

Together AZ



Inspiring Success On The Road To Recovery

OCTOBER 2013

First cases of flesh-eating drug Krokodil surface

A man prepares heroin in Zhukovsky, Russia, near Moscow. To produce krokodil, which has a comparable effect to heroin but is much cheaper to make, users mix codeine with gasoline, paint thinner, iodine, hydrochloric acid and red phosphorous. Krokodil, a flesh-eating drug which first surfaced in Russia more than a decade ago, has reportedly been found in the United States.

Similar to morphine or heroin, krokodil is made by mixing codeine with substances like gasoline, paint thinner, oil or alcohol. That mixture is then injected into a vein, potentially causing an addict's skin to turn greenish, scaly and eventually rot away.



Dr. Frank LoVecchio, co-medical director at Banner Good Samaritan Poison and Drug Information Center in Arizona, told CBS5 that the first two cases of people using the drug have been reported in the state. He declined to comment on the patients' conditions.

"As far as I know, these are the first cases in the United States that are reported," LoVecchio said, adding that the cases are believed to be linked. "So we're extremely frightened."

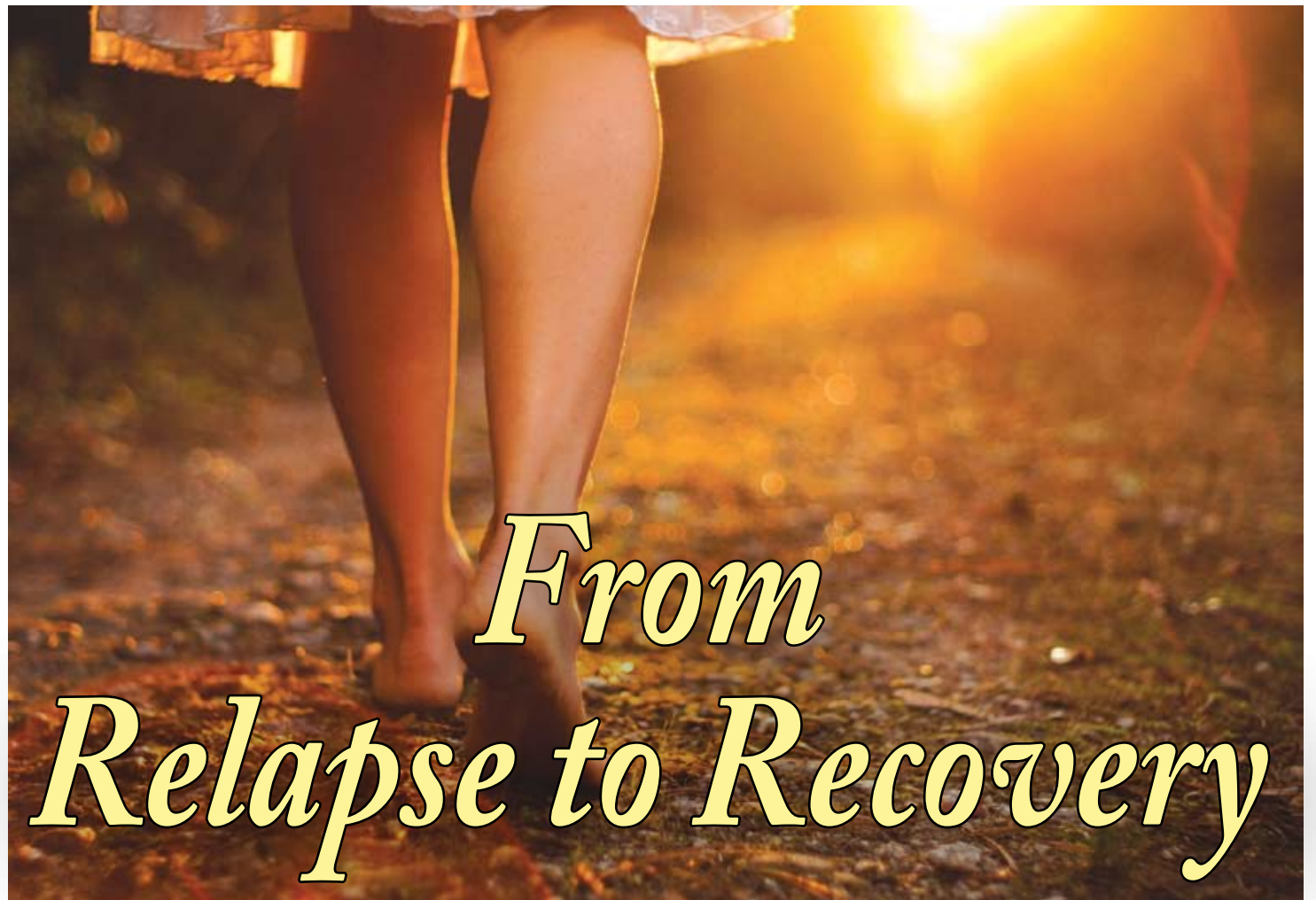
Users of krokodil — or desomorphine — had previously only been found in large numbers in Russia, where 65 million doses of the opiate were seized during the first three months of 2011, Russia's Federal Drug Control Service.

"This is really frightening," Dr. Aaron Skolnik, a toxicologist at Banner Good Samaritan Poison and Drug Information Center told MyFoxPhoenix.com. "This is something we hoped would never make it to the U.S. because it's so detrimental to the people who use it."

To produce the potentially deadly drug, which has a comparable effect to heroin but is much cheaper to make, users mix codeine with gasoline, paint thinner, iodine, hydrochloric acid and red phosphorous. Codeine, a controlled substance in the United States used to treat mild to moderate pain, is widely available over the counter in Russia.

In 2010, up to a million people, according to various estimates, were injecting the resulting substance into their veins in Russia, thus far the only country worldwide to see it grow into an epidemic, Time reports.

KROKODIL continued page 2



By Allen Nohre, Terros

The recovery from addiction is complicated and I wanted to learn more about the journey from relapse to recovery. I decided the best way was to listen to people who have taken the journey. Sarah and Marie (not their real names) openly shared their stories with me. I learned that the experiences are sometimes harrowing and no two journeys are alike. MapQuest doesn't provide directions or shortcuts. The road to Recovery often goes through the little town of Slip, the bigger city of Relapse, towns and cities that are sometimes visited more than once, before arriving for a long stay in Recovery. Every person's trip to Recovery is unique but the paradox is that we can still learn and grow from these journeys and especially from Sarah and Marie because we are all seeking to improve our lives.

Sarah

Before I met Sarah, I had some erroneous ideas about addiction and relapse. I assumed a relapse was a slip back to the same old behavior after a period of abstinence. Sarah, a successful professional woman, began recovering from her excessive use of drugs and alcohol twenty-eight years ago. With the help of intensive outpatient treatment, Alcoholics Anonymous and her recovery program, she stopped using alcohol and drugs and has never used again. But she did relapse after all that time. How could that be? She explained it. "I switched addictions and gambling became my drug of choice. I gambled during my years of not using alcohol or drugs and I thought I had it under control. I would go to Vegas and Laughlin, as well as local casinos. Gradually I became obsessed with gambling. The high I got when I won money at the slot machines was the same wonderful high I felt from alcohol and drugs years ago as a teenager and young woman."

Relapse Was Building

The emergence of Sarah's new addiction

"The road to Recovery often goes through the little town of Slip, the bigger city of Relapse, towns and cities that are sometimes visited more than once."

didn't happen by coincidence. "My relapse into gambling began when I stopped following my drug and alcohol recovery program. I wasn't using, but I wasn't doing those things critically important for me to live a life of recovery. I kept my gambling obsession a secret, stopped talking to my sponsor, quit going to recovery groups and, most importantly, I wasn't honest with myself or anyone else. I was clean and sober from drugs and alcohol, but I was white-knuckling it and I wasn't in real recovery. I ignored the things that made my recovery possible and because of my addictive personality, my gambling spiraled on me."

Sarah financed her gambling with payday loans, credit cards and cleverly orchestrated it so that she had extra money in her paycheck by decreasing her withholding taxes. She managed to keep her job, pay her rent and other bills, but she was drowning in debt.

The Turning Point: Walk of Shame from the Casino

Gambling ended for Sarah when her debts and dishonesty drove her to her knees. She describes what she calls, "My loser walk from the casino to my car for the last time." She had seven payday loans, credit card debts and owed the federal government \$25,000 in back taxes. It was time for a new recovery. Sarah began her recovery from her relapse by starting an intensive outpatient treatment program. She went to Gamblers Anonymous, found a new sponsor, attended a women's support group and returned to a substance abuse recovery group. "My original sobriety date was twenty-eight years ago. My new sobriety date, the one that really counts, is four years ago."

To reinforce her new behavior, Sarah officially banned herself from casinos by voluntarily registering for "self-exclusion" with the Arizona Department of Gaming making it illegal for her to be in a casino. She said, "I could be arrested for trespassing in a casino, even if I only went there for the crab legs I so enjoy."

Typical Relapse?

I learned more about relapse and recovery when I said to Sarah, "Your relapse is not typical." She emphatically disagreed with me saying, "Yes, it is typical. Addiction is not about drugs. It is about your mind, your mind's craziness and its obsession to get high with your next drug or your next one hundred dollars. My thoughts controlled me like a monkey on my back."

And there is more. One year into her current recovery program, Sarah decided to deal with yet another addiction — food. "I ate for pleasure and to fill the void." She was greatly overweight. She is now a hundred pounds lighter and besides being much healthier, she feels great, looks great and likes the freedom of making good eating choices.

Sarah's relapse was a painful and costly setback for her, but she is an example of how a person can get back on track in the direction of positive change. She is an inspiration for those who have setbacks by showing us that failure can be temporary.

Preventing Relapse: Triggers

Relapse prevention is an important focus of TERROS treatment programs. One of the relapse prevention strategies is identification of "triggers." A trigger can be internal emo-

RELAPSE TO RECOVERY continued page 9

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KROKODIL from page 1

The drug's sinister moniker — also known as crocodile — refers to the greenish and scaly appearance of a user's skin at the site of injection as blood vessels rupture and cause surrounding tissues to die. According to reports, the drug first appeared in Siberia and parts of Russia around 2002, but has spread throughout the country in recent years.

Officials at the Washington-based National Institute on Drug Abuse told FoxNews.com in 2011 that they had not heard of the drug prior to an inquiry by FoxNews.com.

Dr. Ellen Marmur, chief of dermatological and cosmetic surgery at the Mount Sinai Medical Center in New York City, told FoxNews.com in 2011 she had never seen any cases involving krokodil, but said it reminded her of "skin popping," or when intravenous drug users inject a substance directly into their skin due to damaged veins.

"This looks to me a lot like skin popping, what drug users used to do back in the day with heroin and other drugs," Marmur said. "It just kills the skin, that's what you're seeing, big dead pieces of skin."

Those large pieces of dead skin are referred to as eschars, Marmur said, leaving the user prone to infection, amputation and other complications.

Marmur said at the time that she was concerned the drug could eventually make its way into the United States.

"It's horrible," she continued. "These people are the ultimate in self-destructive drug addiction. Once you're an addict at this level, any rational thinking doesn't apply."

Dr. Lewis Nelson, a medical toxicologist at Bellevue Hospital Center in New York, also said in 2011 that he doubted krokodil would reach the United States due to the availability of other cheap, powerful drugs such as black tar heroin and Oxycontin.

"It's not going to become a club drug, I can guarantee you that," he said.

NEWS

Number of Patients Receiving Mental Health Care to Soar Under New Law

The number of patients receiving mental health care is expected to soar under provisions of the Affordable Care Act that will take effect next week, *The Wall Street Journal* reports. As many as 62 million additional Americans may qualify for mental health coverage.

Beginning October 1, health plans sold on the new exchanges must provide at least some mental health coverage. Existing health plans must do the same when they come up for renewal, the article notes. In addition, a 2008 federal "parity" law prevents health insurance plans from placing more restrictions on mental health benefits than on medical benefits.

Mental health care is limited in many areas of the country. An estimated 90 million Americans live in areas with fewer than one psychiatrist per 30,000 residents.

To make more efficient use of a limited number of mental health professionals, primary care practices are trying to integrate psychiatric care. Large health systems, including Kaiser Permanente and the Veterans Health Administration, are having primary care providers treat mental health issues with the oversight of psychiatrists.

The integration is also being spurred by a growing acknowledgement that medical and mental health problems are often intertwined. For instance, patients with heart disease and diabetes are twice as likely as the general population to suffer from anxiety and depression. In turn, these mental health problems make it more difficult to lose weight and make other healthful changes.

In a practice that integrates medical and mental health care, doctors can introduce patients to a counselor on site. "It's so important to capture that moment," said internist Thomas Goforth, Medical Director of the Family Health Center of Harlem, an integrated-care center in New York City. "If a patient gets comfortable with a counselor before ever leaving the building, he's much more likely to return."

Marijuana Legalization Opponents Worry States Can't Keep Drug Away from Children



Opponents of marijuana legalization say they don't believe states where recreational use of the drug is legal will be able to keep it

out of the hands of children, according to the Miami Herald.

"Kids are going to be bombarded with this – they're already getting the message that it's acceptable," said Kevin Sabet, Director of the University of Florida Drug Policy Institute, who served as an adviser on drug issues to President Barack Obama and former Presidents George W. Bush and Bill Clinton.

Legalization supporters say they also want to prevent children from obtaining marijuana. "Forcing marijuana sales into the underground market is the worst possible policy when it comes to protecting our young people," said Mason Tvert, spokesman for the Marijuana Policy Project, a pro-legalization group. "It is odd that those who wish to keep marijuana out of the hands of kids are fighting to keep it as uncontrolled as possible."

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school-aged children. The 2012 survey of approximately 45,000 youth ages 13-18 found marijuana use among children escalates after eighth grade. The survey found that more than 11 percent of the youngest children surveyed (13-14 year olds) report they used marijuana in the past year.

Where Person Drinks Influences Risk of Partner Violence

The location where people drink influences whether they will be involved in partner violence, suggests a new study. Men drinking in bars and at parties away from home are more likely to be involved in male-to-female violence, as are women who drink in parks and other public places.

A study also found men who drink during quiet evenings at home are more likely

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THE ANONYMOUS PEOPLE

RECOVERY IS OUT - TO CHANGE THE ADDICTION CONVERSATION FROM - PROBLEMS TO SOLUTIONS

Anonymity on the Silver Screen

Join Together spoke with Greg Williams, producer of "The Anonymous People," an independent documentary about the over 23 million Americans living in long-term recovery from addiction.

Tell us about your background and personal experiences that have led you to take on this project.

Greg Williams:

During my first five years or so in recovery, I was hyper-aware of feeling like I was living in two worlds — a son and student by day and a secret person in recovery by night. I was very uncomfortable knowing that people in the recovery meetings supported and encouraged me, but outside of the 12-step rooms, I thought I wasn't supposed to talk about how great my life was.

As a part of my Masters degree, I began to talk to people who felt the same way. I had the good fortune of learning from people like Bill White, who is probably the nation's authority on the history of addiction treatment and recovery advocacy. I was taught that anonymity did not mean I couldn't share about my recovery status publicly and advocate for others.

You've described the development of "The Anonymous People" as one of the most powerful learning experiences of your life. Can you share some of that learning with us?

Greg Williams:

Last year when I put The Anonymous People out there as a Kickstarter campaign—and we received nearly double our

donations goal—I thought, "Wow, there are a lot of people out there who really care about this issue."

Throughout each step—test-driving the movie earlier this year in select markets, KinoLorber picking up the distribution rights and establishing the Gathr theatrical on demand model—I got a little more excited.

But truthfully, the most gratifying part of this entire experience was meeting and talking with people like Maetta Broadus in Kentucky who is featured in the film. Her love and appreciation for her recovery life is infectious and I'm humbled to serve as a recovery advocate with thousands of others across the country just like her who will no longer stay silent.

"Anonymity" has been both a foundation of the early recovery movement and also considered by some to be a barrier to its progress in the future. Can you share your perspective on this issue?

Greg Williams:

Bill White says, "We will shape the future of recovery with a detached silence or with a passionate voice."

Throughout history, we've watched other movements struggle without a unifying message. Our message is pretty simple. We are people in recovery from a disease who now live dynamic, productive lives, just like people who are in recovery from heart disease

Anonymous People continued page 4

Emotional Liberation

By Bobbe McGinley

In our development toward a state of emotional liberation, most of us seem to experience three stages in the way we relate to others.

STAGE 1:

In this stage, known as emotional slavery, we believe ourselves responsible for the feelings of others. We think we must constantly strive to keep everyone happy. If they don't appear happy, we feel responsible and compelled to do something about it. This can easily lead us to the very people who are closest to us as burdens.

Taking responsibility for the feelings of others can be detrimental in intimate relationships. I routinely hear variations on the following theme: "I'm really scared to be in a relationship. Every time I see my partner in pain or needing something, I feel overwhelmed. I feel like I'm in prison, that I'm being smothered — and I just have to get out of the relationship as fast as possible."

This response is common among those who experience love as denial of one's own needs in order to attend to the needs of the beloved. In the early days of a relationship, partners typically relate joyfully and compassionately to each other out of a sense of freedom. The relationship is exhilarating, spontaneous, and wonderful. Eventually, however, as the relationship becomes "serious," partners may begin to assume responsibility for each other's feelings.

If I were a partner who is conscious of doing this, I might acknowledge the situation by explaining, "I can't bear it when I lose myself in relationships. When I see my partner's pain, I lose me, and then I just have to break free."

However, if I have not reached this level of awareness, I am likely to blame my partner for the deterioration of the relationship. I might say, "My partner is so needy and dependent it's really stressing out our relationship." In such a case, my partner would do well to reject the notion that there is anything wrong with his needs. It would only make a bad situation worse to accept the blame. Instead, he could offer an empathic response to address the pain of my emotional slavery: "So you find yourself in panic. It's very hard for you to hold on to the deep caring and love we've had without turning it into a responsibility, duty, obligation... You sense your freedom closing down because you think you constantly have to take care of me." If, however, instead of an empathic response, he says, "Are you feeling tense because I have been making too many demands on you?" then both of us are likely to stay enmeshed in emotional slavery, making it that much more difficult for the relationship to survive.

STAGE 2:

In this stage, we become aware of the high costs of assuming responsibility for others' feelings and trying to accommodate them at our own expense. When we notice how much of our lives we've missed and how little we have responded to the call of our own soul, we may get angry. I refer jokingly to this stage as the obnoxious stage because we tend toward obnoxious comments like "That's your problem! I'm not responsible for your feelings!" when presented with another person's pain. We are clear what we are not responsible for, but have yet to learn how to be responsible to others in a way that is not emotionally enslaving.

As we emerge from the stage of emotional enslavement, we may continue to carry remnants of fear and guilt around having our own needs. Thus it is not surprising that we end up expressing those needs in ways that sound rigid and unyielding to the ears of others.

STAGE 3:

At this stage, emotional liberation, we respond to the needs of others out of compassion, never out of fear, guilt, or shame. Our actions are therefore fulfilling to us, as well as to those who receive our efforts. We accept full responsibility for our own intentions and actions, but not for the feelings of others. We are aware that we can never meet our own needs at the expense of others. Emotional liberation involves stating clearly what we are needing in a way that communicates we are equally concerned that the needs of others be fulfilled. A component of our new communication is the acknowledgement of the needs behind our feelings.

What others say and do may be the stimulus, but never the cause of our feelings. When someone communicates negatively, we have four options as to how to receive the message: (1) blame ourselves, (2) blame others, (3) sense our own feelings and needs, (4) sense the feelings and needs hidden in the other person's negative message.

Judgments, criticisms, diagnoses, and interpretations of others are all alienated expressions of our own needs and values. When others hear criticism, they tend to invest their energy in self-defense or counterattack. The more directly we can connect our feelings to our needs, the easier it is for others to respond compassionately.

In a world where we are often harshly judged for identifying and revealing our needs, doing so can be very frightening, especially for women who are socialized to ignore their own needs while caring for others.

In the course of developing emotional responsibility, most of us experience three stages: (1) "emotional slavery" — believing ourselves responsible for the feelings of others,

(2) "the obnoxious stage" — in which we refuse to admit to caring what anyone else feels or needs, and

(3) "emotional liberation" — in which we accept full responsibility for our own feelings but not the feelings of others, while being aware that we can never meet our own needs at the expense of others.



Bobbe McGinley MA, MBA, CADAC, LISAC, NCGC II, is a nationally known speaker, author, presenter and trainer, consulting many different industries about Problem

Gambling. She currently serves as their Gambling Program Consultant. Call 602-569-4328 or visit www.actcounseling.com.

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Anonymous People from page 4

or cancer. But others can't know about our disease unless we tell them. Congress can't know and neither can the media.

If it wasn't for recovering people sharing their stories and advocating for treatment in the 40's, 50's and 60's I very likely wouldn't be alive today. It is my duty to carry this forward for future generations.

Where do you see the recovery movement going from here, after both studying it and living it so intensely over the past few years?

Greg Williams:

I think the future looks really bright because we have grassroots momentum on our side. Education and a new language is the answer to many of our pitfalls. And we have a new action campaign, in partnership with Faces & Voices of Recovery. Many-Faces1Voice.org is the response to the one question everybody asks after seeing *The Anonymous People*: What can I do to help? This site elevates passion for recovery into the tools needed for recovery advocacy.

We understand you've made arrangements to help anyone interested in hosting a screening of "The Anonymous People." Please tell us about those resources.

Greg Williams:

The concept is a brand-new, movie-going experience called Theatrical on Demand and a company called Gathr is pioneering that experience. Anyone can serve as a movie "captain" by following a few simple steps

including selecting a nearby movie theater and the day and time they'd like the film to show. The folks at Gathr negotiate with the theater so that all a captain does is promote the screening and guarantee a certain number of predetermined tickets will be reserved.

Anyone can watch a film trailer at Gathr's link and sign up to captain a screening.

Greg Williams is a communications specialist, addiction policy expert and, above all, an activist for the transformation of the current response to addiction in America. Mr. Williams holds a B.A. in communications and media production from Quinnipiac University. He also holds a M.A. from New York University specializing in addiction public policy, documentary film and health financing.

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What to Say When Your Teen Reacts Defensively About His or Her Alcohol or Drug Use

Your teen may not be happy that you're approaching them about their drug or alcohol use. That's to be expected. What you might not expect is to be called a snoop, a hypocrite or clueless. Think about how you will handle these accusations if they come up. It's good to be prepared. Here are some suggested responses:

• **If Your Child Says: "You went through my stuff?! You're a snoop!"**

Try To: Defend your choice to look through your teen's things by expressing your concern for his health and safety.

You Can Say: "I'm sorry you feel that I broke your trust. But as a parent, my job is to keep you safe and healthy, so I have to be nosy when I believe you're doing something unsafe."

• **If Your Child Says: "You smoke/drink! You're such a hypocrite!"**

Try To: Focus on the issue at hand — you don't want YOUR CHILD using drugs or drinking

You Can Say: "I wish I had never started smoking because it's so hard to stop."

"It is illegal for people under 21 to drink because their brains are still developing and aren't equipped yet to handle alcohol."

If You Are In Recovery, You Can Say, "I love you too much to let you make the same mistakes that I did."

• **If Your Child Says: "I've never done drugs! You're wrong!"**

Try To: Remain calm and do whatever you can to keep the conversation going.

You Can Say: "I love you way too much to let anything happen to you. I need you to tell me the truth so I can figure out how to help you. I have no intention of getting mad or punishing you."

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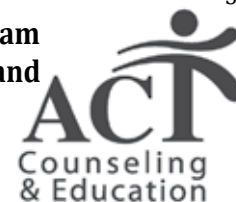
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The Original Self

Unconditionally loving and perfectly imperfect, without shame, unique, real, precious, one-of-a-kind, genuine, spontaneous, worthy, vulnerable, accepting of who I am, expressive of needs and wants and able to be in the moment.

By Mike Finecey, MA, LPC, LISAC

The Original Self is the title given to the person I was born to be. The child I am at birth — unconditionally loving and nearly perfect. There are many words that can be used to describe the Original Self; unique, real, precious, one-of-a-kind, genuine.

The Original Self is who I was before I had to figure out what to do in the big conditional world. The world where I had to experience, understand and figure out what to do with negative emotions. Before that part of my life took hold, I'm able to be spoiled; wanting what I want when I want it. My emotional expression can and will be both appropriate and inappropriate as I express all feelings. I'm vulnerable and can't survive without the nurturing and attention of another. I must rely on others to create a world that is safe, secure, consistent, and stable where I can have some control over my own environment.

Original Self Emerges

The way I have control over my environment doesn't always have words when I'm little. I can cry and someone will pick me up, feed me or know its nap time. I put my arms out and someone will hold me. I can point and someone will know what I want. Later I learn to ask for what I want, especially if it's at the check-out counter at the grocery store. At two, I practice saying 'no', just to make sure I belong. I know I'm worthy of my existence and I'm pretty much accepting of everyone. This is a time when I'm fully capable to express my needs and wants. I can say, mommy, mommy, mommy a thousand times, I can even get it myself, sometimes without spilling. I live in the moment. I spend each day being me. I've forgotten yesterday and don't know what tomorrow means. I can play with pots and pans or put on a pillow case and be superman. I can dress up in mommy's clothes and even wear her make-up. I can sleep anywhere just because I want to. After all, I am the Original Self I was born to be!

Where Did the Original Self Go?

My Original Self is who I am for the first five or so years of my life. At five or six, I enter into a phase of my life where I learn to emote what my feelings are and to have empathy and sympathy for others. Once I start school and all of a sudden there's a new adult in town; my teacher. He or she tells me where to sit and when I'm going to have

cookies. They even tell me when its nap time. The worst thing is there are a lot of other spoiled little kids; one of them takes my toy from me and when I cry they don't give it back. At home, I'm being told to pick up my stuff and use a fork when I eat. My learning to cope with my negative emotions has begun. Ah, to be three again! In a healthy family, I will be taught and learn what to do with my new exposure to negative emotions. At the same time, I will learn how to maintain my Original Self as part of who I am.

In an unhealthy family, I may not make it to five before I begin to experience my negative emotions or I don't have anyone to teach me what to do with them. Often times, the person who is to help me learn is the person who is causing the pain. As I grow older, I will often times lose my ability to be original, spontaneous and vulnerable. I may even take on the belief that I'm unworthy.

Reclaiming Your Original Self

In recovery, I hear statements like; "Let Go and Let God", "One Day at a Time", and "Stay in the Moment." From each of these statements, I learn how to do life again as my Original Self. Letting go and letting God, reminds me to be unconditionally loving of myself and to release that which I cannot control — mainly people, places and things. One day at a time and stay in the moment, I did that when I was three.

Learning to bring the Original Self back into my adulthood is all about learning to understand the person who I was always intended to be. As I'm reminded in Step 3, making a decision to turn my will and my life over to the care of God as I understand God is to allow myself to re-parent the person I was born to be. Unconditionally loving and perfectly imperfect, without shame, unique, real, precious, one-of-a-kind, genuine, spontaneous, worthy, vulnerable, accepting of who I am, expressive of needs and wants and able to be in the moment. To laugh, giggle and play, appropriately, as the Original Self — I was born to be.



Michael is the co-founder and Clinical Director of North Pointe Counseling Center. Michael holds a Master of Arts in Professional Counseling, and a Bachelor of Science in Electronic Engineering and Technologies. Visit www.npccaz.com/

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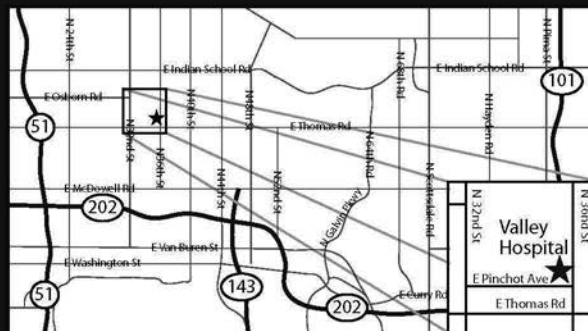
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Take Off the Mask

By DR. DINA EVAN

It's as if the person across from you is wearing the mask of the Joker. You feel it. You know it's there even through the smile and glistening teeth. You see those gazed over eyes and you know that everything coming out of that person's mouth is deliberately designed to impress, sell or deceive. We go to such great lengths to hide who we are. Are we afraid we will be judged or are we afraid we really are nothing at all? Humankind's greatest fear is that we are simply not lovable. We hide. Yet, without even knowing it, we are hiding the greatness inside.



The world has become a huge facade. Seldom is anything as it seems, whether it's physical, political, spiritual or intellectual. The ads show a burger that is thick and juicy, loaded with lettuce and cheese. The reality is a flattened couple of ounces of meat topped with a single round pickle in the middle along side a single splash of catsup, nestled between flattened white flour buns. That hamburger sometimes feels like life. We have metaphorical Spanks for shaping everything including the stuff coming out of Washington, but what's a girl to do? How can you fix it, if it isn't real?

You and I can get real!

Get authentic. What fun it would be! We could avoid all those suppositions and misconceptions that come from trying to guess who the other person is or what he or she really wants. We could take off the masks, stop pretending. We could stop reacting or over reacting to our own negative fantasies and projections about the other person, most of which are not based on any reality. The trick is to stop be afraid of what other people think. Actually, you wouldn't worry so much if you knew they seldom think about you at all! They are often more worried about what you think of them or what they are individually dealing with in their own life. Chances are you are not even on their screen of concerns.

When you don't care what people think of you, there is a great freedom that arrives. It's allows you to be spontaneous and available. We are not talking about arrogance, but rather a humility and gratitude that comes from a solid awareness of self. Just simply being who you are. After all, leadership and greatness is more about who you are than what you do.

Think Nelson Mandela, Martin Luther King, Lincoln, Gandhi.

Stephanie Rosenbloom, writer for the *New York Times*, says, "Authenticity seems to be the value of the moment, rolling off the tongues of politicians, celebrities, Web gurus, college admissions advisers, reality television stars. The word has been bandied about for ages, be it by politicians or Oprah,

who popularized the notion of discovering your "authentic self" in the late 1990s. In recent months it's been cited by the likes of Katie Couric ("I think I love to be my authentic self," she said on CBS); Secretary of State Hillary Rodham Clinton ("I believe in being as authentic as possible," she told *Glamour* magazine); former Senator Rick Santorum of Pennsylvania (who on Fox described himself as "being authentic"). But, what does it really mean to be authentic and real?

The first thing it means is that you must understand that vulnerability is a great place of power. People who cannot be vulnerable, cannot connect in meaningful ways. Only a confident person can become vulnerable, receptive and open. Being vulnerable often flies in the face of our need to protect our selves at all cost. It seems counter intuitive to be open and vulnerable, but think about the people you feel safest with and most admire. Are they not also vulnerable? Sharing info about your feelings and yourself authentically creates a space in which the other person can feel safe in doing the same.

Kick sameness to the curb. Be the unique individual you came her to be and be courageously. That may mean you stand out or away from the crowd. Congratulations! That means it's working. Most of the time, the crowd is not comprised of people who question, explore or are curious. They wouldn't consider being different and maybe, you'd be better off not being one of them

Be up building and encouraging. See the best in others and support calling that forward. I have always known that if I am unable to see the Great Spirit in my clients, they will be unable to see it in themselves.

Be honest, even when it is difficult. Honesty provides safety. When you know what you are getting is the truth, you can make well-informed decisions about what is best for you and you don't feel blind-sided. Be a voice above the crowd for what is just and fair. Be the pioneer who leads the way. Sameness is boring and creates a status quo that sucks the life out of growth, personal and spiritual.

The Universe holds your place until you are willing to step into it.... we are waiting and ready to celebrate your arrival.



Dr. Evan is a life/soul coach in Arizona working with individuals, couples and corporations. For more information 602-997-1200, email drdbe@attglobal.net or visit www.DrDinaEvan.com.

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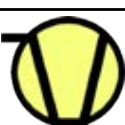
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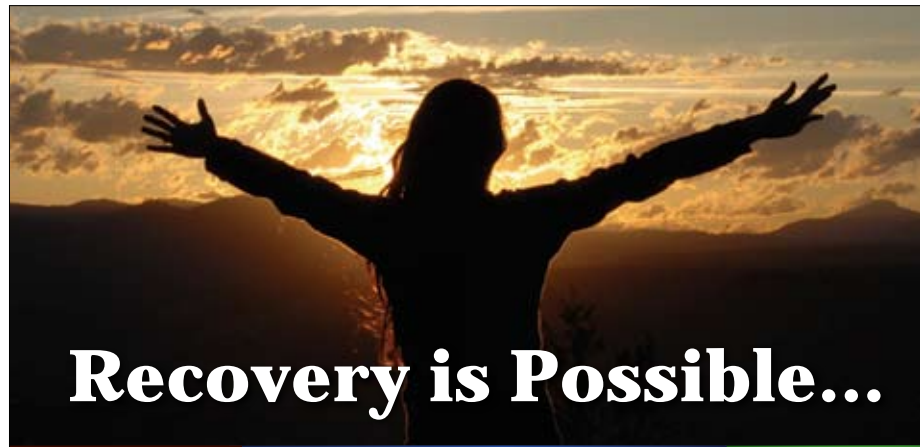
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EVENTS CALENDAR

OCT. 2 —St. Luke's Behavioral Health Center presents, "When War Comes Home: Working with Returning Veterans with PTSD and Traumatic Brain Injuries." Presented by Brian Mancini, former U.S. Army Medic, founder of The Honor House. Contact: Luis Gonzalez, 602-794-8977, 1800 E. Van Buren, Phoenix.

OCT. 7-11—Tucson—Cottonwood Tucson —InnerPath Women's Retreat. This five-day retreat has been designed especially to meet the needs of women who are re-evaluating their relationships, their priorities, and their sense of self. Facilitated by **Rokelle Lerner**. Visit www.cottonwoodtucson.com or call Jana at 520-743-2141 or email at jmartin@cottonwoodtucson.com for information and registration.

OCT. 9 —Tucson Area Professionals' Networking Breakfast, Wednesday, 7:30 – 10:00 a.m. Sponsored by **Sierra Tucson and Prescott House**. Westward Look Wyndham Grand Resort & Spa, Santa Catalina Ballroom, 245 E. Ina Road, Tucson. \$25 per person. 2.0 CE Credits available. www.SierraTucson.com or contact Mike Lyles at 800-624-5858, Ext. 2132, or MLyles@SierraTucson.com.

OCT. 14-18—Tucson—Cottonwood Tucson — InnerPath Beginnings & Beyond Retreat. Five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by **Rokelle Lerner**. Visit www.cottonwoodtucson.com or call Jana at 520-743-2141 or email at jmartin@cottonwoodtucson.com.

OCT. 24 - 27. Sierra Tucson Alumni Retreat, S.T.A.R. 26, "Rejuvenate" - Westward Look Wyndham Grand Resort & Spa, Tucson, AZ. Plan now to join us to celebrate, reconnect, and renew your passion for recovery! Reserve your accommodations now; retreat registration begins 7/15/13. For info, visit www.SierraTucson.com or contact Tim McLeod at 866-638-1650.

Every Week – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Families Workshop. This five-day workshop is for families impacted by addictions, psychiatric disorders, anger & rage, and trauma. Facilitated by Cottonwood staff. Visit www.cottonwoodtucson.com or call Jana at 520-743 2141 or email at jmartin@cottonwoodtucson.com for information and registration.

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Phoenix "Gratitude for Giving" Celebration, December 13, 8:30 – 11:00 a.m. Sponsored by Sierra Tucson. Location: Arizona Biltmore, Grand Ballroom, 2400 E. Missouri Avenue, Phoenix, AZ 85016. Pre-register at www.SierraTucson.com by 11/27/13: \$35 per person, or \$300 per table of ten (no refunds after this date). Nominate your peers online

EVENTS continued page 11

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Sundown M Ranch has been in operation since March 1968. Over 116,500 adults and adolescents afflicted with the disease of alcoholism and drug addiction have been led back to sober, productive lives by our dedicated, well trained professional staff.



tion like anxiety or depression that historically leads to destructive behavior. Or, a trigger can be something external that creates an irresistible temptation. The addict's goal is to have insight into the catalysts and learn to avoid them, or at least, manage them.

Sarah avoids triggers that are a potential problem for her. As innocent as it might seem, she doesn't participate in raffles, no matter how good the cause. She doesn't buy lottery tickets and she has taken action to prevent going to a casino, even if only for those delicious crab legs.

Do You Worry About Relapse?

I asked Sarah if she thinks about relapse. She said, "Yes, I think it is important to remember where I've come from and the pain I experienced. Relapse is a possibility. It is the reality I live with and I'm doing what it takes to prevent it. I don't believe thinking objectively about relapse increases the possibility it will happen. Stopping my recovery program is what will increase my probability of reverting to old behavior."

The Good Life of Recovery

Sarah is enjoying her life of recovery and her freedom from her addictions. The seven payday loans are paid off, she pays the balance every month on her one credit card and she is on schedule with a payment plan for her back taxes. "My life is so different. It's fun to get up in the morning, looking forward to the day and enjoying the people I work with. I have regained my spirituality and I am so grateful that every day is an opportunity to grow."

Sarah recently turned 60. She sent out a birthday party invitation that said, "I am celebrating my birthday because I celebrate you." Ninety people came to her party and celebrated with Sarah.

Marie's Trip to Recovery

Marie is in her mid-thirties, a married mother with three boys and holds down a full-time job. Before she arrived in Recovery, she spent some time in Slip and Relapse as well as a place called Prostitution. It has been a long and difficult trip but she now lives happily in Recovery. When Marie was a young girl, her mother was in the throes of her own drug addiction and basically abandoned Marie and left her homeless.

As she recalls, "Wherever I stayed wasn't for long. When I was seventeen my mother brought me to a house where there were drug users and women who were prostituting. I was introduced to hard drugs and prostitution and that is what I did for the next five years."

"I call it what it is"

Marie says that not having a home, using hard drugs and prostitution was the seamless fabric of her addiction. "When I talk about my life, the hardest thing to say out loud is my prostituting." However, Marie doesn't deny, minimize or excuse her behavior because she has discovered honesty is healthy. She calls her behavior for what it is and doesn't use euphemisms like "sex worker" or "escort" to minimize it or make it sound better.

The Turning Point

I asked Marie, "What got you into recovery the first time?" She said, "My son." After her son was born, Marie ended up in jail for possession of drugs at the age of twenty-two. Child Protective Services became involved and Marie was released from jail on the condition that she attend treatment. After completing 30 days of residential treatment, she was fortunately accepted into a women's shelter where she was also able to live with her baby boy and continue with treatment. She says, "I was twenty-two and had no life-skills whatsoever, although I did get my GED when I was sixteen."

Marie met a man she liked when she was in treatment. They were married for five years and had two sons. She said, "It was a rehab romance but we were not a good mix. Our marriage was violent. He was using and I was isolated and depressed at home with my three sons. I had five brief slips, during our five years of marriage, but no full-blown relapse until I started working at a bar."

"I had run out of dope and fallen asleep when the phone woke me up. A lady said they had bed for me at the halfway house and wanted to know if I could be there by four o'clock. I knew they had a thirty-six hour sober requirement so I told her I was only eighteen hours sober. Still, the lady asked me if I could be there at four o'clock and I was."

Conditions Ripe for Relapse

Marie's internal condition of depression made her vulnerable to again use drugs. Like Sarah, she had also stopped working her recovery program. Then Marie added a risky external situation that was her downfall.

She took a job as a waitress in the bar where her husband hung out, an overall high-risk situation for relapse. She started doing "shift drinks" with the staff after the bar closed and then she accepted an invitation from a co-worker to snort cocaine. Soon she was smoking meth and had fallen into a full blown relapse.

Marie has a strong memory of important dates during the next twelve horrendous months. She left her home, husband and kids in December 2004. Marie continued to use drugs, stayed with her Mom, who, amazingly, was now in recovery and had four years of sobriety. "To pay my bills, including lawyer's fees for my divorce, I earned money on the streets." Her oldest son was living with her mother and the other two boys were living with their father.

"I had walked out on everyone. On Halloween in 2005, it even got worse. I hadn't been using crack because it is my downfall. For me it is the devil. But I did it. The next two weeks were the longest and most anguishing two weeks of my life. I felt terribly guilty that I was doing to my children what my mother did to me - abandoning them. I think my determination to not repeat my mother's mistakes finally became strong enough to motivate me to do something. With the help of a girlfriend, I applied for admission to a halfway house. The halfway house said they would call me when they had a bed."

"On November 11th, I had run out of dope and fallen asleep when the phone woke me up. A lady said they had bed for me at the halfway house and wanted to know if I could be there by four o'clock. I knew they had a thirty-six hour sober requirement so I told her I was only eighteen hours sober. Still, the lady asked me if I could be there at four o'clock and I was. The next day, November 12, 2005, my second day at the halfway house, is my sobriety date." For nearly eight years, without a visit to the town of Slip, the city of Relapse, or the place of Prostitution, that date continues to be both a landmark and a shining beacon for Marie.

The Fear of Relapse

As I had asked Sarah, I also asked Marie if she fears she might relapse. She said, "No I don't. I can't live in both fear and faith. It has to be one of the other. If I am fearful it is because I am not trusting God. When I start to be fearful I pray and ask what God wants. I trust that God has brought me to where I

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am and God is not going to let me fall on my face."

Marie says her spiritual journey and connection with God began when she was in the halfway house and embraced the Twelve Steps of Alcoholic Anonymous. She says she found a higher power of her own creation and she likes the acronym for God, "Good Orderly Direction," which is often an alternative interpretation.

Marie's Relapse Prevention

Marie's ongoing recovery is not luck or a fluke. She has built connections with healthy people and a framework of "good orderly direction" that includes:

- Attending a three-hour Celebrate Recovery meeting once a week.
- Enjoying her daily talks with her sponsor.
- Going to church every Sunday.
- Valuing her challenging and rewarding full-time job helping substance-abusing parents restore their families.

What is Most Important for Preventing Relapse?

I asked Marie, "Of all of the things you are doing to live a healthy life, what one thing is the most important?"

Without hesitation, she said, "My relationship with God." Sarah's answer to the same question is, "My spirituality is my most important prevention of relapse. It is not traditional religion. It is my private connection with God and with who I am and who I want to be."

People like Sarah and Marie, and thousands of others who know the journey, have a wealth of knowledge gained in the school of experience. When they share their experience, they open themselves to us and we get a glimpse of their conflicts and triumphs along the road to recovery. By listening to them we can apply their lessons to our lives.



Allen Nohre is a writer for TERROS. He has held senior management positions with healthcare companies in Minneapolis, Chicago and Phoenix. TERROS is a healthcare organization providing life solutions for people,

families and communities. TERROS offers alcohol, drug, mental health and primary medical care services and HIV and substance abuse prevention.

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The Vampire Strikes Back

By ALAN COHEN

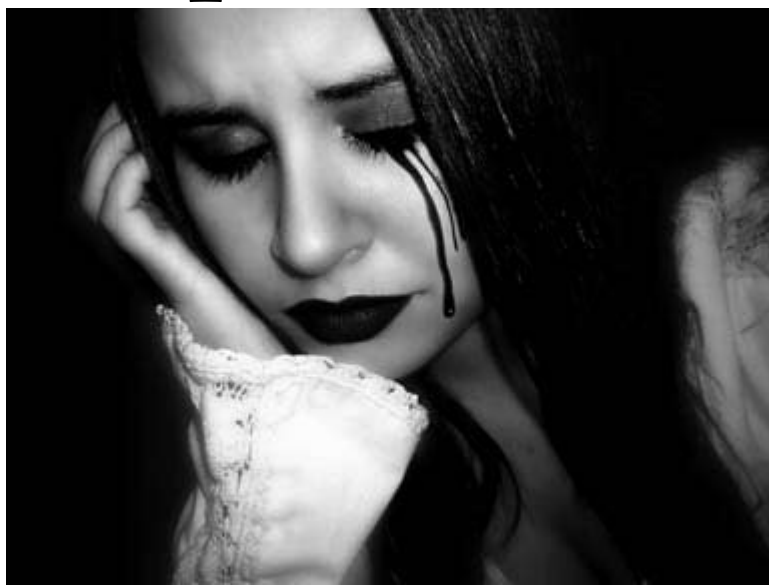
While on an airplane I saw that the in-flight movie was *Beautiful Creatures*. Thinking the movie was a documentary on puppies or a sweet love story, I started to watch. It didn't take long before I realized it was vampire movie, complete with pale faces and blood sucking. Oh, well. I'll have to get my puppy fix at home.

What's up with the rash of vampire and zombie movies that has pervaded books, theaters, and television of late? Since fiction generated by a culture is an expression of the culture's subconscious, there must be a message here. Here's what I believe it is:

Our culture is filled with psychic vampires and zombies. Many people feel lifeless and needy, so they seek to extract life from those who are more alive than they are. You probably have one or more psychic vampires in your life. You know who they are. People who can never get enough attention, answers, money, sex, love, or security. No matter how much you give them, they want more. They are like black holes who can never be filled. You end up avoiding them, resenting them, or hating yourself for letting yourself be used or abused.

Yet everyone we meet is in some sense a mirror of ourselves. Each of us feels we need to get something from someone else that we do not have or cannot give ourselves. Power, money, connections, beauty, passion, fame, stability, or spirituality, to name a few. Sometimes we just go for the jugular and attempt to hang with others who have what we want, to see what we can glean from them. If we're a bit more sophisticated we might strike a trade. You have youth and beauty and he has stability and money, so how 'bout let's give each other what the other one lacks? Or you have needs and I need to be needed, so I will be your savior. And variations thereof. All based on the idea, "I lack and you have what I lack, so I'll get what I need from you." Relationships are then reduced to a business deal.

You might feel fairly whole yourself, but you have vampires in your life. People are trying to suck from you to the point of depleting you. An alcoholic husband; a child who won't earn his own living; a friend who has constant dramas or just won't shut up; an employee who isn't doing her job but you feel too guilty to let her go. And variations thereof.



In the movies the cure for vampires is garlic or a stake through the heart. That might be a bit extreme for you. Instead, you might try a good dose of wholeness applied to you or your vampire friend. Confront the illusion that you lack or need, or that your friend does. The best way to get rid of a stray cat is to not feed it, and that's the best way to get rid of a psychic vampire. Don't fall prey to the idea that you are their source of good. Hold the vision of him or her as a whole, complete, strong, and capable person. Sprinkle that awareness with a generous topping of love. Appreciate and acknowledge your friend for who she is at her best, when she demonstrates independence, strength, and capability, even if those traits show up only rarely. Reward healthy behaviors and do not reinforce the sucking response.

If you tend to reach out to others to fill in your perceived gaps, get in touch with your own wholeness. Pray, meditate, visualize, and affirm your inherent completeness. No one can give you what you already have. Look within for your answers and fulfillment, and then receiving support from others will be the icing on the cake rather than the cake. Buddha asked, "If you do not get it from yourself, where will you go for it?"

The reason for the zombie phenomenon is more obvious. Look at people walking on the streets of the cities, riding in subways, and watching mind-numbing TV. Have you

ever observed a child watching television? Hypnotized. Adults, the same. Our culture is fairly unsophisticated at dealing with pain. Our primary response to pain is to escape into distraction, addiction, and numbness. You don't have to go the movies to watch zombies. Just scan your TV room.

The only cure for zombies — the living dead — is living life. To return to authentic passion. To feel our feelings, the joys and hurts, and to tell the truth about them. To honestly communicate what's going on in our heart of hearts without denying, numbing, or putting a Band-Aid on our psychic wounds. To become more childlike in our self-expression without hiding, posturing, or censoring. To say "I love you" when you really mean it and to not hang with people you don't enjoy. To be who we are instead of who others want us to be. Then we stand a chance to infuse life back into the bodies that walk but do not go anywhere; speak but do not say anything; listen but do not hear. The walking dead can be resurrected with love and intention.

This month we celebrate Halloween, when the spooks and goblins come forth. The word "Halloween" means "all hallowed evening" or "holy evening." It's the night before November 1st, All Saints Day. The shadows come up to be shined away by the light. As we bring the darkness to light, we might recognize what beautiful creatures we are after all.



Alan Cohen is the author of *Enough Already: The Power of Radical Contentment*. If you would like to become a professional life coach or incorporate life coaching skills in your career or personal life, join Alan's celebrated Life Coach Training Program beginning January 1, 2014. For more information about this program, Alan's other books, free daily inspirational quotes, and his weekly radio show, visit www.alancohen.com, email info@alancohen.com, or phone (808) 572-0001.

Quality Care for Adolescents, a Consumer Guide to Treatment

By Kathleen Meyers, PhD

As we head toward implementation of the evolving Affordable Care Act and Parity legislation, we have more opportunities to improve the adolescent substance abuse treatment system, and the lives of the next generation of Americans. Because treatment for adolescent substance use disorder is most effective when it is of high quality and when evidence-based treatments and practices are delivered well, the Treatment Research Institute is contributing to promoting such practices by employing a consumer guide approach to measuring, reporting on the quality of adolescent substance abuse treatment. Consumer Guides, as we know them, offer comparable information on features such as

relevance, quality and value which can inform and direct a consumer's purchase, but equally, and perhaps more importantly, can improve the service marketplace. This approach offers transparency for measurable quality indicators and reports on the availability of such within specific treatment programs. Consumers can make informed choices by selecting programs that offer elements a teenager needs. Programs can advocate for dollars to support EBPs they cannot offer due to budget constraints, and purchasers can see areas where funding limits should be reconsidered. More stakeholders can contribute to treatment improvements.

We have systematically identified 10

key elements with 67 corresponding components of effective adolescent substance abuse treatment programs. By conducting literature reviews and commissioning panels of scientific experts, practitioners and parents, we built the Consumer Guide to improve upon and advance the seminal work of Drug Strategies. We have standardized a protocol to measure treatment quality and adapted transparent means to present comparative information in an intuitively understandable manner. We are measuring quality features of adolescent programs and are in the process of developing a Consumer Guide to Adolescent Substance Abuse Treatment website to display the results of this work. We believe this guide will reveal the baseline measures of where programs currently stand, offer rapid expansion of consumers' access to,

and utilization of, comparative information for decision-making, result in system-wide improvements, and provide a transportable protocol for use by others interested in this work. Adolescent substance use treatment has been woefully underfunded, often misunderstood and sometimes inadequate for far too long. The time is now to change this.

Kathleen Meyers, Ph.D. has more than 25 years of clinical research experience and is a Senior Scientist at Treatment Research Institute. She is a recognized leader in the assessment and treatment of adolescent substance use disorders (SUD), delinquency and co-morbidity and is the author of the Comprehensive Adolescent Severity Inventory (CASI), a multidimensional assessment instrument for youth with co-morbidity that is widely used throughout the United States, Canada and abroad.

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- Momentum – outpatient treatment for long-term mental illness

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stlukesbehavioralhealth.com

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before 10/11/13. More info available online or call Lila Duffy at 800-624-9001, Ext. 2303.

On Going Support

Co-Anon Family Support Group - Carrying the message of hope and personal recovery to family members and friends of someone who is addicted to cocaine or other mind altering substances. "Off the RollerCoaster" Meeting, Thursdays, 6:30 - 7:45pm, 2121 S. Rural Road, Tempe, Our Lady of Mount Carmel Church. Donna 602-697-9550 or Maggie 480-567-8002

Gamblers Anonymous Meetings — at ACT Counseling & Education. 11:00 am to 12:30 pm. Call 602-569-4328 for details. 5010 E. Shea Blvd. D202, Phoenix. Near Tatum on Shea Blvd.

Emotional Healing Journaling Workshop, effective strategies to manage unwanted habits and compulsive behaviors. Thursdays 7-8:30pm. Facilitated by Elisabeth Davies, MC. \$20 per workshop. Includes a copy of *Good Things Emotional Healing Journal: Addiction*. 9401 W. Thunderbird Road. Suite 186. Peoria (602) 478-6332 www.GoodThingsEmotionalHealing.com

East Mesa PAL-Group Support Group for Parents in East Mesa. Broadway Christian Church, 7335 E. Broadway Rd. (Just East of Power Rd.) Mesa, AZ 85208 (Park on West Side Toward the Front and Go to West Lobby Classroom) Thursday 7:00 - 8:30pm. FREE. Contact: Tim Skaggs: (480) 981-0802 e-mail: tskaggs@bccmesa.com

Franciscan Renewal Center Support Groups: Divorce, Separation and Significant Relationship Endings. Deals with the pain of divorce, separation, and relationship endings in a positive, healing way. Mondays, 6:30 - 8:00 p.m. *Facilitators: Judith McHale, MA, LPC and Tom Mitchell, Ph.D, LPC.* **GRIEF Support**. For individuals grieving the loss of a loved one. Tuesdays, 5:30 - 7:00 p.m. *Facilitator: Sylvia Hernandez, LICSW and Judith McHale, MA, LPC.* **DEPRESSION Support**. Every other Tuesday, 6:30 - 8:00 p.m. *Facilitator: Mike Finecey, MA, LPC, LISAC.* **GESTALT THERAPY Support**. Group will help attendees acquire the tools to make self-regulating adjustments that enhance their lives. Wednesdays, 6:30 - 8:00 p.m. *Facilitators: Deborah Weir, MC, LPC and Barry Evans, MC, LPC.* Franciscan Renewal Center, 5802 E. Lincoln Drive, Scottsdale. 480-948-7460. www.thecasa.org

Incest Survivors Anonymous ISA meeting in Phoenix—North Scottsdale Fellowship Club, Saturdays, 1:30-2:30pm. Contact: Gloria at 602-819-0401. Gloria, 602-819-0401.

COTTONWOOD TUCSON. Ongoing Alumni Meeting: the first Wednesday of each month 6:00-7:30 p.m. on the **Cottonwood campus in Tucson**. 4110 W. Sweetwater Drive. Come early at 5:00 p.m. for dinner. Contact Jana Martin 520-743-2141 or email jmartin@cottonwoodtucson.com

ACOA (Adult Children of Alcoholics) Thursdays, 7:00 p.m., North Scottsdale United Methodist Church, 11735 N. Scottsdale Rd., Scottsdale. Contact: John V. 602-403-7799.

ACA meeting. Tucson. Wed. 5:30-7:00 p.m. *Streams In the Desert Church* 5360 E. Pima Street. West of Craycroft. Classroom A (Follow the signs). Contact Michael 520-419-6723. Plus 7 more meetings in Tucson call for details.

Overeaters Anonymous is a 12 Step program that deals with addictions to food and food behaviors. 18 meetings scheduled throughout the week. For more information call 520-733-0880 or www.oasouthernaz.org.

Families Anonymous—12-step program for family members of addicted individuals. Two locations: Phoenix/Scottsdale. 800-736-9805.

Pills Anonymous—Tues: 7:00 p.m., Glendale Community Church of Joy, 21000 N. 75th Ave. Tuesday: 7:00 p.m., Mesa- Open Discussion. St. Matthew United Methodist Church, 2540 W. Baseline Road Room B. 14, Mesa. Jim 480-813-3406, Meggan 480-241-0897. Wed: 5:30 p.m. North Scottsdale Fellowship Club, Room 3, 10427 N. Scottsdale Road, Thurs.: 7:00 p.m., Phoenix, Desert Christian Church Rm. D-2, 1445 W. Northern. Janice 602-909-8937.

CELEBRATE RECOVERY—Chandler Christian Church. Weekly Friday meetings 7 p.m. Room B-200. For men and women dealing with chemical or sexual addictions, co-dependency and other **Hurts, Hang-ups and Habits**. 1825 S. Alma School Rd. Chandler. 480-963-3997. Pastor Larry Daily, email: larrydaily@chandlercc.org.

GA Meetings —ACT Counseling & Education in Phoenix and Glendale. **Tuesday, Spanish** (men) 7:00 -9:00 pm. 4480 W. Peoria Ave., Ste. 203, Glendale. **Thursday, Spanish** 7:00 - 9:00 pm 4480 W. Peoria Ave., Ste. 203, Glendale. **Sunday, Spanish** 6:00 - 8:00 pm 4480 W. Peoria Ave. Ste. 203, Glendale. **Sunday, English** 6:30 - 8:00 pm 5010 E Shea Blvd., Ste. D-202, Phoenix. Contact Sue F. 602-349-0372

Sex Addicts Anonymous www.saa-phoenix.org 602-735-1681 or 520-745-0775.

Tempe Valley Hope Alumni Support Groups, Thursdays 6-7:00 p.m., 2115 E. Southern Ave. Phoenix. Tues. 8-9:00 p.m., 3233 W. Peoria Ave. Ste. 203, Open to anyone in recovery.

Special Needs AA Meetings. Contact Cynthia SN/AC Coordinator 480-946-1384, email Mike at mpaes@mac.com

Survivors of Incest Anonymous. 12-step recovery group for survivors. Tucson Survivors Meeting, Sundays 6:00 to 7:15pm. St. Francis in the Foothills, 4625 E. River Road (west of Swan). Carlos 520-881-3400

OA—Teen Meeting, Saturdays 4:00 p.m. 1219 E. Glendale Ave. #23 Phoenix. www.oaphoenix.org/ 602-234-1195.

SLAA—Sex and Love Addict Anonymous 602-337-7117. www.slaa-arizona.org

FOOD ADDICTS Anonymous—12 step group. www.Foodaddictsanonymous.org

GAM-ANON: Sun. 7:30 p.m. Desert Cross Lutheran Church, 8600 S. McClintock, Tempe. Mon. 7:30 p.m., Cross in the Desert Church, 12835 N. 32nd St., Phoenix, Tues. 7:00 p.m., First Christian Church, 6750 N. 7th Ave., Phoenix, Tues. 7:15 p.m. Desert Cross Lutheran Church, Education Building, 8600 S. McClintock, Tempe, Thurs. 7:30 p.m.

DEBTORS Anonymous—Mon., 7-8:00 p.m., St. Phillip's Church, 4440 N. Campbell Ave., Palo Verde Room. Thurs. 6-7:00 p.m., University Medical Center, 1501 N. Campbell. 520-570-7990, www.arizonada.org.

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- THE LAURA INGRAHAM SHOW** 6-9am
- THE NEAL BOORTZ SHOW** 10am-12pm
- THE MIKE HUCKABEE SHOW** 1-3pm
- THE MICHAEL SAVAGE SHOW** 5-7pm
- THE LARS LARSON SHOW** 10pm-1am

To advertise, host a show, or for more information: Call (602) 277-1100 or go to the website: www.1100kfnx.com

Crystal Meth Anonymous www.cmaaz.org or CMA Hotline 602-235-0955.

When You Need Help

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Al-Anon	602-249-1257	
ACA	602-241-6760	
Aurora Behavioral Health	623-344-4400	
AzRHA	602-421-8066	
AWEE	602-258-0864	
Bipolar Wellness Network	602-274-0068	
Calvary Addiction Recovery	866-76-SOBER	
Chandler Valley Hope	480-899-3335	
Cocaine Anonymous	602-279-3838	
Co-Anon	602-697-9550	
CoDA	602-277-7991	
COSA	480-232-5437	
Commun. Info & Referral	1-877-211-8661	
Community Bridges	877-931-9142	
Cottonwood Tucson	800-877-4520	
Crisis Response Network	602-222-9444	
The Crossroads	602-279-2585	
Crystal Meth Anonymous	602-235-0955	
Emotions Anonymous	480-969-6813	
EVARC	480-962-7711	
Gamblers Anonymous	602-266-9784	
Greater Phx. Teen Challenge	602-271-4084	
Grief Recovery	800-334-7606	
Heroin Anonymous	602-870-3665	
Magellan Crisis Hotline	800-631-1314	
Marijuana Anonymous	800-766-6779	
The Meadows	800-632-3697	
Narcotics Anonymous	480-897-4636	
National Domestic Violence	800-799-SAFE	
NCADD	602-264-6214	
Nicotine Anonymous	877-TRY-NICA	
Office Problem Gambling	800-639-8783	
Overeaters Anonymous	602-234-1195	
Parents Anonymous	602-248-0428	
Psychological Counseling Services (PCS)	480-947-5739	
The Promises	866-390-2340	
Rape Hotline (CASA)	602-241-9010	
Remuda Ranch	800-445-1900	
Runaway Hotline	800-231-6946	
Sexaholics Anonymous	602-439-3000	
Sex/Love Addicts Anonymous	602-337-7117	
Sex Addicts Anonymous	602-735-1681	
SANON	480-545-0520	
Sober Living of AZ	602-478-3210	
Suicide Hotline	800-254-HELP	
St. Lukes Behavioral	602-251-8535	
Step Two Recovery Center	480-988-3376	
Teen Dating Violence	800-992-2600	
TERROS	602-685-6000	
Valley Hosptial	602-952-3939	
TUCSON		
Alcoholics Anonymous	520-624-4183	
Al-Anon	520-323-2229	
Anger Management Intervention	520-887-7079	
Co-Anon Family Groups	520-513-5028	
Cocaine Anonymous	520-326-2211	
Cottonwood de Tucson	800-877-4520	
Crisis Intervention	520-323-9373	
Information Referral Helpline	800-352-3792	
Half-Way Home	520-881-0066	
Narcotics Anonymous	520-881-8381	
Nictone Anonymous	520-299-7057	
Overeaters Anonymous	520-733-0880	
Sex/Love Addicts Anonymous	520-792-6450	
Sex Addicts Anonymous	520-745-0775	
Sierra Tucson	800-842-4487	
The S.O.B.E.R Project	520-404-6237	
Suicide Prevention	520-323-9372	
Tucson Men's Teen Challenge	520-792-1790	
Turn Your Life Around	520-887-2643	
Workaholics Anonymous	520-403-3559	

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Is "Thanks for Sharing" an Accurate Portrayal of Sex and Love Addiction?

By ROBERT WEISS LCSW, CSAT-S

Some readers may remember the film *Shame*, released in 2011. *Shame* was a gritty portrayal of an active sex addict (Michael Fassbender). The movie was wonderfully accurate in its depiction of sexual addiction. However, because it only showed an active addict at his nadir, it was somewhat difficult to watch, even for sex addicts. And non-addicted viewers often walked away shocked and appalled by what they'd seen. Now we have a new sex and love addiction themed film, *Thanks for Sharing*, was recently released. Rather than focusing on active addiction, *Thanks for Sharing* examines the next step in the process — recovery, sobriety, and the pathway toward sexual/romantic health. Happily, the film is every bit as accurate in its portrayal as *Shame* was — quite a feat when one considers how generally misunderstood sexual and romantic disorders are — while also being entertaining and easy to watch.

The movie focuses primarily on four recovering addicts. Mike (Tim Robbins) is fifteen years sober in both his "S" program and Alcoholics Anonymous. He is married to his childhood sweetheart, who stuck with him all through his addictions. His adult son, however, has struggled and is now also an addict. Adam (Mark Ruffalo) is five years sober from sex addiction and ready for the next step in his recovery — dating and romance, which arrives in the form of Phoebe (Gwyneth Paltrow), a breast cancer survivor and fitness fanatic. Neil (Josh Gad) is an emergency room doctor addicted to up-skirting (secretly filming up women's skirts) and frontage (rubbing against women without their permission, usually on the subway). His attendance at 12-step sexual recovery meetings is court-ordered; he attends meetings to meet his legal obligations rather than as a way to find recovery. Finally there is Dede (Pink). Dede has just turned 30 and is new to sexual recovery, attending meetings at the suggestion of her Narcotics Anonymous sponsor, who has realized the only way Dede relates to men is by being sexual, and the inappropriate sexual partners she chooses inevitably lead her into substance abuse relapse.

Love Addiction

All of the characters in *Thanks for Sharing* are very different people at very different stages of recovery. Each of them is a realistic version of an addict searching for health. Perhaps the most complex character is Dede, whose drug use and sexual acting out might actually be more indicative of love addiction than sex addiction.

For sex and love addicts like Dede, romance, sexuality, and emotional closeness are more about emotional highs and lows than real intimacy. Love addicts spend their lives focused on the search for sexual and romantic partners in every situation. They live in a chaotic, sometimes desperate world of need and emotional despair, fearful of being alone or rejected. They are constantly searching for "the one," that special person who will complete them and cause them to feel eternal happiness. Unfortunately, they

are much more strongly attracted to the intense experience of looking for love, falling in love, fixing the troubled man or woman, and engaging the drama of a problem relationship than peaceful, healthy intimacy. Bored and fearful of being trapped with the wrong person, many will abandon a perfectly acceptable and appropriate situation, opting instead for yet another intense and dramatic "love" experience. Others, because they are desperately afraid of being alone, will remain in or continually rekindle a broken, unmanageable relationship. And, of course, like all addicts, these individuals have tendency to attract andglom onto other damaged people. In other words, they tend to make very bad sexual and romantic choices.

All of the above signs are apparent in Dede. At one point we see her outside her "dishrag" ex-boyfriend's apartment, desperate to ring his doorbell for sexual and emotional validation. In a moment of clarity, she calls fellow newcomer Neil and he walks her through the situation, helping her to see that yes, the sex might be great, but then her ex will simply ignore her and want her to leave, which will make her feel alone and unworthy of love, which will make her want to use drugs, which she will almost certainly do because that is her long-established pattern. In other words, Neil helps Dede understand that if she wants to stay sober from narcotics, she needs to walk away from the ex-boyfriend. Her love addiction and her drug addiction are intertwined and part of the same addictive cycle.

Cross- and Co-Occurring Addictions

People who are cross-addicted switch from one addiction to another. People with co-occurring addictions engage in more than one addictive behavior at the same time. This sort of co-morbidity is especially common among sex and love addicts. For instance, one study of male sex addicts found that 87 percent regularly abused either another addictive behavior or an addictive substance.

Thanks for Sharing does an excellent job of presenting both cross- and co-occurring addictions. Mike is in recovery for both sex and alcohol, Dede is in recovery for both sex/love and narcotics, and it is very apparent that in addition to being a sex addict Neil has an undiagnosed eating disorder. At one point we see him binge-eating doughnuts (as a way to not act out sexually). Eventually he gets disgusted with himself and tosses that last few doughnuts into the trash. A few minutes later, however, he goes back for them. It is a sad yet eminently relatable moment, and powerfully indicative of the push-pull recovering addicts experience. They want to stay sober, but they "need" to self-medicate their emotional discomfort.

Dede's co-occurring addiction situation — finding her way into sex and love addiction recovery via substance abuse recovery — is actually quite typical. Very often sex and love addiction in women is recognized only after a woman seeks help for another issue, usually drug and alcohol addiction or an eating disorder. In fact, many women who end up


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in sex and love addiction inpatient treatment programs arrive there only after they've been asked to leave another treatment setting (for chemical dependency, an eating disorder, depression, etc.) because while there they were acting out sexually or romantically. The Center for Relationship and Sexual Recovery at The Ranch, a gender-separate sex and love addiction treatment facility in Tennessee, actually specializes in treating women who have failed in treatment elsewhere because of their problematic sexual and romantic behaviors.

Nailing It

From a clinical standpoint, there are many things to like about *Thanks for Sharing*. For starters, it's a much more watchable and enjoyable movie than *Shame*. As such, the general public is much more likely to see this film, and that is a very good thing. Certainly the movie has a few painful, cringe-inducing moments, but those can't be avoided if you're going to show the reality of sexual and romantic addiction. Plus, those "difficult" scenes are tempered with moments of humor and honest recovery. All in all, this is a movie that recovering sex and love addicts can comfortably take their friends and family to see without fear of judgment.

The movie also does an excellent job of presenting the reality of recovery. The simple truth is people don't walk into 12-step rooms and automatically get sober. Life as a recovering addict is not easy, and it's filled with ups and downs. In the film we clearly see this, with one terrible relapse, several near relapses, one person lying about sobriety time, and

more. We even see that Mike, the group's elder statesman with fifteen years sobriety, is far from perfect. For instance, he's still not made amends (step nine of the twelve steps) to his son because his ego and narcissism simply won't allow it.

The best part of *Thanks for Sharing* is that it accurately shows the need for social support in recovery. Very few addicts are able to establish or maintain sobriety on their own, regardless of what their addiction is. The film hammers this point home almost relentlessly, though thankfully it never gets preachy on the topic. Overall, *Thanks for Sharing* is highly recommended for clinicians who work with addicted clients. And what clinician doesn't? It is also highly recommended for patients struggling with any addiction, or any sexual/romantic disorder. The film is an excellent, enjoyable, non-threatening way to educate troubled individuals (and the general public, too) about the nature of sex and love addiction, and, more importantly, the pathway to recovery.

Robert Weiss LCSW, CSAT-S is Senior Vice President of Clinical Development with Elements Behavioral Health. A licensed UCLAMSW graduate and personal trainee of Dr. Patrick Carnes, he founded The Sexual Recovery Institute in Los Angeles in 1995. He has developed clinical programs for The Ranch in Nunnally, Tennessee, Promises Treatment Centers in Malibu, and the aforementioned Sexual Recovery Institute in Los Angeles. Visit www.elementsbehavioralhealth.com



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to be involved in female-to-male violence, *HealthDay* reports.

More than 1,500 couples participated in the study. They were asked about their drinking in various locations. While it has long been known that drinking is linked with partner violence, the researchers say this study demonstrates the location where the drinking occurs, and the situation in which it occurs, can also play a role.

The findings are published in the *Journal of Addiction*.

"From a prevention perspective, the results are quite hopeful: it may be possible to reduce violence against spouses and partners by encouraging people in risky relationships to avoid drinking in certain contexts," the researchers note in a news release. "Such advice could well be more effective in the short-term than encouraging people to drink less."

Emergency Rooms Reported 23,000 Bath Salts-Related Visits in 2011



U.S. emergency rooms reported almost 23,000 visits for synthetic drugs known as "bath salts" in 2011. The findings come from the first national study to look at bath salts-related emergency room visits, according to *HealthDay*. It was conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The report found 33 percent of these visits involved bath salts only, 15 percent involved bath salts combined with marijuana or synthetic marijuana, and 52 percent involved bath salts in combination with other drugs.

"Although bath salts drugs are sometimes claimed to be 'legal highs' or are promoted with labels to mask their real purpose, they can be extremely dangerous when used," Dr. Elinore McCance-Katz, Chief Medical Officer of SAMHSA, said in an agency news release.

Bath salts can be taken by mouth, inhaled, or injected. Adverse effects of bath salts include heart and blood vessel problems, depression, suicidal thoughts, psychosis, and death, according to SAMHSA. In 2011, there were almost 2.5 million emergency department visits involving drug misuse or abuse.

Providing Education on New Health Care Options

SAMHSA is making sure people know when they may soon be eligible for coverage and how to enroll. SAMHSA's new Enrollment Coalitions Initiative will ensure that behavioral health organizations are prepared to help enroll individuals in the new health insurance options and make the most of marketing materials developed by the Centers for Medicare and Medicaid Services (CMS). Other initiatives focus on helping peer-run and recovery community organizations and minority behavioral health organizations do the same with their own constituencies.

New Options

The Affordable Care Act represents the largest expansion of health care coverage since Medicare's creation almost half a century ago.

"The Affordable Care Act has opened up various ways for people to get access to insurance," said Suzanne C. Fields, M.S.W., L.I.C.S.W., SAMHSA's Senior Advisor to the Administrator for Health Care Financing. "That's good news for the 49 million Americans currently uninsured," said Ms. Fields. "It's even better news for the 30 percent who have mental or substance use disorders," she added.

Starting on January 1, 2014, most Americans must buy health insurance coverage or pay a penalty. At that time, individuals, families, and small businesses will have access to a range of health benefit plans from a new health insurance marketplace—a kind of virtual shopping mall where people can shop for affordable coverage. While all plans will cover certain essential benefits, plans will offer four levels of coverage, each with different benefits, copayments, and deductibles.

States can set up their own state health insurance marketplace, work in partnership with the federal government, or have the federal government operate a marketplace on their behalf. In addition, states can opt to expand eligibility in their Medicaid programs to citizens who earn less than 133 percent of the poverty level.

"These new options will help bring coverage to many who have never had it before," said Ms. Fields. "SAMHSA estimates that six percent of individuals covered through the marketplaces and seven percent of the Medicaid expansion population will have serious mental illnesses," she said. An estimated 14 percent of both populations will have substance use disorders.

"Of course, people can only benefit if they actually sign up for the new options. SAMHSA is very concerned that people with behavioral health conditions may not necessarily know they can get insurance or know how to get insured," she said, adding that some behavioral health conditions can make it more challenging for people to figure out what option is best for them and how to enroll.

"Some may be daunted by the new choices available," said Ms. Fields. "Many people are still confused about whether they will have access to insurance or not," she said. "It's different state by state."

"Fortunately," said Ms. Fields, "CMS has developed a single, user-friendly application form consumers can use to apply for both the marketplaces or Medicaid. The law also supports 'navigators,' individuals and organizations that will provide unbiased information and help consumers review their options and get enrolled."

How SAMHSA Is Helping

The SAMHSA Enrollment Coalitions Initiative, for example, has brought together approximately 35 organizations into five coalitions representing different constituencies:

- Consumer, Family, Peer, and Recovery Community Organizations Coalition
- Mental Health and Substance Abuse Treatment Providers Coalition
- Criminal Justice Organizations Coalition

The National Council on Alcoholism and Drug Dependence

One Agency – Three individual Programs for Women

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- **Weldon House-Supportive Housing for mothers with children. Women already in our IOP needing safe housing for themselves and their children.**
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- Housing Support and Homeless Services Organizations Coalition
- Community-Based Prevention Organizations Coalition

The initiative's goals are two-fold: to create awareness of and interest in the new health insurance options and to disseminate CMS enrollment materials through members and affiliates who interact with uninsured individuals with behavioral health conditions.

"This is our big push to get everyone ready for open enrollment," said Kevin J. Malone, a Public Health Analyst in SAMHSA's Office of Policy, Planning, and Innovation. "We're bridging the gap between CMS and intermediaries that have contact with people with behavioral health needs."

SAMHSA has brought together coalition members to discuss CMS's marketing materials and their members' training needs. In the next phase, SAMHSA will distribute toolkits coalitions can use to explain how to use the CMS materials.

Each coalition will receive a toolkit customized for its needs. The toolkit for the prevention coalition, for example, will include information on how enrolling people will give them access to preventive services and thus help fulfill the organizations' objectives. The toolkit for the provider coalition will include a section suggesting that intake procedures include asking questions about coverage and sharing information about enrollment.

While that initial toolkit will focus on basic health insurance literacy, a second will focus on enrollment specifics.

"The best way to describe it is energetic stakeholder engagement," said Mr. Malone. "We want to get stakeholders actively involved in communication efforts so they take ownership and partner with us."

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Commentary: The Myth of “Study Drugs”

A quick Internet search of “pills to boost your brain power” will return thousands of hits. Obviously there is a big market for quick fixes to the problems many of us face on a daily basis — losing focus, becoming distracted, not accomplishing as much as we want to, especially in this “24/7” world. For high school and college students, the pressure to perform academically makes the idea of a pill that can help with attention or studying even more attractive.

What does the research tell us?

While prescription stimulants are prescribed for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) and have been shown to be effective for the management of this condition, there is little evidence that nonmedical use for otherwise healthy individuals can provide an extra boost of brain power. Research studies of college students show that nonmedical use is concentrated among those who have lower GPAs, skip class more often, are heavy drinkers and who use drugs like marijuana. Although studying is the most common reason why student use stimulants nonmedically, another commonly cited motive is to stay awake longer to drink more alcohol and “party.” In many cases, prescription stimulants are used nonmedically as a way to meet academic demands without compromising an active social lifestyle, which often includes drinking, illicit drug use and little time for studying. Yet, there is no evidence that this compensatory strategy is effective. Partying through college while taking prescription stimulants nonmedically to study and cram will be counterproductive in the long run.

The best “brain boosters” can’t be found in a bottle.

As we are very well aware, simple messages of the potential risks of taking pills might not sway a student away from these temptations given their distorted view of the potential benefits. So we need to dispel the myth of the potential benefits. We also need to correct inflated misperceptions about how many students are using stimulants nonmedically. Roughly, less than one in 10 adolescents used a prescription stimulant nonmedically once or more in the last year. But studies show that students believe that almost three-quarters of students are using. Adjusting this perception is important to “de-normalize” the behavior.

Physicians and parents can play a critical role in reducing nonmedical use. Not only can they help correct misperceptions, but they can also discourage those with ADHD to share or sell their medication, an all-too-common practice. Reducing diversion will make these drugs less available for nonmedical use. Also, when signs of academic problems exist (either at the high school or college level), parents and educational professionals should encourage screening for substance use and adopting an individualized plan to address it.

Educational pressures, both academically and socially, are real. Unfortunately, brain boosters that come in pill form remain elusive. The surest path to good grades and a successful career is through hard work and constructive activities such as taking an extra class or devoting some time to extracurricular activities. But taking on too much isn’t a good idea either, especially in the first year of college when students are getting used to a new environment. Getting enough sleep, going to classes regularly, studying regularly rather than trying to cram, getting some exercise and eating well — these are truly the best ways to achieve in school. In short, the best “brain boosters” can’t be found in a bottle.

Amelia M. Arria, PhD is an Associate Professor, Department of Behavioral and Community Health Director, Center on Young Adult Health and Development at the University of Maryland School of Public Health College Park, MD



Do you know the warning signs of bullying?

There are many warning signs that may indicate that someone is affected by bullying — either being bullied or bullying others. Recognizing the warning signs is an important first step in taking action against bullying. Not all children who are bullied or are bullying others will ask for help.

It is important to talk with children who show signs of being bullied or bullying others. These warning signs can also point to other issues or problems, such as depression or substance abuse. Talking to the child can help identify the root of the problem.

Some signs that may point to a bullying problem are:

- Unexplainable injuries
- Lost or destroyed clothing, books, electronics, or jewelry
- Frequent headaches or stomach aches, feeling sick or faking illness
- Changes in eating habits, like suddenly skipping meals or binge eating. Kids may come home from school hungry because they did not eat lunch.
- Difficulty sleeping or frequent nightmares
- Declining grades, loss of interest in schoolwork, or not wanting to go to school
- Sudden loss of friends or avoidance of social situations
- Feelings of helplessness or decreased self esteem
- Self-destructive behaviors such as running away from home, harming themselves, or talking about suicide
- If you know someone in serious distress or danger, don’t ignore the problem. Get help immediately.

Signs a Child is Bullying Others

Kids may be bullying others if they:

- Get into physical or verbal fights
- Have friends who bully others
- Are increasingly aggressive
- Get sent to the principal’s office or to detention frequently
- Have unexplained extra money or new belongings
- Blame others for their problems
- Don’t accept responsibility for their actions
- Are competitive and worry about their reputation or popularity

Why don’t kids ask for help?

Statistics from the 2008–2009 School Crime Supplement show that an adult was notified in only about a third of bullying cases. Kids don’t tell adults for many reasons:

Bullying can make a child feel helpless. Kids may want to handle it on their own to feel in control again. They may fear being seen as weak or a tattletale.

Kids may fear backlash from the kid who bullied them.

Bullying can be a humiliating experience. Kids may not want adults to know what is being said about them, whether true or false. They may also fear that adults will judge them or punish them for being weak.

Kids who are bullied may already feel socially isolated. They may feel like no one cares or could understand.

Kids may fear being rejected by their peers. Friends can help protect kids from bullying, and kids can fear losing this support.

What you can do

- There has been a crime or someone is at immediate risk of harm. Call 911.
- Someone is feeling hopeless, helpless, thinking of suicide. Contact the National Suicide Prevention Lifeline Site exit disclaimer online or at 1-800-273-TALK (8255). These centers provide 24-hour crisis counseling and mental health referrals.
- Someone is acting differently than normal, such as always seeming sad or anxious, struggling to complete tasks, or not being able care for themselves.
- Find a local counselor or other mental health services

If a child is being bullied in school

Contact the teacher, school counselor, principal or superintendent or State Department of Education in your area.

If the school is not adequately addressing harassment based on race, color, national origin, sex, disability, or religion. Contact: School superintendent, State Department of Education, U.S. Department of Education, Office for Civil Rights, U.S. Department of Justice, Civil Rights Division. <http://www.stopbullying.gov/>

RECOVERY SERVICES

ACT Counseling	602-569-4328
Amity Foundation	520-749-5980
AZ. Dept. of Health	602-364-2086
Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health System	623-344-4444
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Celebrate Recovery with	
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Community Bridges Access to Care Line	877-931-9142
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Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
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Dr. Dina Evan	602-997-1200
Dr. Janice Blair	602-460-5464
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Franciscan Renewal Center	480-948-7460
Gifts Anon	480-483-6006
Glenstone Village	520-647-9640
Intervention ASAP	602-606-2995
Geffen Liberman, LISAC	480-388-1495
Magellan of Arizona	800-564-5465
The Meadows	800-632-3697
NCADD	602-264-6214
North Pointe Counseling	800-273-3429
Pathway Programs	480-921-4050
Phoenix Metro SAA	602-735-1681
Promises	866-390-2340
Psychological Counseling Services (PCS)	480-947-5739
Remuda Ranch	800-445-1900
River Source-12 Step Holistic	480-827-0322
Sage Counseling	480-649-3352
SLAA	602 337-7117
Sober Living AZ	602-478-3210
Sex/Love Addicts Anonymous	520-792-6450
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Teen Challenge of AZ	800-346-7859
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Recovery Chef

DASH to the Mediterranean Diet

By Lisa MacDonald, MPH, RD, Director of Nutrition Services at Cottonwood Tucson and Executive Chef Richard Serna



Dietary advice is a source of confusion for many. We are absolutely bombarded with nutrition information and enticed by diet du Jour. Diets will deem entire food groups or at least portions of food groups as “bad” and other foods are touted as super foods that will cure a variety of ailments. One diet approach often contradicts the next. Ugh! We are left paralyzed not knowing what to do with our nutrition. Unfortunately, much of this advice and information is not backed by good science. So, what dietary advice is backed by good science?

The DASH (Dietary Approaches to Stopping Hypertension) Diet and the Mediterranean Diet are two scientifically sound diets that protect against heart disease, metabolic syndrome (combination of increased blood pressure, increased blood glucose, high cholesterol and abdominal fat), some types of cancer, obesity, and diabetes.

The DASH diet originated from a couple of large studies looking at the impact of dietary changes (DASH diet) on reduction of high blood pressure. The DASH diet not only improved high blood pressure, but also helped to lower LDL (“bad” cholesterol). Lowering blood pressure and LDL cholesterol reduces one’s risk of heart disease.

The Mediterranean Diet is considered by some to be the best prescription for a long and healthy life. It is thought to be more than just a diet. In addition to dietary guidance, the Mediterranean approach encourages people to enjoy meals with friends and family. Research shows when families eat together they are more content and meals tend to be more nutritious. The Mediterranean lifestyle also places importance on daily exercise.

The dietary recommendations from the DASH diet and the Mediterranean diet are very similar. They both are plant-based diets that focus on whole grains, lots of fruits and vegetables, nuts seeds, and beans. Both diets advocate for moderate use of lean animal products with emphasis on fish and poultry. Not only do these diets suggest eating in a low fat way, but also promote choosing healthy fats such as monounsaturated fats (olive oil, canola oil). One difference between the two diets is the Mediterranean diet is more liberal with olive oil and cheese and the DASH diets put more attention on low fat dairy products as the calcium in dairy products plays a role in lowering blood pressure. Both diets recommend limiting sugar and salt intake.

A couple of nice thing about both the DASH and Mediterranean diet is that they do not omit any food groups and they are free in that there is no need to buy any specialty products or supplements. The only investment is buying whole, fresh foods. This delicious recipe for Mediterranean Salad with Garbanzo Beans presented by Chef Richard Serna, fits beautifully with both the DASH and Mediterranean Diets...Enjoy!

Lisa MacDonald, MPH, RD is the director of Nutrition Services at Cottonwood Tucson. Lisa is a Registered Dietitian with expertise in nutrition education, weight management and eating disorders. She has worked in a managed care organization, a public health agency and in the health and wellness/spa setting. Lisa is committed to scientific integrity and the “non-diet” approach to weight management.

SAMHSA honors community and entertainment leaders at 2013 Voice Awards

On September 25 at the 2013 Voice Awards, the Substance Abuse and Mental Health Services Administration (SAMHSA) honored Academy Award nominee David O. Russell, former U.S. Rep. Patrick Kennedy, retired U.S. Army General Peter Chiarelli, as well as community leaders and TV, film and documentary screenwriters and producers for helping educate the American people that people recover from mental and/or substance use disorders.

Now in its eighth year, the Voice Awards program—held during National Recovery Month—brings together representatives from the behavioral health community and the entertainment industry to improve the public awareness about mental health and substance use issues. The event—hosted by actors Mehead Brooks (USA Network’s “Necessary

Roughness”) and Max Burkholder (NBC’s “Parenthood”) — took place at Paramount Studios in Hollywood.

“It is more important than ever to raise our voices — through TV, film and other media – to proclaim that behavioral health is essential to overall health, that prevention works, that treatment is effective and that people recover,” said SAMHSA Administrator Pamela S. Hyde, J.D. “This year’s theme — Giving a Voice to Recovery — reflects SAMHSA’s focus on the great impact that individuals and communities can have when they support and give a voice to people with mental and/or substance use disorders. And the Affordable Care Act will help to ensure that behavioral health services will be more accessible to Americans in need than ever before.”



Mediterranean Salad with Garbanzo Beans

Recipe designed by Chef Richard Serna
Presented by Cottonwood Tucson

- 2 cups garbanzo beans (drained and rinsed)
- ½ cup red bell pepper (medium diced)
- ½ cup red onion (medium diced)
- ½ cup cucumber (medium diced)
- ½ cup grape or cherry tomatoes (sliced in half)
- ¼ cup kalamata olives (sliced and quartered)
- 2 Tbsp fresh parsley (finely chopped)

Dressing:

- ¼ cup lemon juice
- 3 Tbsp plain or Greek yogurt
- 1 tsp minced garlic
- 1 Tbsp olive oil
- 1 tsp sugar
- salt and pepper to taste

Instructions:

In a large salad bowl combine all the salad ingredients and set aside.

In a medium-mixing bowl whisk the lemon juice, yogurt and garlic together. Slowly whisk in olive oil and sugar. Season dressing with salt and pepper if needed. When ready to serve, toss the salad with the dressing and divide into one cup portions. Enjoy.

— Chef Richard Serna serves as executive chef at Cottonwood Tucson. Cottonwood is a dual diagnosis rehabilitation facility that wanted to foster a holistic approach to recovery. As any chef knows, health begins with what you eat. Richard has completely revitalized the culinary program at Cottonwood in only three years. He became sous chef for Chef Cary Neff at Miraval Life in Balance Spa, which was voted the #1 spa in the world while he was there. Next he was the sous chef at Enchantment Resort in Sedona. He ran the sushi bar at AJ’s Fine Foods, attended the culinary program at Pima Community College, and did his internship at the Anaheim Hilton. www.cottonwoodtucson.com

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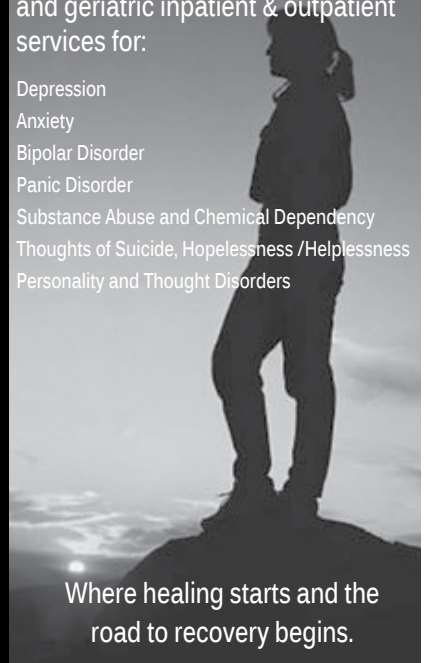
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