

Together AZ



APRIL 2014

Inspiring Success On The Road To Recovery

Innovative Addiction Treatment available for first time in AZ

For nearly 20 years the FDA approved medication, naltrexone, has proven that it nearly eliminates the desire for alcohol and opiates, and eliminates the euphoria from drinking and taking opiates. However, the traditional pill and injection form of naltrexone made the effects short term and prevented an addict’s compliance with taking this medication.

Now, **Start Fresh Recovery** in Arizona is the only program providing naltrexone in a yearlong pellet form. With the pellet, a person’s addiction is nearly eliminated for about a year. Coupled with life coaching the program’s goal is a long-term addiction free life. A completely outpatient program, Start Fresh treats both the medical and behavioral aspects of addiction and provides an effective complimentary service to any other type of addiction treatment.

Ray is the owner of Ray Eyewear in Phoenix. He has five children and five grandchildren. In recent years he has struggled with alcohol addiction, and has used inpatient and outpatient treatment services. “I kept asking my doctors, isn’t there another option to treat this addiction? I finally found the answer with the Start Fresh program.”

Ray’s addiction hit a climax when his only son was deployed to Afghanistan. “I was in the depths of despair and started drinking heavier than ever before. Then a family friend told me about Start Fresh. I had the pellet and honestly my cravings were eliminated the same day.” Ray explains he even “tested” the effects by pouring his routine glass of wine by his TV chair before going to bed. He forgot about drinking it and went to bed later that evening. When he awoke the full glass was right where he left it. He was amazed. “I was the guy buying travel sized bottles of alcohol at the drug store every day to drink anywhere and everywhere I could.”

How it works

Start Fresh inserts two small pellets (together only one inch long) just under the top layer of the skin, typically on the side of the abdomen or under the bikini line for women. This is done in an outpatient doctor’s office in about 15 minutes with only a few stitches. Within 48 hours the person starts life coach sessions with their assigned coach by phone or skype. The life coach also provides support outside of the sessions as needed, including texting.

“I could not afford to take more time away from my family and business. Start Fresh gave me the convenience of effective treatment without time away.” Ray now focuses on improving his mental health, “My life coach, Terry, is also a recovering alcoholic and really relates to what I am experiencing. And he has been there for me

START FRESH continued page 2

By Tian Dayton

We should feel proud as a professional community, the addictions field has impacted the entire mental health field by being among the first to incorporate yoga, meditation, exercise, journaling, guided imagery and good nutrition into the treatment of the whole person. Researchers routinely “prove” what we have already learned through clinical trial and error, that these simple approaches are effective and life changing. Even our gratitude lists are now becoming evidence based. Now research is taking a deeper look at the power of affirmations in shoring up that ephemeral thing we call a sense of self.

What positive affirmations appear to do is by affirming the self, the self feels, at least temporarily strengthened which helps us perform better in tasks that benefit from a relaxed, attentive state of mind. Affirmations strengthen our ability to use attention and creative thinking to solve the problem or task at hand. They act as a buffer against threats to our sense of self and our ability to meet the demands of the moment.

Self-affirmation theory posits that the goal of the self is to protect one’s self-image when threatened and that one way to do this is through affirmation of valued sources of self-worth. New studies headed by J. David Creswell, assistant professor of psychology in CMU’s Dietrich College of Humanities and Social Sciences at Carnegie Melon, demonstrate that affirmations can actually help us to manage our stress responses and build resilience.

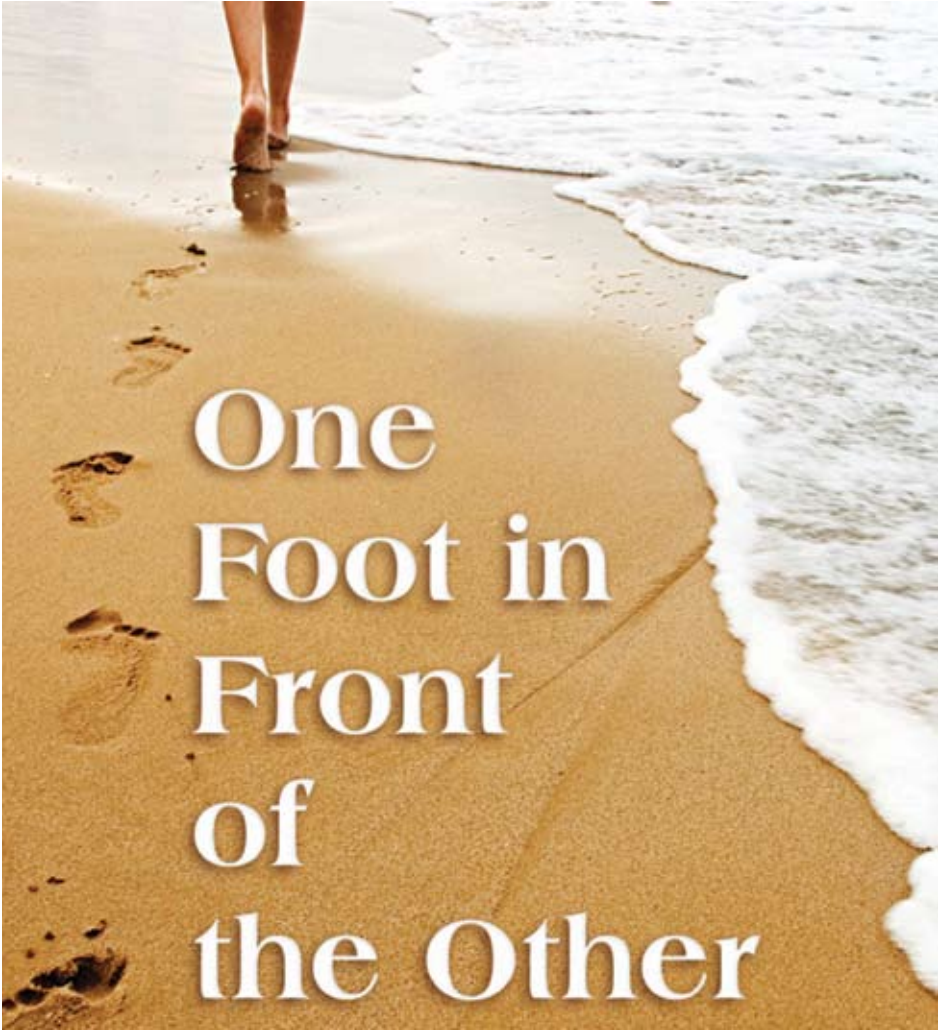
“Statements that affirm our sense of self act as a buffer against perceived threats to the self and better allow us to remain flexible and present.”

Another benefit of strengthening one’s sense of self through positive affirmation is that people with a fairly flexible, non defensive ego structure are better able to make use of any criticism that comes their way and learn by it rather than freeze up, get defensive or shut down. Defensiveness, researchers posit, can also have a deleterious effect on subsequent relating. The upshot of this is that statements that affirm our sense of self and act as a buffer against perceived threats to the self better allow us to remain flexible and present. We can make use of negative feedback without warding it off and we don’t alienate the people around us by fending off their well meaning advice before even listen to it. (Sherman, D. K., & Cohen, G. L. (2006).

Cresswell and his team caught my attention by claiming that self-affirmation, something near and dear to the hearts of many in recovery, can protect against the “damaging effects of stress on problem-solving performance”. “These new studies examine the effect of self-affirmation on actual problem-solving performance under pressure. Their work suggests that a brief self-affirmation activity at the beginning of a school term can boost academic grade-point averages in underperforming kids throughout the semester. “Understanding that self-affirmation — the process of identifying and focusing on one’s most important values - boosts stressed individuals’ problem-solving abilities will help guide future research and the development of educational interventions” says Cresswell. What positive affirmations appear to do is by affirming the self, the self feels, at least temporarily strengthened which appears to shore up problem-solving performance under high-stress conditions.

A Protective Factor

Living in the trenches of addiction and codependency, high stress to be sure, can make one curiously open minded. Having to shore up a sense of self in situations where one’s sense of self



is under a constant barrage of attack, can inspire us to reach for anything (non addictive) to feel better, fast! We become very willing to give what seems to be helping us a good try. Affirmations, it turns out, do just what we thought they did when we advise clients to look at themselves in the mirror each morning and tell themselves they are “good, worthy and capable people”.

They shore us up when we’re under stress; they buffer us from a feeling of impending harm. They help us to perform better under stress, whether that stress is suiting up and showing up for life while coping with the strains of addiction and recovery, or solving math problems in a testing environment.

“High levels of acute and chronic stress”, according to David Creswell et al, “are known to impair problem-solving and creativity on a broad range of tasks. But despite this evidence, we know little about protective factors for mitigating the deleterious effects of stress on problem-solving. Building on previous research showing that self-affirmation can buffer stress, we tested whether an experimental manipulation of self-affirmation improves problem-solving performance in chronically stressed participants.” Affirmations appear to strengthen our ability to use attention and creative thinking to solve the problem or task at hand. They act as a “protective factor” against stress inducing threats to our sense of self, which enhances our ability to meet the demands of the moment.

This, of course, is resilience building as it allows the self to function with greater adaptability, spontaneity and strength in the moment. And hopefully we get a positive self fulfilling prophecy going rather than a negative one.

When Do Affirmations Backfire?

Apparently affirmations need to feel real in order to feel effective. Canadian researcher Dr. Joanne Wood at the University of Waterloo and her colleagues at the University of New Brunswick who have recently published their research in the *Journal of Psychological Science*, found that if affirmations are done in a way that blocks out any awareness of negative emotions, they can actually make people with low self esteem feel worse than if they said no affirmation at all. When someone is asked to repeat, for example. “I am a lovable person, it can make them feel less lovable if it doesn’t go along with what they already think of themselves. When the researchers asked participants in their low self esteem group to repeat positive self affirmations, they felt worse than before, while those in the high self esteem group felt only marginally better, though they did feel better.

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

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

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every day. I still have a long way to go to treat my mental health. But I know I can now deal with my demons head on without the addiction distracting me." Life coaching services are provided by an Arizona licensed, master's degree counselor.

According to articles and clinical trials published by the **National Institute of Health**, "Naltrexone acts as an antagonist at the opioid receptors, which are known to mediate the rewarding effects of alcohol and thus thought to reduce desire or craving of alcohol. Studies have found that naltrexone is more effective than placebo in promoting abstinence, reducing heavy drinking days and decreasing relapse rates, particularly when it is combined with cognitive behavioral therapy."[1]

Start Fresh is also accustomed to treating the "rich and famous." Jeremy Miller, the childhood actor who played Ben Seaver on the popular TV show *Growing Pains*, was a Start Fresh client and now a spokesperson. Jeremy shares that he struggled with alcohol dependence throughout his young adult life with chronic relapses well into adulthood, "I typically would drink myself to sleep then wake up during the night to drink again so I could get back to sleep." Jeremy emphasizes that nothing is a magic pill, "Start Fresh eliminated my cravings and thanks to the tools I learned from the life coaching, I am still alcohol free today years later."

Effective for both alcohol and opiate addiction, the Start Fresh combination of the pellet and convenient mental health treatment increases effectiveness in improving mental health and preventing relapse in the long term. (Note: This is not the medication Antabuse, which causes nausea; naltrexone does not have this side effect. Side effects are minimal or non-existent.)

Start Fresh continued page 12

publisher's note



WHAT IS

By BARBARA NICHOLSON-BROWN

Like any human being, I don't always care for the circumstances and curve balls life throws at me. My question is, are they really curve balls and cosmic 2 by 4's that bang us on the head?

Maybe so — it always gets my attention. Yet sometimes it is still difficult to accept **what is**.

Over the years I've known many sober addicts and alcoholics (*myself included*) who continue to struggle with acceptance. People, places and things aren't meeting our needs or wants. Life happens, we experience and feel all sorts of emotional pain, and the big picture is out of our control. Why do we fail to remember there is a greater hand at work?

I am but one thread in the canvas of life. I am *part of*not the whole story. It is my choice to make to a difference and contribute something of value — or not. I can spend days and months whining about how unfair everything is — or choose to be patient and see what the next moment brings. Sounds simple, but letting go is never easy and I sometimes have a built in forgetter.

In his book *Enough Already*, Alan Cohen says, "To keep pain from becoming suffering, minimize resistance. Decrease indignation and increase allowance. Quit trying to manipulate others, and manipulate your viewpoint. Find beauty, value and purpose in what is before you. Let yourself be what you are, and let life be what it is. You might find many gifts laid at your door that you would have otherwise overlooked."

I need to memorize that.

Happy Spring!



Announcing:

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Addiction Recovery

Addictions Specialist joins Promises Treatment Centers as Director of Young Adult Programs

Promises Treatment Centers welcomes Joni Ogle, LCSW, CSAT, as its director of Young Adult Programs. In this role, Ms. Ogle oversees Promises’ intensive outpatient and residential treatment programs for young adults in Los Angeles, Calif.

Ms. Ogle has more than 25 years of clinical experience working with children, adolescents and adults in addiction, trauma and co-occurring mental health disorders in both a treatment center environment as well as in private practice. She is a licensed clinical social worker and a certified sex addiction therapist with a master’s degree in social work from the University of Houston. She has additional training in Recreational Therapy, Post Induction Therapy and Dr. Brené Brown’s The Daring Way™ Shame Resilience Curriculum.

“There is something about the spirit of this company that drew me to it,” Ms. Ogle said. “I am excited to be part of the Promises team and look forward to bringing even greater continuity of care and diversity in programming with a strong clinical focus to the young adults and families we serve.”

Promises Young Adult Programs treat young people ages 18 to 30 in a warm, inviting home located halfway between Beverly Hills and the Pacific Ocean. Treatment is rooted in the 12 steps and the Stages of Change model, and also addresses grief/loss, emotion dysregulation, trauma, family dynamics and other issues that may contribute to unhealthy behaviors. Since young adults thrive when they are introduced to a wide range of therapies and allowed to decide which ones resonate with them, Promises offers wolf therapy, spirituality workshops, equine therapy and neurofeedback, among many other innovative therapies.

“Joni is very well-respected in the field and brings exceptional clinical leadership to our team,” said Nanci Stockwell, LCSW, MBA, Promises’ regional vice president for California. “She has extensive experience working with the 12 steps and as a recreational therapist doing adventure therapy, equine therapy, art therapy and other experiential therapies, which is a vital part of working with young people.”

For more information about Elements Behavioral Health, visit www.elementsbehavioralhealth.com.

Monthly Number of Federal Drug Defendants Drops to Lowest Level in 14 Years

Soon after Attorney General Eric Holder began making changes to drug laws, the number of drug defendants charged by the federal government dropped in January to its lowest monthly level in almost 14 years, according to a new report.

The report, by Syracuse University, found there were 1,487 new drug prosecutions in January 2014, down 7.8 percent from December, and down 11.5 percent from January 2013. “The number observed during the most recent six month period appears to be the lowest seen since the end of the Reagan Administration,” the researchers noted.

The drop in prosecutions follows the launch of Holder’s “Smart on Crime” initiative, *The Huffington Post* reports. The initiative’s goals include prioritizing prosecution to focus on the most serious cases, reforming sentencing to eliminate unfair disparities and reduce overburdened prisons, and pursuing alternatives to incarceration for low-level, non-violent crimes.

A spokeswoman for the Justice Department, Ellen Canale, told *The Huffington Post*, “It makes sense to reserve the harshest sentences for the most serious drug offenders. The department’s charging policies are aimed at empowering federal prosecutors to consider the individual circumstances of each defendant in order to determine what outcome best improves public safety.”

THE MEADOWS® The Most Trusted Name in Trauma and Addiction Treatment



The Meadows has earned a national reputation for our clinical focus on healing from trauma, codependency and process addictions. In addition to our inpatient treatment, we offer workshops that are ideal for individuals who want to jump-start their personal recovery and are also a source of renewal for anyone who has undergone treatment. Participants work on sensitive issues in a concentrated format allowing them to enhance their personal journey by gaining insight into dysfunctional, embroiled patterns and practicing new relational skills within a safe environment. Our on-campus workshops include:

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Delves into childhood trauma that impacts current day life. Conducted weekly with the exception of Thanksgiving, Christmas and New Year’s.

SURVIVORS II

Addresses unresolved trauma and self-defeating behaviors that are manifested in dysfunctional patterns. (Prerequisite: Survivors I)

- March 3-7 • June 30 - July 4 • October 27-31
- May 5-9 • September 1-5 • December 15-19

COUPLES

Examines and improves existing intimate relationships.

- February 10-14 • April 14-18 • June 9-13
- March 10-14 • May 12-16 • July 14-18

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Explores the interactive cycle between relationship dependence and avoidance.

- February 17-21 • April 21-25 • June 16-20
- March 17-21 • May 19-23 • July 21-25

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Offers men healthy alternatives to compulsive sexuality.

- February 24-28 • April 28 - May 2 • June 23-27
- March 24-28 • May 26-30 • July 28 - August 1

WOMEN’S SEXUAL RECOVERY

Addresses sensitive sexual concerns experienced by women.

- February 3-7 • April 7-11 • June 9-13

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Serves to assist participants in furthering resolution surrounding loss of all kinds.

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Holder testified before the United States Sentencing Commission in favor of changing federal guidelines to reduce the average sentence for drug dealers.

The MEDICINE ABUSE PROJECT

Teens will be teens. They sleep late, fail a test here and there or get uncharacteristically moody. But what if these behaviors are happening more often than usual, or all at the same time? You know your teen better than anyone, but it is important to know what to look for if you suspect he or she may be abusing medicine.

Health concerns. Keep an eye out for changes in your teen’s physical health, like constricted pupils, nausea or vomiting, flushed skin or dizziness. Look further into anything that seems strange.

- **CHANGES IN BEHAVIOR.** The signs of medicine abuse aren’t always physical. Look for changes in behavior – like sudden changes in relationships with their family or friends, anxiety, erratic mood swings or decreased motivation. It’s no secret that teens can be moody, but be on the lookout for drastic differences in the way your child behaves.
- **HOME-RELATED SIGNS.** If you’ve noticed belongings disappearing around the house, or found some unusual objects appearing – like straws, burnt spoons, aluminum foil or medicine bottles — this could be a sign of medicine abuse. Count — and lock up — the medicine you have in your home and safely dispose of any expired medicine.

TROUBLE IN SCHOOL. Take note of how your teen is doing in school, including any change in homework habits and grades. A rapid drop in grades, loss of interest in schoolwork and complaints from teachers could be indicators that there’s a problem.

THINGS JUST SEEM OFF. You know your child better than anyone and you know when something’s not right. Trust your gut, and talk to your teen about your concerns.

With one in four kids reporting abuse of prescription drugs in their lifetime, it’s important to take action right away if you do suspect medicine abuse. Don’t be afraid to talk — and listen — to your teen, work through things together and get help if necessary.

Manufacturer Tests Tamper-Resistant Form of Hydrocodone


The maker of OxyContin announced

promising results from a study of a tamper-resistant form of hydrocodone, The Washington Post reports. The Food and Drug Administration (FDA) has been criticized for approving Zohydro ER (extended release), a pure form of hydrocodone that is not tamper-resistant.

Purdue Pharma, which manufactures OxyContin, said it will soon seek FDA approval for its version of an extended-release form of hydrocodone. The company says its version is difficult for a person to crush, in order to inject or snort the drug. In 2010,

NEWS continued page 13

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The Dangers of Process Addictions

Addiction has long been limited to the abuse of chemical substances that leads to physical and emotional dependence. While still debated by some experts, many now agree that there are indisputable similarities between traditional substance addictions and what are called process addictions. These are addictions to any kind of activity or behavior, and do not involve ingesting a substance like a drug or alcohol.

Growing evidence from the addiction research community is showing that process (or behavioral) addictions share more things in common with drug addictions than previously thought. There are differences, too, but when all the similarities are realized, people who struggle with process addictions may get access to better treatment options.

What Are Process Addictions?

Even if you have minimal personal experience with substance addictions, it is easy to understand what they are. A chemical substance is ingested, produces changes in the body and mind, and eventually becomes a necessity. We call this addiction. What distinguishes a substance addiction from a process addiction is that process addiction involves no chemical substance. Any addiction that involves ingesting or taking in a drug or alcohol is a substance addiction, and anything else would be classified as a process addiction.

The activities and behaviors that can qualify as process addictions are nearly limitless. More common examples include gambling, sex or pornography, eating, shopping, Internet and video gaming. In fact, gambling has been officially recognized as an addictive disorder. Any activity or behavior, however, can become a process addiction.

Characteristics of Addiction

Process addictions are similar to substance addictions in many ways. As with substance addictions, a process addiction often begins when the addict uses a behavior or activity to cope with negative emotions. Just as an alcoholic might drink to drown out thoughts of an early trauma, someone addicted to shopping might go on a buying binge to cope with stress or a bad day. Not all addictions start this way, but it is a common theme.

Another commonality between process and substance addictions is the feeling of a high. Drugs and alcohol are mind-altering substances. They change chemicals in the brain and cause a feeling of euphoria. Although process addictions don't involve chemicals, they still produce

“The activities and behaviors that can qualify as process addictions are nearly limitless. Common examples include gambling, sex or pornography, eating, shopping, Internet and video gaming.”

a high. An overeater experiences pleasure when binging on food, for instance. To achieve that high requires more and more of the substance or activity over time. This development is called tolerance and it is seen in both types of addiction.

When an addict stops using his drug of choice, he experiences withdrawal symptoms as his body copes with not having the substance. People with process addictions have these cravings and feelings of withdrawal as well. When a problem gambler cannot get to a casino or an online poker game, she may feel physically and emotionally distressed.

One of the most important ways in which process addictions are similar to substance addictions is in the way that they can overtake the life of the addict. Using a substance or engaging in an activity can become an obsession to the extent that it becomes the main controlling factor in the addict's life. This leads to all kinds of negative consequences: disrupted relationships, loss of work, negative health impacts, financial problems and even legal trouble.

Many of the characteristics that have long been understood to be a part of chemical addictions are seen in cases of process addiction. This evidence lends support to the idea that they are genuine addictions, though they lack the chemical substance factor. But what are the implications of these similarities?

As experts come to better understand process addictions, the consequences should be positive for addicts. Addiction is largely recognized as a disease that requires medical treatment like any other illness. If experts can agree to include process addictions in this category, those who suffer from them may be able to access support and care that was previously used only for substance addicts. Currently, people with process addictions are generally not taken as seriously as other addicts and they don't get the same kind of help as a result. With more research will come more knowledge, and everyone will benefit.

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One needs of course to take into account cultural variability and the structure of the test, but this research does suggest that we cannot just ramrod ourselves into a happy state of mind. Apparently the tacit pressure to block out negative thoughts can actually have a deleterious effect, it can make us feel even more preoccupied with those pesky, little down cast thoughts as they drag at the corners of our minds. The researchers found that those in the low self esteem group, actually did better when they felt free to entertain negative as well as positive feelings.

Mindful living is also being incorporated into the culture at large and the world of recovery. Eckhart Tolle author of *The Power of Now*, encourages a kind of “presence” in the moment that does allow for the negative, or what he refers to as the “pain body” to emerge. He advises simply that we allow it to be, that we don't give pain or negativity our energy and focus but that we accept it and give it space. In giving it space we relieve ourselves from a host of subsequent thoughts about pain, we allow contrasting thoughts simply to emerge into the moment and pass through our consciousness as we witness or observe them rather than think more about them.

So what seems to work and this is what is particularly interesting to me as it is what I have always felt, is to head towards the positive while giving the negative a little breathing room.

My Personal Experience with Affirmations

I have written several affirmations books over the years, most recently *One Foot in Front of the Other*. In fact *Forgiving and Moving On* has been to date, my best seller edging close to a million copies. When I began writing affirmations I always included the struggle along with the positive. I wrote (in the first person style) about the struggles that I faced (just being an ACoA) and that my clients faced in recovery from addiction, codependency

and childhood trauma.

I opened each affirmation with the direction I wanted to head in, “today will....sort of thing”. Then the body of the affirmation was about processing all of the negative feelings that came up in me (or in my clients) when I considered heading in this positive direction. I then made an affirmative statement for at the end of each affirmation that I could hold in my hand (and mind) throughout the day, a psychological goal post so to speak. And I always added a quote that I found inspiring, a quote that let me know that someone very interesting had struggled with these thoughts and issues before me and appeared to have made some progress.

I am thrilled with all of this research into an area that has been so much a part of my writing life. And I am also pleased to see, that in culling through the various studies, the style I have used over the years proves to be a useful one. *In One Foot in Front Of the Other* I've integrated program basics and wisdom with neuropsychological findings into a user friendly “T” format. The idea is to line out the process of recovery and a new design for living in a manner that can be easily metabolized each morning, that can help to set a tone for the day that makes personal growth feel attainable and desirable, a little companion to let the reader know “*there are those who have been there.*”



Dr. Dayton is the Director of Program Development for Breathe Life Healing Center. She is the author of fifteen books most recently *The ACoA Trauma Syndrome, Emotional Sobriety, Trauma and Addiction, Forgiving and Moving*

On, The Living Stage, and has developed a model for using sociometry and psychodrama to resolve issues related to Relationship Trauma Repair. Tian Dayton has a masters in educational psychology and a PhD in clinical psychology and is a board certified trainer in psychodrama, sociometry and group psychotherapy.

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Do You Have an Aversion to Happiness?

A new study from New Zealand shows that society may be blocking our willingness to feel good

By Amy Capetta

Ask yourself this question, but take a moment before answering it: Are you uncomfortable with the idea of being happy? If your response is yes, there's nothing to be ashamed of—it's most likely not your fault. A recent article published in the *Journal of Happiness Studies* discovered that cultural beliefs may be the reason why people avoid feelings of joy and contentment.

According to the researchers from University of Wellington in New Zealand, a number of cultures (mainly non-Western cultures in the Middle East) hold the idea that positive feelings can actually lead to less than positive outcomes. Other non-Western cultures, like those in East Asia, do not embrace the notion of happiness because they feel it is an inappropriate emotion to express. And, people in both Western and non-Western cultures may turn away from thinking optimistically because they believe others may view them as selfish, boring or shallow.

As for the American way of thinking...it is almost taken for granted that happiness is one of the most important

values guiding people's lives," stated the researchers, as reported by Science Daily. "Western cultures are more driven by an urge to maximize happiness and minimize sadness. "Is that such a bad thing?!"

Anyway, if you really do feel like you have an aversion to happiness, there are little ways to improve your mood throughout the day and eventually teach you to let happiness in. For example:

Start daydreaming. Researchers from Britain say that taking a few minutes a day to visualize your worries away can stimulate the release of dopamine, a mood-elevating hormone that is naturally produced by the brain.

Stop analyzing the bad stuff. Focusing on an upsetting situation will only stir up feelings of anger or frustration. You've already spent countless hours trying to figure out why it happened—and has all of this overthinking gotten you anywhere? Exactly. So when these moments creep up, do yourself a favor and distract yourself by doing something you enjoy, like listening to music or gossiping with a friend. *And yes, it's that simple.*

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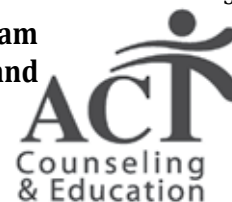
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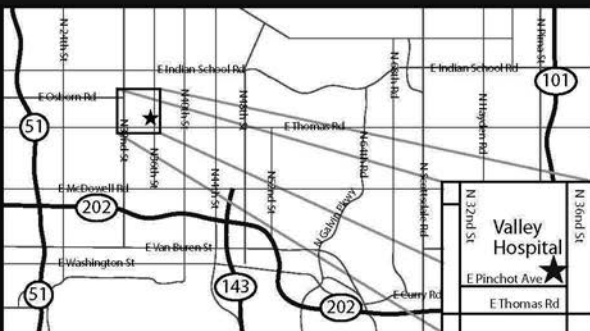


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Overdose Not a Pretty Picture



By Theodore Caputi on Twitter: www.twitter.com/TheodoreCaputi

2014 may very well be the most tumultuous year for drug and alcohol research and policy in recent history. The CDC has declared the rise in opioid (heroin and prescription painkiller) abuse a national epidemic, and more people are now dying from prescription drug overdoses than automobile accidents. States are legalizing and decriminalizing marijuana — legislation that, just a few years ago, could never have gained any traction. New advancements in drug and alcohol prevention, intervention and treatment programs occur nearly every day.

So what does all this mean for teens and college students today? Here's what you need to know.

The opioid epidemic is big news

If you get nothing else from this article, **GET THIS: opioids, including prescription painkillers like hydrocodone and oxycodone as well as heroin, are among the most serious drugs out there.** Most people know heroin is a serious drug, but many don't see the peril in prescription painkillers. Because painkillers have a legitimate pharmacological purpose, many teens, college students and adults alike start taking these pills without fully understanding their danger. How bad could a drug be if your dentist gave it to you when you had your wisdom teeth removed? The answer? Pretty darn bad. In fact, more people now die from prescription painkillers than from heroin and cocaine. Combined.

It didn't used to be this way. Ask your parents. Opioids (mainly heroin) were "dirty" drugs, used only by the most serious drug users. Prescription painkiller use has tripled in the last two decades, and it's affecting the inner cities, middle class suburbs and everywhere in between. Because opioids are new to so many communities, people need to realize how deadly and addictive they are.

Even if recreational marijuana is legal in some states, it can still damage your health

Whether or not you agree with recent legislative changes regarding marijuana, research proves that marijuana use prevents you from performing at your peak. Ask yourself: what are your short and long-term goals? Do you want to do well in school? Are you passionate about something you want to change in the world?

Marijuana seems harmless enough. (True, marijuana overdose is unlikely.) But marijuana can interfere with your motivation and cause you to fall behind on your goals. Most of the young people I know who have stopped using marijuana are happier and better off for it. Further, even if overdose is unlikely, marijuana use is associated with addiction and other long-term health consequences.

Just because marijuana is legal in some places doesn't mean it's the right decision for you.

CALL FOR HELP

Overdose is a real danger. It's one of the leading causes of death among teens, and a big part of the problem is under-reporting. We've all been in that situation. We're at a party, and some kids are binge drinking or using drugs. A few kids are throwing up in the bathroom, and you find a guy passed out on the couch. Great party, huh? But does this guy on the couch need help? He'll be fine, right?

Please don't make that decision on your own. Trust me, calling the authorities is worth it — worth embarrassing yourself, worth stopping the party and even worth getting in trouble. Just log on to International Overdose Day's website to see how "worth it" calling 911 is.

NOTE: Many states and college campuses have a "good samaritan" rule that will prevent you from getting in trouble for reporting a potential overdose.

Overdose isn't the only thing we're worried about

High schools and colleges are focused on overdose, but that view may be myopic. Of course, overdose is the most visible issue for teens and college students, but in America alone, 23.5 million people struggle every day with addiction (approximately 7.5 percent of the American population).

Out of those 23.5 million people, I am guessing that none of them woke up one morning with the plan to get addicted to drugs. Addiction is sneaky. It starts with a series of seemingly benign mistakes. Once a person is addicted, however, it's an uphill, lifelong battle. Treatment for addiction works — but you can never be "cured." If you become addicted to a substance, you'll spend the rest of your life with the threat of relapse.

Don't think it could happen to you? Neither did 23.5 million Americans.

Treatment is available

Just over 10 percent of Americans struggling with addiction actually get help, and 90 percent of Americans struggling with addiction started using drugs before they turned 18-years-old. Put two and two together: there are probably a lot of teens and college students who need help but aren't getting it.

Fortunately, help is on the way. Addiction treatment is certifiably effective. And it's available to you. Under the Affordable Care Act, substance use care is now considered an essential health benefit (EHB), meaning all individual and small group health care plans are required to provide substance use care. Further, teens and college students are now eligible to stay on their parents' plan until they turn 26-years-old. If you feel like you have a problem with addiction, if you find yourself using drugs or alcohol alone, or if you feel like your day isn't complete without a fix, it may be time to seek professional help.

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It's Time to Spring

By DR. DINA EVAN



We are sitting on the edge of Spring, the season of rebirth and rejuvenation. For the earth, it's time to blossom. The changes energize us and we begin to think about the changes we want to make in our own lives because of this sense of renewed energy. However, we often greet the idea of change with the perception that it is difficult, problematic and hard. We do that, usually, while sitting in the middle of our extreme discomfort and ignoring the urge to begin again.

Why is change so frightening?

Moreover, why do we wait until the discomfort is unbearable or the possibility of ecstasy grabs us by the collar?

Maybe it's because like death we are stuck in the perception that it happens to everyone else but certainly not us! You can take some comfort in knowing that if you are not changing, you are probably standing still in your own ego, afraid of being wrong. If you are changing, you are one of those courageous souls, who are awake and doing life instead of simply watching from the sidelines. Everyone experiences change. The key is to experience on your own terms. How do we do that?

First, be willing to tap into the collective wisdom of the sages in your life.

Talk to people, give yourself an information gathering time, and permission to NOT make any sudden changes until all the information is in — and your wise mind tells you that you are ready. We can become scared simply because we don't have all the facts and are pushing ourselves to change before we are ready. I have a friend in California that never does anything until she talks to everyone this side of Mississippi. I use to think she was over doing it until I began to see how much valuable information she gathered before she made decisions. She seldom had to change her mind and almost never felt regret for the decisions she made.

Second, be willing to ask yourself to do a reality check on your beliefs.

Are they current? Are they ideas from family and friends you gathered over the years, but with which you are really not aligned? In other words, are they still serving you? If not, be willing to revise and up date your perception. Once you realize that your perceptions may be outdated or incorrect, it becomes easier to let them go. Actually, your perception is everything. If you think change will be hard, it usually is. If you think it will be fun and beneficial, it will be.

Third, clean up your language. Words like, "I'm trying," or "I should," or "I might," leave the door open for failure. **I am**, **It is** and **I have** are words that indicate you have taken personal responsibility and are in the NOW. They are more empowering.

Fourth, give yourself permission for change to be a journey, not an end result. Know that you will make adjustments and corrections along the way and being perfect is NOT THE GOAL. The goal is to be forever in the process of changing and growing. I hope that much of what you thought 20 years ago is very different than what you think today.

Change is inevitable


When I do executive training, I tell corporate managers a piece of truth that is correct for all of us. ANY change will result in some good result. Change wakes us up. It reflects back to us how we are

doing and it tells us what areas of our lives need attention. Change is a vote for you and the quality of your life. Some changes are monumental and these are the ones that put our priorities in order and renew our sense of purpose and ethics in life. They are a wake up call that says, Do what you came here to do and get your life back on track. In the midst of change, we are not always comfortable. However, if you look back on your life I know you will be able to see the gifts that change has brought you.

So the point is, it is time for you to start to blossom again. Trust yourself to create a life that is vibrant and worth living. Give yourself the gift of newness and exploration. You are worth it and this is the season. Go stir things up and see what blooms...maybe you will.



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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The Recovery Continuum of Care Spectrum

By Seth Born

Finding help for a loved one battling addiction can feel like a daunting task: Which facility is the right for them? Whose services should I use? What kind of treatment do they need?

There are many factors to consider when weighing these issues, but most importantly is finding the proper level of care. In order to find the right facility for treatment, it's essential to understand where in the spectrum of recovery services your loved one fits.

The intensity and length of the user's drug and alcohol abuse/dependency history often is the most important factor when determining the proper level of treatment intervention.

When the family is at a point of crisis the experienced help of a certified interventionist is the ideal starting point, especially if the user is unwilling to seek, or even discuss, treatment. The treatment process then begins with a detoxification, often monitored by medical personnel, to ensure the loved one is stabilized to receive treatment.

Below is a list of the Recovery Spectrum and the typical, approximate time frame for each phase:

1. Intervention
2. Detoxification (1-7 days)
3. Primary, In-Patient therapy (28-90 days)
4. Secondary or Outpatient treatment – IOP, OP, Aftercare (180 days)
5. Structured Residential Sober Living (often combined w/secondary Tx)
6. Transitional Living (3 mos.-24 mos.)
7. Participation in 12 Step Groups (continual)
8. Sober coaching (continual)

Each of the above can be seen on a recovery timeline and are indicated individually or collectively according to how the individual presents and the case management plan. Often, especially for severe cases, it is recommended to begin with a primary, in-patient treatment. This is where intensive educational curriculum is provided and emotional therapy work begins. The time frame of 28 days allows the body and mind to initiate the physical healing process.

In the past, this was where the treatment continuum stopped. The patient was given a "prescription" to attend 12-step meetings, and sent on their way.

Over the course of the last 20-30 years data has shown that this model is ineffective for long-term remission from the disease of addiction. Now it is recognized by the medical establishment, including the AMA and the NIH, that for effective treatment for addiction, a secondary, longer engagement in a recovery center yields the best results.

This crucial, second step in the recovery process ideally includes structured residential sober living coupled with a clinical IOP/OP component. Here the patient is able to continue the critical therapy begun in primary treatment and learn how to live "life on life's terms." The rigors of daily life in new sobriety can be distressing, and without a solid support system, the individual will often relapse at this point trying to recover on their own. Having a professional program to guide the individual through this time produces positive results.

Also, if the intervention on the individual is done at an early stage in alcohol or drug abuse, it is possible that a stand-alone IOP program may halt the addiction process before it reaches chronic, late-phase status.

Most programs in the secondary treatment phase are approximately six months in length. This time frame correlates directly with the physiological changes of the neurological system in which the balance of neurotransmitters begins to return to "normal" levels. Due to this fluctuation in the neuro-healing process, Post-acute Withdrawal Symptoms typically manifest, and if not properly managed, can cause the individual to revert to negative coping mechanisms. Having the support of peers and those experienced in the recovery process greatly increases the remission rate and help the individual feel that they are not alone.

After this phase, depending on the individual, it is often recommended the individual step down in the continuum of care to transitional living, also commonly referred to as sober living, or a ¾ house. Here the amount of oversight and regulations lessen, while remaining a safe, sober environment. The individual is also encouraged to continue individual therapy and 12 step participation. This phase allows the individual to ease back into their independent life.

This spectrum illustrates that recovery from drugs and alcohol is an active process and not a one-time event. Although for some, it may seem that these time frames are too lengthy to engage, it is also important to remember that by increasing the odds with continued care your loved one

can gain lasting remission from chemical dependency, and go on to lead healthy, productive, happy lives—which makes it all worthwhile!

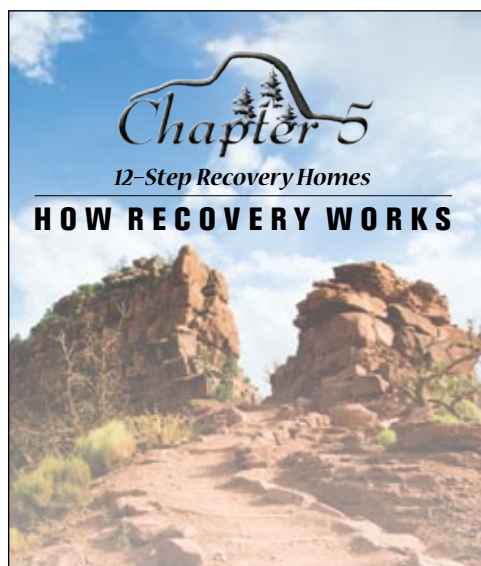
If you or a loved one needs help finding appropriate treatment for someone battling with addiction or alcoholism, please reach out for help and make sure you chose a licensed, certified facility.

For a list of certified sober living facilities visit www.myAzRHA.org

Seth Born is the Outreach and Marketing Coordinator for Chapter 5 Recovery, a non-profit organization dedicated to helping those in need find recovery. Their facilities encompass the continuum of care. Seth can be reached at Seth@Chapter5Recovery.com. Chapter5Recovery.com. Helpline: 888-541-0690



"The rigors of daily life in new sobriety can be distressing, and without a solid support system, the individual will often relapse at this point trying to recover on their own."



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Events Calendar

APRIL 2 — 8:00 - 9:00 am —St. Luke's Behavioral Health Center, 2014 Clinical Breakfast Series. *Beautifully Bipolar, one woman's journey, Presented by Erin Calinan, Author, Advocate.* St. Luke's Behavioral Health Center Auditorium. 1800 E. Van Buren, Phoenix.

APRIL 2. Tucson Area Professionals' Networking Breakfast, 8:00 – 10:00 a.m. Sponsored by Sierra Tucson. *"Equine-Assisted Psychotherapy for Co-occurring Disorders,"* Liz Dampsey, M.A., Certified EAP, Ph.D. Candidate. Westward Look Wyndham Grand Resort & Spa, Santa Catalina Ballroom, 245 E. Ina Road, Tucson. 2.0 CE Credits available. \$15 per person (no refunds after this date). At door: \$25 per person (cash or check only). For info. www.SierraTucson.com or contact

Chrissy Lamy, 480-231-0260 or CLamy@CRChhealth.com.

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

APRIL 14-18 – 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 [\[tucson.com\]\(http://tucson.com\) or call Jana at 520 743 2141 or email at \[jmartin@cottonwoodtucson.com\]\(mailto:jmartin@cottonwoodtucson.com\) for information and registration](http://www.cottonwood-</p>
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APRIL 18 — Sierra Tucson Grand Rounds presentation, 11 a.m. – 1 p.m., *"Compassion Meditation,"* Speaker: Charles Raison, M.D. Location: Sierra Tucson, 39580 S. Lago del Oro Parkway, Tucson. 2.0 CE Credits available. Refreshments will be served; you may bring a brown-bag lunch. No charge, seating is limited, RSVP required April 11. To RSVP, email KGebler@SierraTucson.com. For info, www.SierraTucson.com or contact Chrissy Lamy at 480-231-0260 or CLamy@CRChhealth.com.

MAY 14 —Phoenix Area Professionals' Breakfast, 8 – 10:00 a.m. Sponsored by

Sierra Tucson. *"The Therapeutic Alliance,"* Speaker: Phil Herschman, Ph.D. Location: The Pointe Hilton Squaw Peak Resort, 7677 N. 16th Street (& Morten Ave), Phoenix. 2.0 CE Credits available. Pre-registration at www.SierraTucson.com by 5/7/14: \$15 per person (no refunds after this date). At door: \$25 per person (cash or check only). For info www.SierraTucson.com or contact Chrissy Lamy at 480-231-0260 or CLamy@CRChhealth.com.

MAY 15— N.E.S.T. (Networking to Energize Stressed Therapists), 6 – 8 p.m. Sponsored by Sierra Tucson and Arizona Psychodrama Institute. The Pointe Hilton Squaw Peak Resort, 7677 N. 16th Street (& Morten Ave), Phoenix. Advance Online Registration at www.AzPsychodrama.com:

EVENTS continued page 10

EVENTS from page 9

\$10 per person. At door: \$15 per person. For info, visit www.SierraTucson.com or contact Chrissy Lamy at 480-231-0260 or CLamy@CRCHealth.com.

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

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

On Going Support

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

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

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

Emotional Healing Journaling Workshop, effective strategies to manage unwanted habits and compulsive behaviors. Thursdays 7-8:30pm. 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

Incest Survivors Anonymous—North Scottsdale Fellowship Club, Saturdays, 1:30-2:30pm. Gloria, **602-819-0401**.

COTTONWOOD TUCSON. Ongoing Alumni Meeting: first Wednesday of each month 6:00-7:30 p.m. on the **Cottonwood**

campus in Tucson. 4110 W. Sweetwater Drive. Come early at 5:00 p.m. for dinner. Contact Jana Martin 520-743-2141 or email jmartin@cottonwoodtucson.com

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

ACA meeting. Tucson. Wed. 5:30-7:00 p.m *Streams In the Desert Church* 5360 E. Pima Street. West of Craycroft. Classroom A (Follow the signs). Contact Michael **520-419-6723**. Plus 7 more meetings in Tucson call for details. **Overeaters Anonymous** is a 12 Step program that deals with addictions to food and food behaviors. 18 meetings scheduled throughout the week. For more information call **520-733-0880** or www.oasouthernaz.org.

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

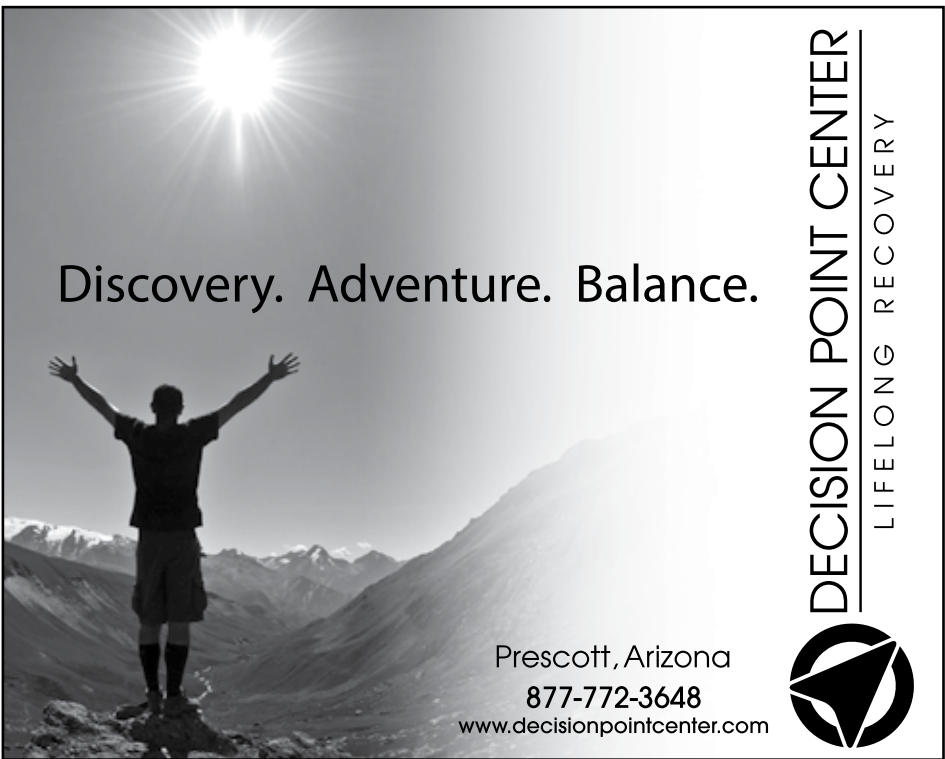
Pills Anonymous—Tues: 7:00 p.m., Glendale Community Church of Joy, 21000 N. 75th Ave. Tuesday: 7:00 p.m., Mesa- Open Discussion. St. Matthew United Methodist Church, 2540 W. Baseline, Room B. 14, Mesa. Jim **480-813-3406**, Meggan **480-241-0897**. Wed: 5:30 p.m. North Scottsdale Fellowship, 10427 N.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

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

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

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

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



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

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

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

FOOD ADDICTS Anonymous—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.

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

When You Need Help

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ACT Counseling & Education	602-569-4328
AZ NicA	480-990-3860
Alcoholics Anonymous	602-264-1341
Al-Anon	602-249-1257
ACA	aca-arizona.org
Aurora Behavioral Health	623-344-4400
AzRHA	602-421-8066
AWEE	602-258-0864
Bipolar Wellness Network	602-274-0068
Calvary Addiction Recovery	866-76-SOBER
Chandler Valley Hope	480-899-3335
Cocaine Anonymous	602-279-3838
Co-Anon	602-697-9550
CoDA	602-277-7991
COSA	480-232-5437
Commun. Info & Referral	1-877-211-8661
Community Bridges	877-931-9142
Cottonwood Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Crystal Meth Anonymous	602-235-0955
Emotions Anonymous	480-969-6813
EVARC	480-962-7711
Gamblers Anonymous	602-266-9784
Greater Phx. Teen Challenge	602-271-4084
Grief Recovery	800-334-7606
Heroin Anonymous	602-870-3665
Marijuana Anonymous	800-766-6779
The Meadows	800-632-3697
Narcotics Anonymous	480-897-4636
National Domestic Violence	800-799-SAFE
NCADD	602-264-6214
Nicotine Anonymous	877-TRY-NICA
Office Problem Gambling	800-639-8783
Overeaters Anonymous	602-234-1195
Parents Anonymous	602-248-0428
Psychological Counseling Services (PCS)	480-947-5739
The Promises	866-390-2340
Rape Hotline (CASA)	602-241-9010

Remuda Ranch	800-445-1900
Runaway Hotline	800-231-6946
Sexaholics Anonymous	602-439-3000
Sex/Love Addicts Anonymous	602-337-7117
Sex Addicts Anonymous	602-735-1681
SANON	480-545-0520
Sober Living of AZ	602-478-3210
Suicide Hotline	800-254-HELP
Start Fresh	855-393-4673
St. Lukes Behavioral	602-251-8535
Step Two Recovery Center	480-988-3376
Teen Dating Violence	800-992-2600
TERROS	602-685-6000
Valley Hosptial	602-952-3939

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Alcoholics Anonymous	520-624-4183
Al-Anon	520-323-2229
Anger Management Intervention	520-887-7079
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood de Tucson	800-877-4520
Crisis Intervention	520-323-9373
Information Referral Helpline	800-352-3792
Half-Way Home	520-881-0066
Narcotics Anonymous	520-881-8381
Nictone Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
The S.O.B.E.R Project	520-404-6237
Suicide Prevention	520-323-9372
Taste of Peace	520- 425-3020
Tucson Men’s Teen Challenge	520-792-1790
Turn Your Life Around	520-887-2643
Workaholics Anonymous	520-403-3559

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- 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



Masters in our Midst

By ALAN COHEN

As commuters hustled through the Washington, D.C. metro station on a cold winter morning, a musician stood next to a wall playing his violin, the case at his feet open for tips. He played six Bach pieces for 43 minutes. A few people stopped and listened for a moment, then hurried on their way. Some threw some change or a dollar into the violin case. The musician's most attentive audience was a three-year-old boy holding his mother's hand. He wanted to stay and listen, but his mother tugged him along. Finally the violinist retrieved \$32 from the case, put his instrument away, and disappeared into the crowd. *No one applauded or thanked him.*

Not one of the 1,036 passersby realized that the violinist was Joshua Bell, one of the world's greatest violin virtuosos. The pieces he played were extraordinarily demanding, performed on a violin borrowed from the Smithsonian, worth three and a half million dollars. Days earlier Bell had played to a sold-out crowd in Boston, tickets at \$100. Bell's impromptu concert was sponsored by *The Washington Post* as a social experiment to determine if people would perceive greatness in their midst if they were not told about the talent before them. The commuters did not expect genius, so they overlooked the rare gift offered. They were busy. They had jobs to get to, kids to get to school. Who has time to stop and listen to music on the way to work?

Might we all have moments in our life when we are in the midst of genius without recognizing it? What if you smoked pot with Barack Obama in a Hawaiian high school? Or the band rehearsing in the garage next door was the Beatles? Or you performed in a local community play with young Meryl Streep? Chances are that at the time you would have had no idea of the skill and fame your peer would achieve. The seeds of greatness lie latent in many places we do not expect them, to sprout and flower at a time destiny claims.

Every Somebody was a nobody at sometime. Every nobody could become a Somebody anytime. We would be wise to keep our antennae raised for divinity masquerading as humanity. To find God showing up as people. Grace and divine intervention rarely appear as a big golden hand descending from the clouds. That's Hollywood. God's gifts



to humanity are delivered through people—sometimes those you would never expect.

I saw an inspiring documentary called *Bōtso* (www.botsomovie.com), about a boy who grew up in the Soviet Union during the Stalin regime. Botso's father was arrested as an enemy of the state and sentenced to death. On the eve of his execution he was allowed twenty final minutes with his son. That precious time proved to be a defining moment in Botso's life. He went on to endure many hardships, including fighting in the Russian army, being captured by the Nazis, and never seeing his mother again. Yet in spite of his challenges Botso remained true to his love of life and music. He eventually came to the United States where he became a beloved music teacher and changed the lives of thousands of students. At age 91 he is spry, healthy, creative, and more vital than ever. He celebrates every moment and transmits his passion to all.

While Botso would not be considered a spiritual teacher, his huge spirit teaches by example. He has chosen happiness. Is there any better teaching? Many books and seminars tell how to be happy. One man modeling happiness is more powerful than all the words that point to it.

Let's take the greatness vision one step further

What if the genius in your midst is you? What if your passion and unique talent has the potential to change many lives, including your own? What if you own a gift no one else can give, and your purpose on earth is to deliver it?

What if the master you seek lives within you, and is calling for expression?

While overconfidence can be a drawback, under confidence is a killer. The enemy of humanity is not bloated ego. Often people with bloated egos deliver talent to the world that less confident egos would hide. The real enemy of humanity is deflated ego. Humility does not imply self-diminishment. Real humility recognizes the gifts that Great Spirit has given you, and you humbly go about delivering them.

The story is told about a group of old monks who lived in a monastery dying due to lack of passion. One night a mysterious stranger showed up and stayed with the monks for several days. "One of you is the messiah," he told them, and departed. Soon a new air of excitement filled the monastery. All the monks treated each other as a potential messiah. Many wondered, "Could it be me?" Their vocation was renewed, and in the light of their newfound inspiration many spiritual seekers visited for inspiration and upliftment. Ultimately no one monk became the messiah. In a way, they all did.

There are masters in our midst. Let us recognize and celebrate them.

To view the video of the **Joshua Bell experiment** go to https://www.youtube.com/watch?v=hnOPu0_YWhw



Alan Cohen is the author of *Enough Already: The Power of Radical Contentment*. If you would like to become a professional life coach or incorporate life coaching skills in your career or personal life, join Alan's celebrated Life Coach Training Program beginning in September. For more information about

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In an article also published by the NIH, "It was established that application of naltrexone decreased probability of relapse of drug abuse, facilitated an inclusion of a patient into a program of therapy and rehabilitation, increased a number and quality of remissions as well as it also decreased a tendency to alcohol and sedative drugs administration. Naltrexone had no side effects and was well tolerated by the patients." [2]

The Start Fresh program goal is to complement and work in collaboration with other addiction treatment services, "We highly value the existing relationship a patient has with their providers and therapy, including AA," stresses Joan Pedicini, Start Fresh CEO. "It is important to keep the network of services strong. We will always encourage that a patient retain their relationship with their existing addiction treatment provider, doing whatever it takes to help them be strong and addiction free. Even our life coaching works in tandem with existing psychotherapy treatment."

Start Fresh partners with existing physician practices to insert the pellets

and has two locations in Phoenix and Scottsdale. More locations are opening soon throughout Arizona. Start Fresh is seeking to enroll additional doctor's offices that are interested in being approved to insert the pellets. Contact Karen Kansfield at Start Fresh if you are interested in being a program partner at karenk@startfreshsw.com.

Previously only treating alcohol addiction, Start Fresh is now also treating opiate addiction. Start Fresh accepts cash and insurance, provides discounts for hardship, and 100% financing.

Read more at StartFreshAddictionRecovery.com. Contact Start Fresh Recovery in Arizona toll free, 24/7, at 855-393-HOPE (4673).

[1] <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3202509/>

[2] <http://www.ncbi.nlm.nih.gov/pubmed/9845936>

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Women Anger Narcissistic Men Most

by John M. Grohol, Psy.D.

If you know a narcissistic man and you're a woman — you may want to be careful. A study released suggests that heterosexual men who are narcissists lash out most often at heterosexual women.

According to the study, heterosexual men, gay men and lesbian women provoke a softer reaction in narcissistic men, according to psychologist Dr. Scott Keiller from Kent State University at Tuscarawas.

Why do male narcissists seem to lash out most at women?

The researcher suggest it may be due to women's unparalleled potential for gratifying, or frustrating, men's narcissism. They are crucial players and even gatekeepers in men's quests for sexual pleasure, patriarchal power and status.

"Although narcissists may want to maintain feelings of superiority and power over all people, narcissistic heterosexual men are particularly invested in subordinating heterosexual women," noted Dr. Keiller.

"The results suggest that narcissistic hostility is associated with a group's potential to provide or withhold gratification rather than ideology about a group's sexual orientation or conformity to heterosexual gender roles."

Research to date has shown that narcissists' low empathy, feelings of entitlement, and perceptions of being deprived of 'deserved' admiration and gratification can make them prone to aggression and vengeance.

Dr. Keiller's study looks at whether narcissists' hostility is targeted at heterosexual women and men, gay men and lesbian women in the same way and with the same intensity. Each group represents a different combination of perceived conformity to traditional gender roles on the one hand, and potential for gratifying a heterosexual man on the other.

A total of 104 male undergraduates, aged 21 years on average, from a large uni-



"Research to date has shown that narcissists' low empathy, feelings of entitlement, and perceptions of being deprived of 'deserved' admiration and gratification can make them prone to aggression and vengeance."

versity in the Midwest US took part in the study survey. Keiller looked at measures of narcissism, sexist attitudes toward women and traditional female stereotypes, sexist attitudes toward men and heterosexual male stereotypes, and attitudes toward gay men and lesbian women.

He found that men's narcissism was linked most strongly to hostility toward heterosexual women, more so than toward any other group including heterosexual men, gay men and lesbian women. In fact, men's narcissism was linked to favorable attitudes toward lesbians and was unrelated to attitudes toward gay men. Narcissism was not, however, associated with greater acceptance of homosexuality in general.

According to the author, these results suggest that narcissistic men believe that heterosexual relationships should be patriarchal rather than egalitarian.



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the company reformulated OxyContin to make it harder to crush or dissolve.

The new study showed a majority of patients with chronic low back pain treated once daily with the hydrocodone drug experienced at least a 30 percent improvement in pain intensity, compared with a placebo. Almost half achieved a 50 percent improvement.

"This is another step forward in our efforts to develop therapeutic options for use by chronic pain patients that are designed to be unattractive to drug seekers," Gary L. Stiles, the company's Senior Vice President of Research and Development, said in a statement.

Last week, West Virginia Senator Joe Manchin called on Health and Human Services Secretary Kathleen Sebelius to overrule the FDA decision to approve Zohydro ER. Late last year, Manchin and three other senators wrote to the FDA, saying they disagreed with the agency's decision to approve the drug. In October, the FDA approved Zohydro for patients with pain that requires daily, around-the-clock, long-term treatment that cannot be treated with other drugs. Drugs such as Vicodin contain a combination of hydrocodone and other painkillers such as acetaminophen.

In December, the attorneys general from 28 states asked the FDA to reassess its decision to approve Zohydro.

Teen Inhalant Use Decreasing: Government Report

Fewer American teens are abusing inhalants, such as spray paint, glue and gasoline, according to a new government report. The number of teens ages 12 to 17 who used inhalants dropped from 820,000 in 2011, to about 650,000 in 2012.

The Substance Abuse and Mental Health Services Administration (SAMHSA), which released the findings, defines inhalants as "liquids, sprays and gases that people sniff or inhale to get high or to make them feel good," UPI reports.

"This downward trend of inhalant use in adolescents is very encouraging," Pamela S. Hyde, administrator of the SAMHSA, said in a statement. "Nevertheless, we must

all continue our efforts to raise awareness about the dangers and health risks of this deadly and addictive problem among our youth."

When inhalants are breathed in through the nose or mouth in a variety of ways they are absorbed quickly through the lungs into the bloodstream and the user experiences a rapid but short-lived intoxication.

There are hundreds of household products on the market today that can be misused as inhalants. 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.

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.

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.

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.

Puffing on an electronic cigarette isn't any better for you than lighting up traditional tobacco

It's been seven years since electronic cigarettes (e-cigarettes) hit the U.S. market and the number of smokers using them has steadily increased. Today, one out of five smokers — an estimated 9 million Americans — smoke e-cigarettes either exclusively or in addition to the light-it-

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with-a-match variety. E-cigarettes have a similar look and feel to the real thing, minus the actual tobacco and smoke. It's a mechanical version of a cigarette -- the tip even lights up to mimic burning ash -- with a battery that heats up a cartridge of liquid nicotine solution to create vapor you can inhale for a nicotine fix.

Problem is, e-cigarettes aren't actually a healthy alternative to smoking.

Unlike other nicotine products like cigarettes, chewing tobacco and dip snuff, e-cigarettes don't carry any health warnings, but that doesn't mean they are less harmful (which 70 percent of smokers believe). Because the U.S. Food and Drug Administration (FDA) isn't yet regulating the product, manufacturers don't have to disclose what chemicals are used in the nicotine solutions or potential health risks. "Because there are so few well-designed studies on e-cigarettes, there are a lot of unknowns about their use and safety," says Cheryl Heaton, Ph.D., president and chief executive officer of Legacy, a nonprofit anti-tobacco organization in Washington, D.C. Before you decide to light up virtually, here's a look at what we know about e-cigarettes:

They may cause cancer. Just because you're not 'puffing' on a real cigarette doesn't mean you're no longer at risk for cancer. A 2009 analysis discovered antifreeze and other carcinogens and toxic chemicals in e-cigarette nicotine solutions. And eliminating secondhand smoke may be a myth, too: A 2012 study on indoor air found that e-cigarette vapors release carcinogens and toxins like nicotine and formaldehyde into the air.

They are not approved as smoking cessation tools. There's no scientific evidence that e-cigarettes will help people stop smoking, which is why the FDA and the World Health Organization view them as tobacco alternatives, not smoking cessation tools. Boston psychiatrist Keith Ablow, M.D., disagrees. "I've seen two-pack-a-day smokers quit after a week or two with e-cigarettes," says Ablow, who is currently studying how e-cigarettes help many smokers kick the habit. E-cigarette cartridges have varying nicotine levels so users can gradually reduce exposure and curb nicotine cravings, says Ablow. The actual device may satisfy a behavioral need to simulate the act of smoking.

They may entice kids to smoke. E-cigarettes, which come in yummy, kid-friendly flavors like bubblegum and cola, aren't subjected to age verification laws. Only five states -- California, Minnesota, New Hampshire, New Jersey and Utah -- prohibit selling them to minors.

They may get former smokers addicted again. Former smokers beware; this is not a case of have your cake and eat it, too. E-cigarettes will get you hooked again -- they still deliver highly-addictive nicotine, which is what made you a slave to smoking in the first place. Even so-called nicotine-free cartridges aren't a safe alternative because studies have detected low levels of nicotine in them. "Picking up these devices is like playing with fire," says Heaton. "If you've managed to quit, stay quit."

And don't rely on e-cigarettes to help you quit smoking. If you want to quit (or know someone who does) visit SmokeFree.gov for information about programs that are scientifically proven to work.

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Recovery Chef

— Add Spice to Your Spring —

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

Flavor building is a skill required for healthy cooking as one can't rely as much on fat, salt and sugar for flavor. Herbs and spices are key ingredients for seasoning in nutritional cooking. Healers from many years ago recognized herbs and spices add much more than flavor and now modern science has confirmed the disease prevention benefits of these flavoring agents.

In this recipe presented by Chef Richard Serna, curry is used for amazing flavor. Curry, originating from India, is a blend of as many as 20 different spices. Curry typically includes at least cloves, black and red pepper, cumin, garlic, ginger, cinnamon, coriander, fenugreek, mustard, turmeric as well as many other possible spices. Many of these elements of curry have recognized health benefits.

A couple of studies have shown better blood sugar regulation related to consumption of cinnamon in people with diabetes. Garlic may reduce blood pressure and have other heart health benefits. There also seems to be an association between eating garlic and decreased risk of stomach and colon cancer. Ginger is often recommended for those that struggle with nausea and vomiting in pregnancy and after surgery. Ginger may also reduce pain related to osteoarthritis. The yellow pigment in turmeric, a key ingredient in curry, seems to fight colon polyps and possibly colon cancer. Turmeric also seems to have an anti-inflammatory quality helping to stop growth of unwanted cells particularly in the gastrointestinal track. Researchers are investigating if the anti-inflammatory effect of turmeric might be helpful in conditions such as colitis and inflammatory bowel disease.

In addition to all of these spice benefits, this recipe also utilizes cauliflower, a cruciferous vegetable with anti-cancer potential. So, spice up your spring with this delicious, health promoting, disease fighting salad.

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

Curried Cauliflower, Raisin, and Almond Salad



6 cups	cauliflower florets (1-inch wide cut)
2 tsp	fresh minced garlic
1 Tbsp	olive oil
4 Tbsp	plain yogurt
4 Tbsp	sour cream
1 Tbsp	rice wine vinegar
1½ tsp	curry powder
2 tsp	honey
½ cup	red bell pepper
½ cup	green bell pepper
½ cup	celery
¾ cup	raisins
½ cup	slivered almonds (unsalted-roasted)
1½ tsp	chopped fresh parsley
	salt and black pepper to taste



Designed by: Chef Richard Serna
Presented by: Cottonwood Tucson

Instructions:

Preheat oven to 350°F. Toss cauliflower florets with olive oil and the garlic in a large bowl. Spread the cauliflower onto a shallow baking pan and roast for about 20 minutes. Toss the cauliflower with tongs halfway through the roasting time to ensure even cooking. Cook until the cauliflower is tender and golden brown. Remove from oven and cool.

In a small bowl, whisk together the vinegar, curry powder, yogurt, sour cream, and honey. Set aside.

To complete the salad, place the cooled cauliflower florets, red bell peppers, green bell peppers, celery, raisins, almonds and parsley together in a bowl. Slowly toss the dressing with the salad and season with the salt and pepper. Cover and refrigerate for 30 minutes before serving. Makes 4 cups, 8-½ cup servings.

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

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LIFE 101

By COACH CARY BAYER www.carybayer.com

Changing Trains of Thought

Many years ago, I saw my good friend Glenn Mure in a production of *On the Twentieth Century*. One song in the Comden & Green/Cy Coleman musical is called “Life is Like a Train.”

This song caught my attention because I love trains. I love most everything about trains—the romance of them, the chug-a-chug of them, the whistle blowing deep into the night of them. I thought of trains moments ago when I gave encouragement to a coaching client whose mind was roaring down a train of thought that was taking her deeper into beating herself up for decisions she made three years ago and decisions she didn’t make twenty three years ago.

I told her to change trains. I told her that the train of thought she was on was heading in the wrong direction...that she’d never get to her destination on that train. She needed to change trains. I told her to get off at the next stop—which could be the following second—and get on a different train that was heading in the direction in which she wanted to go. In her case, that meant toward believing that, at middle age and never married, she could at last fulfill her virtually lifelong desire to have a husband and a child. This despite her descent into a dark tunnel of doom and gloom that convinced her that she would die a childless spinster. Funny thing about tunnels, though, is that trains can emerge from them.

One way to change trains of thought is by laying new tracks. Positive ways of thinking and imagining are two such methods, I told her. Affirmations are my favorite way, perhaps because I love words even more than I do trains. Visualization is also a wonderful way to travel, but I find affirmation work—especially in the three-part manner that I teach it to clients and students, involving the affirmation, its negation, and a new affirmation to transform that negation—to be far more effective and easier to monitor.

Life is an adventure. Or as Betty Comden and Adolph Green wrote in “Life is Like a Train,” put into the mouths of a train’s porters:

Aren’t we lucky to be making the ride Together?

Life is like a train! A roaring rushing train!

You get on at the beginning,

You get off at the end.

Along the way you may find a lover,

Along the way you may find a friend.

In case you didn’t get the cosmic thought that hit our brain

Let us explain once again!

Life is like a train, Life is like a train, Life is like a train, Life is like a train, Life is like a train.

There’s always a light at the end of a tunnel

There’s always something new round the bend

But this is our philosophy, And this it shall remain

Life is like a train. Life is like a train. Life is like a train.

Life...is...like...a...train!

When we’re not travelling through life on a train, we jump into our cars. We’re living at a time when motorists are equipped with a talking GPS, or a MapQuest print-out of how to get to their destination. It’s surprising how few people know where they are in their lives and where they’re going. Most find themselves in jobs that aren’t going anywhere; they just give them a paycheck. Is there a goal to their jobs, other than to make money and pay bills? Are people using a GPS for their career? Far too often, the answer is no.

And what about a GPS for spiritual development? Are the big questions ever answered or asked? Too often, it’s no way, Jose. What about a relationship GPS? Would you like one that tells you where things are with your significant other, and where they’re heading? Too many times it’s no and no.

If your answer is “no” to any of these questions do you think maybe it’s the time to get a GPS for each? My business card says Life Coach, but considering that life is like a train, I should change it to Travel Agent.

Life can be difficult. We face many challenges and sometimes it seems like a lonely journey.

But, you are not alone. There is hope.

Our goal at Aurora Behavioral Health System is to help patients develop their own personal roadmaps to a healthy and happy future via mental health and chemical dependency holistic treatment focused on healing not just the mind, but also the body and the spirit.

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