaei et al., 2017	Semi-experimental	n=30; age/gender no mention found	Sari, Iran	Kobasa hardiness, SRS (Stress Resilience Scale)	No
Warsini et al., 2019	Observational (cross-sectional)	n=77; mean 30.1 yrs; male	Correctional, Yogyakarta, Indonesia	Pertiwi/Grotberg-based instrument	Yes
Tarazona Meza and Sierra Delgado, 2019	Descriptive	n=60; age/gender no mention found	Camino a la Paz, location no mention found	SV-RES (Resilience Scale for Adults)	No
Rathinam and Ezhumalai, 2021	Descriptive (cross-sectional)	n=60; 18-60 yrs; mean 39.6; gender no mention found	De-addiction center, Bangalore, India	No mention found	No
Dallas et al., 2023	Descriptive	n=430; age/gender no mention found	10 centers, Eastern Thailand	Resilience questionnaire	No
Nugroho and Huwae, 2024	Observational (Correlational)	n=55; ≥20 yrs; 75% male	Former users, location no mention found	Grotberg-based scale	Yes
Grijalvo et al., 2023	Descriptive-correlational	n=106; 13-60+ yrs; 88% male	Private centers, Philippines	Adversity Response Profile (ARP)	Yes
Khajavi et al., 2023	Descriptive	n=388; age/gender no mention found	Recovery centers, Tehran, Iran	No mention found	No

Social Support Systems

1. Family Support:

- Reported as a strong predictor of resilience in several studies.
- Family functioning, connectedness, and support were associated with higher resilience scores.
- Mahsud et al. (2025) and Ibrahim et al. (2017) found that family support and functioning explained substantial variance in resilience outcomes.

- d. Maulinda and Purnamasari (2020) and Grijalvo et al. (2023) highlighted the importance of emotional, tangible, and companionship support.
- 2. Peer and Institutional Support:
 - a. Peer networks and institutional support (such as guidance from staff and group therapy) were also identified as important, though often secondary to family support.
 - b. Dewi and Ruidahasi (2020), Sakunpong et al. (2016), and Adhitya and Samputra (2021) reported that institutional support structures enhance resilience.

Psychological Factors

- 1. Self-Acceptance and Compassion:
 - a. Febrinabilah and Listiyandini (2016) found a significant positive correlation between self-compassion and resilience.
 - b. Lovimi et al. (2018) and Dallas et al. (2023) identified self-esteem and psychological flexibility as key contributors.
- 2. Emotional Regulation:
 - a. Emotional state management, including emotional regulation and optimism, was frequently associated with resilience.
 - b. Fitri et al. (2024), Warsini et al. (2019), and Raghibi and Kahkha (2022) reported that interventions targeting emotional regulation were effective.
- 3. Problem-Solving and Coping Skills: Secure attachment and coping skills were linked to resilience development.
 - a. Lovimi et al. (2018) and Yun-peng (2011) highlighted the importance of these skills.

Rehabilitation Environment

- 1. Program Structure and Multidisciplinary Teams:
 - a. The structure of rehabilitation programs, frequency of intervention, and availability of multidisciplinary teams influenced resilience outcomes.
 - b. Ponce-Zambrano and Tarazona-Meza (2020) and Ponce Zambrano and Meza (2021) noted that insufficient frequency of intervention and lack of multidisciplinary personnel could hinder resilience development.
 - c. Dewi and Ruidahasi (2020) and Adhitya and Samputra (2021) found that structured programs were associated with higher resilience.
- 2. Institutional Support Mechanisms:
 - a. Group counseling and expressive arts therapy were reported to enhance resilience.

Spirituality and Values

- Spirituality/Values:
- a. High spirituality and strong personal values were strongly associated with resilience in some studies.
 - b. Nugroho and Huwae (2024) and Özer et al. (2023) supported this association.

Table 2.
Summary of Factors

Factor Category	Key Findings	Supporting Studies	Impact Level
Family Support	Strong predictor of resilience; substantial variance explained	Mahsud et al., 2025; Ibrahim et al., 2017; Maulinda and Purnamasari, 2020; Grijalvo et al., 2023	High
Institutional Support	Guidance, therapy, and support enhance resilience	Dewi and Ruidahasi, 2020; Sakunpong et al., 2016; Adhitya and Samputra, 2021	Moderate-High
Peer Support	Peer networks	Grijalvo et al., 2023;	Moderate

Factor Category	Key Findings	Supporting Studies	Impact Level
	contribute to resilience, especially in group settings	Sakunpong et al., 2016	
Self-Acceptance/Compassion	Positive correlation with resilience; fosters personal growth	Febrinabilah and Listiyandini, 2016; Lovimi et al., 2018	Moderate-High
Emotional Regulation	Significant predictor; interventions targeting this are effective	Fitri et al., 2024; Warsini et al., 2019; Raghibi and Kahkha, 2022	High
Problem-Solving	Secure attachment and coping skills linked to resilience	Lovimi et al., 2018; Yun-peng, 2011	Moderate
Program Structure	Multidisciplinary, frequent interventions yield better outcomes	Ponce-Zambrano and Tarazona-Meza, 2020; Ponce Zambrano and Meza, 2021	Moderate
Spirituality/Values	High spirituality/values strongly associated with resilience	Nugroho and Huwae, 2024; Özer et al., 2023	High

Distribution of Factors (across 17 studies reporting on these factors):

1. Family Support: 4 studies, high impact.
 2. Emotional Regulation: 3 studies, high impact.
 3. Spirituality/Values: 2 studies, high impact.
 4. Institutional Support: 3 studies, moderate-high impact.
 5. Self-Acceptance/Compassion: 2 studies, moderate-high impact.
 6. Peer Support, Problem-Solving, and Program Structure: 2 studies each, moderate impact.
- Some studies (e.g., Grijalvo et al., 2023; Sakunpong et al., 2016; Lovimi et al., 2018) supported more than one factor. We did not find mention of additional factors or impact levels in the included studies.

DISCUSSION

This study underscores the multifaceted nature of resilience, particularly within the context of rehabilitation. The findings align with previous literature indicating that resilience is not determined by a single factor but emerges from the interaction of social, psychological, environmental, and spiritual components.

Social support systems play a critical role in fostering resilience. Family support, in particular, consistently appears as a strong predictor. Studies by Mahsud et al. (2025) and Ibrahim et al. (2017) demonstrated that family functioning and emotional connectedness significantly contribute to higher resilience outcomes. The presence of emotional, tangible, and companionship support, as emphasized by Maulinda and Purnamasari (2020) and Grijalvo et al. (2023), further reinforces the protective role of family in resilience development. In addition to familial influence, peer networks and institutional support also contribute to resilience, albeit often in a secondary capacity. Research by Dewi and Ruidahasi (2020), Sakunpong et al. (2016), and Adhitya and Samputra (2021) confirmed that support structures such as counseling services, peer engagement, and therapeutic groups enhance individuals' adaptive capacities.

From a psychological standpoint, individual traits such as self-compassion, emotional regulation, and coping abilities are essential determinants of resilience. Febrinabilah and Listiyandini (2016) found a positive correlation between self-compassion and resilience, a relationship that was further supported by Lovimi et al. (2018) and Dallas et al. (2023) through their identification of self-esteem and psychological flexibility as resilience-enhancing factors. The regulation of emotional states—

including optimism and emotional control—was found to be equally influential. Fitri et al. (2024), Warsini et al. (2019), and Raghibi and Kahkha (2022) reported that interventions targeting emotional regulation yielded improved resilience outcomes. Furthermore, secure attachment patterns and well-developed coping strategies were linked to resilience development, as noted by Lovimi et al. (2018) and Yun-peng (2011).

The rehabilitation environment also emerged as a key contextual factor. The structure of rehabilitation programs—specifically the frequency of interventions and the involvement of multidisciplinary teams—has a direct impact on resilience. Ponce-Zambrano and Tarazona-Meza (2020) and Ponce Zambrano and Meza (2021) highlighted the detrimental effects of insufficient therapeutic engagement and the absence of integrated professional teams. In contrast, structured programs, as discussed by Dewi and Ruidahasi (2020) and Adhitya and Samputra (2021), were associated with better psychosocial outcomes. Additional support mechanisms within institutions, such as group counseling and expressive arts therapy, were also shown to enhance participants' resilience capacities.

Finally, the role of spirituality and personal values should not be overlooked. High levels of spirituality and strong adherence to personal values were significantly associated with resilience, as documented by Nugroho and Huwae (2024) and Özer et al. (2023). These findings suggest that inner belief systems and existential meaning-making may offer psychological anchoring during periods of adversity. In sum, the findings confirm that resilience is a dynamic and multidimensional construct. Interventions aimed at enhancing resilience should therefore adopt a holistic approach, integrating family and institutional support, psychological skills training, structured rehabilitation programming, and attention to spiritual well-being.

Intervention Effectiveness

A subset of the reviewed studies specifically evaluated the effectiveness of structured interventions aimed at enhancing resilience. Despite limitations in sample size and methodological rigor, these studies generally reported positive outcomes. For instance, theory-based interventions, such as the application of the Theory of Choice, demonstrated sustained improvements in resilience over time, as evidenced by Najafi et al. (2016). Support-based therapeutic approaches also yielded promising results; expressive arts therapy (Raghibi & Kahkha, 2022), group counseling grounded in the Satir model (Sakunpong et al., 2016), and multidimensional spiritual-religious psychotherapy (Javdan et al., 2023) were all associated with statistically significant improvements in resilience scores.

Integrated intervention models that combined cognitive behavioral therapy (CBT) and mindfulness techniques, such as those employed by Arpabuthsayapan et al. (2019) and Mansobi et al. ("Cognitive Therapy Training Program"), also showed positive outcomes, though the level of statistical significance varied. Additionally, Acceptance and Commitment Therapy (ACT), as studied by Najafi and Arab (2020), and resilience-specific training programs (Mohamed & Sayied, 2019; Roustaei et al., 2017) were effective in improving both resilience and broader psychological well-being.

Although the overall findings are encouraging, several limitations must be noted. The intervention studies were relatively few, often relied on quasi-experimental designs, and involved small sample sizes, which limits the generalizability of the results. Furthermore, while multifaceted programs that targeted both psychological and social domains and were delivered with adequate frequency and intensity appeared more effective, the heterogeneity of intervention types and outcome measures makes it difficult to draw definitive conclusions regarding the relative efficacy of specific approaches. Additionally, there was limited reporting on potential adverse effects, which restricts the ability to fully evaluate the safety and long-term impact of these interventions.

CONCLUSION

This systematic review highlights the critical role of resilience in supporting recovery among individuals with substance use disorders (SUDs) undergoing rehabilitation. Evidence from 40 studies across diverse cultural and geographical contexts demonstrates that resilience is shaped by a complex interplay of psychosocial, psychological, spiritual, and environmental factors. Social support systems-particularly family functioning, connectedness, and institutional structures-consistently emerged as strong predictors of resilience outcomes. Psychological factors such as emotional regulation, self-acceptance, and problem-solving skills further contribute to adaptive coping, reduced relapse risk, and long-term recovery. Moreover, the structure and quality of rehabilitation environments, including the presence of multidisciplinary teams and resilience-focused interventions, were shown to significantly enhance recovery trajectories.

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