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MAY 2014

Inspiring Success On The Road To Recovery

Linking Sexual Shame and Addiction

By Robert Weiss, LCSW,CSAT-S

Flawed, Defective, Unworthy of Love and Happiness

It's no great secret that most alcoholics, drug addicts, and behavioral addicts live with deeply felt feelings of shame.

In fact, shame is nearly always part of the underlying matrix of psychological conditions that can typically lead to addiction. Shame leads to extreme emotional discomfort and the gnawing belief that one is inherently flawed, defective, and unworthy of love. These feelings can in turn lead to depression, severe anxiety, and lifelong challenges with intimacy and relationships. And all of the above can create a powerful desire to escape and dissociate via the use of addictive substances and/or behaviors. Over time, a pattern of self-medicating life stressors and emotional discomfort can easily escalate to full-fledged addiction, with all of the usual negative life consequences.

Healthy Shame, Toxic Shame and Guilt

Over the past few decades, numerous clinical writers have developed the concepts of healthy shame — the feeling a person gets when he or she has done something that goes against his or her belief system — and toxic shame — the belief that one is inherently flawed, bad, and/or defective. More recently, Dr. Brené Brown has re-labeled what most therapists have been calling healthy shame as what it actually is, which is guilt, and toxic shame as just plain old shame. Guilt is useful motivation for positive behavior change, whereas as shame is self-defeating and depression/anxiety producing. I bring up this distinction now for two reasons:

1. I strongly prefer Dr. Brown's newer and more descriptive terminology (*much less shaming, is it not?*)
2. I want to make it clear that when I use the term shame in this article, I am referring to what many readers may currently think of as toxic shame.

The Mystery of Sexual Shame

Most addiction treatment specialists are relatively in-tune with the general connection between shame and addiction. What often goes unrecognized, however, is the powerful role that sexual shame and adult romantic/sexual behaviors often play when it comes to addiction. For starters, sexual shame is among the most powerful and devastatingly painful forms of shame. As Patrick Carnes has often said, "sexual secrets are often the cause of our greatest emotional shame, yet they are the secrets we are least likely to reveal."

Sexual shame often forms in childhood, most often as the result of early sexual trauma (overt, covert, or even societal) coupled with emotional abuse/neglect. Many sexually shamed children begin to self-medicate these painful feelings relatively early in life, usually during adolescence and sometimes even before. (Body image issues, shame about being looked at and/or touched inappropriately, and feeling icky about too much trust and affection can all begin very early in childhood.)

For the luckless kids in these and similar family-attachment situations, the process of self-medicating typically involves alcohol and/or either prescription or illicit drugs. That said, many such children also learn that they can

SHAME continued page 4



The Best Thing That's Happened to Me

By Allen Nohre, Terros

Today, many veterans and active service members are returning from combat with physical battle wounds, but some also have deep emotional scars, including Post-Traumatic Stress (PTS). The effects of PTS include flashbacks, nightmares, sleeplessness, anger, anxiety and depression. Many live in fear of triggers, from large crowds or noises that remind them of explosions or gunfire, to something as simple as someone walking by the apartment. The fear, an aftermath of the traumatic incident, can lead to isolation and withdrawal from people and places and overuse of alcohol or drugs. And families may be in disarray trying to adjust to a changed person. The Rand Corporation reports that nearly twenty percent of military service members who have returned from Iraq and Afghanistan – 300,000 in all – report symptoms of PTS, and slightly more than half have sought treatment.

I Have Been My Own Prisoner

Dominic, a 28 year-old veteran of the Iraq war, struggled with the effects of PTS for more than eight years. Through his active participation in *Advancing Heroes*, a program that works collaboratively with veterans and active duty service members to determine and remove the obstacles to recovery, Dominic is finding hope.

With passion and conviction, Dominic says, "Since my medical discharge, I have been a prisoner of my fear. We went over there to protect freedom for our families, friends, and country, and some of us came back without our own freedom. Here's an example of how fearful I have been. As a favor for my brother, I offered to stay in his apartment while he was on a trip. Naturally, people walk by apartment buildings and there are noises. I was so anxious, I kept looking out the window, fearful about my safety and I was not able to go to sleep. I went two days without any sleep and I collapsed from exhaustion. But because of Advancing Heroes, I am no longer a slave to myself, constantly fearful and avoiding people. I am happier, less stressed, sleeping better and much freer to be my real self."

Uncovering the "Stuck Point"

Cognitive Processing Therapy (CPT), an effective therapy for PTS, is a key component of Advancing Heroes. Ray Young and Mireya Roe, Terros clinicians trained in CPT, do not ask the veterans to re-live their trauma. Domi-

nic and other veterans wrote out their traumatic event at the beginning of the CPT group. But attention is directed to their current thoughts and beliefs that originated from the event and are blocking recovery. Group members learn to identify what they call their "stuck points." Dominic's stuck point was "you can't trust anyone."

When Dominic was in Iraq, his military group was in a combat zone, and they had a translator they trusted. But she betrayed the group by providing mission details to the enemy, and Dominic's vehicle was hit by an improvised explosive device (IED). Dominic was severely injured, with wounds to his legs that required multiple surgeries. After the explosion, Dominic came to the conclusion, "you can't trust anyone," and he firmly held to that belief. His overwhelming mistrust began to get in the way of the process of recovery. In the CPT group, Dominic was gradually able to see that he was generalizing that no one can be trusted because of the translator. Uncovering his belief that every person could be a threat to him and realistically examining that belief, he began to realize **it was the translator who couldn't be trusted, not everyone else.**

The Power of Alternative Medicine

Advancing Heroes combines wellness activities and CPT to get the body and the mind effectively working together. Participants in Advancing Heroes are able to choose from a variety of wellness activities, including acupuncture, yoga, equine therapy, art activities, pet therapy, spinal networking, therapeutic recreation and a two-day family experience. Dominic chose to participate in three wellness activities: acupuncture, equine therapy and yoga.

"Relax with five needles in each ear? Are you kidding me? But that is what happened," exclaimed Dominic. "As my body slowly began to relax lying in the lounge chair with needles in my ear, I felt deep, deep emotions inside and I began to 'leak'. We don't use the word 'cry'. I felt the hate and resentment from the attack in 2006 leak out of me in my tears and I laid there a bit more relaxed and somewhat more peaceful. My stress was decreasing."

Acupuncture has been used for about 2,500 years. Today, it is an adjunctive treatment for stress, anxiety, depression, chronic pain, post-traumatic stress, and drug and alcohol withdrawal. Auricular acupuncture focuses on treating alcoholism, substance abuse, or chemical dependency, as well as provides the benefits of relaxation and stress relief. Cathy Paddack, certified auricular acupuncturist at Terros, administers auricular acupuncture and has given the Advancing Heroes group members the names of acupuncture practitioners so they can continue with acupuncture after the program ends.

ADVANCING HEROS continued page 4



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.

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NEWS

Risks Of Popular Anxiety Drugs Often Overshadowed

by Susan Sharon

When actor Philip Seymour Hoffman died of an overdose in February, the New York City medical examiner ruled his death was the result of "acute mixed drug intoxication." Heroin, cocaine and a widely prescribed class of drugs known as benzodiazepines, or benzos, were found in his system.

The drugs first burst onto the scene in the 1950s and '60s and quickly became known as "mother's little helper," the mild tranquilizer that could soothe frazzled housewives' nerves. More than four decades later, benzos — including Valium, Xanax, Klonopin and Ativan — are used to treat anxiety, mood disorders and insomnia.

Dr. Michael Kelley, the medical director of the behavioral department at St. Mary's Regional Medical Center in Lewiston, Maine, says he doesn't go a single day without seeing somebody addicted to them.

He says when he first took the job 15 years ago, about 75 percent of the detox patients were alcoholics, and the rest were drug addicts. Now, he says, 90 percent of them are drug addicts whose drugs of choice often include the combined use of opiates and benzos; both are sedatives that can slow respiration.

"It's actually pretty rare to see somebody only using only one," he says — and that's incredibly dangerous.

"Benzodiazepines and the opiates both can cause death when you take too much of them," he adds. "But they potentiate each other — they make each other stronger. And so one plus one doesn't equal two; it equals three or four."

Sayra Small says in her early 20s, it was

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publisher's note



The Taboo Subject

By BARBARA NICHOLSON-BROWN

I just watched *The Lost Weekend* with Ray Milland — again. If you're too young to remember this film classic, but interested in seeing alcoholism at its grittiest — this is a must see. It is a very chilling honest look at the disease.

TMC host Robert Osborn talked about the difficulty the studio had releasing the film back in the mid 1940's. *Who would want to see a film about an alcoholic?*

But it was a revolutionary, groundbreaking motion picture — and the first time Hollywood had seriously tackled the TABOO subject, creating social awareness of alcoholism as a modern illness. Its release was threatened when the alcohol industry offered to purchase the film's negative and remove it from circulation, but then praised and supported the film following its popular release and success.

Audiences, critics and the studio (before its release) viewed the film's subject matter as sensational, controversial, daring, and starkly real. The drab, black and white cinematography of the film emphasized the menacing, warping, and harrowing power of alcohol, as some of the booze-soaked scenes were shot through or in the presence of numerous whiskey bottles and shot glasses. The main character, an alcoholic writer, loses his money, his freedom, and his sense of reality when confined in an alcoholic ward.

I had many a lost weekend, just like Milland's character. I hid bottles from friends, family and myself. Often I couldn't remember where they were when drink time came. It was a painful and ugly time in my life. I felt "watched", "shamed" and "guilty," looking for a few drops at the bottom of a found bottle. My memories of drinking are still like looking through a foggy glass.

By the Grace of a loving Higher Power, the 12 step fellowship I call home, the amazing strong, wise and gifted people who have led the way before me — I'm the privileged to live an amazing sober life.

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easy to find a doctor willing to prescribe benzos for her anxiety. She loved them because they worked so well. “It makes it so you have no problem,” she says. “I mean the house could burn down and you’d just sit there saying, OK, this is all right.”

The problem was, she was also addicted to prescription painkillers and heroin. And pretty soon, Small says, she was dependent on benzos, too.

“When you first start using opiates you instantly get the rush. I loved the rush but that wasn’t about it. It was the feeling afterwards of just feeling so content. Lots of people call it ‘the nod,’ she says. “And that stops happening after a while just using opiates. So, it’s the benzos and opiates together that still produce that nod. It feels very easy when you’re feeling that way, too, like you could just slip away.”

Small almost did slip away. She says she overdosed several times before getting into recovery — but she was lucky. Data from the Centers for Disease Control and Prevention show that the combination of benzos and opioids contribute to about 30 percent of opioid-related deaths.

The Anonymous People has won the 2014 PRISM Award

The PRISM Awards are presented annually by the Entertainment Industries Council, Inc. (EIC), and honor the portrayal of mental health and substance use disorders, in TV shows, movies, music, DVD, and comic book entertainment.

Director Greg Williams and his creative team received the prestigious PRISM amidst the top talent in the entertainment business. The Weinstein Co. and Lionsgate are among two of the well-known production houses represented.

“To think that The Anonymous People was even nominated as a stand-out film with the likes of Harvey Weinstein, Barbara Kopple, Oprah Winfrey, and Mariel Hemingway is nearly beyond comprehension,” Williams said.

“Then to win our category? I think it speaks to the point that society is ready for the Recovery Advocacy Movement. This is a community-created and driven film. I am incredibly grateful to all those who supported this project and shared this independent film far and wide over the last 8 months.”

Winners of the 18th annual PRISM Awards were announced during a ceremony at the Skirball Center in Los Angeles. The 18th Annual PRISM Showcase will air on the FX Network, as well as other cable and broadcast networks, video on demand and web streaming in September during


Is Google doing enough to stop illegal drug sales online?

Google is not doing enough to stop online sales of illegal drugs and fake prescription medicines, according to a group of state attorneys general. The company says it disabled 4.6 million pharmaceutical or health supplement ads last year.



Last December, 24 attorneys general sent a letter to Google outlining their concerns. The letter led to private meetings with Google executives. Some attorneys general say they are satisfied with the company’s response, while others are not.

The company says since it toughened its advertising policy in 2010, the number of ads placed by unlicensed pharmacies has decreased by 99.9 percent. In 2011, Google agreed to pay \$500 million to avoid being prosecuted for aiding illegal online pharmaceutical sales. In the settlement, the company acknowledged it had improperly and knowingly assisted online pharmacy advertisers, allegedly based in Canada, to run ads for illegal pharmacy sales that targeted American customers.

Company emails, disclosed as part of a shareholder lawsuit, indicate the company knew of the risks of illegal pharmacy ads long before they stopped allowing them,



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the newspaper reports.

Google says it will hire 120 people this year to look for rogue ads and videos, and will eliminate 1,200 predicted search phrases, including “how to become a drug dealer,” which have led people to illegal web sites. Mississippi Attorney General Jim Hood says he will pursue legal action if the company does not also remove sites that sell illicit drugs and other illegal products from its search results.

Introverts with few positive feelings at higher risk of drug abuse

Introverts who tend to have fewer positive feelings, or to not be attracted to rewards in life, are more likely to abuse drugs than more extroverted people with positive emotions, a new study suggests.

Studying personality may help scientists better understand and treat substance use problems, according to the researchers from the *National Institute on Drug Abuse*.

Researcher Dr. Sergi Ferré said people who are extroverted and have more positive emotions may be more open to rewards other than good feelings that come from using a drug. For instance, they may feel rewarded by certain social situations such as winning a game or receiving a promotion.

In contrast, people who are introverted and have fewer positive feelings may have less interest in these rewards, and instead be more influenced by pleasant sensations that come from using drugs.

The researchers found having a tendency to experience negative emotions, such as anxiety or depressed mood, is associated with substance use disorder. Having a difficult time stopping a behavior or action once it is started is also linked with an increased risk of substance abuse, *The Huffington Post* reports.

The researchers noted the likelihood

a person will abuse drugs involves many factors, including genes, personality, environment and past drug use. The findings appear in the journal *Trends in Cognitive Sciences*.

Program director Hill leaving Faces & Voices

Personnel changes continue at Faces & Voices of Recovery, the nationally prominent organization that mobilizes recovery community groups. The organization announced this week that director of programs Tom Hill will be leaving Faces & Voices next month to return to health systems re-


search and consulting organization Altarum Institute.

Linda Kaplan, a former executive director of NAADAC, The Association for Addiction Professionals, will be assuming Hill’s duties. Hill will be working in the area of peer services at Altarum Institute, according to an announcement to the recovery community from Faces & Voices.

Faces & Voices is embarking on a new strategic plan that was already coming due as longtime executive director Pat Taylor

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“The Horses Taught Us”

Another wellness activity Dominic chose was equine therapy. It was introduced into the United States in 1960, with therapeutic origins dating back to ancient Greece, and is used as a supporting therapy for many conditions, including PTS. Dominic said, “It is hard to believe, but during our sessions of equine therapy, the horses actually taught us about ourselves. The horses can feel what we are feeling. The horse I chose during our first session was Sam. He came up to me, and he really picked me as much as I picked him. We had an important connection. When I walked other horses around the obstacle course and they veered away from an obstacle, I saw myself. It was like the horse was a mirror and I could see myself in what the horse did. During the six sessions, we never rode the horses. Just walking with a horse and being with him was a learning experience.”

Sahika Riley, equine therapist at Horse Rhythm Foundation, wraps up each session with the horses by helping the veterans understand what was going on between them and the horses.

“Allowing Me to De-stress”

Christy Burnette, yoga instructor from Yahweh Yoga, describes yoga as a blend of movement, meditation and breath work to support emotional and physical shifts of the body. Here is what the veterans said about their yoga experiences:

- “Yoga has been amazing for my body. My limbs are moving in ways they haven’t in years. I’ve been able to get back to old hobbies of mine, and it has also improved my overall strength.”
- “The breathing and relaxation techniques transfer to my everyday life, allowing me to de-stress, like when I am stuck in traffic.”
- “Yoga has improved my ability to trust. During the first session, I wasn’t able to close my eyes for more than a second. Now I am able to close my eyes and completely relax at the end of every session.”

Four members of the group have already selected yoga studios near their homes to continue their yoga practice after the conclusion of 12-week Advancing Heroes program.

Finding Hope and Healing

Advancing Heroes’ mission is to work collaboratively with veterans and active duty service members to determine and address obstacles to recovery so each participant can begin to heal from their unique traumas. The CPT group helps the veteran get “unstuck,” and the alternative therapeutic activities aid each person’s healing process. Dominic is a testimony to the process.

Ray said, “The change in Dominic is amazing. He and others in the group have moved forward because this process is really working for them.” Mireya also stated, “I believe the program has been very helpful for these veterans, and I look forward to working with more groups of Advancing Heroes.”

To ensure that his recovery continues, Dominic is going to continue with yoga, acupuncture and go on an Equine Retreat. He is also offering his services as a peer volunteer mentor to the next group of Advancing Heroes. He has shared his story with the readers of *Together AZ* so others can learn about the program. He said “This is the best thing that has happened to me.”

“Advancing Heroes’ mission is to work collaboratively with veterans and active duty service members to determine and address obstacles to recovery so each participant can begin to heal from their unique traumas.”

Advancing Heroes: About the Program

Six months into his second tour of duty in Baghdad, Brian Mancini was hit by a roadside bomb and suffered major facial and head injuries. It took nearly four years of surgeries and rehabilitation to learn how to talk and walk again. In addition to his physical injuries, Brian struggled with PTS. He knew he needed something more. “I needed to find help — more than I was receiving and I found it in alternative therapies.” Brian discovered that wellness activities like yoga, pet therapy, tai chi, recreational therapy, and fly-fishing helped him reduce the amount of medication he was on and continue on a path of wellness and healing. Brian personally discovered the benefits of wellness activities to cope with his PTS. He says, “I know from my experience that there are innovative ways we can help vets and their families help themselves. That’s the good news.”

Inspired by Brian’s story, Terros talked with veterans and their families in order to learn how our veterans could be better served, not only with traditional therapies, but also from a broader perspective of overall health and wellness. In focus groups, they said they wanted help with issues such as anxiety, returning to normal sleeping patterns, being part of a healthy family, and addressing issues like depression and excessive use of alcohol or drugs. They also said the complicated struggles that are a result of PTS and TBI need to be addressed.

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the need to address PTS with our veterans and active duty service members and ADVS provided startup funding to develop and deliver a program. The design of the 12-week innovative program, Advancing Heroes, began to take shape.

“Many people are exposed to traumatic events. In the time immediately following a trauma, most people will have the symptoms of PTS. However, over time, for many people, those symptoms naturally decrease, and they are not diagnosed with PTS. In other words, they naturally recover from the traumatic event. There are some people who do not recover and are later diagnosed with PTS. Based on that, it is helpful to think of PTS as a problem of recovery. Something got in the way of that natural process of recovery.” (Cognitive Processing Therapy: Veteran/Military Manual)

You can view Brian’s story and more about Advancing Heroes on the YouTube link below.

<http://www.youtube.com/watch?v=CT0QcTKPTMA>

Information and Support

To learn more about Advancing Heroes, please call Marianne Watts at 602-658-6074 or Marianne.watts@terros.org. You can contact Marianne if you or your organization would like to donate in-kind services or supplies, volunteer, donate dollars or have ideas you would like to share to contribute to this innovative effort.



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 helping to create life solutions for people, families and communities. Terros offers substance abuse, mental health, community prevention and primary care medical services. For information or assistance, call 602-685-6000 or visit www.terros.org

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self-soothe with sexual behaviors (including sexual fantasy and masturbation), usually by eroticizing and reenacting their sexual shame — which, unfortunately, exacerbates their preexisting sexual shame, creating an even deeper sense of emotional discomfort and a more powerful need/desire to escape and dissociate.

Sadly, the early childhood survival practice of using drugs and/or sexual arousal to self-soothe the pain of early-life sexual trauma typically carries forward into adulthood, making long-term sobriety incredibly difficult.

At Elements Behavioral Health facilities, especially in the multiple programs I’ve created with an emphasis on bringing intimacy and sexuality into the addiction treatment conversation, we see this all the time. In these programs, shame-based adult clients typically enter treatment for substance abuse or a behavioral addiction with an extensive history of relapse that is directly tied to their hidden unaddressed sexual shame. Very often, these clients are actively engaging in adult sexual behaviors that either mirror their early-life sexual trauma or violate their moral code. When this occurs, of course, their preexisting sexual shame grows worse, new sexual shame forms, and the desire for self-medication increases.

For some sexually shamed addicts, substance abuse and adult sexual behaviors can fuse into a single co-occurring addiction. In such cases, substance addiction and sexual behaviors continually reinforce one another, creating over time a surefire paired trigger for relapse. Usually in these cases the primary substance of abuse is a stimulant like cocaine or crystal meth, as these drugs allow users to simultaneously stay high and be sexual for hours or even days at a time. Men with this dual issue may also abuse Viagra, Cialis, Levitra, and other erection-enhancing drugs for rather obvious reasons. And both genders can abuse benzodiazepines and similar “downers” as

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Motivational Interviewing *Setting an Atmosphere for Positive Change*

By Elisabeth Davies, MC

Motivational Interviewing first emerged in Norway in 1982. It is a collaborative conversation style between a guide (helper) and someone desiring to make a positive change. Motivational

Interviewing (MI) is designed to strengthen motivation for and commitment to a specific goal. The guide creates an atmosphere of acceptance and compassion while asking open-ended questions that elicit the person's own reasons for making a behavior change. MI can be used as a stand-alone treatment; although when combined with other evidence — based treatments it enhances treatment outcomes.

The styles of communication used in MI has been found to produce positive results for people struggling with substance abuse and proved effectual with probationers in lowering recidivism rates, and with insubordinate employees in increasing cooperation with supervisors in the workplace. Many mental health facilities worldwide have added MI to their assessing and treatment planning protocol for behavior change with their clientele.

William Miller, Ph.D., further developed MI in the U.S. during the late 80's while treating drug and alcohol dependent clients at an inpatient substance abuse treatment center. Miller's colleagues complained clients were 'difficult,' 'resistant,' 'in denial,' and 'out of touch with reality.' When he was working with these clients, he did not experience the same problems. It made him question whether or not the complaints were a client problem or a coun-



selor skill issue. He then set out on a quest to discover how to counsel in a way that evoked people's own motivation for change rather than putting them on the defensive.

After years of researching specific communication styles that decreased resistance and increased successful outcomes, Miller along with Stephen Rollnick, Ph.D., published their findings, in the book *Motivational Interviewing: Preparing People to Change Addictive Behavior*.

Their findings showed when MI techniques were used there was a 51 percent decrease in alcohol use, substantially fewer relapses, and double many of the positive outcomes of 12-step, or Cognitive Behavioral Therapy treatments.

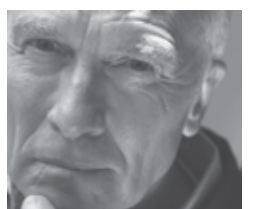
There are two main components to MI; relational and technical. Relational encompasses the interpersonal relationship between the guide and person desiring the change. The underlying perspective is each individual is the expert on him or herself, so the guide does not direct the person on what to do or how to proceed. The second component, technical is incorporated through the use of open-ended questions, which evoke internal strengths and resources.

Why, What, How, Tell Me

Most open-ended questions start with Why, What, How, and Tell me. Some examples are:

MI continued page 14

When it Comes to Addiction, There's NO Discrimination



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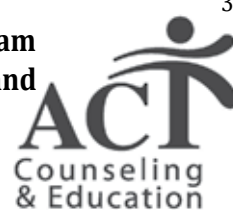
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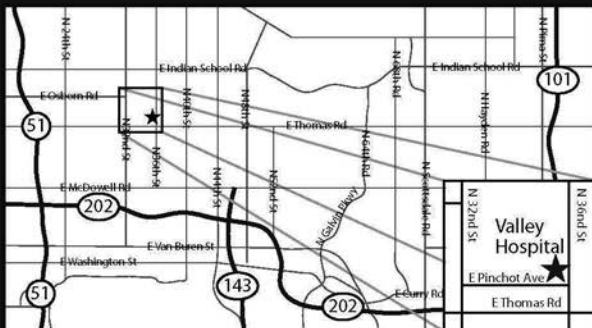


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'The Big Book' is 75

By Dr. Howard Markel

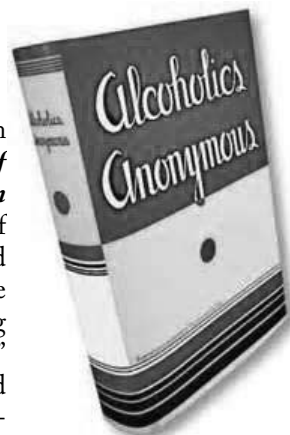
April 10, 1939, marked the publication date of *"Alcoholics Anonymous: The Story of How Many Thousands of Men and Women Have Recovered from Alcoholism."* One of the best-selling books of all time (it has sold more than 30 million copies), the volume is better known to millions of recovering alcoholics and addicts as "the Big Book." Its influence on the world's health and the treatment of alcoholism and other addictions is immeasurable. In 2011, *Time* magazine placed the Big Book on its 100 most influential books written in English since 1923 (not coincidentally the year the magazine was founded). In 2012, the Library of Congress designated it as one of the 88 books that shaped America.

The book's copyright application, filed April 19, 1939, lists William G. ("Bill") Wilson, the co-founder of Alcoholics Anonymous, as the sole author. In reality, the book was very much a group effort. Dozens of recovering alcoholics, many who attended the earliest AA meetings and who had an average sobriety time of 1 to 1.5 years, helped Bill Wilson with the writing of the book in 1938. Their express purpose was to spread the life-saving premises of Alcoholics Anonymous.

The heart of the Big Book can be found in the first 164 pages, which outlines the now famous 12 steps of recovery; advice to the alcoholic's spouse, family and employer; as well as counsel for the agnostic who seeks the spirituality felt to be necessary for those seeking recovery but who has questions about the existence of a higher power. Equally compelling is the compendium of personal stories that follows these chapters and which was designed to give "experience, strength and hope" to those seeking recovery.

As of January 1, 2013, the General Services Office of Alcoholics Anonymous estimated there are 114,642 AA groups in more than 170 nations with more than 2,131,549 members. And "the Big Book" is their basic, and most important, text.

One of the best-known stories about AA's origins concerns a business trip to Akron, Ohio, made by the newly recover-



ing Bill Wilson in 1935. Stuck in the hotel lobby, between a bar and a phone booth with a registry of local churches, he began calling the various clergymen to inquire if they would recom-

mend a suffering alcoholic he could work with in order to buttress his own sobriety. It took more than a few calls, but he was finally given the name of a once successful and now well-oiled surgeon named Bob Smith. Bill went over to Dr. Bob's house and history was made. The two initially recruited other suffering alcoholics both in New York and Akron. With time and support by many physicians, journalists and the philanthropy of John D. Rockefeller Jr., AA chapters sprung up across North America.

The skeptics have dismissed Bill Wilson's spiritual awakening, sobriety and even the remarkably important book he helped write, as mere products of bel-ladonna hallucinations; others have argued that it was the result of delirium tremens or the symptoms of alcohol withdrawal. Wiser men and women have accepted that something else happened to Bill Wilson on that long ago night, something that medical science simply cannot explain.

In the end, millions of people around the world who have benefited from Alcoholics Anonymous, and the life-changing book bearing its name, would say that such pharmacological, physical or spiritual parsing hardly matters. For them, the most important thing is that it worked.

Dr. Howard Markel writes a monthly column for the PBS NewsHour, highlighting the anniversary of a momentous event that continues to shape modern medicine. He is the director of the Center for the History of Medicine and the George E. Wanta Distinguished Professor of the History of Medicine at the University of Michigan.

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The Lost Art of Listening

By Dr. Dina Evan

He says, “That is a pretty dress on her.” She hears, “He’s attracted to that woman and losing interest in me”. She says, “I am spending the evening with Diane on Friday.” Her friend hears, “I’m being replaced as her best friend.” She says, “I am not quite ready to be married,” and he hears, “We are never going to get there; she’s interested in someone else.”

We don’t know how to listen anymore because we filter what others say through our own fears and past betrayals. The problem, of course, is that we instantly future-scape right into crisis mode. Our ears slam shut, we respond in inappropriate ways, and we are very often wrong in our assumptions.

Mark Goulston in his book, *Just Listen*, says we go through five different stages in our listening process.

1. The first is the Oh F#@! Reaction. This is a disaster, I’m screwed and it’s over.
2. The second response is Oh God, This Sg#%-stuff always happens to me and I am going to be stuck with this mess.
3. Oh Jeez I can fix this but it’s not going to be fun.
4. Oh Well, I am not going to let this ruin my life, I need to decide what will make it better, and finally,
5. OK, I am ready to fix or deal with this.

The problem is that in the first three OH’s our experience of every fear and betrayal comes up like a tsunami and out of our mouth rolls every inappropriate response that we then also have to clean up.

We fill up that red wagon of past pain and haul it right into the middle of our current situation even though not a single bit of it has to do with what is currently going on. That, my friends, is both a curse and a blessing. The curse part is that we stop listening. Here’s the blessing part...

If we can calm the storm inside and stay present with a boundary that allows the other to have his or her feelings without making it about us, we will discover that 99.9% of the time it actually isn’t about us at all. Why because every response we have is from our past. That’s all we have and all we know. The future isn’t here yet.

Here’s an Example:

Sally is in the living room curled up in the corner of the couch crying. Phil comes in, sees her and asks, “What is wrong with you?” Sally responds, “I am so lonely I could die.” Phil immediately takes this personally, sees it as a failure on his part and responds, “Jeez, I have spent every night for the last two weeks with you at home and we spent two weekends this month with friends. When is enough, enough?” He stomps out and Sally’s feelings are right where they were — unresolved and painful.

Let’s try it again

Sally is in the living room curled up in the corner of the couch crying. Phil comes in, sees her and asks, “What is wrong with you?” Sally responds, “I am so lonely I could die.” Phil responds with, “That sounds awful, honey, what’s making you feel that way?” Sally tells him her best friend Lydia has just told her she is moving to Dallas. “As a kid,” she tells Phil, “I was an Army brat and we moved every six months. I never had any friends much less a best friend. This just makes me so sad and brings all of that back.” Phil lovingly



comforts her and they create a loving connection that is healing. Big difference... and all he did was listen.

Sometimes we choose not to listen because we fear being made responsible, being made wrong or being unable to fix the situation. Actually, none of those things are our job. As loving partners, family members and friends, our only job is to listen and try to understand how the other person’s truth is true for him or her. You don’t even have to agree or share the same reality. When we are authentically heard, we can fix the problems ourselves. In fact, normally the problem is resolved just by talking through the issue or pain.

Listening is a great gift you can give to those you love. Imagine how the world might change if we just slowed down enough to share our feelings and truly be heard without judgment or expectation that anyone should fix it for us. Let’s start now.



Dr. Evan is a life/soul coach in Arizona working with individuals, couples and corporations. She specializes in relationships, personal and professional empowerment, compassion and consciousness.

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The Benefits of Sober Living

By Jason Bordonaro

I can remember my early days of recovery, and it was the community and fellowship along with the 12-steps that carried me through to where I am today.

I lived in a house with sober people and spent most of my time around them. We shared the struggles and victories of early recovery over early morning coffee or late night television, hikes through the mountains or walks through the city streets. We went to meetings together and shared the growing pains and the joys of living life on life's terms. All of us were committed to our own recovery and supported each other on our journeys. One of the main things was — we had fun in sobriety and were deeply involved with our recovery.

In today's world there is the benefit of treatment centers and transitional facilities also known as sober living facilities that can

assist in the recovery process. They offer the benefit of community and the feeling that overcoming addiction and alcoholism doesn't have to be accomplished alone. We can recover together. What do people in recovery do? We help each other. It's one of the many ways we can exhibit grace to one another.

The Power of Community

For most of us, for way to long we battled life alone, fighting the demons in our heads and lives as best we could which usually meant drowning the thoughts and feelings out with alcohol and drugs. We treated loneliness with isolation. The more we felt separate from our communities, the more we pushed our loved ones away. It became a downward spiral that was impossible to break free from with self and will power alone.

Sober living offers a completely different way to stay on the road to recovery. Structure, support, 12 step recovery and community are just a few of the benefits of being a part of a sober living home. Many people in the early stages of recovery struggle to keep commitments and follow through on the actions needed for recovery.

Sober living provides the needed context and support through scheduled programming, accountability, mentorship, coaching, self-discovery and house rules to empower residents to thrive in their journey of recovery. Rather than simply maintaining a baseline state of physical sobriety, residents are encouraged and guided through a thoughtful integration of 12 step recovery with a variety of life skills and personal development workshops. They are challenged to tap into their own potential and discover the person they lost to addiction.

Research shows that 90 days in sober living increases the chances for long-term sobriety by over 40 percent.

This is due to the power of habit and the development of new behaviors. Aristotle said, *"We are what we repeatedly do, therefore excellence is not an act but is a habit."*

Sober living homes create an environment for the residents to thrive. In recovery we have a saying, progress not perfection.



"The road to sobriety is a simple journey for confused people with a complicated disease."

At the same time we live each day the very best we can, living in gratitude and service to others, doing our best to carry the message of recovery to those that are still struggling. There is a lifestyle of sobriety that is far greater than your wildest dreams.

Sober living is not the solution to addiction. However, it can play a major role in helping the addict remain clean. Combined with continued treatment, peer and family support many recovering addicts are now living positive lifestyles free from drugs and alcohol.

Jason Bordonaro is the cofounder of SpringBoard Recovery, a sober living center for men located in Scottsdale, Arizona. Jason and his business partner, Tim Lambright, both share a passion for recovery. Each of them struggled with addiction in the past and now gratefully are men in long term recovery.

Jason can be reached at jason@springboardrecovery.com and at 928-710-3016

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Events Calendar

MAY 7 — 8:00 - 9:00 am —St. Luke's Behavioral Health Center, 2014 Clinical Breakfast Series. **Presented by: Stephanie Siete, Community Bridges Liaison. St. Luke's Behavioral Health Center Auditorium** St. Luke's Behavioral Health Center Auditorium. 1800 E. Van Buren, Phoenix.

Events @ North Ridge Counseling, 8889 E. Via Linda, Scottsdale. Last Monday of each Month, **Healer's Self-Care Group**, 5:00 p.m. – 7:30 p.m. **MAY 2, 3— HoofPrints to Healing: "Healing in Recovery through the Eyes of a Horse"** Friday, May 2 for Women, 9:00 a.m. – 12:00 p.m. Saturday, May 3 for Men, 9:00 a.m. – 12:00 p.m. **MAY 13—** Experience Spring Cleaning: 6:00 p.m. – 8:00 p.m. A Holistic Evening of Healing Self Care" Co-hosted with The Meadows. For details 480-878-6987 or visit www.NorthRidgeCounseling.com.

MAY 12-16 – Tucson – Cottonwood Tucson – InnerPath Developing Healthy Relationships Retreat. Five-day retreat for couples 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.

MAY 14 —Phoenix Area Professionals' Breakfast, 8 – 10:00 a.m. Sponsored by Sierra Tucson. **"The Therapeutic Alliance,"** Speaker: Phil Herschman, Ph.D. 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 (cash or check only). For info www.SierraTucson.com or contact Chrissy Lamy at 480-231-0260 or CLamy@CRHealth.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 Phoenix. Advance Online Registration www.AzPsychodrama.com: \$10. At door: \$15. For info, visit www.SierraTucson.com or contact Chrissy Lamy at 480-231-0260 or CLamy@CRHealth.com.

MAY 16 — Grand Rounds at Sierra Tucson, 2014, 11:00 a.m. – 1:00 p.m. Equine Therapy, Speaker: Jane Hamilton, Ph... Professionals are invited to attend the next Grand Rounds at Sierra Tucson, 39580 S. Lago del Oro Parkway, Tucson, AZ 85739. 2.0 CE Credits available. No charge but seating is limited, so Pre-registration is required by 5/9/14 by email to Kathleen Gebler, KGebler@SierraTucson.com. For info, visit www.SierraTucson.com

MAY 19-23 – Tucson – Cottonwood Tucson – InnerPath Beginnings & Beyond Retreat. Five-day intensive retreat is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by Rokelle Lerner. Visit www.cottonwoodtucson.com or call Jana at **520-743-2141** or email at jmartin@cottonwoodtucson.com for information and registration.

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 weekend 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

EVENTS continued page 10

EVENTS from page 9

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.

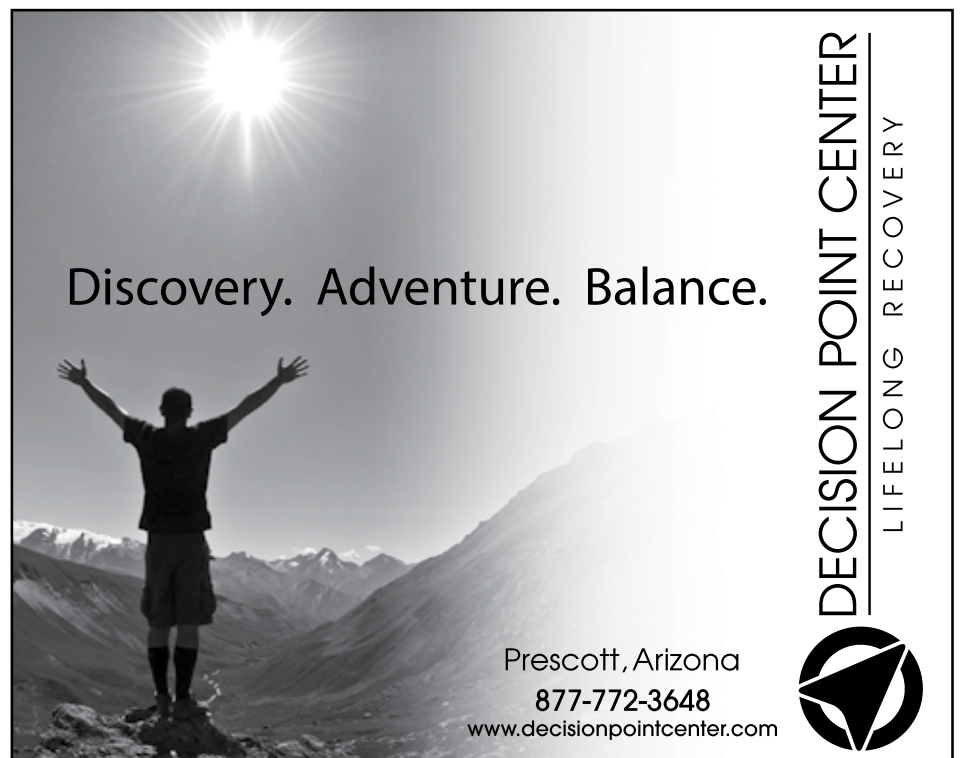
Pills Anonymous—Tues: 7:00 p.m., Glendale Community Church of Joy, 21000 N. 75th Ave. Tuesday: 7:00 p.m., Mesa- Open Discussion. St. Matthew United Methodist Church, 2540 W. Baseline, Room B. 14, Mesa. Jim 480-813-3406, Meggan 480-241-0897. Wed: 5:30 p.m. North Scottsdale Fellowship, 10427 N. Scottsdale 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.,



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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. Tues. and Thurs. at Stepping Stone Place in Central Phoenix, 1311 N 14th St. cmaaz.org/god-zombies-the-awakening/

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Safety is Not our Goal

By ALAN COHEN

While driving on a country road I passed the parked truck of a tree trimming service. High above the vehicle a workman stood in a cherry picker, sawing overhanging branches. Beside the truck, facing the road, stood a large sign, bold black letters against a bright orange background: SAFETY IS OUR GOAL.

Something about the message bugged me. While I recognize the importance of safety on the job, there is much more to that job—and to life—than staying safe. If safety is your main goal, you won't get much done and you won't have any fun. In a way, the sign was a lie. If safety was the real goal, the workers could come back to their supervisor at the end of the work day, and he would ask them, "How'd you make out today?" They would answer, "We didn't get any trees trimmed, but we stayed safe." If that conversation truly took place, the company would soon be out of business.

I played in my mind with various scenarios of how the world would be different if safety were more important than progress:

Exploration: Columbus to Queen Isabella: "Are you crazy? I'm not going out on that ocean to look for a new world. If the earth is really flat, my ships will fall off the edge of the world."

Politics: Barack to Michelle Obama: "We've never had an African-American President. Do you realize how much money we could lose and how embarrassed I would be if I ran and lost?"

Sex: "I could get a disease, or have an unwanted baby, or God might punish me for having so much pleasure. Even worse, I could get intimate, involved, and committed."

Air flight: Captain to passengers: "Studies show that the chances of crashing are greater if we get into the air, so we are going to just sit on the runway."

Business: Steve Jobs' parents to Steve: "Why risk your



career on the fantasy of a personal computer? Stick with a safe career in calligraphy."

Business, thirty years later, parents to child: "Why risk a career in calligraphy? Stick with a safe career in computers."

There are two basic attitudes to life: Reparative and Creative. The reparative path is based on survival, self-protection, and fixing what is broken. Life is a problem and our role is to make the best of a bad situation. The creative path is founded on exploration, expansion, and celebration. Life is an adventure to enjoy. The sign on the reparative path reads, "Safety is our Goal." The sign on the creative path reads, "Plucking the Fruit of Life is our Goal."

Certainly there are moments when we need to fix stuff and deal with what is broken. But that is the lesser part of the game, just as safety is the secondary goal of tree-trimming. Fix what you need to fix when you need to fix it, but get back to creation as soon as possible. Even if you have to fix something, an attitudinal shift can make the process fun.

A lovely essay was going around the Internet, musing about how much fun we had as kids without needing all the protection prescribed today. We pedaled bikes without helmets, rode in cars without seat belts, and went trick-or-treating without parents shadowing us to keep us from getting molested. Somehow we survived childhood

without elaborate defenses, and had fun in the process. I am not saying kids should abandon helmets, seatbelts, or parental supervision on Halloween. I am just suggesting that there is more to life than protection.

For a penetrating lesson in the contrast between trust and protection, watch a delightful documentary called Babies. The film follows the social training of babies in four different cultures: African, American, Japanese, and Mongolian. An opening scene shows the African baby, sitting naked on a dusty plain, playing with some bugs, having a grand time. Next we see an upwardly mobile San Francisco family bundling their child in Oshkosh designer wear, strapping him onto a complicated bike seat, protected to the hilt with all manner of safety devices. The African kid looked happier, and so did his parents. One has to wonder just how much protection our children need to be safe and happy? And us?

In 85-year-old Nadine Stair's famous essay, "If I Had my Life to Live Over," the author confesses, "I've been one of those persons who never goes anywhere without a thermometer, a hot water bottle, a raincoat and a parachute. If I had to do it again, I would travel lighter than I have."

It's never too late to travel light or to have a happy childhood. Perhaps it's time to post a new sign by the truck: **SUCCESS IS OUR GOAL, AND WE'RE HAVING A GOOD TIME GETTING THERE.** Trim the trees where you must, but enjoy them where you can.



Alan Cohen is the author of *Enough Already: The Power of Radical Contentment*. Join Alan and other notable teachers for an inspiring A Course in Miracles retreat on Maui, December 7-12. For information on this program, Alan's books, life coach training program, free daily inspirational quotes, and his weekly radio show, visit www.alancohen.com.

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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
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Step Two Recovery Center	480-988-3376
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Anger Management Intervention	520-887-7079
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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
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Overeaters Anonymous	520-733-0880
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Sierra Tucson	800-842-4487
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Suicide Prevention	520-323-9372
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SEXUAL SHAME from page 4

a way to relax and get some sleep when the party finally ends. Once again, when this behavior occurs the client's preexisting sexual shame grows worse, new sexual shame forms, and the desire for self-medication increases.

Effectively Addressing Sex, Sexual Shame, and Addiction

It has become increasingly clear to me over the years, as I work to evolve both substance abuse and intimacy disorders treatment, that past/current/future challenges with sexual shame, emotional intimacy, and adult sexuality must often be treated in concert with addiction — rather than just assuming that the establishment of chemical sobriety will also clear up a client's shame-related devastation. This means that in order to achieve lasting sobriety when sexual shame is driving and/or triggering the addiction, adult sexual behavior patterns (addictive or not) must be dealt with concurrently and in an integrated manner. Without treatment for both the addiction and the sexual shame/behaviors, many people may not heal from either issue.

In a way, this is a novel approach to addiction treatment. In fact, very few substance abuse or behavioral addiction treatment centers are currently equipped for this duality of work, notable exceptions being the Substance Abuse and Intimacy Disorders Program at Promises, Malibu (for men) and The Center for Relationship and Sexual Recovery at The Ranch in Tennessee (for women). The clients being treated at these facilities often report histories of isolation and broken relationships in addition to the usual health and life-productivity losses that naturally occur with all forms of addiction. Mostly, though, they report lengthy histories of relapse, with those relapses nearly always tied to their unaddressed sexual shame.

For the most part, effective treatment of men and women whose substance and/or behavioral addictions are deeply integrated with sexual shame (and shame-based adult sexual behaviors) parallels that of effective addiction treatment in general — primarily cognitive behavioral therapy coupled with group therapy, social learning, and 12-step work — but with the added element of a deeper than usual examination of the individual's sexual shame, sexual history, and current-day sex and relationship patterns. I cannot stress strongly enough the need for sexual shame and sexual secrets to be discovered and addressed as quickly as possible, as talking about sexual shame is the key to defeating it. In addition, effective treatment includes education about the ways in which sexually shamed clients might be able to be sexual in the future without reinforcing preexisting sexual shame or creating new sexual shame. In fact, the concept of healthy sex in sobriety should always be an integral portion

of relapse prevention work with sexually shamed addicts.

In sum, the key to lasting sobriety for many addicts is recognizing the role that sexual shame plays in the formation and maintenance of their addictions. As such, when sexual shame is uncovered it must be dealt with quickly and effectively, usually by sharing about sexually shaming events with an empathetic and supportive therapist and/or a similarly traumatized therapy group. Simply put, when sexually shamed addicts share about their pasts — the experiences that cause them to feel defective, unworthy, and unlovable right now — even long after their sexually shaming events occurred, their stress levels decrease and their overall mental and physical health improves, greatly increasing their odds of lasting sobriety (no matter their primary addiction).



Robert Weiss LCSW, CSAT-S is Senior Vice President of Clinical Development with Elements Behavioral Health. A licensed UCLAMSW graduate and personal trainee of Dr. Patrick Carnes, he founded

The Sexual Recovery Institute in Los Angeles in 1995. He is author of *Cruise Control: Understanding Sex Addiction in Gay Men and Sex Addiction 101: A Basic Guide to Healing from Sex, Porn, and Love Addiction*, *and co-author with Dr. Jennifer Schneider of both* *Untangling the Web: Sex, Porn, and Fantasy Obsession in the Internet Age* *and the upcoming 2013 release,* *Closer Together, Further Apart: The Effect of Technology and the Internet on Parenting, Work, and Relationships*, *along with numerous peer-reviewed articles and chapters.*



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Random Drug Testing Doesn't Deter High School Students' Substance Use

By Celia Vimont

Random drug testing in schools does not reduce students' substance use, a national survey of high school students concludes. The study found students who attend schools where they feel treated with respect are less likely to start smoking cigarettes or marijuana.

Students who attend schools where they feel respected, who have already started smoking, escalate their smoking at a slower rate than their peers at schools with less positive atmospheres, the study also found.

Neither random drug testing nor a positive school climate was associated with a reduction in alcohol use, according to researcher Dan Romer, PhD, Director of the Adolescent Communication Institute of the Annenberg Public Policy Center at the University of Pennsylvania.

The researchers interviewed 361 high school students twice, one year apart. They asked them about their use of cigarettes, alcohol and marijuana. If they had not started using these substances at the beginning of the year, the researchers asked whether they had started to do so a year later. If they already had started using any of these substances, the students were asked whether they increased their use.

Students were asked whether their school had a random drug testing program and what the social climate was in their school. "We measured this by whether students think the rules in their school are fairly administered, whether they feel they have a say in how the rules are developed

and if they feel they are treated with respect," Romer said.

He found students attending school with positive school climates were 15 percent less likely to start smoking cigarettes, and 20 percent less likely to start using marijuana, compared with students at schools without positive climates. Students at schools with positive climates who already smoked had a much smaller increase in the number of cigarettes they smoked, compared with those in schools with less positive climates.

In 1995, the U.S. Supreme Court held that random drug tests of student athletes do not violate the Fourth Amendment's prohibition of unreasonable searches and seizures. In 2002, the Court decided that random drug tests of students involved in extracurricular activities do not violate the Fourth Amendment.

"That means that kids who aren't involved in sports or extracurricular activities are the ones who aren't getting tested, and they tend to be the ones who are more likely to abuse substances," Romer noted.

He advises parents to ask school administrators how they are fostering a positive climate for students. Several organizations have resources for schools that want to promote such an atmosphere, including the National School Climate Center and Collaborative for Academic, Social, and Emotional Learning. "If I were a parent whose child's school was starting a random drug testing program, I'd question it—there are other ways to help students avoid the use of drugs," he says.



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5 things to do at home

#EndMedicineAbuse

Safeguarding your prescriptions is a must. This will not only prevent your own teen, but his or her friends who come over, from taking drugs out of your medicine cabinet or kitchen.

So where do you keep your meds? Here are five things you can do at home to protect your medicines that can make a huge difference in keeping your family safe.

- 1. Treat them like your best watch or necklace.** Think about medicine in the same way you do jewelry or other valuables. There's no shame in protecting those items, and the same should hold true for your prescriptions and cough medicine.
- 2. Take them out of the medicine cabinet or kitchen.** While convenient, the medicine cabinet or kitchen are obvious and easily accessible locations; so keep your medicine in a place that only you know about.
- 3. Lock them up.** Consider keeping your medicines in a lock box or a safe – and don't share the key or combination.
- 4. Count, monitor and dispose of them.** Take an inventory of all of the medicine in your home – and dispose of what you don't need.
- 5. Tell relatives to do the same.** Once you've taken the above precautions, it's time to tell others about doing the same – especially grandparents, relatives and the parents of your teen's friends. A quick chat can go a long way.

NEWS from page 3

suddenly announced her departure in late February. Greater attention to financial support for initiatives in the recovery community likely will be a major priority in the months ahead.

In that regard, the producer of the acclaimed film "The Anonymous People" will be working with the Faces & Voices board of directors on fund development, the organization announced. It stated that Williams "has significant experience building financial support through ManyFaces1Voice," a multifaceted campaign to advance the recovery advocacy movement.

FDA approves new opioid addiction treatment combining Buprenorphine and Naloxone

The Food and Drug Administration has approved a new drug to treat opioid addiction that combines buprenorphine and naloxone. The drug, Zubsolv, is similar to Subutex and Suboxone, according to Reuters.

Zubsolv is made by Swedish drug-maker Orexo. It dissolves under the tongue, and comes in a menthol flavor. "Zubsolv is indicated for use as maintenance treatment for people suffering from opioid

dependence and should be used as part of a complete treatment plan to include counselling and psychosocial support," the company said in a news release.

The company states that compared with current opioid drug treatments, patients will need to take less of the new drug in order to achieve the same effect, the article notes. Zubsolv is expected to be available in the United States in September, the company said.

The FDA asked for more information on an implant designed to treat opioid addiction, before making a decision on whether to approve the drug.

The implant, Probuphine, is a long-acting version of the opioid dependence medication buprenorphine. It is implanted under the skin of the upper arm, in a procedure that takes about 10 to 15 minutes in a doctor's office. It remains in place for about six months. The FDA asked for more information on the effect of higher doses of Probuphine, and on how doctors would be trained to insert and remove the implant.

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Credit card dependent?

As the cost of living rises and the economy continues to weaken, many find themselves hard-pressed to make ends meet each month.

In some dire cases, financially burdened consumers are relying on credit cards to purchase necessities such as food and gas, driving up card balances and compounding the issue of higher food and energy prices – with interest.



Whether you're using credit for splurges, or for necessities, it can be an expensive habit. Consider the following tips to help wean you from dependence on credit cards:



- **Shelve your credit cards.** Consider carrying cash or your debit card for daily use. Leave credit cards at home and only carry one when you plan to use it for a larger purchase or something that you have already reserved for your credit card.
- **Tighten up your budget.** Create a real budget and include even the smallest expenses. Maybe filling up at the station or picking up a few things at the grocery store were once expenses that would previously go unnoticed in your checkbook. However, with much higher prices in gas and food today, even smaller ticket items add up.
- **Cut back on non-essentials.** The easiest way to free up extra cash is to know the difference between needs and wants, and make a conscious effort to do without those things that you don't need such as eating out, vacationing, and shopping for discretionary items such as furniture and electronics.
- **Create a plan to pay down debt.** Sometimes it's easier to break a habit when you have a goal you are trying to accomplish. Make a commitment to pay down a portion of your debt within a certain timeframe, and get your family involved in working towards a shared goal.

The best way to pay down credit card debt is to develop a financial plan and stick to it.

Finally, if your financial obligations become overwhelming and you find yourself losing control, seek help. Your human resource or employee services department may have options available. Community service and counseling agencies are also available and can offer a number of services to assist you with gaining control over your finances.





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MI from page 5

- Why do you think you have a drinking problem?
- What kind of a life do you have to create that would make you want to stay sober for it?
- How do you want your life to be different?
- Tell me what you don't like about the way your life is now

Through working with thousands of clients, Miller and Rollnick discovered when people experience themselves as unacceptable they are immobilized and their ability to change is blocked. When on the other hand people experience being accepted as they are, they are free to change. They also found the more accurate empathy a counselor showed toward a client, the less they would relapse with drugs and alcohol. These discoveries led them to design four specific skills necessary for interviewers to use when working with people who verbalize wanting to make life changes.

- Engaging** — establishing a helpful connection and collaborative relationship with the client (A prerequisite for MI to be effective)
- Focusing** — developing and maintaining a specific direction in the conversation about the change the client wants to make.
- Evoking** — eliciting the clients own motivation for change, usually done with open-ended questions such as, "What do you think would be some advantages to making this change?"
- Planning** — formulating a concrete plan of action the client is motivated to follow, once they have committed to making the change

Miller and Rollnick discovered through reflective listening that commitment language predicted behavior change in people. Commitment language is when the person speaks of:

- Their desire to change
- Their belief that they have the ability to make the change
- Their reasons and need for the change to occur
- Their verbalization of goals and plans to acquire the change


It is possible to help people make positive changes in their lives— and Motivational Interviewing can help the process. The rationale for change can come about for many reasons; some people feel forced to make changes due to outside circumstances beyond their control, while others desire changes because they want to better themselves or generate more positive outcomes in their life. Whatever the basis for change, using the MI approach can move people toward the transformation to which they aspire.

If you are interested in becoming trained in the MI approach visit <http://www.motivationalinterviewing.org/> for training dates.

- Acceptance** — prizing the inherent worth and potential of the person wanting to make the change
- Accurate Empathy** — actively being interested in understanding the person's own perspective and frame of reference for desiring the change
- Autonomy Support** — allowing the person to choose their own way and determine what changes they want to make for their own life
- Affirmation**— acknowledging the person's strengths and the efforts they have already made in working toward their goals for change

It is not uncommon for people to experience ambivalence when they are considering a change. They contemplate thoughts about making the change and wrestle with reasons to sustain their current behavior. When they verbalize this indecision it is important the interviewer doesn't try to persuade them one way or another, because this often calls forth resistance against the advice. When clients experienced resistance it prevents change. Instead, the interviewer can collaborate using the four key processes of MI:

Elisabeth Davies, MC is the author of *Good Things Emotional Healing Journal: Addiction*



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Twilight Zone & The New Age

“You’re traveling through another dimension — a dimension not only of sight and sound but of mind. A journey into a wondrous land, whose boundaries are that of imagination. That’s a signpost up ahead: your next stop: the Twilight Zone!”—Rod Serling

Through Memorable Entertainment Television (ME-TV) and Comcast I can watch The Twilight Zone weeknights. Ironically it’s on channel 209, the number of the elementary school I attended when the show originally aired.

Serling’s vivid imagination stretched our concept of reality during the Eisenhower years, when lightweight fare like Leave it to Beaver and Father Knows Best shaped American consciousness—and it’s still stretching us half a century later. In 2013 TV Guide ranked The Twilight Zone number four in its list of The 60 Greatest Dramas of All Time.

The term “new age” didn’t exist when The Twilight Zone was born, but in this column it’s used as a lens through which to view the program. A popular new age concept — the **Law of Attraction** — states that our thoughts help create our realities—was also popular in The Twilight Zone.

In “*A World of His Own*,” Keenan Wynn portrayed a famous playwright, who created characters by dictating their profiles into a tape recorder; they were so lifelike they were...well, lifelike— they jumped off the page into his room. He could also un-create them with scissors by snipping off the section that contained them.

The show opened on the playwright and his mistress, who he then made disappear when his jealous wife arrived early. He tried to prove to his Mrs. that he had a magical skill for manifesting life from his own mind. She didn’t believe him until he made her disappear, too: his wife herself was a creation of his imagination.

The show also demonstrated an esoteric Vedic principle of Ritam Bhara Pragma, a higher state of consciousness in which whatever one intends immediately manifests. Spiritual history records the miracles of Christ two thousand years ago and the manifestations of yogi Sathya Sai Baba two millennia later.

New agers often talk about support from their guides. In “*A Passage for Trumpet*,” a young Jack Klugman portrays a down-and-out trumpet player who deliberately walks off a curb to get hit by a car. He’s given a second chance at life by his guardian angel— the horn-blowing archangel Gabriel.

In another episode, a washed up boxer, gets a lesson from a young boy who believes in him and the power of belief systems, and teaches him the Law of Attraction. The boy’s intention is so strong he changes reality — turning his hero’s defeat in the ring into a knockout victory. But when the pugilist learns later that night it was the youth’s belief that changed reality, the jaded adult tells the innocent child that he, the boy, doesn’t understand how Reality works. And with that, the outcome of the fight has been changed; the washed-up fighter loses, after all.

The Twilight Zone also superbly demonstrates shifting contexts, a skill I coach clients on regularly. In one episode, a couple in a suburban town, hung over from a night of drinking and partying, can’t understand why nobody is out on the streets, and why buildings and phone booths are facades. We, as viewers, eventually discover that husband and wife are simply dolls in a young girl’s dollhouse.

As a life coach, I encourage clients to see their lives, relationships, and businesses in a more expanded and empowered context than the smaller ones from which they often view their situation. Such new ways of seeing enable a person to move out of being stuck into that wonderful place we call the Zone — a higher state of consciousness in...well, the Twilight Zone.

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Marijuana Workers Wonder if Their Job Will Hinder Future Employment Prospects

Some workers in the marijuana industry in Colorado are wondering whether having a marijuana-related job will hamper future employment prospects, *The Wall Street Journal* reports.

“It just brings up whole other levels of conversation,” said Lisa Severy, Director of Career Services at the University of Colorado at Boulder. “It’s an opportunity to see an industry grow, no pun intended, from the ground up,” she said. “But the question mark then becomes: Is there, in some people’s minds, a stigma about it?” She tells students to think ahead to where they ultimately want to work, and to consider whether they hope to land a job in a conservative industry. She reminds them they may be drug-tested when they start a new job, even though recreational marijuana is legal in the state.

In the four months since the state legalized recreational marijuana, a number of new jobs have opened up, ranging from growers to bookkeepers. New marijuana retail stores will open starting in October. Tax revenues from recreational marijuana are expected to hit \$98 million this year, according to Moody’s Investors Service.

Some employers state their position about marijuana use in job postings. A Denver job posting for Atrium Windows and Doors states, “We wish to make our position clear regarding working under the influence of marijuana in states where medicinal and/or recreational marijuana is legal under that state’s laws. Atrium adheres to a zero tolerance drug/alcohol policy as stated in our corporate policy handbook.”

A posting for a job in the veteran’s services division of Larimer County states, “As marijuana is an illegal substance under federal law, testing positive for marijuana (medical or otherwise) or any other substance for which the county tests, will result in the contingent offer of employment being revoked.

RECOVERY SERVICES

ACT Counseling	602-569-4328
Amity Foundation	520-749-5980
AZ. Dept. of Health	602-364-2086
Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health	623-344-4444
Carla Vista	480-612-0296
Calvary Addiction Recovery Center	602-279-1468
Carleton Recovery	928-642-5399
Celebrate Recovery with Chandler	
Christian Church	480-963-3997
Chandler Valley Hope	480-899-3335
Chapter 5	928-379-1315
Community Bridges	480-831-7566
CBI, Inc. Access to Care Line	877-931-9142
Cottonwood de Tucson	800-877-4520
Crisis Response Network	602-222-9444
The Crossroads	602-279-2585
Decision Point Center	928-778-4600
Dr. Marlo Archer	480-705-5007
Dr. Janice Blair	602-460-5464
Dr. Dina Evan	602-997-1200
Dr. Dan Glick	480-614-5622
Franciscan Renewal Center	480-948-7460
Gifts Anon	480-483-6006
Intervention ASAP	602-606-2995
Geffen Liberman, LISAC	480-388-1495
The Meadows	800-632-3697
Millennium Labs	623-340-1506
NCADD	602-264-6214
North Ridge Counseling	877-711-1329
Pathway Programs	480-921-4050
Phoenix Metro SAA	602-735-1681
Promises	866-390-2340
Psychological Counseling Services	
(PCS)	480-947-5739
Remuda Ranch	800-445-1900
River Source-12 Step Holistic	480-827-0322
Sex/Love Addicts Anonymous	520-792-6450
Sierra Tucson	800-842-4487
Springboard Recovery	928-710-3016
Start Fresh	855-393-4673
St. Luke’s Behavioral	602-251-8535
Teen Challenge of AZ	800-346-7859
Turn Your Life Around	520-887-2643
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