

Together AZ



JANUARY 2015

Inspiring Success on the Road to Recovery

Breaking through the Silence

By Kristen L. Polin, MAEd
Community Bridges, Inc. (CBI)

A New Year offers us the chance to embrace a fresh start and reflect on the lessons passing through our life. People come and go in our lives and today, I'm reflecting on my path that crossed with Lori. I'm sharing the personal journey we shared together in the hopes it will help others break through the silence and create a new beginning — before it's too late.

I have spent my entire career focused on the prevention and education of substance use disorders. When one of my closest friends slipped down the path, all of my experience, knowledge and life's work did not seem to help.

Lori was a dear friend. It wasn't a perfect relationship but we knew each other so well. Unfortunately, I couldn't help save her. She silently suffered for years with mental illness and chemical dependency and her life played out in the predictable fashion when the disease takes over without adequate treatment and recovery support. It was humbling to watch it unfold and six months after her passing, I'm still trying to make sense of it all.

The final ending for her was marked by a short, but courageous battle with metastatic brain cancer. It was an aggressive disease that struck her brain. It manifested in



"A journey of a thousand miles begins with a single step." — Laozi

the very place where for years, she battled severe depression and debilitating anxiety. Her physical and mental health was declining at a rapid pace even before the diagnosis confirmed the worst and I knew something was going terribly wrong.

I was one of a few still by her side near the end. So many relationships suffered along the way and it never felt right for me to walk away from her...even after so many times when she refused help. I was the one responsible for writing her obituary and had to sum her life up in eight short sentences. With the help of another close friend, we organized a tribute that made no mention of who she became in her disease. We focused on the brighter parts, like being a loving mom to her two beautiful sons, a doting daughter to her parents, a sister, an aunt, an amazing nurse (back in the day), an animal lover, avid horse rider, and a vibrant woman with a contagious laugh who always had a group of friends around her. That was when times were good and she was well. I knew her then and highlighted the good, leaving out when things went seriously wrong. After all, this was her final tribute.

Lori's story is far from unordinary. In fact, it's more common that we realize and in this day and age. We don't talk about it enough. It's a story that hides behind the stigma of a disease that leads to so many suffering in silence. Lori wasn't a bad person. She wasn't weak. She had an illness many people simply do not understand until it crosses their path. This disease also takes a toll on family, friends and everyone around them. It's safe to say that when I was focusing my energy on trying to help Lori, even my family suffered.

Early Warning Signs

I was aware of some of the earlier red flags that Lori's mental and physical health was declining. She was struggling from obvious anxiety and depression that was to be

expected following a tumultuous divorce and impending financial problems. I encouraged her daily to seek professional help knowing that with the right treatment, what she was facing could be a manageable condition and things could get better, if she took that first step.

This was not the direction she was ready for at the time and it may have felt like a thousand mile journey, on foot. This however, is where our loved ones fall through the cracks and the silence and suffering begins to take over. Lori would periodically visit a physician for prescription medication to treat her condition but lacked the proper therapy and support that would assist with developing the proper coping skills to manage it effectively. She was prescribed powerful benzodiazepine's that were effective in treating her symptoms, but over time, she became tolerant to their effects and physically dependent on the medications that were supposed to be helping her.

This continued downward spiral progressed to self-medicating with more prescription pills and alcohol as a way to cope and numb the pain. The deeper she went, the further she withdrew. This pattern went on for years and little by little, her support system also withered away. I'll never forget a defining moment when I was able to reach out to her oldest son and hear firsthand what was going on in their home behind closed doors. Only through the eyes of her son, could I comprehend what was really happening when people were not around.

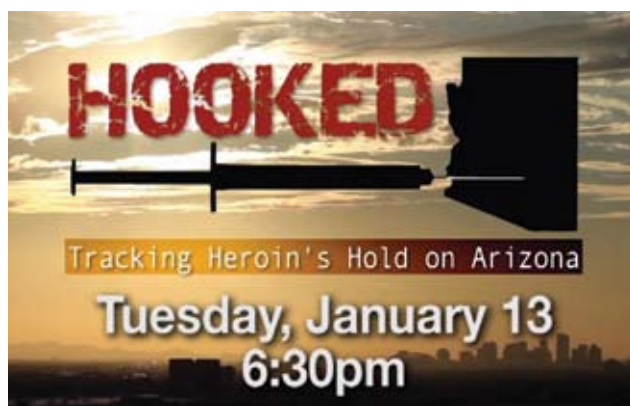
According to the **National Alliance on Mental Illness (NAMI)**, one in four adults (approximately 61.5 million Americans), experience mental illness in a given year. They are our loved ones facing depression and anxiety that begin to interfere with their daily life and routine and reduce their quality of life. Statistics reveal that individuals who are living with serious mental illness also face an increased risk of having chronic medical conditions and die on average 25 years earlier than other Americans, largely due to treatable medical conditions. Lori was only 50 years old when she passed away.

Could things have played out differently?

When someone is refusing help or lacks the ability to surrender to others who may be able to help, our instinct may be to back off or look the other way. And there is definitely a fine line here. There were times when I was doing all the work and wanted her recovery more than she did because I knew what was possible through the right help. But she didn't want it. That was the hurdle most people cannot overcome. Her situation was so far beyond my capabilities and I had to recognize my own limits. Instead of trying to play the hero, I asked other professionals to step in who had the proper training to assist. And still, she refused.

There was a point in our relationship when I had to walk away for the benefit of my own emotional health. That was an incredibly hard thing to do because I really cared for her. However, I knew that the longer I held on and took care of her; I wasn't really helping her at all. She needed to see the bottom and recognize her own will to fight for this to stick.

Her story didn't end well. Lori represents the side that don't overcome this battle and die from a preventable and treatable disease. I regret that she had gone down this path



All Arizona TV Stations to Simulcast ASU-Produced Special Report on Heroin

In a highly unusual collaboration, every broadcast TV station and most radio outlets across Arizona will air simultaneously a 30-minute commercial-free investigative report produced by Arizona State University student journalists on the growing perils of heroin and opioid use.

Teams of advanced journalism students at the Walter Cronkite School of Journalism and Mass Communication also will produce packages of digital stories and data analyses available on the Web, an accompanying mobile tablet app, and Spanish-language and radio versions of the documentary.

The statewide simulcast of **"Hooked: Tracking Heroin's Hold on Arizona"** will air Jan. 13 on the 33 TV stations in Phoenix, Tucson and Yuma and most of the state's radio stations. Air time is 6:30 p.m. on most stations.

Art Brooks, president and chief executive officer of the Arizona Broadcasters Association, developed the idea after learning of the seriousness of the issue and organized the backing of the state's broadcast industry.

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BREAKING THE SILENCE continued page 9



Best-selling author; guest consultant on 20/20, Good Morning America and CBS Morning News; featured in The New York Times and People Magazine; and Esquire Magazine's "Top 100 Women in the U.S. who are Changing the Nation", Rokelle Lerner is the Clinical Director of InnerPath Retreats at Cottonwood Tucson.

With her unique ability to address unresolved critical issues, Rokelle Lerner has inspired millions. Now she inspires groups of 8 at InnerPath Retreats.

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HOOKED from page 1

"The scourge of heroin and opioid addiction is killing hundreds of Arizonans, and the growing problem is reaching epidemic levels," Brooks said. "Broadcast stations are fiercely competitive, but our industry leaders are bonding together on this public danger in order to save lives."

During and after the telecast, the ABA will sponsor a call center for viewers seeking counseling or more information on heroin and opioid addiction. A 100-phone center with trained counselors will be set up in the studios of Arizona PBS on the sixth floor of the Cronkite Building on ASU's Downtown Phoenix campus.

Gordon Smith, president and chief executive officer of the National Association of Broadcasters, lauded the Arizona initiative.

"It is nothing short of extraordinary to have every TV broadcaster in a state come together and jointly agree to air – commercial free in a widely viewed time slot – an important piece of public service journalism," said Smith, a former U.S. senator from Oregon who leads the trade association of the nation's TV and radio broadcasters.

"It is a testament to the greater leadership of the Arizona Broadcasters Association and the general managers across the state and their tremendous commitment to their communities," Smith said. "I have no doubt that the Cronkite heroin project will make a real impact on this critical public health issue and save lives."

Publisher's

note By Barbara Nicholson-Brown

Faith over Fear

Most of us have heard we can't be in fear and faith at the same time. Being a fear driven person in my using days, I wonder if I knew anything but *that crippling feeling* it gave me.

One of my biggest fears was when people who really loved and cared about my well being — confronted me. Fear of being found out and less than also added to the mix. I was unable to face the truth and was full of shame and guilt about my addictions and lifestyle. Being in fear paralysed me, so the only way I knew to temporarily be rid of it, was to numb out. It was a vicious cycle and it almost killed me.

When I got into recovery I was told if I am in fear then I cannot be in faith. After awhile I realized I had a choice. I could let it consume me or do something about it. I could ask for help.

Now the magic happens when I breathe, take a minute and remember my Higher Power who has had my back all the days of my life — is right here.

Always.

Through the years on this journey, the fears have lessened and I hope my faith never stops growing.

It is a New Year and this is a New Day and I'm very very blessed.

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WHAT'S NEW

Medicare Starts Identifying Doctors Who May Prescribe Too Many Painkillers

Medicare has started examining prescribing data to identify physicians who write large numbers of prescriptions for narcotic painkillers and stimulants. Next year Medicare will be able to kick doctors out of the program if they are found to be prescribing in abusive ways, *USA Today* reports.

Twelve of Medicare's top 20 prescribers of drugs such as oxycodone, morphine, fentanyl and Ritalin faced disciplinary actions by their state medical boards or criminal charges related to their medical practices in 2012. These are Schedule 2 drugs, meaning the government classifies them as having a high potential for abuse. One doctor in Huntsville, Alabama, wrote more than 14,000 Schedule 2 prescriptions in 2012. He had his controlled-substances certificate suspended by the state medical board, and surrendered his medical license.

Medicare's drug program, Medicare Part D, pays for more than one-fourth of prescriptions dispensed in the United States, the article notes. The program covers about 38 million seniors and disabled people.

An analysis by ProPublica found 269 providers wrote at least 3,000 prescriptions for Schedule 2 drugs in 2012. The largest number of these doctors were concentrated in Florida (52), followed by Tennessee (25). In September, Medicare sent letters to 760 physicians who prescribed the most Schedule 2 drugs in their medical specialty and state. The agency also sent information about 71 doctors for possible investigation to the Inspector General of the Department of Health and Human Services.

"Simply being an outlier doesn't establish that you're doing something wrong," said Shantanu Agrawal, Director of the Center for Program Integrity at the Centers for Medicare and Medicaid Services. "What we are trying to do is give physicians the ability to assess themselves, given their comparative data."

Residential Rehab can be Good Option for Young Adults Dependent on Opioids: Study

A month-long residential treatment program may be more effective than standard outpatient programs for young adults who are dependent on opioids, a new study suggests.

Residential programs may result in higher abstinence levels for young adults dependent on prescription painkillers or heroin, Reuters reports.

"Given evidence that outpatient treatment for opioid dependence in young adults is not as effective as it is in older adults, we need alternatives to protect this vulnerable population," said lead author Dr. Zev Schuman-Olivier of Massachusetts General Hospital.

The researchers followed 292 adults ages 18 to 24 who were enrolled in a month-long residential rehab program based on a 12-step approach. One-fourth met the criteria for opiate dependence and 20 percent for opiate misuse. The remaining 55 percent were being treated for abusing other substances, such as alcohol and non-opiate drugs, the article notes.

The study found 29 percent of participants who were dependent on opioids and 22 percent of those who misused opioids were abstinent a year later. Another recent study found 83 percent of people who entered an outpatient treatment program had dropped out one year later. The findings are published in *Drug and Alcohol*



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Dependence.

"This study is important because it stresses the need for parents to advocate for residential treatment when that moment arises for an emerging adult when they think about going into treatment," Schuman-Olivier said. He said there is a "window of willingness" after an event such as a minor overdose. "If someone can be encouraged to go into residential treatment at that time, then there is a likelihood that it will have a longer lasting effect than if they go to outpatient treatment," he said.

Schuman-Olivier noted some people cannot access residential programs because of the cost. They are usually only covered by private insurance, and only after other levels of outpatient care have failed, he noted.

Blackouts Common Among Teens Who Drink

Among teens who drink, 90 percent have blacked out after drinking at least once by the time they reached age 19, according to a new study. Teens who black out after drinking are more likely to be female.

When a person blacks out, they appear to be awake, alert and intoxicated, but they have no memory of what has happened. At high enough doses, alcohol impairs the acquisition of memory.

Females are more likely to black out because they weigh less and have less body water to dilute the alcohol, the researchers noted. The study included 1,402 teens ages 15 to 19 who drank. Other risk factors for blacking out after drinking included smoking, having sensation-seeking and impulsive behaviors, lacking conscientiousness and having friends who also drank or used other substances.

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Study Links Suicide Risk with Insomnia, Alcohol Use

By JANICE WOOD
Associate News Editor

A new study has found that alcohol use is “significantly associated” with suicide risk among women.

Further analysis also revealed that insomnia symptoms explained a significant proportion of the relationship between alcohol and suicide risk among women.

For men, there was no direct effect of alcohol use on suicide risk, but there was a significant indirect effect of alcohol use increasing suicide risk through insomnia symptoms, according to researchers at Mississippi State University.

“These results are important as they help demonstrate that alcohol use is associated with an increase in suicide risk, and that this increase may be partially due to insomnia symptoms,” said principal investigator Michael Nadorff, Ph.D., an assistant professor at the university.

“By better understanding this relationship, and the mechanisms associated with increased risk, we can better design interventions to reduce suicide risk.”

The design of this study did not allow for an examination of causality, the researcher said, noting that it lays the groundwork for future studies into the relationship among alcohol use, insomnia symptoms, and suicide risk.

The current study involved 375 undergraduate students at a large, public university in the southeastern U.S. They completed an online questionnaire that



examined insomnia symptoms, nightmares, alcohol use, and suicide risk.

According to the American Academy of Sleep Medicine, about 10 percent of people have chronic insomnia disorder, which involves a sleep disturbance and associated daytime symptoms that have been present for at least three months. About 15 to 20 percent of adults have short-term insomnia disorder.

Both types of insomnia are more common in women than in men.

The Centers for Disease Control and Prevention reports that excessive alcohol use leads to about 88,000 deaths in the U.S. each year and shortens the life of those who die by almost 30 years. Accounting for more than 38,000 deaths each year, suicide is the 10th leading cause of death in the U.S., according to the CDC.

The study was published in the *Journal of Clinical Sleep Medicine*.



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Self-Acceptance is the Key to a healthier self-image

By JEFFREY T. GUTERMAN, PHD

Perhaps no issue is more important to emotional well-being than our sense of self. This is especially true in Western cultures that emphasize autonomy and independence.

Much of the field of mental health seems intent on understanding self-image problems in terms of low self-esteem. It logically follows that a solution is to work toward increasing self-esteem. This makes sense on the surface. When people have high self-esteem, they usually feel better about themselves. From my clinical experience, however, increasing self-esteem is a temporary solution because it perpetuates the underlying problem: an irrational philosophy of self-rating. I suggest the key to a healthier self-image is self-acceptance, not self-esteem.

My first mentor, Albert Ellis, the founder of rational emotive behavior therapy (REBT), pointed out that self-esteem doesn't work very well because it is based on the conditional philosophy, "I like myself because I do well and I am approved by others" and, conversely, "I dislike myself because I do not do well and I am disapproved by others." This philosophy might work fine if one were always successful and always approved of. But that's not how the world works. Each of us is a fallible human being who cannot always do well and be approved. Nevertheless, humans not only rationally prefer success and approval but irrationally demand it.

How is it people buy into such a self-defeating philosophy?

The short answer is because we are human. For good reason, human beings value success and approval. We get along better in life when we do well and are approved by important people in our lives, such as parents, relatives, friends, and teachers.

However, problems arise when we escalate our healthy desires for success and approval into absolute demands. Significant people in our lives, who have also adopted the demand for success and approval that is ubiquitous in our culture, explicitly and implicitly teach us these ideas. In the absence of those who have taught us these harmful messages, we indoctrinate ourselves through a process of self-learning, — we internalize these beliefs and attach them to countless events in our lives.

Popular culture is replete with examples of the erroneous philosophy of self-esteem. The song "You're Nobody 'Til Somebody Loves You" sends the erroneous message that self-worth is contingent on love from other people. In "The Wizard of Oz," the Wizard tells the Tin Man, "A heart is not judged by how much you love, but by how much you are loved by others."

In these and other examples, self-esteem rises and falls based upon externals. And you're still likely to feel anxious even when you succeed so long as you are demanding approval and success because there is always the chance you might fail. Albert Ellis used to tell me that if the Martians came to earth and saw us humans, imperfect by nature, demanding perfection, they would die laughing.

The key to a healthy self-image is self-acceptance, not self-esteem, because we are imperfect and cannot always do well and win the approval of other people. Self-acceptance can help reduce self-defeating anxiety, guilt, shame, shyness, avoidance of social

situations, procrastination, and other self-defeating emotions and behaviors. So, how does one go about working toward self-acceptance when our culture seems intent on boosting self-esteem?

Self-acceptance involves taking a profound philosophical stance against self-rating. While there is value in rating our traits, qualities, and performances, self-acceptance means not assigning a global rating to the one's self. It could be said, then, that the healthiest ego is no ego. Do not give up aspiring to do well and winning the approval of others. Humans generally get along better in life when they succeed and are approved. Self-acceptance is about recognizing that you are a process, not a product.

Self-acceptance can also help individuals develop a capacity for healthier love relationships. We often hear the adage, "You can't love someone until you learn to love yourself." By applying the principle of self-acceptance to other people, we can learn to reduce anger and blaming. This does not mean stop holding others accountable. Instead, it means remaining sensitive yet assertive.

Adopting a philosophy of self-acceptance requires action. It involves replacing old patterns with new, more helpful ways of thinking and behaving. Again, significant change often requires hard work. Don't be surprised if despite your best efforts you fall back to rating yourself. When this happens, remember that you can always choose to accept yourself. change often requires hard work. Don't be surprised if despite your best efforts you fall back to rating yourself. When this happens, remember that you can always choose to accept yourself.

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- Art therapy
- Family participation

A Meadows psychiatrist is available on-site for weekly medication management, psychiatric evaluations, if needed, and program oversight. All medications must be approved by the staff psychiatrist.

The Meadows Outpatient Program is a 12-step oriented program and subscribes to the model of total abstinence for all patients, meaning no addictive substances while participating in our programming, whether or not a patient acknowledges

having a substance use disorder.

Also located at the facility is a large conference center, seating approximately 80-100, with a stage to facilitate lectures to patients, family members, therapists, and community members on the latest treatment information. This conference center is a hub for all that are interested in working together to deliver the finest and most effective treatment for addictions, trauma, mood, and other behavioral health issues.

Additional numerous community events, gatherings, and outings will take place at this location.

Transitional living for patients is available through preferred affiliations with top-quality properties, and is offered to local patients as well as those from out of state. These transitional living affiliates provide transportation, security, strong programming, fellowship, and numerous recreational activities designed to make the entire process seamless, comfortable, and fun.

Jim Corrington, Jr., MSW, LCSW, is the Director of Outpatient Services for The Meadows. Jim's personal recovery from addiction and trauma began 30 years ago, and he brings strong passion to the process. He has been in the recovery field as a Director/Therapist for outpatient programs for 28 years and also spent 15 years working with the Arizona Medical Board and Arizona Board of Pharmacy monitoring programs for impaired professionals. For more information contact Jim at jcorrington@themeadows.org.

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We each have the Courage

By Dr. Dina Evan

It's 1-2-3 in 2015. Yippee! It's a new year. Right? Well, 2014 may have been stupendous for some, yet for many of us, hmmm, not so much. Most of us will say we encountered new challenges and some exhausting difficulties. So, we may also say we want something new, something more from 2015, perhaps less stress and more joy but how do we create that?

First, let's all agree that basically, we are crazy. No, you can't agree? Well let's think a minute about what those around you might say if they were to hear all the repetitive, fearful, mundane thoughts, song lyrics, musings and fears that are repeatedly spun through every atom and neuronet in your brain over and over ad nauseam. Phew! Well, me too.

Perhaps you can recall how many times you've told yourself, I am just not going to think about that anymore, and whoosh, faster than the speed of sound, you were right back hearing the very same issue yet again pivoting and rotisserieing (my word) around inside your head. Okay, so perhaps now you can agree you are in my club, called crazy. And now that you know we are in the same club, you might be wondering how the heck do I get out!

The Simple Act of Breathing

Let's start with the premise that we are all changing, like it or not. The simple act of breathing puts us in the position of hearing new thoughts, new ideas, different paradigms and concepts. Some of these, even without our conscious decision, go into our neuronets and make subtle or drastic changes. Given that, what others did to you ten years or even ten minutes ago becomes irrelevant unless you drag it into the moment and make it an issue.

Stop and think about how many of your thoughts and feelings are about the past, over which you have no control and no ability to change a thing. There are no do-overs about the past. What is done is done, however you can, if you come into the present moment, decide how you want your future to be. You can make a decision to learn from and change some of the responses and behaviors of your past.

I am not asking you to do that new-agey thing of naively moving to higher ground or think only positive thoughts. No, instead I want you to invite those negative and worrisome rascals in for tea. I want you to give them a voice, have a conversation with them, and ask them directly if

what they fear is really even about today. Ninety-percent of the time it won't be, because ninety-percent of our thoughts are about the past and things that will probably never happen again at all. It's important to remember that if the majority of our thoughts are from the past they are from experiences that you have already survived and feelings you have already managed. So, the driving energy is your fear of something happening today that you have already lived through and you are now not only surviving but also may be flourishing. The experiences of your past — if you are awake — have made you who you are now and have filled your endurance bag with tools for today's challenges.

Having a better year in 2015 may be as simple as 1-2-3. When you feel yourself becoming upset or fearful:

- Identify the feelings and responses to have to the person or circumstances. Take a breath and name it before you respond. I feel afraid, I feel insecure, I feel unsafe etc.
- Decide how much of your response is about the past and how much is about the current situation (give it a percentage). Usually it's about 80%-90% from the past and 10-20% from the current situation. This because when ever you have a response that is bigger than the situation at hand, an old wound or past pain has been triggered.
- Once you realize what the 10-20% is really about ask yourself how you want to respond from your wise mind or adult self. How will you choose to respond with out that filter from the past?

That little exercise will allow a room for a great deal more joy in your life. It's a good idea to work on the old unresolved issue when you can, and if it feels fearful, find support. Most of us were hurt when we were alone. We don't have to heal alone. We each have the opportunity to choose trust over fear, love over apathy, intimacy over distance and healing over pain. That's a choice results in a joy filled new year. Happy New and Better 2015 from all of us!



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

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Keeping Your New Year's Evolutions

By ALAN COHEN

Many of us make New Year's resolutions which, according to many surveys, don't last very long. Many are gone by the end of January, and most are gone by July. Most resolutions have to do with losing weight, saving money, and taking self-improvement courses. All worthy goals, to be sure.

But why do most resolutions tank?

I was coaching a woman who was burdened by a terrible sense of overwhelm. She could not keep up with all the "should's" banging at her from inside her head, voices of her parents and other dead authority figures. After listening to her painful litany, I told her, "There is no way you are ever going to succeed at keeping up with all of your self-imposed obligations."

"Why is that?"

"There is no joy, intention, or true choice in any of them. Your life is one big 'I have to.'"

"Then how do I change?"

"Shift from 'discipline' to 'blissipline,'" I suggested. "You will always succeed at things you choose because they make you happy. You will never succeed at things you do just because you owe."

There are, of course, things we have to do whether we like to or not. But there are other things we would love to do, but don't. When we take the time and self-honoring to do the things that fill our soul, the other stuff becomes easier, lighter, and in many cases the volume of distasteful activity miraculously diminishes. You can create a tipping point in favor of joyful activities by engaging from the heart rather than the head.

This year forget about your New Year's resolutions and pay more attention to your New Year's evolutions. Resolutions imply an imposition of will over joy; of forcing over allowing; of demanding over flowing. You are on a trajectory of awakening, healing, and self-expression,



achieved by cultivating your true self and letting life live through you rather than marching into the black hole of endless obligation. Following bliss requires a leap of faith. You must trust your inner voice and act on it rather than falling prey to outer demands, internalized until you think they are your choices. But they are not. Your true choices proceed from love, not fear.

A fellow told me that he did not know what he should do with his life. "My ex-wife wants me to do one thing, my girlfriend another, my kids another, and my boss is pushing me in another direction. What do you think I should do?"

"What would you like to do?"

The man looked confused. "I don't know. I never thought about that."

"Take some time to answer that question. It will save your life."

A few weeks later I received an email from the fellow, telling me that the question was the most important one anyone had ever asked him. When he got in touch with his true choices rather than the choices others were attempting to make for him, he discovered a path that would really work for him. He was grateful beyond words.

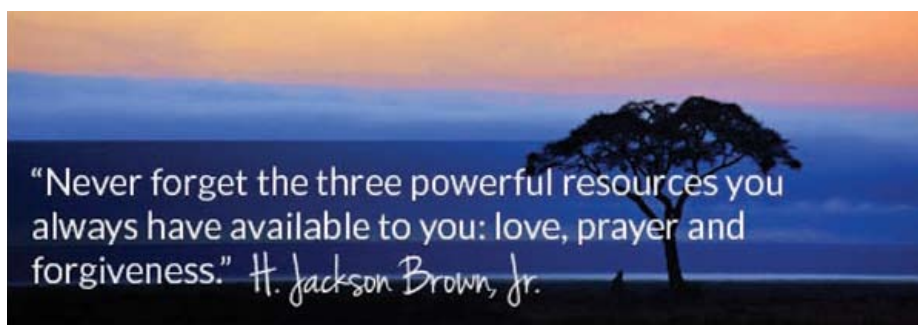
Your evolution is proceeding without flaw. All the experiences you have ever had have led you to where you now stand. Now all you have to do is honor what makes you happy more than your need to please or prove. You don't have to wrestle your destiny to the ground like a big growling bear. Simply cooperate with what wants to happen. "May the Force be with you" is a twisted wish. A more accurate blessing would be, "May you be with the Force." The Force is already with you. You just have to let it work on your behalf. Quit telling the universe how to run. It already knows.

At this point relaxation will yield you more effective results than more pressure. If adding more pressure to your life worked, you would be happier. If something you are doing isn't working, doing more of it won't work better. I'm not suggesting you be lazy or irresponsible. Ironically, acting from fear is the laziest and most irresponsible attitude, because actions that proceed from fear are non-productive. Actions that proceed from choice and joy bear results that will serve you and everyone you touch.

This year resolve to evolve. Goethe said, "When you trust yourself, you will know how to live." He was echoing the advice of Buddha: "Now all that is left is for you to become yourself." Let evolution take you where you want to go. The will of God is your own will. At a delicious point it all comes together. This year would a very good one to be what you already are.



Alan Cohen is the author of many inspirational books, including *Relax into Wealth*. Join Alan's upcoming *Life Coach Training Program* to become a professional life coach or incorporate life coaching skills in your career or personal life. For more information about this program, Alan's books, free daily inspirational quotes, and his weekly radio show, visit www.alancohen.com, email info@alancohen.com.



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BREAKING THE SILENCE from page 1

but I can say that I am proud of the strength she showed near the end. There was a level of clarity and wisdom at the end of her journey that took hold and I want to make sure I never forget it.

She always said, "I'll do it tomorrow," or next week. There was always an excuse as to why now was not the time. But in the end, when time was running out, she showed me how precious life really was. She wanted to live and make things right. This is the part that will stick for me forever. Witnessing the depth of her love for her kids despite the darkness and end of life circumstance she was facing.

She walked that path, accepted where she ended up at the final crossing and took her last breath on May 7th, 2014. My job now is to share her story so others can learn from it. My mission will be to make sure her kids know how much they were loved. I will make sure they know the truth and understand their mom's journey when they are ready for it. **"Don't look back...you're not going that way."**

This gentle reminder helped both of us. Lori actually gave me one of the greatest gifts at the end of her life. She taught me to embrace every minute of this precious life and never take for granted what I hold dear to my heart. On the day before she passed, she thanked me for sticking by her. I didn't realize that was going to be our last moment together and I never want to forget the sincerity in her eyes.

Fast forward to six months since she passed — I feel her all around during quiet moments of reflection. I really miss her laughter and advice when times were better. As I look ahead to this fresh start without her physically present in my life, I'm finding comfort in knowing she is looking over me and those she loved so much. I am at peace with sharing her story because I know it will help change the course for others and serve as a reminder that the time is now to take action. No one has to suffer. Through her, we are breaking through the silence. Thank you for that lesson, Lori.



Kristen Polin has contributed to the Together AZ Newspaper for 14 years. She has worked for Community Bridges, Inc. (CBI) since 1997 and serves as the Vice President of Community Relations & Development. In this role, Kristen oversees the operation of CBI's prevention and community education programs and public relations. She has a passion for sharing meaningful stories that inspire recovery and highlighting the

great work of the entire CBI family. Visit www.CommunityBridgesAZ.org

Resources

Mental and substance use disorders affect people from all walks of life and all age groups. Learning about some of the most common mental and substance use disorders can help people recognize their signs and to seek help.

According to SAMHSA's 2012 National Survey on Drug Use and Health (NSDUH) an estimated 43.7 million (18.6%) Americans ages 18 and up experienced some form of mental illness. In the past year, 20.7 million adults (8.8%) had a substance use disorder. Of these, 8.4 million people had both a mental disorder and substance use disorder,

also known as co-occurring mental and substance use disorders.

Mental disorders involve changes in thinking, mood, and/or behavior. These disorders can affect how we relate to others and make choices. Mental disorders take many different forms, with some rooted in deep levels of anxiety, extreme changes in mood, or reduced ability to focus or behave appropriately. Anxiety disorders are the most common type of mental disorders, followed by depressive disorders.

Co-Occurring Mental and Substance Use Disorders

The coexistence of both a mental illness and a substance use condition is referred to as co-occurring mental and substance use disorders. There are no specific combinations of substance use disorders and mental disorders that are defined uniquely as co-occurring disorders. Co-occurring disorders may include any combination of two or more substance use disorders and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). They are also referred to as having a dual diagnosis.

People with a mental health issue are more likely to experience an alcohol or substance use disorder than those not affected by a mental illness. Approximately 8.4 million adults have co-occurring disorders. Co-occurring disorders can be difficult to diagnose due to the complexity of symptoms. In many cases, one disorder is addressed while the other disorder remains untreated. Both substance use disorders and mental disorders have biological, psychological, and social components.

There are many consequences of undiagnosed, untreated, or undertreated co-occurring disorders including higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide, and early death.

The best treatment for co-occurring disorders is an integrated approach, where both the substance abuse problem and the mental disorder are treated simultaneously.

Recovery depends on treating both the addiction and the mental health problem. Whether the mental health or substance abuse problem came first, recovery depends on treating both.

- **There is hope.** Recovering from co-occurring disorders takes time, commitment, and courage. It may take months or even years but people with substance abuse and mental health problems can and do get better.
- **Combined treatment is best.** The best chance of recovery is through integrated treatment for both the substance abuse problem and the mental health problem. This means getting combined mental health

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(Individuals pictured are models used for illustrative purposes only.)



and addiction treatment from the same treatment provider or team.

- **Relapses are part of the recovery process.** Don't get discouraged if there is a relapse. Slips and setbacks happen, but, with hard work, most people can recover from their relapses and move on with recovery.
- **Peer support.** People benefit from joining support groups like Alcoholics Anonymous or Narcotics Anonymous. They offer a chance to lean on others who know what you're going through and learn from their experiences.

What's New at Community Bridges, Inc. (CBI)

Unscript opens in Scottsdale, AZ

Unscript is a non-invasive integrated system of education and physician monitored protocols specifically designed to treat unintentional physical dependence on prescription medication. Our prevention and education support teams help our patients understand how well-meaning medical treatment can quickly result in a physiological dependence on opiate-based and/or other controlled medications. Unscript will introduce you to a new understanding of the physical, psychological, and social impact of chemical dependency. There is no "blaming, shaming, guilting" or psychotherapy. Unscript is a new approach to more effectively deal with an old, but growing problem. Patients are not treated as criminals. They are treated as men and women who, while addressing a legitimate medical condition, became unintentionally dependent on increasing doses of prescription medication.

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CBI recently opened a new location in Scottsdale, AZ. For more information, call **480-520-7000**. For additional resources to locate substance abuse or other mental health services in your area: www.samhsa.gov/Treatment.

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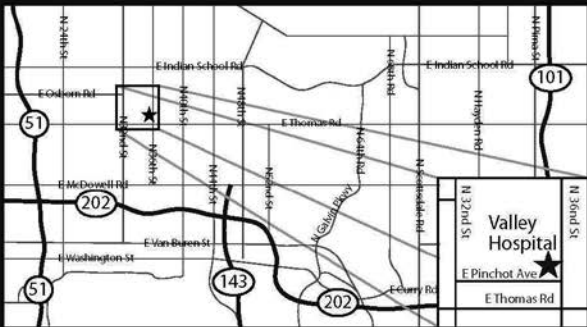


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 NCADD 602-264-6214
 Nicotine Anonymous 877-TRY-NICA
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Events Calendar

JAN 12-16 – Tucson – Cottonwood Tucson – InnerPath Women’s Workshop. This five-day workshop 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.

JAN 19-23 – TUCSON – COTTONWOOD TUCSON – INNERPATH WORKSHOP. This five-day intensive workshop 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 for information and registration.

FEB. 26 — ACA Presents, Claudia Black. Event is free. 7:00 pm. North Scottsdale United Methodist Church. 11735 N. Scottsdale Road. Visit <http://aca-arizona.org> for details.

Every Week – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Families Workshop. 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 jmartin@cottonwoodtucson.com for information.

Merritt Center Returning Combat Veterans Retreat Program. Free 4 week-end program for combat Vets. With the assistance of Vet mentors, and healing practitioners, returning vets will begin to release the experiences of war, and to create the dream of a new life. Betty Merritt, betty@merrittcenter.org. **800-414-9880** www.merrittcenter.org

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held the third Saturday of the month, from 12 noon - 1 p.m. Harvest of Tempe Classroom, 710 W. Elliot Rd., Suite 103, Tempe. Contact Carol **480-246-7029**.

HOPE, STRENGTH, AND SUPPORT for Jewish Alcoholics, Addicts, and their Families and Friends (JACS*) 1st and 3rd Wednesday, 7:30 PM. Ina Levine Jewish Community Campus, 2nd floor Conference Room. 12701 N. Scottsdale Road, Scottsdale 85254. 602.971.1234 ext. 280 or at JACSarizona@gmail.com

COSA (12-step recovery program for men and women whose lives have been affected by another person’s compulsive sexual behavior)— **Being in Balance.** Thursday 11:00 am-Noon. 2210 W. Southern Ave. Mesa, 85202. Information 602-793-4120.

WOMEN FOR SOBRIETY — www.womenforsobriety.org meeting every Saturday morning, from 10am-11:30am at All Saints of the Desert Episcopal Church-9502 W. Hutton Drive. Sun City, AZ 85351. Contact Christy (602) 316-5136
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 — ACT Counseling & Education. 11:00 am to 12:30 pm. Call **602-569-4328** for details. 5010 E. Shea Blvd. D202, Phoenix.

INCEST SURVIVORS ANONYMOUS—North Scottsdale Fellowship Club, Saturdays, 1:30-2:30pm. Gloria, 602-819-0401.

Alumni Meeting—COTTONWOOD

TUCSON. Ongoing: First Wednesday of month 6:00-7:30 p.m. **Cottonwood campus in Tucson.** 4110 W. Sweetwater Drive. 5:00 p.m. 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. **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). Michael **520-419-6723.**

Overeaters Anonymous - 12 Step program that deals with addictions to food and food behaviors. 18 meetings scheduled per week. For information **520-733-0880** or www.oasouthernaz.org.

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

Pills Anonymous—Glendale Tues. 7:00-8:00 pm. HealthSouth Stroke Rehab 13460 N 67th Ave. (S. of Thunderbird) Education Room. Rosalie 602 540-2540. **Mesa** Tues. 7-8:00 pm, St. Matthew United Methodist Church. 2540 W. Baseline. B-14. Jim, 480-813-3406. Meggan 480-603-8892. **Scottsdale,** Wed. 5:30-6:30 pm, N. Scottsdale Fellowship Club, 10427 N. Scottsdale Rd., Room 3. Tom N. 602-290-0998. **Phoenix,** Thurs. 7-8:00 pm. First Mennonite Church 1612 W. Northern. Marc 623-217-9495, Pam 602-944-0834. Contact 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 mphaes@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.** slaa-arizona.org

FOOD ADDICTS Anonymous—www. Foodaddictsanonymous.org

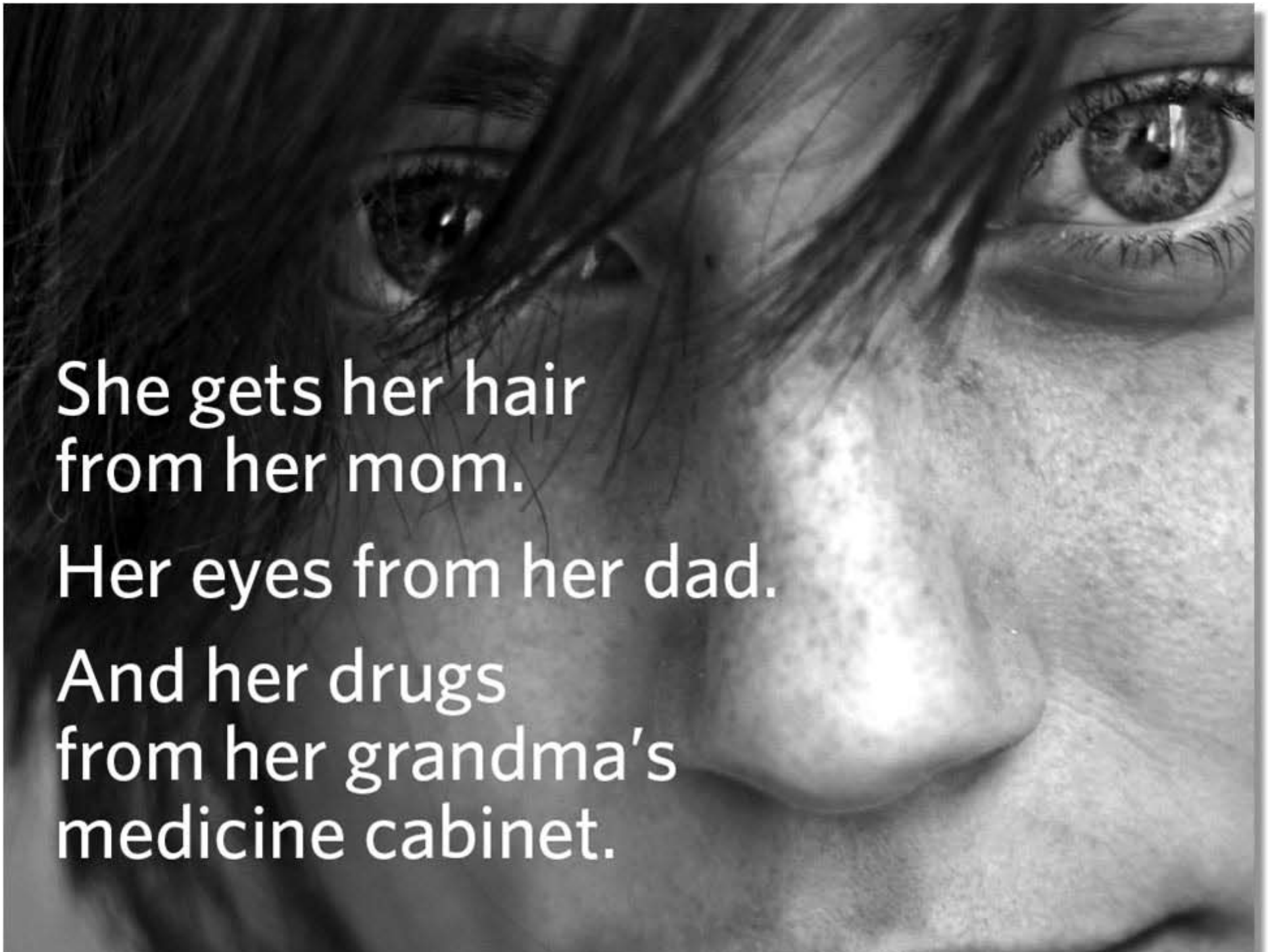
GAM-ANON: Sun. 7:30 p.m. Desert Cross Lutheran Church, 8600 S. McClintock, Tempe. Mon. 7:30 p.m., Cross in the Desert Church, 12835 N. 32nd St., Phoenix, Tues. 7:00 p.m., First Christian Church, 6750 N. 7th Ave., Phoenix, Tues. 7:15 p.m. Desert Cross Lutheran Church, *EVENTS continued page 14*

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She gets her hair
from her mom.
Her eyes from her dad.
And her drugs
from her grandma's
medicine cabinet.

What insurance coverage does my recovery business need?

By Nancy Germond, MA, SPHR, ARM, AIC, ITP

Insuring a sober living home, consultancy or treatment facility can often pose a challenge. Insurance is one area where business owners may try to cut costs. To protect your business and future assets, you need to have a highly qualified insurance agent evaluate all the risks you face and offer solid coverage solutions.

Even organizations that operate on tight budgets must protect themselves with at least two types of coverage. Let's explore the coverages that are most important — professional liability and general liability.

What does the professional liability policy cover?

Any professional consultant needs professional liability coverage, also called errors and omissions. The professional liability policy may be worded as follows:

"The company will pay on behalf of the insured any loss excess of the deductible not exceeding the limit of liability to which this coverage applies that the insured becomes legally obligated to pay because of claims made against the insured during the policy period for wrongful acts of an insured or because of personal injury arising out of wrongful acts of an insured."

This wording shows the limited scope of the professional liability policy. The intent is to cover only negligent professional or "wrongful" acts. The policy also provides limited protection for personal injury, such as libel or slander, committed by the insured against a third party.

What does the commercial general liability (CGL) policy cover?

The CGL covers bodily injury to a person or damage to the property of others caused by an organization's negligence. A CGL policy is not intended to cover the quality of a company's advice or service. This helps constrain a contractor from low-bidding a job, performing poorly and then relying on the insurance carrier to cover that risk.

Look first at CGL policy language under the insuring agreement, the heart of the policy:

"We will pay those sums that the insured becomes legally obligated to pay as compensatory damages because of 'bodily injury' or 'property damage' to which this insurance applies."

Here are a few of the exposures covered under the CGL:

- Premises and operations liability for persons injured or items damaged while on your business premises or because of your business operations.
- Additional insured coverage when you sign certain written contracts or agreements such as leases.
- Tenant's liability in the event your business operations accidentally start a fire in rented premises or cause some other type of damage.
- Defense for covered claims.
- Bonds and court costs associated with a claim.
- Limited financial remuneration when assisting your carrier in the defense of a claim.

In addition to bodily injury and property damage, CGL covers personal injury liability, libel and slander, as well as advertising injury. Coverage can vary widely from one company to another. An independent agent should help you determine the coverage differences and help you make strong choices to protect your growing organization.

What are some CGL exclusions?

Intentional injury – You are entitled to protect yourself. Carriers should defend a case of self-defense unless it appears the insured intended to inflict malicious injury.

Care, custody and control of property owned by others.

For the organization that keeps its clients' property while they are in treatment, for example, some coverage may apply.

Liability arising from an aircraft, auto

or watercraft — If you use any of those in your business, you'll require specific coverage to protect your assets. However, if you provide an automobile to an employee who gets in an accident, you may have coverage, depending on the coverage form and the jurisdiction.

In today's complex business environment, no organization that provides professional services should go without two types of coverage — professional and general liability — at a minimum. An experienced independent agent can help you ensure your business prospers in the coming years. Find an agent who specializes in social service business and understands the unique exposures you face to ensure you get the best advice.

Nancy Germond, MA, SPHR, ARM, AIC, ITP. Southwest Insurance Brokers, LLC. (602) 263-0777



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LIFE 101

By COACH CARY BAYER www.carybayer.com

Eclipses of Sunlight, of Moonlight and of Your light

The other night there was a lunar eclipse in the nighttime sky. On other days we have witnessed solar eclipses. In each case, as astronomers remind us, the light from the heavens is suddenly obscured or eclipsed for a short time. This is a cosmic metaphor for the human condition. The light in most people has been long eclipsed. Unfortunately, this eclipse has not just been for a few hours for most people but for their whole lives. One reason we've ignored this is that we haven't known it to be true; another reason is that we've doubted its truth. William Blake, the great British Romantic poet and painter wrote unforgettably about this power of doubt:

*"If the sun and moon should doubt,
They'd immediately go out."*

There is a light within each of us that is our spiritual essence. Some of us have found it in meditation or other spiritual method. Some of us have been blessed to find it in some other life-altering experience, perhaps scuba diving deep in the ocean, perhaps conceiving a child, perhaps in a near-death experience. For those who've never seen that light, it's high time to put an end to its eclipse. It's time to take out a telescope and see into the nature of who and what you truly are.

Humanity used to think that the earth was the center of the solar system. In time, deep thinkers like Galileo and Copernicus created the revolution that would change scientific knowledge for good, proving that it wasn't the earth, but the sun, that was the center of our heavens. What our planet needs so desperately now is a spiritual revolution that will enlighten men and women that the center of the heavens is not beyond the clouds, but right there within the depth of their own being. Such a revolution will give humanity the insight to see that we have not done our job as stewards of the Earth; that we have polluted our water and our air, and have sent far too many of the animals who share our planet into extinction.

The Wall Street Journal has reported that one quarter of the wildlife that was alive just 40 years ago is now extinct. Such a revolution will give us the compassion to care for all of life.

The telescopes to discover this truth exist; but they're not tucked away in some attic somewhere, unused for decades. The telescope that I'm talking about is a kind of inner one that can enable you to see into the heavens within you. "Heaven lies about us in our infancy," William Wordsworth, the Poet Laureate of England, wrote two centuries ago in his immortal poem, "Ode Intimations of Immortality from Recollections of Early Childhood." It also lies about us in our middle years and golden ones, too. And those years can be truly golden, lit up by a golden light, when we train that inner telescope to hone into our nature. But that takes some doing, some discipline, not unlike the discipline it took for the great astronomers to understand the true nature of Reality, and change the world forever. Your world can also be changed forever if you take the time each day to look into the heavens within you for the light that has always lighted your world.

The choice, like what you do with every moment in your life, is up to you. You can go on ignoring that light like the people who George Harrison referred to in his beautiful song, "The Light That Has Lighted the World."

"So hateful of anyone that is happy or 'free'

They live all their lives without looking to see

The light that has lighted the world."

Or you could choose to look within and be like George himself, as he sang:

"I'm grateful to anyone that is happy or 'free' for giving me hope while I'm looking to see

The light that has lighted the world."

Look up at the midday sun or the midnight moon. If you like the light that they emit, don't forget that an even more brilliant light is within you.

Are you ready to let the eclipse be eclipsed?

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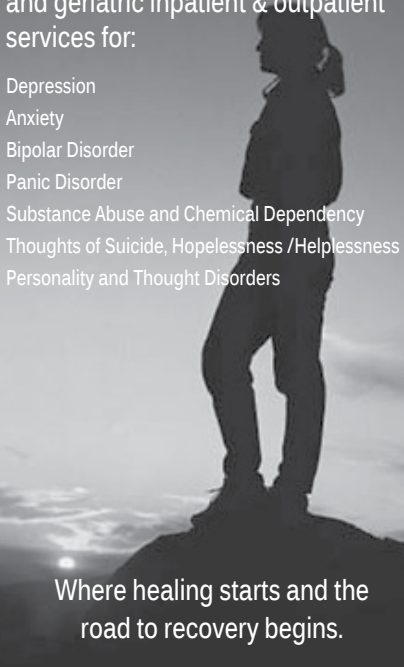
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Where healing starts and the road to recovery begins.

EVENTS from page 11

Education Building, 8600 S. McClintock, Tempe, Thurs. 7:30 p.m.

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.
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.

CrystalMethAnonymous www.cmaaz.org or CMA Hotline 602-235-0955. Tues. and Thurs. at Stepping Stone Place in Central Phoenix, 1311 N 14th St. cmaaz.org/god-zombies-the-awakening/

RECOVERY SERVICES

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Amity Foundation	520-749-5980
AZ. Dept. of Health	602-364-2086
Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health	623-344-4444
Carla Vista	480-612-0296
Calvary Addiction Recovery Center	602-279-1468
Carleton Recovery	928-642-5399
Celebrate Recovery with Chandler	
Christian Church	480-963-3997
Chandler Valley Hope	480-899-3335
Chapter 5	928-379-1315
Community Bridges	480-831-7566
CBI, Inc. Access to Care Line	877-931-9142
Cottonwood de Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Decision Point Center	928-778-4600
Dr. Marlo Archer	480-705-5007
Dr. Janice Blair	602-460-5464
Dr. Dina Evan	602-997-1200
Dr. Dan Glick	480-614-5622
Franciscan Renewal Center	480-948-7460
Gifts Anon	480-483-6006
Intervention ASAP	602-606-2995
Geffen Liberman, LISAC	480-388-1495
The Meadows	800-632-3697
Millennium Labs	623-340-1506
NCADD	602-264-6214
North Ridge Counseling	877-711-1329
Pathway Programs	480-921-4050
Phoenix Metro SAA	602-735-1681
Promises	866-390-2340
Psychological Counseling Services (PCS)	
Remuda Ranch	800-445-1900
River Source-12 Step Holistic	480-827-0322
Sex/Love Addicts Anonymous	520-792-6450
Sierra Tucson	800-842-4487
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Start Fresh	855-393-4673
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Teen Challenge of AZ	800-346-7859
Turn Your Life Around	520-887-2643
TERROS	602-685-6000
Valley Hospital	602-952-3939
Veritas Counseling	(602) 863-3939
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Take Note

Co-occurring Behavioral Disorders Common in College Students in Recovery

By Celia Vimont

Many college students participating in Collegiate Recovery Programs (CRPs) for drug and alcohol addictions also report being in recovery from or currently engaging in multiple behavioral addictions, a new survey finds. These addictions include eating disorders, and sex and love addiction.

The findings come from the first federally funded nationwide survey of college students in addiction recovery, led by Alexandre B. Laudet, PhD, Director of the Center for the Study of Addictions and Recovery at the National Development and Research Institutes in New York. The 486 students in the study were participating in CRPs. They reported past use of numerous substances, and most had a severe addiction history in spite of their young age.

The survey found 71.6 percent said they were in recovery from alcoholism, and 72.6 percent, from a drug addiction. Many also reported being in recovery from behavioral addictions including eating disorders (15.6 percent), sex/love addiction (9.5 percent), self harm/injury (10.5 percent) and compulsive shopping (3.1 percent). At least 12 percent said they were currently engaging in at least one type of behavioral addiction.

The findings will be published in the *Journal of Substance Abuse Treatment*.

"Addiction treatment needs to address the whole person," Dr. Laudet said. "If you quit drinking but start compulsive eating, shopping or sex, you are still not functioning at a healthy level. Clinicians and researchers tend to look at drugs and alcohol separately, but if a person in recovery solves one problem and ignores the others, they do so at their own risk. We need to start asking questions about behavioral addictions, and designing programs that help people deal

with different addictions in an integrated way."

Much is still not known about how different addictions interact and how behavioral addictions affect recovery from drug and alcohol addiction, Dr. Laudet notes.

According to the survey, three-quarters of college students in CRPs have been treated for a chronic mental health condition at some point in their lives. Among those ever treated for a mental health disorder, 65.7 percent said they were treated for the disorder in the past year.

CRPs are a recovery-support model designed to create a campus-based "recovery-friendly" space and supportive social community to enhance educational opportunities while supporting continued students' recovery and emotional growth. The number of CRPs nationwide has grown 10-fold in the past 15 years, from four in 2000 to an estimated 40 today, with others in development.

In an earlier study, they found annual relapse rates among students in CRPs average 8 percent. The academic achievements of students in the programs, measured by their GPA and graduation rates, surpass the colleges' overall outcomes.

"These programs are so important to students, who are trying to deal with the stress of college, and fitting in on campus, where it seems as if everyone is partying. They want to have friends, but a lot of college life seems to revolve around misbehaving. If you're in recovery, it feels like you have to choose—do I want to fit in or stay in recovery?," Dr. Laudet says. "These programs are built on peer support, and creating a safe place. We need many more such programs on college campuses around the country."



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The Year of Living Intuitively

By Shannon Cutts
PsychCentral

Even though, technically, January 1 is just one day in a year full of days, for me, it always feels reliably fresh and special.

This particular New Year's Day feels especially fresh and special because it ushers in some big changes in my life.

To celebrate, I decided to sleep in and meditate for as long as I felt moved to do so — no rushing myself through it so I could rise and do “more important things.”

I'm so glad I did, because my New Year's Intention was right there and waiting for me.

My meditation revealed that, for me, 2015 is “The Year of Living Intuitively.”

This makes perfect sense, because I am stepping out of some long-term career commitments and into new unknown beginnings. I am also stepping forward, day by day, in my connection with myself and with my loved ones.

I have learned by intense trial-and-error that head-led living doesn't work well for me in these kinds of situations (and by “head-led,” I mean trying to do sensible-sounding things like making a 5-year plan.)

What works well is living from my heart, my gut, my soul.

Don't get me wrong — gut-level intuitive living is no less challenging than making plans and attempting to follow them....ha!

Either way, whichever path we choose, challenges are sure to follow.



Here are some examples I'm already experiencing:

- Heeding an inner call to “wait” when everything in me is anxiously screaming to ACT and ACT NOW OR ELSE.
- Pushing forward to reach out and make a new connection when my “inner introvert” is kicking and screaming to stay back in the shadows....
- Trust I will have enough funds to meet this month's needs when this day's bank balance clearly states otherwise....
- Staying focused and open — to all options — even the ones that haven't panned out, seem impossible, or simply bring up a rebellious “no way!” within me....

And I am sure I will learn about many more challenges as this year unfolds.

But truthfully, this is the kind of life I feel I was born to lead, and in that choice I also invite the challenges, knowing they are precisely the mentors I need to help me reach my goal.

Do you make New Year's resolutions or intentions?