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Inspiring Success On The Road To Recovery

MAY 2013

INSIDE:
Is Love a
Healthy
Addiction?



Circle of Hope for
Fetal Alcohol
Syndrome

Substance abuse and the DROP OUT

By AMELIA M. ARRIA PhD AND
ROBERT L. DUPONT MD

Although the association between substance use and academic performance has been on the radar of researchers for quite some time, what is under-recognized by researchers and policy makers alike is the contribution of substance use to poor academic performance.

This distinction is important because it tells us that doing something about substance use is a viable option for improving academic performance. Because we know that almost one-quarter of students will eventually drop out of high school, we need to add drug prevention and intervention to the list of things we can do to solve the nation’s dropout crisis.

The consequences of dropping out are profound. High school dropouts are much more likely than high school graduates to have health problems, to earn less income over their lifetimes and to be incarcerated. Strangely, this connection between substance use and academic decline, failure and dropout is not mentioned on the numerous websites, including that of the U.S. Department of Education, that advise parents on how to help their teenage children achieve academic success.

The Institute for Behavior and Health, Inc. has released a new report, **America’s Dropout Crisis: The Unrecognized Connection to Adolescent Substance Use**, which includes the following key findings:

- Substance-using students, compared with non-users, **are at increased risk for academic failure**, including dropout, especially when the use is frequent and heavy.
- Marijuana use negatively impacts academic outcomes (lower GPA and higher rates of dropout) somewhat more than does alcohol. The authors speculate that this might be due to differences in the patterns of consumption between alcohol (typically consumed on weekends) and marijuana (consumed throughout the week) among adolescents. National studies show that in recent years, as perceived risk of harm from marijuana has

Is Spirituality Still Relevant in Recovery from Addiction?



By ALLEN NOHRE, TERROS Behavioral Health

Many of you read the title and have probably already answered with, *“Of course it is!”* because the spiritual component of recovery is vitally important. Some may wonder why bother with an obvious topic, after all, the partnership of spirituality and addiction recovery has a long history for many recovering people.

But, I was curious about the transformational process. I wanted to talk to people who are enjoying the rewards of recovery and hear directly from them how important aspects of spirituality may, or may not, be core in their heroic journey from addiction to recovery. I also wanted to hear from people who are currently in addiction treatment and find out if they think spirituality is important to getting started in their recovery.

To find answers to these questions I conducted in-depth interviews with people who have many years of successful recovery. I asked them what role spirituality plays in their recovery. Secondly, 207 people in outpatient substance abuse treatment in TERROS programs were surveyed during October and November of 2011. They were asked a series of questions about recovery and spirituality.

Three different perspectives

The in-depth interviews with ten recovering people yielded rich and thoughtful responses. Most, but not all, said personal spirituality is an important part of their ongoing recovery and a vital aspect of their daily life. The following statements are samples from my interviews and they represent three different views and experiences.

- Gary, a hospital chaplain said, “When I was drinking I wanted inspiration and even transcendence, but I was going about it in the wrong way. Now my recovery process gives me the inspiration I was seeking. My spirituality is aligning with what I call ‘my source,’ my term for God or higher power. My sense of alignment with others, with myself and the universe is an intuitive sense of being led by divine guidance.”
- Rachel was heavy into drugs by the age of sixteen. When I interviewed her she had been clean for eight years. She said,

“I don’t believe in God and I don’t go to church. I didn’t go to recovery groups because I didn’t want religion forced on me. But, recently I started going to a recovery group because I got scared and felt I needed help to stay in recovery. My ability to deal with my powerlessness against narcotics and meth comes from my recovery system, not a higher power. Spirituality, to me, is nature. Nature and meditation centers me and uplifts and balances me.”

- And a third person, Susan, who is a counselor, described her spirituality as based in Christianity, yet she doesn’t limit herself to that religion. She said, “Jesus is my higher power, but participating in Native American spiritual activities is also important to me. I meditate, pray, attend worship services and recovery groups, support others in working the Twelve Steps and sponsor others in recovery – that’s my spiritual practice.”

Each of the people I interviewed, described their spirituality as something very personal. There are common characteristics but each person’s experience is unique.

What is spirituality?

The best definitions of spirituality come from the personal experience of people in recovery. They are not academic definitions by clergy, theologians or philosophers; they are descriptions by the practitioners of spirituality and recovery. I asked them to describe what they mean by spirituality. Here are some of their responses:

- “Spirituality is the foundation of my recovery.”
- “Spirituality is radically individual. When it becomes prescriptive it loses its power.”
- “My recovery is a spiritual alignment with the transcendent divine.”
- “Spirituality is different than religion - it is home-built by a person.”
- “Forgiving my father when I was in treatment was a huge spiritual experience for me.”

- “After I got sober, I was still wrapped up in a ball; it is my spirituality that has taken me beyond sobriety to ‘secondary recovery’ that is a place of peace and serenity.”
- “Spirituality is integrity with myself, feeling clean and doing the right thing.”
- “My recovery is much more than 22 years of not drinking – it has been 22 years of personal growth and spiritual development.”

Alcoholics Anonymous and spirituality

The partnership of addiction recovery and spirituality began with Alcoholics Anonymous (AA) seventy-five years ago to help alcoholics stop their destructive drinking. At the heart of the AA program is the belief and practice of recovery from addiction as a spiritual experience and journey that connects alcoholics or addicts to each other and to a higher power. AA’s process for recovery is laid out in the iconic Twelve Step Program. Seven of the steps refer either to God, a higher power or a spiritual awakening. For example:

- “We came to believe that a power greater than ourselves could restore us.”*
- “We made a decision to turn our lives to the care of God, as we understood him.”*
- “Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.”*

AA’s emphasis on spirituality came from the Oxford Group, an evangelical protestant movement in the early part of the twentieth century. Bill W., widely regarded as the key founder of AA, describes how his vision for helping alcoholics grew out of his experience with the Oxford Group. He wrote;

“In the wake of my spiritual experience, there came a vision of a society of alcoholics, each identifying with and transmitting his (sic) experience to the next – chain style.”

Referring to God as a “higher power ... as we understood him,” minimizes debates about



publisher's note

Inside the Path

By BARBARA NICHOLSON-BROWN

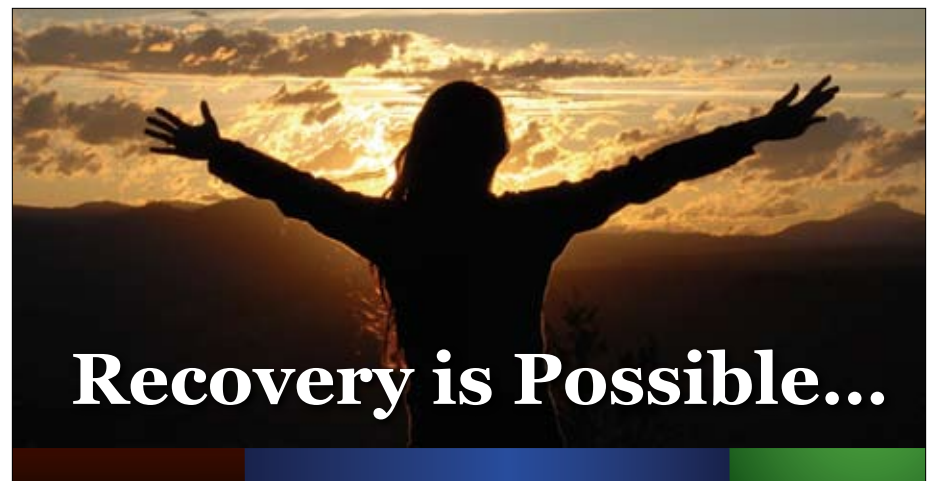
The journey of our recovery is never ending. A few weeks ago I stepped outside my 'norm' and spent an intensive week at an Inner Path Retreat for women at Cottonwood Tucson, facilitated by author and therapist, Rokelle Lerner. Imagine, five days away from all of the distractions.... from cell phones, laptops, iPads, to television.

Innocently enough, I thought I was just taking a deeper look at the grief I've experienced since losing my husband.... yet so much more unfolded. As my heart opened and I became vulnerable, a sense of safety crumbled my protective walls. Gradually, eight women of different history's and backgrounds connected. Each of us at crossroads in our lives, ready — and yes, a little frightened to move forward.

For some, it meant letting go of the past, for others it meant believing in oneself, becoming empowered and strong again, or making huge changes and taking quantum leaps. We laughed, cried, shared, and related in a way I did not know was possible. The beauty of it was being on the path of self knowledge together.

From this experience I've learned my life will continue to reveal itself as long as I remain open to personal growth.

I am beyond grateful to Ms. Lerner, everyone at Cottonwood and my seven new lifelong friends. Each of you have helped me take another step toward the freedom that recovery promises. **Stay on the path!**



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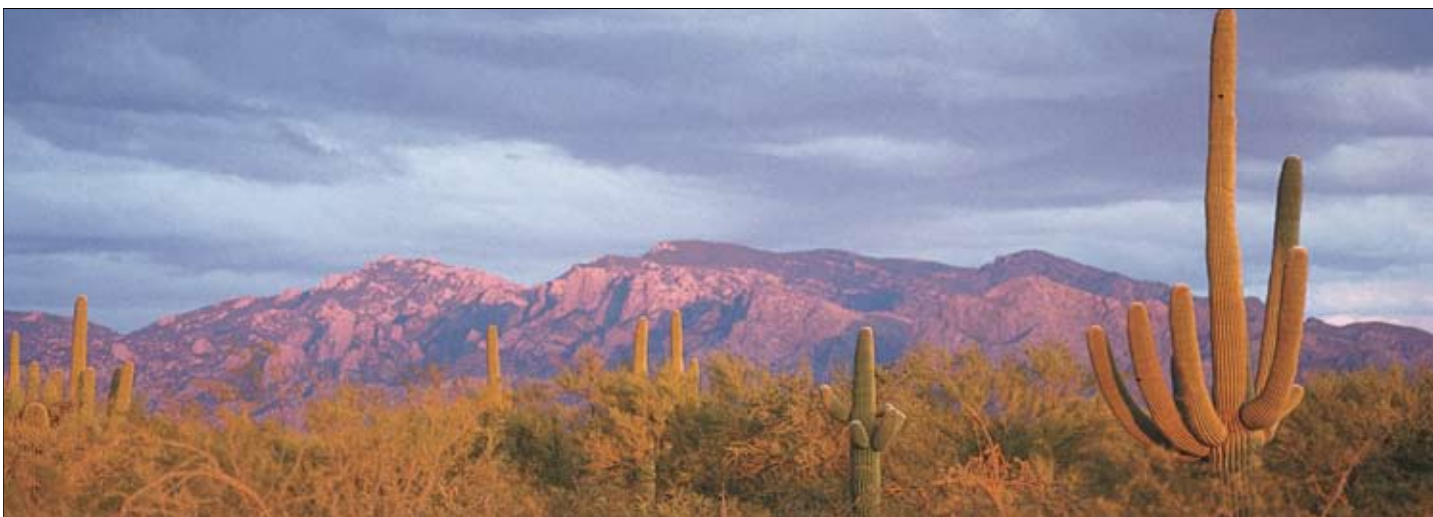
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ALMOST 70% OF UNDERAGE DRINK- ING DEATHS NOT TRAFFIC-RELATED, MADD FINDS



An analysis of deaths related to underage alcohol use finds 68 percent are not traffic-related, *USA Today* reported. The study, by Mothers Against Drunk Driving (MADD), found 32 percent of these deaths are traffic-related, 30 percent are homicides, 14 percent are suicides, 9 percent are alcohol poisonings and 15 percent are from other causes.

"These data show that taking away the keys truly does not take away all of the risks when it comes to underage drinking," MADD National President Jan Withers said in a news release. "MADD hopes this information will inspire parents to have ongoing conversations with their kids about the dangers of drinking alcohol before age 21, especially since we know that a majority of kids say their parents are the biggest influence on their decisions about alcohol."

For more information on MADD visit <http://www.madd.org>.

NEWS

Report Outlines Dangers of “Cinnamon Challenge”

Teens who take the “cinnamon challenge,” swallowing a tablespoon of the spice in 60 seconds without drinking any liquid, can end up with lung damage, according to a new report.

The cinnamon challenge became popular last year among teens, who made more than 50,000 YouTube clips of themselves trying the stunt, according to *USAToday*. The immediate effects of the challenge include coughing, choking and burning of the mouth, nose and throat. These effects usually are temporary.

However someone who tries to swallow a large quantity of cinnamon may develop long-lasting lesions, scarring and inflammation of the airway, or lung damage, doctors from the University of Miami Miller School of Medicine write in the journal *Pediatrics*.

Last year, the American Association of Poison Control Centers issued a warning about the cinnamon challenge. In the first three months of 2012, poison control centers received 139 calls about cinnamon. Of those cases, 122 were classified as intentional misuse or abuse. At least 30 people who took the cinnamon challenge required medical attention, including ventilator support for collapsed lungs.

Report author Steven Lipshultz said teens with asthma are particularly at risk from ingesting large amounts of dry cinnamon.

“Given the allure of social media, peer pressure and a trendy new fad, pediatricians and parents have a ‘challenge’ of their own in counseling tweens and teens regarding the sensibilities of the choices they make and the potential health risks of this dare,” Lipshultz wrote. “Parents should be reminded that their advice matters in countering peer pressure. Further, schools and pediatricians should be encouraged to discuss with children the ‘Cinnamon Challenge’ and its possible harmful effects.”

The Meadows selected as preferred provider to military patients

The Meadows trauma and addiction treatment center in Wickenburg, AZ has announced a five-year contract with United Behavioral Health (UBH) operating under the brand Optum, a sub-contractor of the military’s TRICARE health program. Under this agreement, The Meadows will provide behavioral health and substance abuse inpatient services to eligible beneficiaries.

Effective April 1, 2013, the TRICARE West Region contract transitioned to and is being managed by UnitedHealthcare Military & Veterans. UBH has been selected as a subcontractor to UnitedHealth Military & Veterans Services for behavioral health services.

In partnership with the Department of Defense, UnitedHealthcare provides healthcare services for the TRICARE West Region



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In addition to our inpatient treatment, The Meadows’ workshops offer an individual many benefits. Our workshops are an incredible catalyst for change and can be a cost-effective alternative when long-term treatment is not an option. The five-day, concentrated format allows individuals to jumpstart their personal recovery by gaining insight into dysfunctional patterns and practicing new relationship skills within a safe environment. Our on-campus workshops include:

SURVIVORS I

Delves into childhood trauma that impacts current day life.

- Conducted weekly with the except of Thanksgiving, Christmas and New Year’s week.

SURVIVORS II

Addresses adult trauma that is manifested in dysfunctional patterns. (Prerequisite: Survivors I)

- May 6-10
- June 3-7
- July 8-12
- August 5-9
- September 9-13
- October 7-11
- November 4-8
- December 2-6

FAMILY WORKSHOP

Intervenes on dysfunction within the family system and builds family strengths. Please call to schedule.

COUPLES

Examines and improves existing intimate relationships.

- May 13-17
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- July 15-19
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- November 18-22
- December 16-20

MEN’S SEXUAL RECOVERY

Offers men healthy alternatives to compulsive sexuality.

- May 27-31
- June 24-28
- July 29 - Aug. 2
- August 26-30
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- Oct. 28 - Nov. 1
- November 18-22
- December 16-20

WOMEN’S SEXUAL RECOVERY

Addresses sensitive sexual concerns experienced by women. Please call for available dates.

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Full descriptions of each workshop are available on our website. To register or for more information, contact our Workshop Coordinator at 877.787.2226 or email workshops@themeadows.org.

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in the 21-state region. This will allow nearly 2.9 million military members, retirees and their families’ access to treatment for military and civilian PTSD and substance abuse. The location of The Meadows, which is 90 minutes north of the Phoenix airport, offers easy accessibility to soldiers and their families.

“We have demonstrated our ability and desire to provide high quality and effective behavioral healthcare and substance abuse care as The Meadows was selected as a preferred provider for TRICARE beginning in 2012. The Meadows has a commitment to serving our heroes,” said Jim Dredge, The Meadows CEO. “It is a great honor to be a network provider for active duty, families and retired enrollees for the TRICARE West Region.”

Heroin Use Increasingly Seen in Suburbs Across the Country

As prescription painkillers become more difficult to obtain and abuse, a growing

number of people addicted to these drugs are switching to heroin. The trend is increasingly being seen in the suburbs.

Health officials and police report a significant rise in overdoses and crime, the newspaper notes. Last fall, the Northern New England Poison Center reported a jump in heroin overdoses in Maine, Vermont and New Hampshire. “When you switch to heroin, you don’t know what’s in there from batch to batch,” said the center’s director, Karen Simone. “It’s a big jump to go to heroin. It may be strong; it may be weak. They don’t know what they are getting. Suddenly, the whole game changes.”

Heroin is popular in large part because it is cheap, officials say. While an 80-milligram OxyContin costs between \$60 to \$100 a pill on the black market, heroin costs \$45 to \$60 for a multiple-dose supply. OxyContin abuse has also been declining because the drug has

been reformulated so it is more difficult to crush and snort.

According to the 2011 National Survey on Drug Use and Health, the number of people who were past-year heroin users in 2011 (620,000) was higher than the number in 2007 (373,000).

Illegal Drug Deliveries

Shipping company UPS agreed to pay \$40 million to end a federal criminal probe connected to deliveries it made for illicit online pharmacies.

The U.S. Department of Justice announced that the Atlanta-based company would also “take steps” to block illicit online drug dealers from using their delivery service. The DOJ said the fine amount is the money UPS collected from suspect online pharma-

NEWS cont. page 12



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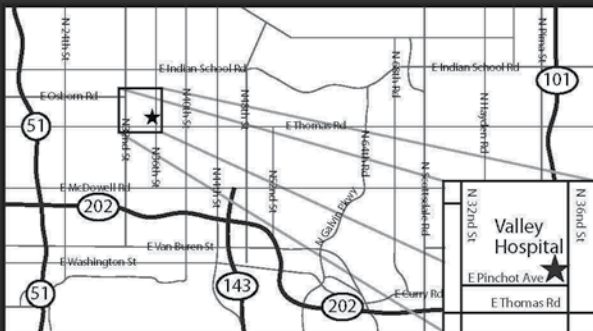
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When the person you love is a gambler

By Bobbe McGinley

Many times, who first initiates help for a gambler is a spouse or significant other. The best indication of this phenomenon is from gambling help lines that indicate over 40% of calls are from partners rather than from gamblers themselves. Helplines typically refer spouses to GamAnon or professional treatment, and many state-funded treatment programs provide services for the spouses of gamblers. These may include individual and group psychotherapy as well as referrals to GamAnon. There is virtually no information available regarding the efficacy or effectiveness of these services, the different forms of treatment applied, because there is limited research on these interventions.

GamAnon: GamAnon is the counterpart of AlAnon for GA. Although not as widely available as GA, most states have at least one GamAnon chapter and its availability is roughly proportional to the number of GA meetings within a location. GamAnon, like AlAnon, educates attendees about the nature and progression of pathological gambling. It also helps the partners cope with their feelings and provides guidelines for interacting with the gambler.

While no controlled studies of GamAnon are available, one retrospective report compared outcomes of gamblers whose wives participated in GamAnon with those wives whose wives did not. E. E. Johnson and Nora (1992) collected 90 surveys that were distributed to GA members. The spouses of 44 gamblers (48.8%) participated in GamAnon. Almost half of the gamblers (45%) whose wives participated in GamAnon reported abstinence for 4 or more years, compared with only 28% of the gamblers whose wives did not attend GamAnon. This difference was not statistically significant, but it demonstrated a trend in favor of spousal participation in GA. However, these results are limited by a self-selection bias, as the gamblers surveyed represent only a small proportion of pathological gamblers and their spouses. Participation in GamAnon was not operationalized and may have ranged from attending once to years of participation. Furthermore, durations of abstinence were not independently confirmed.

Individual Therapy with Spouses of Gamblers: Here we will examine a framework for delivering therapy to spouses of gamblers. I would describe the initial stages of therapy as being focused on basic survival rather than emotional intimacy issues. Because financial problems are often overwhelming, they should be addressed. The therapist must have adequate knowledge of loan consolidation, consumer credit bureaus and bankruptcy so they can refer the gambler and spouse as needed. As in GA and GamAnon, it is encouraged the spouse maintains control of the family's finances. Because control and power are poised to be at the heart of the struggle between the spouse and gambler, there are some suggestions for reframing the potentially negative experiences of turning over financial control. These may include suggesting a trial period, or allowing a gambler to come up with the idea on their own. Once the imminent financial issues are resolved, therapy can address issues related to marital communication and intimacy. There is a cognitive-behavioral approach that teaches family members to use behavioral strategies to reduce the gambling behavior and to encourage treatment. It also addresses areas of stress in the family members' lives and teaches them to better recognize and cope with the consequences of gambling.

Couples Therapy in Groups: Although little outcome data is available on individual psychotherapy with spouses of gamblers, a few reports about professionally led groups for gamblers and spouses have been published. Boyd and Bolin (1970) described outcomes of nine male pathological gamblers and their wives, who were seen within the context of two marital therapy groups. They portrayed the gamblers as experiencing antisocial personality disorder, depression, dependency, and schizoid personality. The mental status of the wives was described as even worse. The marriages were depicted as long lasting but chaotic, with repeated separations and threats of divorce.

The initial phase of the group therapy involved discussions of "war stories" about gambling and rehashing of old arguments and disagreements. The therapist was subsequently able to move the couples to discussions of relationship patterns. Therapy focused on identifying thoughts and feelings of the other partner and understanding the nature of the gambling within the context of the relationship. Of the nine couples who remained in treatment, three ceased gambling entirely.

Children of Pathological Gamblers: Little is known regarding the psychological well-being and the efficacy of treatment interventions of spouses of pathological gamblers. Even less is known about their children, although the presence of pathological gambling in a parent is likely to distort the home life and the upbringing of children. Early descriptions have detailed accounts of a see-saw relationship in which parents switch back and forth from doting on their children, lavishing them with gifts and praise, to virtually ignoring them at other times. Some accounts suggest that pathological gamblers may engage in aggressive and even violent outbursts toward their children, or steal from them in an attempt to gain more money for gambling.

Children of pathological gamblers are portrayed as feeling angry, hurt, lonely, guilty, and abandoned. Both substance use disorders and pathological gambling appear to have environmental and genetic components that may be transmitted independently or in an addictive manner to the children. It is not difficult to imagine the teenage years of the children of pathological gamblers may be troubled by psychological problems and early onset of gambling and substance abuse.



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.

Language... has created the word "loneliness" to express the pain of being alone. And it has created the word "solitude" to express the glory of being alone.

— Paul Tillich

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Love: The Healthy Addiction?

By Robert Weiss, LCSW, CSAT-S

So, What is Love?

Romantic love, next to whatever happens after we die, has always been one of mankind's greatest mysteries. LOVE is difficult to define, differs from person to person, yet somehow is easy for all to recognize. You sure know when it hits you — not unlike the flu. For eons men and woman have philosophized about what love is, how it occurs, and why it's necessary, rarely coming up with anything more useful than really cool comments like, "Love is friendship set on fire." Such sentiments make good song lyrics and poetry, but are not much help from a psychotherapy perspective. Nevertheless, despite centuries of vain attempts to fully define it, there is no denying that love exists, and that it's as natural and essential to most human beings as breathing, eating, and sleeping.

Traditionally, love is seen as living in the heart and many people claim to experience the emotion of love within their chest, which is understandable as our hearts typically beat faster when we deeply fantasize about or encounter a romantic partner. In reality, however, the term "heart" is more a metaphor for something that is an essential part of our very human core. Love is within us. We feel it, we enjoy it, and we ache both for it and from it. We sometimes think that we can't live without it. It makes grownups act like teenagers, and teenagers act like bigger idiots than usual. We chase it, we crave it, we lie, cheat, and steal for it, we adore it, and we pen epic poems about it. But seem to know barely anything about it.

Or do we?

Love, Attachment, and the Brain

Owing a huge debt to modern science, we can now unequivocally say that love, in the biological sense, lives not in our hearts but in our brains. And when I say "brain," I actually do mean the blood and guts organ. In fact, and somewhat amazingly, we even know where in the brain this wonderfully ephemeral emotion resides. We know this because functional magnetic resonance imaging (fMRI) scans can be used to measure activity within the human brain. When part of the brain is activated (by a thought, a movement, a drug, an emotion, etc.), blood flow to that region is increased and fMRI scans clearly show where in the brain this occurs. The fMRI allows scientists to track not only which parts of the brain are stimulated when we experience a particular emotion, but also the degree of brain activation, which may in some way allow us to see how much love one feels or does not feel when presented with images of a particular person or situation. Today, with the use of neurobiological evaluation, monitoring and mapping things like sexual arousal and romantic love is, unbelievably, a relatively straightforward endeavor.

Not surprisingly, this "brain mapping" process has piqued the interest of a whole lot of researchers. In one study, I published in



the *Journal of Neurophysiology*, researchers tracked the brain activity of 15 people (10 women and 5 men) who self-reported that they were currently "intensely in love," and had been for anywhere from 1 to 17 months. The researchers compared the subjects' brain activity as they viewed (interspersed with a distraction-attention task), photographs of their beloved, along with photographs of a familiar but not beloved person. The results very clearly showed that:

- *Intense romantic love is associated with activation of dopamine-rich regions in the brain, such as the striatum. (The striatum includes the nucleus accumbens, also known as the brain's "pleasure center.")*
- *Intense romantic love also activates regions of the brain associated with motivation to acquire a reward, primarily the insula, which "gives value" to pleasurable, life-sustaining activities (to make sure we continue to engage in them).*

Based on these findings, this research team clearly concluded that romantic love is a goal-oriented motivation state rather than a specific emotion. In other words, individuals who are "in love" are strongly motivated to be with their beloved because simply being with that person provides a high level of neurological reward, or, in simple terms, because it feels good.

Another study, this one published in the *Journal of Sexual Medicine*, took things one step further, linking sexual desire to romantic love. This particular study analyzed the results from 20 separate fMRI trials, each of which examined brain activity while subjects were engaged in tasks like viewing pornographic photos and also viewing photos of their significant others. After pooling this data, the authors of the study were able to "map" exactly where and how both sexual desire and romantic love stimulate the brain. As it turns out, sexual desire and romantic love

LOVE ADDICTION continued page 15

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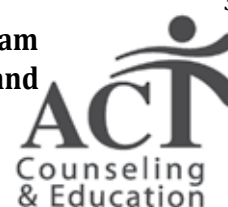
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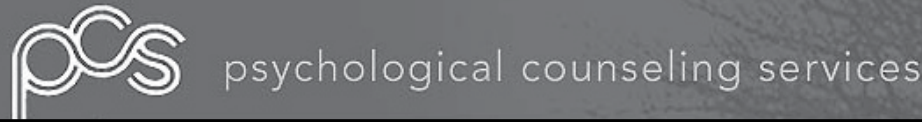
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**THE STREETS AREN'T THE ONLY
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Commentary

Creating a Circle of Hope to Prevent Fetal Alcohol Syndrome Disorders

By KATHLEEN TAVENNER MITCHELL

Kathleen Tavenner Mitchell, Vice President and National Spokesperson for the National Organization on Fetal Alcohol Syndrome, explains why she founded **The Circle of Hope**, a mentoring program for birth mothers of children with Fetal Alcohol Syndrome Disorders.

One does not have to be an alcoholic to give birth to a child with effects from drinking while pregnant, but it is clearly understood that women with addictive disorders, such as alcoholism, are the highest risk group for having children with Fetal Alcohol Spectrum Disorders (FASD). In an effort to prevent FASD and provide hope and support for women that have used substances while pregnant, and in my role as Vice President and National Spokesperson for National Organization on Fetal Alcohol Syndrome (NOFAS), I founded a mentoring program for birth mothers of children with a FASD, the Circle of Hope (COH). The COH was formed in 2004 with a handful of members and has grown to include hundreds of birth mothers from across the world. Members are referred to as “Warrior Moms,” reminding them of their strengths and their important role as their child’s advocate.

The COH mission is “to increase understanding and support, and strengthen recovery, for women who drank during pregnancy, and their families.” The goals are to improve and strengthen the lives of birth families, provide them with peer support and decrease the stigma, blame and shame that birth families may experience.

The Stigma of FASD

Both alcoholism and FASD remain highly stigmatized disorders. Stigma and shame can lead to relapse, stress, depression and anxiety and an escalation in drinking. Faced with the prospect of stigma, women who drink during pregnancy may deny they have a problem and be reluctant to pursue a diagnosis for their child. The stigma is probably one of the major reasons why the majority of children who have received a diagnosis of FASD live in adoptive or foster care homes. Recognizing that your child lives with a disability because you drank during pregnancy is a painful realization. Birth mothers typically experience significant guilt, shame and remorse. The diagnosis suggests intentional harm by a mother. In reality, there are many different reasons why women drink during pregnancy.

According to a 2012 NOFAS survey of 96 COH members, here are the top reasons women drank while pregnant:

- “I thought using alcohol was safe. My doctor never told me I should not be drinking.”
- “I didn’t know I was pregnant. I stopped as soon as I found out.”
- “I am an alcoholic. I couldn’t stop, and was ashamed to look for treatment.”
- “I was afraid to look for help. I was afraid I would be arrested and I would lose my children.”



Unfortunately, most people still believe that birth mothers “should have known better.” Having a birth child diagnosed with a FASD is like being branded with a Scarlet Letter. The family faces continuing shame and stigma as well. The COH offers women a safe and reassuring environment with other women who share their experiences and have a desire to restore their lives.

Women Supporting Women

Women who have exposed pregnancies to alcohol or other drugs, suspect their child may have a FASD or are going through the FASD diagnostic process for their child need support and encouragement. It is especially beneficial to have support from another woman who has been there. Once a woman contacts the COH, she is provided a mentor. COH mentors not only provide a shoulder to cry on, but also a strong helping hand to keep them on a path of recovery. The values guiding the network are confidentiality, honesty and integrity of all members, reducing the stigma of FASD, and assuring a safe environment for women to speak honestly about their past.

For the Addiction Professional

The research is very clear on the importance of obtaining a correct diagnosis, the earlier the better, for children that have been exposed to alcohol. FASD is not a topic that addiction counselors, social workers or other mental health professionals typically receive training in. Professionals supporting birth families may believe that a child’s behavioral issues are environmental or emotional effects from an alcoholic family environment, not understanding that the child may actually have brain damage. Most individuals with a FASD will score in a normal IQ range but may experience deficits in attention, memory, executive functioning and behavioral and/or emotional disorders. Certainly the stress and trauma experienced in a chaotic family environment can compound many of the behavioral issues characteristic in children with a FASD, resulting in more severe outcomes.

It is important for birth families to receive appropriate counseling and support so they can face the many issues that arise with having a loved one with a FASD. Addiction professionals can refer clients to the NOFAS website to locate FASD diagnostic centers or other service providers. For professionals treating a woman who has used alcohol, or other drugs while pregnant, refer them to www.nofas.org/join-the-circle-of-hope.

To learn about the NOFAS FASD Curriculum for Addiction Professionals, contact me at Mitchell@nofas.org.

Kathleen Tavenner Mitchell is the Vice President and International Spokesperson for the National Organization on Fetal Alcohol Syndrome (NOFAS) and a noted speaker and author on Fetal Alcohol Spectrum Disorders (FASD) and Women and Addictions. She is the founder of the Circle of Hope, an international peer mentoring program for birth mothers of children with FASD.

Come to the CHANGE Table

By DR. DINA EVAN

In the time it takes to read this column, approximately four billion five hundred million cells have died and been replaced in your body. Metathesiophobia is a phobia for fear of change.

We are afflicted by it. We may have difficulty pronouncing the word, but we have more difficulty, even when the irrefutable facts change, coming to the table being open and comfortable with change. For instance, a wife whose husband has beating her for years, may tell me, “But I promised for better or worse.” My heart might be breaking for her but knowing I have to change my response of “pack your bags,” allows me to quietly ask, “How long in your world must one be abused before change is an option?”

My life has blessed me with the wonderful awareness that I need to marry change, invite it in, serve it tea. At seventy-one things drop, lines form, necks wobble and restrooms become more important. The values of my children and grandchildren may not be the same as my values. I watch them flounder and remember that I too often resisted change. I too brought my self to my knees a few times with my own misguided decisions and unwillingness to change before I was able to make change a friend.

What might it be like if change was not a dirty word?

Might we treasure it as the art form of transformation? Might we embrace the deeper meaning in “God grant me the serenity to accept the things I can not change, the courage to change the things I can and the wisdom to know the difference”? Could we perhaps see change as a pathway of self-discovery or would we continue to color only within the lines? Without change women and minorities still could not vote, there would be no computer for me to create these words on and we would still not be talking about addictions. We wouldn’t be examining our life styles and food intake and levels of toxins in our bodies. No, we’d still be slapping a buffalo on the fire pit and uttering guttural sounds.

It’s time to come to the table on this issue and let change create you and the kind of life you desire. The winds of change are blowing our hair back and we are still trying to stand still. If we are to thrive, we must see change in the context of purpose, both individually and as a human family. We are not listening to the voices of our spirit or our hearts.

Change will repair the separation we experience with our own souls/spirits and with each other. We can allow the new parts of

ourselves to be born. A change from radical individualism and “me-ism” to the consciousness that there is just one human family will heal the pain in the planet. We need a shift in awareness from this or that and either or, to a simply “and & both. In every moment, there is an end to an era and a beginning to a new one, just as precious and rich but for newfound and more current purposes.

Embracing change creates continued growth, and increases your quality of life and empowers the strength of your courage and spirit.

What would happen if you never turned the page to your favorite book or listened to the next heart-warming song? Whether change is happy or sad it is movement to the next beautiful thing life offers. It’s a sacred experiment. We are stuck in lack, thinking that letting go of this or that and what we hold on to in the moment means a loss, when in fact it makes room for a new gift.

Have you noticed that even when you resist change it still comes knocking at your door? Our spirits call it in so that we can evolve our own souls, so it comes back repeatedly. Sit at the table with it without fear. I lived in eleven different schools by the time I was in 12th grade. That has given me experiences in life about people that are invaluable. I can recognize authentic loving energy before it walks through the door. I also, recognize instantly when a person is not authentic or loving and I can shut the door which allows me to create the quality of life I want and deserve. Great lessons and tools.

Embracing change gives you solid proof that you are capable of having your own back and being your own best friend with circumstances that may not be in your round house of experience. Embracing change creates continued growth, and increases your quality of life and empowers the strength of your courage and spirit. The next time change knocks, invite it in and wait to see the gift it brings.



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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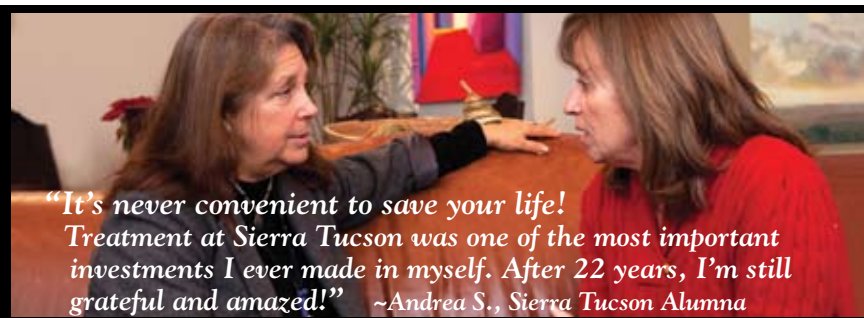
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Inhalants

Inhalants are ordinary household products that are inhaled or sniffed by children to get high. There are hundreds of household products on the market today that can be misused as inhalants.

What do they look like?

Examples of products kids abuse to get high include model airplane glue, nail polish remover, cleaning fluids, hair spray, gasoline, the propellant in aerosol whipped cream, spray paint, fabric protector, air conditioner fluid (freon), cooking spray and correction fluid.



How are they used?

These products are sniffed, snorted, bagged (fumes inhaled from a plastic bag), or “huffed” (inhalant-soaked rag, sock, or roll of toilet paper in the mouth) to achieve a high. Inhalants are also sniffed directly from the container.

What are their short-term effects?

Within seconds of inhalation, the user experiences intoxication along with other effects similar to those produced by alcohol. Alcohol-like effects may include slurred speech, an inability to coordinate movements, dizziness, confusion and delirium. Nausea and vomiting are other common side effects. In addition, users may experience lightheadedness, hallucinations, and delusions.

What are their long-term effects?

Compulsive use and a mild withdrawal syndrome can occur with long-term inhalant abuse. Additional symptoms exhibited by long-term inhalant abusers include weight loss, muscle weakness, disorientation, inattentiveness, lack of coordination, irritability, and depression.

After heavy use of inhalants, abusers may feel drowsy for several hours and experience a lingering headache. Because intoxication lasts only a few minutes, abusers frequently seek to prolong their high by continuing to inhale repeatedly over the course of several hours. By doing this, abusers can suffer loss of consciousness and death.

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EVENTS CALENDAR

MAY 1— ST. LUKE'S CLINICAL BREAKFAST SERIES: *Couples Communication and Conflict Negotiation*, Talk Radio Host, Family Therapist, Maureen Colson, MC, MFCT. **8:00 AM – 9:00 AM.** Behavioral Health Center Auditorium, 1800 E. Van Buren. **1 CEU.** Breakfast, networking. **FREE. 602-251-8799.**

MAY 13-17 – Tucson – Cottonwood Tucson – InnerPath Beginnings & Beyond Retreat. This 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 for information and registration.

MAY 8— 8 – 11:30 a.m. Phoenix Area Professionals' Breakfast, Sponsored by **Sierra Tucson and Prescott House.** *"OUT for Excellence: Best Practice Essentials for Serving Lesbian, Gay, Bisexual, and Transgender Clients,"* Speakers: Kyle J. Penniman, M.S.W., LISAC, CADAC, ICADC, and Julian Melson, an LGBTQ Training Facilitator. The Pointe Hilton Squaw Peak Resort, Convention Center, 7677 N. 16th Street (& Morten Ave), Phoenix. Pre-registration at www.SierraTucson.com by 5/1/13: \$15 per person (no refunds after this date). At door: \$25 per person (cash or check only). 3.0 Cultural Diversity CE Credits available. For info, visit www.SierraTucson.com or contact Lisa Jane Vargas at 480-722-0893 or LVargas@SierraTucson.com.

MAY 6-10 – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Relationships Retreat. This five-day retreat focuses on learning what constitutes a healthy relationship

and how to attain it. 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.

June 5 — 7:30 – 10:00 a.m. Tucson Area Professionals' Networking Breakfast. Sponsored by Sierra Tucson and Prescott House. New Location: Westward Look Resort, 245 E. Ina Road, Tucson. Pre-registration at www.SierraTucson.com by 5/29/13: \$15 per person (no refunds after this date). At door: \$25 per person (cash or check only). 2.0 CE Credits available. For info, visit www.SierraTucson.com or contact Mike Lyles at 800-624-5858, Ext. 2132, or MLyles@SierraTucson.com.

JUNE 7 — "12 Core Principles in Treatment and Recovery from Eating Disorders and Related Illness." Chaparral Suites, 5001 North Scottsdale Road, Scottsdale. By Michael E. Berrett, Ph.D. Center for Change. Breakfast & Registration: 7:30 AM - 8:00 AM. Presentation: 8:00 AM - 10:00 AM. Dr. Berrett is a Psychologist, CEO, and Co-founder of Center for Change, which since 1996, has specialized in intensive treatment programs for eating disorders and co-existing mental, emotional, and addictive illness. CEU's provided by Sierra Tucson. To register email phoenix@iaedp-az.org

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EVENTS continued page 11

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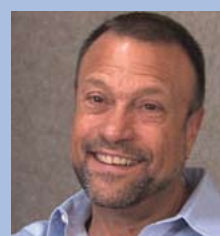
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Contact: Barbara Nicholson-Brown 602.684.1136 Bobbe McGinley 602.569.4328 Rick Baney 602.451.0123

SPIRITUALITY from page 1

specific religions, dogmas and beliefs. The challenge AA faced when it was launched, and the challenge faced today by every treatment program, addiction counselor and recovering addict, is describing, accurately and authentically, the nature of addiction and the successful path to recovery, without prescribing sectarian religious teachings. This is not an easy task because there are common elements and strong feelings in the experiences of recovery, spirituality and religion.

In a recent article in *Together AZ*, the Reverend Leo Booth wrote on the subject:

"Thank God, and I really mean thank God, when Alcoholics Anonymous wrote the Twelve Steps, it stated 'having had a spiritual awakening ...' as opposed to 'having had a religious awakening ...' because then we would be forced to ask 'which religion?' That would have created a political and psychological nightmare."

A survey about spirituality

Most of the recovering people I interviewed said spirituality was important for their recovery. I also wanted to find out how people, currently in a treatment program, feel about the place of spirituality in their recovery. A confidential survey was completed by 207 participants in 15 TERROS treatment groups.

The written instructions were:

"For simplicity, and for the purposes of this survey, the terms spirituality and faith will be used synonymously, although some people make a distinction between them. The term will be written 'spirituality/faith.' Spirituality and faith is something quite personal. For that reason the survey does not define 'spirituality/faith' nor does it define 'recovery'."

Who completed the survey?

The people who completed the survey were relatively young and early into their recovery.

- 24% were younger than 25
- 43% were 26 to 40
- 31% were 41 to 60
- 2% were over 60

They were asked, "*How long have you been in recovery?*"

- 64% said less than 6 months
- 15% said 7 to 12 months

- 21% said 13 months to over 10 years

The survey did not probe for more information from the 21 percent who said they had from 13 months to over 10 years of recovery. We can speculate that they have had periods of sobriety, that they regard themselves as recovering, yet, at this time, needing treatment to assure on-going recovery.

Forty percent of the participants were women and sixty percent were men. Spirituality is important to 85% of people in treatment

The participants were asked:

"How important is spirituality/faith to your on-going recovery?" Please circle one: essential, very important, important, somewhat important or not at all important."

- 27% said it was essential
- 29% said it was very important
- 16% said it was important
- 13% said it was somewhat important
- 15% said it was not at all important

When a person's use and abuse of alcohol and/or drugs has progressed to the stage that it requires the rigors of treatment, it is a major life crisis threatening health, jobs and family. It is not surprising that most people facing this very difficult situation look to their spirituality/faith as a resource to help them manage the crisis. They are in treatment to get help and most believe their spirituality/faith can also be of help to them.

What is the value of spirituality?

Next we wanted to know why eighty-five percent of people in treatment believe spirituality/faith is important to their recovery. What are the benefits? To get an answer to these questions the people in outpatient treatment were asked:

"If spirituality/faith is part of your recovery, how would you explain it?"

The top three responses to the question were:

- "My faith in God gets me through each day."
- "My spirituality/faith helps me have positive relationships with others."
- "My spirituality/faith helps me accept and love myself."

The survey participants described the benefits of spirituality/faith as practical, useful every day and supportive of their recovery. They were also asked:

"If your spirituality/faith is important in your recovery, does it involve a belief in a 'higher power' or God?"

- Eighty-one percent, answered, "Yes" to the question.

"Big" and "powerful" spiritual experiences

The spiritual experiences of people in recovery, like the spiritual experiences of all people, vary from the powerful to the gentle. Bill W. described his intense conversion experience with these words:

"In utter despair I cried out, 'If there be a God, will He show Himself.' There immediately came to me an illumination of enormous impact and dimension ... My release from alcohol obsession was immediate. At once, I knew I was a free man."

Today, people also report profound and powerful spiritual experiences as they struggle to be free of the servitude addiction demands. When I interviewed Rob, he described his moment of release from drug addiction with the following words:

"When I threw away my last needles, I was sitting alone in my garage. I immediately felt pressure, like air pressure all around me, and then there was a 'swoosh' sound like rushing air, like decompression. My body began to feel a huge emotional release. Something left me. I began to cry. I was scared and it occurred to me 'God must be here'. I cried for a long time and felt indescribably relieved."

Rob surrendered and experienced the presence of an energy that released him, something he called God. From that moment, more than five years ago, Rob has experienced the freedom of recovery and the joy of sobriety.

"Quiet" and "gentle" spiritual experiences

Most people I interviewed, described their spiritual experience as quiet, gentle and personally supportive. Their connection to the transcendent was most often described as praying, being in nature, meditating and attending recovery groups. The people in treatment described the practical benefits of receiving help to get through the day, of

positive relationships with others and a love of oneself.

Jennifer said, "When I was using, I hated God for all the bad things that were happening to me. Of course, I was denying that I was doing those things to myself. I wanted a God who was kind, loving and understanding. I have now found that God in my Christian faith which is key to my ongoing recovery."

The psychologist William James, in his famous book, *The Varieties of Religious Experience*, published over a hundred years ago, called the quiet and gentle spiritual experiences the "once born" and the big and powerful experiences, the "twice born." He actually used the word "solitude" to describe spirituality. He wrote, "Religion ... is the feelings, acts, and experiences of individual men (sic) in their solitude, so far as they apprehend themselves to stand in relation to whatever they may consider the divine."

The connection between recovery and spirituality, which began with AA years ago, is not out of date. In fact, matters of the spirit are as important as ever. For some, a spiritual moment becomes a launching pad to a transformed life. For others, spirituality arrives as a gentle reminder of what is truly important. And for many, spirituality may be deeply embedded in a lifestyle and program that provides, not just a spiritual foundation, but also a personal and psychological foundation as well. I learned that the vast majority of people breaking their addictions and creating a life of recovery recognize these connections. Recovering people create powerful relationships and communities of support. Through our transforming struggles we find our connection to each other and to our higher powers.



Allen Nobre 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, HIV/AIDS and primary medical services. For assistance call 602-685-6000 or visit www.terros.org

The Truth about Fairy Tales

By ALAN COHEN

I received a letter from Malaysia informing me that the deceased King of Iran wants me to inherit his royal fortune.

All I need to do to claim it is send money to an anonymous post office box in England to pay the lawyers who will release the funds to those who have faith in the windfall. You, too, have probably received one of the many scams announcing that some wealthy, famous, royal, or spiritual person has stashed away a fortune, now available to an elite group. Your luck will be proven when you send cash.

As I re-read my invitation from the King's secret agent, I pondered why such ruses are so attractive. There is a shred of truth in every lie. On a subconscious level we all realize that there is a realm of vast wealth waiting for us to claim it. Our soul recognizes that the world we walk daily is definitely not the kingdom of heaven and we long to return to the domain of which we retain a faint but ecstatic memory. The idea that we are heir to a great estate vibrates at a cellular level. So when the email or letter arrives informing us that our hidden estate is now available, we perk up. In a way, it's true. We are heirs to a great kingdom. Not the one the scammers are selling us. The one Jesus referred to when he told his inquisitors, "My kingdom is not of this world."

Romantic love stories also embody a spark of truth. We all want to be enjoy the bliss of true relationship—and rightfully so. Love is our natural state. Yet most of us have drifted far from that state, so we feel like the ashen-cheeked Cinderella scrubbing floors under the whip of wicked stepsisters.

In the midst of our toil we wish, hope, pray, and know that a dashing Prince or Princess Charming will scoop us up on a white horse, sweep us away from our misery and restore us to the castle where we belong.

*Once Upon A Time
In a land, far, far away*



There we will be pampered by with plush beds, royal gardens, and servants feeding us grapes. A childish flight of imagination? On one level, for sure.

Yet on another level, part of us knows we deserve true love. We know that the meager substitutes for love for which we have settled definitely cannot be it. So we turn to an endless stream of love songs, novels, and movies to transport us to the realm our heart desires and give us even the briefest taste of how we know it could be and should be.

So in a way fairy tales are true. They remind us of who we are and what we deserve. The tricky part is how to get there. If you are depending on winning the lottery to pay off your credit card bills or for Mr. or Ms. Right to liberate you from your boring relationship, you might have a long wait. You might even need to get a job or deepen your communication with your current partner.

When my friend Sandy's trust fund ran out, she struggled to pay her bills. Sandy would do anything for money except get a job. She prayed, affirmed, visualized, created a treasure map, feng shui'd her house, painted her door red, went to prosperity workshops, tithed, and called upon ascended masters. She just didn't want to do anything to earn money. Friends offered her jobs, but she turned them down. She expected the universe to support her, but she didn't want to participate in the process. Sandy was absolutely correct in expecting the universe to support her. She just didn't understand that the money could come through her as well as to her.

In a way, living in the world surpasses the magic of fairy tales. There is as much wonder and sparkle here—maybe more—as in the bedtime stories you were read. God does not hide in remote kingdoms above the clouds. God is revealed by lifting our mundane

activities to a level of sacredness. When you follow joy, you experience heaven on earth. As Frederick Buechner nobly declared, "To find our calling is to find the intersection between our own deep gladness and the world's deep hunger."

During the last few decades angels have become very popular. Lots of people use angel cards, shop at angel paraphernalia stores, and become certified angel practitioners. I personally believe in angels and I call upon them. Yet dependence on angels is exceeded only by being an angel. God will not save the world through winged haloed entities descending from the clouds. God will save the world through people like you and me. People who sometimes get irritable, eat extra desserts, and have steamy sexual fantasies. If you would like to meet an angel, look in the mirror. To summon angels is one thing. To be an angel is another. The latter will get you and the world far more mileage. The earth is not a place where angels thrive. It is a training ground to become one.

As the song goes, "Fairy tales can come true. It can happen to you." Don't wait for your fairy tale to come true. For the best fairy tale formula, follow the command of Captain Jean-Luc Picard, chief officer in one of our most popular contemporary fairy tales, Star Trek. Daily Captain Picard told his crew, "Make it so."



*Alan Cohen is the author of many popular inspirational books, including the newly-released **Enough Already: The Power of Radical Contentment**. Join Alan in person for **Living Miracles**, a celebration retreat May 29 - June 2 in Loveland, Colorado. For more information about this*

program, Alan's other books, free daily inspirational quotes, and his weekly radio show, visit www.alancohen.com

OCD and the Need for Reassurance

By Janet Singer

One of the most common manifestations of obsessive-compulsive disorder is the need for reassurance. "Are you sure it's okay if I do this or that?" "Are you sure nobody got (or will get) hurt?" "Are you sure something bad won't happen?" "Are you sure, are you sure, are you sure?"

While the above questions are obvious appeals, they are not the only way that OCD sufferers seek reassurance. Indeed, the very nature of OCD centers around making certain that all is well. The disorder is characterized by unreasonable thoughts and fears (obsessions) that lead the sufferer to engage in repetitive thoughts or behaviors (compulsions). Obsessions

are always unwanted and cause varying degrees of stress and anxiety, and compulsions temporarily alleviate these feelings. Compulsions are always, in some way, shape, or form, a quest for reassurance; a way to make everything okay.

A good example is the case of someone with OCD who is obsessed with a fire starting because he or she left the stove on. The compulsion of continually checking the stove is a recurring attempt to reassure oneself that the stove is indeed off and nobody will get hurt. Another OCD sufferer may fear germs (obsession) and wash his or her hands until they are raw (compulsion). The compulsion of hand-washing is an effort to make sure that his or her hands are clean enough

so that there will be no germs.

My son Dan suffered from OCD for a few years before we even knew anything was really wrong. In retrospect, I realize he had a lot of reassurance-seeking behaviors. While he never asked the "Are you sure?" questions, he would often apologize for things that did not warrant an apology. If we went to the supermarket together he would say, "Sorry I spent so much money," when, in fact, he had only picked out a few items. I, in turn, would reassure him that he hadn't spent much at all. Dan would also thank me over and over again for things that most people might say "thank you" for only once, if that. Again, I would reassure him by saying, "You don't have to thank me," or "Stop thanking me already." My responses to Dan in these cases gave him the reassurance he

OCD continued page 14

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- Adult Inpatient
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CHEMICAL DEPENDENCY

- Adult Outpatient
- Adult Inpatient Detox
- Adolescent Outpatient

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- Generations/Geropsych – inpatient psychiatric and medical care for patients ages 55+
- Momentum – outpatient treatment for long-term mental illness

Intake representatives are available 24 hours a day to schedule appointments for assessment. St. Luke's Behavioral Health Center does not have an Emergency Department and does not offer emergency services.

Call 602-251-8535 or 800-821-4193 to schedule an appointment for a free assessment.
stlukesbehavioralhealth.com



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ritt, betty@merrittcenter.org. 1-800-414-9880 www.merrittcenter.org

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.Contact 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.

Every Week – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Families Workshop. This five-day workshop is for families impacted by addictions, psychiatric disorders, anger and 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.

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

OCD Support. Banner Scottsdale, Room 539. Group held 2nd and 4th Thursday of each month 7:00 p.m. to 9:00 p.m. 480-941-7500. 7575 E. Earll Drive, Scottsdale,

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. Every Wednesday 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. OA has 18 meetings scheduled throughout the week. For more information call 520-733-0880 or check our web site 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 preferred) 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

EVENTS continued page 13

Now what?

At the first sign of your teen using drugs or alcohol, go to drugfree.org for the step-by-step advice and support you need.

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When You Need Help

PHOENIX /VALLEY AREA			
ACT Counseling & Education	602-569-4328	The Promises	866-390-2340
AZ NicA	480-990-3860	Rape Hotline (CASA)	602-241-9010
Alcoholics Anonymous	602-264-1341	Remuda Ranch	800-445-1900
Al-Anon	602-249-1257	Runaway Hotline	800-231-6946
ACA	602-241-6760	Sexaholics Anonymous	602-439-3000
Aurora Behavioral Health	623-344-4400	Sex/Love Addicts Anonymous	602-337-7117
AZ Office of Problem Gambling	800-NEXTSTEP	Sex Addicts Anonymous	602-735-1681
AWEE	602-258-0864	SANON	480-545-0520
Banner HELP LINE	602-254-4357	Sober Living of AZ	602-478-3210
Bipolar Wellness Network	602-274-0068	Suicide Hotline	800-254-HELP
Calvary Addiction Recovery	866-76-SOBER	St. Lukes Behavioral	602-251-8535
Cocaine Anonymous	602-279-3838	Step Two Recovery Center	480-988-3376
Co-Anon	602-697-9550	Teen Dating Violence	800-992-2600
CoDA	602-277-7991	TERROS	602-685-6000
COSA	480-232-5437	Valley Hosptial	602-952-3939
Commun. Info & Referral	1-877-211-8661	Workaholics Anonymous	510-273-9253
Community Bridges	877-931-9142		
Cottonwood de Tucson	800-877-4520	TUCSON	
Crisis Response Network	602-222-9444	Alcoholics Anonymous	520-624-4183
The Crossroads	602-279-2585	Al-Anon	520-323-2229
Crystal Meth Anonymous	602-235-0955	Anger Management Intervention	520-887-7079
Emotions Anonymous	480-969-6813	Co-Anon Family Groups	520-513-5028
EVARC	480-962-7711	Cocaine Anonymous	520-326-2211
Gamblers Anonymous	602-266-9784	Cottonwood de Tucson	800-877-4520
Greater Phx. Teen Challenge	602-271-4084	Crisis Intervention	520-323-9373
Grief Recovery	800-334-7606	Information Referral Helpline	800-352-3792
Heroin Anonymous	602-870-3665	Half-Way Home	520-881-0066
Magellan Crisis Hotline	800-631-1314	Narcotics Anonymous	520-881-8381
Marijuana Anonymous	800-766-6779	Nictone Anonymous	520-299-7057
The Meadows	800-632-3697	Overeaters Anonymous	520-733-0880
Narcotics Anonymous	480-897-4636	Sex/Love Addicts Anonymous	520-792-6450
National Domestic Violence	800-799-SAFE	Sex Addicts Anonymous	520-745-0775
NCADD	602-264-6214	Sierra Tucson	800-842-4487
Nicotine Anonymous	877-TRY-NICA	The S.O.B.E.R Project	520-404-6237
Office Problem Gambling	800-639-8783	Suicide Prevention	520-323-9372
Overeaters Anonymous	602-234-1195	Tucson Men's Teen Challenge	520-792-1790
Parents Anonymous	602-248-0428	Turn Your Life Around	520-887-2643
Psychological Counseling Services (PCS)	480-947-5739	Workaholics Anonymous	520-403-3559
		To get listed email: aztogether@yahoo.com	

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cies. UPS won't be charged with any crimes. "We believe we have an obligation and responsibility to help curb the sale and shipment of drugs sold through illegal Internet pharmacies," UPS spokesman Bill Tanner said. "UPS will pay a \$40 million penalty and has agreed to enhance its compliance policies with respect to Internet pharmacy shippers."

Its biggest rival, FedEx Corp., still remains a target in the federal investigation, according to its March 21 quarterly report filed with the Security and Exchange Commission.

"We believe that our employees have acted in good faith at all times," FedEx stated in its regulatory filing. "We do not believe that we have engaged in any illegal activities and will vigorously defend ourselves in any action that may result from the investigation."

FedEx said it received subpoenas from a federal grand jury in San Francisco in 2008 and 2009. The San Francisco U.S. Attorney's office has played a central role in a nationwide crackdown on online pharmacies. Ten people with ties to online pharmacies have been convicted over the last two years.

"It is unclear what federal laws UPS may have violated," FedEx said in statement Friday. "We remain confident that we are in compliance with federal law."

The DOJ said some UPS employees knew the company was making deliveries between 2003 and 2010 for pharmacies that filled orders for dangerous drugs without proper prescriptions from doctors.

"Despite being on notice that this activity was occurring, UPS did not implement procedures to close the shipping accounts of Internet," the DOJ said in a prepared statement.

FedEx said federal investigators have declined to supply it with a list of suspect pharmacies. The company said it "can immediately shut off shipping services to those pharmacies" if given such a list.

A federal judge in San Francisco sentenced Chris Napoli to four years in prison and ordered to forfeit \$24 million his illicit pharmacy Safescripts Online earned between 2004 and 2006. Two other men were sentenced to prison along with Napoli. Receipts from UPS and FedEx were used as evidence in the trio's trial last year.

In 2011, Google Inc. agreed to pay \$500 million to settle allegations by the Justice Department that it profited from ads for illegal online pharmacies.

Government Hasn't Made Progress on Most Drug Control Goals

The Government Accountability Office (GAO) found the federal government has not made progress on most goals for reducing drug use, which were outlined in the 2010 National Drug Control Strategy, UPI reports.

The strategy included seven goals, including reducing drug use among 12- to 17-year-olds by 15 percent. There has been no progress on this goal, primarily because of an increase in teens' use of marijuana, GAO reported. Teens have decreased their use of other drugs, the report noted.

The GAO noted programs designed to prevent and treat drug abuse are spread over 15 federal agencies, some of which provide overlapping services. "These programs could provide or fund one or more drug abuse prevention or treatment service that at least one other program could also provide or fund, either to similar population groups or to reach similar program goals," the report stated. "Such fragmentation and overlap may result in inefficient use of resources among programs providing similar services."

Many prevention and treatment programs that GAO surveyed did not report coordination efforts, according to the report. The office noted 40 percent of surveyed programs said there was no coordination with other federal agencies on drug abuse prevention or treatment activities.

The Office of National Drug Control Policy has said it will work with agencies administering federal programs that provide drug abuse prevention and treatment activities to enhance coordination, according to the article.



7 Tips for Getting “Unstuck” at Work

By JUDE BIJOU, MA MFT

At some point or another, we all hit an impasse at work, a moment when the “I hate Mondays” syndrome seems to take over the entire week. When we get into a job rut, there are always feelings involved, whether it’s boredom, frustration, anxiety, or something else that causes us to feel stuck, indecisive, or ambivalent about our work. And underneath those feelings are unexpressed sadness, anger, and fear.

Some ideas: Deal with your emotions

It’s helpful to know that emotions — sadness, anger, and fear — are just pure energy in your body. Look at the word “emotion.” It’s energy (e) in motion. Take some time in private to express those emotions physically and constructively. By crying to express sadness, punching or yelling into a pillow or stomping around to release the anger, or doing exaggerated shivering for the fear, you express the emotion. The energy dissipates and you won’t feel stuck.

Find your purpose

Does your work feel meaningless? Do your days feel empty? Does it feel as if something is missing? The fix is easy. Spend a couple minutes each day answering one of these questions:

- Why am I here?
- What am I doing?
- Where am I going?
- What is my purpose?
- What do I truly want?
- What is important to me?

Don’t censor yourself, and be patient and persistent — a satisfying answer will emerge. Finding and aligning with your purpose will restore your perspective and help you feel anchored regardless of the work you’re doing.

Align your goals

Do you feel lazy or unmotivated? Have you gotten complacent in your job? If you are struggling with a temporary inability to take action, there’s a fix for this too. You need to get a clear picture of your long-term work objectives for 1 month, 1 year, 5 years, and lifetime so you can figure out if your daily actions are moving you closer to these career goals or farther away. Write down your work goals for these four time frames. How can you make what you do today build on your longer-term goals?

Grade your job

Do you have a hard time deciding if you need to look for a new job? This is a sign that you need to take an inventory about your work. Write down a list of at least 30 ideal qualities you’d like to have in a job if you could “have it all.” Now give each item a score: 1 = your work has that quality; 0.5

= your work has it somewhat; 0 = your work lacks the quality. Now add up your score and divide it by the number of qualities in your list to arrive at a percentage. That’s your job’s “grade” — 90% and above is an A, 80% is a B, 70% is a C, and so on. This gives you an objective, accurate way to assess whether you should accept where you are or seriously consider moving on.

Accentuate the positive

Do you feel pessimistic about your career? Do you notice what’s wrong around you more than what’s right? The fix for this type of rut is to recognize that you may have limited control over your situation or environment, but you have total control over how you perceive it. Mentally find something positive about everyone you encounter. Voice an appreciation for your job at least twice a day. Looking for the good in people around you will lift up your attitude.

Regain your balance

Do you feel as if you don’t quite belong? Is there a sense of hopelessness about what you’re doing? Although this may sound a bit melodramatic, it’s not uncommon for people to feel defeated at work — especially when they’re engaged in a project that’s taxing, boring, or overwhelming. The best way to defeat defeat is to take charge of your life. Start by sleeping, eating, and exercising regularly. This will bring your body back into balance. Help someone else at work who’s struggling. This will give you a sense of mastery and accomplishment. And take at least one small action step each day to nourish yourself, whether it’s asking for help or completing a dreaded task you’ve been avoiding.

Accept reality

Do you resist and rebel against change at work? Do you feel annoyed by people who try to get you to do more work or do it differently? Feeling entitled and intolerant is another way we get stuck in our careers. The fix: accept the way things are. Make a list of everyone and everything at your job you don’t like. Next to each item on your list, write and then repeat 11 times, “The [fill in the blank] is the way it is, not the way I think it should be,” or “My work mate is the way she is, not the way I want her to be.” You will be amazed at how quickly this little exercise will move you from frustration to true acceptance.

Jude Bijou, MA, MFT, is a respected psychotherapist, professional educator, and workshop leader. Her award-winning book is *Attitude Reconstruction: A Blueprint for Building a Better Life*. Learn more at www.attitudereconstruction.com.

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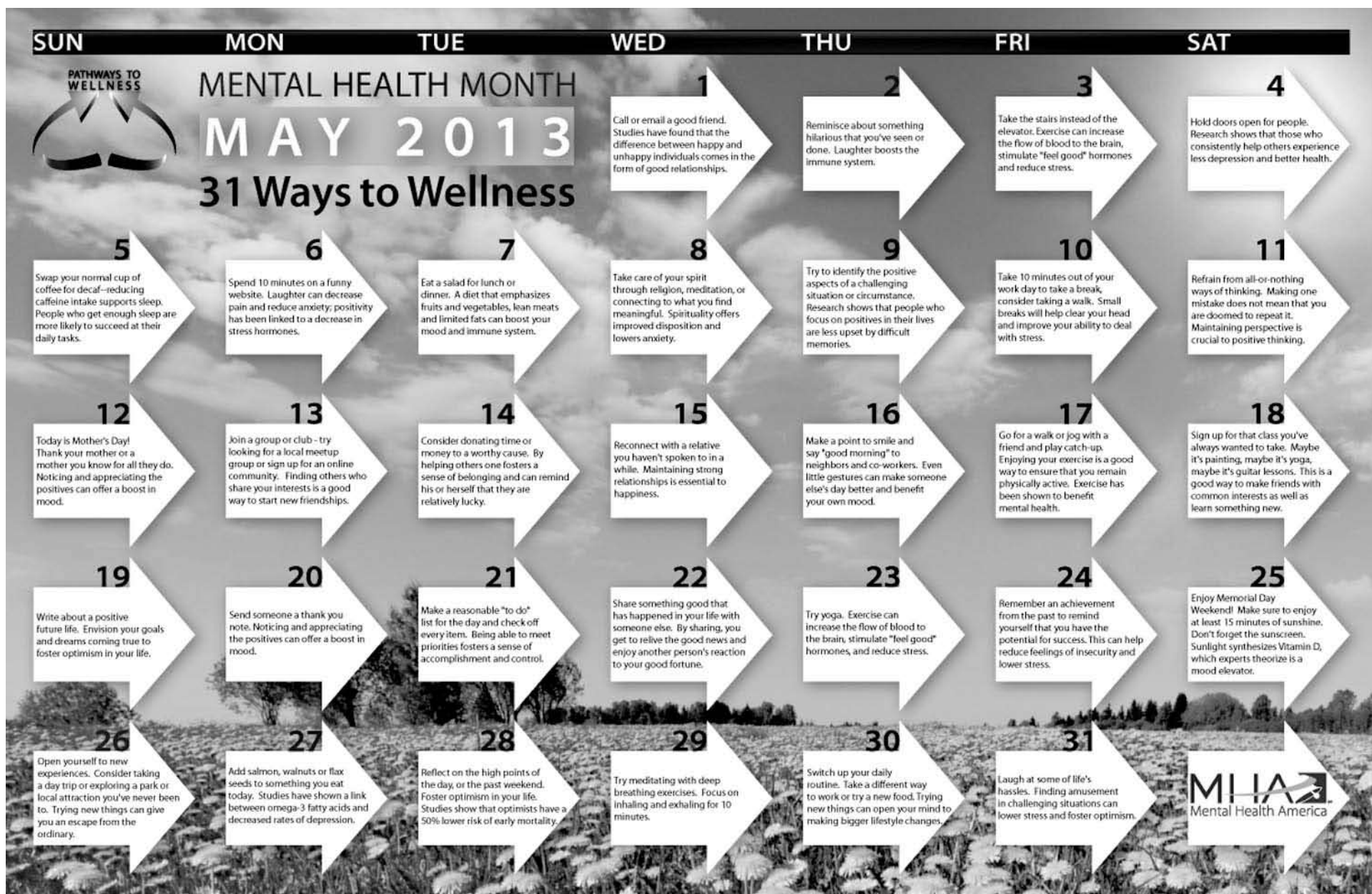
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Mental Health Month:

Pathways to Wellness

For more than 60 years, Mental Health America and our affiliates across the country have led the observance of May is Mental Health Month by reaching millions of people through the media, local events and screenings. This year's theme is Pathways to Wellness.

Wellness — it's essential to living a full and productive life. It's about keeping healthy as well as getting healthy.

Wellness involves a set of skills and strategies that prevent the onset or shorten the duration of illness and promote recovery and well-being. Wellness is more than just the absence of disease.

Wellness is more than an absence of disease. It involves complete general, mental and social well-being. And mental health is an essential component of overall health and well-being. The fact is our overall well-being is tied to the balance that exists between our emotional, physical, spiritual and mental health.

Whatever our situation, we are all at risk of stress given the demands of daily life and

the challenges it brings—at home, at work and in life. Steps that build and maintain well-being and help us all achieve wellness involve a balanced diet, regular exercise, enough sleep, a sense of self-worth, development of coping skills that promote resiliency, emotional awareness, and connections to family, friends and community.

These steps should be complemented by taking stock of one's well-being through regular mental health checkups and screenings. Just as we check our blood pressure and get cancer screenings, it's a good idea to take periodic reading of our emotional well-being.

Fully embracing the concept of wellness not only improves health in the mind, body and spirit, but also maximizes one's potential to lead a full and productive life. Using strategies that promote resiliency and strengthen mental health and prevent mental health and substance use conditions lead to improved general health and a healthier society: greater academic achievement by our children, a more productive economy, and families that stay together.

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EVENTS from page 11

pm 5010 E Shea Blvd., Ste. D-202, Phoenix.
Contact Sue F. 602-349-0372

Sex Addicts Anonymous www.saa-phoenix.org
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. Tuesdays 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

North Phoenix Visions of Hope Center—Recovery center for 18 or older enrolled in Magellan. 15044 N. Cave Creek Road #2. Phoenix. 602-404-1555.

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

OVEREATERS Anonymous—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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Drop Out from page 1

- declined, marijuana use among youth has increased.
- Sometimes substance use precedes academic failure; sometimes early academic failure precedes use. There are many pathways leading to different adverse outcomes from substance use during adolescence.
 - Cessation of substance use following treatment is associated with improvement in academic performance. This evidence shows that doing something about substance use is an important way to promote and improve academic success.
 - New neurobiological research tells us that there are short- and longer-term effects of drug use on students' ability to learn. Certainly, learning is compromised if students come to class under the influence. Motivation to study and achieve declines as the use becomes more regular. Too often, students with alcohol or drug problems aren't even making it to the classroom.

What Parents Need to Know

Dropout is the extreme result of a complex and interacting set of risk factors. Because of the critical role parents play both in preventing substance use and promoting academic success, they need to know what they can do to prevent use in the first place, and intervene if their child has a drug or alcohol problem. Once use occurs, an entire constellation of change agents may be needed to solve the problem.

Scientific evidence has made it clear that drinking and drug use during adolescence can be risky. Even a little alcohol use may lead to problems. Many research studies show that the earlier the exposure, the more problems later. We know that what parents say to their teenage children about substance use matters; parents need to be clear that they do not approve of substance use. A recent research study followed students from high school through their college years. It showed that parents who communicated to their college-bound children the message of zero tolerance for substance use were less likely to have children with drinking problems in college than were parents who were more permissive.

Given the evidence, parents need to be armed with skills and strategies to prevent substance use, to recognize problems early

and to intervene when a problem occurs. With what we now know about the potential risks of adolescent substance use, including the negative impact on academic performance, it is critical that parents and school administrators intervene when substance use is detected. Students that show early signs of academic difficulties should be specifically screened for drug and alcohol use. Steps should be taken to ensure that at-risk students become and stay drug-and alcohol-free. Proper management must be comprehensive and may include assessments and interventions for behavioral problems and mental health disorders.

The authors of the report, which include leading researchers from the Institute for Behavior and Health, Inc., the Center on Young Adult Health and Development and Treatment Research Institute, are interested in learning more about dropout prevention programs that include the identification and intervention of substance use of at-risk students. Rather than develop strategies de novo, their goal is to identify, extend and improve existing intervention models.

The more research tells us about the negative effects of alcohol and drugs on adolescent health and intellectual development, the more important prevention becomes. There should be a shared understanding between families, school systems and the broader community that underage drinking and drug use is not consistent with the goals of maximizing student potential, promoting student health and preparing students for the future.

For more information for parents, visit: www.PreventTeenDrugUse.org.

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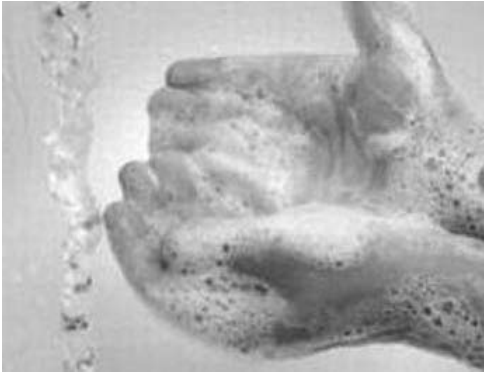
Robert L. DuPont, MD is the founding president of the Institute for Behavior and Health, Inc. He is recognized as a national leader in drug abuse prevention and treatment. Among his many contributions to the field is his leadership as the first Director of the National Institute on Drug Abuse and as the second White House Drug Chief.

OCD from page 10

needed to feel certain that he hadn't done anything wrong, had behaved appropriately, and all was well.

Of course hindsight is a wonderful thing and I now know that how I reacted to Dan at these times was actually classic enabling. I did him more harm than good. My reassuring Dan that all was well reinforced his misconception that he had to be certain, to have no doubt at all in his mind. While I helped reduce his anxiety at the moment, I was actually fueling the vicious cycle of OCD, because reassurance is addictive. Psychotherapist Jon Hershfield says:

If reassurance were a substance, it would be considered right up there with crack cocaine. One is never enough, a few makes you want more, tolerance is constantly on the rise, and withdrawal hurts. In other words, people with OCD and related conditions who compulsively seek reassurance get a quick fix, but actually worsen their discomfort in the long term.



So how can those with OCD “kick the habit?”

It's not easy, as sufferers continually wrestle with the feeling of incompleteness, never truly convinced that their task has been completed. There is always doubt.

But there is also always hope. Exposure Response Prevention (ERP) Therapy involves facing one's fears and then avoiding engaging in compulsions. Using the stove example again, the sufferer would actually cook something on the stove and then shut the burner(s) off. He or she would then refrain from checking the stove to make sure it was off. No reassurance allowed. This is incredibly anxiety-provoking initially, but with time it gets easier. And while it is difficult to watch a loved one go through “withdrawal” it is imperative that family members and friends learn how not to accommodate or enable the sufferer.

Without reassurance, how will those with OCD achieve that need for certainty that they so desperately desire? Indeed, how can all of us make sure that nothing will ever go wrong? How can we control our lives, and the lives of those we love, so that nothing bad will ever happen?

The answer, of course, is that we can't. Because as much as we'd all like to believe otherwise, much of what happens in our lives is beyond our control. Through ERP therapy, OCD sufferers will focus on the question “How can I live with uncertainty?” as opposed to “How can I be certain?” And instead of dwelling on the uncertainties of the past and the future, those with OCD can begin to live life to the fullest by concentrating on what matters most — the present. *Visit ocdtalk.wordpress.com.*

RECOVERY SERVICES

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Alcohol Recovery Solutions	480-496-9760
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
Banner Health Helpline	602-254-4357
Bill Ryan, Interventionist	602-738-0370
Celebrate Recovery with	
Chandler Christian Church	480-963-3997
Clean and Sober Living	602-540-0258
Community Bridges	480-831-7566
Community Bridges 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. Dan Glick	480-614-5622
Dr. Dina Evan	602-997-1200
Dr. Janice Blair	602-460-5464
Dr. Marlo Archer	480-705-5007
English Mountain Recovery	877-459-8595
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
MASK	480-502-5337
The Meadows	800-632-3697
NCADD	602-264-6214
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
St. Luke's Behavioral	602-251-8535
Teen Challenge of AZ	800-346-7859
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both activate the striatum, with romantic love also activating the insula. Thus, the striatum is responsible for initial attraction and sexual desire, while the insula is responsible for transforming that desire into love. In other words, love is co-created by and “lives within” the striatum and the insula.

Love is the Crack Cocaine of Emotions

Of great interest to researchers and clinicians alike is the fact that the striatum and insula are also the parts of the brain most directly associated with the formation and maintenance of addiction. The same process of anticipation, craving, and reward upon connection that occurs with love also occurs with addiction. As Concordia University Professor Jim Pfaus, co-author of the study linking sexual desire and love, states, “Love is actually a habit that is formed from sexual desire as desire is rewarded. It works the same way in the brain as when people become addicted to drugs.”

The fascinating and evolving discovery that romantic love and substance (cocaine, crystal meth, heroin, etc.) or behavioral addictions (gambling, sex, spending, etc.) share the same neurobiological motivation and activation systems may help to explain the strength of obsessive behaviors in certain rejection-sensitive lovelorn individuals, as cross-culturally we see high rates of “love-related” stalking, homicide, suicide, and clinical depression. iv In a simplistic way, romantic love could be viewed as a constructive form of addiction (much like disciplined, regular exercise for some, or a passionate and creative relationship to work for others) when that love is returned.

Yet love can also look like a destructive form of addiction — with out-of-control behavior and negative consequences — when that love is rejected, unavailable, or inconsistent.

This is not to say that the experience of love is in any way pathological or that everyone who falls in love is “clinically addicted” to the object of his or her affection. For most of us the process of falling in love is healthy, joyful, and life affirming – not to mention completely necessary to the survival of our species. By the way, we get hungry, crave food, and eat regularly for very similar reasons (survival of the individual/species), and clearly not everyone who gets hungry or enjoys food has an eating disorder. Similarly, not everyone who drinks alcohol or uses drugs recreationally is an alcoholic or addict. Addiction does occur, however, when the individual repeatedly loses control over his/her behavior choices and those experiences directly lead to negative life consequences.

So What is Addiction to Love?

This distinction between healthy behav-

ioral choices and self-destructive/addictive ones is especially important when talking about love or romance addiction. As nearly all of us discover by age 25 or earlier, even healthy love relationships can appear enmeshed, obsessive, or “addictive” in the early stages of limerence (the involuntary state of mind that occurs with intense romantic attraction), when the other person’s thoughts, feelings, desires, and activities seem like the most important thing on earth. Thus the early, undifferentiated, intense stage of a new romantic relationship (that we now know as a neurobiological process) absolutely creates an emotional state of feeling “high” or “in love” that in essence pushes us toward being with the person we desire. In healthy relationships, this carefully synchronized play of emotions pulls us toward the slow but steady development of mature intimacy that characterizes longer term, lasting love.

Unfortunately, some less emotionally healthy individuals — those who suffer from social anxiety, depression, maladaptive attachment, personality challenges, childhood trauma, and similar issues — can get “hooked,” if you will, on the bio-emotional high of budding romance or limerence. These people can and do abuse the natural, appropriate excitement and arousal of limerence as a way to escape or self-medicate life’s stressors and intolerable emotions.

Often intimacy-phobic, yet longing for connection as we all do, these folks repeat the early stages of romantic love over and over again with different individuals, believing this transitory intensity to be the real thing rather than a stage in the progression toward mature attachment or intimacy. When an individual seeks an experientially based neurochemical high over and over in this way, even when he or she wishes to stop and when that behavior creates negative life consequences (relationship issues, trouble at work, ever deepening anxiety and depression, etc.), that person’s behavior qualifies, in a clinical sense, as “love addiction.” The individual’s treatment will require traditional psychodynamic psychotherapies combined with cognitive behavioral therapies designed to help that person recognize the cues that leave him/her wanting to stay, run, avoid, and obsess.

Robert Weiss LCSW, CSAT-S is Founding Director of The Sexual Recovery Institute, Los Angeles and Director of Sexual Disorders Services at The Ranch Treatment Center in Nunnally, Tennessee. A UCLA MSW graduate, Mr. Weiss received extensive post-graduate sexual disorder’s training with addiction author and clinical leader, Dr. Patrick Carnes. Mr. Weiss is author of *Cybersex Exposed: Simple Fantasy to Obsession*, and co-author of the just released, *Untangling the Web: Sex, Porn and Fantasy Addiction in the Internet Age*, with Dr. Jennifer Schneider. Visit www.sexualrecovery.com for more information.

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Bullied Children May Have More Psychiatric Issues as Adults

A new study discovers bullied children grow into adults who are at increased risk of developing anxiety disorders, depression and suicidal thoughts.

Researchers from Duke University Medical Center base their findings on a review of more than 20 years of data from a large group of participants initially enrolled as adolescents. It is called the most definitive study to date in establishing the long-term psychological effects of bullying.

Researchers say the study, published online in JAMA Psychiatry, reverses a common perception that bullying, while hurtful, inflicts a fleeting injury that victims outgrow.

“We were surprised at how profoundly bullying affects a person’s long-term functioning,” said William E. Copeland, Ph.D., lead author of the study.

“This psychological damage doesn’t just go away because a person grew up and is no longer bullied. This is something that stays with them. If we can address this now, we can prevent a whole host of problems down the road.”

Using the Great Smoky Mountain Study, the research team tapped a population-based sample of 1,420 children ages 9, 11 and 13 from 11 counties in western North Carolina. Initially enrolled in 1993, the children and their parents or caregivers were interviewed annually until the youngsters turned 16, and then periodically thereafter.

At each assessment until age 16, the child and caregiver were asked, among other things, whether the child had been bullied or teased or had bullied others in the three months immediately prior to the interview.

A total of 421 child or adolescent participants — 26 percent of the children — reported being bullied at least once; 887 said

they suffered no such abuse. Boys and girls reported incidents at about the same rate.

Nearly 200 youngsters, or 9.5 percent, acknowledged bullying others; 112 were bullies only, while 86 were both bullies and victims.

Of the original 1,420 children, more than 1,270 were followed up into adulthood. The subsequent interviews included questions about the participants’ psychological health.

Researchers discovered adults who said they had been bullied, plus those who were both victims and aggressors, were at higher risk for psychiatric disorders compared with those with no history of being bullied.

The young people who were only victims had higher levels of depressive disorders, anxiety disorders, generalized anxiety, panic disorder and agoraphobia.

Those who were both bullies and victims had higher levels of all anxiety and depressive disorders, plus the highest levels of suicidal thoughts, depressive disorders, generalized anxiety and panic disorder. Bullies were also at increased risk for antisocial personality disorder.

The researchers were able to sort out confounding factors that might have contributed to psychiatric disorders, including poverty, abuse and an unstable or dysfunctional home life.

“Bullying is potentially a problem for bullies as well as for victims,” said senior author E. Jane Costello, Ph.D., associate director of research at Duke’s Center for Child and Family Policy.

“Bullying, which we tend to think of as a normal and not terribly important part of childhood, turns out to have the potential for very serious consequences for children, adolescents and adults.” Source: *Duke University Medical Center*

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