

# Together AZ



JULY 2015

Inspiring Success on the Road to Recovery

## Numbing the Pain

By Cristine Toel, MA, LAC, S-PSB

### Sex Addiction: An Ineffective Painkiller

As a therapist at Psychological Counseling Services (PCS) in Scottsdale, I see clients from all over the country who share the ineffective practice of numbing emotional pain with sex addiction. They come to PCS for our Intensive Outpatient Program (IOP), and at intake report a common theme – I don’t like what I’m doing, but I can’t stop it, because nothing else works to soothe anxiety, depression, stress, fear, anger – nothing else works to soothe the pain.

As we sit across each other establishing goals for the week, I feel the heaviness of the pain inside them. I can feel the frustration of the theme that runs through their body and mind; the theme of failure, loneliness, and loss. I begin to type in their words, “get sober from sex addiction,” “prevent future relapses,” or “learn healthier ways to cope.” Sometimes I can see a part of them wanting to snatch the words back, like Linus fighting Lucy for his blanket.

Sometimes I see another part, a deeper part, who has done it long enough to know that what was supposed to numb the pain is only making the pain worse. That part has tallied the losses; the marriages, the jobs, and the friends. That part wants to shred the blanket in a million pieces and for good.

Clients will often explain that sex addiction isn’t like alcohol or drugs — it’s not like you can just avoid the liquor aisle at the grocery store, or the bar, or the friends you used to do drugs with. Sex and sexual triggers are everywhere. Clients talk about the difficulties of going to malls where they face women in underwear with wings on their backs, and half-naked teens in sepia-toned ads on the storefronts where their kids want to buy blue jeans. Another overwhelming narrative from clients in terms of escalation or relapse involves the internet.

Since the early 1990’s, internet pornography has redefined the culture by creating a readiness aspect to sexual content that didn’t exist before. As of 2015, the amount of content, including chat rooms, webcam sites providing live encounters, and downloadable apps (*the list is endless*) with access to casual sex, has exploded, making it difficult for addicts to establish, much less maintain sobriety.

### Seeking Real Intimacy

People have trouble hearing the word “sex addiction” without grimacing at the term. The public perception is that the individual is more of an ass\*\*\*\* than an addict.

Internally, I see something different. I see individuals who long to connect, yet fear vulnerability and the risk it takes for healthy intimacy. Typically they have a history of abuse, abandonment, and/or neglect — and have difficulty trusting that a significant other won’t rep-



*“Many individuals long to connect, yet fear vulnerability and the risk it takes for healthy intimacy.”*

licate what has occurred in their past. Sex can “feel” like intimacy, which makes it easy for the addict to believe he or she is connecting to another human being.

Real intimacy, however, involves the richness of building history with a partner, working through struggles and hardship together, and experiencing joy. “Faux” intimacy catches up when the connection only reinforces the loneliness and emptiness the individual had at the start. It’s a “cheap solution,” and the addict on some level knows this.

The pattern that typically plays out in the sex addiction cycle, involves numbing the pain through the sexual act, feeling shame and self-loathing for “acting out,” followed by a period of attempting to resist the behavior. The point of no return is different for every client. It can be the moment when yet another affair is discovered by the addict’s significant other, it can be the moment a boss discovers pornography on an addict’s work computer, or it can be the addict saying *no more*.

While the preference would be the addict initiating treatment rather than an external forcing it, there is at least an opportunity for the addict to do life differently when he or she enters therapy.

For \*Wayne, \*Tom, \*Jason and \*Karen, their reasons for signing up for an IOP at PCS varied. Wayne had been sober from alcohol for 25 years, and then started having affairs a year into his second marriage. He “got caught” a year ago, and since then has kept relapsing. He would say that his wife was the reason he sought

treatment; however, he admitted he had never felt peace in his entire life, and needed to know what that felt like before he died.

Karen was similar to Wayne in that she had been sober from alcohol for over 20 years, but lost her sobriety from sexual addiction four weeks prior to coming to PCS. She and her husband almost divorced three years ago, and he told her if she relapsed that would be it. After her relapse, he struggled to pull the trigger on the marriage. He listened as she described her desire to go deeper in her therapy, in order to get to the root of her behaviors, and decided to give the marriage a chance.

Jason entered therapy after his girlfriend broke up with him. He had spent most of his teenage years isolating and using pornography and masturbation to cope with the pressures of growing up. Now in his early-20’s he reported his life was going nowhere and he didn’t know how to stop. All three had resistances to therapy, but deep-down wanted to change.

Tom was a different story. He entered therapy to try and end his fourth affair, saying, “I’m in love with this girl, but I don’t know. Maybe I need to let her go and try and love my wife. I don’t really want to, but my wife wants me to try, so here I am.”

**Wayne (age 55):** Married, father of 2 adult children

When I met with Wayne for our second session, he shuffled around the couch and told me he was pissed at my colleague he named, “Alligator Shoes.” I tried

NUMBING the PAIN continued page 8

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# PUBLISHER'S NOTE

By Barbara Nicholson-Brown



## Standing Together to End the Stigma

At a very young age, I felt the shame of my mom's problem with alcohol. It was the secret we kept within the walls of our home. So all of us, my mom included, lived with a giant gorilla in our home.

This is 2015, and millions of people are in recovery from a seemingly hopeless disease. More of us have the courage to openly talk about it without shame or the fear of being judged, and if we are; I say so be it. But the stigma associated with addiction still exists.

The month of September is ours....**National Recovery Month**. Created by Substance Abuse and Mental Health Services Administration (SAMHSA), 26 years ago, there are walks, runs, town meetings, rides and events like the Art of Recovery Expo. ([www.recoverymonth.gov](http://www.recoverymonth.gov)).

We aren't bad people, we are sick people when active in our addictions. Anyone who has struggled and survived are the lucky ones, we made it out of the abyss alive.

I'm blessed and fortunate to be associated with the recovery movement taking place across our nation. I want to stand alongside and walk forward with those who believe there are many options and ways to treat this disease.

Together, we must continue to encourage our friends, families, communities and leaders to start conversations about the prevention, treatment, and recovery of behavioral health conditions at any stage of life.

Many of the successes of recovery often go unnoticed by the broader population; Recovery Month provides a vehicle for everyone to celebrate these accomplishments. In doing so, we help to increase awareness and a greater understanding about the diseases of mental and substance use disorders.

### A few important events to consider being a part of:

- **September 19, 10th Annual Art of Recovery Expo**, Phoenix Convention Center. Free Admission to the public. [www.artofrecoveryexpo.com](http://www.artofrecoveryexpo.com)
- **October 4** – Washington D.C. **UNITE to Face Addiction** is a grassroots advocacy effort organizing people, communities, and organizations to face addiction and stand up for recovery. [www.facingaddiction.org](http://www.facingaddiction.org)
- **October 22** – State of Arizona, Governor's Office of Youth, Faith and Family "Now You See Me" The Elephant in the Room. Details to come.



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# The Alcoholic Saint

By Alan Cohen

I heard about a fellow who set out in a spiritual quest to India. There he was recommended by word of mouth to find a particular saint who lived in a remote village. The seeker went to great lengths to travel to the village, where a shopkeeper told him he would find the saint under a certain tree, teaching disciples. Excited, the seeker made his way to tree, but instead of finding the saint — he saw a drunkard blabbing with a couple of guys. Disappointed, he returned to the shopkeeper and complained that he had given him bad information — all that he found under the tree was a drunk.

The shopkeeper told him, "That was the saint. He is actually a very advanced soul, but his last lesson is to experience and overcome drinking. If you would have spent some time with him, you would have learned a lot."

It is tempting to judge by appearances, to single out one trait of a person and evaluate him or her by that trait. Yet we are multi-dimensional beings. There is more to each of us than the traits we judge as good or bad. My mentor once explained, *"Alcoholics, drug addicts, and people in mental institutions are often highly sensitive souls. They cannot handle the harshness of the world, so they retreat into a private world. If you pierce beyond their addiction or mental illness, you will often find a very creative and loving being."*

The world we see is a result of the perception we choose and the aspects we key in on. A friend and I were having lunch at the restaurant of a tropical hotel where a parrot sat in a cage near our table. When I went over to say hello to the Macaw the restaurant manager saw me and grew nervous. "Stay away from that bird!" he called out. "He might bite you." Although I was confident with the bird, I didn't want to ruffle the manager's feathers, so I stepped back.

During our meal I mentioned the bird to the waitress. "Oh, Keoki is the sweetest bird. He will give you a kiss if you approach him." She went to the parrot and he gave her a sweet kiss on the cheek. I was stunned. Were those two people talking about the same bird? Then I realized that the restaurant manager was worried about

liability, while the waitress valued connection more. Each person was seeing the bird through their own lens of perception — one based on love and one based on fear. Each experienced the result of the perception they chose. Even if you have chosen a fear-based perception, you can shift to a more rewarding perspective. This is the hidden gift of relationships that trouble us. When you aren't getting along with someone, you have chosen to see that person through the lens of fear. The relationship as it is will persist (*or another one like it will take its place*) until you choose love instead.

A *Course in Miracles* tells us, "Trials are but lessons that you failed to learn presented once again, so where you made a faulty choice before you now can make a better one, and thus escape all pain that what you chose before has brought to you."

My partner had a friend named Cynthia who used to visit our house and chatter endlessly. I found her quite annoying. One day while I was standing on a ladder fixing a window on the second floor, Cynthia stood opposite me and blabbed while I was working. I fantasized about tossing her through the window, but, being a sensitive new age guy, I restrained myself.

Then one day while I was receiving a massage, Cynthia came to mind. In my relaxed state my resistance was diminished, so I thought about her from a more peaceful vantage point. I realized that Cynthia was actually a very nice person. She had always been very kind to me and my partner. I had been basing my judgment of her on one particular trait. When I looked beyond that trait, I saw someone I truly liked. From that time on I enjoyed her.

### Everyone is our Teacher

Some teach us through joy and others through challenge. Reframe challenging people as angels who have come to help you clean the glass of your perception. Everyone is potentially loveable, but we must choose to claim the potential of our relationship rather than the limits we have superimposed over it. When we reframe relationships as opportunities to experience love, they shift in our favor.



### All perception is selective

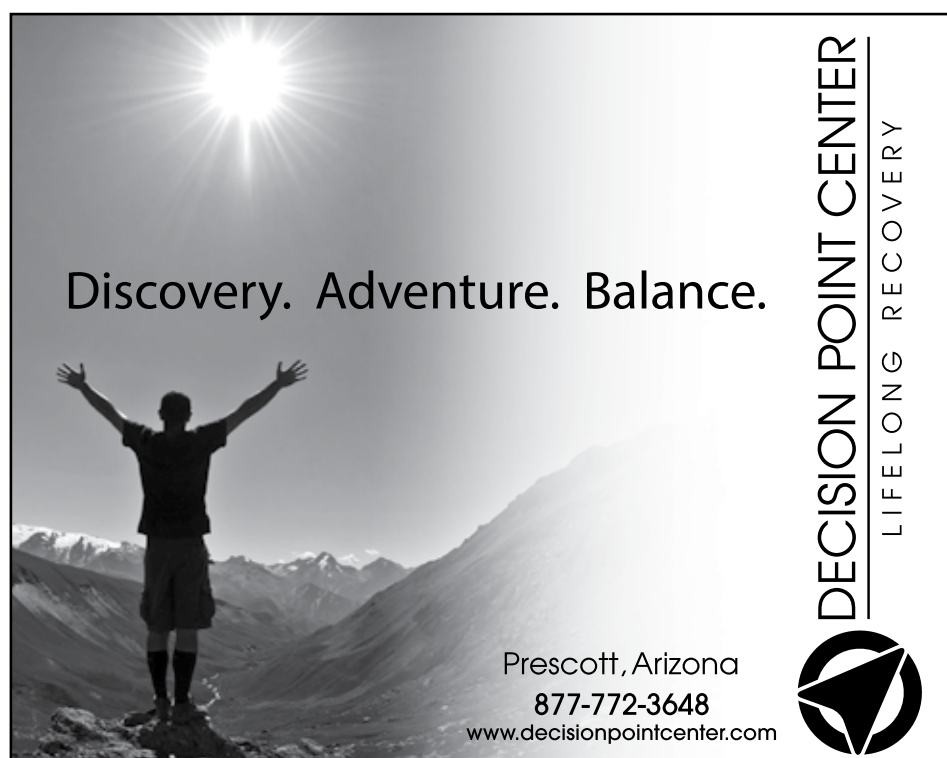
Out of an infinity of choices of what we may see, we choose but one. If you do an Internet image search for "spectrum of light" you will discover that the physical eye sees but a tiny range of the many different frequencies of light available. Our vision is quite limited compared to what is out there. William Blake said, "If the doors of perception were cleansed every thing would appear to man as it is, Infinite. For man has closed himself up, till he sees all things thro' narrow chinks of his cavern."

Devils and angels are less about ultimate reality and more about choice of perception. We cannot change the people around us, but we can change how we see them. Then, regardless of what they do, we find inner peace, the only perception worth choosing. To love thy neighbor is to see your neighbor clearly.



*Alan Cohen is the author of many inspirational books. Join Alan's Life Coach Training Program, beginning September 1, to become a professional life coach or incorporate life coaching skills in your career or personal life. For information about this program, Alan's Hawaii Retreat, books, free daily inspirational quotes, and his weekly radio show, visit [www.alancohen.com](http://www.alancohen.com).*






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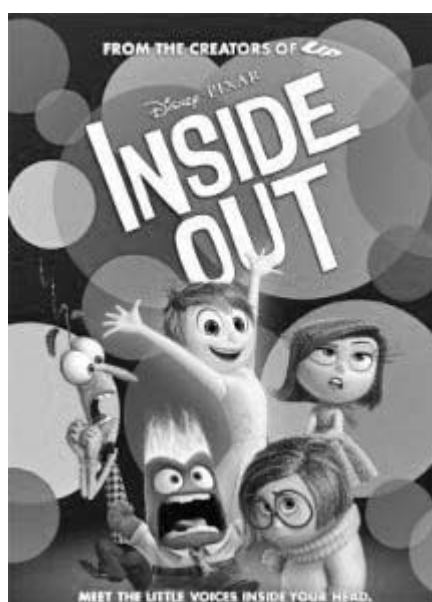
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# In the N E W S

**“Inside Out” movie** – The Buddhism of Modern Day Neuroscience, by Pavel G. Somov, Ph.D.



I watched **“Inside Out”** with my 3 year old daughter. She might be too young for it. But, come to think of it, we — as a civilization — might be too young for it. The modern-day neuroscience drives home an old Buddhist point: there is no “I” — there is no fixed self — we are composite creatures, made up of fluidly rearranging aggregates. As a civilization, we still think of our respective selves as an “I” whereas each one of us appears to be... a neural “We.” When we realize that the brain is not an organ but an organization, an “I” becomes a “We” and with that we lose the stifling attachment to our self-limiting notions of who/what we are. Adaptive fluidity ensues.

*[The Buddhism of modern-day neuroscience is not, of course, what the movie is about but that’s what stood out for this reviewer.]*

A couple of other “mental health” thoughts about the movie: The movie makes a case (probably unintentionally) against early parentification of our children; in the movie, the child protagonist experiences a subtle pressure from parents to be her “happy self” so as to buffer the parents against the stress of the relocation; this, of course, boomerangs.

The movie skillfully de-pathologizes such emotions as sadness and anger by showing us that there are essentially no good or bad emotions, that emotions are adaptive amplifications in the service of one’s overall wellbeing; this is a definite paradigm-shift step away from the uber-positive-psychology of joy and happiness; there are many roads to the Rome of Well-being and sometimes a detour of sadness is the shortest cut (which, tangentially, brings

to mind The [very playful] Depression Book: Depression as an Opportunity for Spiritual Growth by the Buddhist teacher, Cheri Huber)

“Inside Out” is a neuro-/psychologically savvy movie with a definite “adult” track to keep both the parents and the kids well entertained and humanistically enriched.

## Too Many MDs Fail to Grasp Pain Pill Addiction

A new survey has found that many primary care physicians — the top prescribers of prescription pain pills — lack a general understanding of how people abuse opioids or how addictive different formulations of the drugs can be.

“Physicians and patients may mistakenly view these medicines as safe in one form and dangerous in another, but these products are addictive no matter how you take them,” said study leader G. Caleb Alexander, M.D., M.S., an associate professor in the Johns Hopkins Bloomberg School’s Department of Epidemiology and co-director of the school’s Center for Drug Safety and Effectiveness.

This lack of understanding may be contributing to the ongoing epidemic of prescription opioid abuse and addiction in the U.S.

“If doctors and patients fail to understand this, they may believe opioids are safer than is actually the case and prescribe them more readily than they should,” said Alexander.

The findings of the survey show that nearly half of the internists, family physicians, and general practitioners incorrectly believed that abuse-deterrent pills — such as those formulated with physical barriers to prevent their being crushed and snorted or injected — were actually less addictive than their standard counterparts.

But the truth is that these pills are equally addictive.

“Opioids serve an important role in the treatment of some patients,” said Alexander. “However, our findings highlight the importance of patient and provider education regarding what abuse-deterrent products can and cannot do. When it comes to the opioid epidemic, we must be cautious about overreliance on technological fixes for what is first and foremost a problem of overprescribing.”

The researchers also found that one-third of the doctors erroneously thought that most prescription drug abuse is by means other than swallowing the pills as

*NEWS continued page 14*

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# LIFE 101

By **COACH CARY BAYER** [www.carybayer.com](http://www.carybayer.com)

## From Interstate to Internet to Inner Self

I just returned from teaching trips in Florida, South Carolina, Virginia, and New York, logging quite a few miles on I-95. Some of us probably take the Interstate Highway system for granted but it's only a little more than half a century old, one of the great achievements of the Eisenhower administration. The technical name for the network is The Dwight D. Eisenhower National System of Interstate and Defense Highways. I bring this up because, impressed by Germany's connected Autobahn roads during World War II, General Eisenhower recognized America's need to be able to transport military equipment and personnel easily and swiftly over smooth roads. He had such a system under construction by 1956, in the fourth year of his Presidency. As of 2012, this vast network included 47,714 miles of mostly free roads.

As I mused on networks and connections, I thought of the World Wide Web, more commonly known as the Internet, which is a much more abstract network, that also keeps us all connected. Email, websites, and social media are keeping us linked together in ways undreamed of in Eisenhower's day. Consider this mind-expanding growth: the total number of websites on the Internet has grown from an August 1991 total of *one to nearly 1 billion 200 million as of September 2014, according to NetCraft.*

Internet usage has grown just as exponentially: As of December 1995 about 16 million people were using the Internet, about 0.4 percent of the world's population. By June 2014, it had reached 2 billion 802 million people or 39 percent of the world's people. In 2012, some \$225 billion worth of business was done in cyberspace. According to eMarketer, that total could reach \$434.2 billion by 2017, nearly doubling in just five short years.

Closer to home, there are stress management methods that keep you connected to your inner Self, your higher nature, deep within you. After many hours in the car last week, I pulled over at an Interstate rest area and practiced the Higher Self Healing Meditation that I had just taught on the Treasure Coast.

As I felt the fatigue from driving many hours and many more miles get expunged from my body, I felt the connection of my individual consciousness with the Universal Consciousness. As great as a connection as the Interstate highway system is, as astonishing a connection as the Internet is, neither are as profound as the connection to your inner Self—the truest Yoga—that serves as a foundation to everything else that you think, speak, and do in this life.

While my consciousness was hovering at the quietest level of thought deep within the mind near the Transcendent, it dawned on me that the Internet and the Interstate were both manifestations—one physical, the other cyber—of the Transcendent, the Universal Being itself within each of us and within all things, which pervades all of Life, and keeps all things connected.

With the advent of social networking sites like the very popular Facebook, for example, the thousand or so people who you are connected to can, theoretically, connect you to many hundreds of thousands of other people. The extraordinary speed by which a You Tube video can go viral, for example, demonstrates this truth quite regularly.

I know that the world will be moving in the right direction spiritually when the numbers of people who connect to their inner Self through meditation and Yoga have a similar exponential growth. According to the *Huffington Post*, as of December 2013, more than 20 million Americans were practicing Yoga, making it a \$27-billion industry. The Transcendental Meditation organization claims to have singlehandedly taught TM to more than five million people.

So I raise my glass to connections—in whatever form you find it. In business, it's said that you need connections to get ahead in your career. That may very well be the case. But when you have connection to your Inner Self, you are in tune with Nature's flow, and She supports you as well as your desires, including your desires in business.

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Benoit spoke about the book (and addiction) on numerous television and radio programs, including *The Today Show*, *Anderson Cooper 360*, and *NPR's Here & Now*.

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# Stepping Stones to Spiritual Independence

By Dr. Dina Evan

Most of us are not sure what this experience on earth is all about. We are not sure are whether we are doing life, or is life doing us? We wonder why our experiences go from high highs to low lows with an occasional oasis of not much to worry about.

We live with the perception that who we chose to love, what we do to make money and what we accumulate in life is all that matters. We have been taught to believe these are the things that lead to happiness. And yet, when we have done our best to accumulate all of these external things we still feel unfulfilled. So what is the point? Actually this life is part of our spiritual process.

To put this spiritual process in context let's simplify it. Let's pretend that you are sitting somewhere, not here, on another plane of awareness. You are about to decide what you what your next life experience to look like and what lessons you would like to learn. You have all the time you need since there is no rush you peruse the past, your accomplishments and all the experiences you have had in each lifetime. You start to be curious about what else you would like to learn. Maybe you want to experience personal empowerment, or what it feels like to be the opposite gender, or a minority or someone who is ill. Why would you do that...because those experiences would add to your soul experience and learning

Since you understand each choice and decision is an education in and of itself, you choose some pretty specific themes. None of these are negative albeit some more challenging than others. After all, Einstein says, *"The greatest spirits choose the greatest challenges."*

Once you have decided on your theme experiences, the right people and energy will be drawn to you to help you fulfill your purpose. They may be friends, family, partners or random people who cross your path. They are all master teachers whom you have invited in to help you with your spiritual curriculum. The moment you begin to understand this, you have graduated to spiritual college. You begin to realize everyone and every experience in life is really in service to your soul. They are all reflecting back to you, your values, goals, beliefs and all the places where growth and added learning are needed. They are offering you the profound chance to discover who you really are beyond the cultural mores, the traditions and the family of origin teachings.

Can you feel what an excellent design and experiment this is? Okay now breathe. Think about the people in your life and what they are teaching you. Think about the experiences you have been through, the challenges you have overcome and what you have discovered about yourself. Now, you can pause before taking steps into your future and ask yourself, is this next decision coming from old programing or from my next step in fulfilling my purpose?



Start to look at your life, the circumstances and people in it objectively. Allow your self to invite fear in and question it. Is the fear coming from your past or is it simply because your next step is unfamiliar? It's as if off in the distance you can see your true home, true purpose and true self. Each experience along the way is a stepping stone bringing you closer to that reality or taking you farther away with self-deception and ego. Pay attention to where you're stepping and with whom. Is your next decision taking closer to your true self and your purpose here, or farther away?

Commit to the process without tricking your self. Notice your excuses and rationalizations for taking short cuts, avoiding the tougher lessons or not taking personal responsibility when you know you are wrong. Decide you are more powerful than all of your excuses and you are not willing to miss this opportunity to evolve in consciousness. Don't beat yourself up for making mistakes. How else can you learn? And, be willing to feel the full gambit of your feelings including fear and angst.

Here is an example out of my playbook. I grew up in an empty room so I have an incredible awareness when people disconnect energetically from me. Being the child of an alcoholic and the middle child I always think that it's about me, or something I have done. Old programming says, What did you do to make them stop calling? Fortunately wise mind steps in and says, Wait a minute, you don't even know what's going on with them. Pick up the phone and call them.

When I do that, I hear "Oh gosh mom, I am so glad you called. I hurt myself at the gym and have been in bed all day."

The point is that it is never about me but ego always thinks it is. Ego fosters separation and spirit fosters healing and connection. So I ask what I can do to help and all the pain goes away. I stepped on the right stone. The one that leads me to my best self. You can do that too.



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



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**Stefanie Carnes**  
PhD, LMFT, CSAT-S  
Clinical Consultant for  
The Sundance Center  
Women's Program



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

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#### NUMBING the PAIN from page 1

to track his grievances, but by then he had moved on to wanting to punch yet another of my co-workers. It appeared he had been called on the carpet for flirting with a female visiting professional by buying her a box of cookies. In his view, he was merely saying, "thank you," for an affirmation she offered him after one of his sessions. His therapeutic team, however, noticed a trend in the behavior, which linked to his tendency to groom women "innocently" before embarking onto a less innocent sexual encounter. In fact, his list of encounters were several pages long, and some involved unprotected sex, which was a health hazard to himself and his wife who had spent years trying to love him. He told me he was ready to run right now. I told him he could run anytime. I honestly didn't want him to run, but I had to give him the opportunity. I had to allow him to make the choice of recovery for himself. He then spat out, "Well then you're going to have to change my schedule. I can't meet with any female therapists alone, because I guess I can't be trusted." I let him know that I thought he might benefit more from learning how to cope with the anxiety of being around female therapists and learning how to resist seeking affirmation from them. I then remembered his referring therapist sharing that Wayne was a "runner" and an "avoider," and he wouldn't be surprised if he left. Wayne took some deep breaths and this time he stayed.

#### Karen (age 37): Married mother of 3 children (ages 9-15)

Karen was introduced to sex by an older male cousin at the age of 10. He brought her to his friends and per her report, they "messed around" with her. She had difficulty seeing that as abuse, because in her view, she enjoyed the feeling of being touched. She described a household where her father held a gun to her mother's head in front of her and her siblings. She also recalled several instances of her father beating her mother, and seeing her mother taken to the hospital. For Karen, sex became the one thing in her young life that felt good. She

used masturbation to calm herself down, to relieve fear and tension, and to escape the turmoil in her household. Masturbation also allowed Karen to take control in an environment where she had none.

As she grew into her teenage years, sex was a way to feel attractive and popular. She continued using sex for attention and comfort well into her 20's and 30's. Compounded with alcohol, she crossed the line at work, and lost several jobs as a result. While part of her longed to have the simplicity of deep intimacy with her spouse and stability for her children, Karen had difficulty coping with her even deeper feeling of worthlessness.

In Psychodrama Group therapy, Karen volunteered to play the protagonist and worked on the scene where her father held a gun to her mother's head. She realized for the first time, how painful her childhood really was, and admitted she felt suicidal most of her life. She expressed fear that if she allowed herself to begin feeling this pain, that it would somehow swallow her whole, and she wouldn't survive it. After all, she had spent years "keeping it together" by telling herself it wasn't that bad, and then soothing the pain with sex. At that moment, she wanted to go back and stop feeling, but at the same time, she knew there was so much more.

#### Jason (age 23): single with a girlfriend

Jason's family system was infiltrated with a long list of high-achieving, outwardly successful grandparents, parents, and siblings. As the youngest of 7 children, he felt his "competition" was near-impossible to beat. Doctors, lawyers, business owners — all the outward signs of success. His parents were well into their 40's when he was born, and the bigger part of him felt as if he was an after-thought in life. By his own admission, he believed he was spoiled and entitled, and since there was not much demanded of him, Jason felt there was likely not much expected of him either. When he was 12, he recalled hanging out with a friend who discovered his father's stash of Playboy magazines and hid them

in the back of his house. That was Jason's introduction to what would become a pattern of using pornography and masturbation to ease his fears and escape from the pressures of reaching a bar of expectation he felt he had no chance of achieving. As he worked on his family Genogram, he realized that while his family was outwardly successful, they lacked emotional availability and connection. For the first time he began to challenge the definition of success.

#### Tom (age 46): Married father of 4 kids (ages 6-18).

Tom finished up a text as we began session, and then handed his phone to me and said, "Isn't she beautiful?" His wife had accompanied him from the West Coast, and while not doing the program herself, decided to be with her husband during his IOP. She was sitting in the lobby reading a book, as her husband shared a photo of his affair partner. I attempted to begin a Trauma Egg with Tom, which comes from the work of Marilyn Murray (PCS Consultant) and helps the client organize significant disturbing events in their lives, uncovering how they felt, how they coped, what message they internalized, and what they needed or wanted instead. It's an effective tool designed to uncover the underlying causes of addictive behaviors. Tom stated he had no memory of his childhood, but was able to recall current turmoil with his father, as they ran a business together.

His face reddened as he described the ways in which his father belittles him and undermines him in business. He angrily relayed how his father will take money from the business, and then deny ever doing it. When I asked him how he dealt with it, he explained that he has tried to talk to his father, but nothing changes. When we looked at ways he could communicate and set boundaries with his father, Tom laughed, "There's nothing I can do. I just have to deal with it." Tom felt powerless in his relationship with his father, yet powerful in his ability to have affairs. In that realm, no one told him how it was

*continued next page*



going to be. When Tom was asked to consider how his wife pays the price for that dynamic, he acknowledged the possibility, but in all honesty didn't want to change it. He was hoping we could figure out a way to teach his wife to stop complaining.

**PCS Intensive Process:**

The IOP at PCS is unique in that it offers 30 hours of individual therapy, along with 20 hours of group therapy, including Psychodrama, Equine, Compulsivity, Codependency, Mindfulness, Communication, Adult Play therapy, called, "Get Real Group," Anger and Forgiveness, and more. The design allows the client to begin to uncover on a deep level the origins of their emotional pain. Clients have the ability to process shame and trauma through experiential therapies, such as Eye Movement Desensitization and Reprocessing (EMDR) and Psychodrama, while also practically addressing their offense cycle (looking at patterns in offending behaviors), their tools to avoid relapse, and ways they will set up a healthy, balanced life. The client has more opportunity to go deep, as his or her sessions tend to build on one another and allow for greater momentum in their therapeutic work. For some clients, this shift occurs in a one-week IOP. For others, they experience greater reward in a two-week IOP.

**Progress Notes:**

**Wayne:** Wayne stayed for two weeks individually, and then decided to do a couples' intensive with his wife for an additional week. The man who was ready to run on day 3 of his first week was breathing differently on the last day of his third week. They both wanted to process the pain of his last affair, an affair that endured longer than other encounters, and continued to burn inside his wife. As she processed with EMDR, he witnessed her grief. He was able to be present as she expressed her sadness and built empathy for her during the process. They both felt like they got to a place of deep intimacy, and Wayne felt the peace he had longed for.

**Karen:** Karen learned how to conquer the heaviness of her shame and feelings of worthlessness, by continuing to share her story with her group. This process allowed her to demystify what she previously deemed shameful and humiliating. Instead of judging her, the group acknowledged her pain, and allowed her to feel for the first time that she was human, just like them. Instead of hiding in shame, Karen began to own her shortcomings from a healthy adult perspective. She had a long road ahead in repairing her relationship, but felt hopeful at the prospect.

**Jason:** Jason learned healthy tools to help him cope with pressure and anxiety, and achieved a level of sobriety

for some time. He began extending himself socially, and felt less isolated and withdrawn. His girlfriend had been on the fence since he began treatment, and a few months after his IOP she ended their relationship. He managed it initially, but loneliness prompted a relapse in his pornography use. He stayed in therapy and was able to successfully recover from the relapse. Through the growth and the life experience, he realized adult life is going to involve struggle, loss, and pain. For the first time, he felt ready to challenge himself to stay sober during the next inevitable disappointment.

**Tom:** Tom decided to go against the encouragement of his therapeutic team and continued to contact the "beautiful woman" whose pictures filled his phone. On his last day, he expressed disappointment that he felt the same; he had difficulty connecting how his decision to maintain the problematic behavior was likely the cause. The shift that did occur involved his wife. Tom went back to the West Coast, while his wife stayed and did her own IOP. She had a difficult time facing the reality of her situation; however, she allowed herself to feel the pain, and in doing so, left PCS with the feeling of empowerment and serenity.

In the end, Wayne, Karen, Jason, and many more clients, began to learn that the best painkiller is to learn how to sit with the pain, face it, and work through it. Soothing it with sex addiction ensures the singular guarantee of more pain.

*\*Clients names and information have been changed in order to protect their confidentiality.*

**— ABOUT PCS —**

Psychological Counseling Services (PCS) is a group practice located in Scottsdale, AZ with over 40 years of experience offering high quality outpatient and intensive outpatient treatment options incorporating a treatment methodology, focused on the specific needs of the client, utilizing a staff of over 25 therapists. The PCS IOP model is a great option for clients needing additional work beyond their weekly appointment suffering from trauma, addictions, depression, anxiety, relational problems, intimacy issues, and narcissism just to name a few. Call and speak to one of our intake specialists for further details or to schedule, 480-947-5739.

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***Psychological Counseling Services***



**Cristine Toel, MA, LAC, S-PSB**

*Cristine is a Licensed Associate Counselor (LAC) in the State of Arizona, under the direct supervision of Dr. Marcus R. Earle. She received her Master's in Professional Counseling from Argosy University, and graduated with honors from Rockhurst University, in Kansas City, Missouri. She is currently EMDR-trained, and a member of the ongoing Psychodrama Training Group through the Arizona Psychodrama Institute. She also completed Advanced Training in Problematic Sexual Behavior from the Society for the Advancement of Sexual Health (SASH) in 2013.*

*Cristine has worked with clients who have survived childhood abuse, adult children of alcoholics, those who struggle with addiction, and their effected family members. She has experience working with clients who encounter divorce, career change, remarriage, blended family concerns, parenting, and step-parenting.*

***Visit [www.pcsearle.com](http://www.pcsearle.com) for more information.***

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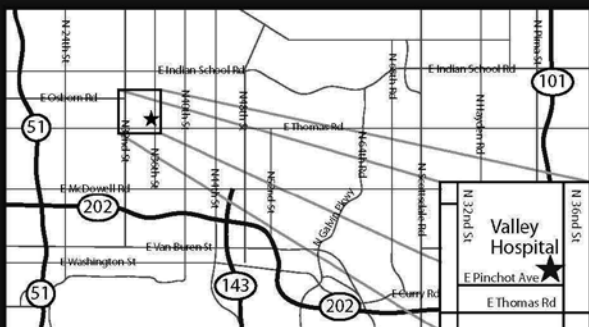


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# Healing *the* Hurt

*A look at bi-polar episodes*

By Dr. Barbara Bachmeier

## Feeling Rejected and Misunderstood

- Do you sometimes feel as if no one really understands what you are going through when you are facing the aftermath of a manic episode?
- Do you wonder if your friends and family even *care* to understand?
- Are they angry with you or blaming you?
- Are you feeling a deep sense of failure and shame?

This can happen, and these kinds of feelings can be devastating and debilitating. But you can recover and feel confident again.

Overcoming feelings of defeat are not only possible, but very important as we want to prevent the “other side” of bipolar to get you down — literally. Such feelings and thoughts can trigger a major depressive episode; so we must look at the events and possible poor decisions and impulse behaviors of the manic episode from a balanced and objective perspective. We can then revise our prevention and actions plans should another manic episode be triggered in the future.

There are two areas to focus on while recovering from a manic episode. The first is self education, and .....the second is the education of family and friends.

Your self- education process will consist of taking an objective look at recent events. Take note of what you were think and feeling. Note the triggers. Track your recent behaviors, especially ones that might have elicited negative responses from family and friends.

You cannot change anything in the past, or the events that have led to here and now. But you can move aside from yourself and look at the events from an objective point of view and assess the distorted thoughts that you have had. You can then assess what triggered distorted thinking that might have led to maladaptive behaviors. You can assess what makes you feel vulnerable. From this information you can revise your wellness and action plan and make adjustments to your lifestyle and relationships to prevent another manic episode, and or to teach other people about your manic episodes and how to help you

This leads us to the second area of focus; educating friends and family. There is no better time than the present for this. Consider setting an appointment

with your therapist and asking your most trusted family member, your spouse, or a very trusted friend to come with you to an appointment.

During the appointment, have your therapist share with your loved one information that you have already reviewed together and that you have approved.

This will be an opportunity for your loved one, spouse, or friend to receive first hand education about your condition and will reinforce the fact that you need support and understanding. This is beyond simple psycho-education about bipolar and what bipolar is. Indeed, your family, loved ones, spouse, and friends, will benefit from learning this and I encourage you to encourage them to attend family support groups where they will learn more and more. But in addition to this, sessions with your therapist can make a huge difference. Over time, you might even be able to persuade your family to engage in family therapy with you.

Remember, you past does not define you. Your mental illness does not define who you are as a human being. You were born with innate gifts and talents. You are good human being and you deserve to be treated as such. So, you must also treat yourself with love and respect and understanding. Often, it is the sufferer who is hardest on him or herself. Check your self defeating and negative thoughts, and thoughts of self judgment and criticism and use your positive thinking skills to change those. Get back into the world, volunteer, and visit friends, it is important to stay in touch with others.



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# Events Calendar | Support Groups

**JULY 20-24 – TUCSON – Cottonwood Tucson – InnerPath Women’s Workshop.** This five-day workshop has been designed especially to meet the needs of women who are re-evaluating their relationships, their priorities, and their sense of self. Facilitated by Rokelle Lerner. Visit [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com) or call Jana at 520-743-2141 or email at [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information and registration.

**JULY 27-31 – TUCSON – Cottonwood Tucson – InnerPath Couples Workshop.** This five-day workshop for couples focuses on learning what constitutes a healthy relationship and how to attain it. Facilitated by Rokelle Lerner. Visit [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com) or call Jana at 520-743-2141 or email at [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information and registration.

**FREE Professional Networking Luncheon — Psychological Counseling Services (PCS)** invites you to join us for a free networking luncheon experience from 12:15 pm to 1:45pm. Mark your calendar for **August 18, September 22, October 20, and November 17th.** If you have attended in the past, feel free to join us anytime. If you are new, please send your email request for an invitation to [pcs@pcsearle.com](mailto:pcs@pcsearle.com) or call 480-947-5739 to speak to Ellen Hamilton for details.

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

**Psychodramatist, Certified Psychodramatist, Practitioner Applicant for Trainer at Arizona Psychodrama Institute.** **July 12** - Basics of Psychodrama: Periphery to Core - 6 hours in Tempe - \$99. **Aug. 15** - Art & Psychodrama in Tucson - \$109 includes art supplies. **Aug. 16** - Ethically Sound Experiential Interventions for Trauma and Self-Injury - Full-Day Workshop at Southwestern School for Behavioral Health Studies in Tucson. **Aug. 17** - Cultural Competency & Diversity - 3 hours, Southwestern School for Behavioral Health Studies in Tucson. [www.azpsychodrama.com](http://www.azpsychodrama.com).

**JULY 30 - AUG. 2. “Journey from Fear to Love” Retreat** with Ken and Mary Richardson. A therapeutic retreat involving daily group processing, retreat time and activities. Open to men and women in 12 Step recovery. At the Merritt Center Lodge, Payon. Register by July 10. Shared and single accommodations available. For details: Ken Richardson at 480-455-7700. Meals included. [www.rccaaz.com](http://www.rccaaz.com).

**Merritt Center Returning Combat Veterans Retreat Program.** Free 4 weekend program for combat Vets. Betty Merritt, [betty@merrittcenter.org](mailto:betty@merrittcenter.org). 800-414-9880 [www.merrittcenter.org](http://www.merrittcenter.org)

## On Going Support

**Tuesdays** - Phoenix — Dennis Ryan facilitates a Men’s Anger Management Group that addresses rage intervention

strategies, healthy expression of anger, emotions education, trigger awareness are the topics covered in the men’s anger management group. Learning and solutions are the focus. A firm commitment of ten sessions required. Schedule an appointment, or make a referral contact: Dennis M. Ryan, M.C., L.P.C. at 602-381-8003. Meets every Tuesday, first session 5 p.m. 6 p.m., and second session 6:00 - 7:00 p.m. Transformation Institute. 4202 N. 32nd Street, Suite J, Phoenix.

**Thursdays** - Phoenix— Dennis Ryan facilitates **Men’s General Therapy Group** empowering members to work through blockages to living. Solutions, support offered to deal with defensiveness, addictive and co-addictive behavior, difficult life issues, and unresolved trauma. Dennis M. Ryan, M.C., L.P.C. at 602-381-8003. Meets every Thursday, first session 5 p.m. - 6:30 p.m., second session 6:30 p.m. - 8 p.m. The Transformation Institute. 4202 N. 32nd Street, Suite J, Phoenix, AZ 85018.

**Renter for office space wanted.** Office space available south of Camelback Corridor. The space consists of an office as part of a spacious suite shared with two other therapists. Rent of \$550.00 includes water, electricity, group room privileges, use of kitchen, and upkeep. Social worker, counselor, or psychologist are strongly preferred. Dennis M. Ryan, M.C., L.P.C. at 602-381-8003.

**CHRONIC PAIN SUFFERERS — “Harvesting Support for Chronic Pain,”** held the third Saturday of the month, from 12 noon - 1 p.m. Harvest of Tempe Classroom, 710 W. Elliot Rd., Suite 103, Tempe. Contact Carol 480-246-7029.

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

**PSA Behavioral Health** introduces **“The Guild”** weekly on Monday evenings from 5:30 -7:30 pm. A fun-filled, educational,

supportive get-together. The Guild is open to the community and brings the community together in raising awareness of mental illness and recovery. The guild meets at PSA North, 2255 W. Northern Ave. in B109. Call Barbara for more information 602-995-1967 x 207.

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

**WOMEN FOR SOBRIETY — www.womenforsobriety.org** meeting every Saturday morning, from 10am-11:30am at All Saints of the Desert Episcopal Church- 9502 W. Hutton Drive. Sun City, AZ 85351. Contact Christy (602) 316-5136

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

**GAMBLERS ANONYMOUS — ACT** Counseling & Education. 11:00 am to 12:30 pm. 602-569-4328 for details. 5010 E. Shea Blvd. D202, Phoenix.

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

**Alumni Meeting—COTTONWOOD TUCSON.** Ongoing: First Wednesday of month 6:00-7:30 p.m. **Cottonwood campus in Tucson.** 4110 W. Sweetwater Drive. 5:00 p.m. dinner. Contact Jana Martin 520-743-2141 or email [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com)

**ACOA** (Adult Children of Alcoholics) Thursdays, 7:00 p.m., North Scottsdale United Meth-

odist Church, 11735 N. Scottsdale Rd., Scottsdale. 602-403-7799.

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

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

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

**Pills Anonymous—Glendale** Tues. 7:00-8:00 pm. HealthSouth Stroke Rehab 13460 N 67th Ave. (S. of Thunderbird) Education Room. Rosalie 602 540-2540. **Mesa** Tues. 7-8:00 pm, St. Matthew United Methodist Church. 2540 W. Baseline. B-14. Jim, 480-813-3406. Meggan 480-603-8892. **Scottsdale**, Wed. 5:30-6:30 pm, N. Scottsdale Fellowship Club, 10427 N. Scottsdale Rd., Room 3. Tom N. 602-290-0998. **Phoenix**, Thurs. 7-8:00 pm. First Mennonite Church 1612 W. Northern. Marc 623-217-9495, Pam 602-944-0834. Contact Janice 602-909-8937.

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

*continued page 13*

## WHO’S THE MOST POWERFUL INFLUENCE IN YOUR CHILD’S LIFE? YOU. HELPLINE: 1-855-DRUGFREE





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# When Your College Kid's Home for the Summer

**H**as your college kid moved back home for the summer? Your family is likely thrilled to have them under your roof again, but you all may be experiencing a bit of tension, fueled by your undergrad's emotional state.

Perhaps they are struggling with the loss of independence, missing college friends, disappointed that high-school friendships aren't what they used to be, uninspired at a summer job, frustrated to have to follow your rules or just really, really bored.

We asked parenting expert Sue Scheff to help parents better understand the state of mind of their living-at-home-again college student, and how they might help their child best cope and stay healthy and safe during this time of transition. She shared four things to keep in mind. (*Partnership for Drug Free Kids*)

- **Your child is probably a bit anxious about being home.**

Teenagers usually go off to college with a sense of excitement about the prospect of being on their own. It's often their first taste of freedom from their parent. Your teen has spent a year in a more unstructured and unsupervised environment. They have new friends you probably don't know. It was a year of growth and, in reality, you may not know your child as well as you used to. Now they come home to a family that expects them to be the same person as you dropped off at school a year earlier. For all of these reasons, it's common to be a bit anxious about coming home.

One way to ease your teen's anxiety is to talk with them about what they are going through. Remain calm, and really listen. Put yourself in their shoes and try to think about how you felt when you were that age. Remember to ask lots of open-ended questions (questions designed to elicit more than just a "yes" or "no" response) that keep conversations moving in the right direction.

- **Establish mutual respect by discussing the rules together**

Respect is a two-way street. Make it clear that you'll respect their independence and will make allowances as they are now maturing into an adult, however, respecting your household rules, are a must. Instead of getting caught up in a power play, remain calm and curious and treat them with the respect they want in return.

As soon as your college kid arrives home, sit down and negotiate the household rules and what you expect. Be sure to discuss curfews, chores, if you expect your son or daughter to get a summer job, as well as your feelings about drinking and substance use. Instead of lecturing, have a conversation, respect their opinions and let them feel heard.



***Your child needs to know that if any problems or difficult situations arise, they can always turn to you for help – whether away at college or back at home.***

You don't have to agree to every request, but giving a voice will make your children feel understood.

Also, use this as an opportunity for your teen to establish what they expect from you in return regarding their own personal wishes.

- **Help your child learn coping skills**

Your teen may be struggling to figure out where they belong. Friends may have changed, and maybe things aren't exactly the way they thought they would be. Have a conversation with a sense of understanding and compassion.

Whatever it is your kid's are facing, help them understand that not everything in life will go the way we want it to. Learning healthy coping skills is an important part of being an adult. And using alcohol or drugs to cope with emotional pain is not a solution.

Show your concern and ask permission to help find healthy alternatives to dealing with difficult feelings than turning to drugs. Sit down with your teen and have them make a list of positive skills to implement in day-to-day life while at home. This could be whatever they enjoy, including sports, yoga, listening to music, hiking, dancing or even trying out a new activity. Volunteering is a great way to broaden awareness, meet new people and give back to others and it also instills self-esteem to help make better choices.

However, it's important to stay alert to possible mental health issues. Between the ages of 18 and 25 are when a lot of disorders, like anxiety, can develop. There is a strong link between mental and physical health is-

sues and the use of drugs and alcohol. Be sure to find mental health resources for your child if needed.

- **If they are drinking and using drugs**

If you suspect your teen has a substance abuse problem, call the Partnership's Toll-Free Helpline (1-855-DRUGFREE) to speak with a trained specialist.

**Here are expert tips on what to do if you know your 19-25 year old is using:**

Don't overlook the prescription drugs in your home, which teens often have easy access to and can abuse. Be sure your prescription medicines are secured and that expired/unused medicines in your home are properly disposed of.

It is important to note that car crashes are the leading cause of death for US teens. And, according to the National Highway Traffic Safety Administration, the period between Memorial Day and Labor Day is the deadliest for drivers ages 15-20. Drinking and driving, and texting while driving, are incredibly dangerous. Make it clear to your child this behavior is unacceptable, and that if she needs a ride or help getting out of a situation, you are there for him or her.

Lastly, remind them that you love and care about them, and you are there to talk about these — or any other issues they may be dealing with.

It's not all about the topic of drinking, drug use and safety — it's about maintaining a generally healthy, supportive relationship. Your child needs to know that if any problems or difficult situations arise, they can always turn to you for help — whether away at college or back at home.

*Sue is an author, parent advocate, cyber advocate and the founder and president of Parents' Universal Resource Experts Inc. (P.U.R.E., 2001). Over the past decade, P.U.R.E. has gained both national and international recognition for its success in helping thousands of parents locate safe and effective therapeutic schools and programs for their at-risk teens.*

***“Good conversations help kids see we care about their lives, that we are there to support them, and to help them develop strategies for solving problems themselves.”***



# Are You the Only One Taking Your Medicine?

On June 10, The Alliance for Balanced Pain Management (AfBPM) today launched a new educational tool – “Are You the Only One Taking Your Medicine?” — that consumers and health care providers can use to assess whether a home is at risk for medication misuse, abuse or diversion. The tool also includes tips for how to monitor, safeguard and properly dispose of prescription medicines, including pain medicines, to minimize the risk of inappropriate use.

This free tool can be accessed at <http://alliancebpm.org/asset/2015-06-03-afbpm-checklist-pdf>

According to the Centers for Medicare and Medicaid Services, 60 to 70 percent of teens say home medicine cabinets are their source of drugs. Furthermore, each year an estimated 71,000 children 18 and younger are seen in U.S. emergency departments for unintentional medication poisonings.

“While pain management, including prescription pain medicine when appropriate, is important, it’s critical to be aware of the potential for medicine abuse in the home,” said Marcia Lee Taylor, interim President and CEO of Partnership for Drug-Free Kids and AfBPM Steering Committee member.

“Two thirds of teens who report abuse of prescription medicine are getting them from friends, family or acquaintances. This new tool will help people understand what they can do to ‘mind their meds’ so that teens and others in their life won’t have access to their prescription medication.”



Access to integrated pain management, such as physical therapy and rehabilitation, psychological counseling, social support, medication and other complementary approaches, can help manage acute and chronic pain. If medications are prescribed, AfBPM



**71,000 children 18 and younger are seen in U.S. emergency departments for unintentional medication poisonings.**

encourages people to speak with their health care providers to ensure they take their medication properly and to store and dispose of it appropriately to help avoid unintended consequences, such as misuse, abuse or diversion.

AfBPM is a diverse collective of health care advocacy groups, patient organizations, industry representatives and other stakeholders with a mission to support both the appropriate access to integrated pain management and the responsible use of prescription pain medicines with an aim to reduce abuse and enhance patient safety. Member organizations and resources for balanced pain management can be found at [www.AllianceBPM.org](http://www.AllianceBPM.org).



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### Events from page 11

**Sex Addicts Anonymous** [www.saa-phoenix.org](http://www.saa-phoenix.org) 602-735-1681 or 520-745-0775.

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

**Special Needs AA Meetings.** Contact Cynthia SN/AC Coordinator 480-946-1384, email Mike at [mphaes@mac.com](mailto:mphaes@mac.com)

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

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

**SLAA—Sex and Love Addict Anonymous** 602-337-7117. [slaa-arizona.org](http://slaa-arizona.org)


**FOOD ADDICTS Anonymous**—[www.Foodaddictsanonymous.org](http://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](http://www.arizonada.org).

**Crystal Meth Anonymous** [www.cmaaz.org](http://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/](http://cmaaz.org/god-zombies-the-awakening/)

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## RECOVERY SERVICES

A Mindfulness Center	480-207-6106
ACT Counseling	602-569-4328
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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
Sundance Center	844-878-4925
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
TERROS	602-685-6000
Valley Hosptial	602-952-3939
Veritas Counseling	(602) 863-3939

### LEGAL SERVICES

Dwane Cates 480-905-3117

### RESOURCE DIRECTORY LISTINGS

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*NEWS from page 5*

intended.

Several studies have shown that the most common way in which drugs of abuse are administered is ingestion, followed by snorting and injection. The percentage of users ingesting the drugs ranges from 64 to 97 percent, depending on the population studied. Certain medications are more likely than others to be snorted or injected.

By 2009, prescription drugs surpassed motor vehicle crashes as a leading cause of unintentional death, with more people dying from prescription opioids than cocaine and heroin combined.

“Doctors continue to overestimate the effectiveness of prescription pain medications and underestimate their risks, and that’s why we are facing such a public health crisis,” Alexander said.

The findings showed that all respondents believed that prescription drug abuse was at least a small problem in their communities, with more than half reporting it was a “big problem.” Though there was a gap in physicians’ knowledge of some elements of abuse and addiction, the researchers found large support for a variety of actions that could reduce prescription opioid abuse.

Nearly nine out of 10 physicians said they “strongly supported” requiring patients to receive opioids from a single prescriber and/or pharmacy, something that would cut down on the number of patients who go from doctor to doctor to get more pain pills than one doctor would prescribe.

More than half of the respondents strongly supported the use of urine testing for chronic opioid users to make sure patients are taking their medication and not diverting it and are not taking drugs they are not prescribed. Two-thirds strongly supported the use of patient contracts, where patients agree to properly use their pain medication and not give or sell it to others.





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Alexander said he is encouraged by the numbers, but he thinks that some doctors may be overstating their support for such measures, as they would be time-consuming to implement and, in the case of urine testing, are already recommended by some guidelines yet typically underused.

“Despite the high levels of support, there are many barriers to implementation and there may be reluctance to translate these changes into real-world practice,” he says.

“But for the sake of making a dent in an epidemic of injuries and deaths, we have to find ways to make changes. Too many lives are at stake to stick with the status quo.”

The findings are published in the Clinical Journal of Pain. Source: Johns Hopkins University Bloomberg School of Public Health.


### Study Questions Effectiveness of Medical Marijuana for Many Conditions

A review of 80 studies of medical marijuana concludes it may be useful for treating certain conditions, but the evidence is

weak in supporting the drug’s use for many others. The researchers said any benefits of medical marijuana must be weighed against side effects including nausea, dizziness, dry mouth, sleepiness and euphoria.

The study found moderate-quality evidence to support medical marijuana’s use for chronic pain and muscle spasms, Reuters reports. The researchers said there was only low-quality evidence supporting medical marijuana’s use in treating nausea and vomiting due to chemotherapy, sleep disorders, HIV-related weight loss and Tourette’s syndrome.

“Individuals considering cannabinoids as a possible treatment for their symptoms should discuss the potential benefits and harms with their doctor,” lead researcher Penny Whiting of University Hospitals Bristol NHS Foundation Trust in the United Kingdom told Reuters.




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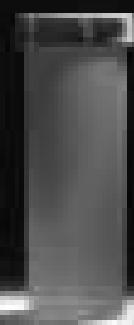




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