

The LINC Model of Family and Community Resilience:

New Approaches to Disaster Response

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The LINC (Linking Human Systems) Community Resilience Model (Landau, 2004) is a framework for enhancing community resilience. The LINC Model provides ways in which individuals, families, and communities can prepare for, respond to, and recover from trauma, not only surviving but also becoming stronger in the process. The primary goal is to help individuals regain their self-sufficiency rather than remain dependent on outside social or governmental resources.

The LINC Model is a cost-effective method that mobilizes *natural change agents* to serve as “Links” between families, communities, and outside professionals. These Links work on disaster preparedness, response, and recovery in collaboration with professionals. This partnership empowers the community to become aware of and utilize their inherent resources, which allows overburdened professionals who are needed elsewhere to intervene briefly and strategically, conserving fiscal and other resources. The family is the basic unit of change and healing, and Family and Community Links form a strong, cost-effective basis for developing successful, resilient communities. Community resilience is defined as the community’s capacity (including hope and faith) to with-

stand major trauma and loss, overcome adversity, and to prevail, usually with increased resources, competence, and connectedness.

Frequently, in an effort to rescue individuals from catastrophe, mental health professionals rush in to help. Yet, there are many instances where inaction, lesser intervention, or delayed action, might serve better. The immediate response to disaster is to authorize massive external assistance, often without thorough assessment of what resources are already available on the ground, and therefore without knowledge of the volume or type of response that is really needed.

People live under constant stress and they cope by balancing their stressors and resources. Minor stresses draw on local resources; larger disasters creating greater stress are more likely to involve professionals, organizations, and policymakers who are unfamiliar with that community or its natural resources. Local professionals will notice changes in mood and emotional stability; outsiders might miss the more subtle effects such as increases in depression and substance abuse.

Natural Support System

Professionals have a tendency to think that the *artificial support system*—those components of the community that are called upon only when things go wrong (like emergency services, medical specialists, therapists, social services, legal system)—is the only source of support and recovery in times of major stress.

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However, research around the world has shown that the *natural support system*—that component of the community with whom the family deals on a daily basis when life is functioning well (extended family, friends, neighbors, classmates, coworkers, family doctor, athletic, and religious groups)—provides a richer source of support and resources than most professionals, organizations, and policymakers can imagine. The most successful and cost-effective responses assist this natural support system in mobilizing its resources to establish basic procedures for functioning during normal conditions and to be available during and after a major crisis.

Excessive response marginalizes the natural support system. If professional services swoop in, this natural support system may view itself—or be labeled as—helpless, incompetent, and even sick. Outside professionals and agencies become blinded to the strengths intrinsic to the community, draining their own resources, rather than energizing those already available.

Policies that Work for Natural Support Systems

Policies that provide emergency funding to involve external resources at the time of major crisis are absolutely necessary. However, policies that mobilize natural support systems and respect communities as experts on their own needs and strengths are equally necessary. Because aid efforts are often thwarted by fiscal territoriality and power struggles of external organizations (governmental and non-governmental), there is a need to ensure coordination, reinforce connections, and combine resources. The goal should not be for government and other programs to “fix” broken systems, but to support what communities are already doing. By capitalizing on special skills and leadership and recognizing context and neighborhood, they can be empowered to use their internal resources to deal more effectively with crisis.

Policies could be put into place that cover crises ranging from small to large. For example, the telephone receptionist responding in an addiction crisis, the mayor designing a response to a major disaster such as September 11th, or the President responding to a hurricane warning, all could

mobilize the natural support system, setting the conditions for optimal preparation, response, and long-term recovery.

Three Stage Process of the LINC Model

The LINC Model of Community Resilience is a three-stage process. The first stage includes town meetings, assessing, mapping, and ensuring invitation and permission for outside involvement from each sector of the community. Collaboration across all components of the community is established, along with clear goals from which realistic and workable tasks can be derived. Sustainable workgroups and clear timeframes are developed and assigned for each task.

Phase two involves weekly and monthly meetings of the work groups where the outside professionals assist in coordination and then withdraw to an observer role as soon as possible. Continuity of the workgroups is ensured by comprehensive representation of the community.

Phase three is creating and evaluating a replicable program of community support that responds to immediate crisis, offers a variety of interdisciplinary programs for trauma intervention, and simultaneously develops long-term community services to prevent the consequences of trauma. This phase culminates in the withdrawal of outside professionals.

A few basic components of the LINC Model are crucial to its success. The first is *community connectedness*. In order to work collaboratively with community members, it is essential to uncover their tangible and intangible resources. One of the more intangible resources that needs fostering is a sense of connectedness among community members with their local traditions, the history of their town, knowledge of its people, terrain, economy, politics, culture, and folklore. Connectedness is further enriched by knowledge of the old and new daily patterns, rituals, and stories that impart spiritual meaning.

In a series of studies examining knowledge of family stories across generations, results demonstrated that it was better for individuals to know any story about their ancestors, even if the story was filled with trauma, than not knowing any story at all. Connectedness to family and culture

of origin seems to be protective against risk-taking behaviors that occur in the aftermath of major trauma, for example, sexual risk-taking, addiction, depression, and suicide. This finding has major implications for policy decisions concerning war orphans and other displaced persons, as well as for the management of the consequences of trauma.

The key point is that people can build positive connectedness by drawing on their inherent resilience and avoiding having their behavior labeled as *dysfunctional*. This is far more cost effective than their remaining vulnerable, taking risks, and needing costly treatment. If massive resources are poured in from the outside in times of acute crisis, identifying individuals as sick, and classifying them as in need of professional services, the natural support system becomes marginalized at a time when it is most needed. This isolates people rather than bringing them together.

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Another basic tenet of the LINC Model is the use of Family and Community Links—individuals who provide a bridge between professionals, families, and communities. Because they are a part of the community, Links have natural access to closed communities where outside intervention is neither invited nor welcomed. They help to ensure that there is permission, motivation, support, and invitation for professional intervention, that everyone across the system is informed, that there are no secrets, that authority is given where needed, and that all potential change makers are involved.

Over the past 30 years, some of the situations in which the LINC Model has been applied include: Kosovo after the recent war (the Department of Health); South Africa after race riots (the

Director of Public Health, Natal Province); the increase in substance abuse and violence during communism and its aftermath in Hungary (the Department of Health and Ministry of Youth and Sports, Hungary); and after the series of earthquakes and floods in Taiwan (the President of Tzu Chi University, Taiwan).

The following brief examples illustrate the impressive results that Links can achieve.

The LINC Model at Work in Argentina and New York

In Argentina, during the aftermath of the time of “the disappeared” with political upheaval, community disruption and economic disaster, there was a rapid increase in IV drug use, and the prevalence of HIV/AIDS. Addiction treatment was in traditional therapeutic communities, isolating individuals for 18–24 months. This went against the cultural norms and families refused to comply. Addiction in youth therefore was largely untreated.

In Buenos Aires Province, the Argentine Department of Health allocated money for prevention of addiction and HIV/AIDS. In collaboration with the Department, Links, working with their own communities and outside professionals who provided consultation in the LINC Model, developed a program called “10,000 Lideres para el Cambio” (“10,000 Leaders for Change”). As a result of this program, the community demanded outpatient care in their own communities so they could participate in taking care of their youth and not suffer lengthy and futile separations. Within 2 years, there was a 400% increase in the admission of young substance abusers to addiction treatment programs by their families.

In this instance, the government responded to the request by families and communities, and the resulting policy change led to a radical reduction in the number of inpatient admissions in distant provinces, improved length of stay, and reduced cost of addiction treatment. Family involvement throughout the process greatly increased likelihood of long-term recovery.

When the events of September 11th shocked the world, both the city and state Departments of Health called for outside consultation on behalf of

Mayor Giuliani. Jack Saul, who was living in Manhattan and was being trained in the LINC protocols, volunteered to be the Community Link, a role he continues to serve (Landau & Saul, 2004).

Within a few weeks, 12 community-designed and run projects were started. Several of the programs were designed to sunset when their needs had been served; the others continue today in Lower Manhattan. The combined efforts of the LINC outside professional and Manhattan's Link continue to expand throughout New York City into many communities that are still dealing with the effects of the trauma, long after the majority of outside agencies have withdrawn. Now, more than four years later, there are approximately 37 active programs across the city, and more emerging. Several of these have developed in refugee communities where members had suffered natural or man-made disasters, and often torture, in their own countries prior to enduring the trauma of September 11th. Their community programs include outreach to individuals in their homelands, creating further bridges for healing. These programs cost the taxpayer very little, take minimal professional time, and provide maximum return for their communities.

The LINC Model of Community Resilience is an easily implemented, cost-effective way of helping communities prepare for, respond to, and successfully recover from disaster. It honors the inherent resilience and competence of communities, while extending limited governmental and professional resources, and reducing burnout. In today's complex world, the LINC Model offers a framework that enables professionals to respond to the specific needs of a community. As outcome research has shown repetitively in communities here and around the world, natural change agents know what the community needs (Landau, 2004). That is why every community in which the LINC Model has been applied looks quite different. When community members have a central role in the design, these programs are successful in terms of outcomes and cost-effectiveness, and they endure across time.

References

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