

# Together AZ

MARCH 2015

Inspiring Success on the Road to Recovery

## You Can't Beat the House

By Bobbe McGinley, MA, MBA, LISAC, NCGC II, CADAC

**V**irtually every major culture that exists in recorded history exhibited some manifestation of gambling. Whether it was ancient card games in China or dice-based gambling in the Roman Empire, gambling has been around for a long time. In many ancient cultures gambling was seen as a reasonable method of bloodless conflict resolution. A legend exists that around the year 1000 A.D. the King of Norway and King of Sweden peacefully settled a territorial dispute based on a few rolls of dice.

Fast forward to today, as the theme this year for the National Council on Compulsive Gambling in Washington, D.C. is “**Problem Gambling: Have the Conversation**,” and that is my intention here.

For many people gambling is a simple form of entertainment, to others — it becomes an uncontrollable behavior. It can start so innocently. You had a little bet on the big game and lost, or overspent a little on the horses. So, you tell yourself, “So what, I won’t do it next time.” But the fact is, for some what starts out as a harmless dabble, quickly grows into an obsession.

Many terms are used to describe a person with a problem from pathological gambler, gambling addict,

compulsive gambler, to problem gambler. All these words can describe anyone when gambling becomes more than an innocent diversion.

‘Problem gambling’ will be used in this article as an umbrella term to describe a situation where gambling disrupts one’s life, but the extent of the disruption is not defined. Problem gambling includes pathological gambling, which is a more severe condition and has a specific medical meaning.

### Pathological Gambling Defined

Pathological gambling is recognized as a medical disorder by the American Psychiatric Association and has elements of addiction similar to alcohol and drug addiction. It describes a gambler who loses control over this behavior with damaging personal, social and financial effects. Very often, the pathological gambler suffers from legal problems. Because they are losing control it has been referred to by mental health practitioners as an impulse disorder. Pathological gambling is a progressive disease, meaning the symptoms will get worse over time. Mental health professionals see it as a complex disease often in conjunction with other disorders including depression and chemical dependency.

Mick, Sarah and Ian know what it’s like to lose control. They all reached the point when gambling ruined their lives. They know what it’s like to lose everything, from family and friends, to money, possessions, dignity and self-esteem. Ian says an addiction to gambling is like an allergy. “For people who may be allergic to bees, they won’t go sitting near a beehive, I’m allergic to gambling.”

### Lives Destroyed

Graphic stories exist of lives destroyed by pathological gambling, and the media readily tells the tales. Examples like these:

- *A 40 year old Illinois woman gambled away her family’s savings and her wedding ring on a riverboat casino. When she found out the sheriff was on his way to evict her and her family for missing 17 consecutive mortgage payments, she drove to a mall parking lot and shot herself. She left a husband who did not know she gambled, let alone had a gambling problem.*
- *A young man killed himself after running up a huge gambling loss. He left a suicide note which simply read, “I’m out of control.” He was 19 years old.*
- *An Asian immigrant fatally shot two friends and later committed suicide. He was despondent over his gambling debts and owed as much as \$200,000.*
- *A bank robbery occurred in San Jose, CA. The robber was found within a couple of hours waiting for a seat at the gaming tables inside a club.*
- *In Oregon, a County Commissioner was recalled after pleading guilty to embezzling county funds to fuel his compulsive gambling.*

Tragic examples such as these receive an enormous amount of publicity and are often used by anti-gambling groups to fight the spread of legalized gambling. Industry observers credit attention from these stories as blocking laws that would have relaxed betting limit regulations in some states.



### About Gambling Awareness Week

The beginning of March is recognized as Arizona Problem Gambling Awareness Week to coincide with the nationwide Problem Gambling Awareness Month. This year, awareness week and the *Arizona Office of Problem Gambling’s 2015 Symposium* is actually the culmination of efforts to educate the public about problem gambling.

With the Valley having played host to some of the largest sporting events in the country, OPG anticipated the influx of visitors to gambling venues and began awareness campaigns in January. The educational push involved billboards along major highways as well as TV and radio spots. Each message pushed the reality of the consequences of problem gambling, its effects on families, and how to find help.

Treating the issue of problem gambling as one that effects more than just the individual gambler has been an educational focus for OPG. Through a recent survey, they found that nearly all patients seeing service providers contracted through the agency cited “family problems” as a main consequence of problem gambling. The destruction of families leading to divorce, escalating conflicts with loved ones, and domestic violence are all consequences problem gamblers face. Through the same survey it was found that outreach was key to helping combat the issues of problem gambling.

In 2014, OPG employees attended more than 90 resource fairs across the state to help educate communities about the issue of problem gambling and professional resources for help. These face-to-face interactions are vital to promoting awareness of not only counseling services, but treatment programs, and support groups like Gamblers Anonymous.

Many people learn about these services through the website, **problemgambling.az.gov** or by calling the hotline **1-800-NextStep**. When an individual contacts the hotline they are connected with a licensed counselor who assesses their needs and puts them in

## The Sundance Center Opens Women’s Addiction Treatment Program

The Sundance Center announced their new residential treatment program for women seeking to recover from addictions and co-occurring relationship issues, trauma, grief and underlying mental health disorders.

Within this nurturing, secluded setting in Scottsdale, women can engage in more focused work on their specific issues in the safety and security of a gender-separate environment. A blend of naturopathic and traditional therapies encourages them to heal wholly as they are guided toward physical, emotional and spiritual growth.

“With the opening of our gender-specific program for women, our integrative treatment model can now be further individualized to meet the unique needs of women seeking comprehensive treatment of addictive disorders,” said Ravi Chandiramani, ND, Medical Director at The Sundance Center.

### Program highlights include:

- Equine therapy
- (EMDR) Eye Movement Desensitization and Reprocessing
- Cognitive and Dialectical Behavior Therapy
- Yoga
- Body awareness
- Nutritional groups
- Mindfulness
- Skills groups
- Art therapy
- Psychodrama
- Family program
- Adobe-style residence with a spacious living area, sprawling backyard, pool, fire pit and gourmet chef







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

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

In secluded Nash House – adjacent to Cottonwood's safe and supportive environment – InnerPath's life-changing programs for individuals and couples explore strategies to balance body, mind and spirit. Featuring dynamic interaction between participants and staff plus a powerful variety of therapeutic experiences – along with Rokelle's incredible insight and sense of humor – significant results can be achieved in addressing many life issues.



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## PUBLISHER'S NOTE

By Barbara Nicholson-Brown

# Keep Calm & Trudge On

There is always something I can learn about staying on the sober path because on this journey the magic and mystery never ends. But it's never been as simple as getting from point A to point B for me.

I've questioned others, defended my opinion, listened, but not followed through with sage advice; so my process *still* can be painful at times — yet it's probably the best way I learn important lessons.

Early in sobriety, I heard the word humility used quite a bit and thought it must be another way of saying humiliation. Humble was never part of my being.

I was judgmental about myself and others, so I numbed my flaws and defects through substances and alcohol. I wasn't grateful for anything and believed I was dealt a bad hand.

I completely related to the song "*Born Under a Bad Sign*," and used it as one of my thousand excuses to continue my destructive behaviors. To this day, I've never read anywhere that Pisces are bad people, or the black sheep on the astrology chart. But it seemed like a good excuse to justify what I

was doing. When I made mistakes (*which were many*) I couldn't own up to them.

At the height of my drinking, I was "terminated" by my brother from his graphic design firm. He had list: accounting errors, sloppy work, but mostly coming to work either 'half in the bag' or 'hung-over from hell' sealed the firing. After that, the rebel in me (*I'll show YOU!*) drank and used more, and I clung to a nasty resentment about the whole ordeal. Years later he told me it would have made more sense to pay me not to come in at all. Humble. Accountable. Words that did not apply to me.

All I can change is me. I've learned how to listen. No one is out to get me anymore — no one ever was.

I'm grateful something (my Higher Power) greater saw a reason to keep me on this planet. By all accounts I shouldn't be here. I have my health, friends, family, and colleagues that mean the world to me.

Thank you all for trudging this amazing road with me.

## GAMBLING from page 1

touch with professional resources. The Office of Problem Gambling contracts with about 20 providers throughout the state. And, believing that income should not be a limitation to anyone earnestly seeking help, the OPG has funding to help cover a limited number of visits to trained counselors.

***"To reduce the fiscal harm one can impose on themselves and the family, the OPG offers a statewide self-exclusion program."***

The partnership between the state and tribal nations, (Arizona Tribal-State Gaming Compact), has created funding for the OPG, averaging about \$2 million a year. The funds are used for education and prevention of problem gambling, as well as treatment and self-exclusion. To reduce the fiscal harm one can impose on themselves and the family, the OPG offers a statewide self-exclusion program.

The program assists an individual who wants to voluntarily exclude him or herself from participating in all Tribal gaming activity within the State of Arizona. Participants choose the irrevocable exclusion duration of 1, 5, or 10 years.

This includes all casinos in the State of Arizona as well as all Harrah's /Caesar's Entertainment worldwide.

## SUNDANCE from page 1

The Sundance Center is at the forefront of the integrative medicine movement, in which the best of all treatment methods are combined for comprehensive healing. Led by a full-time, onsite naturopathic physician who has more than a decade of clinical experience treating addiction, our multidisciplinary team includes a board-certified physician, a psychiatrist, master's level therapists and licensed addiction counselors.

As clinical consultant for The Sundance Center, *Stefanie Carnes, PhD, LMFT, CSAT-S* will be implementing a partners program for women struggling with issues of betrayal, grief and loss. Dr. Carnes became president of IITAP in November 2010. She is a licensed marriage and family therapist and an AAMFT-approved supervisor and speaks regularly at national conferences. Her area of expertise is working with patients and families struggling with multiple addictions, such as sexual addiction, eating disorders and chemical dependency.



*The Sundance Center was founded with the belief that a rehab center will be more effective if our clients are part of a warm, supportive community. With two staff members for every client, you cannot be lost in the crowd. You are teamed with two therapists, one focusing on addiction, the other on any underlying issues such as trauma, depression or anxiety.*

For more information visit [www.sundancecenter.com](http://www.sundancecenter.com) to learn more or call 866-211-1184.

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- SURVIVORS I**  
Delves into less than nurturing family-of-origin issues that impact current-day life. Held weekly, with the exception of Thanksgiving, Christmas, and New Year’s.
- SURVIVORS II**  
Addresses unresolved trauma and self-defeating behaviors that are manifested in dysfunctional patterns. (Prerequisite: Survivors I)
  - January 12-16
  - March 2-6
  - April 13-17
  - May 25-29
  - July 13-17
  - August 17-21
  - October 5-9
  - November 2-6
  - December 7-11

**FAMILY WORKSHOP**  
Intervenes on dysfunction within the family system and builds family strengths. Scheduled upon request.

- HEALING HEARTACHE: A GRIEF AND LOSS WORKSHOP**  
Serves to assist participants in furthering resolution surrounding loss of all kinds.
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  - June 29 - July 3
  - September 28 - October 2
  - November 30 - December 4

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  - April 6-10
  - June 1-5
  - July 6-10
  - Aug. 31 - Sept. 4
  - October 12-16
  - December 14-18

- JOURNEY OF A WOMAN’S HEART: FINDING TRUE INTIMACY**  
Addresses sensitive sexual concerns experienced by women.
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  - November 16-20

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  - March 23-27
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  - May 25-29
  - June 22-26
  - July 27-31
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  - September 21-25
  - October 26-30
  - November 16-20
  - December 14-18

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  - September 7-11
  - November 2-6

**3-Day Workshop**
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  - October 2-4
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- STRENGTHENING COUPLESHP: WORKING TOGETHER**  
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  - March 9-13
  - April 13-17
  - May 11-15
  - June 8-12
  - July 13-17
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  - September 7-11
  - October 12-16
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# Benzodiazepines: *Helpful or Harmful?*

This class of drugs, includes Xanax and Valium, helps control anxiety and panic attacks.



The mere thought of climbing into a car sends Jenn spiraling into a state of agitation and fear.

Jenn, a 30-year-old freelance book editor who lives in North Carolina, survived two near-fatal car accidents as a teenager. Since then, she’s battled post-traumatic stress disorder and panic attacks. She has visited a therapist, and she regularly takes Zoloft, a medication that treats depression, anxiety and other conditions. But the only thing that truly quiets her nerves before sliding into a vehicle’s passenger seat, she says, is Valium.

“I notice that once I go ahead and take it, I feel so much better — like I can finally relax,” she says. “Sometimes that makes all the difference in the world.”

Valium is a medication that’s part of a

larger class of drugs called benzodiazepines. Benzodiazepines are commonly prescribed for anxiety and agitation. They can also be used for insomnia, seizures and alcohol withdrawal.

Some types of benzodiazepines are instantly recognizable; Ativan and Xanax, for example, have infiltrated popular culture and are now colloquially considered “quick fixes” for everything from poor sleep to panic disorders. But other forms include — but aren’t limited to — the drugs Klonopin and Valium.

Benzodiazepines are some of the most common medications in the world; a recent study sponsored by the National Institutes of Health found that about 1 in 20 adults received a prescription for them in 2008.

*continued page 12*

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## 6 Smart Steps to Express and Resolve Negative Feelings

By Mike Bundrant

Putting feelings into words produces measurable therapeutic effects in your brain. Here are six steps to doing it well.

### Label What You Feel

If you don't know what you are feeling, then you are lost for the get-go. Many of us feel things without consciously knowing what we're feeling. Labeling is critical to knowing what to do next. Research suggests by labeling your feelings, you will handle them better. Labels 'contain' feelings, and point the way toward resolution. Are you feeling anger, sadness, grief, fear, humiliation, annoyance, frustration, disappointment?

### Place the Feeling In Proper Context

Placing your feelings in context is particularly important. Let's say you're angry. Angry about what, *specifically*? Getting specific is the key because you don't want to throw in everything but the kitchen sink.

You're angry at your friend. What happened? He failed to show up to your lunch date on time. Ok – keep it to that. Don't sit there and stew on everything your friend has done to disappoint you in the past. This will not help you express what you are feeling now. Generalizing will only serve to overwhelm you and create defensiveness in your friend.

### Speak Out While Staying Consciously Connected to the Feeling

Locate the feeling in your body and begin to talk. I am angry because..., I am feeling sad because.....I am feeling anxious

about... and so on. While you speak, stay aware of the feeling. Don't just let the feeling take over. Consciously monitor it. As you speak and the feeling comes out, it will shift. New thoughts will come to mind. Stay on top of it. If you do it this way, you will work through the feeling productively — and be more likely to come to resolution.

### Speak with Maturity

If you fly off the handle when expressing negative feelings, you are likely to 1) create more problems with other people and 2) fail to resolve how you are feeling within yourself. Why? Because when you act immaturely, others will react to that and often refuse to give you what you need to resolve your own feelings.

### Accept Feedback

You know what you are feeling. You have spoken it while staying conscious, mature and specific. Once you've gotten it out, you are in a position to receive feedback. Be open to it. You might learn something that changes it all for you. For example, your friend had a valid reason for being late. Who knows what's going on, really, in someone else's life?

### Reevaluate your Feelings

After receiving feedback, check in with yourself. How do you feel now? Are your feelings resolved? Or, what's left? If you have feelings left over, begin at step one!

*Mike Bundrant is author of the book Your Achilles Eel: Discover and Overcome the Hidden Cause of Negative Emotions, Bad Decisions and Self-Sabotage.*

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# What We Hold



By Dr. Marlo Archer

I can keep a secret — a lot of secrets. I can, and do, and have, kept hundreds of thousands of secrets over the course of my career.

I have not told parents their teens are sexually active, or gay. Or that they've tried alcohol or marijuana. I have not told the single male 4:00 p.m. client the 5:00 p.m. female client his age is also single and shares his love of Country Music and Great Danes.

I have made sure that one Tempe Police officer doesn't pass another in my waiting room by strategically not offering them adjacent appointments. I have not told the father of a 19 year-old that his son was no longer attending appointments, even after the father shared he had been giving his son money weekly to do so. I don't leave voice mail messages on people's phones or send mail to their homes without their permission.

I don't use people's names in the waiting room when others are there. I haven't told a single soul about the celebrities to whom I have provided services. I don't tell husbands and wives that their partners are contemplating divorce. I cannot share when I have a client who wins a sporting event or gets elected to office. I cannot tell my cousin that I'm seeing a client whose first name is my cousin's father's name and whose last name is my cousin's mother's name. I am seeing a client I am certain is the sister of another one of my clients although neither has mentioned it, so I believe they each picked me independently and don't know the other one sees me and they may not have even told each other they're seeing a therapist at all.

I don't tell anyone you were raped several times as a teen when you were drunk at a party. I don't tell anyone you went through the drive-through after dinner

last night and ate a whole second dinner. I don't tell anyone that you fantasize about your old girlfriend while you make love to your wife because your wife has gotten so overweight you no longer find her attractive, but you love her and would never leave her.

### I Hold This

I hold this for you. I hold this so you can heal from your wounds and do the difficult work therapy requires without fearing for your privacy. Every therapist holds all of this for their clients. *We are bound to confidentiality or we will lose our license to practice. We take the vow very seriously.*

That said, I sometimes want to talk to someone about "my day." It used to be the case I could come home and tell my husband when I had a rough day without violating anyone's privacy. To simply tell him that I'd had a rough day doesn't give him any client information.

I also became expert at telling him only the parts that mattered to me, without linking them in any recognizable way to a client. For example, I might tell him a client came in and told me that they had been contacted on Facebook by an old flame and the client didn't tell their spouse and I am worried they might be thinking about cheating on their spouse. Without even stating the client's gender or the gender of the old romance or the gender of the spouse, my husband would have no earthly clue to whom I might be referring, *and he wouldn't care.*

We'd just be able to talk about the importance of not keeping secrets like that in marriages in general and in our marriage, specifically. However, now that my husband is my office manager, I can no longer say those sorts of things because even if he doesn't try to guess, it's not that

hard to figure out which one of our clients I might be talking about if our day included two single women, a couple of teenagers, an elderly man who doesn't even have a smartphone, and a sour-looking woman whose husband stopped attending sessions with her months ago.

I might have a client who is cruising along in therapy, working on routine issues, and they come in and tell me that their cousins were out hunting together and one of the cousins accidentally shot and killed their grandfather, and after a session like that, I am shocked and would really love to just tell him that something really major just went down, and even that much would be a violation of client privacy. So, what I do, what all ethical counselors do, is we keep your secrets, we manage our emotional reactions to the things we hold, and we engage in an extraordinary amount of self-care. We take time to rest, we journal to process our emotions and then shred

them. We have our own therapists. We take vacations, we cry, join causes, hug our children, spouses, and pets. We exercise, drink enough water, go to the movies with friends, go to bed at a reasonable hour, eat reasonable portions of nutritious foods, engage in spiritual practices, read, have creative hobbies, and express our feelings respectfully to appropriate audiences at well-chosen times.

You have a hard story to know. Each therapist has his or her own hard story to know as well as thousands of others. Self-Care is the key to staying in the field a long time in a healthy way that does service to the clients.

*Dr. Marlo Archer is a licensed psychologist who works with kids, teens, and their families and can be reached at 480-705-5007 or [DrMarlo.com](http://DrMarlo.com). An international presenter, she also trains therapists and other professionals to use the action methods of psychodrama in their work or life through [www.AzPsychodrama.com](http://www.AzPsychodrama.com).*



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# Why Seek Anger Management Counseling?

By Aaron Karmin



*“If you are patient in one moment of anger, you will escape a hundred days of sorrow.”*

Anger is a basic human emotion. Depending on how it is managed and expressed, anger can have positive or negative consequences.

Awareness of angry feelings can be helpful as it can signal when our rights are being violated or our needs are being ignored by others.

Anger can also help to energize and motivate us to work to address problems with another person or to change our life situation. However, there are potential negative consequences of anger when it is not managed or expressed appropriately. Prolonged or intense anger contributes to physical conditions such as insomnia, loss of appetite, chronic fatigue, headaches, stomach aches, tightness in the throat, increased heart rate, increased blood pressure digestive problems, or heart disease. Problems dealing with angry feelings may be linked to yelling, cursing, threatening others, pushing, shoving, hitting, hostility, resentment, rage, anxiety, numbness, depression, crying spells, low self esteem, or abuse of alcohol or drugs.

Throughout our lives, we improve our skills by taking “courses” and practicing what we learn; if you played sports, you were coached in the basics and practiced them until they became rote; at work, you were shown how to perform tasks, then got better and better as you repeated the process; to learn cooking or outdoor grilling, you followed recipes or observed someone with known abilities, then added your personal touches. Controlling one’s emotions is another skill, one that gets little or no attention until failure to do so results in trouble.

If you are considering anger management counseling, my guess is that you have a respectable job and care deeply for your family and friends, even though you may lash out at them. So why do you do it? More than likely, your problem managing anger is due to various factors, some of which are hidden from awareness. The goal of anger management therapy is to isolate the triggers that ignite your rage in the present. However, as you start to get a meaningful understanding of your problem, past experiences are often explored, including any toxic childhood experiences or dysfunctional parenting to which you were exposed. After all, no one would challenge the notion that experiences from your early life, whether relatively normal or painfully traumatic, has shaped your reactions today.

Learning to deal with feelings of anger, rather than running away from them will enhance your feelings of empowerment. It may help to reframe or reevaluate the situation(s). To begin, start by looking at your choices and what you do have control over. You cannot control other people, but you can control your behavior and reactions to events. Relaxation skills like deep breathing can also offer a natural way to calm a racing pulse and mind. Writing your feelings down in a private journal is an additional step you can take to lower your level of distress. Anger management counseling can be a valuable for people of all ages, like the ancient Chinese proverb says, “If you are patient in one moment of anger, you will escape a hundred days of sorrow.”



Parents have more influence over their child than friends, music, TV, the Internet and celebrities.

Learn more at [www.drugfree.org](http://www.drugfree.org)

# CALL TO ACTION

*Arizona Recovery Housing Association urges you to call your Representative in opposition to HB 2563*

**UPDATE:** AzRHA and NARA are working together with other stakeholders at the legislature to find a resolution to concerns regarding Prescott and HB2563. We feel confident that the commitment of our associations to offer a self regulated industry that works with our communities and provides an important service with best practices in mind will be highlighted through this stakeholder process. We look forward to finding a solution that works for Prescott and the providers. “

A bill before the AZ Legislature — HB 2563 is attempting to require non-medical recovery housing providers (sober living) to become licensed under ADBHS. If you are a sober living house and want to operate you would need to meet the criteria which a licensed facility must pass. This goes against everything AzRHA has worked at for so long. It violates Federal Fair Housing Law because addicts and alcoholics are a protected class— this bill unfairly targets them.

**What Can You Do?**

We must act and let our representatives know how we will be adversely impacted, how our business will not be able to operate if this bill passes, and how many thousands of Arizonans will likely become homeless if we can’t provide our services.

You will need to call your representative in the House for your legislative district and call the committee members debating this bill. Everyone should do this — operators, stakeholders, alumni, anyone who has been helped by sober living. You

have a voice and it must be heard to make a difference.

**Talking Points**

Community based recovery homes are not medical service providers, they provide a safe, clean living environment for people in recovery. They are the bridge between medical substance abuse services and community living that creates long-term recovery, which transforms addicts and alcoholics that require extra support into productive, contributing members of society.

ADBHS licensure regulates organizations provide healthcare services such as hospitals, residential substance abuse treatment facilities.

Recovery housing providers do not provide mental or physical healthcare services and should not be held to the standards of healthcare organizations.

Recovery homes are classified as “Group Homes for the Handicapped” under the Federal Fair Housing Act. State law cannot usurp Federal Law.

Non-medical recovery housing providers do not have the human or financial capital to support being held to healthcare standards and paying licensing fees. They will be driven out of business if this legislation passes, creating hundreds of homeless individuals. Non-medical recovery housing providers are subject to their city’s zoning ordinances and rules.

*AzRHA member programs receive certification annually upon passing AzRHA inspection, which certifies them as a quality recovery housing provider. [www.myazrha.org](http://www.myazrha.org).*



# Characters, Including You

By Dr. Dina Evan

I am a character. I have always known I was different. I always felt I played outside of everyone else's circle. I thought it was because I grew up in an empty room, had middle child syndrome, or was just born weird. I had no idea how much of a character I was until a client, who after a particularly tearful session, paused at the doorway and turned around to flip me a bird, and softly say, "Thank you." She knew I would get it and her because she too was a character.

## I tell my truth

I have no illusion that my truth is *the truth*. It's just my truth, and most of the time after 30 plus years of counseling, and all the truth my college courses didn't teach me, but my clients did — usually hits home. I love the truth. Truth has the same vibrational frequency as love. The truth always heals. It's not always comfortable, but it is always healing, and that's a truth you can count on that is universal.

Another truth that is valuable, is that without characters in our world, not only would life be boring, but, in addition, we would never learn anything about who we are at a core level. Whenever we have an encounter with a character, it is your response to that person that gives you a peek into your own integrity and need for sameness.

- Do we judge?
- Do we feel uncomfortable?
- Do we want the person to change so we can be comfortable?
- Do we try to emulate him or her?
- Do we see his or her presence in our life as a gift?

*There is so much to learn, and so many gifts if we are aware enough to notice.*

There are many different kinds of characters in the world. Some are on the lower end of the consciousness frequency who are only concerned with their own survival, material wealth and physical beauty. Depending upon our response to them, we can get a peek at our tendencies to become envious and resentful. We can decide the world is unfair instead of creating what we really want in our own lives.

Then, there are the characters who are crass, loathsome and often down right bullies, with personality traits we hate. We forget those traits are born from the maim-

ing of a childhood, their own insecurities or lack of self-esteem. These characters teach us forgiveness and acceptance even in the face of the immediate need for showers and deep gut efforts not to fight back. We may label these characters as unworthy or unlovable ...or we could wonder what pain they are in that causes their perception of life and reflect back understanding instead of loathing.

There are the characters who say the weirdest things, things we have never considered before, things that don't fit in our wheelhouse of experience. They push us out of complacency and out of the status quo and make us think. I love these folks because they make us question beliefs and thoughts that we may have previously thought to be solid, unshakable truths. I seek these characters out and ask to be shaken. It is so much fun.

So the point of all this is that we can open our hearts and minds and embrace difference, uncertainty, change and characters one and all.

They are master teachers for us and without them life would be boring. No only do I want you to embrace them - look out here it comes — I want you to be one.

Stand in your truth.  
Speak your mind.  
Be willing to change.  
Be accepting of difference.

When you feel yourself resisting, be brave enough to ask what it is that you fear. Life gets very exciting when you are brave enough in each moment, each new greeting, each new experience to ask yourself, what is my response to this and why. There is no way to be bored when you do this because this planet and everyone whose life touches yours is someone you have chosen as a teacher, here to teach you something about yourself. They are not here so you can change them. They are here so you can change you. That's when the ride gets exciting. So go be the character you always knew was in you waiting to get out. We are waiting, and no one else can take your place.



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

attglobal.net or visit [www.DrDinaEvan.com](http://www.DrDinaEvan.com).

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# Whatever Spirit Wants

By ALAN COHEN

A friend of mine was eager to get her book published, so she attended a panel discussion by successful inspirational authors at a large publishing convention. The authors went into gnarly detail about all the requirements for a new author to be published. As prerequisite piled upon prerequisite and the number of hoops she would have to jump through added up, my friend grew discouraged. "I'll never be able to do all these things they are telling me I need to do!" she anxiously thought.

Then the spotlight turned to panel member Clarissa Pinkola Estés, author of the hugely popular *Women Who Run with the Wolves*. Her comment was brief: "If Spirit wants your book published, it will be published."

And so it is.

When I wrote my first book, *The Dragon Doesn't Live Here Anymore*, I submitted the manuscript to a dozen publishers, all of whom went thumbs down. So I published the book myself, using money my mother gave me—her life savings. As I was about to leave the printer's office after making the deal, he said to me, "You know they say you don't make any money until your third book." Not what I wanted to hear. I replied, "That's what they may say, but what they may not know is that my agent is God." I was not being arrogant; I just had to uphold my work rather than letting it fall prey to negative limiting beliefs.

Soon after the book was printed I found a brochure from the company that printed and distributed *A Course in Miracles* and related books. I considered sending my book to this company, but being shy to promote myself, I tossed the brochure in the wastebasket. The next day I received a letter from a friend, containing a copy of the exact brochure I had tossed. "I think you should send your book to this company," she told me. Taking the clue, I sent the company

my book. They printed and distributed the book and sent out gratis copies to churches and spiritual centers. Before long ministers were quoting the book from the pulpit, it became a bestseller, I received a multitude of invitations to speak, and my life changed in amazing ways.

In the musical *Damn Yankees*, seductress Lola sings, "Whatever Lola Wants, Lola Gets." We might even more authoritatively say, "Whatever Spirit wants, Spirit gets." A Course in Miracles tells us that there are not conflicting wills in the universe. There is only the will of God. What God wills is always good, and it will always happen.

Bob Friedman, then-president of Hampton Roads, the company that published the wildly popular *Conversations with God* series by Neale Donald Walsch, was giving me a tour of the company's facilities. "When I received Neale's manuscript, I was not impressed, so I tossed it in the wastebasket," he told me. "Then my daughter, who was working for me, noticed it and was intrigued by the title. She took the manuscript home, read it, and the next morning told me, 'Dad, you have to publish this book.' I reconsidered and published it." Bob laughed as he pointed to the warehouse full of *Conversations with God*. "This is the house that Neale built."

More accurately, "the house that Spirit built." Higher Power gave that book to Neale, who eloquently followed through and did his part. That same Spirit worked through Bob Friedman's daughter. It was no accident that book and Neale's subsequent books have been so successful. Whatever Spirit wants, Spirit gets.

If your life and your work are aligned with the intentions of Higher Power, the same Force will give you all you need to succeed. God will help bring your creative expression to the people who can benefit from it. You don't need to manufacture success alone. You are in partnership with the Intelligence and Love that guides the entire Universe.

## Great Events are not Random

They are a part of a divine design. Author Ayn Rand found her way to America from her native Russia in 1926. Struggling to earn a living, she landed in Los Angeles. On her second day, she missed an early bus and took a later one. As she walked along a street in Hollywood, iconic movie director Cecil B. DeMille was exiting his driveway. She said hello to him, they chatted, and he invited her to go to the studio with him, where he was filming *King of Kings*. DeMille gave her a job as an extra and later hired her as a junior screenwriter. Rand worked her way up to being a screenwriter and eventually wrote the classic novels *The Fountainhead* and *Atlas Shrugged*, two of the most intellectually influential books of the twentieth century. None of the events in that chain were an accident. They were all Spirit's will.

## The Big IF

If Spirit wants your book published, or your song, or your art, or for you to be with a particular partner, it will happen. Don't be daunted by all the human rules you are told you must follow. Humans make up human rules, and God makes up God rules. A Course in Miracles tells us, "Your holiness reverses the laws of the world." Listen to the lecture on how things get done, but remember how things really get done.



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

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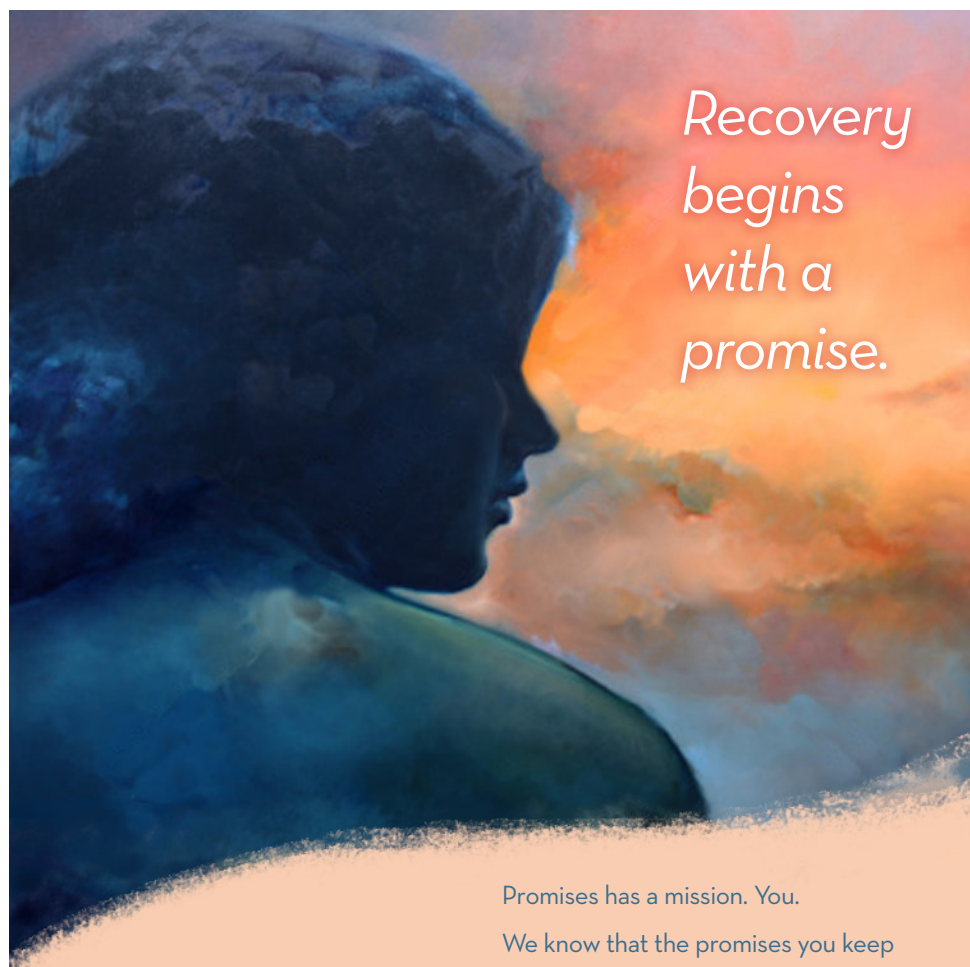
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Describing the behavior is simpler than explaining why the gambler persists in such damaging behavior. There are several models used to describe the problem gambler. Mental health professionals prefer the term “pathological gambling” because it stresses the disease aspect of the issue. Pathological gambling is a progressive and chronic disorder that is clearly distinguished from social gambling.

Psychiatrist Richard J. Rosenthal, who wrote the official medical definition, defined it as: “a progressive disorder characterized by a continuous or periodic loss of control over gambling; a preoccupation with gambling and with obtaining money with which to gamble; irrational thinking; and a continuation of the behavior despite adverse consequences.”

The results can be quite devastating. The disorder is incapacitating.

Most pathological gamblers are unable to maintain solvency or provide basic support for themselves or family. When their borrowing resources are strained, they may resort to antisocial behavior to obtain money — theft, embezzlement, fraud and other crimes. In Omaha, a Catholic nun was accused of taking more than \$250,000 from the Archdiocese and gambling it away. She was sentenced to 20 years in prison. A significant percentage of pathological gamblers also have a second addiction to drugs or alcohol.

In recent years the definition of pathological gambling has undergone major changes. At first, the emphasis was on the damage and disruption caused by the disease and the motive was of little importance. Subsequent versions have changed this description and revised the criteria for pathological gambling, emphasizing the addictive nature of the disease. It mentions tolerance and withdrawal, suggesting a physiological basis for the disorder. In the case of the pathological gambler, tolerance refers to the increasing need for gambling and usually gambling with greater risks to the same emotional effect. Those who have chemical dependency, withdrawal refers to the pain and discomfort associated with not practicing the behavior.

According to the (*The Diagnostic and Statistical Manual of Mental Disorders*) DSM-5, persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, is indicated by someone exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money in order to achieve excitement.
2. Is restless or irritable when attempting to cut down or stop gambling.
3. Has made repeated unsuccessful efforts to control, cut back, or stop.
4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even (“chasing” one’s losses).
7. Lies to conceal the extent of involvement with gambling.
8. Has jeopardized or lost a significant relationship, job, educational or career opportunity because of gambling.
9. Relies on others to provide money to relieve desperate financial situation caused by gambling.

Researchers consider pathological gambling an invisible problem with symptoms hard to distinguish from non-pathological gambling. This contrasts with drug or alcohol addiction where there are obvious symptoms of intoxication. Research has also shown there are factors that increase the risk of being a pathological gambler. Pathological gamblers show a greater proportion of:

1. males,
2. children of pathological gamblers,
3. people with the attitude that money causes and is also the solution to their problems,
4. individuals with a poor education,
5. single people, and
6. individual's whose household income is below the mean.

These findings are from prevalence surveys, NOT from studies of who is in treatment. White middle-aged males are the pathological gamblers most likely to seek help.

Researchers have been less successful in determining what causes problem gambling and what the differences are between problem and normal gamblers. There are many people who have a variety of risk factors but don’t become problem gamblers. Studies show there is one to five percent incidence of problem gambling in the adult population. Studies usually show the following results:

- Over their lifetime, about 1 to 5 percent of the population are problem gamblers. This includes individuals currently experiencing problems as those who may have experienced problems in the past.
- Subsets of problem gamblers, a group that may be as large as one to three percent of the total population, are pathological gamblers. This figure is the most recent encyclopedia of mental illnesses, but there remains some dispute over the actual level.

These incidence figures are surveys for the adult population as a whole. The rate of compulsive gambling among teens may be higher, reaching seven to eleven percent.

Mental health professionals who treat pathological gamblers tend to believe legalization leads to increased compulsive gambling. The DSM specifically notes that the onset of pathological gambling can result from greater exposure to gambling.

Counselors form this belief based on their experience and the nature of addiction. They tend to hold the view that some people may be predisposed to an addiction. If a person were predisposed to have a drinking problem, but never came into contact with alcohol, they would not become an alcoholic. The pathology of their predisposing factors may still cause some damage to themselves or others. They might also be some other kind of addict, but not alcoholic. In the same way, a person with a predisposition



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

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to problem gambling may not see it manifested until access to gambling becomes available. Another element of this is legalization leads to greater acceptance of gambling and greater exposure for the average person.

This behavioral pattern occurs because pathological gambling is a problem of impulse control. The more accessible gambling is, the harder it is to maintain the control. Despite the logic of this line of reasoning, there are no prevalence studies that prove the notion that expanded gambling will lead to increased problem gambling.

Video and Slot Machines

Another theory of problem gambling counselors is that electronic games such as slots and video lottery terminals are especially addictive. They refer to these as the “crack cocaine of gambling,” because of the low cost per wager and their rapid play. This connection is disputed. Those disagreeing will point to survey results from South Dakota. The amount of video lottery sales in the state increased, but prevalence of gambling problems remained unchanged.

Regardless of any possible links, legal gambling probably cannot be blamed for all pathological gambling. Research in Texas before the lottery began operating showed a small percentage of Texas had gambling. In Louisiana, a recent study showed a very high rate of gambling problems and problem gamblers tended to spend more than those in other states. Louisiana has a great deal of accessible legal gambling.

*If gambling were prohibited, would probably gambling stop? Probably not. During Prohibition, did drinking alcohol stop?*

According to Keith Whyte, executive director of the National Council on Problem Gambling, “Problem gambling is going to exist despite the availability of legalized gambling or the lack thereof. Many problem and compulsive gamblers have problems with sports betting which is predominantly illegal in this country.

With so many different types of gambling opportunities, the course of the disease can be broken into two types:

- **The Escape/Relief Gambler:** This is the gambler who prefers slot machines, bingo, and lotteries. They are often female and are married to men who are addicts of some kind. They tend to be depressed and use gambling to numb themselves.
- **The Action Gambler:** They prefer cards, dice, racing, sports, and stocks or commodities. They are competitive and concerned about status and see themselves exercising skill in their gambling. They are more likely to be male and gamble for much longer before seeking treatment than the escape gambler.

Historically, problem gambling was regarded as an individual failing rather than as







# Events Calendar | Support Groups

**MARCH 14** — 10 am to 2 pm, **Paws for Mental Health.** A Day of Fun & Education. Tempe Sports Complex, 8403 S. Hardy Drive, Tempe

**MARCH 23-27** – Tucson – Cottonwood Tucson – **InnerPath Workshop.** This five-day intensive workshop is tailored to meet the needs of those individuals who want to make healthy changes in their lives. Facilitated by **Rokelle Lerner.** Visit [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com) or call Jana at **520-743-2141**, email at [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information and registration.

**MARCH 27** — **Valley Hospital Continuing Education Series.** Valley Hospital provides continuing education for professionals in the mental health and chemical dependency field. Free. **Dialectical Behavioral Therapy & Relapse Prevention.** presented by Mike Japenga. Breakfast and networking is 8:30-9:00. Presentation 9:00-11:00. Valley Hospital, 3550 E. Pinchot Ave., Phoenix 85018

**APRIL 13-17** – 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**, email at [jmartin@cottonwoodtucson.com](mailto: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](http://www.cottonwoodtucson.com) or call Jana at **520-743 2141** or email [jmartin@cottonwoodtucson.com](mailto:jmartin@cottonwoodtucson.com) for information.

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

## On Going Support

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

**COSA** (12-step recovery program for men and women whose lives have been affected by another person's compulsive sexual behavior)— **Being in Balance.**

Thursday 11:00 am-Noon. 2210 W. Southern Ave. Mesa, 85202. Information 602-793-4120.

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

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

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

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

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

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

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

**Overeaters Anonymous** - 12 Step program that deals with addictions to food and food behaviors. 18 meetings scheduled

per week. For information **520-733-0880** or [www.oasouthernaz.org](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**

**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.

**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). **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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They're extremely effective for patients like Jennm, who have crippling anxiety. Unlike medications like selective-serotonin reuptake inhibitors, which take several weeks to reach full efficacy, benzodiazepines work almost immediately. They can also be good for treating chronic anxiety in patients who have adverse reactions to SSRIs and similar medicines.

### The Drawbacks?

Benzodiazepines can be habit-forming. And they carry a host of dangerous side effects — including impaired cognition and mobility in older individuals, and potentially life-threatening withdrawal symptoms in people with severe addictions.

A study sponsored by the National Institute of Mental Health recently linked long-term use of benzodiazepines to a heightened risk for Alzheimer's. And data from the Centers for Disease Control and Prevention showed that benzodiazepines, along with opioid pain relievers, are the prescription drugs most often responsible for emergency department visits and drug-related deaths.

So are benzodiazepines helpful or dangerous? Like most pharmaceutical drugs, experts say, they're a mixed bag. Despite studies suggesting that physicians overprescribe them, even those in the medical community tend to disagree on whether the benefits of benzodiazepines outweigh the risks. For every doctor who writes a prescription for Xanax, there's another who refuses to do so, says Jerrold Rosenbaum, chief of psychiatry at Massachusetts General Hospital.

"It's amazing how polarizing the conversation gets," Rosenbaum says. "There is a constituency that views [benzodiazepines] as evil and harmful; they tend to come out of the substance use disorder community. They're not perfect drugs, but they do work for conditions for which nothing else [is as effective]."

However, experts say most physicians agree on the following guidelines — independent of whether or not they themselves prescribe benzodiazepines.

Benzodiazepines can be safe for short-term use. "Benzodiazepines are very effective, particularly in the short term, for the treatment of acute anxiety and insomnia," says Larissa Mooney, an assistant professor of psychiatry and director of the Addiction Medicine Clinic at the University of California-Los Angeles. "They calm people down, and they help people fall asleep and stay asleep."

Most doctors say benzodiazepines should not be prescribed for more than a few weeks. The body slowly builds up a dependency to the pills, which can be averted by not taking them for an extended duration. Patients should also make sure to follow their doctor's dosage instructions, and to slowly taper off the medication instead of stopping cold turkey.

In some cases, though, long-term use of benzodiazepines can be acceptable, Mooney says.

"There are a subset of people who seem to respond very well to long-term benzodiazepines," she says. "They may be maintained on a low dose and never need anything higher — meaning they don't develop a tolerance. They may be intolerant to other classes of medications. And it seems to augment their treatment for anxiety."

All of the above are true for Jenn, who has sporadically taken Valium over the years. She sticks to a low dosage, goes periods of time without taking the medicine and says she's never felt any physical side effects. She's also had bad reactions to other antianxiety drugs; Valium is the only medicine she's taken that hasn't produced physical side effects. And while Zoloft helps her anxiety, Valium is more effective at halting her nightmares and panic attacks.

### Not a cure-all

Many people with panic disorder or



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acute anxiety use benzodiazepines as a first-line method of treatment until they're able to find another coping mechanism. But they might also have underlying issues that contribute to their anxiety, Rosenbaum says. These problems might be best addressed by tackling life stressors, taking an antidepressant that helps with anxiety or trying cognitive-behavioral therapy.

Certain people should not take benzodiazepines.

People with a history of alcoholism or drug addiction are **advised against taking benzodiazepines**. Similarly, elderly people face an increased risk of falls, cognitive disturbance, sleep apnea and a potentially heightened chance of dementia, says Charles Reynolds, a professor of geriatric psychiatry at the University of Pittsburgh School of Medicine.

However, he says, certain factors that often appear with aging — for instance, bereavement, insomnia and low-grade depression complicated by anxiety — mean benzodiazepines "do have a place in the management of emotional distress in older adults." In these cases, he says their best bet is a short-acting benzodiazepine prescribed for a limited duration.

And it goes without saying, he adds, that anyone taking benzodiazepines should avoid depressants such as alcohol or opioids.

Doctors should carefully monitor patients' use of benzodiazepines.

"In most cases of benzodiazepine dependence, addiction begins with a legitimate prescription," says Tiffany Jones-Rouse, a licensed social worker and substance abuse counselor based in the Baltimore-District of Columbia metro area. "Folks seek intervention for a variety of conditions, from muscle spasms to chronic anxiety disorders, and they're often issued a prescription for Xanax, Valium, Klonaz-

epam, Ativan or another tranquilizer."

These drugs, she says, can be beneficial for people who have never demonstrated drug or alcohol dependence. In this case, their dosage should always be time-limited and closely monitored by a physician who addresses the potential for addiction.

The problem, Jones-Rouse says, is that while many physicians impose prescription time limits and address the risks and side effects, others might not. Over time, a patient will sometimes develop a tolerance toward the benzodiazepines. Their negative symptoms will return, and they will either request a larger dosage from their doctors, buy the medicine illegally or turn to another substance, like alcohol.



In certain cases, Jones-Rouse adds, people don't recognize that they're dependent until they make the decision to stop taking the medication. They'll quickly find that they experience uncomfortable withdrawal symptoms such as mood swings, agitation and irritability, and changes in appetite and sleep patterns, among others.

In worst-case scenarios, unmonitored benzodiazepine withdrawal can lead to stroke, seizures and heart attacks. And benzodiazepines, when combined with other drugs, can result in overdose and death.

It's possible to safely withdraw from benzodiazepines, even after extended use or abuse.

According to Jones-Rouse, hospitals and treatment programs provide medical monitoring for the detoxification phase. Therapists, social workers and psychologists trained in dealing with substance abuse can provide longer-term psychological care. And public support programs such as the 12-step programs Narcotics Anonymous and Chemically Dependents Anonymous provide a social support network that aids in recovery.



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# LIFE 101

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

## The Seeker in the Rye

*Salinger's Literary Yoga*

When I was 14 years, I read *The Catcher in the Rye*. It immediately became my favorite novel, as it must have become for many of the 65 million other buyers of the book — about a quarter of a million new ones each year, good for number 12 on Amazon's best sellers list.

Salinger also immediately became my favorite novelist. Three years after I read him, I began Transcendental Meditation, and two years after that I read his spiritual novel, *Franny and Zooey*. That's when I realized that the comic spirit that pervades *Catcher*, expanded to become a cosmic spirit in *Franny*. This paralleled my own transformation from teen comic to spiritual aspirant. The Salinger of *Catcher* spoke to the teenage rebellion of 14-year-olds, but *Franny* spoke to the spiritual aspirations of meditators—and meditation teachers like myself.

### War & Inner Peace

During World War II, Salinger worked on *Catcher*. By war's end, he helped liberate a concentration camp. But he returned from the war with what we now call PTSD. Perhaps, as a way to alleviate that stress, he turned to Zen and Catholic mysticism in 1946. Exposure to the spiritual jewels of the latter might have inspired *Zooey* to tell *Franny* that "...who in the Bible besides Jesus knew—knew—that we're carrying the Kingdom of Heaven around with us, inside, where we're all too goddamn stupid and sentimental and unimaginative to look?... Jesus was a supreme adept, by God, on a terribly important mission."

In 1952, the year after *Catcher* was published, Salinger became involved with the Ramakrishna-Vivekananda Center in Manhattan, beginning a lifelong study of India's wisdom, specifically Vedanta, and was swept away by The Gospel of Sri Ramakrishna. He'd get to know its author, Swami Nikhilananda, who ran the center.

When *Franny* was published in 1961, Salinger sent a copy to the swami and, in his inscription, said that, through stories like it, the author could propagate Vedanta, and put a dent in the phoniness and illusion of the world that Holden Caulfield in *Catcher* detested; what yogis call maya.

Enlivened by Vedanta, Salinger soon published a short story in *The New Yorker* called "Teddy," about a spiritually awakened adolescent who, at six saw his sister drinking milk, and "I saw that she was God and the milk was God. I mean all she was doing was pouring God into God if you know what I mean." At 10, he said, "I think I'd first just assemble all the children together and show them how to meditate...I'd get them to empty out everything their parents and everybody told them." This was one of many Salinger stories, which were paeans to the lost innocence of children, who he thought were closer to God because society hadn't yet defiled them.

The year after "Teddy" was published, Salinger read Paramahansa Yogananda's *Autobiography of a Yogi*—one of my five desert island books-- and realized that householders could also get enlightened. So he married, and he and his

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wife became members of the swami's Self Realization Fellowship.

### Famous Hermit

With *Catcher's* success, Salinger struggled with paradox: he'd achieved the fame and recognition that he deeply craved, yet hated the side effects, the glare of the lime-light. He wanted to be detached from the "fruits of action," which he learned about in the *Bhagavad Gita*, so he famously resisted his fame, shunned publicity, and was a highly-documented control freak about not only his work but covers, fonts, etc. to avoid appearance of commercialism.

After 1965, he ceased publishing any of his writing; the world was denied any work he might have produced in his last 45 years. He lived out those four and a half decades as a semi-recluse in New Hampshire, avoiding the public's attention. Within a few years after his death in 2010, rumors surfaced in a biography and a film documentary about his life that five more pieces of writing from that 45-year

period are going to be published, including more wisdom of Vedanta. If that's true, J.D. Salinger, the writer, very much demonstrated that he could write without attachment to the fruits of his writing. Salinger, the writer, did indeed become Salinger, the yogi.

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Proverb

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The Power of Support Groups

By Elena Bresani BRESANI

We know that despite the staggering number of families affected by addiction, many families and loved ones of children struggling with substance-related problems often feel completely alone. And parents of children with substance disorders often do not have easy access to a network of support in their communities. Parent groups, if available, often function more like an underground railroad than a true community resource. Groups are rarely advertised to the public, making it nearly impossible for a parent or other family member in need to find this critical resource without insider information.

Many parents have said that support groups, unlike any other place, provide an unspoken sense of relief, a newfound awareness that someone else can relate, that someone else understands— that there is hope.

“I have attended parent support group meetings since 2010. When my husband and I were in the darkest place of our lives, we didn’t even realize how much we needed to be with people who had a shared experience. Nearly five years later, we are still active in our support group, and the men and women we have met in those rooms are some of our closest friends today. I do not know where we would be without that group. Together, we have laughed, cried, and learned how to take care of ourselves – regardless of our sons’ or daughters’ recovery,” said Kim, parent.

“I have attended parent support meetings for the past four years and they have changed our lives. I no longer feel alone or ashamed about our son’s addiction. The groups offer so much wisdom, resources and hope. I have made many new friends that I feel comfortable calling no matter what

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the issue. I have learned that no matter how awful the crisis feels, someone in the group has gone through the same things,” said Lori Quintavalle, parent.

It’s been four months since The Treatment Research Institute and Hope for Addiction first introduced The Support Group Project, an online directory of support groups across the nation. The directory includes both groups that meet online and in-person. While we are hopeful that the support groups that have registered so far have been helpful for many families; the directory is simply not yet reflective of the plethora of groups that exist.

“Most parents of children who are addicted to drugs and alcohol suffer crisis after crisis in total isolation. In the eight years that we have been attending parent meetings, hundreds of parents have come through the doors, but we know there are thousands more who don’t know that support is out there. Over and over we hear the words: “Why didn’t we know about this years ago?” Resources are available at meetings, free of charge, where parents can

get firsthand information and referrals to service providers from other parents based on direct experiences,” said Pam and Bob, parents and support group leaders.

There are more than 3,000 counties across the United States, and while there may not be a support group in every county, it is our goal to represent as many as possible through the Support Group project directory.

The Support Group Project website provides groups the ability to detail their group by meeting location, how many people attend the group and additional supports the group may offer such as referrals and peer support. Registration on the site is free and only requires that groups maintain up-to-date program information.

To register a group or search the directory, visit The Support Group Project.

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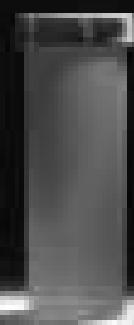




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# The Medicine Abuse Project

The Medicine Abuse Project is a five-year action campaign that aims to prevent half a million teens from abusing medicine by the year 2017. The campaign provides comprehensive resources for parents and caregivers, law enforcement officials, health care providers, educators and others so that everyone can take a stand and help end medicine abuse. The Medicine Abuse Project website includes information about prevention of prescription drug abuse, painkiller addiction, and over-the-counter (OTC) medicine abuse. It provides information about how to dispose of medicine and how to safeguard the medicine in your home, as well as lists medicine abuse facts and includes comprehensive information about the most abused prescription drugs.

**Two-thirds of teens who abused pain relievers in the past year say they got them from family and friends. This includes getting them in their very own homes from their medicine cabinets.**

**Opioid pain relievers, like OxyContin and Vicodin, are responsible for more deaths than cocaine and heroin combined.**

## Safeguard Medicine in Your Home

### Protect Your Kids: 3 Steps to Safeguard Your Home

Two-thirds of teens who report abuse of prescription medicine are getting them from friends, family and acquaintances. Make sure the teens in your life don't have access to your medicine. Find out how to monitor, secure and properly dispose of unused and expired prescription and over-the-counter cough medicine in your home.

#### Step 1: Monitor

Parents are in an influential position to immediately help reduce teen access to prescription medicine because medicine is commonly found in the home. But how aware are you of the quantities that are currently in your home? Think about this: would you know if some of your pills were missing? From this day forward, make sure you can honestly answer, "Yes."

- Start by taking note of how many pills are in each of your prescription bottles or pill packets.
- Keep track of your refills. This goes for your own medicine, as well as for your teens and other members of the household. If you find you need to refill your medicine more often than expected, that could indicate a problem.
- If your teen has been prescribed a medicine, be sure you control the medicine, and monitor dosages and refills. You need to be especially vigilant with medicine that are known to be addictive and commonly abused by teens.
- Make sure your friends and relatives — especially grandparents — are also aware of the risks. Encourage them to regularly monitor their own medicines.
- If there are other households your teen has access to, talk to those families as well about the importance of monitoring and safeguarding their medications.

#### Step 2: Secure

Approach securing your prescriptions the same way you would other valuables in your home, like jewelry or cash. There's no shame in helping protect those items and the same holds true for your medicine.

- Take prescription medicine out of the medicine cabinet and secure them in a place only you know about.
- If possible, keep all medicines, both prescription and over-the-counter, in a safe place, such as a locked cabinet your teen cannot access.
- Tell relatives, especially grandparents, to lock their medicine or keep them in a safe place.
- Talk to the parents of your teenager's friends. Encourage them to secure their prescriptions as well.

#### Step 3: Dispose

Safely disposing of expired or unused prescription medicine is a critical step in helping to protect your teens. Here's how to safeguard your family and home, and decrease the opportunity for your teens or their friends to abuse your medicine.

Take an inventory of all of the medicine in your home. Start by discarding expired or unused Rx and OTC medicine when your teens are not home.

Unbelievable as it may seem, teenagers will retrieve discarded prescription medicine from the trash. To help prevent this from happening, mix the medicine with an undesirable substance, such as used coffee grounds or kitty litter. Put the mixture into an empty can or bag and discard.

Unless the directions on the packaging say otherwise, do not flush medicine down the drain or toilet.

To help prevent unauthorized refills and protect your own and your family's privacy, remove any personal, identifiable information from prescription bottles or pill packages before you throw them away.

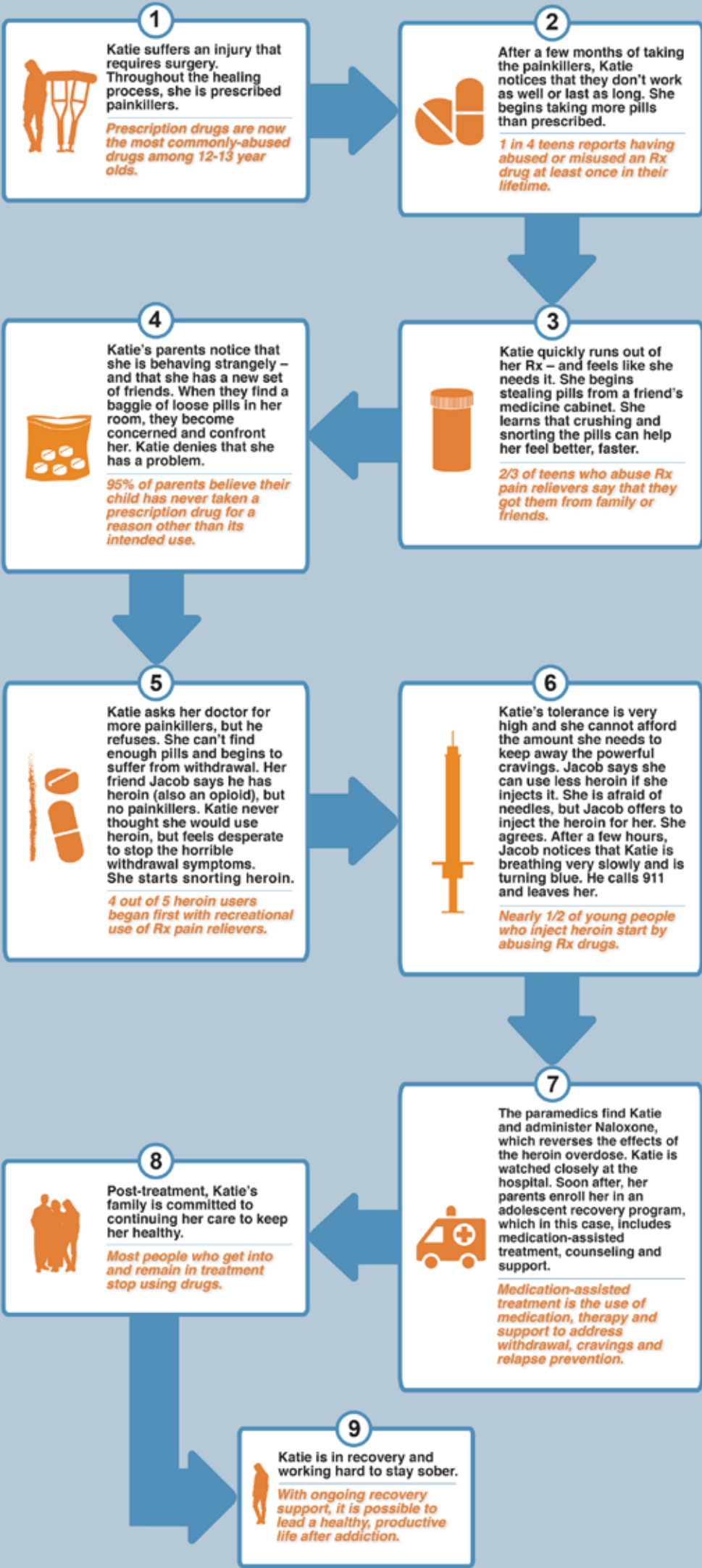
Learn more about safeguarding and disposing of medicine, and find a medicine take-back location near you.

# From Rx to Heroin

Nearly half of young people who inject heroin start by abusing Rx drugs.

**Teen abuse of prescription (Rx) pain medicine**, also known as opioids, usually starts in two ways. Some teens start abusing it at a party or with friends because they're curious or think it will make them feel good. Others start taking it legitimately when prescribed by a doctor after an injury or dental procedure — but in some cases, legitimate use turns to dependence, abuse, addiction and then heroin use.

**Follow Katie's journey** below and learn more about how Rx drug abuse can lead teens to heroin use.



Is there a teenager in your life on a path similar to Katie's? Find help and resources at [drugfree.org](http://drugfree.org).



Parents can also call our toll-free helpline: 1-855-DRUGFREE (1-855-378-4373)

