

SereneScene

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Challenges of Transitioning

By Andrew T. Martin, MBA, CADC II, SAP, CA-CCS

I was recently involved with the closure of a large transitional sober living facility. I experienced many individuals in the face of a significant change in their life circumstances as many were suddenly faced with the prospect of leaving a supportive living environment and finding their way to the next chapter in their lives. While change is never easy, it is particularly difficult for those in early recovery because they are faced with the prospect of changing so much in their lives already.

The patients and sober living members of the agency were provided a 30 day notification that the agency would be closing. The staff worked diligently to find appropriate placements for each patient and sober living member. Many factors were considered in providing appropriate referrals: mental health, physical health, spiritual status, relapse history, family support, self-help program engagement, self-reliance, willfulness, and financial capabilities were some of the factors assessed. Suitable referrals were provided to every person, and each referral included the name and telephone number for the contact at the referred agency. It seemed reasonable that most patients and members would follow up with the referral to the new agency, but to be

sure, staff also followed up on their progress.

To my surprise, only a handful of individuals followed through on the referrals provided to them. I began to notice a pattern of willfulness, self-reliance, and isolation in the members and patients. I proceeded to investigate why these symptoms were occurring in people with significant recovery time, successful treatment, and continued care participation. Here are a couple of fictional stories that are indicative of the type of behavior I witnessed, along with some observations.

One patient, who had entered into outpatient treatment combined with transitional sober living within the last 60 days, decided that they no longer needed outpatient treatment, despite the urging of the patient's counselor to continue treatment. This patient had entered into treatment after completing a primary treatment program. The patient exhibited significant behavioral patterns indicating the need for a highly structured living environment in conjunction with extensive outpatient treatment. When this patient was confronted on their decision to discontinue outpatient treatment, they expressed their belief that they had



found wellness and no longer needed clinical help. The patient denied behaving in the ways that we had observed during the patient stay at the agency. When I interviewed the patient further, I discovered the patient's strong desire to return to life the way it used to be. The patient expressed a sincere belief that they had learned all they needed to learn in order to return to the lifestyle they had while active in their drinking and drugging, but without the alcohol and drugs. Despite our staff's best efforts, this patient left the facility, did not continue with outpatient treatment, and rented an apartment with someone they had met while staying at the agency.

In this story the patient possessed a tremendous amount of self will and a strong desire to return to a lifestyle they once knew. It appears that the immediate stress of living a life in recovery, and continuing to work on self-improvement and behavioral health wellness, was too much for this individual to cope with. When offered assistance and coping tools, the patient refused to participate in making decisions in their own best interest. The illness of addiction had reared its ugly head once again and contributed to the irrational decision-making process that this patient exhibited. The patient's need to avoid the potential stress caused by looking inward at themselves, and discovering more of their true self, resulted in the patient's old coping mechanisms of denial, self-will, and failure to act in their own best interest.

In another instance, a member of the transitional sober living program, after 12 months of sober living participation and completing a five month outpatient

program, decided to move into an apartment with a friend that was not sober. Due to the history of this individual, the recommendation for this member was to continue in a sober living environment where they could practice their recovery program and continue to nurture supportive relationships with others in recovery. When this member was confronted on their decision to ignore the recommendation and instead move in with a roommate who was not in recovery, the member expressed confidence in their ability to remain sober and work a strong recovery program despite their surroundings. When interviewing this member it became clear that their focus was on a romanticized version of life in which they could control their drinking and drug activity. Furthermore, the member disclosed a problem with ongoing finances and a lack of financial support from their family. When our staff communicated the clear relapse warning signs and increased stressors surrounding this member's circumstances, the member acknowledged the observations and admitted to the behaviors and thinking. The member expressed a desire to change their plans and follow the original recommendations provided to them. However, the member failed to take action on those recommendations, and eventually stayed with their plan to move in with the friend that was not sober.



In this story the individual expressed an ability to become self-aware of their behaviors and thought processes that clearly would not benefit their continued lifestyle of recovery. However, this individual underestimated the powerful forces associated with the stresses of change. The financial burden which would become this individual's own to bear, and the prospect of taking responsibility for this individual's own decision-making,

caused this person to take no action whatsoever. In effect, the stress involved with the transition caused a paralysis in taking action. Rather than take action for their own well-being, this person allowed others to dictate their actions.

Let's examine some of the characteristics, typical for an individual in early recovery, associated with the challenges of transitioning from one stage of life circumstance to another stage of life circumstance. Self-will and strong desires are typical of someone who is active in their addiction. Think about the life circumstance of an active addict who is drinking and using on a daily basis, who has little or no financial resources, and must find a way to procure their next fix. The addict must have a strong will in order to take the necessary steps to get their alcohol, drugs or money. It is important to remember that the addict is not morally or ethically inept, they are fully aware that burglary, theft, prostitution, manipulation, and begging are not acceptable behaviors in a normal lifestyle. However, the cravings associated with the disease of addiction drive the addict to overcome the shame and guilt associated with unacceptable behaviors. It is ironic that the shame and guilt experienced by the addict due to their unacceptable behaviors is also a primary motivator for the continued use of drugs and alcohol to avoid feeling that shame and guilt.

The coping mechanism of avoidance is mastered in the addict mind. If one is able to avoid those feelings that bring severe discomfort, then one is able to function at what they feel is a semi-normal level. For the addict, stressors can be virtually anything. Whatever

the stressor, the addict will take all necessary action to avoid the emotional stress caused by the circumstance. While an individual without the disease of addiction will encounter stressors and turn to their arsenal of coping mechanisms to deal with the stress and other emotions associated with the circumstance, the addict quickly learns that the best way to cope in the short term is through the use of drugs and alcohol. Because the motivation for the addict is to end the stress response, they have created a conditioned response that instructs them to drink or use for immediate release. Of course, this behavior does nothing to help the life circumstance that's causing the stressor, but this is not a consideration in the addict's thinking.

For the addict in early recovery the thinking process is impaired. Cognitive distortions and emotional distortions create a misperception of life circumstances. It is extremely difficult, if not impossible, for the recovering addict to recognize these distortions without help. To make matters more difficult, the recovering person also has a diminished set of life skills and coping mechanisms. The combination of distorted thinking and lack of pertinent life skills creates an ideal scenario for the recovering person to underestimate the impact that a change in life circumstance will have for them. Without guidance from a healthy outside party, the recovering person may not be capable of making an appropriate decision for their well-being. Likewise, the recovering person is also highly vulnerable to unhealthy influences when making decisions.

The addict in early recovery also has a reduced sense of self awareness. The individual may not recognize when their stress and anxiety levels are increasing. At the same time, they may not recognize old addict behaviors creeping back into their daily routine. This is the primary reason for an addict in early recovery to have a self-help support system that includes trusted individuals that can inform the recovering addict of their observations. In doing so, the recovering person will hopefully absorb the feedback and take the necessary actions to intervene on the destructive behaviors. Without the accountability of a support system the addict in early recovery is, in many ways, incapable of making appropriate decisions for themselves. Keep in mind that this lack of self-awareness is not necessarily a



conscious or even subconscious symptom of addiction. It is entirely possible that the recovering addict simply has no awareness of certain aspects of their true self. It is through working with clinicians that the recovering addict will gain better insight into themselves.

It can be a challenge for those in early recovery to rely on others for assistance. Most addicts have a long history of being able to rely on no one but themselves. This creates a firm foundation of unhealthy self-reliance. In many cases, the addict has also experienced tremendous defiance toward authority figures and others. When one combines the defiance and self-reliance dangerous combination occurs for the addict in early recovery. The individual may begin to experience situations in which they are fully aware of a healthy choice for themselves, however they revert back to old behaviors which instruct them to rely solely on themselves for decision-making and to reject any feedback or advice from another person. It is common, even for those who are aware of their defiant self-reliance, to continue making decisions for themselves without any feedback from others.



Family and friends are critical throughout the recovering addict's recovery effort. During times of transition family and friends act as a support system for the recovering addict: family and friends can also, unwittingly, act as a stressor for the recovering addict. Recovering addicts carry with them a great deal of shame around the actions that they took when active in their addiction. Much of the shame is associated with family members, friends, and loved ones that were harmed during the addict's addiction activity. The recovering addict wants to show family and friends that they

are now capable of making appropriate decisions for themselves and carrying out plans of action. When the recovering addict encounters difficulty in making decisions or carrying out actions, they can experience a flood of associated guilt and shame emotions that they do not understand and cannot process appropriately. Often the recovering person will keep their concerns and frustration a secret and avoid interacting with family and friends during the transition.

A transitional time always brings a loss of stability with it. For a recovering addict, that loss of stability can be magnified and exaggerated. Consider the recent experience of the recovering addict; they had been thrust into a treatment environment in which their reality has been called into question, and they have discovered that everything they know about themselves may need to be changed. Additionally, their thought processes and emotional processes are volatile, to say the least. In many ways, the recovering addict must mourn the loss of their addict identity. It is because of these tumultuous experiences that the recovering addict requires a great deal of stability and structure, particularly in early recovery. As the recovering addict transitions to a new life circumstance, that stability and structure will likely be interrupted in some way. So it is important to maintain some aspects of lifestyle that can remain stable and secure. Self-help programs, family support systems, and clinical support can all be extremely helpful during times of transition.

The challenges of transitioning are clearly real and significant. Transitions can be made more smoothly if the recovering addict takes the approach that includes listening to others, focusing on priorities of wellness and recovery, and remains engaged in their recovery program throughout the transition. Creating a plan of action and incorporating accountability in carrying out that plan is an invaluable strategy for working through transition and not veering off target. While transitional times are difficult, they do not have to be detrimental to a long-term healthy lifestyle of recovery.

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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 Connections, a publishing and professional educational conference production company catering to the field of addiction treatment: The Evolution of Addiction Treatment is the flagship conference. Serene Directory, an online directory of professionals and organizations affiliated with the treatment of addiction. Serene Foundation, a micro loan lender providing funding for the continuum of addiction care. Serene Scene Magazine, a publication promoting long-term healthy lifestyles of recovery. Andrew Serene Institute providing educational opportunities to professionals. 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 Magazine, 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 on boards related to the treatment of addiction. Andrew also keynotes for many organizations and speaks internationally on many topics relating to the treatment of addiction.

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