



Serene Scene

Transitional Sober Living Magazine

LONG BEACH®
SERENE CENTER

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October, 2011 Issue

WILL FOR RECOVERY

Andrew Martin, MBA, CADDC II, SAP

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Courtesy of Serene Center Long Beach

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WILL FOR RECOVERY

Andrew Martin, MBA, CADAC II, SAP



Have you known someone with the disease of addiction that appears to desperately want sobriety and recovery, yet cannot seem to stay sober? Perhaps this person has been through excellent treatment programs, has stayed in sober living, has even been seeing a therapist on occasion, but they still cannot stay sober. They have been afforded every opportunity to find the recovery that they so desperately want, and they cannot seem to get out of their own way to find it.

Working in a transitional sober living environment, I witness these characteristics often. I have given much thought as to why it is that someone who, I believe genuinely does want recovery, cannot stay sober more than a couple of months. Based on this experience, I wish to pass along some of my impressions and opinions as to what I believe is a major contributing factor to the relapsing behaviors of the person described above.

Let me be clear, these opinions pertain only to the individual who genuinely wants a lifestyle of sobriety and recovery. So often the addict will tell people they want sobriety, but they really only want to avoid the negative consequences of addiction. I am not referring to the negative consequence avoidant individual in this article. I am referring to the individual who knows they must be sober and in recovery in order to live a quality of life that will provide them with joy and serenity; they just do not know how to get there yet.

"Just let me stay out of jail."



"I can find fulfillment in life."



Andrew Martin, MBA, CADC II, SAP

There are so many variables from individual to individual that it is difficult to point out one factor that has the most significant impact on everyone. However, there is one factor that seems to have a significant impact on the success of the recovering individual most of the time: the individual's will.

There seems to be two types of will that manifest themselves within an individual with the disease of addiction: one that is willful, and one that is willing. The difference between the two is staggering.

Willful	Willing
"I need to do things my way"	"I can try"
"I refuse to be forced into anything"	"Give me guidance"
"I don't need to do what I don't want to do"	"Help me through the hard parts"
"You don't know what I don't know about myself"	"I don't know what's good for me anymore"
"I do things when I want to"	"I will stick to my plan"
"I choose my own destiny"	"I live one day at a time"
"I am in control until I am not"	"I cannot control much of what happens"

It seems clear that the willful individual is inflexible and remains narcissistic in the belief that they are in control of their actions, when it is obvious that their actions continue to lead them back to active addiction. The willful individual has a deep sense of denial and avoidance that stems from a fear of letting go. Sometimes the willful individual can be persuaded to allow the willing individual to emerge. The willing individual allows for the opportunity of new experiences. New experiences can mean progress and growth.

It may seem as if I am referring to two different people, however I am not. Both the willful and the willing individual live within the person that desperately wants sobriety and recovery and cannot seem to find it.

When the willing person sets out to try something new, whether it be under the direction of a clinician or an idea that they learned about from a peer, they encounter a process called change management. The change process carries with it stress and anxiety that must be coped with if the change management process is to be effective. For the willing person in recovery, the stress is a major challenge. Stress is the very thing they have been using drugs, alcohol and acting out behaviors to avoid. When they encounter significant stressors in the change management process, the willing individual can quickly become the willful individual and may derail.

The Transtheoretical Model of behavior change, as developed by James O. Prochaska of the University of Rhode Island, describes the stages of change as a "process involving progress through a series of stages." (Prochaska, JO; Velicer, WF. The transtheoretical model of health behavior change. Am J Health Promot 1997)

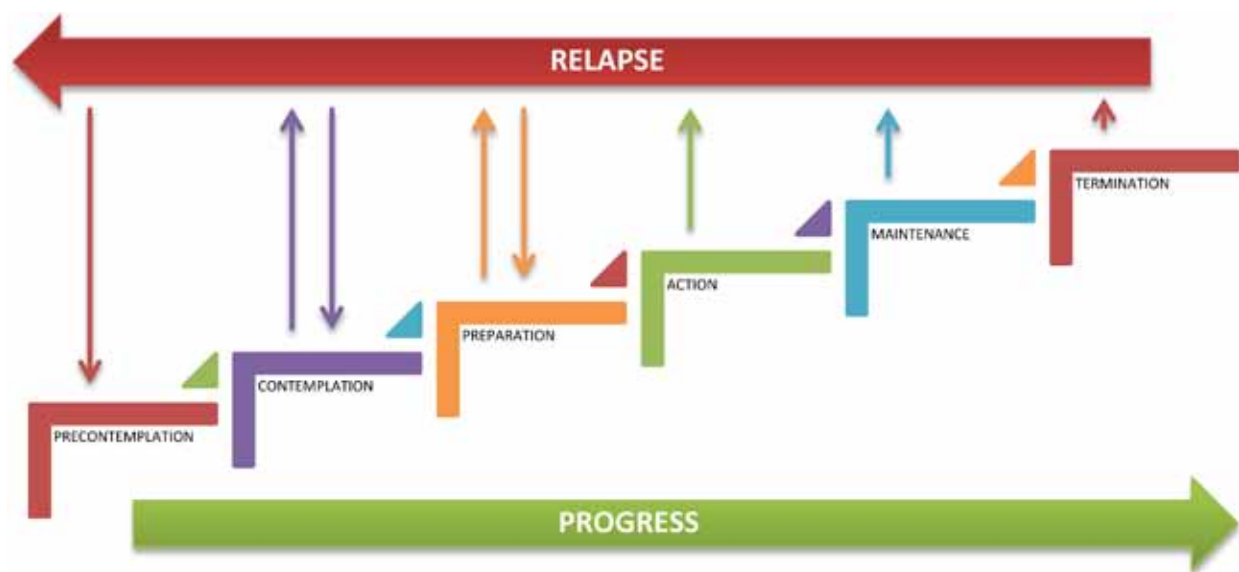


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- Precontemplation – “people are not intending to take action in the foreseeable future, and are most likely unaware that their behavior is problematic”
- Contemplation – “people are beginning to recognize that their behavior is problematic, and start to look at the pros and cons of their continued actions”
- Preparation – “people are intending to take action in the immediate future, and may begin taking small steps towards change”
- Action – “people have made specific overt modifications in their life style, and positive change has occurred”
- Maintenance – “people are working to prevent relapse, a stage which can last indefinitely”
- Termination – “individuals have zero temptation and 100% self-efficacy... they are sure they will not return to their old unhealthy habit as a way of coping”

At any point in the stages of change, the individual may “return from action or maintenance to an earlier stage” which is referred to as a relapse.



As is indicated in this model, if the recovering person makes an effort to progress with change because he/ she is willing and then encounters substantial stressors which result in willfulness and relapse, it is possible that he/she does not revert all the way back to the beginning of the change process. From a cognitive behavior perspective, this type of relapse can be a positive step for the individual attempting the change because he/she may learn that the failure was not catastrophic and may be more willing to attempt the change again. With the help of a clinician and/or a peer support group, the individual will be more likely to become willing again.

Make no mistake; it is very difficult for an individual to shift from a state of willfulness to a state of willing-

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ness. Conversely, it is very easy to switch from willingness to willfulness. Then how does one engage an individual who is consumed by willfulness and attempt to guide them to willingness?

The answer here is simple and complex: the appropriate questions asked in a productive way will help the individual find willingness from a willful state. I understand that this is not the answer most are looking for. It is not possible to provide a generalized answer that will work for most people because everyone is unique in their thinking, reception, and experience. However, in general, it is helpful to positively reinforce the type of thinking that is willing. Eventually most people will seek the positive reinforcement and this will slowly move their thinking to that of willingness.

Those who are successful at building a long-term recovery lifestyle often make statements indicating their lives are better than they ever imagined. In my experience, many of those who are in long-term recovery from addiction often have more serenity and purpose in life than people that have never been afflicted by the disease. I think one of the primary reasons this occurs is because people learn to be willing. **SS**

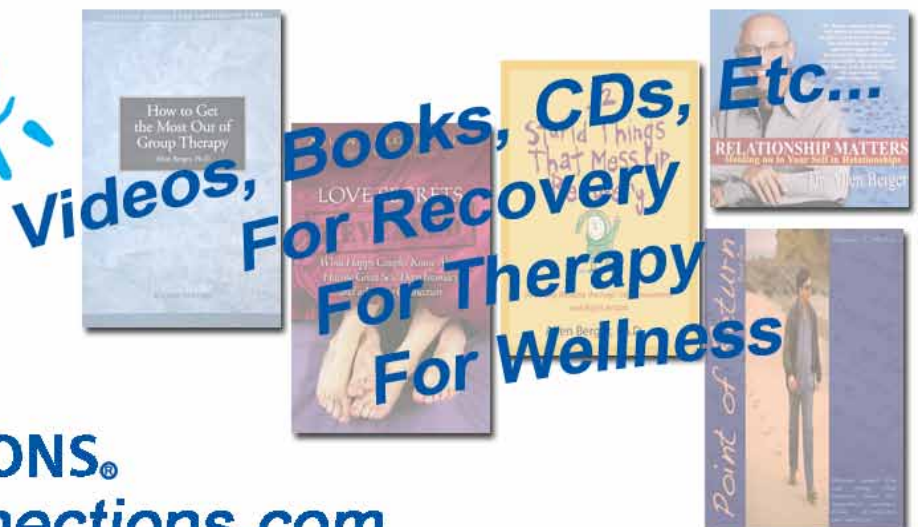
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