

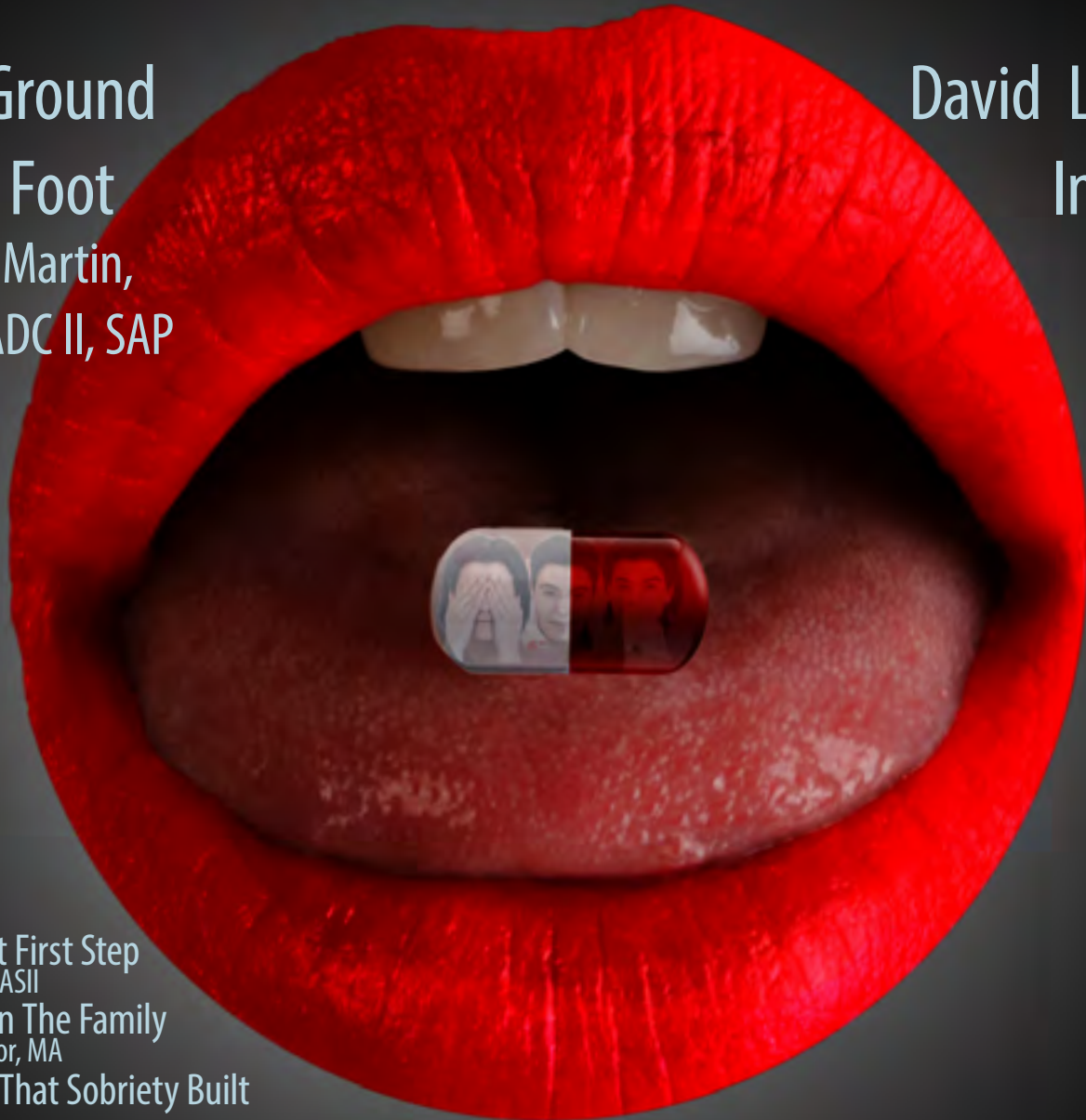
SereneScene

Magazine For Long Term Healthy Lifestyles of Recovery

April 2013

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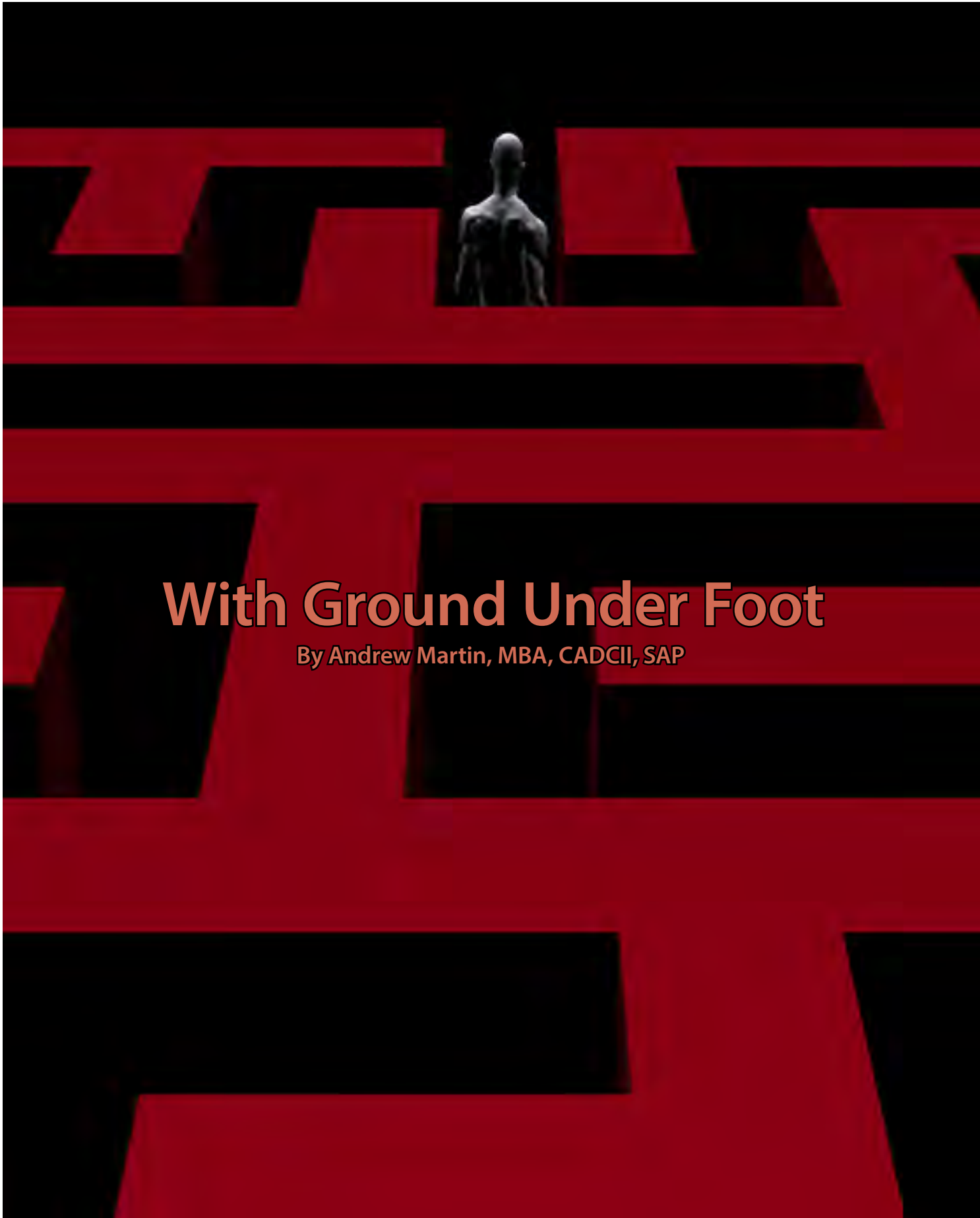
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With Ground Under Foot

By Andrew Martin, MBA, CADCI, SAP

I recently attended a workshop investigating the use of dream therapy in addiction treatment. One of the participants shared a dream in which they were hanging from a taught rope that extended into infinity from East to West; there was nothing but sky in every direction including below. This story reminded me of countless other variations along the same theme that Patients share while in counseling sessions with me. There seems to be a common feeling of uncertainty, and fear of the unknown, in early recovery.

For some patients, this fear and uncertainty can be paralyzing in many ways. It is fairly common for me to experience a Patient that is fully aware of the need to take action in a certain area of life, yet they are seemingly unable to do so. With further questioning it becomes clear that they are capable of taking action, however they are also stuck in a place where inaction rules. This is a terribly frustrating condition for both the Patient and the clinician.

In my work with these Patients, I have come to believe that the fear and uncertainty is the origin of significant anxiety pertaining to change efforts. Take the imag-



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ery from the dream therapy participant as an example. Here is an individual hanging on to a rope with no indication of which direction to go in order to reach safety, or even a move slightly toward a safer place. The anxiety that this situation represents is immense. There is also considerable fear that, regardless of any action taken or not taken, it will be the wrong decision. What if the individual simply stays put; then they will make no progress in any direction and their situation will not change unless something comes along to change it. What if they move down the rope to the East; will there be something over the horizon that will be better or worse, and will they be able to return? What if they let go of the rope and fall downward with gravity; what is down there to cushion their fall, if anything?

There is even more added to the scenario when one considers that the Patient is in early recovery from addiction. In many instances, the Patient is trying very hard to let go of old behaviors and old thinking processes. This leaves them with few tools to draw upon when confronted with challenges. The Patient may have a plethora of new information and tools available to them, but lack the experience and confidence to utilize them. This can quickly lead the Patient into overwhelm.

Combine the anxiety of the circumstance with the fear of the unknown, and then add a good dose of overwhelm to the mix and it is no wonder that Patients can get stuck in a place of inactivity. When the Patient is stuck, it is time to explore some options.

When I am working with the Patient that is stuck, I start with education. I think it is important for the Patient to understand what may be causing the various forms of anxiety, frustration, fear, overwhelm, and inability to act. Once there is a practical understanding of the mechanics of the situation, I think it is necessary to assess the Patient's strengths and weaknesses and work toward a treatment strategy that will encompass where they are at.

I normally start with reality therapies centered on the Patient's perceptions of the world around them and how they feel about that world. It is commonplace for Patients that are feeling stuck to perceive their universe as something ethereal, something that is non-constant,

and something that they do not have a good grasp of. However, with a bit of reality therapy, it is possible to create some grounding cognitions within the Patient so they can recognize that their perceptions of the world may be distorted by the anxiety, fear, and overwhelm that they are experiencing. Once this recognition takes place, it is an excellent opportunity to discuss appropriate expectations for wellness and how to adjust expectations for treatment and progress. In rare instances, there is no progress in perceptions or cognitive distortions in the Patient, in which case it may be time to consider some sort of mental disorder or learning disability; both of which are referred to the appropriate healthcare provider.



Because one of the primary factors keeping the Patient in heightened stress is the fear of movement, I suggest a simple tool to be used as a grounding force. I ask the Patient to find a totem of their choice that helps them feel comfortable. The totem is a representation of the Patient's belief in a place of feeling grounded and secure. Often a Patient will associate a memory that consistently brings them peace and a feeling of

belonging, with the totem. Once a totem is selected and the Patient has a firm understanding of the totem's representative nature, I begin to work with the Patient to identify areas of their life where they desire change and that change is reasonable.

At this point it is imperative to remember that the Patient is stuck. They are seemingly paralyzed from taking action – even though they report that they really want to take action: sometimes they will even report that they can take action. However, the Patients must begin with where they are at, and for someone who has been stagnate for some time it is not reasonable to expect them to immediately jump into action. I like to suggest they begin to stretch their barriers slowly, and then return to safety to assess what happened when they stepped beyond their normal boundary. This is where the use of the totem becomes very helpful: if the Patient begins to feel too much anxiety or fear when they are pushing themselves beyond their normal boundaries, they can turn to their totem for comfort and reassurance. I ask them to try to experience the discomfort as long as they can before turning to the use of the totem. My experience is that the Patient will use the totem a great deal when beginning this work, and then come to the realization that the anxiety and fear they are experiencing dissipates naturally without the use of the totem.

I ask the Patient to integrate the practice of stretching themselves beyond their normal boundaries on a daily basis. I will often introduce the concept of a daily routine and ask them to keep track of their daily activities with a calendar or diary. I ask the Patient to put at least two or three tasks into their day that are out of the ordinary. I also ask them to put a line through the tasks as they accomplish them. This type of routine and organization goes a long way in representing to the Patient that they are making progress and can accomplish their goals. This form of self-support and recognition is a powerful tool. Support from the Patient's external world must also be present. The encouragement of clinicians, social networks and family members is healthy for the Patient.

At times, the Patient may turn to denial or dishonesty when reporting on progress toward their goals. This is to be expected when the Patient takes on too much



Andrew Martin
M.B.A., CADDC II, SAP

Andrew Martin began his entrepreneurial approach to business in 1982 at the age of fifteen. Throughout his career, Andrew has fulfilled his duties as a senior executive in viable business ventures in various industries including; health care, sound reinforcement and lighting, electrical safety equipment, commercial catering, specialty metal

shapes manufacturing, and the entertainment overhead suspension industry.

Andrew's current business efforts are encompassed by Serene Recovery Network, a group of branded organizations with a common vision of helping people in early recovery to help themselves to a long-term rewarding quality of life without addiction. The individual businesses include Serene Center, a 36 bed transitional sober living facility in Long Beach, CA which also conducts outpatient counseling services, drug testing and monitoring, and outpatient detoxification. Serene Connections, a publishing and professional educational conference production company catering to the field of addiction treatment. Serene Directory, an online directory of professionals and organizations affiliated with behavioral and mental health. Serene Foundation, a micro loan lender providing funding for the continuum of addiction care.

Andrew has authored many articles related to addiction treatment, health care agency productivity, industry specialties, as well as business approach and leadership and has been published in Serene Scene, Behavioral Health, Freedom Newspaper, Sound & Video Contractor, Western Wall and Ceiling Contractors Association Bulletin, Connections Magazine (Australia), dB Magazine, EQ, Lighting & Sound International (Canada), Sound & Communications, Live Sound International (UK), Recording-Engineering-Production. Additionally, many patents and trademarks have been awarded to Andrew Martin for various business related products, brand names, and service marks.

Andrew is also very active in the California Association of Alcoholism and Drug Abuse Counselors (CAADAC) Board of Directors and Sober Living Network. Andrew also keynotes for many organizations.

too fast. I tend to revisit adjusting expectations of wellness and progress, and usually the Patient becomes aware of the need to adjust their activity.

Regression is bound to happen at some point. It can be very frustrating when a Patient makes tremendous progress and then suddenly moves back to a place of being stuck. The fortunate thing is that the Patient has now had the experience of movement and has some idea that they can move again. Starting a treatment plan from where the Patient is at is always the key. I often remind the Patient that treatment is about making progress toward goals, and sometimes progress has setbacks. However, setbacks do not negate the treatment efforts, setbacks only serve to remind us that we are all human. I remind the Patient that taking just one more small healthy action every day will add up to impressive long-term results.

Revisiting the imagery of the individual sharing their dream of hanging on the rope with nothing but sky surrounding them: with this type of work to address the anxiety, frustration, fear, overwhelm, and inability to act, the Patient will soon begin to see the ground. **SS**



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