

## Conflicting Intentions in Interventions Healing, Growth and Recovery an Integrated Understanding

**Marc Baisden\***

*Professional Performance Development Group, Inc. (PPDG), Images Photography Alaska, Recovery Intervention Services, USA*

**\*Corresponding Author:** Marc Baisden, Professional Performance Development Group, Inc. (PPDG), Images Photography Alaska, Recovery Intervention Services, USA.

**Received:** January 31, 2017; **Published:** February 06, 2017

### Conflicting Intentions

In the initial stages of addressing an addiction, emotional/relational issues, behavioral issues or family trauma, most people are ambivalent about wanting to gain control of/for themselves. They may have some internal or external desire to change, grow or heal, yet they lack the self-concept and belief that they can, so they just continue with the status quo. This is when people are psychologically or physically dependent on a particular pattern of behavioral functioning, addiction and emotional/relational issue. The consequences of their issues are serious and afflict others in the home school, community and society. Their self-concept and belief or faith in themselves or others is so damaged that functioning patterns makes any thought of change growth or healing seem impossible. The first aspect is seen in ongoing Conflicting Intentions is that it creates the conflict between Recovery and Treatment.

### Ambivalence

When people are unclear about their emotions and intentions, this is the time when support from a professional counselor, friend, interventionist or others can be very helpful. Acknowledging the conflicting feelings that most people are experiencing is extremely fearful for them. A friend, professional, teacher and others can assist them to the appropriate services, can help to clarify their needs and move through their resistance and ambivalence. The point is that having conflicting feelings about wanting something different or change is a normal part of the process.

### Lack of Trust

So many youth, adults and families have behavioral and addictions ingrained in them to cope with anxieties or insecurities to redirect the process of potential change, healing and growth. When that redirection through behaviors and addiction continues unabated for too long, they may begin to develop more trust of their addiction and behaviors as the only means of dealing with their issues and addictions, than they do in themselves or in other people. This is often one of the biggest difficulties that people have to overcome. They become so used to "trusting" their functional patterns and use to regulate their emotions, it becomes their best friend, and they find it hard to trust human beings.

So when a person is ready to deal with their identified issues, one of the things they may need to learn is how to begin the process of trusting themselves. Part of this process involves learning to trust those people who are trying to provide support. For the person, this may begin with the slow development of belief, with the support and encouragement they can in fact cope with life without resorting to old patterns and addictions.

### Low Self-Concept/Identity

Another very common underlying issue that many people with behavioral and addiction issues have is low self-concept/identity. Self-Concept/Identity is not an easy concept to define, yet it can be viewed as: When someone comes from a historic and cultural background

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**Citation:** Marc Baisden. "Conflicting Intentions in Interventions Healing, Growth and Recovery an Integrated Understanding". *EC Neurology* 4.5 (2017): 153-159.

where their emotional, relational and developmental needs were not and are not adequately met, there is evidence to support that they have a poor self-concept/identity and are at increased risk for anxiety, depression, insecurities, traumas and addictions. Such feelings are not conducive to the development of reasonable maturity, safety, acceptance, connection, validation and growth/healing and development of a healthier self-concept/identity.

When such feelings are combined with and derive from invalidating experiences, trauma such as emotional, relational, professional, physical or sexual abuse or extended emotional neglect, the affect and consequences can be devastating. Issues of this nature can and do create such intense on-going emotional/relational and behavioral distress, that in our society, the self-harm and addictions to soothe such feelings is at a dangerous level. A counselor, professional, or friend can be a guide to assist people to explore whether or not low self-concept/identity is a major factor in the behavioral issues and addictions people live with.

### The Role of Self-Belief

When someone is ready to seek help to address their lives there is a tendency for self they may feel they have to get it under control by themselves by using will power. However, what is seen more often than not, is that they try and fail many times before they finally succeed in giving up. It is what we call functional relapse. The situation is usually no different for those attempting to deal with addiction, trauma or parenting. Most attempts to control address deal with their lives by using will power alone and usually fail.

**Restructuring the environment:** Youth, adults and families struggle with their issues and addictions for years, while trying to keep it under control, before they finally realize they can't do it by themselves. Will power is a very limited resource and can only last for so long physically, mentally, emotionally and spiritually. Learning to restructure/modify the environment so that it reduces the frequency and intensity of the issues and addictions in their lives is a key component in Recovery. Once a supportive lifestyle is in place, when issues arise, the right environment assists in avoiding further consequences and relapse.

**The need for support:** In order to change the environment, the support of a good Recovery Support Plan and Team is vital. This can include AA, NA, Smart Recovery groups and others, Inpatient and Outpatient treatment is generally what makes the difference. Without such support, the average person is left with nothing but their own limited resources to make what is usually a difficult journey. Add denial, low self-concept and conflicting intentions to the mix and the odds may seem insurmountable.

**The role of courage:** Having the courage (or perhaps the desperation) to seek professional help is probably the biggest favor that someone in this position can do for themselves and loved ones.

### Denial

When a person is in denial of how bad things have gotten, yet is not ready to face up to it or do something about it, this is pre-contemplation. Denial is not always a combination of a lack of awareness of the actual consequences, it may be combination of self-belief, disbelief, fear or other emotional distress that they could not stop using even if they wanted to. People tend to deny their issues or addiction, but often do so because they do not want to believe it is happening to them, it is only their issue not others, lack of sufficient on-going negative consequences or being enabled and rescued to be concerned about it.

Whether it is a lack of this awareness, insight or disbelief continues for many years then it would not be unreasonable to call it "denial" but it is more a pattern of functioning. This pattern is called Pre-contemplation and is the first stage in a model known as the Stages of Change.

This model describes the stages people go through when making a significant change in their lives (see below). This model is a useful way of assessing the "user's" readiness to make changes regarding their drinking or drug use.

### Changes in Motivation

Youth, adults and families are generally in some form of denial, ambivalent about changing, or they may think they can handle everything alone. With this attitude, motivation, self-concept and lack trust in themselves and others their affects their level of motivation to change.

The impact of these multiple factors is that the level of motivation partially depends on the specific circumstances and will vary over time. Motivations vary from one individual to another so it is difficult to use generalizations to connect or to classify people. In the early stages of motivation to change the desire to deal with it may be low. As time goes by, the issues, emotional and relational disease escalates and or the consequences get worse, and so the need to address the issues becomes clearer.

**The impact of a crisis:** Sometimes people only come to the realization that they need to address their issues or a crisis occurs such as the breakup of a relationship, a death or legal issues. Once the crisis is over, there are two paths, the motivation continues and they seek the help they need and move to contemplation stage or the other path is that the motivation wanes and they do nothing and remain in contemplation stage. The point here and in Recovery is that motivation is not a fixed entity, which someone either has or doesn't have, it varies with the circumstances.

**The impact of seeking help:** An indication that someone's motivation may be on the increase is if or when they decide to seek help. They may attend an AA/NA meeting or perhaps call a hotline. Or sound like their ready, yet this might only be a hopeful sign, sometimes people will take this step just to appease a family member, a loved one, co-worker or boss or friend that has be expressing concern about an issues or behavior. The level of motivation here, as stated earlier is not always sufficient for the long run.

Nevertheless, the other side of the coin at this point, is that the person may actually engage in the counseling or assessment process, this helps allow them to become clearer about their own intentions. When someone reaches this point that they wish to address the issues for themselves; then their own intention and goals becomes clear, the necessary motivation required will come from within.

### The Cycle of Change

Given that so many youth adults and families are in ambivalent about wanting to change, are lacking in trust, or may just be in denial, the support of an interventionist, counselor, supporter becomes essential. Helping someone in this situation can sometimes is a difficult task.

The following is a model or theory of change developed by two social scientists (Prochaska and Diclemente), and can be used to help people in the different decision in the change process. The varying stages that people tend to go through when trying to make a significant lifestyle change can be a daunting task. Whether the desired change is to get better, heal address trauma issues, or perhaps to get fit and lose weight, the process is basically the same.

The Stages of Change process is:

The stages of change are:

Pre-contemplation- Not yet willing to acknowledge that there is an issues behavior, addiction or pattern that needs to be changed.

Contemplation-Acknowledging that there is an issue, but not yet ready or sure of wanting to make a change.

Preparation/Determination-Getting ready to change. Initial stage of Recovery.

Action: Changing behavior- working recovery, using your relapse support team, support groups and therapy.

Maintenance Maintaining the behavior change, the living part of recovery and recognizing that there is a always a relapse potential.

Further Information

### Stage One: Precontemplation

In the pre-contemplation stage, people are not thinking seriously about changing and are not interested in any kind of help. People in this stage tend to defend their current habit(s) and do not feel it is a problem. They may be defensive in the face of other people's efforts to pressure them to quit.

They do not focus their attention on quitting and tend not to discuss their bad habit with others. In AA, this stage is called "denial," but at Addiction Alternatives, we do not like to use that term. Rather, we like to think that in this stage people just do not yet see themselves as having a problem.

### Stage Two: Contemplation

In the contemplation stage people are more aware of the personal consequences of their bad habit and they spend time thinking about the issues and cost. People are able to consider the possibility of changing; they tend to be ambivalent about it. In this stage, people are on a teeter-totter, weighing the pros and cons of believing that they can succeed in modifying their behavior. Although they think about the negative aspects of changing, yet can identify the positives associated with change and recovery, they doubt that the long-term benefits outweigh the short-term gains.

It might take as little as a couple weeks, or as long as a lifetime to get through the contemplation stage. In fact, some people think and think and think it for years or have multiple attempts to change, yet continue to liver their lives never having gotten beyond this stage. On the plus side, people are more open to receiving information about themselves, and more likely to actually use interventions and reflect on their own feelings and thoughts concerning their lives.

### Stage Three: Preparation

In the preparation/determination stage, people have made a commitment to make a change. Their motivation for changing is reflected by statements such as: "I've got to do something about this - this is serious. Something has to change. What can I do?"

This is sort of a research phase: people are now taking small steps toward cessation. They are trying to gather information about what they will need to do to change their behavior. Or they will call a lot of clinics, trying to find out what strategies and resources are available to help them in their attempt. Too often, people skip this stage: they try to move directly from contemplation into action and fall flat on their faces because they haven't adequately researched or accepted what it is going to take to make this major lifestyle change.

### Stage Four: Action

This is the stage where people believe they have the ability to change their behavior and are actively involved in taking steps to change their lives and behavior by using a variety of different techniques. The amount of time people spend in action stage varies. It generally lasts a 6 months to 1 year or more. They are making overt efforts to change the and at the same time are at greatest risk for relapse.

Internally and mentally, they review their commitment to themselves and develop plans to deal with both personal and external pressures that may lead to slips. They may use short-term rewards to sustain their motivation, and analyze their behavior change efforts in a way that enhances their self-confidence. People in this stage also tend to be more Honest, Open and Willing to ask, receive and maintain support help from others.

### Stage Five: Maintenance

Maintenance involves being able to successfully avoid any temptations to return to the old ways. The goal of the maintenance stage is to maintain recovery and to continue to heal and grow. People in this stage tend to remind themselves of how much progress they have made. People in maintenance constantly reformulate the rules of their lives and are acquiring new skills to deal with life and avoid relapse. They are able to anticipate the situations in which a relapse could occur and prepare coping strategies in advance.

They remain aware that what they are striving for is personally worthwhile and meaningful. They are patient with themselves and recognize that it often takes a while to let go of old behavior patterns and practice new ones until they are second nature to them. Even though they may have thoughts of returning to their old bad habits, they resist the temptation and stay on track.

As you progress through your own stages of change, it can be helpful to re-evaluate your progress in moving up and down through these stages.

Even in the course of one day, you may go through several different stages of change. The beauty of recovery at this stage is the ability to recognize the stages they are in and how they can better deal and address it.

And remember: it is normal and natural to regress, to attain one stage only to fall back to a previous stage. This is just a normal part of making changes in one's life.

### Role of the Supporter, Counselor, Clinician and Family Member

As described above, there are many factors which impact on the state of mind and level of motivation of substance users. Counselors are often faced with clients who are unsure of themselves, and unsure of their ability to cope with life's issues and themselves. In simplistic terms, the counselor's role is to help the client work through their ambivalence, and motivate him or her towards gaining control of their lives.

#### Aspects of the role:

- (1) **Assessment:** To assess the extent of the person's "issues and functioning" - how bad is it?
- (2) **Mental health issues:** To assess whether there is an underlying mental health or emotional/relational issues; and referrals to Physicians, Interventionist and other providers.
- (3) **Identify triggers:** Help identify the situations, thoughts and feelings that trigger the continued poor functioning patterns and addiction.
- (4) **Life style changes:** Help the client make appropriate life style changes - paying particular attention to the people they mix or socialize with whom may draw them into their dis-ease functioning patterns.
- (5) **Self-soothing activities:** Help the client find distractions or self-soothing processes to reduce the frequency and intensity of the issues.
- (6) **Suggest and Support treatment options:** Make referrals to residential and appropriate outpatient treatment programs and community supports when and where appropriate.
- (7) **Provide support:** Help support and motivate those who want to change, and are ready. They cannot do it alone. (Neither could we)

When we can adopt the Recovery and Change Model into all parts of our social services to people then in my experience and belief we will see greater change, effectiveness of services and the services would be more cost effective.

The following is a short list of where using the Recovery and Change concepts have been effective in Services:

State and Federal Correctional Community and Institutional Programs

State Department of Children and Family Services

Inpatient, Outpatient, Crisis, and Community Mental Health Services

Foster and Developmental Group Homes

Employee Assistance Programs

Finally City, County, State and Federal Governmental Systems.

In using these models and skills then we will be able to increase the empowerment of the people and decrease the intensity of services needed as well as the amount of funding that is needed to help be a support for people. Below is then Guiding Principles of Recovery initially established by the American Society of Addiction Medicine and slightly modified to address the issues of today that impair people our service provision to assist them.

### Guiding Principles of Recovery

**Recovery emerges from hope:** The belief that recovery is real provides the essential and motivating message of a better future - that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.

**Recovery is person-driven:** Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s).

**Recovery occurs via many pathways:** Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds - including trauma experiences - that affect and determine their pathway(s) to recovery. Abstinence is the safest approach for those with criminality and substance use disorders.

**Recovery is holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.

**Recovery is supported by peers and allies:** Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.

**Recovery is supported through relationship and social networks:** An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.

**Recovery is culturally-based and influenced:** Culture and cultural background in all of its diverse representations - including values, traditions, and beliefs - are keys in determining a person's journey and unique pathway to recovery.

**Recovery is supported by addressing trauma:** Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

**Recovery involves individual, family, and community strengths and responsibility:** Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems - including protecting their rights and eliminating discrimination - are crucial in achieving recovery.

**Volume 4 Issue 5 February 2017**

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