

Together AZ

APRIL 2016

Inspiring Success on the Road to Recovery

Remembering Sally Lara, a Pioneer in Helping Women Find Sobriety

by Barbara Nicholson-Brown

Sometimes we're fortunate to meet someone whose smile lights up a room and their dedication to a mission is contagious. Sally Lara was one of those special people. I met her through my late husband, Bill in the mid 1990's. I clearly recall him saying, "she is someone you have to meet and learn from, young lady." How right he was.



Sally was a pioneer in developing a women's addiction treatment program in the Valley to meet their special needs and help to eliminate barriers that women — especially those with children face when trying to recover from alcohol and substances. The model developed by Sally was built on hope, respect, and unconditional acceptance.

In 1998, it began with the opening of a long term outpatient program which comprised a staff of a nurse practitioner to meet mental health needs, a vocational counselor to help women achieve educational and vocational goals, and a psychologist to aid in healing their trauma. This achievement was the opening of **Weldon House**, which is thriving and helping women to this day.

Breaking Down the Barriers

Weldon House was created for the many women who face barriers in leaving abusive relationships, sustaining recovery from addiction, obtaining adequate housing, and finding jobs that provide a livable wage. The program helps the women learn the life and professional skills needed to overcome these challenges and improve their self-esteem. "Our program works closely with the women to help them believe in themselves," said Thelma Ross, CEO of NCADD.

In 2004, six two bedroom units were provided to women with children, a "home" in which to recover, heal and plan for a healthy future. Sally loved these women when they could not love or accept their selves. Today, Weldon House is home to 23 families.

Another area close to Sally's heart was providing services to addicted women who were pregnant. **Healthy Connections for Moms to Be** led NCADD to a new frontier in treatment. Hundreds of babies have been born drug and alcohol free because Sally

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10 percent of U.S. children live with a parent with alcohol problems.

Does your drinking affect someone you love?

April is Alcohol Awareness Month.

The Way Forward for Addiction Treatment

By Bradley Callow and Michael Rass

The United States has a serious addiction problem. Drug overdose is now the leading cause of accidental death, with 47,055 lethal drug overdoses in 2014. Opioid addiction is driving this epidemic, with 18,893 overdose deaths related to prescription pain relievers, and 10,574 overdose deaths related to heroin in 2014.

The Staggering Numbers

In the same year, 467,000 adolescents (12-17 year-olds) were current nonmedical users of pain reliever, with 168,000 having an addiction to prescription pain relievers. It is not only young people, either. A New York University study recently concluded that older adults are now the largest age group seeking help in narcotic painkiller and heroin treatment programs.

Since 1999, the amount of prescription painkillers prescribed and sold in the U.S. has nearly quadrupled, yet there has not been an overall change in the amount of pain that Americans report. The number of fatalities has increased accordingly. Over-prescribing opioid pain relievers (OPRs) has unleashed heroin addiction. Ninety-four percent of respondents in a 2014 survey of people in treatment for opioid addiction said they chose to use heroin because prescription opioids were *"far more expensive and harder to obtain."*

What about Alcohol?

The National Institute on Alcohol Abuse and Alcoholism, (NIDA) reports approximately 7.2 percent or 17 million adults in the U.S. ages 18 and older had an alcohol use disorder in 2012. Adolescents can be diagnosed as well, and in 2012, an estimated 855,000 adolescents ages 12-17 had an alcohol use disorder.

A recent report from the *American Society of Addiction Medicine* indicated more than 20 percent



Photo: IStock

of licensed attorneys use alcohol at levels that are considered "hazardous, harmful, and potentially alcohol-dependent."

In November, an op-ed on "CNN" suggested we are in the process of becoming "a nation of addicts." In the piece, Bob Beckel, reveals in his youth, it took "many years of heavy drinking to become a career alcoholic. This year, it took less than eight weeks of medical treatment to become addicted to OxyContin and Percocet."

An Old Problem

Although the current crisis seems especially problematic, addiction to drugs and alcohol has a long history in the United States. Since the beginning of the republic, treatment specialists have been trying to help people with drug and alcohol problems.

However, 240 years ago, nobody understood alcoholism and drug addiction the way we do now. According to Puritan minister Increase Mather "Drink came from God but abuse of drink from the devil." (Wo to Drunkards, 1673)

"The Pilgrims and the Puritans, unlike most professionals today, saw the bad kind of drinking as a moral failure. As a result, the only recourse they had when faced with the destructive nature of drunken citizens was physical punishment. It didn't work. They had no real treatment for alcoholism and no real understanding of what it was—they only knew that it was from the devil." (Susan Cheever, *Drinking in America*. p33)

Americans drank copious amounts of alcohol. As historian W.J. Rorabaugh put it in *The Alcoholic Re-*

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Hot Topics

The Sundance Center Appoints New Leadership



Scottsdale's Sundance Center announced the appointment of Nancy Koplow, LCSW as Regional Executive Director in the Southwest Region

for Elements Behavioral Health. She will oversee operations at Journey Healing Center and The Sundance Center. Nancy has been with Elements Behavioral Health since 2013. Prior to Elements, Nancy has a rich background in marketing, outreach, clinical and operations having served as a Deputy Director at Jewish Family and Children's Services and as the Director of Marketing for The Meadows.

In addition, Shannon McQuaid LMFT, LISAC, CDWF, CSAT-C was announced as Clinical Director and Thomas Gazda, MD as Medical Director for The Sundance Center. For more information on programs offered at The Sundance Center visit SundanceCenter.com

The Meadows offers groundbreaking workshop on Trauma

If you're a Certified Sex Addiction Therapist, or someone who has been through sex addiction treatment, you may be familiar with the concept of the trauma egg, which was developed by Marilyn Murray as a tool for treating emotional trauma. Along with *The Circles of Intimacy*, *The Scindo Syndrome*, and *The Survival Bricks*, it makes up what's known as The Murray Method.

The Murray Method Workshop is designed to help participants better understand the effects of trauma and abuse on individuals, their personality development, and their families, and will also help participants understand how to effectively treat patients who struggle with behavioral issues, addictions, and other disorders as a result of unresolved trauma.

Participants will complete a trauma egg of their own and learn about therapeutic interventions for effective treatment of trauma-based mental health issues. This workshop is geared primarily toward mental health professionals, but all are welcome to attend. Continuing Education is available for those who complete the course. Workshop date is **April 14-17** at The Meadows Outpatient Center, 19120 N. Pima Road, Suite 125, Scottsdale, 85255. Call 800-244-4949 to register or visit www.themeadowsiop.com/events.

Advocates Debate Plan to Ease Privacy Rules for People Treated for Addiction

A proposal that would allow patients being treated for addiction to consent to disclose their records to the healthcare system affiliated with their provider is spurring a debate about privacy, according to NPR.



Publisher's Note

By Barbara Nicholson-Brown

The Gift that Keeps on Giving

There are times in life, some more than others, when I realize how much of a gift my journey in recovery is. While I'd like to believe I'm in complete, solid, unwavering gratitude — every single day and moment, all the time — I'm not. And maybe if I was — well that concept is beyond my scope of imagination.

Accepting the truth that I'm an imperfect human being is only possible because I'm **always** given another chance to grow, learn, look at my part and yes, listen. Like many sober addicts and alcoholics, when pain hits and the road looks bleak, yep, that's when my growth spurts emerge. No matter how many years, days and minutes I have sober — this gift continues to give (me) another chance.

Years ago, I was told recovery was like peeling an onion. Layer after layer would reveal the symptoms of my dis-ease. It was about uncovering, discovering and discarding. Uncovering the real reasons why I used; discovering how my way of living wasn't working (*and never had*), and discarding the blame, shame, guilt and any other negative connotation I could muster up.

In the 12 step program I'm so grateful to be part of, taking the steps was not a one-time deal for me. To maintain what I have and enhance where I am, often I need to get back to basics, and ask, "Was I wrong? Can I admit it? Do I feel good in my skin? Am I giving back, helping another? Am I in "my bubble" or being part of the collective group? Am I able to forgive myself and others? And a big one for me is "what makes you think you're always right?" When I am forced to really look at the woman in the mirror am I okay with her?"

Recovery is like an unwrapping a never ending surprising package — it's filled with gems of words, love, life, breath, my Higher Power and people like you — who help keep me sober, whether I know you or not.

Email me at aztogether@yahoo.com

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dedicated herself to helping those who could not help themselves, she gave them HOPE.

NCADD Phoenix has since added emergency housing for pregnant women until they can be placed in a safe environment. The newest addition is "**Sally's Place**" named to honor her and her work. Sally's Place is a Weldon Model for pregnant addicted women who also have a serious mental illness. Sally's memory and her work live on and continue to impact lives.

In December 2015 after a long and arduous battle with cancer, Sally transitioned.

She was someone who not only touched lives, she saved lives and made the world a better place. Her special qualities are represented in the staff she hired and led who now carry on these programs. Weldon House, Sally's Place and other programs provided by NCADD Phoenix is a place of real love, acceptance and respect. The work and dedication Sally began will continue for years to come.

For information on NCCAD Phoenix, Weldon House and Sally's Place visit www.ncadd-phx.org/weldon.html. Donations of clothing, furniture and items for babies are always needed.

I was very blessed to know her and may her legacy live on for generations to come.

"Supporting women in building a healthy life for themselves and their children."

The proposal, from the *Department of Health and Human Services*, would update current privacy guidelines, which last received a meaningful revision in 1987.

Advocates on both sides agree protecting privacy of people being treated for substance use is very important. If the information becomes public, a person's work and family life may be affected. The revelation may have legal consequences, including arrest, prosecution and jail. Some people may avoid seeking help out of fear.

Proponents of the change say existing privacy rules are too unwieldy for today's healthcare system. Currently, doctors are not allowed to disclose treatment information unless the patient gives consent to release it to another specific provider. Under the proposal, patients could give their consent to disclose their records to the healthcare system or accountable care organization affiliated with a provider.

Dr. Wanda Filer, President of the American Academy of Family Physicians, says if all of a patient's providers do not have relevant information about their treatment, it can harm their health. For instance, if a person is taking methadone to treat their addiction to heroin, their doctor may need to adjust their dose of antidepressant or anxiety medication.

Some patient advocates say the privacy rule changes are too sweeping. Jim Pyles, an expert on patient privacy who has represented the American Psychoanalytic Association on this issue, told *NPR* that under the proposal, anybody throughout the system can get access to patient substance use treatment records. "When the patient is at their most vulnerable time, it gets them to sign ... this very general consent form," he said.

Senate Overwhelmingly Passes Comprehensive Addiction and Recovery Act

The U.S. Senate voted 94-1 to pass the Comprehensive Addiction and Recovery Act (CARA). The New York Times reports the measure authorizes funds for various drug treatment and prevention programs for a wide range of people, including those in jail. Dozens of senators came to the Senate floor to praise the bill.

CARA expands prescription drug take-back programs and establishes

monitoring to prevent over-prescribing of opioid painkillers. It would expand the availability of medication-assisted treatment, including in criminal justice settings, and would support treatment as an alternative to incarceration. The measure also calls for training and equipping first responders on the use of the opioid overdose-reversal drug naloxone.

"This is big and significant," said Marvin Ventrell, the Executive Director of the National Association of Addiction Treatment Providers. "It had legs and interest because of the opioid crisis that has hit Middle America."

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Participants work on sensitive issues in a concentrated format, allowing them to enhance their personal journey of healing, discovery, and emotional growth. Whether you're struggling with the impact of an emotional childhood trauma, grieving a loss, wanting to repair family dynamics, or simply want to develop more self-awareness, our experienced, passionate staff delivers a powerful, life changing intensive.

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The fate of a companion bill in the House is uncertain, the article notes.

Earlier this month, the Senate voted against an amendment to CARA that would have added \$600 million in funding. Senate Republicans argued there are potentially hundreds of millions available for CARA as part of the omnibus spending bill passed in late 2015.

CARA calls for spending as much as \$80 million on treatment, prevention and recovery. It does not include actual funding, which would have to come through an appropriations bill.

In early March, the Obama Administration voiced concern over the lack of funding in the bill.

House Bill Aims to Protect Babies Born to Mothers Who Used Opioids in Pregnancy

A measure designed to protect babies born to mothers who used opioids during pregnancy was introduced in the U.S. House, *Reuters* reports.

The House bill would require federal and state governments to better monitor the health and safety of babies born dependent on opioids. States would be required to report the number of infants identified each year as born drug-dependent, and the number for whom plans of safe care are developed.

"We see the damage of substance abuse across all segments of our society, but perhaps the most tragic cases involve newborns who enter the world defenseless against the addictions they were born with," bill sponsor Representative

Lou Barletta of Pennsylvania said in a statement. "It is a sad reality in this country that a baby is born addicted to opioids every 19 minutes. We must do everything we can to safeguard the most vulnerable among us and ensure they will be well protected and cared for."

A Reuters investigation last year found 110 cases of children who were exposed to opioids while in the womb and who later died preventable deaths at home. No more than nine states comply with a 2003 law that calls on hospitals to alert social workers whenever a baby is born dependent on drugs, Reuters found.

Earlier this month, Health and Human Services Secretary Sylvia Burwell said the department is taking a more

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public, “They drank from the crack of dawn to the crack of dawn. [...] Americans drank before meals, with meals, and after meals.”

Not surprising, this caused quite a few addiction problems and like today — families were torn apart by substance use disorders, notably the family of the 2nd president, John Adams, whose sons Charles and Thomas both struggled with alcoholism. Charles died of liver cirrhosis at the age of 30.

One of the first medical professionals to regard addiction as a disease was Dr. Benjamin Rush (1746-1813), a Founding Father and civic leader in Philadelphia. He was unable to communicate his understanding of addiction to others and the moral failure approach continued to prevail well into the 20th century, even among treatment specialists.

“Americans in every state dabbled in creating their own liquor or buying ‘bathtub gin’ that had been made by neighbors and illegal distillers.”

(Cheever p155)

Opiates in the 1800s

In the 1800s America experienced its first opiate crisis when morphine — often in the form of laudanum — was popular as a treatment for everything from coughing to laziness. Women were prescribed laudanum for relief of menstrual cramps and nurses fed the drug to infants. Addiction became widespread as the addictive properties of opiates were little understood.

Morphine was even used to cure alcohol addiction. As Dr. J. R. Black explained in a paper entitled “*Advantages of Substituting the Morphia Habit for the Incurably Alcoholic*,” published in the Cincinnati

Lancet-Clinic in 1889, morphine “is less inimical to healthy life than alcohol.”

In 1874, chemists tried to find a less addictive form of morphine and came up with diamorphine which was subsequently marketed under the trade name Heroin. Despite the fact it was twice as powerful as morphine, it was used as a cough syrup, among other things.

In 1924, the U.S. Congress finally banned the sale, importation, and manufacture of heroin. It is now considered a schedule I controlled substance without accepted medical use in treatment.

Four years earlier, the U. S. banned the sale, production, importation, and transportation of alcoholic beverages. Instead of treating alcoholism as a chronic disease, the moral failure of “problem drinking” was going to be eradicated by outlawing the sale and production of the substance supposedly at the root of the problem. Prohibition supporters presented the adoption of the 18th amendment as a victory for public morals and health.

It is important to note that Prohibition was not demanded by the medical community with the aim of helping people suffering from what’s now known as an alcohol use disorder. The driving force behind it Prohibition was a movement led by rural Protestant Christians and social Progressives and coordinated by the Anti-Saloon League and the Woman’s Christian Temperance Union.

“The sober and pure world” of the WCTU was never about treatment for sick people. The sober world didn’t materialize, of course. Instead, it made alcohol

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Superchildren

By Mark S. Gold, MD

More than 28 million Americans have seen at least one parent suffer alcohol’s serious adverse effects, leading to serious family problems. More than 78 million Americans, (43%) of the adult population, has been exposed to alcoholism in the family, according to the National Council on Alcoholism and Drug Dependency (NCADD).

For decades, efforts at understanding and treating alcoholism have focused primarily on alcoholics and the havoc this disease has brought to their lives. Groups such as Al-Anon and Alateen examined the effects alcoholism had on the relatives and friends of alcoholics. Today national Children of Alcoholics groups have drawn considerable attention to this subject. Five years ago, there were only 21 members of the National Association for Children of Alcoholics; today this has swelled to more than 7,000 members.

Growing up in a family where one or both of the parents are alcoholic can prove to be so painful and emotionally traumatic that many years later the adult child will still be suffering from the scars. Frequently, as children they had to become “superchildren,” responsible for running the family, feeding their parents, while constantly living in fear of their parents. In addition, they often feel guilty over their inability to save their parents.

Consequently, these children have a very poor self-image and, as adults, often find it impossible to have satisfactory relationships. They have grown to mistrust all people and are frequently very accepting of unacceptable behavior on the part of others.

These psychological scars, combined with the strong possibility the genetic traits for alcoholism may be inherited, result in a very high percentage of alcoholism—25 percent—among children of alcoholics. Even if the child does not become an adult alcoholic, other psychological prob-



lems may result: obsessive-compulsive disorders and the unrealistic need to be “perfect.” By constantly searching for the approval of others, and placing the needs of others before their own, adult children of alcoholics may grow so accustomed to living with a dysfunctional person that as an adult they may seek codependent relationships.

Briefly, codependency may be defined as a maladaptive, or unhealthy, attachment to someone who has basically stopped functioning as a human being either because of drinking, drugs, or other mental problems.

The adult children of alcoholics may find themselves unable to confront their spouse’s or child’s drinking or drug problem; instead they will try to control the other person’s problem, perhaps even thinking they will be able to cure that person’s problems.

Children of alcoholics will benefit from the many associations that offer help and support.

As stated on the ACA website: “Never before in the history of Twelve Step programs has a fellowship brought together such a diverse group of recovering people that includes adult children of alcoholics, codependents, and addicts of various sorts. The program is Adult Children of Alcoholics. The term “adult child” is used to describe adults who grew up in alcoholic or dysfunctional homes and who exhibit identifiable traits that reveal past abuse or neglect. The group includes adults raised in homes without the presence of alcohol or drugs.”

For information on finding support in your area visit www.adult-children.org.

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Kissing & Driving

By Alan Cohen

I saw a romantic greeting card which showed a couple kissing in the front seat of a car. The message said, *"If you can kiss while driving safely, you are not giving the kiss the attention it deserves."*

.....
Anything that is worth doing, is worth doing with a whole heart. And mind. And body.
.....

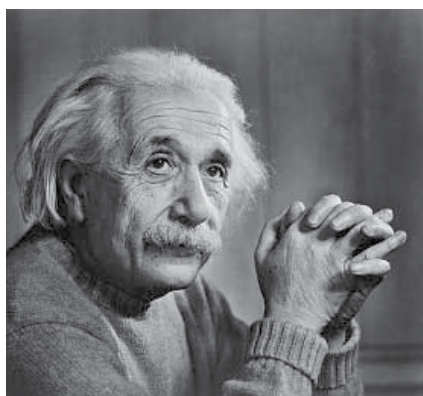
We get into trouble not because we do things that are wrong, but because we approach our activities with divided intentions. Our body is doing one thing while our heart is elsewhere. We go to jobs we'd rather not be at, we sleep with people we don't love, we go to parties we secretly find boring or repulsive. At the same time we love people we don't express our love for, we deny ourselves food we would really enjoy, we have creative impulses we do not follow, and we know truths we do not act on.

I have a very simple definition of integrity: You are in integrity when what you are doing on the outside matches who you are on the inside. I respect people who live unapologetically. I know people who do things I don't agree with, or wouldn't do myself, but I respect them for being 100% who they are. They are in integrity.

In Emmanuel's Book II: *The Choice for Love*, Emmanuel suggests, "When you move into your physical loving, as you remove your clothing, take off your mind as well. It simply is not equipped to hear the music."

In the movie *City Slickers*, a veteran cowboy named Curly teaches some angst-ridden dudes some country wisdom. When things get tough, Curly raises his index finger and nods. Eventually the city slickers figure out what he meant: "Do one thing at a time. If you can really focus on what is right before you, everything falls into place."

I read a fascinating article in *USA Today* about multi-tasking, the process of doing several things at



"Any man who can drive safely while kissing a pretty girl is simply not giving the kiss the attention it deserves."

Albert Einstein

once. Years ago this was called, "spinning plates." Now it's multi-tasking. Whatever. The writer stated that we invented time—and labor-saving devices to give us more time to enjoy life. But instead of enjoying life with our extra time, we find more things to do. Ultimately our life is not richer because of our voicemails, emails, cell phones, faxes, pagers, and microwaves; it is just busier. If we did more of the things we really want to do with our free time, these inventions would be worthwhile. Instead, we find more things we have to do.

In the late 1950's a survey asked a large group of people if they considered themselves happy. Nearly sixty percent of the group answered yes. A few years ago a similar study was conducted, and 57% of the group answered yes. So all of our slick technology has not improved the quality of our life. Quantity of activities, for sure; quality, no.

What is it, then, that makes our lives qualitatively better? Presence. Being 100% with what you are doing. Approaching work, relationships, everything with a whole heart.

I would like to tell you about the most prosperous man I know. Iani sits on a local beach and sings love songs. He strums handsome exotic Indian instruments which he meticulously crafts at home, then comes to the beach around sunset, and chants. He sings love songs to God, to the sea, to the sky, to the sand, to the wind, and, if you pass by, Iani

will sing a love song to you. During many memorable sunsets I have sat with Iani and sung with him. I take an empty plastic water bottle and do percussion. Iani lives very modestly and has few possessions. He is the most prosperous man I know because his heart is full of love and he is fully present. When I am singing with Iani I don't miss my cell phone. Email is non-existent. Money has no value. I am content.

"But Alan," you say, "Not all of us have the luxury of sitting and chanting on a Maui beach. Some of us have jobs and families to support, and responsibilities."

Fine. It doesn't matter. Just be fully present with whatever you are doing. When you are at work, that's all that exists. When you are making love, make total love. When you are with your kids, really be with your kids. One.

I noticed that when I did book signings, I felt rushed so I could accommodate everyone in line. I was not fully present with some people because I was aware of the people behind them in line. Then I realized that I was cheating them and myself. So I decided to be fully present with each person, and stay with them until I really connected with them. Suddenly book signings became a delight. Now I love talking to people, touching them, looking into their eyes. I learned that it does not take a lot of time to make contact; just a few moments of full presence can be completely fulfilling.

Everything is like kissing and driving. If you're driving, really drive. If you're kissing, really kiss.



Alan Cohen is the author the new bestseller *A Course in Miracles Made Easy: Mastering the Journey from Fear to Love*. Join Alan in Hawaii for a life-changing retreat, Destiny Calls, June 10-15. For more information about this program: www.alancohen.com.



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LIFE 101

By COACH CARY BAYER www.carybayer.com

Field of Dreams & The Field of All Possibilities

Every April, the eyes of baseball fans turn to their national pastime as hope springs eternal in their hearts. As they dream of pennant races, I slip a DVD into my DVR and watch *Field of Dreams* for the umpteenth April. To me, it's the ultimate baseball and metaphysical movie.

When I was pursuing my Masters degree at Maharishi International University in Fairfield, Iowa, its founder, Maharishi Mahesh Yogi, spoke of his dream of creating Heaven on Earth. A few years later, W.P. Kinsella turned Iowa into Heaven — at least an Iowa farmland into Heaven for deceased baseball players — in his novel, *Shoeless Joe*. Director Phil Alden Robinson adapted it for the screenplay for *Field of Dreams*, making us laugh, cry, and imagine big thoughts of Eternity. He also avoided being corny, no mean feat when you're surrounded by so much corn.

The film's field of dreams is akin to the pure field of Creative Intelligence that Maharishi described as a field of all possibilities. Possibilities — at least of immortality for dead ballplayers — plays a central role in this film. The ball field was also a place for a novelist (J.D. Salinger in the book, the fictitious Terence Mann in the movie) to discover immortality, and maybe write about it after years of pain and publishing silence.

"We're dealing with primal forces of nature here," Ray Kinsella (played so sincerely by Kevin Costner) tells his wife Annie. We're dealing with the field from where all of Nature's forces are structured, is how Maharishi would have put it. Ray quotes Mann to the novelist himself:

.....
"the universe opens itself up for a few seconds to show you what's possible."
.....

Those practicing Maharishi's meditation, or the Higher Self Healing Meditation that I teach, have experienced that in the deepest part of their mind is the Transcendent field of pure potential which opens up for a few seconds in meditation to show them the Infinite, and what indeed is

a possible state of consciousness to live from forever.

Meditating physicists have said that Maharishi's field of Creative Intelligence sounds like the quantum field. Each is described as a field out of which all things manifest: baseball players in the film, and all of life in Maharishi's teachings. In meditation, the meditator experiences that things (*perceptions, thoughts, the mantra itself*) also vanish into that field. In the film, ballplayers do the same into the cornfield beyond their field of dreams.

If You Build it He'll Come

This is the message from a voice that Ray hears in the movie. In time he interprets it to mean build a baseball field. After he does, players come first to practice, and then to play full games like schoolboys on an endless summer day.

The movie is also about of innocence, and the vision of eternity that comes to all those with a childlike spirit. Ray, his wife, and young daughter all see these baseball ghosts, but his commerce-obsessed brother-in-law is blind to them, and thinks Ray is a fool for mowing down a cornfield and its lucrative crop to build a baseball stadium that nobody uses. Mann convinces Ray not to sell the farm because people will have a desire to flock to this mystical baseball field, even though they don't know why — to presumably find the answer to their dreams, as well.

Jesus said we enter Heaven only when we become innocent, like children. Even Frank Sinatra sang, *"Fairy tales can come true/They can happen to you/If you're young at heart."*

Former hippies and Berkeley grads, Ray and Annie are young at heart, follow their dreams, and it leads to athletic immortality for the heroes of his fan's heart, and reunion and completion with his own father. The Voice told Ray that if he builds it he would come; all along we think that the he in question is Shoeless Joe Jackson, his father's hero. Only at the end do we realize that it's not just his father's hero, but Ray's late father, himself who he was estranged from, who comes. By the tearful ending, Ray's father has become his hero, as well.



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Conscious Uncoupling or Conscious Couples?

Four major requirements for creating great conscious relationships are Awareness, Boundaries, Communication and Commitment

By Dr. Dina Evan

I love the idea of changing the form of relationships without losing the love. I have walked couples through it so I know it is doable when two emotionally mature people commit to the process.

However, I can't help wondering if our relationships were more conscious to start with, **would we have to uncouple?** So what exactly does it take to create conscious relationships?

There are four major requirements for creating great conscious relationships; **Awareness, Boundaries, Communication and Commitment.**

These are requirements for all meaningful relationships including family and friendships, but let's focus on mate relationships. See how you fare with a few questions about your own.

First, **Awareness** — are you in your relationship in a whole souled way? Do you have one foot out the door or are you looking for greener pastures?

Experience tells me one foot out the door leaves you out of balance and there are bird droppings even in the greenest of pastures. Is your partner able to reach you emotionally? Are you willing to share your deepest feelings? If not, why not? What work do you need to do to stay open when you have fear, doubt or disagree with what your partner is saying? Does difference make you uncomfortable or curious to know more about your partner?

Do you work harder on your own issues than your partner is working on theirs? If not, your partner is cleaning up the mess. For instance, if you lie about certain things, your partner deals with the lack of safety in the relationship. Where ever you are not doing your fair share, your partner is picking up the slack. If you disconnect or check out, you partner is, no doubt, always trying to figure out how to connect with you.

Second, **Boundaries** — Do you take 100% responsibility for your own feelings, words and actions? Do you respond to your partner with compassion and let them know you understand their truths and care about what they are feeling? It's not helpful to do your partners feelings for them, i.e. you feel devastated when or if your partner is devastated. And neither is it helpful to feel responsible for your partner's

feelings. Either response reflects poor boundaries. Instead, you want to show up with compassion as your partner works on his or her own feelings.

Third, **Communication** — Are you able to hear your partner's feelings and truths knowing they are true for them — even when you disagree or the feelings are not true for you? Do you need to change your partner's truth for the sake of sameness or validation? Do you value excruciating truth telling so you can feel safe and deepen the relationship? In 30 plus years of therapy and soul coaching, one of the most important things I have learned is that the truth is not always comfortable, but it is always healing.

Fourth, **Commitment** — What is the level of your commitment? Are you in this for the long haul? Do you value your partner, do you stay close and connected even in tough times? Do you take a hike emotionally or can you hold the discomfort long enough to get to resolve? If you need support in some of these areas and we all do, there are some great tools on my website at **DrDinaEvan.com**. and you can email questions.

We seldom get these tools in our families of origin, or in grammar school, high school or college. Frankly, therapists are not even taught about ethical communication or boundaries, other than professional ones. So don't feel bad if you have work to do. Get excited! Go download some of the exercises on my site or read some of the recommended books or just take the relationship report card — no one will see it but you. Identify the issues are that you want to work on. It's great fun working on these issues. If you are not in a relationship at the moment, find a best friend and do the work with a friend. You'll be glad you did. The payoff is worth it.



Dr. Evan specializes in relationships, personal and professional empowerment, compassion and consciousness. 602-997-1200, email DrDinaEvan@cox.net and www.DrDinaEvan.com.



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You will know that you have awakened when the person sitting across from you, in any given moment, is a person you embrace as a gift from the Universe — one who has been given to you, one you may serve and raise up in a way only you can. — Dina Evan, Ph.D.

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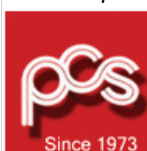
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Way Forward from page 5

use much more dangerous for Americans unwilling or unable to abstain.

“Americans in every state dabbled in creating their own liquor or buying ‘bathtub gin’ that had been made by neighbors and illegal distillers.” (Cheever, p 155)

By 1925, the national death toll from drinking illegal liquor was 4,125. “Prohibition was supposed to make the country healthy, but instead it made them sick. Prohibition was supposed to cut down on crime, eradicate poverty, and reunite the American family. Instead it increased crime immeasurably and created organized crime syndicates.” (Cheever, p 156)

12 Steps to Sanity

Ironically, the first serious attempt to deal with alcoholism began shortly after Prohibition was repealed. Alcoholics Anonymous was founded in 1935 by Bill Wilson (Bill W.) and Dr. Robert Smith (Dr. Bob).

As recovering alcoholics themselves, they developed a simple program to help people suffering from alcohol use disorders. They believed active alcoholics were in a state of insanity rather than sin, an important step toward today’s understanding that addiction is a chronic brain disease.

AA’s 12-Step program did not completely turn away from the notion of “moral failure” or religious concepts, though. In step five, members are encouraged to admit to God, to themselves, and to another human being the exact nature of their “wrongs.” Step 6 talks of “defects of character” and step 7 of “shortcomings,” not exactly medical terms.

The appeals to God and the role of a Higher Power have been criticized in recent years. In fact, seven of the 12 steps refer either to a deity or to religious practices such as prayer. Despite these features, 12-step facilitation (TSF) has been widely adopted by addiction professionals for a whole range of addictive disorders. They all involve accepting addiction as a chronic disease over which the addict has no control, surrendering to a “higher power” and accepting the support of other recovering addicted individuals, and active involvement in meetings and other activities.

The strength of the AA and NA method is the focus on transforming the behavior of the addicted person by acknowledging their addiction and by providing a network of people who are supporting them in their abstinence. Today, this approach is widely accepted, but not that many decades ago, addicts were locked up in mental institutions and treated with belladonna cures and electroshock therapy.

A New Path of Hope and Growth

The pioneers of addiction treatment deserve our gratitude. They have done a lot to introduce scientific concepts to recovery and to overcome the perception that people suffering from substance use disorders are degenerate “drug fiends” or disciples of “Demon Rum.”

There is no room for complacency, though. Much more needs to be changed as addiction and substance misuse remain the nation’s biggest public health challenge. An estimated 23 million Americans need treatment and 90 percent of them don’t receive any. For those who do receive addiction treatment the relapse rate is much too high.

NIDA estimates that the abuse of tobacco, alcohol, and illicit drugs exacts “more than \$ 700 billion annually in costs related to crime, lost work productivity and health care.” Untreated addiction makes it more expensive and less efficient to treat other conditions such as diabetes or hypertension.

Treatment methods first developed many decades ago must now evolve to stay current in the 21st century and become part of more sophisticated ways to deal with addiction. Modern addiction treatment needs to build on what has worked in the past but also explore new methods and new strategies.

New drugs such as buprenorphine are now available which could turn out to be part of the solution. Methadone has been used for many years in opioid replacement therapies under strict supervision. There is even talk of developing a vaccination. Treating drugs with more drugs is controversial but there are those who believe that a pharmaceutical approach to addiction can help bring down the unacceptably high relapse rates.

There is SMART Recovery (Self Management and Recovery Training) which is widely seen as an alternative to traditional AA methods. For people who have trouble invoking a Higher Power or a Christian God specifically, working with a behavioral therapy approach might yield better results. Others will be more at home with the 12 Steps of AA. Then there is mindfulness training and experiential therapy. All of these methods can potentially play a role in recovery depending on individual requirements.

The New Approach

That is why, most importantly, a new approach to treatment must do a better job considering the whole person seeking recovery from addiction. At Decision Point Center in Prescott, AZ, the holistic approach to recovery requires a very careful assessment of the needs of the patient.

Only after an extensive psychiatric, medical, nutritional, and psychosocial evaluation conducted by qualified therapists and physicians can a course of treatment be determined.

Sometimes the assessment phase during intake is often too brief and not thorough enough. A checklist can easily fail to reveal the nature of underlying conditions. What is the true origin of the co-occurring depression? Are there nutritional deficits? Was there a traumatic experience in the past and could that be the catalyst for the substance use disorder? Are there genetic factors?

An accurate assessment is critical in order to establish an understanding of the client’s condition, past treatment experiences, physical health, mental state and other relevant factors. According to the DSM-5, substance use disorders occur



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in a broad range of severity from mild to severe, with severity based on the number of symptom criteria endorsed. Accordingly, the careful assessment of the client should result in an individual treatment plan.

Not everybody who comes forward to seek treatment is necessarily an “addict.” Not everybody wants to “turn over their lives to God” as part of a 12-step program. Modern treatment options should include 12-step scenarios but perhaps not exclusively so.

Diagnosing and treating each person's substance use disorder individually has important real-world implications. Some programs see all clients as “addicts” and apply a one-size-fits-all approach and therapy when a personalized care plan is required that is responsive to the severity and complexity of each client's condition. Just as not every patient will require detoxification, not every patient will need the same regimen or level of substance abuse counseling, medication, nutritional therapy, relapse prevention, or psychotherapy.

Vestiges of the moral failure stigma can lead to black and white judgment calls: you are either an addict or you are not — with nothing in between. This labeling can be a serious impediment for a successful recovery.

Entrenched prejudices about addiction are a major reason why people don't seek treatment in the first place especially if their substance use disorder is on the mild side of the spectrum.

Changing the Language

The director of the Office of National Drug Control Policy, Michael Botticelli, has been trying to change the language surrounding addiction. Clearly, nobody wants to be called a “junkie” but how about saying a person is “clean” when not using drugs? Were they “dirty” in active addiction and do these labels possibly present a hindrance during treatment and recovery?

Some professionals don't like “addict” because they don't want to define people by their illness. Others don't mind “addict” but reject the term “abuse,” which occurs in the name of major organizations in the addiction treatment field, for example in the National Institute on Drug Abuse (NIDA).

Many of the pejorative terms have been internalized by substance users themselves, creating a deep sense of shame and destroying hope. “Our biggest enemy is hopelessness,” Dr. Barbara Herbert, Massachusetts Chapter President of the American Society of Addiction Medicine, recently told the *Boston Globe*.

Decision Point Center believes the biggest ally in the fight against addiction is empowerment. If we avoid foisting unwanted labels and punitive measures on people suffering from substance use disorders, if we are willing to find out what they are actually willing to do to get better and not simply give them orders, then we empower them in their recovery.

Relapse should not be seen as failure and a reason to get kicked out of a recovery program but should be treated as a learning experience instead. Consequences for misuse are important but real change is only possible if the pain

of continuing with the substance use is greater than the pain of recovery.

When patients realize for themselves they have the disease of addiction it's much more powerful that being told that this or that needs to happen.

As addiction professionals, we need to challenge our patients' thinking, give them the facts, share our experience, and create a space for them where they can arrive at their own conclusions.

Modern treatment methods need to be supported by more cooperation between government agencies, the medical community, addiction treatment programs, and law enforcement. The police program in Gloucester, MA is an early indication that good things can happen when efforts are refocused on helping people with addiction problems instead of punishing them.

We have come a long way in understanding how addiction affects body, mind, and spirit of substance users, now we need to make better use of new research to help people according to their needs.

— About the Authors



Bradley Callow comes from a marketing and strategic planning background consisting of over ten years of consulting experience. Entering the behavioral health field as the result of his own personal struggles, Bradley has dedicated his life to the field. Translating his expertise

and passion for helping others into innovative strategies that yield significant results for both the organizations he represents, as well as the clients and referral sources they serve. Bradley received his Bachelor of Arts in Public Relations with a minor in Business Administration from the University of South Carolina. Currently residing in Phoenix with his wife, he finds any excuse to get outside to play golf or tennis, hike, or go camping when not working to create positive change in the behavioral health field.

individuals and communities. In addition to Michael's extensive reporting background, he also consults on digital and social media (@mikerass). Michael also does first-hand reporting and writes articles for Decision Point Center about alcohol and drug addiction treatment, the societal and cultural impact of the illegal drug epidemic in the US and abroad, and healthcare policy regarding treatment of drug abuse and co-occurring mental health disorders.



Michael Rass is an experienced broadcast and web journalist with a passion for global humanitarian issues, and policies and practices affecting the health of

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HOT TOPICS from page 3

Drug Overdose Epidemic Spreads Across America

Because it's difficult to determine the number of overdoses in small-population counties, the figures represent the CDC's statistical estimates for lethal overdoses in every county. In some cases, this undercounts fatalities, since the model tops out at "over 20 deaths per 100,000 people" when, in fact, a handful of outlying counties have figures much higher than this. But even though the estimates are flawed in some places, there's enough hard data to show that regional epidemics, like that in the Appalachia region, for instance, began at an epicenter and spread rapidly to neighboring counties and states.

Maricopa County, AZ had over 20 lethal overdoses in 2014, according to CDC estimates.

Most of the media coverage of this crisis has focused on spiking levels of heroin addiction, particularly in the Northeast. Several presidential hopefuls have also tackled the subject, and President Obama has included over \$1 billion in his budget proposal for combating heroin and opioid abuse.

A deeper dive into the figures, however, suggests that opioid abuse does not alone account for the dramatic increase in overdoses. While accidental deaths from recreational drug use are unquestionably on the rise, the topline figures encompass a wide variety of substances, from antidepressants and stimulants to street drugs to hormones and antibiotics.

CountyHealthRankings.org, which is a joint venture between the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, reports figures that include accidental overdoses as well as suicide through intentional drug poisoning and cases where the intent of the victim was unclear. Bridget Catlin, the co-director of the project, says this is the industry standard for measuring fatal overdoses.

Catherine O'Leary, managing director for the professional services firm KPMG, notes that not all drug overdoses fit the common image of junkies who went too far. "If a grandmother takes her prescribed heart medication incorrectly and dies, it gets lumped together with a drug overdose," she says. Unfortunately, there is no obvious distinction in the way these deaths are reported, so it is not easy to tease out the difference between accidental mis-

use of legitimate prescriptions versus recreational use of drugs like heroin or cocaine that end tragically.

There are some simple ways to curb these deaths, Catlin says—including to make sure emergency personnel are trained in the administration of Naloxone, which can reverse the effects of an opioid overdose before the patient dies—but an epidemic with this many faces will require just as many solutions. (source TIME).

Gila River Indian Community Seeking Better Care For Military Veterans

On March 23, 2010, the Patient Protection and Affordable Care Act (the “ACA”) was signed into law by President Obama, and included specific provisions designed to improve health care access, delivery and choice for veterans, by requiring the VA to reimburse Indian tribes for Veterans who choose to receive service at a tribal health care facility.

.....
“....They risked their lives for us, and providing quality health care is the least we can do for them.”

Stephen R. Lewis, Governor of the Gila River Indian Community, said: "Access to quality health care is critical for every veteran who has served our Country. It is a shame that the Community has had to file a lawsuit against the VA in order to make sure that veteran care is fully reimbursed under the law. Through this lawsuit we hope that we can secure the ability to provide more services for Veterans who choose to receive their care through Gila River Health Care. Every veteran deserves quality health care. They risked their lives for us, and providing quality health care is the least we can do for them."

The ACA is clear that if an eligible Veteran chooses to receive health care services through an Indian tribe or tribal organization, the VA must reimburse the cost of the services provided. This requirement is a key to ensuring that eligible Veterans will have the health care choices they are entitled to. Despite the plain and mandatory language of the ACA, the VA has refused to provide reimbursements called for under the ACA, unless Indian tribes and tribal organizations agree to conditions and limitations that are not prescribed by law.

Because of the VA's refusal to follow the law and their insistence that tribes waive their legal rights in writing, the Gila River Indian Community has decided to seek enforcement of these legal rights in Federal Court.

HOT TOPICS continued page 12

CALENDAR OF EVENTS

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—**April 19**. If you have attended in the past, join us anytime. If you are new, please send your email request for an invitation to pcs@pcsearle.com or call 480-947-5739 to speak to Ellen Hamilton for details.

RIO RETREAT CENTER — April 25-29— A Man's Way™ Intensive. Using the powerful curriculum developed by Dan Griffin, The Meadows Senior Fellow and based on his two groundbreaking books *A Man's Way through the Twelve Steps* and *A Man's Way through Relationships*, we will provide a five day intensive and challenging experience for you to transform your understanding of what it means to be a man in recovery. A Man's Way™ intensive combines psychoeducation as well as mindfulness and experiential exercises in group process to provide a transformational experience created specifically to speak to men's unique issues and needs. **To register: 800-244-4949. Upcoming dates for A Man's Way™ Intensive: July 4-8, October 3-7.**

Clinical Breakfast Series — First Wednesday of the month from 8-9 a.m. **St. Luke's Behavioral Health Trends** and treatments in the behavioral health field, one CEU. St. Luke's Behavioral Health Center Auditorium. 1800 East Van Buren Street.

Every Monday— Scottsdale – FAMILY RECOVERY GROUP at The Meadows Outpatient Center. Facilitated by Brough Stewart, LPC. 5:30 -7:30 p.m. A group designed to help begin and continue family recovery. Stop enabling behaviors and learn how to set healthy boundaries based on Pia Melody's Model. **No reservations needed, no charge.** The Meadows Outpatient Center, 19120 N. Pima Road, Suite 125, Scottsdale. Contact: Jim Corrington LCSW, **602-740-8403.**

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

SIERRA TUCSON— Alumni Groups. Scottsdale, Tuesdays, 6:00-7:00 p.m. **Valley Presbyterian Church** 6947 E. McDonald Drive Paradise Valley, AZ. (480-991-4267). Alumni meet in the Counseling Center (Parlor Room). Park in the west parking lot and follow signs to the Counseling Center, which is located in the chapel complex. For information contact: Rob L. at 602-339-4244 or STSCOTT-

DALEALUMNI@GMAIL.COM

SIERRA TUCSON— Continuing Care Groups in Phoenix. Wednesdays — for Family Member Alumni (18 years and over). (PCS) Psychological Counseling Services, 7530 E. Angus Drive, Scottsdale. 5:30 – 7:00 p.m. **Thursdays —** for Patient Alumni, PCS, 3302 N. Miller Road, Scottsdale, 5:30 – 7:00 p.m. Facilitated by the clinical staff of Psychological Counseling Services. **No charge for Patient and Family Member Alumni.**

On Going Support FAMILIES ANONYMOUS - 12 step program for family members of addicted individuals. Phoenix -Mon. 7:00 P.M., First Methodist Church, 5510 N. Central Ave. 602-647-5800. Scottsdale Sun. -4:00 P.M., 10427 N. Scottsdale Rd., Scottsdale Fellowship Hall 480-225-1555.

Thursdays— Men's General Therapy Group empowering work through blockages to living. Dennis Ryan, M.C., L.P.C. 602-381-8003. Every Thurs., 5 - 6:30 p.m., 6:30-8 p.m. Transformation Institute. 4202 N. 32nd St., Suite J, Phoenix.

CHRONIC PAIN SUFFERERS "Harvesting Support for Chronic Pain," third Saturday of the month, 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, Families and Friends (JACS*) 1st and 3rd Wednesday, 7:30 PM. Ina Levine Jewish Community Campus, 2nd floor Conference Room. 12701 N. Scottsdale Rd., Scottsdale 85254. 602.971.1234 ext. 280 or at JACSarizona@gmail.com

PSA Behavioral Health "The Guild" Monday 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. PSA North, 2255 W. Northern Ave. in B109. Call Barbara 602-995-1967 x 207.

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WAAT- Women's Association for Addiction Treatment Monthing meetings. Call Sue Shipman 480-633-7292 for details.

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 —10am-11:30am. All Saints of the Desert Episcopal Church-9502 W. Hutton Drive. Sun City, AZ 85351. 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 Roller-Coaster"** 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.

COTTONWOOD TUCSON. ALUMNI—Ongoing: First Wednesday of month 6:00-7:30 p.m. **Cotton-**

wood campus in Tucson. 4110 W. Sweetwater Drive. 5:00 p.m. dinner. **800-877-4520 x2141.** cottonwood-tucson.com

ACOA Thursdays, 7:00 p.m., North Scottsdale United Methodist Church, 11735 N. Scottsdale Rd., Scottsdale. www.aca.arizona.org

ACA. 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 for addictions to food and food behaviors. 18 meetings scheduled per week. **520-733-0880** or www.oa-southernaz.org.

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

Pills Anonymous—Glendale Tues. 7-8:00 pm. HealthSouth Stroke Rehab 13460 N. 67th Ave. 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, 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. Janice **602-909-8937.**

continued page 13

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HOT TOPICS from page 10

SAMHSA Announces Leadership Selections

SAMHSA (*Substance Abuse & Mental Health Services Administration*) announced Daryl Kade has been named as the Director of the Center for Behavioral Health Statistics and Quality (CBHSQ) and Monica Feit, Ph.D., as Director of the Office of Policy, Planning, and Innovation (OPPI). Ms. Kade and Dr. Feit were already serving as Acting Directors of CBHSQ and OPPI, respectively.

As director, Ms. Kade will be responsible for the leadership, management, and operations of the Center's 88 staff and a significant portfolio of data collection and analytic contracts.

CBHSQ provides national leadership in behavioral health statistics and epidemiology, participates with other federal agencies in developing national health statistics policy, and consults and advises SAMHSA's leadership and the Secretary of Health and Human Services on statistical matters. As the OPPI Director, Dr. Feit will lead and manage the office that provides leadership on cross-cutting policy issues at SAMHSA and with external stakeholders. Dr. Feit brings with her a broad range of knowledge related to public health and health policy—her professional experiences will help ensure OPPI is well positioned to assist SAMHSA in policy formulation and implementation. SAMHSA.gov

Animals Improve our Mental Health

By Jenise Harmon, MSW, LISW-S

More animals are becoming a part of our lives. According to a Harris Poll, more than 3 in 5 American households have pets. That's 62% of families have one or more dogs, cats, birds, and so on.

The Animal, Human Relationship

Researchers estimate dogs first became domesticated between 18,800 and 32,100 years ago. In the beginning, one can imagine these dogs provided assistance with hunting, protection, and a warning signal to alert humans to danger.

Pet animals have practical uses. The expression "*it's a three dog night*" comes from the notion it was so cold one needed three dogs to sleep with to keep warm. Cats hunt mice to protect grain. Goats clear brush, even rats have been trained to detect land mines. But, domesticated animals or pets provide more than practical help, as any pet owner will tell you.

Ways Pets improve Mental Health

- Stroking an animal has a calming effect and reduces anxiety. Some studies have shown petting an animal lowers blood pressure.
- A dog can make you get out of bed to take it on a walk and walking increases endorphins which makes you feel good.
- Pets give unconditional love. They don't care if you haven't showered, have a bad hair day, or if the house is a mess. Asking for little they love a great deal.
- Caring for something reminds you to care for yourself, knowing they depend on you. Pets insist on being fed and watered, which reminds you to eat and drink.
- They're fun to watch, play and engage with. Parrots talk and whistle. Dogs chase and roll and learn tricks. Cats leap on the wall, trying to capture the laser dot.
- Are you unsure of what to say in a situation? Ask someone about their pets, and tell them about yours. People love to talk about their pets almost as much as their kids, sometimes more.
- Pets help you make friends. Dog



Pnut Brown

people gather at dog parks. All types of pet lovers volunteer at animal shelters. Pets are a great icebreaker.

- Helping animals can increase self-esteem. There are many places that need animal lover volunteers. Rescues, shelters, and wildlife centers can all use help. Many food pantries are in need of food for people's pets. Giving time and energy will make you feel better about yourself and is something you can look forward to.
- Pets help those who are sick, sad, or lonely. All sorts of animals can be certified as therapy animals. Therapy animals go into hospitals, schools, retirement homes, and libraries to help uplift people's mood, provide a listening ear to help kids read, and be needed distraction to an otherwise monotonous day.
- Animals make you feel good. A much needed lick on the face, a cat purring on your lap, pets listen without judgement or criticism.
- Even if you don't own an animal, you can reap the benefits of one by visiting a shelter to walk the dogs or hold the cats. You can hang out with a friend who has pets.

Animals cannot replace medication that's needed for mental health problems or psychotherapy for significant problems, but they can help in many ways. Opening your home to nonhuman creatures will forever change your life in a myriad of positive, interesting, and wonderful ways.

Jenise Harmon, LISW-S, is a psychotherapist with a private practice. She works with adults, adolescents, couples, and groups. Follow her on twitter; and connect with her on Facebook.



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Events from page 11

CELEBRATE RECOVERY—Chandler Christian Church. Weekly Fridays 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, E: larrydaily@chandlercc.org.

GA Meetings —ACT Counseling & Education. Phoenix/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, Contact Sue F. 602-349-0372

SAA 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

Survivors of Incest Anonymous. 12-step recovery for survivors. Tucson Survivors Meeting, Sundays 6:00 to

7:15pm. St. Francis in the Foothills, 4625 E. River Road (west of Swan). Carlos 520-881-3400

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

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

GAM-ANON: Sun. 7:30 p.m. Desert Cross Lutheran Church, 8600 S. McClintock, Tempe. Mon. 7:30 p.m., Cross in the Desert Church, 12835 N. 32nd St., Phoenix, Tues. 7:00 p.m., First Christian Church, 6750 N. 7th Ave., Phoenix, Tues. 7:15 p.m. Desert Cross Lutheran Church, Education Building, 8600 S. McClintock, Tempe, Thurs. 7:30 p.m.

DEBTORS Anonymous—Mon., 7-8:00 p.m., St. Phillip's Church, 4440 N. Campbell Ave., Palo Verde Room. Thurs. 6-7:00 p.m., University Medical Center, 1501 N. Campbell. 520-570-7990, www.arizonada.org.

Crystal Meth Anonymous www.cmaaz.org or CMA Hotline 602-235-0955. Tues. and Thurs. Stepping Stone Place 1311 N 14th St. cmaaz.org/god-zombies-the-awakening.

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Office of Problem Gambling	800-NEXTSTEP	
Aurora Behavioral Health	623-344-4444	
Carla Vista	480-612-0296	
Calvary Addiction Recovery Center	602-279-1468	
Celebrate Recovery with Chandler		
Christian Church	480-963-3997	
Chandler Valley Hope	480-899-3335	
Chapter 5	928-379-1315	
Choices Network	800-631-1314 602-222-9444	
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	
Elements Behavioral Health	844-294-3838	
Franciscan Renewal Center	480-948-7460	
Gifts Anon	480-483-6006	
Governor's Office of Youth, Faith & Family		
	602- 542-4043	
Hunkapi Programs	480- 393-0870	
Intervention ASAP	602-606-2995	
Geffen Liberman, LISAC	480-388-1495	
Lafrontera -EMPACT	800-273-8255	
The Meadows	800-632-3697	
Mercy Maricopa Integrated Care	602-222-9444 or 1-800-631-1314	
NCADD	602-264-6214	
Pathway Programs	480-921-4050	
Phoenix Metro SAA	602-735-1681	
Promises	866-390-2340	
Psychological Counseling Services (PCS)	480-947-5739	
Remuda Ranch	800-445-1900	
Rio Retreat Center	800-244-4949	
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	
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	
LEGAL SERVICES		
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Suicide Cluster Prevention on Campus

There is some evidence that after a young person dies by suicide, other youth may attempt the same thing. This may lead to “suicide clusters” – an unexpectedly high number of suicides that occur close together in time or space. But these tragedies are preventable.

That was the message of a webinar called “Responding to Suicide Clusters on College Campuses” co-sponsored by SAMHSA and the Jed Foundation, a nonprofit organization dedicated to improving emotional health and preventing suicide among college and university students.

Understanding Suicide Clusters

Suicide is the second leading cause of death among college students, with an estimated 1,500 deaths each year, according to Madelyn S. Gould, Ph.D., M.P.H., a professor of epidemiology in psychiatry at Columbia University and the New York State Psychiatric Institute. Because college suicides aren’t officially tracked at the national or state level, she said, it’s hard to know beyond anecdotal evidence how often clusters occur.

What’s better known are the mechanisms behind suicide clusters — the process by which direct or indirect knowledge of a suicide facilitates subsequent suicides. One key factor is emotional suggestibility, said Dr. Gould, noting people’s tendency to identify with others, mimic their behavior, or even confuse other people’s emotions as their own. For students who have already contemplated suicide, she said, a peer’s suicide can “tip the balance” toward engaging in suicidal behavior themselves.

College students are especially vulnerable to suicide clusters, said Dr. Gould, explaining that they’re often away from their families for the first time and much more involved with peers. Plus, the part of the brain that helps control impulsiveness hasn’t fully developed yet

As a result, research shows a significant association between a peer’s suicide and subsequent deaths. “If someone in a peer group has attempted suicide or died by suicide, there’s a 3- to 11-fold increase in the odds that a friend will actually attempt suicide,” said Dr. Gould.

Media coverage also has an impact – both positive and negative. When the media focuses on coping strategies – like being active, reaching out for support, and volunteering – rather than suicide, said Dr. Gould, suicide rates decrease.

Sharing the News

On the flip side, media messages can increase vulnerable people’s risk and undermine prevention efforts, said Kerri Smith, L.C.S.W., M.P.H., senior campus prevention specialist at the SAMHSA-funded Suicide Prevention Resource Center.

“Pictures or detailed descriptions of how and where a person died can encourage imitation and serve as a how-to guide,” said Ms. Smith. Another common mistake is oversimplifying the causes of suicide, attributing it to single factors like break-ups or bullying. Romanticizing suicide or portraying it as common may also feed into a false perception for someone who may be struggling with suicidal feelings.

Language use matters too, said Ms. Smith. “Epidemic” suggests the problem is too big to solve, for instance, while “unsuccessful” or “failed attempt” imply that success equals suicide.

Be prepared. Make a plan before you need it. Identify who will share news with the campus community and how that person will communicate. Create customizable templates, drawing on the sample announcement letter in the Higher Education Mental Health Alliance’s “Postvention: A Guide for Response to Suicide on College Campuses.” Decide what to do about memorial services. The plan should also include social media. To prevent the spread of rumors, post information about resources and monitor postings for unsafe content or cries for help. The “Online Postvention Manual” (http://hemha.org/postvention_guide.pdf) created by the SAMHSA-funded National Suicide Prevention Lifeline offers additional tips.

Focus on the positive

“The vast majority of people who face adversity or who live with mental illness don’t die by suicide but instead find support, treatment, and other ways to cope – messages we want to focus on instead,” said Ms. Smith. The SAMHSA-funded National Action Alliance for Suicide Prevention offers a Framework for Successful Messaging with specific tips on how to shift the focus from the problem of suicide to concrete steps for helping yourself and others plus stories of successful treatment and recovery.

Build relationships with reporters. Share media guidelines, information about resources, and sample language with student reporters and local health and mental health reporters before a crisis occurs. If inappropriate coverage happens, contact the reporter or write an op-ed or letter to the editor.

Building on its ongoing work as one of SAMHSA’s Garrett Lee Smith grantees and drawing on technical assistance from SAMHSA staff and others, the university added staff to its counseling center and organized support groups. It trained faculty and staff how to recognize and respond to problems and began offering webinars to parents to educate them about the resources available to students. It also launched a 24-hour hotline plus a social marketing campaign about depression and the resources available to treat it. The campus even offered case management services to close friends, checking in regularly to make sure they were coping all right.

For SAMHSA project officer Jennifer Cappella, M.P.A., it’s no surprise the university’s strategy helped stop the suicide cluster.

“There’s a saying in the field: Postvention is prevention,” said Ms. Cappella, a public health advisor in the Suicide Prevention Branch of SAMHSA’s Center for Mental Health Services. “If we can respond appropriately to these unfortunate situations, then we can, in theory, prevent other suicides in the future.”

For additional resources please visit SAMHSA-funded National Suicide Prevention Lifeline offers additional tips at <http://www.suicidepreventionlifeline.org/>

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