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APRIL 2017

Inspiring Success on the Road to Recovery

Breaking Misconceptions and Myths of Eating Disorders

By James D. “Buck” Runyan, MS, LMFT, LPC, CEDS, F.iaedp

When addressing disorders that severely affect one’s life, it is easy to understand when a person is found to have a problem such as diabetes, there are quick reactions from family and professionals to treat the affected person with a sense of urgency.

Diet, exercise, proper sleep, stress reduction and medications are all implemented within a short period of time with the hope of limiting the consequences of a poorly functioning or non-functioning pancreas. Though the general populace in general knows little about diabetes, the disorder tends to acquire quick attention because people are aware it is a dangerous disorder needing immediate attention.

Eating Disorders are similarly dangerous — yet the recognition of these disorders and the lack of urgency to find adequate treatment leaves those affected vulnerable to *highly life altering* and possibly *life threatening consequences*.

An Arizona Success Story: Screening, Brief Intervention, and Referral to Treatment

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an innovative, holistic, evidence-based, and cross-service collaborative approach to delivering early interventions and subsequent treatment through universal screening for people with ongoing substance abuse issues and those who are at risk of developing into substance abusers.

Through a federal grant administered by the Governor’s Office of Youth, Faith and Family, the Northern Arizona SBIRT program has conducted more than 47,000 screens connecting hundreds of people to vital information and services. The program has been critical to partnering communities. One success story is that of a 60-year-old woman who used amphetamines daily and marijuana occasionally with her adult son to whom she introduced the drugs. Her use was unknown to her doctor until the SBIRT screen. After receiving a brief treatment, she and her son have been clean of meth and marijuana for nine months. Because of her success in her personal recovery, she has returned to the SBIRT staff to talk about how to quit smoking.

The SBIRT Model

The SBIRT model is so effective because it is so adaptable. No two SBIRT programs are alike as each must implement, run, and sustain operations across multiple service providers in differing communities. SBIRT sites are most commonly medical settings, usually primary care or outpatient facilities, but emer-

A Star Athlete’s Struggle

Sara represents a common example of someone who struggles with an eating disorder. Sara was 20 years of age, a star athlete on a university scholarship, and an academic scholar with a 4.0 GPA. She had reported struggling with bulimia for more than five years. Though she did mention several of the struggles she experienced over the years, her parents dismissed the topic as being a “teenage thing.”

Based upon her parents prior responses she went silent on the progression of the disorder as well as the severity of her symptoms; until one day a college roommate found her having fainted during a purging episode in their dorm room. This scene facilitated Sara’s entry into her first treatment.

Secrets and Shame

During the assessment phase she revealed to the medical team she had intentionally hidden the eating disorder behavior from her family. She revealed keeping them in the dark because of their previous disbelief, her potentially having to leave college as well as possibly losing her scholarships and ultimately having to address the shame she experienced on a daily basis for her behavior. She went on to provide in great detail the secretiveness, the planning, the struggles physically and emotionally of having bulimia which culminated in a deep sense of shame which brought episodes of self-directed anger and times of unstoppable sobbing. What became her solace also became her captor.

Though she admittedly is a person with physical talent, keen intellect and high potential, her emotional maturity was lacking in an age appropriate development. The lack of emotional maturity caused her severe anxiety when experiencing new social events and even kept her from developing any depth in personal relationships because she feared the rejection of others if they discovered her secret life with bulimia.

The Double Life

All eating disorders have a similar dynamic in that the sufferer not only maintains a personal secret; they protect it with an unyielding fierceness. They lead a double-life.

Family and friends will often notice their loved-one’s life patterns frequently exhibit dichotomies. In one sense they present as having a focused effort to self-control or are controlling of others; having a sense of self-directedness and an unusual knack for self-destruction.

“All eating disorders have a similar dynamic in that the sufferer not only maintains a personal secret; they protect it with an unyielding fierceness. They lead a double-life.”

When the eating disorder becomes family and/or public knowledge, the members often speak about having noticed a variety of odd behaviors and inconsistencies within the sufferer’s life, but were neither comfortable nor free to openly hold conversations about them their observations.

The primary eating disorders that affect both men and women of all ages include Anorexia, Bulimia and Binge Eating Disorder.

Anorexia identified most often by significant weight loss due to restrictive eating behavior. Bulimia is identified by eating a large volume of food in a short period of time and making oneself vomit to remove the consumed food products. Binge Eating is identified by eating a large volume of food in a short period of time and does not include any compensating behavior such as food restriction or self-induced vomiting.

Eating Disorders are Non-Discriminatory

Eating disorders affect both men and women of all ages. Most but, not all eating disorder behavior begins in the younger age population. The general age of onset for Anorexia is 15, Bulimia is 16 and Binge Eating is 25. Frequently there are children as young as 8 and adults in their 60’s seeking treatment services for Anorexia. The same holds true for Binge Eating Disorder. Bulimia is a bit different in that it tends to affect middle teenager up through middle aged adults.

Common traits of those affected by eating disorders include oversensitivity to change or chaos in their environments. They tend to react with extreme behavior and emotional expression when overwhelmed. Often their first reaction is out of impulse which can be presented from an odd non-reaction, excessive tearfulness, anger, yelling, or aggressive tones. Behaviorally they may withdraw from situations that are uncomfortable or attempt

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Publisher's Note

By Barbara Nicholson-Brown



Forever Grateful

Despite how far we have come in de stigmatizing addiction and understanding it is a disease instead of a choice; much of society still turns a blind eye to people who struggle with any type of chemical dependency, mental health issue or any other disorder.

Growing up with an alcoholic mom taught me early on what a nightmare this disease was. As a kid I begged and pleaded with her to stop. Our family was full of shame, and we certainly didn't talk about what was happening very often, if at all.

I remember loud, ugly arguments, lies, trips to the 'hospital' and everyone full of tension and fear. We all loved her, so why couldn't she stop doing this? To herself? To us?

As I am my mother's daughter, the gene of addiction was passed on to me, as well as the shame. My way to escape the feelings of inadequacy was through alcohol, and drugs were eventually added to the mix; and nothing ever got any better.

Everything about me and the life I created was shattered. From my family and relationships, to jobs and friends, I was a tornado of chaos.

I'm grateful and still in awe I came through it all alive. I made it to the side of sobriety.... and have remained here for over 26 years.

But getting here and staying here was not my doing. I am here only because of the help and guidance of others, from the professionals to the fellowship of people who are on same journey — and most importantly, a God bigger than I ever imagined.

Wishing you all a happy spring
and another day clean and sober.

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Hot Topics

"Kicking the Habit!" Taekwondo improves treatment outcomes

Once a week a few staff members of the National Council on Alcoholism and Drug Dependence (NCADD) take women who are participating in treatment to the JSK Taekwondo Do Jang for self-defense and fitness training through the art of Taekwondo. These dedicated students work to improve balance, strength, focus, and self-esteem

while also learning to protect themselves should the need for self-defense arise.

Data is being collected by the agency before a client's first taekwondo class and again after 90 days of participation. Overall, women report increased flexibility and strength, and reduced stress and mental health symptoms. Several women who have had a history of domestic violence report feeling more confident that they could escape in a dangerous situation. Only recently,

HOT TOPICS continued page 9



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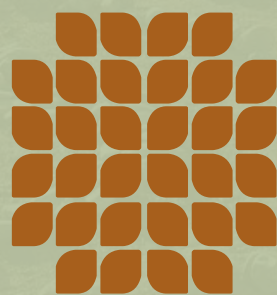
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Physical Activity Improves Recovery Success Rate

Emerging reports support the inclusion of structured physical activity as an important component to successful drug and alcohol recovery. Studies of patients being treated for substance abuse suggest exercise promotes a sense of accomplishment; physical strength; improved health; and increased confidence in staying clean and sober.



This is something that Coach Carl, former NFL coach-turned-physical trainer, says he's known for a long time. His desire to help recovering addicts through personal training comes from his own battle with addiction. He says he emerged with the need to "pay it forward so that others can have access to the tangible successes that mindful physical activity can offer."

Coach Carl is a professional trainer at Fit 4 Life, a company that engages recovering addicts with physical fitness programs. His program is part of the "4 Pillars of Recovery," those being: physical, spiritual, emotional, and mental. He guides his physical trainees through the first pillar, physical fitness.

His philosophy, which is backed up by studies published in Mental Health and Physical Activity, is *the body is made to move*. When it comes to addiction recovery, his personal experience tells him that, "the body will respond before the mind does."

Coach Carl was brought on board the BBC team hosting regular exercise classes free of charge to their clients. This supplemental program is another addition to the ever-expanding list of support services aimed at addressing addiction recovery in a holistic way. The program aims to support clients during their recovery as a way of improving their self esteem, stimulating the body to rebuild and heal, and of course, to release smile inducing endorphins that research shows help reduce cravings.

A generous philanthropic grant has made the expansion of this physical fitness possible. Wes Perdue, Director of Operations at BBC, says this grant is seed money that is intended to provide clients with a structured way of getting in touch with the physical component of recovery, "there are many stresses that our clients undergo during their recovery, and the way we look affects the way we feel, especially about ourselves."

Launching this free program for BBC and Vivre clients is the first step toward shoring up support services that lead to positive outcomes in recovery.

For more information, or to make a referral call 602-626-8112. For youth on MMIC/AHCCCS, they can receive up to 90 days of IOP treatment at no cost to them. We also have both in-network and out-of-network options with insurance companies, and have private pay options available. For more visit Building Blocks Counseling <http://buildingblockscounseling.com/>

Tricky Truth or Compassionate Speak

By Dr. Dina Evan

Truth is tricky! We know that *truth without compassion is brutality*. Truth without compassion is another form of violence. It's a lot of yackety-yack yak and when it's said without compassion it is normally filled with assumptions and judgment. Today, that kind of "truth" is rampant. It fills our newspapers, magazines and TV's — and is the primary destructive force in our personal relationships. And, it's a killer. It kills our sense of safety. It kills our sense of confidence and trust. It kills our ability to move forward with greatness.

Real communication, or enlightened communication, comes from participating in a conscious dialog. Much of what we say and hear these days is sound bytes, party lines, corporate speak and discourse designed to elicit a specific response, rather than designed to create a mutual, conscious exploration of possibilities. We twist or tweak the facts. We spice things up with veiled threats or a touch of emotional hijack. We blast. We manipulate the numbers or the facts. We amp up the volume or intensity. We focus on ourselves, the negative, or opportunities to be the center of attention and add drama. We diminish others with interrogation, intimidation or interpretation, more often than not, incorrect because we have not allowed for a sane mutual exchange. In short, we communicate with the intent to manipulate, coerce or control, rather than communicating from a position of ethical personal or professional power. We have lost our moral compass and most of us are not yet awake to this energetic form of violence, even though we feel it, and experience an ungrounded lack of safety from it.

Why are we not invested in conscious communication? Perhaps because it requires some level of vulnerability. We might have to admit we are wrong. We might feel some sense of responsibility for the issue at hand or some feeling we want to deny. We might have to embrace some pain we are misplacing and projecting onto

someone else.. We might have to come to the realization... we are not perfect or cooked. Conscious communication requires giving the other the benefit of the doubt. It requires asking questions and waiting with an open mind *to hear another's truth*. It requires letting go of our need to be right and releasing our illusion of having or needing the power.

Unfortunately, today, our role models in government and others in power are bleak. Compassion and openness are seen as a lack of power, rather than the best of real power. The truth is that a person who is in his or her power always listens more than he or she speaks, especially in a conflict. We cannot resolve a conflict unless we understand each other. Thirty five years of experience tells me that once each person has presented their truth, there is always a path to resolve and healing.

Like a breath of fresh air, the moment we return to the truth—which is sometimes more difficult, but always healing—the energy begins to spiral toward clarity and empowerment.

Genuine compassion is felt. Pure truth cuts through the fear making a space for resolution. Some might think this is a little thing of no consequence. The degree to which we are able to communicate consciously is a direct reflection of the degree to which we become have become enlightened. Conscious communication is at the core of enlightenment—it is the outward manifestation and catalyst of enlightenment. Think for a moment about the last time you connected with someone in pure authentic truth. In that moment, your vibrational frequency was raised and your body held the energy of enlightenment. In that moment, you ascended just a bit. **Care to go higher?** Commit to compassionate, excruciating truth telling.



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

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Shame Resiliency: 8 Ways to Grow Beyond Secrecy, Silence and Self-Judgement

By Shannon McQuaid, LMFT, LISAC, CDWF, CSAT-C,
Executive Director/Clinical Director at Promises Scottsdale

Shame has been referred to as the “silent epidemic.” Although it’s something we all deal with, it’s still considered a taboo topic. Just the mention of the word “shame” can make us shy away and withdraw. But when we live in silence, secrecy and self-judgment, we’re more likely to take an unhealthy road. We get stuck hiding behind defense mechanisms and we easily fall into behaviors meant to mask the symptoms of our pain.

Shame underlies all addictions and can be a secret source of many other troubles, including;

Fear of disconnection. We worry others will learn a horrible truth about us that will cause them to disconnect or disapprove. We all need a sense of belonging and to know that we are loved and loveable.

Isolation. Shame can be isolating, which is detrimental to various areas of health. Studies have found a link between shame and depression. We also see people suffering from spiritual emptiness. In general, human beings are not wired to live alone. When shame separates us from others it has a significant impact.

Suicidal thoughts. If someone has so much shame that they feel badly about the person they are innately, they may be overcome with thoughts of self-hatred. This, along with other factors, can lead to suicidal thinking and behaviors.

Hiding shame makes it an even bigger problem in our lives. But the minute we begin to talk about it, wrap words around it and share stories with others, it takes the power out of shame.

Dr. Brené Brown, a research professor at the University of Houston Graduate College of Social Work, is a leader in shame resilience education. *In Shame Resilience Theory*, she explains how group work can help with understanding and managing shame. She developed *The Daring Way*™ program, which provides a framework for the curriculum in the groups we offer at Promises Scottsdale. Here are some of the ways we help clients loosen the grip of shame:

Uncover the origins of shame. If we don’t at least investigate where our shame comes from, it can begin to run our lives. We live by it, consciously and unconsciously. Although we can’t completely get rid of shame, getting to know where it originated can help us begin to change the unhealthy patterns it has created in our lives.

Understand triggers. We have to identify and understand triggers in order to develop shame resilience. Maybe we feel judged when we visit a critical relative or we self-judge when we look in a mirror. Preparing for these moments can prevent decisions and reactions we may regret later.

Embrace self-compassion. When shame rules us we can be ruthless with ourselves. But self-compassion can be an antidote. It helps to have a calming phrase we can say to ourselves, such as stay strong and stay authentic to who I am. It also helps to have a friend who can empathize and remind us to be gentle with ourselves.

Practice vulnerability. Many of us live by the myth that vulnerability is a weakness and instead tell ourselves I can do it alone or I don’t need other people. We must be brave enough to allow vulnerability and strength to exist at the same time. Owning the idea that there is power in our imperfect human nature can help greatly.

Develop trusting relationships. Shame goes hand in hand with trust issues since the original source of shame often involves being hurt or shamed by another. Working through shame can be powerful when we share with people who will listen without judgment.

Identify personal values. It’s important to know: What are my values and how do I act on those on a daily basis? When we become congruent with our values, there’s inner peace and external alignment. If we feel one thing on the inside and we’re acting differently on the outside, we’re not in alignment and that alone can cause shame.

Honor the authentic self. We put on different facades and ways to distance ourselves from pain. This often keeps the shame living within us, versus removing those masks and exposing who we are. It is urgent that we get to know who we intrinsically are. The goal is to reveal our real selves, live authentically and reach our truest potential.

Create a new story. Ultimately, we must learn to let old messages of shame roll through us and to assert that those messages are things that we picked up and, though shameful, really aren’t true. We can change the narrative we’ve carried inside and rewrite our life stories. Using these techniques we can seize the opportunity make a fresh start in our lives.



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agency departments and trauma centers are also effectively implementing the program. The SBIRT model has also shown promise as a “no wrong door approach” in non-medical settings such as colleges and high schools.

Screeners evaluate the likelihood that an individual has a substance use disorder or is at-risk of developing one through motivational interviewing. Once screened and identified as being at-risk for a substance use disorder, patients move to a Brief Intervention, which is a time-limited (5-20 minutes) session providing counseling, motivation for cessation, and information on alcohol or other drug use. Brief Interventions can also include follow-up by telephone or in person. Referral to Treatment is given to people whose screening showed a high probability for a substance use disorder. Referral to Treatment often includes case management, outpatient programs and inpatient treatment, and utilizes “warm hand-off” techniques to ensure a seamless transition. Because SBIRT presents a framework rather than a prescription, it allows for dynamic implementation ensuring better outcomes.

During a six-month follow-up call, a 20-year-old female shared that she had significantly reduced her drinking because of the SBIRT screening and the intervention she had with her primary care provider. She said she was drinking “a lot” when she first filled out the screening. When she started filling out the AUDIT questions she remem-



bers thinking, “Wow, this is not where I want my life to go.” She said filling out the screening and having the discussion with her provider was the first time she actually thought about her drinking. She indicated that her parents have issues with drinking and she knows she does not want to end up the same way. She said it was “incredible” talking to her provider and that it was “the best conversation I’ve ever had with a doctor about drugs and sex.”

SBIRT’s positive impacts are undeniable, with the most positive current indicator being the saving of taxpayer dollars. One study found that a group receiving brief interventions not only had significant reductions in alcohol use, but they also had fewer hospital days and fewer emergency department visits. The study estimated that the intervention cost of \$205 per person for the Brief Intervention saved \$712 in projected healthcare costs. In other words, every dollar spent on SBIRT

efforts saved \$4.30.

Beyond financial results, data from the Substance Abuse Mental Health Services Administration (SAMHSA) demonstrates the impact of SBIRT through:

- *Reduction in alcohol and drug use 6 months after receiving intervention*
- *Improvements in quality-of-life measures, including employment/education status, housing stability, and 30-day past arrest rates*
- *Reduction in risky behaviors, including injection drug use decreasing from 3.2% at baseline to 1.5% at follow-up*

SBIRT reduces the time and resources needed to treat conditions caused by substance use, thus making Arizona’s health systems more efficient.

The Governor’s Office of Youth, Faith and Family was awarded the

SBIRT grant in July 2012 to provide services in Arizona’s five northern counties of Navajo, Apache, Coconino, Mohave, and Yavapai. At the time of implementation, these counties had the highest morbidity and mortality rates due to substance abuse in the state. They are demographically diverse, composed of ten tribes, large retiree communities, Latinos, college students, and rural communities.

The successful implementation of SBIRT in Arizona has resulted in over 47,000 screens. Of those clients screened in Northern Arizona as part of Arizona’s SBIRT program, 10% were identified as having alcohol or drug use behaviors that could be reduced through SBIRT services, such as Brief Intervention. Approximately 56% of those clients who reported alcohol use during the intake reported lower alcohol use at the six-month follow-up. Of those clients who reported marijuana use at intake, 60% of them reported lower use at the six-month follow-up.

In the spring of 2016, ten individuals who were central to the implementation of SBIRT in Arizona were interviewed about their opinions of SBIRT. This same interview had been conducted the year before and the differences show a program that has found its footing and is now described as “a very simple, streamlined, and efficient intervention.” There are certainly still challenges to overcome, but SBIRT is changing the culture of substance abuse treatment in Northern Arizona. In the emergency room, the SBIRT screening questions are now a regular part of inpatient care helping to identify individuals living with a substance abuse disorder or are at risk of developing one and assisting doctors in creating holistic care plans. The clinics also report positive outcomes increasing providers’ and patients’ awareness and knowledge. When screened, one patient expressed surprise saying, “Nobody ever talked to me about this before... I didn’t realize this could affect my diabetes.” Finally, students at the university are self-reporting cutting back on their substance use and are much more open and trusting in discussing substance abuse issues.

SBIRT has succeeded where so many other programs have struggled. It is creating a safe space for people to openly discuss their substance struggles and seek expedient, inexpensive, immediate, and effective care. The next step is to take this momentum and expand this indispensable program into additional settings.

“Imagine a state where instead of stigmatizing drug abuse and addiction, no matter the setting, there was someone ready and able to assess and connect people to resources,” stated Debbie Moak, Director of the Governor’s Office of Youth, Faith and Family.

The Governor’s Office of Youth, Faith and Family envisions an Arizona in which drug use and addiction are destigmatized, and there is “no wrong door” to accessing care for individuals struggling with a substance use disorder.

Learn more about the Arizona SBIRT program at **SBIRTArizona.org**.

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to “control” the circumstances in a “bullying” kind of manner. The important take-away in observing the person is that they behavior and react with extremes that are not necessarily congruent with the events at hand.

Medically, those who struggle with eating disorders will have both distinct features related to the type of eating disorder which will develop unique consequences but they will also have some similar features as well. As an example those with Anorexia will often have a lower than reasonable body weight, rapid weight loss, complain of dizziness, move or exercise continuously, maintain a slow metabolism, stress fractures, lose menses for women, lower testosterone levels for men and present somewhat fearful of various types of food. Those with Bulimia will often complain of intestinal discomfort, experience frequent headaches and experience heart palpitations. They may also experience dental problems, experience irregular menses and experience constipation.

Binge Eating is often but not always associated with obesity. For those individuals who are not obese they will experience many of the same symptoms of Bulimia with a higher focus on the intestinal track discomfort. For those who are higher in weight due to the Binge Eating, they may experience, diabetic symptoms, knee and back problems, sleep apnea, Reflux, intestinal discomfort, thyroid problems and vast weight fluctuations due to attempting various “diet” plans.

A common misconception that family members believe is that their loved one need only “make a decision” to correct their relationship with food. They put pressure on their loved one by way of allowing a “special” meal plan than the family standard meal plans. The family attempts to use a form of logical conversations to encourage the person struggling to recognize their behavior is unusual. They may even attempt to use coercion and manipulation to force change. Though well intentioned these tactics backfire more times than not. The best way to help is to seek support from a trained eating disorder specialist who can provide education on how best to approach the family member struggling with an eating disorder, but they can also provide valuable information on signs, symptoms, medical complications and they can help develop a comprehensive team of professionals to help. It will be important for a Primary Care Physician, Counselor, Psychiatrist and Registered Dietitian be involved so that each area of the sufferer’s life is assessed and supported by a subject matter expert.

Eating disorders are the most complicated psychological disorders to treat. Sadly, when untreated they also carry the highest mortality rate of any other disorder. Much like diabetes, when a person is struggling with any one of these eating disorders, it is imperative for their health, quality of life and in some cases their life’s longevity that they receive appropriate treatment as soon as possible. The benefits to comprehensive quality care will potentially create a life of purpose and hope once the psychological, behavioral and medical concerns are resolved.

At Remuda Ranch at the Meadows we believe whole heartedly that people can heal from these disorders with proper care, training and support. We encourage anyone who may be struggling with one of these disorders to take a very important step of courage to reach out for support from a treatment expert and begin a path of improving their quality of life and relationships.

About the Author



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Buck is the Executive Director for Remuda Ranch at the Meadows eating disorders Critical Care Units and In-patient/Residential programs in Wickenburg, Arizona. His prior roles have included supporting eating disorder treatment programs as a Chief Operations Officer, Clinical Director, Program Director and Therapist.

Buck has served on the International Association of Eating Disorder Professionals

Board of Directors from 2010 through 2016. He is a past President for the Board of Directors and remains an active member of the iaedp Certification Committee.

He is credentialed as a California MFT, an Arizona LPC, IAEDP CEDS and a Fellow of iaedp. His Alma Mater is California Baptist University.


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Last Year's Birds and This Year's NEST

By Alan Cohen



As we step into spring, the season of renewal, we have an opportunity to let the past go and allow new life to fill us.

With the advent of the Internet and Facebook, I've had lots of people from my past find me and reach out to connect. Some from as far back as elementary school, high school, and college. Some of these people were my best friends at the time. It was exciting to hear from them again, and in most cases we had a lengthy phone talk or lunch date. Part of me thought we might rekindle our friendship.

But in all cases, after our initial meeting, we didn't have much more to talk about. Most of our conversation was reminiscing. After that, the interaction ran out of gas. We hugged, wished each other well, said, "Let's keep in touch," and we went our separate ways, never or rarely to connect again.

Part of me felt sad that such friendships had no current life. Then I saw a quote by Miguel de Cervantes, author of the beloved classic novel *Don Quixote*: ***Do not look for this year's birds in last year's nest.***

What a fabulous, penetrating lesson! What is of the past belongs to the past. What is of the present belongs to the present. Sometimes the two overlap; often they do not.

Golden Intersections

This brought me to discover a principle I call Golden Intersections. When we connect with someone, whether for a moment, a decade, or a lifetime, there is a purpose to that meeting. A Course in Miracles tells us that there is no such thing as a random encounter; every person we meet is sent to us by Spirit for a purpose. Our job is to discover and extract the gift in that meeting and use it. No connection is outside our destiny of good.

All relationships exist for a reason, a season, or a lifetime. Reason relationships might occur via a crossing of paths for a meaningful moment. A conversation in an elevator, a hearty laugh with a waitress, or one date with a person you do not see again, are never an accident; they all have a purpose. Season relationships go on for months or years: a romantic relationship, a strong friendship, or a close

connection with a co-worker belong to you for a length of time. Then, like all seasons, the interlude comes to an end and gives way to something new.

Lifetime relationships are usually with family members or a dear friend. They run deep and run the gamut of activities and emotions.

No matter how long your relationship lasts, there is a gift in it. Sometime that gift comes through love, fun, and joy. Sometimes it comes through hardship and challenge. Do not write off difficult interactions as a mistake or a waste of time. In some cases the gifts they bestow are more transformational than easy relationships. A Course in Miracles tells us that it takes great spiritual maturity to recognize that all events, encounters, and relationships are helpful.

I used to romanticize the past by wondering if I had made a mistake by not getting together with some past girlfriends when I had the chance to. I second-guessed myself for leaving or not cultivating relationships that could have turned out to be soulmate connections. Then something truly uncanny happened: In every case, some unexpected event showed up to demonstrate to me that there was a good reason those relationships did not endure. For example, my first love was my high school girlfriend Laurie in New Jersey. I was constantly high on love for months until we had a stormy breakup when I went off to college, and I never saw Laurie again. Often I wondered if we might have continued our love affair and come together for life if I had handled the situation better.

Thirty-five years later a friend of mine in Maui invited me to an intimate dinner party at his home in a remote tiny mountain town. "I want you to meet my friend Eddie," he told me. I was shocked to discover that this Eddie was Laurie's brother! When our conversation came around to Laurie, I admitted I felt bad about our breakup. "No need," Eddie told me. "If you saw the life Laurie has chosen, you would not miss her. Her lifestyle and the choices she has made are worlds away from what you are doing." Then he told me about Laurie's volatility and scarred relationships. Still I gave him my email to pass along to his sister so I could at least say hello after all these years. Laurie never connected. Now I realize that ending the relationship, even for what seemed foolish or immature reasons, was the way it had to be. It had a delightful purpose when it existed, but when that purpose had been served, there was no reason for it to continue.

As we step into spring, the season of renewal, we have an opportunity to let the past go and allow new life to fill us. If you and I can just have faith that what belongs to us will stay with us, and if something served us in the past it does not necessarily belong to us in the present, we would forever shine in the now. Last year's birds built their nests, and both the parents and the chicks have flown on to a new life. When we stay as light as birds in the glorious now, we too fly on to our highest destiny.

Alan Cohen is the author the bestselling A Course in Miracles Made Easy: Mastering the Journey from Fear to Love. Join Alan in Hawaii this June 19-23 for a life-transforming retreat, Power, Passion, and Purpose: a Training to Live Your Vision. For more information about this program, Alan's books and videos, free daily inspirational quotes, online courses, and weekly radio show, visit www.alancohen.com.

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HOT TOPICS from page 2

have researchers started to explore the idea that exercise can increase treatment retention, as well as longer term abstinence from drugs and alcohol. However, improved fitness and health is something that NCADD is taking very seriously.



In addition to taekwondo, the agency offers weekly walking and running groups, yoga, and nutrition support. NCADD would like to continue to provide health and wellness programs for both women in treatment, as well as their children.

NCADD is often in need of funding or items, such as exercise clothes and shoes, taekwondo uniforms and belts, yoga mats, and exercise equipment (machines, weights, jump ropes, pedometers).

Interested parties can contact Beverly Wohler at 602-264-6214 or drop items off at our main office at 4201 N. 16th Street, Suite 140, Phoenix, AZ 85016.

Valley Hospital’s Freedom Care Program for returning Vets

One of the unique programs that Valley Hospital offers, is the “**Freedom Care**” program. Freedom Care was developed in response to the present and growing need for high quality and intensive behavioral health services.

Valley Hospital has developed a military program through UHS parent company’s Patriot Support Program, a network of treatment centers, support staff and medical professionals dedicated to treating Active Duty Service Members, Veterans, First Responders and their families. Valley Hospital provides programs developed to meet the unique needs of Active Duty Service Members, Veterans and First Responders. Specialties and programs are designed for those who are experiencing substance use, abuse or dependence, depression, military sexual trauma, combat induced PTSD/trauma, military related chronic pain or co-occurring mental health and substance use issues.

Valley Hospital a private psychiatric hospital specializing in mental health and chemical dependency care.

They provide a wide range of services and programs that offer evidence-based treatment proven to have positive outcome for our patients.

An assessment and admission staff is available 24 hours/7 days a week. Valley Hospital accepts most commercial, Medicare and Medicaid plans.

Contact Kenny Flack 602-292-6757 for any questions regarding Valley Hospital Freedom Care Program.

Take Back the Night Event Scheduled for April 7th

Survivors of Sexual Assault, Domestic Violence and Human Trafficking to Share Stories

Every 22 minutes in Arizona, a person becomes a victim of a violent crime. **Take Back the Night** is a global grassroots movement to speak out against all forms of sexual, domestic violence and human trafficking.

On Friday April 7th, La Frontera Arizona/EMPACT-SPC Trauma Healing Services department will host Take Back the Night at Civic Space Park located at 424 N. Central Avenue in Phoenix.

The event will take place from 5:00 to 9:00pm and will include live music, food trucks, survivor art exhibit, a candlelight vigil and other activities. Survivors of sexual assault, domestic violence and human trafficking will be sharing their stories throughout the evening.

Several agencies will be participating in Take Back the Night by providing education, outreach and support to empower survivors and the community. The event is free and open to the public. Survivors and supporters can also display t-shirts for the clothesline project. The t-shirts give the survivors the chance to tell their story and messages of support.

Join in shattering the silence and speaking out against violence! Your voice matters!

For more information, visit the Take Back the Night website at www.takebackthenightphx.com; join us on Facebook at www.facebook.com/tbtneimpactspc and on Twitter @tbt-phx.

NCADD PHOENIX

is a non-profit organization dedicated to providing substance abuse treatment to women through a variety of programs to address individual needs. All of NCADD’s programs focus on providing the tools and resources to assist women in becoming financially self-sufficient and believing in their potential to remain drug and alcohol free and live a quality life.

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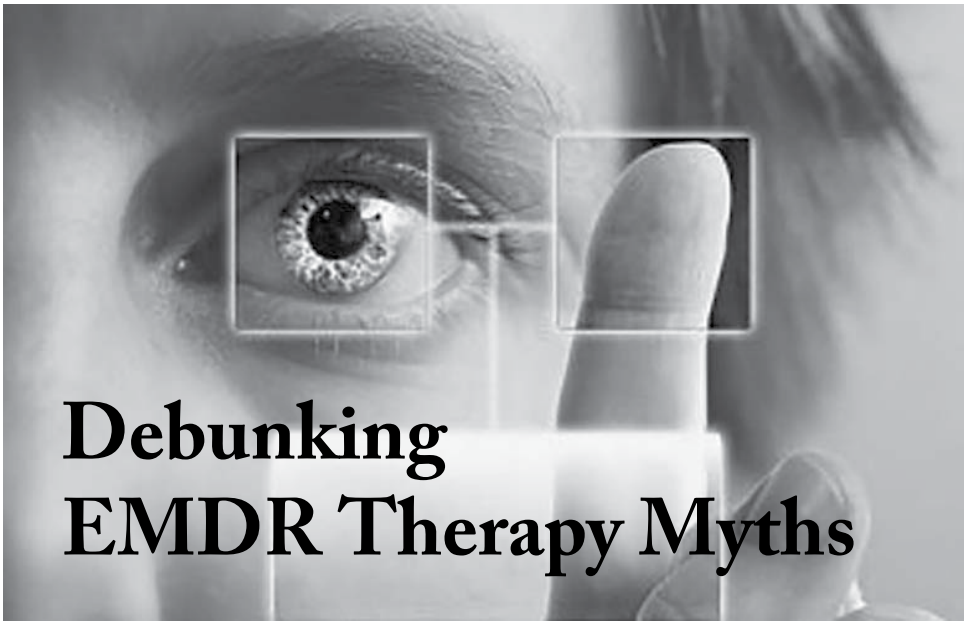
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Debunking EMDR Therapy Myths

By Sarah Jenkins

As an EMDRIA Approved EMDR Training Provider, Therapist, and Consultant, I often find myself having to debunk myths about EMDR therapy or reframe and educate therapists and clients about what EMDR is or isn't. With this in mind, this article addresses some of those "myths." I hope that in writing it, those who are considering EMDR can be better educated consumers, and that I can also support therapists who are interested in learning about, or getting trained in EMDR therapy.

Myth 1: EMDR is a "new" therapy.

Not true. In fact, in 2014 EMDR therapy celebrated its 25th year anniversary. We have come a long way since 1987 when Dr. Francine Shapiro was walking in the park and realized that her eyes moved back and forth when she was having a disturbing thought and in doing so, it became less distressing to her. The first research studies begin not long after that in 1989 whereby it became clear the EMDR (then called EMD) was an up and coming treatment for PTSD (Post Traumatic Stress Disorder).

Myth 2: EMDR therapy is "not researched based"

Of all of the EMDR therapy myths, this is probably the biggest one and the most often stated. Since the first studies in 1989, EMDR therapy has become one of the most well researched therapeutic modalities and, in fact, has been identified as a treatment of choice for trauma. In 2013 WHO (*World Health Organization*) recommended it as a treatment for PTSD. In 2004, the APA (*American Psychiatric Association*) identified it as effective trauma treatment. In 2004 & 2010 the Veterans Administration recommended EMDR. EMDR has also been included in the SAMSHA (*Substance Abuse and Mental Health Administration*) National Registry of Evidence-Based Programs and Practices. Additional local and international organizations have identified EMDR therapy as a research based and effective treatment for trauma.

Myth 3: EMDR therapy is just "wagging your fingers back and forth in front of a client."

Nope, in fact nothing could be further from the truth. It is imperative clients researching EMDR therapy or considering an EMDR therapist know that there are eight distinct phases and

that a clinician who "dives into the eye movements" is actually missing many significant and necessary steps to doing this trauma therapy. Trauma therapy, in and of itself, is recommended to occur in a staged approach, whether EMDR therapy or not. Nevertheless, the EMDR therapy stages are distinct and established in a specific order to ensure that the client is prepared and resourced to be able to move through trauma in a way that helps to support the client's safety and recovery.

Myth 4: That EMDR therapy is a 1-5 session therapy approach.

This is a yes and a no, so it is not a complete myth. BUT, there is a very important caveat that all EMDR therapists should share with you. Yes, in some cases EMDR therapy can be a really fast treatment. Yes, I have seen 1-5 session recovery from a traumatic incident but at the same time — the client had few other traumas, it was a one-time event, and the client had no other factors that would contribute to blocking EMDR therapy treatment effects. That said, in my practice, those clients are the minority. Most of my clients are dealing with layers up layers of traumas as well as other challenges.

Consider this — EMDR therapy is very powerful and can move traumatic material in a very efficient way, asking the nervous system to rewire itself and "reorganize" the traumatic material in a more adaptive way, a way that helps the memories shift out of a "state dependent" form. That said, it depends on some other factors. Is this a one time accident or trauma with no other traumas "stacked on top of it?" Or, in contrast, does the client suffer from complex PTSD which includes multiple and types of traumas and at different developmental stages, is substance abuse, and dissociation present, does the client have any resources and positive feeling states that can be accessed? Has the dissociation been treated first? These and a myriad of other factors come into play. So, the myth that EMDR therapy is a fast treatment is actually more that it may be — but if there are other complicating factors and complex PTSD, it makes it a more extensive and lengthy process.

If you are someone considering EMDR therapy, I hope that this article has given you some additional things to consider as you research EMDR Therapy for your healing journey. If

EMDR continued page 12



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Bipolar Wellness Network	602-274-0068	National Domestic Violence	800-799-SAFE
Celebrate Recovery Chandler		Overeaters Anonymous	602-234-1195
Christian Church	480-963-39972	Parents Anonymous	602-248-0428
Cocaine Anonymous	602-279-3838	Phoenix Metro SAA	602-735-1681
Co-Anon	602-697-9550	Rape Hotline (CASA)	602-241-9010
CoDA	602-277-7991	Sexaholics Anonymous	602-439-3000
COSA	480-385-8454	Sex/Love Addicts Anonymous	602-337-7117
Crystal Meth Anonymous	602-235-0955	Sex/Love Addicts Anonymous	520-792-6450
Emotions Anonymous	480-969-6813	Sex Addicts Anonymous	602-735-1681
Families Anonymous	602-647-5800	S-ANON	480-545-0520
Gamblers Anonymous	602-266-9784	Suicide Hotline	800-254-HELP
Grief Recovery	800-334-7606		

Treatment Service Resources

TOGETHER AZ	602-684-1136	Rio Retreat Center	800-244-4949
Art of Recovery Expo	602-684-1136	River Source-12 Step Holistic	480-827-0322 or 866-891-4221
ACT Counseling & Education	602-569-4328	Scottsdale Detox	480-646-7660
AZ. Dept. of Health	602-364-2086	St. Luke's Behavioral	602-251-8535
Office of Problem Gambling	800-NEXTSTEP	Teen Challenge of AZ	800-346-7859
Aurora Behavioral Health	623-344-4400	TERROS	602-685-6000
AzRHA	602-421-8066	Valley Hosptial	602-952-3939
Calvary Addiction Recovery	866-76-SOBER		
Carla Vista Sober Living	480-612-0296	Legal Services	
Chandler Valley Hope	480-899-3335	Dwane Cates	480-905-3117
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CBI, Inc. Access to Care	877-931-9142	www.tax-intervention.com	
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Cottonwood Tucson	800-877-4520		
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Dr. Marlo Archer	480-705-5007		
Dr. Janice Blair	602-460-5464		
Dr. Dina Evan	602-997-1200		
Dr. Dan Glick	480-614-5622		
Julian Pickens, EdD, LISAC	480-491-1554		
Foundations Recovery Network	855-316-0114		
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Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood Tucson	800-877-4520
Crisis Intervention	520-323-9373
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Narcotics Anonymous	520-881-8381
Nicotine Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
Suicide Prevention	520-323-9372
Men's Teen Challenge	520-792-1790
Turn Your Life Around	520-887-2643
Workaholics Anonymous	520-403-3559

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Community Calendar

Send your events and support group information to aztogether@yahoo.com. Due 20th of month prior to printing

Tuesday, APRIL 18—FREE Professional Networking Luncheon — Psychological Counseling Services (PCS) 12:15-1:45 p.m. Mark your calendars. New send an email request to pcs@pcsearle.com or call Ellen Hamilton for details **480-947-5739**.

APRIL 9—11th Step Meditation Workshop “Step 4 in Meditation: Learn to use meditation to become aware of the root causes of our resentments and fears.” FREE. All welcome. 5:00 - 6:30 p.m. A Mindfulness Life Center, 10339 N. Scottsdale Rd. **480-207-6016**. Randy Fahrbach, 805-895-2007. www.11thstepmeditation.org.

Friday, April 14—Arizona Required Workshop for License Renewal. *Cultural Competency from the Inside Out* with Michael Gorman, MA, LPC. *Ethics and Arizona License Requirements* with Richard Poppy, MA, LISAC. Redemptorist Renewal Center, 7101 West Picture Rocks Road, Tucson. 8:30 -4:30 p.m. Pay online at www.DesertStarARC.com/workshops. \$50.00 for one workshop, \$90.00 for both. Lunch included. **(520) 630-6000**.

Mondays– Scottsdale – FAMILY RECOVERY GROUP—The Meadows Outpatient Center. Brough Stewart, LPC. 5:30-7:30 p.m. Designed to help begin/continue family recovery. **No charge.** The Meadows Outpatient Center, 19120 N. Pima Rd., Ste. 125, Scottsdale. Contact: Jim Corrington LCSW, **602-740-8403**.

SIERRA TUCSON— Alumni Groups. Scottsdale, Tues., 6:00- 7:00 p.m.Valley Presbyterian Church. 6947 E. McDonald Drive, Paradise Valley. 480-991-4267. Alumni meet in the Counseling Center (Parlor Room). Contact: Rob L. **602-339-4244** or stscottsdalealumni@gmail.com.

SIERRA TUCSON— Continuing Care Groups in Phoenix.Wednesdays — for Family Member Alumni (18 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 Rd., Scottsdale, 5:30 – 7:00 p.m. Facilitated by the clinical staff of PCS. **No charge for Patient and Family Member Alumni.**

ON GOING SUPPORT

Celebrate Recovery —Chandler Christian Church. 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.

Valley Hospital—IOP Group for Chemical Dependency/Co-Occuring. Mon., Tues., Thurs. 6:00-9:00 p.m. **602-952-3939**. 3550 E. Pinchot Avenue, Phoenix. www.valley-hospital-phoenix.com

Open Hearts Counseling Services —Women's Therapeutic Group for Partners of Sex Addicts. Comfort, strength and hope while exploring intimacy issues. Cynthia A. Criss, LPC, CSAT **602-677-3557**.

FAMILIESANONYMOUS—12 step program for family members of addicts. 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., N. Scottsdale Fellowship **480-225-1555** or **602-647-5800**

NICOTINE ANONYMOUS (NicA) Fellowship for those with a desire to stop using nicotine. Phoenix Sat., 5-6:00 p.m. at Our Saviour's Lutheran Church, 1212 E. Glendale Ave., Glendale, Sun., 9:15-10:15 a.m. Fellowship Hall, 8910 N. 43rd Ave. **480-990-3860** or www.nicotine-anonymous.org

Chronic Pain Sufferers “Harvesting Support for Chronic Pain,” 3rd Saturday of month, 12-1:00 p.m. Harvest of Tempe, 710 W. Elliot Rd., Suite 103, Tempe. **480-246-7029**.

Jewish Alcoholics, Addicts, Families and Friends (**JACS**) 1st / 3rd Wednesday, 7:30 p.m. Ina Levine Jewish Community Campus, 2nd floor. 12701 N. Scottsdale Rd. **602-971-1234** ext. 280 or at JACSarizona@gmail.com

COSA (12-step recovery program for those whose lives have been affected by another person's compulsive sexual behavior) Thurs. 11:00 a.m.-Noon. 2210 W. Southern Ave. Mesa. **602-793-4120**.

WOMEN For SOBRIETY—www.womenforsobriety.org. Sat. 10-11:30 a.m. All Saints of the Desert Episcopal Church-9502 W. Hutton Drive. Sun City. Christy **602-316-5136**.

Co-Anon Family Support - Carrying the message of hope and personal recovery to family members and friends of someone who is addicted to cocaine or other substances. **“Off the Roller Coaster”** Thurs., 6:30-7:45 p.m., 2121 S. Rural Rd., Tempe. Our Lady of Mount Carmel Church. Donna **602-697-9550** /Maggie **480-567-8002**.

COTTONWOOD TUCSON ALUMNI—First Wednesday of month 6:00-7:30 p.m. 4110 W. Sweetwater Drive. 5:00 p.m. dinner. **800-877-4520 x2141**. cottonwood-tucson.com

ACOA Thurs., 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. Room A. Michael **520-419-6723**.

(OA)- 12 Step program for addictions to food, food behaviors. **520-733-0880** or www.oasouthernaz.org.

Pills Anonymous (PA)—Glendale Tues. 7-8:00 pm. HealthSouth 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., Rm 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.

GA Meetings —Tuesday/Thursday Spanish 7:00-9:00 p.m. Christ the Redeemer Lutheran Church, 8801 N. 43rd Ave. **Sunday, Spanish** 7:00-9:00 p.m. Good Shepherd Lutheran Church, 3040 N 7th Ave. **Sunday, English** 6:00-8:00 p.m. 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**.

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.

SPECIAL NEEDS — AA Meetings. Cynthia SN/AC Coordinator 480-946-1384, email Mike at mphaes@mac.com

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.

EVENTS continued page 12

EMDR from page 10
you are a therapist who is interested in taking an EMDRIA Approved EMDR Basic Training, please contact me; my next one starts on May 18th, 2017. I would love to support your bringing EMDR therapy into your practice.



With a thriving private practice in Tempe, Arizona, Sarah Jenkins, MC, LPC, CPsychol is an EMDRIA Approved EMDR Training Provider, EMDRIA & HAP Approved EMDR Consultant, Certified EMDR therapist, and Equine Assisted Therapist. A trauma and dissociation specialist, and EMDR therapist for over fifteen years, Sarah provides ongoing consultation for those seeking to increase their confidence in utilizing EMDR therapy with complex cases. Her expertise includes teaching the application of structural dissociation theory for the treatment of dissociation. Sarah's EMDRIA Approved EMDR Basic Training also provides attendees with additional curriculum on dissociation and the treatment of complex trauma. A highly sought after public speaker, Sarah has conducted numerous workshops, presentations, and seminars for a variety of corporations and federally funded organizations as well as spoken at numerous national and international conferences including EMDRIA, EMDR Canada, and EMDR Europe. For more information visit www.DragonflyInternationalTherapy.com.

EVENTS from page 11

Eating Disorder Support Groups:
Phoenix—Monday @ 7:00 p.m. (N,D/SP,O). 2927 E. Campbell Dr. Ste. 104, Phoenix (Mt. View Christian Church). Contact Jen at (602) 316-7799 or edaphoenix@gmail.com for directions/information.
Phoenix—Wed. @ 7:00 p.m. Liberation Center, 650 N. 6th Ave, Phoenix. (cross street McKinley). Jennifer at (602) 316-7799 for more information.
Tempe—Thursday@ 6:30 p.m. Big Book/Step Study meeting. Rosewood Centers for Eating Disorders, 950 W. Elliot Road, Suite #201, Tempe. Contact info@eatingdisordersanonymous.com
Tucson—Tuesday @ 5:30 - 6:30 p.m. Steps to the Solution Meeting. Mountain View Retirement Village, 2nd floor, 7900 N. La Canada Drive, Tucson. Holly at (203) 592-7742 or leeverholly@gmail.com.
Tucson—Thursday @ 5:30 - 6:30 p.m. EDA Big Book Step Study. Mountain View Retirement Village, 2nd floor, 7900 N. La Canada Drive, Tucson. Holly at (203) 592-7742 or leeverholly@gmail.com.
Wickenburg—Wednesday @ 7:15 p.m. and Sunday @ 7:45 p.m. (N,D/SP,O.) Capri PHP program. Contact (928) 684-9594 or (800) 845-2211.
Yuma—Wednesday @ 5:00 - 6:00 p.m. 3970 W. 24th St. Ste. 206 Yuma. Alyssa at (928) 920-0008 or email 2014yumae.d.a@gmail.com.

Crystal Meth Anonymous www.cmaaz.org or 602-235-0955. Tues. and Thurs. Stepping Stone Place, 1311 N 14th St.



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