

# Together AZ

NOVEMBER 2017

Inspiring Success on the Road to Recovery

## Update on a New Treatment for Major Depression

By H.J. Schulte, M.D., D.F.A.P.A

**R**ecall the worst you have ever felt with influenza — the headaches, the body aches, the joint muscle aches— everything hurts! Take away the nausea, vomiting or cough and that is what severe depression can feel like. It's a whole body disease.

Severe Major Depressive Disorder injures and pains our bio, psycho, social, spiritual beingness. It stops many from functioning at work and at home. It cripples one's ability to love and to work and to enjoy life. I would like to review the symptoms of Major Depression, the findings of the STAR D study\*(Sequenced Treatment Alternative to Relieve Depression Study), how often Major Depression occurs, its cost and highlight a new treatment called repetitive Transcranial Magnetic Stimulation for treatment resistant Major Depressive Disorder.

### Symptoms of Major Depression

The symptoms of Major Depression include the following:

- Depressed mood or apathy/loss of interest.
- Four or more required: sleep disturbance, executive dysfunction, worthlessness/guilt, weight/appetite changes, psychomotor agitation or retardation, fatigue or suicidal ideation.
- It must significantly interfere with the functioning of the individual at work, at home or socially. Frequently, it affects all those areas.

It is a little odd that someone can have Major Depressive Disorder but not have a depressed mood. I think we have all seen this can occur. We sometimes explain it as person who is out of touch with their emotions or may not know how to access them such as in *alexithymia* or perhaps it's a macho football player. Nonetheless, it can occur if one meets the criteria instead of having depressed mood. *Anhedonia* is an important hallmark for Major Depressive Disorder. A person may present with apathy/loss of interest (anhedonia).

In the future Major Depressive Disorder will likely consist of several different genetically defined illnesses. A patient may present with an extreme anxiety, insomnia, agitation, restlessness depressive symptom profile. Or a patient may be very lethargic, oversleep, complain of fatigue and be unmotivated to do anything they used to enjoy doing. Currently we are labeling them with the same name but the clinical presentations can be drastically different.

In the STAR D study that was reported in *American Journal of Psychiatry* in 2005, 4,000 patients from 41 clinics were monitored and treated for one year. These were real life patients in medical and psychiatric clinics who also suffered from substance abuse, chronic pain and family issues. The study was a landmark because it looked at the treatment of depression in the clinical treatment



Illustration: iStock.com

settings. The study was designed so every three months if one did not go into remission from the first treatment, they were then put into the next level with different treatments. The goal of the treatment was remission which implied that the person was back to their normal functioning. Response, on the other hand, is a 50% improvement on the Hamilton Depression Scale. The reason remission is so important is that if the patient does not get fully into remission, they are much more likely to have increased relapsed rates of depression that can cause significant mortality and morbidity. There is also increased risk for suicide and increased risk for significant negative effects on the family, occupation and health of the individual.\*

### STAR D

In the STAR D study level one involved the three months treatment with Citalopram (Celexa). Those who did not respond went on to level two where they were randomly assigned to either Sertraline, (Zoloft), Bupropion- SR/ (Wellbutrin) or Venlafaxine-XR( Effexor). Bupropion was used both independently and as an add on to other medications. As in level one, those who became symptom free with level two could continue with treatment and in to the follow up. Participants could always switch to, or add on cognitive psychotherapy. Those who did not become symptom free would continue to level three. In level three, participants had the option of either switching to another medication or adding on to their existing medication. They were randomly assigned to Mirtazapine (Remeron) or Nortriptyline (Pamelor) a tricyclic antidepressant.

In level three, either Lithium or Thyroid was added to bolster the antidepressant action. In level four those who did not become symptom free were taken off of all their other antidepressants and were given a trial of a monoamine oxidase inhibitor antidepressant namely, Tranylcypromine (Parnate) or Venlafaxine XR with Mirtazapine.

Measurement-based care was used to assess the patient's progress at each level.

In summary, about 70% of patients reached remission, however this left about 30% of patients who did not. The odds of beating the depression diminished with each additional treatment strategy that was needed. The drop-out rate also increased significantly with each progressive treatment level. Forty percent of the patients had side effects, some of them significant.

If someone experienced one episode of Major Depression in their life, there is about a 50% chance of it reoccurring. If someone experienced two episodes of Major Depression, the risk of it reoccurring goes up to 70%. After three episodes of Major Depression, the likelihood of it reoccurring is 90%. By the second recurrent episode it recommended patients stay on medications ongoing to help prevent further relapses. MDD can be seen as a Chronic Medical Illness similar to Hypertension, Diabetes, Heart Disease or Autoimmune Diseases.

The risk of having major depression is about 17% for adults in their lifetime. The yearly risk for Major Depression is about 8%. The yearly risk for Anxiety Disorder is about 10%; Substance Abuse Disorder incidence is about 10%. The lifetime risk for both of those disorders is about 25%.

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## **Publisher's Note**

By Barbara Nicholson-Brown

# **Grateful**

Before my recovery began grateful was never a word I used or thought of. My mind-set was 'victim'; my view of the world was distorted through my continuous usage of alcohol and drugs. I was a blamer. I blamed everyone and everything for the shame I felt. From feeling shame for being someone who could not handle how much they drank, shame for believing I was not as good as, shame for being who I was. Most of my problems were self-induced and what I asked for. With my focus being on the negative there wasn't any room the positive. I've heard many times, that like attracts like, we are what we think.

Through the years of long term sobriety, while every day is not what I think it should be or how I want it, I feel and experience gratitude on levels I never knew existed before. And I have to remember that my plan is not the grand plan.

It was suggested in early recovery that I write a gratitude list to see if would change my perspective. It seemed like a daunting task at first, but once the pen hit the paper, the gifts and blessings in my life just flowed.

I still need to write these lists whenever my thinking gets off track. And I can honestly tell you, the longer I am clean and sober the more I need to practice this simple exercise. For when I find myself wrapped in the world between my ears it still can be chaos and confusion. When all the blessings are right in front of my eyes I get grounded and humbled. Fear and Faith don't mix and neither does Fear and Gratitude. I can't be in both places at once. For some reason, whether it be triggers from the past or fear of the future, when gratitude becomes stronger than any other emotion, I get to be in the moment. Even for a moment.

During this time of thanksgiving and gratitude, take some "me time", grab a note pad and jot down all the things you can think of that make you feel grateful.

"We can only be said to be alive in those moments when our hearts are conscious of our treasures." - Thornton Wilder



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# Pain is lonely.

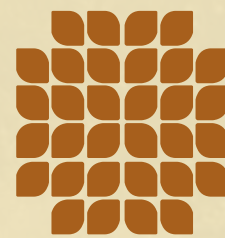
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# The Magic of Being Fully Present

By Dina Evan, Ph.D

At age 75, every moment spent with my children, grandchildren and great grandchildren is a holy moment, not to be squandered. The other day, while going to the store, my granddaughter was on her cell phone texting. I said, "Sweetie you are important to me and every moment we have together now is precious. Do you think what you are doing now can wait?" She said, "Oh sorry grandma, every moment is really precious to me too, and this is just a stupid habit. Thanks for reminding me." She put her phone away and we reconnected, creating the kind of conversations and connections we both love.



teachers, woven into the fabric of my soul. In these moments, I have been both teacher, student, adult, child, healer and healed... and I believe,

these precious moments in relationships of every kind, are the real steps to enlightenment. The connections we have that are real, teach us who we are. They show us our need for sameness, our level of empathy, our ability to be present, our willingness to set and respect boundaries, our level of compassion, our willingness to forgive and our commitment to be truthful in all things. These holy moments reflect our character, values and our level of consciousness.

We live in a country that has an aversion to feelings. The amount of pain killers and antidepressants we take would attest to that. Could this need for our electronics simply be yet another way to avoid feeling our feelings? Now don't get me wrong, I appreciate being able to write columns and share information on my website and Facebook. However, between people who keep their schedules so packed they don't have time to deeply connect with anyone, and those who always have their noses in a cell phone or computer, I am afraid we are losing the incredible gift of going deeper with each other.

## So, here is the point....

The next time you are with someone, put your cell phone on silent or put your computer away and get into the magic of being fully present. Think about some questions that you sincerely want an answer for or something you really want the other person to know about you. Ask meaningful questions, give truthful, meaningful answers and be genuinely interested in learning about yourself, your responses and the other person. In 35 years of counseling, I have never lost a client from a feeling. However, I have talked with many people at the end of their lives who felt they did not do what they came here to do which was find out who they were at a core level. Don't let that be you. Dive back into real. The gifts are immense.

## Today we have to be careful

We are all on sensory overload with what is going on in the world, in Washington and in our own homes with stressors of every kind.

It's easy to want to check out, but the cost of that is devastating. My life is filled with amazing holy moments of connection, as I like to call them. The toughest ones were with my finest

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## Crisis Text Line helps those in need 24/7



By Rev. Lucretia Howard, Lost Inside Ministry

Crisis Text Line is a free, 24/7 support line. At the time of this writing there were 51,628,392 messages exchanged since August 2013. These facts stated on the website [www.crisistextline.org](http://www.crisistextline.org). "Our first priority is helping people move from a hot moment to cool and calm, guiding you to create a plan to stay safe and healthy."

As a minister and addiction counselor in the South Bronx in NYC, having worked with the hard core employees of the NYC Transit Authority, I thought being a crisis counselor would be a great fit for me.

I thought it would come naturally and be easy. I believed since I was trained as a New Thought minister coming up with responses would flow as smoothly as water over river rocks. I was trained to reframe situations so recipients of my care would always anticipate a positive outcome. I felt con-

fident I had the skills to provide instant solutions. I felt secure after training I would be capable of coming up with high quality, well thought out, sensitive caring answers. I was confident I could help those who text in the midst of a crisis. What I came to understand was, being a good counselor would only happen if I consistently relied on the combination of leading-edge spectacularly well-planned training and the ability to take feedback from a highly skilled team of coaches and supervisors, as well as the patience — to second guess my initial responses.

## Life and Death Situations

What I didn't realize was how unprepared I would feel when dealing with life and death or self-harm situations. The physical sensations that would arise when I was dealing with

— continued page 8



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Renee Sieradski, EA  
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# It Works for Me EMDR

By Renee Sieradski, EA

Over the past 12 years I would guess I've had 150 sessions of EMDR (*Eye Movement Desensitization and Reprogramming*) with a favorable outcome. Generally the pain I'm experiencing before my session is lessened by having the treatment.

It works well and I get relief by this modality. In the early days, I would struggle and sob through each session and end up curled up in a ball — as I reprocessed early traumatic memories of physical and emotional abuse. I would go to therapy twice a week just to feel like I wasn't going to split open into a million pieces and be reminded I was going to survive this inner turmoil of emotions.

Now I feel like an EMDR veteran. I can pinpoint exactly what I need to work on and begin the process of naming the distressing event, so when I get to therapy, we start right there. By the end of an hour session, it's sorted out and I'm bouncing out the door.

But as we know, trauma is the gift that keeps on giving. Even after 12 years and 150 treatments, every once in a while trauma pops up in my subconscious. It reminds me of how miners used to find a small streak of precious metal and once they start digging what was exposed was hiding a deep cavern underneath.

When I strike gold, it requires more than one session of EMDR, and with therapy lasting an one hour, it can leave me in an uncomfortable place; a lump in my throat, nausea in my stomach and general unease knowing I have unfinished business. I want to delve deeper and at the same time I'm afraid.

But at my next session, I can pickup where I left off. Maybe it is the moment I first felt responsible for caretaking my sister when I was four years old and saw her being neglected. That's my earliest memory of feeling responsible for others simply because I was more aware of my sisters needs than my mother or father. This has led to a lifetime of feeling responsible for everyone and every environment I find myself in. It's profound to be able to recall the first moment I came to believe I was responsible for others and how it's affected my life. What a powerful and amazing gift I have been given with this treatment to heal my soul.

## On to Finances.... What Are the Penalties if I Don't Pay Payroll Taxes?

If you have employees, you absolutely must deduct and withhold vari-

ous taxes from the paychecks of your employees. Since you are deducting money from the employee's paycheck, you are handling their funds. This fact is very important to the IRS and it places great emphasis on any failure to forward these employment taxes swiftly to the IRS.

If you fail to pay employment taxes, you may be personally subjected to a 100 percent penalty. Yes, 100 percent! Known as the "trust fund recovery penalty", the penalty is assessed against the person responsible for paying the taxes, not the entity. The person can be the owner, corporate officer, check signer, bookkeeper or other "responsible person." In short, a business entity is not going to protect you from the wrath of the IRS.

Cash flow crunches are an inevitable event for practically every business. So, what happens if you make a late payment for employment taxes? Unless you can show a reasonable reason for the delay, the IRS is going to penalize you.

Late payment penalties range in amount depending on the delay. If the delay is less than six days, the penalty is two percent. Delay for six to 15 days and you are looking at five percent. More than 15 days in delay is going to push the penalty to 15 percent. If you delay this long, the IRS will be peppering you with penalty notices telling you where you stand.

Whatever you do, please make sure you deposit employment taxes with the IRS in a timely fashion.

If you are employed by a company that advises you to not pay the payroll taxes and you have a position of authority, you could be thrown under the bus later by the entity as the "responsible party". And you would be personally liable for the 100% penalty. So this job may not be one you consider keeping if you are privy to theft by the employer keeping payroll taxes to fund the business.

Take a moment to think about the worst thing you have ever heard done by the IRS. If you fail to pay employment taxes, the actions taken by the IRS will be ten times worse and you will be the one telling horror stories.



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## How Common is Depression?

“Depression is a common mental disorder. Globally, more than 300 million people of all ages suffer from it. Depression is the leading cause of disability worldwide, and is a large contributor to the over global burden of disease,” “Annual costs related to MDD rose to \$210.5 billion in 2010, according to the study published in the *Journal of Clinical Psychiatry*.”

February 25, 2015.

## Hope for Healing

Amazing advances have been made in brain chemistry. It is very exciting and hopeful to learn about neuroplasticity and how we can help our brain grow and heal. There is an explosion in neuroscience that brought with it many wonderful psychiatric medications which have been very helpful to help treat the symptoms of Major Depressive Disorder.

Pills don't teach skills. I have a strong belief that people with Major Depressive Disorder, as well as many other psychiatric disorder benefits from psychotherapy. There have been significant advances made in the psychotherapy world of new treatments, many which are very helpful. Allbeit the stigma and barriers to treatment for psychotherapy and psychiatric illnesses continue, there is also a great deal of progress in accepting psychotherapy and medication treatment for psychiatric illnesses.

For treatment resistant depression the psychiatric profession employs Electroconvulsive Therapy (ECT). This is still one of the most powerful treatments for treatment resistant depression. However, it comes with significant drawbacks which involve having anesthesia for each treatment of which there about twenty over the course of a month. It is performed in such way that confusion and memory problems are less than they used to be.

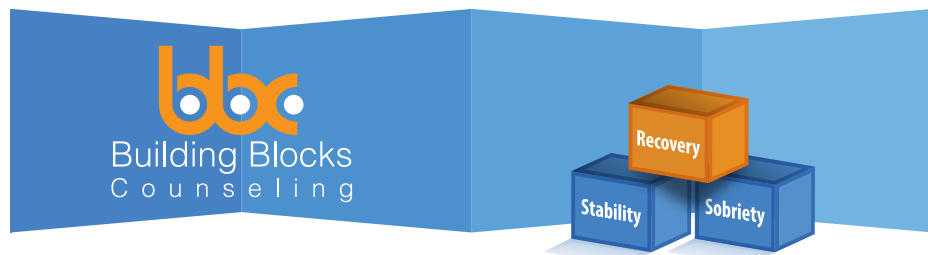
## TMS

Transcranial Magnetic Stimulation (rTMS) was FDA approved in 2008 for the treatment of severe treatment resistant Major Depressive Disorder. In 1985 the first TMS study was performed by Anthony Barker in Sheffield England. Some

of his students reported the electromagnetic stimulation he was using to stimulate the brain caused them to feel less depressed. Over the years, there was a great deal of interest in how to apply electromagnetic stimulation for the treatment of depression. There were problems of where to do the treatment, how strong to make it and how to get back to the same site consistently.

In the early 2000's PET scans showed that in Major Depression Disorder, the left prefrontal cortex is low in metabolism. Other lower brain regions had increased metabolism. By applying electromagnetic stimulation to the prefrontal cortex of the brain over a period of time there was a decrease or severe symptoms in this treatment resistant group. In order to get FDA approval, rTMS was successful in getting about 50% of patients into response and about 30% of patients having a remission. These are similar results that prompted FDA approval of the early serotonin reuptake inhibitor antidepressants such as Prozac. You may recall remission is symptom free and response is greater than 50% decreased in symptoms on the Hamilton Depression rating scale. These findings were reported in a study of the first hundred patients treated in the first year after receiving FDA approval. Now, after nine years of experience our response rates are rates are around 70% and our remission rates are about 40%. The reason for this is we now leave patients on medications during treatment and the treatment is extended from four to six weeks. The treatment consists of daily 37 minutes treatment of rapid pulses of electromagnetic waves given to the left dorsolateral prefrontal cortex.

Electrical pulsing stimulation is directed towards a magnet and the magnet then sends off an electromagnetic wave that goes thru the scalp and into the brain about 3cm. This creates an electrical pulse inside of the brain causing neurons to depolarize and regenerate. This stimulation is to the left upper part of the prefrontal cortex, however, it also changes other areas of the brain, because the brain operates in tracts.



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**TMS stimulation is to the left upper part of the prefrontal cortex, however, it also changes other areas of the brain, because the brain operates in tracts.**

NeuroStar was the first company to invent the machine that successfully accomplished getting FDA approval. In the initial study the dropout rate was about 4% due to headaches. Most practitioners have very few dropouts from headaches because we tend to go lower and slower than they did in the study. FDA approval was obtained after the first 10,000 treatments in several studies. Between 10,000 and 100,000 treatments there were three episodes of grand mal seizures. This may have been due to drug abuse, changing medications and/or treatment error.

The treatment error has been corrected by changing the algorithm on the machine. Now NeuroStar has had about 1.5 million treatments and no further episodes of seizures. There are about three to four other machines on the market providing similar treatment. Their seizure rate may be a little higher than the rate with NeuroStar.

Currently there are about 400 providers across the country providing rTMS treatment in their office. It is also available in the top 10 medical schools outpatient departments. Cost has been a factor in terms of the slow

DEPRESSION from previous page

growth of rTMS usage. Because of its success rate with a very ill patient population and its lower cost than ECT with less side effects, it is now being covered by most insurance companies.

As you would imagine, insurance companies have strict criteria for treatment involving failing three to four antidepressants as well as failing add on treatments for depression. Psychotherapy treatment needs to be carefully documented with clinical based instruments such as the Beck Depressions Inventory scale or the Patient Health Questionnaire.

If you have clients or patients who are profoundly, severally depressed and are resistant to treatment you may consider rTMS as a treatment option for them.

Significant research applications of TMS for other illnesses are being done by Alvaro Pascual-Leone MD, PHD. For more information visit the TMS Clinical Society on line at <https://clinicaltmsociety.org>

\*Trivedi MH, ET AL J Psychiatry 2006: 163: 28-40

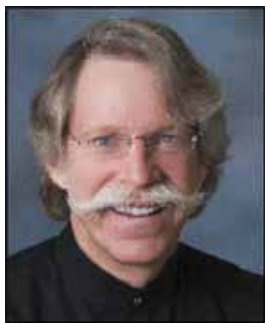
\*Zajecka JM. J Cline Psychiatry. 2003: 64 (Suppl 15): 7-12

\*World Health Organization: DEPRESSION; fact sheet, updated February 2017

Interested in learning more?

Call Nancy, our TMS coordinator, if you have any further questions about rTMS treatment or insurance coverage at (480) 941-9004. The Schulte Institute, 7101 E. Indian School Road, Scottsdale, AZ 85251 and visit <http://www.schulteinstitute.com>

About Dr. Schulte



Dr. Schulte is a senior psychiatrist with a passion for providing excellent care to patients. His compassion, great sense of humor, and treating each patient with care and respect, has earned him the esteem of his peers and patients.

Dr. Schulte has been a Board Certified Addictionologist since 1998 and is Board Certified in Psychiatry. He is a distinguished life fellow of American Psychiatric Association.

Dr. Schulte has lectured for many pharmaceutical companies regarding, antidepressant, antipsychotic, and mood stabilizing medications. For many years, he lectured several times a month, to family practice doctors and other psychiatrists, regarding depression, anxiety, and Bipolar disorder and the use of medications. He continues in this capacity, educating other physicians about the use of these medications.

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The Meadows outpatient program is designed for individuals who require a "step down" from one level of treatment to the next before they are ready to return home and apply their recovery skills to everyday life. Every individual's current issues and circumstances are taken into consideration to be sure they are offered the safest and most appropriate program for their clinical needs.

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#### CRISIS TEXT LINE —from page 4

children who were being harmed who wouldn't give you their addresses was not what I planned for.

When I was interacting with live human beings waiting for a solution to be delivered within minutes, I was nervous and unconvinced of my abilities. I came to understand I had to trust God would give me the answers and I had to rely on the fact that this organization had a phenomenal system of training and support. They also provide self-care and debrief after each conversation. I began to see the training provided was first class and the support during the actual work was flawless.

The training to become a counselor consists of 34 hours of free online education provided through reading material, videos, tests and role play, all of which are carefully monitored.

From the outset I was impressed with the high quality training experience. Each counselor is assigned a coach before starting the training. The coach outlines the processes and answers questions. Once the training begins your coach is always available to provide support via e-mail. Each time you sign on to the platform you are assigned a supervisor who watches everything you write for the first 100 conversations, and can give immediate feedback through chat. It was comforting to know someone was available to answer questions, make recommendations and give feedback. The response is instantaneous when you red flag a text from someone who is at imminent risk.

A vast amount of research has been accumulated to evaluate and quantify statistics, not only on what subjects are referred to the most at any given time, but what words to use that are appropriate and encouraging. I am consistently astonished at how much work is being done to make sure we as

counselors know what phrases to use so we are giving non-judgmental, caring and sensitive responses. We are given support while we are working and in weekly e-mails we are directed to the statistics for the week on the most repeated subjects, the most appropriate answers, as well as being given feedback given from the texters for the week.

As a minister, I am always leading people towards answers I believe will result in their highest healing possible.

As a crisis counselor, I am not offering solutions. I am allowing the texters to come up with their own answers so they feel the empowerment of knowing they can help themselves again if in crisis. Most conversations last 20 minutes to 45 minutes at which time we are encouraged to recap the plans we have come up with for staying safe and calm.

Together we have plans to get through the next few hours until they can put in place more structured long term healing modalities. This has been a humbling and powerful experience. I have come to understand that God will give me the words when I am lost and that I can rely on this phenomenal system that has been put in place by the gifted conscientious creators of this platform.

***"We want to be where you are. We want to make it as easy as possible for people who are in pain to get help."*—Nancy Lublin, Founder**

You can learn more about the Crisis Text Line by visiting <https://www.crisistextline.org>.

For more on Lucretia Howard visit [www.lostinsideministry.com](http://www.lostinsideministry.com).



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## The Word and the Womb

How much should you tell other people about what is really important to you? Should you broadcast your dreams to everyone in hopes that others will honor your intentions and support you? Or would you be wiser to keep your visions to yourself and avoid debilitating criticism?

You have probably had the experience of sharing a fresh insight, experience, or project with someone, only to be met with an icy, insensitive response. "I tried that and it didn't work." "You will put yourself at risk." "That would cost too much to produce and nobody would buy it."

Nothing is more daunting than someone throwing cold water on your hot dreams. Then you walk away from the conversation feeling deflated and defeated.

I am amazed at how obtuse people can be when offered an opportunity to support someone. I visited a friend in the hospital who had a very minor surgery. A relative in the room said, "I know someone who died of what you have." One of my coaching clients told her husband she wanted to take a yoga class. He laughed and told her she was on her way to Jonestown. When I self-published my first book using my mother's life savings, the publisher's agent told me, "They say you don't make any money until your third book." (The book went on to be a bestseller.)

Jesus was a master metaphysician who understood the power of thoughts and words. He instructed, "Cast not pearls before swine," meaning to not offer sensitive, lofty ideas to people who will not understand, and gobble them up. After he performed a certain healing, he told the recipient, "Tell no man." Jesus understood that if that man broadcast his experience publicly before the healing was solidified, negative observers would cast doubts and skepticism upon him so as to weaken or undo the healing. Better to wait until the healing was gelled in his subconscious; then the opinions of others could not unstitch his advancement.

A yogi told me, "When you plant a seedling in a field where cows are grazing, set a fence around the little plant to protect it from cows eating or trampling it. Later, when the seedling has grown large and sturdy, you can remove the fence, and the cows will have a magnificent tree they can rub up against and rest under its shade."

Does the injunction to safeguard sensitive projects mean we should be neurotically secretive about what is important to us? No, it just means we should be discerning when choosing the people we share our visions with. If you know that someone loves and supports you, that would be a good person to include in your vision. Some people attend mastermind groups in which they meet weekly with a few positive friends to share exciting ideas and get behind each other for success. Cultivate and fertilize the soil in which you plant your valued seeds.

Let's say you share a sensitive project at an early stage and someone throws a dagger of negation at it. Does that mean the project has been killed? Not at all. You can use the experience to make your project stronger. Use the criticism as motivation to go within and affirm the value, power, and potential of your project. In homeopathy and immunization, patients take small doses of viruses that would kill them in larger doses. The body then develops antibodies that prevent the disease from overcoming them should it return. "What does not kill me makes me stronger."

No person, no matter how negative or virulent they are, has the power to thwart your project or remove your good. That power belongs only to you. If someone judges or attacks you, consider them an angel reflecting to you your own beliefs, doubts, or fears so you can recognize and heal them. If you get upset or cave in when someone criticizes you, you must agree with that person. If you didn't, the criticism would not disturb you. Your issue is not with the other person. It is with yourself. Find the hidden self-doubt or judgment, confront it, hold it up to the light, and heal it with a greater truth. Because light is more powerful than darkness, you must succeed.

As we enter the holiday season, you may have some juicy opportunities to discern who to share your sensitive truth with, and how to deal with people who judge or criticize you. Don't shy away from these opportunities. Use each one to practice remembering your beauty, power, and worth, and that of your valued projects.

Motivational master Jim Rohn said, "If you really want something, you will find a way. If you don't, you will find an excuse." Don't use fear or others' negative opinions as an excuse to not move ahead. Don't let people into



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Secure Fax: 602-952-3922

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your visions if they don't match your intention. Love and support your visions like a pregnant woman would diligently protect and care for the soul in her womb. Then your progeny will grow into powerful, mature, successful adults.

Everyone is your teacher. Some teach through loving support, and others teach through challenge. Become a spiritual master by using the power of the word to your highest advantage.

*Alan Cohen is the author of A Course in Miracles Made Easy; mastering the Journey from Fear to Love. Join Alan Hawaii, Feb 26 - March 2 for a rare retreat, **Unplugged**. Put your devices aside, liberate yourself from technology, and reconnect with yourself and your life. 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](http://www.alancohen.com).*



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# Community Calendar

Send events/support group information to [aztogether@yahoo.com](mailto:aztogether@yahoo.com). Due 20th of month prior to printing

## Professional Events

**NOV. 17— Professional Networking Luncheon** — Psychological Counseling Services (PCS) Networking luncheon 12:15- 1:45 p.m. Email request for invitation to [pcs@pcsearle.com](mailto:pcs@pcsearle.com) or call **480-947-5739**.

## Open Support Groups & Events

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

**SIERRA TUCSON— Continuing Care Groups in Phoenix.** Thursdays – Resident Alumni **Psychological Counseling Services**, 3302 N. Miller Road, Scottsdale. 5:30 – 7:00 p.m. This group is facilitated by the staff of Psychological Counseling Services at no charge for Resident Alumni. Contact Alumni Coordinator Courtney Martinez at **520-624-4000**, Ext. 600205 or email: [Courtney.Martinez@SierraTucson.com](mailto:Courtney.Martinez@SierraTucson.com).

**SIERRA TUCSON - Resident & Family Member Alumni.** First/ third Thursday of month – Blue Door Psychotherapy, 5929 E. Pima St. Tucson. (Parking off of Sahuara Street behind Pilates center) **6:00 – 7:30 p.m.** Bi-weekly group facilitated by clinical staff at Blue Door Psychotherapy. No charge for Resident and Family Member Alumni. Contact Courtney Martinez at 520-624-4000, Ext. 600205 or e: [Courtney.Martinez@SierraTucson.com](mailto:Courtney.Martinez@SierraTucson.com).

**Mondays— Scottsdale – FAMILY RECOVERY GROUP**—Facilitated by Brough Stewart, LPC. 5:30-7:30 p.m. Designed to help begin/continue family recovery. Meadows Outpatient Center, 19120 N. Pima Rd., Ste. 125, Scottsdale. Contact: Jim Corrington LCSW, 602-740-8403

**Celebrate Recovery — COMPASS 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](mailto: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. [valleyhospital-phoenix.com](http://valleyhospital-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**.

**FAMILIES ANONYMOUS**—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](http://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 Wed., 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](mailto: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](http://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**— Message of hope and personal recovery to family 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. Tucson. 800-877-4520 x2141. [www.cottonwoodtucson.com](http://www.cottonwoodtucson.com)

**ACOA** Thurs., 7:00 p.m., North Scottsdale United Methodist Church, 11735 N. Scottsdale Rd., Scottsdale. [www.aca.arizona.org](http://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, Tucson. Room A. Michael 520-419-6723.

**OA**—12 Step program for addictions to food, food behaviors. 520-733-0880 or [www.oasouthernaz.org](http://www.oasouthernaz.org).

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

**Valley Hope Alumni Support.** 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](mailto:mphaes@mac.com)

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



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Medical Center, 1501 N. Campbell. 520-570-7990, [www.arizonada.org](http://www.arizonada.org).

**Eating Disorder Support Groups— PHX**— Monday @ 7:00 p.m. (N,D/SP,O). 2927 E. Campbell Dr. Ste. 104, (Mt. View Christian Church). Contact Jen at (602) 316-7799 or [edaphoenix@gmail.com](mailto:edaphoenix@gmail.com) for directions/info. Wed. 7:00 p.m. Liberation Center, 650 N. 6th Ave, Phoenix. (cross street McKinley). Jennifer at (602) 316-7799. **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](mailto:info@eatingdisordersanonymous.com). **Tucson**— Tues. 5:30 - 6:30 p.m. Steps to the Solution Meeting. Mountain View Retirement Village, 2nd floor, 7900 N. La Canada Drive, Tucson. Holly (203) 592-7742 or [leeverholly@gmail.com](mailto:leeverholly@gmail.com). Thurs. 5:30 - 6:30 p.m. EDA Big Book

Step Study. Mountain View Retirement Village, 2nd floor, 7900 N. La Canada Drive, Tucson. Holly, (203) 592-7742 / [leeverholly@gmail.com](mailto:leeverholly@gmail.com). **Wickenburg**—Wed. 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**—Wed. @ 5:00 - 6:00 p.m. 3970 W. 24th St. Ste. 206 Yuma. Alyssa at (928) 920-0008 or email [2014yuma.d.a@gmail.com](mailto:2014yuma.d.a@gmail.com).

**GODDESSESS & KACHINAS** Philosophical, spiritual, religious 12 step, 12 Tradition, 12 Promises support group. Details 480-203-6518.

**Crystal Meth Anonymous** [www.cmaaz.org](http://www.cmaaz.org) or 602-235-0955. Tues. and Thurs. Stepping Stone Place, 1311 N 14th St. Phoenix



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# Surviving a Job Loss in Sobriety

Money is something that sustains us all. Some people are driven by it, hoping to collect as much as they can, while others scorn it, believing money to be the root of all that is wrong with society. It is something that many of us think about on a daily basis, as we check our bank account balance five times throughout the day, hoping it didn't go down, and even more so — hoping that it magically went up. It is something that follows us into sleep, as we toss and turn worrying about how the bills will get paid, or how we don't have as much as the person next to you, and for all that can be said, both good and bad about money, it is something that we need in order to live comfortably, but yet should not be something that masters us.

For the alcoholic or addict in recovery, we seek to be free from attachment to worldly things, or at least some of us do. We hope to transcend the issues of humanity through our spiritual practices and part of what that entails is not letting money rule our lives. In theory, this sounds wonderful, but in actual practice what most of us find is that when we have enough money, we are content, and when we don't, we are preoccupied with how we can get enough money.

The reality is that there is nothing wrong with this, as it is part of being human and living in a society where money is a necessity. We innately understand that wealth or lack thereof is at least partially important in our daily lives, and because of this many of worry about job loss in sobriety.

We may work jobs we hate or we love, but at some point, we think about what would happen if job loss in sobriety occurred. Being alcoholic or addictively inclined, more than likely your mind goes to the worst case scenario and you think that if job loss in sobriety happened, you would instantly become homeless and wind up drinking or drugging yourself to death in an alley way somewhere. As realistic as this sounds in your mind, it will more than likely not occur, as it doesn't occur to most people. If a job loss in sobriety does occur, you hopefully will be given the opportunity to put to practice all you have learned in recovery and overcome this challenge. You will learn how to become a better person because of it; how to be a better employee, or you might finally get the courage to break out and pursue your dream path, rather than settling.

## Facing the Loss

The reason why you were let go is not necessarily important, but what is important is finding a way to sustain yourself monetarily and also learning the lessons that you need to learn.

Just about everything that occurs in our lives can be looked at as an opportunity to grow. Without sounding too Tony Robbins-ish, it is the reality of life. Sometimes terrible things occur and we can either grow from them or let them destroy us. We can become consumed with hate, guilt, shame, and anger or we can take a look inside and see what chains still need to come off.



now what

This is not an easy task to do, but often times when the worst-case scenario in our life occurs, i.e. experiencing a job loss in sobriety, we are broken open so that we can grow as a person. If you were at a job that you hate and have wanted to get out of, then possibly the job loss was a blessing in disguise. To this same thought, if the job you just lost was one that you loved then you may have another lesson to learn. This is not to say that life is teaching you a lesson because something is innately wrong with you, but rather that life presents us with challenges, that allow us to grow, and it is up to us what we do with that.

While none of that may sound like a way to not relapse after experiencing a job loss, it is, in fact, the only way to avoid a relapse when you experience something that is against your plans in recovery. You have to maintain a perspective of perseverance and not fall into the thinking that just because you are sober everything should go your way. While it is okay to feel self-pity for a time being, if you wallow in these thoughts for too long, you can wind up becoming resentful at recovery and in turn wind up drinking.

Understand losing a job is not the end of the world. It is not the ideal, but since you are in recovery you are lucky because you are engaged in a wide-spread social circle, with hundreds, if not thousands of people who can help you find work. Reach out to others and ask for help and more than likely work will show up.

Through all of this, it is important to continue to go to meetings, talk to your friends, and pray. Believe me when I tell you, you will be able to survive a job loss in sobriety.

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If you or a loved one is suffering from alcoholism or addiction, understand that you are not alone in your struggles! If you are ready to change your life and finally be free of your addiction, then **Holistic Recovery Centers** can help. We can give you the jump start you need in order to experience the recovery you have always wanted. Our holistic programs are unique in that they don't just treat the addiction, but rather they treat the whole person, so if you are interested in finding out more information, please do not hesitate to give us a call **1-877-723-7117**.



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Resources	
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Art of Recovery Expo	602-684-1136
ACT Counseling & Education	602-569-4328
AZ. Dept. of Health	602-364-2086
Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health	623-344-4400
AzRHA	602-421-8066
Calvary Healing Center	866-76-SOBER
Carla Vista Sober Living	480-612-0296
Chandler Valley Hope	480-899-3335
Choices Network	800-631-1314
602-222-9444	
CBI, Inc.	480-831-7566
CBI, Inc. Access to Care	877-931-9142
Cottonwood Tucson	800-877-4520
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Julian Pickens, EdD, LISAC	480-491-1554
Foundations Recovery Network	855-316-0114
Gallus Detox	928-227-2300
Gifts Anon	480-483-6006
Governor's Office of Youth, Faith & Family	602-542-4043
Hayes/Davidson	800-219-0570
Hunkapi Programs	480- 393-0870
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
PITCH 4 KIDZ	480-607-4472
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
	or 866-891-4221
Scottsdale Detox	480-646-7660
St. Luke's Behavioral	602-251-8535
Teen Challenge of AZ	800-346-7859
TERROS	602-685-6000
Valley Hosptial	602-952-3939

Legal Services	
Dwane Cates	480-905-3117
Real Estate	
Scott Tyoyanos	602-376-6086
Tax Intervention	
Renee Sieradski, EA	602-687-9768
www.tax-intervention.com	

TUCSON	
ACA	aca-arizona.org
Alcoholics Anonymous	520-624-4183
Al-Anon	520-323-2229
Anger Management	520-887-7079
Center For Life Skills Development	520-229-6220
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood Tucson	800-877-4520
Crisis Intervention	520-323-9373
Desert Star	520-638-6000
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

Get listed email us: [aztogether@yahoo.com](mailto:aztogether@yahoo.com)

### What if Your Teen Uses Drugs AND Has Anxiety, ADHD or Bipolar Disorder?

Many teens suffer from depression, anxiety, ADHD, bipolar disorder or some other mental illness. This puts them more at risk for developing a drug or alcohol problem.

Although not all teens with these disorders will develop a substance use problem, chances are higher when they have difficulty regulating their thoughts and emotions. Because of this, parents with children with psychiatric conditions should be vigilant about the possibility of their teen using drugs or alcohol.

Unfortunately, many teens with a mental health disorder turn to alcohol or other drugs to self-medicate. In fact, the majority of adolescents and young adults battling substance abuse and dependence may have an undiagnosed, untreated mental illness.

When a child gets diagnosed with a mental health disorder, in addition to alcohol or drug use and dependence, he or she has “co-occurring disorders,” also known as a “dual diagnosis.” When a child has co-occurring disorders, they should be treated for each of the diagnoses. Treating alcohol or other drug abuse and dependence/addiction alone does not help underlying mental disorders, and similarly, treating a depressive disorder alone will not treat addiction.

If your child has been diagnosed with co-occurring disorders, find a treatment program that specializes in treating dual disorders. Or find a treatment program that can make referrals to services to help treat your child’s mental disorder, while simultaneously getting treatment for alcohol or other drug use and dependence. Make sure to ask treatment providers whether their program is equipped to handle this.

(Partnership for Drug-Free Kids)

# Beyond the ABC's of Eating Disorder Treatment

At **Remuda Ranch at The Meadows**, we go above and beyond treating only the symptoms of an eating disorder. Unlike most other eating disorder treatment programs, we address the underlying issues contributing to a person's dysfunctional behavior and teach them real life skills for recovery.

Our goal is to give adolescent girls and women with complex eating disorders and dual diagnosis conditions a foundation for restoring their healthy relationship with food or creating one for the very first time. We use a specialized approach that combines proven medical and clinically intensive treatment with an extensive experiential program to reach the underlying cause of the eating disorder. Additionally, our female-exclusive environment, situated on a scenic ranch property, offers a safe and non-institutional healing environment.

Remuda Ranch at The Meadows offers a Critical Care Unit, inpatient and residential programming, and a dedicated adolescent unit. Call us today to find out how we can help.

**866.390.5100 | [www.remudaranch.com](http://www.remudaranch.com) | Wickenburg, AZ**



# RECOVERY IS POSSIBLE

## We Can Help

**480-502-7000**