



# Serene Scene

Transitional Sober Living Magazine

LONG BEACH®

SERENE CENTER

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February, 2011 Issue

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Courtesy of Serene Center Long Beach

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## SUPPORT RECOVERY SAFELY

*Andrew Martin, MBA, CADC II*

Andrew Martin  
M.B.A., CADC II



Not too long ago, in my own neighborhood, there was a sober living that was doing a great job supporting its residents. Unfortunately, one of the residents who had several months of abstinence decided to avoid the help of the other residents, instead, go out, and have a drink. Their intention was to only have one drink, but one led to several, and then the drug use began as well. When they returned to the sober living, they were ejected from the property because they were under the influence. They wanted back into the sober living, so they found a cheap motel nearby and planned to stay abstinent for several days until they would pass a drug test.

While alone in their isolated motel room, they began to have cravings to drink and use more. This time, they decided to reach out for help, but not to a sponsor or clinician, instead they called out to a few friends who were new to sobriety. The friends, feeling empowered and complimented by the request, went to the motel to support the relapsing addict. When they arrived, the relapsing addict began to talk to them about drinking and using, and how they could all party together. The strength to resist temptation that the others from the sober living thought they had was false: it was far too early in their recovery. Before the day was over, every person in the motel room was drinking and using, even though none of them really wanted to initially and every one of them knew they would be ejected from their sober living.



This scenario occurs far too often. Individuals in early recovery have the best intentions of providing sober support for a friend or a loved one, but they simply do not have the strength to do so effectively. This kind of strength comes with time, a great deal of time, focused solely on working toward creating a solid lifestyle of sobriety for one's self first. In early recovery, there is a contradiction in one's willingness to help and one's ability to help.

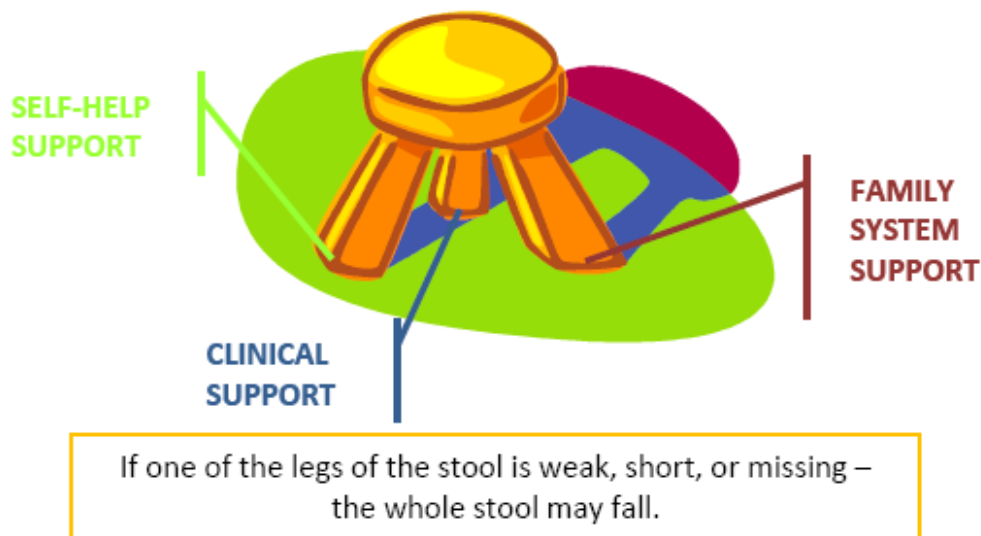


## SUPPORT RECOVERY SAFELY

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In early recovery, perhaps the first six months or so for most, there can be a strong willingness to support others in their recovery effort. There is a sense of loyalty toward those who are also struggling with sobriety, and there is a feeling of fellowship amongst the group. These emotions can lead those in early recovery to think they can help one another through great challenges: and this is absolutely true so long as nobody is drinking, using, or acting out. However, as soon as the alcohols, drugs and unacceptable behaviors are introduced, a phenomenon known as trigger effect jumps into action. Trigger effect compels individuals to relapse back to previous alcohol using, drugging and behaviorally acting out. Individuals in early recovery are taught to avoid the people, places and things that bring trigger effect for a minimum of one year. Unfortunately, when it comes to close relationships and friends, the addict in early recovery often forgets the teachings since they do not consider their early recovery relationships as potential triggers.

Perhaps it would be useful to assess what recovery means. The early recovery program should include three primary areas of support: self-help support, clinical support, and family system support. It may be helpful to view the early recovery program as a stool with three legs:



Self-help support includes group meetings such as Alcoholics Anonymous, Al-Anon, religious institutions, treatment facilities, community programs, and other self-help organizations. These networks are valuable resources for the addict to share thoughts and behaviors and receive feedback from peers who have similar experiences.

The clinical support adds a very different dimension to the early recovery effort. As is apparent in the post acute withdrawal syndrome (PAWS) description, there are many symptoms of the syndrome that cannot be addressed without the help of a trained clinician. It can be dangerous to the alcoholic/addict to attempt to deal with psychological issues without the guidance of a clinician, particularly during the PAWS timeframe. A psychiatrist or psychologist with addiction accreditation, a chemical dependency therapist, an addiction counselor, or community mental health services will be able to confront irrational addict self thinking and link the distortions to recognizable behaviors.

The family system support plays an extremely important role in the early recovery program. The family

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can be defined as any person that has a close connection by genealogy, friendship, or romanticism with the addict. It is common for the family system to be unhealthy when there is an addict involved, and that is why it is so important to include the family system in the early recovery effort. When the family system is also working on their own recovery effort, the communication to the addict is very poignant and valuable.

The purpose of the three legged stool in is to provide feedback and loving support from individuals from diverse aspects of the addict's life that understand the disease of addiction and will interact with helpful and compassionate communication when they recognize addict self behaviors and thought processes. More information on the family system and the three legged stool of early recovery can be found in another Serene Scene article entitled "Healthy Early Recovery Program" by Andrew Martin.

It seems clear that to be in recovery requires a significant commitment, hard work, and a great deal of self-efficacy and determination. Where individuals in early recovery often make mistakes is when it comes to the belief that their willpower will keep them from being influenced by the unhealthy behaviors of friends and family. This is an odd phenomenon since every addict in recovery is fully aware that willpower does not create any form of long-term recovery. If their willpower fails every time when it comes to drinking and using, why would the results change now? The simple answer is that willpower continues to be ineffective. Therefore, the commitment one must make to one's recovery effort is paramount, above the wellbeing of a friend or family member.

Supporting another's recovery is an important job, but not as important as taking care of one's own recovery commitment. Once this is understood, the task of supporting another's recovery effort becomes clearer. In simplified terms:

***If someone is dedicated and taking  
right action toward recovery,  
then support him or her wholeheartedly.***

***If someone is actively drinking,  
using or acting out,  
then provide no support whatever.***

Individuals who are in early recovery must also consider how they can trigger one another into acting out and using. Therefore, individuals in early recovery must not provide support to anyone who is acting out inappropriately, drinking, using drugs, or has been drinking and using drugs within the timeframe of a positive drug test result. It is within this period that individuals are in acute withdrawal and are not trustworthy, and are very likely to encounter intense physiological cravings. It is difficult to stay away from a close friend when they are pleading for help, or are sounding reasonable and logical: but those in early recovery must avoid any contact without exception. If the individual truly wanted appropriate help, they would contact a sponsor, a clinician, or a healthy family member. The strong likelihood is that in acute withdrawal, the individual is simply acting narcissistically and wants company and justification to drink and use some more.

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For someone in early recovery saying no can be more difficult than avoiding and individual in relapse. At the first sign of discomfort, it is suggested that one is prepared to say that their own recovery comes first, and that they are not prepared to provide any help right now.

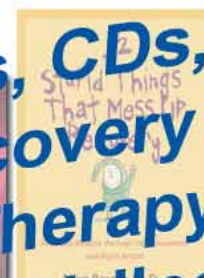
***My own recovery comes first,  
and I am not prepared to provide any help  
right now.***

As a human being, a recovering person wants to help another addict in distress. But when that help threatens the recovering person's safety, the realization that relapsing into old behaviors, drinking and drugging will serve no purpose at all. It is far better to allow the person who is acting out and/or using to find their own way until such a time as they are out of acute withdrawal. Only then will any healthy support given really assist in a meaningful way.

When the time comes for support, healthy support must be aligned exclusively with the recovery model: self-help support, clinical support, family system support. Other forms of help are not very useful in dealing with an individual who has recently been drinking and using. Furthermore, if the individual does not want help in the areas that the recovery model indicates, then they do not want to be in recovery anyway. Moreover, in this instance, since it is a sober friend's duty is to only support another's recovery effort, the person who has recently been drinking and using is making the choice clear. By not supporting the unacceptable behaviors of another, a friend is truly being a friend. And, a friend is preserving their own recovery in the process. Isn't that what any recovering friend wants for another recovering friend? **SS**



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