

Together AZ

APRIL 2018

Inspiring Success on the Road to Recovery

Integrated care can provide key to treating an epidemic

By Saul Perea, MD, Integrated Care Medical Director, Terros Health

6749

Six thousand, seven hundred, forty-nine.

Since Governor Doug Ducey proclaimed an opioid epidemic on June 15, 2017, that's the number of suspected opioid overdoses in Arizona (as of March 22, 2018). Sixteen percent of those — 1,080 — were fatalities.

By the time you read this, no doubt those numbers will be higher. You can check real-time information at the Arizona Department of Health Services website — www.azdhs.gov — search opioid.

The statistics are startling. And believe it or not, there are states in far worse shape than ours.

It might seem like the word opioid has crept into our daily vernacular overnight. The truth is that the issue has been sneaking up on us for several years.

Opioids are a class of drugs that serve as strong pain-killers. Prescription drugs include oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine and morphine. The illegal drug heroin also is an opioid.

The cause of the opioid epidemic is debatable. But we do know that during the 1990s and 2000s, there was a push for physicians to identify and treat pain. As physicians, we want to help — we don't want to see people in pain. So, we took this mandate to heart and began more regularly prescribing opioids.

You likely know the drill. Perhaps you've

just had surgery — maybe even as “minor” as wisdom tooth extraction. You're shown a bunch of little faces from “all smiles” to “agony” and you rate your pain accordingly. If your pain is severe enough, the doctor writes you a prescription. You're happy to be out of pain. The doctor is happy because he or she has helped you.

Sounds good.

But there's a big problem: opioids are highly addictive.

To understand this, it requires a mini-lesson on brain chemistry.

When someone takes opioid medication, the drug enters the bloodstream, creating a “surge” of artificial endorphins and dopamine — neurotransmitters that create happiness and even euphoria. This is different than the “rush” you get from the naturally occurring neurotransmitters. The only way you can experience it is to use the drug again.

Long-term opioid use changes brain chemistry. The nerve cells grow used to having opioids around, so when they are suddenly taken away, the brain goes through withdrawal symptoms.

So, there are very real reasons why people become addicted. It starts with a prescription for pain — given by a trusted physician. But if opioids are used too long, the pain might be gone, but the opioid effect has taken hold on the brain, causing a physical dependence.

In order to continue getting the “high,” people have been known to “doctor shop” to obtain multiple prescriptions. They also can turn to the black market where the pills are very expensive. That's why many who start with a prescription end up heading to the streets for heroin, which is cheaper and easier to obtain. A 2014 survey found that nearly all respondents in treatment for opioid addiction resorted to using heroin for that very reason.

Given this all-too-common scenario, seeking treatment is vital. It's difficult to seek help, especially with the stigma attached to the word “addiction.” But understanding the physical reasons should help us understand that it's important to treat addiction, just as it's important to treat heart disease, diabetes or a myriad of other conditions.

I believe an integrated approach is vital to successful addiction treatment. A multi-faceted problem requires a multi-faceted solution. Integrated health care provides a “one stop shop” approach for the needs of a person's mind and body.

Terros Health treats opioid addiction, and other addictions, using Medically Assisted Treatment (MAT). MAT refers to the use of

Healing from Childhood Trauma

Adapted from newly released Unspoken Legacy (Part 2)

Claudia Black, Ph. D., Senior Fellow of The Meadows and Clinical Architect of the

Claudia Black Young Adult Center at The Meadows

For many years Cognitive Behavioral Therapy (CBT) has been considered the gold standard of therapy. It is a short-term, goal-oriented psychotherapy treatment that takes a hands-on practical approach to problem solving. Its goal is to change the underlying patterns of thinking or behavior that contribute to people's difficulties and thus change the way they feel as well.

Together, the therapist and client explore the client's personal story, with the therapist asking the client questions and inviting him or her to explore certain memories, feelings, and beliefs.

In the hands of wise therapists, talk therapy can be extremely helpful. However, it's essential to understand that talk therapy alone is not sufficient for healing trauma. To heal your trauma, you will need to engage both the traditional and nontraditional modalities of therapy, as trauma needs to heal in both your body and your brain.

Trauma therapy today is often thought of as a top-down, bottom-up approach. The top-down refers to the work that occurs via the prefrontal cortex (PFC). Remember, this is the logical thinking and reasoning part of our brain. CBT and other more traditional forms of talk therapy occur with the working of the PFC. Yet, it is difficult to access the prefrontal cortex when you are in a trauma response as the nervous system is dysregulated and the limbic system is on fire.

Bottom-up therapy is the work you do that regulates the nervous system (brainstem) and calms your limbic system. Grounding techniques such as yoga and meditation combined with more nontraditional therapies regulate both your autonomic nervous system and limbic system where talk has no impact. When your brain stem is regulated you have a larger perspective and develop an internal capacity to feel safe and calm. So a calm brainstem is the doorway to successfully working with the emotional and cognitive parts of the brain. Healing needs to occur from both a sensory and cognitive capacity.

Typically, trauma therapists combine some form of talk therapy with a combination of grounding practices and body mind connection therapies. Trauma work most always involves a combination of approaches best suited to each individual client. They range from Eye Movement Desensitization and Reprocessing (EMDR), to Somatic Experience therapy, neurofeedback, energy psychology, action based roles plays and many more.

While everyone's experience of healing is unique and can involve many different healing approaches, the healing process involves moving into and through seven different layers of healing. While each layer naturally leads to the next, none of them has a hard-and-fast boundary. At

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Publisher's Note

By Barbara Nicholson-Brown

In memory of a Recovery Warrior

Ben Gallaway



On March 8th, the recovery and therapeutic community lost a comrade. I often thought of Ben as a man who ran with the wolves, he was such an outdoorsy kind of guy. He was generous and caring, and devoted his 30 years of sobriety helping others on this journey we are on.

I cannot even imagine the countless men he guided on the path, always full of enthusiasm and a zest for life, he was like no other. He loved life in a big way and everyone he came in contact with felt that powerful energy.

Along with many others, I was honored to have known him.

Ben Gallaway — one of the many wonderful human beings I have been blessed to know and walk alongside on the road to recovery.

*Thank you, Ben for your contributions to all of our lives.
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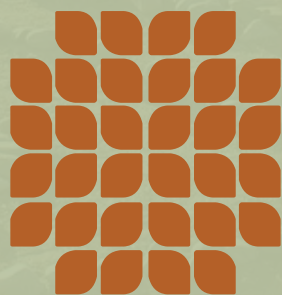
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Oh, the Lessons I have Learned

By Dina Evan, Ph.D

When you hit an age greater than the speed limit, you take a deep breath and look back at all the lessons you have learned and want to share those. So, I will, albeit I have to admit like so many of us I only learned them through, often excruciating, personal experience and it's likely you will too. But, for those of you who can pick up a tool or two and spare yourself a bit of grief...here goes.

- **The worst lies are those you tell yourself.** Lies such as I can't or he/she won't let me, or you make me feel are just things you say to postpone what you really came here to do and who you came here to be.
- **Everything in this life is a lesson - not a punishment and not a reward.** You can waste time ignoring lessons, but they always come around again because you chose them before you came here. You can take time to step into your power, but...why waste time? Remember, we only get stronger, when there is a challenge. And, oddly enough, the moment you step into the challenge, you discover you are bigger than it is.
- **I've learned making yourself the priority is not selfish, it is self-loving.** You can't give something to another, you haven't given to yourself.
- **Never choose to be a victim. It's always a lie.** We come from incredibly strong stock, generations of powerful people who have gone through wars, demonstrations, a multitude of challenges and stood up. So, the greatest secret in life is that what happens to you is not nearly as important as what you do with what happens to you.... *and how you choose to respond to it.*
- **The moment you realize there is nothing and no one that can truly ruin you,** except you, you have awakened to the greatest truth and you are able to solve any problem.
- **Remember uncertainty is what happens when we don't have all the answers, when nothing seems clear.** Without uncertainty, there is no space for new information, because we think we already have all the answers. Be open to not knowing and uncertainty. They are your best friends. Out of not knowing, comes new ideas, possibilities and probabilities. It's a great space to play in.
- **This life is a school.** Take full responsibility for everything that happens in your life because the truth is, nothing happens without your conscious or unconscious choice, consent or request, and all of it is in service to you becoming the powerful person you are.
- **Reconsider frequently if something is not working.** Reconsideration means stepping back, taking a second look at the bigger picture. It means thinking over what you thought to be true, the decisions you made, the priorities you lived by, and the life you want going forward. It means that some choices and some beliefs are simply not serving you and those get to be changed. Not because you did something wrong, but, because the universe is ever changing and we need to change with it.
- Remember, no matter what the question is, you can always find the right answer by asking, **What would love do?**
- **When life gets tough, it's helpful to remember the AND word.** We can end up feeling and saying, "Life sucks," but we forget "and I have so many people who love me." "I am broke right now and I have a great future ahead of me." "This is a difficult day and tomorrow can be filled with joy." Joy always follows sadness and challenge always follows success. That's how we grow.
- **Search for Meaning.** Don't choose to always play in the shallow end of the pool. If you ask emotionally, spiritually and mentally strong people about their lives before and after feeling strong they will tell you two things: their strength is in direct proportion to the challenges they faced. They grew from facing challenges, even the devastating ones.
- **Always remain teachable.** Mental strength doesn't exist in a vacuum, and even the strongest people need others to reflect back and validate their strength and teach them more. Wisdom comes not only from your experiences, but also from all the experiences of those who came before you. Learning from others, and listening for new truths, doesn't make you weak, it makes you wise.

Well, those are just a few thoughts for your tools bag and if they keep you from another bruised ego or the need to clean up a new mess, we all win. Try this exercise for yourself and make a list of the lessons you have learned. You may begin to see how wise you already are.



Dr. Evan specializes in relationships, personal and professional empowerment, compassion and consciousness. 602-997-1200, 602-571-8228, Dina.Evan@gmail.com and www.DrDinaEvan.com.



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Addiction Haven

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By Angie Geren

Legislature Update— Week 11

- **SB1451- Patient Brokering and SB1465- Sober Living Regulations-**

Both of these bills were passed thru House Health Committee unanimously. We are almost there so please email or call your Representatives in the House and ask for a "YES" vote!

- **HB2389- Syringe Access**

Continue emailing/calling your Senators and ask for a "YES" vote!

Update on Bills we are AGAINST-

- **HB2241- Mandatory Minimum prison sentences.**

This bill has finally failed. Thank you to everyone who signed in and spoke out against this bill this year, a great job by all.

Find your district representatives at <http://addictionhaven.com/arizona-advocacy/advocacy-training>. Email or call asking for their support. We need EVERY voice.

We will be launching our new programming entitled BRAVE Connections in a few months which will incorporate peer support and family peer support into the ER and will work towards being on demand.

For more information call Angie Geren, Advocate for Recovery at 480-277-3408 or visit addictionhaven.com.

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Prepare in advance for an IRS Audit

By Renee Sieradski, EA

Here in the Valley of the Sun, we are known for having a lot of car accidents. Some people hypothesize this is because Phoenix is such a melting pot, with drivers from many places, having different laws and driving conditions.

You may have heard that a good way to avoid car accidents is to be a defensive driver: staying alert, assuming another driver may hit you, and being ready to swerve, accelerate, or brake.

With that advice in mind, let's talk about how to be a "defensive driver" when it comes to taxes.

Rather than guessing at your tax deduction amounts, a good approach for a "defensive driver" is to always assume you are going to get audited. The goal here isn't to live in fear, but rather to come from a place of preparedness, and to avoid any problems with the IRS by being able to prove the deductions you have taken on your tax return.

A lot of people tell me, "The IRS is too backlogged to audit, so why should I bother being careful about keeping records?" I am here to tell you that the audit process is very much in full swing. Several audits come across my desk each and every week, and although I know the masses do not get audited, the audits happening now form a large enough percentage of the population that you don't want to take any risks.

When you are audited, the IRS requires proof you are entitled to the deductions you have claimed on your tax return. As you prepare your 2017 return, ask yourself:

If you were to get audited by the IRS or the state for any items you deduct on your income tax return, wouldn't it be great to have that backup documentation in order, so you could just hand it over with a sly smile, knowing you will pass the audit with flying colors?

Sometimes my clients who are being audited think they have the documentation somewhere...but they really don't. Records can be accidentally misplaced or destroyed, and then you don't have them in future years when being audited.

What is backup documentation?

Let's take the example of business purchases. Even in this age of Amazon and Walmart, when we can buy anything online, the IRS still wants good, old-fashioned receipts from these online stores. Why? Because a charge on a business bank account isn't enough to prove that the purchase was indeed for business.

The IRS doesn't know whether you bought a printer cartridge for the office or your favorite cashmere socks. Its auditors want to see both your business bank statement and an itemized receipt showing exactly what you purchased. You don't necessarily need to keep a messy box of receipts. You



can use a scanner and scan copies of all the receipts into a file on your computer or into the cloud. You may also want to keep the box of original receipts as backup, or make sure that you back up the electronic files.

Personally, I don't like to keep original receipts, for two reasons: I drown in papers, and if the receipts are anywhere near a window here in Arizona, the ink on them will fade over time.

Instead, I scan and save all my receipts electronically and then shred the originals. Also, I download the invoice whenever I make an online business purchase and save it electronically. Then, as I am finishing my year-end bookkeeping, I go through each purchase and see whether I have a corresponding receipt saved. If I have missed any, I download them or request copies from my vendors—because, if I am audited three years from now, the sellers will likely have archived or purged their systems and I won't be able to get the invoice copies.

Also, if I am closing any business accounts, such as a checking account or a credit line, I make sure first that I have copies of every single monthly bank statement. After an account is closed, it can be very costly to get copies from the bank; the charge may be as much as \$50 per monthly statement. If you write any checks, be sure to either keep a copy of the stub, noting what you purchased, or better, pay the extra \$3 that the bank charges to have images of cancelled checks included with your bank statement.

By documenting deductions while preparing your 2017 tax return, you can prevent a lot of headache later if your number comes up for an audit. Scratch that—when your number comes up for audit. You will thank yourself later.

And if you haven't kept good records in the past, remember that, in general, the IRS can audit you on only your past three years' returns.

Start now, in 2018, with a new system that keeps your business receipts and account statements organized as you go along, and before long, your new "defensive driving" habits will let you sleep easier about any IRS audit.

Renee Sieradski is a Tax Specialist, visit www.tax-intervention.com or call 602-687-9768.

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times you may find yourself in two or three layers at once; occasionally, you may need to briefly circle back to a previous layer in order to continue moving forward.

Layer One: Grounding

In order to heal, you first need some inner stability. You also need to learn healthy ways to soothe yourself and feel safe in your own skin. These practices can help you manage your feelings, both when you experience pain in the present and when you examine painful events from your past. These practices are called grounding skills. These are teachable, learnable, tried-and-true tools to help your nervous system regulate and limbic system stay (or become) calm, especially when you're feeling strong emotions such as fear, pain, guilt, or anger. These skills create a solid foundation for your prefrontal cortex to do its work, to be the CEO it was meant to be.

Grounding is a necessary foundation for the six layers of healing that follow it. But grounding is not something you move into, through, and out of. These skills are essential parts of every layer of healing, and you will practice them throughout your entire healing process. In fact, as you will discover, you will continue to use some of the grounding practices for the rest of your life.

As you explore your story in the second layer of the healing process, painful feelings will naturally arise. Grounding skills will help you stay calm, focused, and alert so that you can feel these emotions fully, process, tolerate, and if appropriate—when ready—let them go.

Grounding skills aren't rocket science. In fact, you may already practice some of them. Many of them are fun, pleasurable, or rewarding, and most are free or inexpensive.

Grounding skills aren't meant to be used once or twice. Ideally, they are regular practices you integrate into your life. Many people do one or more of these practices every day. You can also use any or all of them when you feel you are losing your focus, your serenity, or your inner stability.

Some common forms of grounding include:

- Martial arts (qi gong, judo, karate, tae kwon do, etc.)
- Tai chi, Yoga, Meditation
- Creating art (painting, sculpting, drawing, photography, etc.)
- Crafting (needlepoint, woodworking, origami, bead making, quilting, paper making, etc.)
- Dancing, Singing or chanting
- Writing (including journaling and creative writing, poetry, etc.)
- Physical exercise
- Gardening, Spending time in nature
- Acupuncture
- Playing or working with an animal
- Doing crossword puzzles or Sudoku
- Coloring, Knitting

Layer Two: Exploring the Narrative

At your own pace, with some grounding and stability in your life, your next task is to explore the history of your trauma. As a part of this process, you will ask yourself and begin to answer questions such as, "What happened that hurt me?" and "What didn't I get that I needed?" These kinds of questions will help you undo denial, acknowledge your trauma, and recognize and grieve your losses. These will set the stage for putting the past behind you, placing it in a larger perspective, and moving forward. This will not mean forgetting the past; it will mean no longer allowing the past to dictate how you live your life. It will mean letting go of an old, painful script and discovering new choices and greater freedom.

Layer Three: Moving into Your Emotions

There is a good reason why many people avoid facing and healing their trauma: they know the process will hurt, and they don't want to feel that emotional pain. But if they are living with unhealed trauma, they are already hurting, day after day—and may have been hurting for months, years, decades. They fear the emotional pain will be unbearable or they will go crazy and do something foolish or violent. As frightening as that is, the fear is often greater than the reality.

Many people have survived by cutting themselves off from many of their emotions—by making themselves partially numb. They don't just fear a spike in pain; they're afraid a tsunami of all kinds of feelings will drown them. If these are your fears, you must do your work with a therapist, whose job is to create safety, to provide emotional support, and to guide

"Grounding skills will help you stay calm, focused, and alert so that you can feel these emotions fully, process, tolerate, and if appropriate—when ready — let them go."



you safely through the healing process. A therapist can both pace you and work with modalities that do not require "catharsis," a strong emoting of feelings so often associated with therapy.

It's important to know your feelings are a normal part of you; they are here to guide you, not hurt you. Emotions are neither right nor wrong; they simply describe your internal experience in the moment. They serve as an internal barometer.

Feelings are an important part of who you are, but they neither rule you nor define you. If you have been cut off from certain emotions for a long time, when you begin to re-experience them they may seem foreign or unsettling or confusing. This is normal. Remind yourself that you have kept those emotions at bay for years. Now you are learning a healthier way to experience them.

Layer Four: Connecting the Past to the Present

As your healing progresses, you will need to ask yourself this important question: "How does my trauma affect me today?"

As you explore this topic, I suggest you also consider these more detailed questions:

- How does my trauma affect who I am as a spouse or romantic partner?
- How does it affect who I am as a parent?
- How does it affect who I am at work?
- How does it affect who I am in my friendships?
- How does it affect how I feel about myself?

Layer Five: Uncovering and Challenging Internalized Beliefs

As a result of your unhealed trauma, you may operate according to a belief system that you developed long ago. Today, this may determine much of what you do, think, and decide, often without your being aware of it. These beliefs may have helped you survive when you were young, but now they no longer serve a useful purpose. In fact, they probably get in the way of how you would like to live your life.

To begin this layer of your healing process, I ask you to reflect on these questions.

- What beliefs have I internalized as a result of my trauma?
- How did those beliefs hurt or restrict me when I was young?
- How did those beliefs help me when I was young?
- How do they hurt or restrict me now?
- How do those beliefs help me now?
- How do they help, hurt, or restrict other people who play important roles in my life now?
- Which of these beliefs do I want to keep?
- Which ones do I want to get rid of?
- What different beliefs do I want to live by instead?

Layer Six: Learning New Skills

Your trauma did not make you helpless or useless. In spite of it, you learned a wide range of important life skills. Maybe you became a highly creative problem solver because you were often presented with situations that were difficult to handle. Maybe you became a skilled and efficient cook because if you didn't prepare meals for yourself and your younger

siblings, none of you would have gotten fed. Maybe you learned to listen thoughtfully and carefully because if you didn't do exactly what you were told, you would be punished. The good news is that you get to keep all of those useful skills. As you heal, you can choose to keep those parts of yourself that you appreciate or feel are valuable; however, there are probably many life skills you did not learn. Some of these may be skills other people are routinely taught and take for granted. For instance, you may have trouble saying no or seeing options or choices available to a problem or being able to relax and kick back for several days in a row. Meanwhile, the people around you have no trouble doing the things you find so challenging. This isn't because there is something wrong with you or because you're inadequate in some way. You simply did not learn those particular skills when you were growing up. Your parents probably did not model them for you; in fact, they may have modeled (or demanded) different actions entirely.

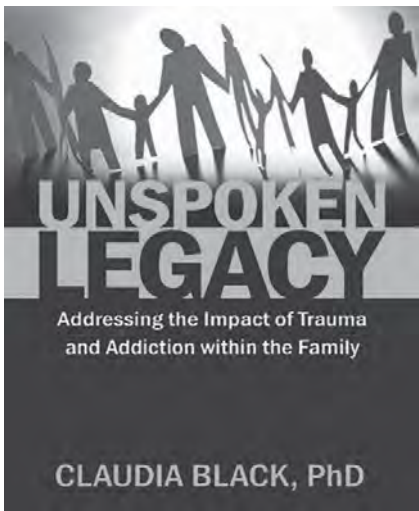
The problem with not being taught some common life skills is that you may move into adulthood feeling like you are an imposter. In many everyday situations you may feel confusion or performance anxiety. Then you may try to hide that performance anxiety from others, fearing that if your missing skills are discovered, you will be ridiculed, fired, or shamed. You may also spend a great deal of time and energy manipulating your environment—and sometimes the people around you—so that no one discovers (or even suspects) your limitations.

Layer Seven Creating Your Own Narrative

I conclude my book *Unspoken Legacy* with this last layer, guiding you through the process in a writing exercise where you have the opportunity to create a positive narrative of your recovery and healing. The act of writing in response to the structure posed is enormously inspiring and empowering. As you come back periodically to your narrative you will steadily build resilience and hope, strengthening your healing and recovery.

Your task now is to live that rewritten story by accepting the truth of your past, feeling the pain of healing, and moving through it into a more connected, more serene, more joyous future.

Unspoken Legacy is available on Amazon.com



Claudia Black Ph.D. is a renowned addiction author, speaker and trainer — internationally recognized for her pioneering and contemporary work with family systems and addictive disorders. In addition, her groundbreaking treatment program at the Claudia Black Young Adult Center is focused on treating complex addiction and mental health issues faced by youth, ages 18-26. These young adults struggle with unresolved emotional trauma, addictions, or have a dual diagnosis. Because Claudia is passionate

about helping young adults overcome obstacles and strengthening families, she remains actively involved with the treatment team, the patients, and their families.

She is also a Senior Fellow at The Meadows Treatment Center, the nation's premier program for treating trauma, alcohol, sex and drug addiction, as well as panic and anxiety disorders, post-traumatic stress disorder, codependency, depression, bipolar disorder and eating disorders. Visit www.claudialblack.com and www.themeadows.com. For immediate needs call 866-424-5476.



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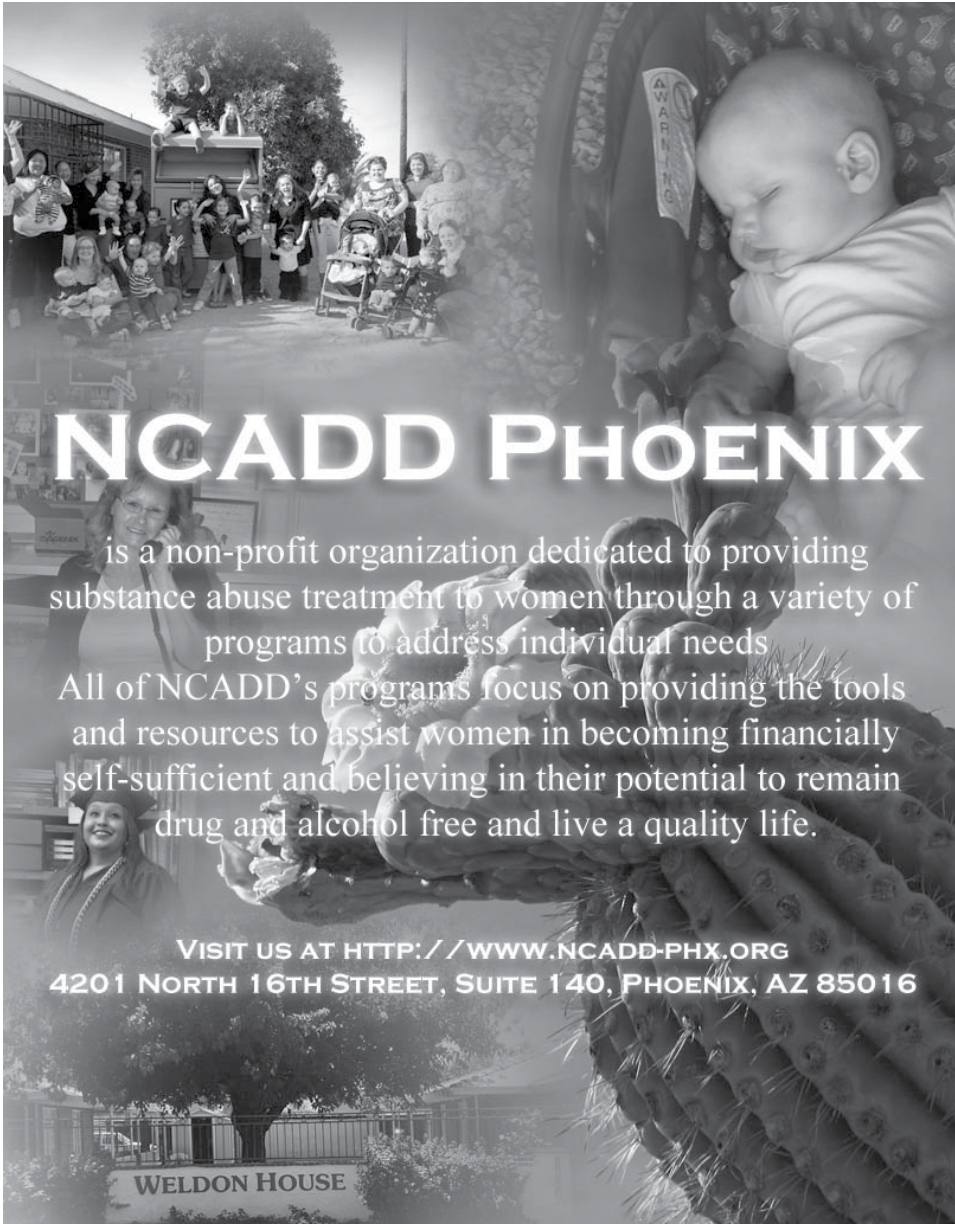
Ages 18 & Older

**For any questions or referrals please contact Freedom Care
Community Liaison Ken Flack @602-292-6757**

Secure Fax: 602-952-3922

24 Hours / 7 Days a Week Referral & Admission Center: 602-952-3939

**Valley Hospital
3550 E. Pinchot Ave.
Phoenix, AZ 85018**



FDA-approved medications used in conjunction with individual, group and/or family counseling to treat substance abuse disorders. We also offer and encourage whole health with the availability of primary care for our patients challenged with addiction.

Here’s how the process works:

A patient will first be evaluated by a primary care physician, so we have a comprehensive picture of everything affecting his or her health. We get a full physical, which includes testing for HIV or Hepatitis C, common conditions when people share needles. I need to know everything that’s going on before I introduce something in the patient’s system to treat addiction.

Next, the patient will meet with a master-level substance abuse counselor who will help us get a picture of any co-occurring mental health issues that need to be managed.

Because we are an integrated health center, these evaluations occur in the same location, typically on the same day, with all of us communicating and conferring on the best course of treatment.

There are three Federal Drug Administration (FDA)-approved MAT methods – methadone, naltrexone or buprenorphine. At Terros Health, we use the latter two, depending on the circumstances.

Buprenorphine reduces or eliminates withdrawal symptoms, including drug cravings, without producing the euphoria or dangerous side effects of heroin and other opioids. Naltrexone blocks the brain’s opioid receptors and can rapidly reverse or block the effects of other opioids.

Once the patient is cleared for treatment, I will meet with him or her for about one to two hours to determine the right course of action and the initial dosage. The patient, who will be in withdrawal, is monitored and will go home the same day, returning over the next few days as we adjust the dose. Patients are closely monitored for side effects and randomly drug tested. Medications are ordered daily from pharmacies and none are kept at any of Terros Health’s sites.

A key component – and in fact a requirement – of MAT, is the use of intensive individual and group therapies to help patients realize their ability to change their lives by developing essential coping skills and behavior changes. Throughout the treatment journey, patients have a network of support that is essential to recovery. We give patients the first week to adjust to their new reality and then mandate that they participate in intensive therapy. If they don’t attend, I don’t give them the medication. That’s our deal and we each need to honor it.

Addiction is a complex illness, with biological and psychological components. Medication pacifies the addicted brain’s receptors that produce cravings and rewards, while psychosocial rehabilitation helps the wounded, traumatized individual manage his or her depression and illness. Together, they produce the best outcome. We are very lucky in Arizona because AHCCCS covers 100 percent of this treatment, so cost is not a barrier to getting clean and sober.

A 2016 report by The Pew Charitable Trusts concluded MAT is the most effective intervention to treat opioid-use disorder, more useful than behavioral interventions or medication alone. The treatment can significantly reduce illicit opioid use, compared to non-drug approaches. Further, it has been demonstrated that increased access to these combined therapies can reduce overdose fatalities.

It is possible to get beyond opioid addiction. The work is challenging and sobering. But the success stories keep us going.

For the past year or so, we’ve been working with a married couple, Jacob and Amber, who fell into this dizzying spiral of opioid addiction. Things got so bad that their children were taken from them. Fortunately, they received the wake-up-call before it was too late. We were able to provide the help they needed, and they did the hard work of following the plan to the letter.

Today, Jacob is working, and he and Amber are expecting another child. Their children are back with them. Both are clear-headed and committed to putting their addictions behind them and moving forward with their lives.

There are a lot of Jacobs and Ambers out there. They’re normal people like you and me who fell victim to a seductive drug. Addiction isn’t picky.

But thanks to integrated health care, MAT programs, increased education (especially for younger kids) and better data, we can find the solution and will hopefully see a day in the not-too-distant future when the opioid epidemic is no more.

Integrated health care can help with prevention, as well. The whole health/whole person model changes the paradigm of care by helping physicians and other clinicians uncover a patient’s source of pain and

evaluate alternatives to prescription drugs like cognitive behavioral therapy and mindfulness-based stress reduction. Patients and physicians work in partnership to treat not just a single ailment, but toward overall better health, physically and mentally. If there are signs of mental health issues or addictions of any kind, those can be dealt with in the earliest stages before they take a greater toll on a person’s physical health.

If you or anyone in your family has been prescribed opioids, it would be important to bring that up during an exam. An integrated health intake can help identify the signs of drug use and abuse in their early stages – signs such as drowsiness or sedation, slurred speech, uncharacteristic problems with attention and memory and constricted pupils – before they turn into an addiction.

In addition, if you’ve been prescribed medication after surgery and have extra pills on hand, make sure they’re in a locked box or dispose of them properly. Look on the FDA’s website – www.fda.gov – for recommendations on proper disposal. It is never a good idea to save medications of any type — but especially opioids — for a “rainy day” when you or a family member might be experiencing pain.

If you would like to experience the transformative power of integrated health care or if you are in need of addiction care services, please call Terros Health at **602-685-6000**. With integrated health care, there’s literally no downside – patients win, families win, and society wins. www.terros.org



Dr. Saul Perea is the integrated care medical director of Terros Health, a nonprofit, integrated health care organization in Arizona that specializes in mental health and addiction care for adults, adolescents, children and families, while also providing physical health care services to achieve whole health and wellness for their patients. Dr. Perea studied at the University of Baja California, Mexicali, Mexico and the University of Arizona, Tucson, and completed a Psychosomatic Medicine Fellowship at Harvard University. He is certified with the American Board of Psychiatry and Neurology, Psychosomatic Medicine/Consultation Psychiatry, and the American Board of Addiction Medicine.



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Quick Facts

If you or a family member has been prescribed opioids, look for signs of potential abuse.

- Drowsiness or sedation
- Slurred speech
- Uncharacteristic problems with attention and memory
- Constricted pupils
- Problems with coordination
- Sweaty, clammy skin

Other indicators might include:

- Problems at work or school — sudden disinterest or diminished performance.
- Physical health issues — lack of energy and motivation.
- Neglected appearance — lack of interest in clothing, grooming or looks.
- Changes in behavior — behavior that is drastically different than the norm.
- Spending money — sudden requests for money without a reasonable explanation, or the discovery that money is missing or has been stolen or that items have disappeared from your home.

These are not fun things to contemplate. But if you remain alert to them and open to communicate about them, you could just save a life.

TERROS.ORG

I am enough

The Meadows Outpatient Center is in-network with insurance providers including Blue Cross Blue Shield, Humana, and TRICARE, making The Meadows' cutting-edge services and resources accessible to more people than ever before.

We want to assist you on your journey to recovery from addictions, trauma, and mood or other behavioral health issues, and empower you to create a full, authentic, joyful life. The Meadows Outpatient Center provides comprehensive outpatient program services to adults aged 18 years and older. Patients benefit from The Meadows Model, combined with a time-tested outpatient milieu, that together create a blueprint for ongoing, successful, and long-term recovery.

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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~AUTHOR UNKNOWN

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For more information, or to schedule a 24/7 confidential assessment, please contact Patient Services – 480.345.5420

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Raised in a Passive-Aggressive Family?

By Jonice Webb, PhD

Find me a family that has no anger in it, and I'll dig out their anger and show it to them.

That's my job. I'm a therapist.

Every family has anger. It's unavoidable in life and in a family, simply because it is literally wired into our brains. It's a part of our physiology, just like our eyelashes, elbows and toes.

There are many ways that families can handle anger, depending on their comfort with it.

They can wield anger as a weapon, figuratively hitting each other over the head with it; they can push it underground; or they can ignore it and pretend it does not exist.

Or they can use it the way nature intended; as a means to drive truth, and connect family members in a genuine, real and meaningful way.

Three Types of Anger and Uncomfortable Families

- **The Anger as a Weapon Family:** In this family, anger is used by one or more members as a source of power. Anger may be expressed in a variety of aggressive ways, such as yelling, insults or barbed comments; by throwing things, breaking things, or other physical intimidation or threats.

The Lesson the Children Learn:

- **The angriest person wins.**
- **The Underground Anger Family:** This family views anger as unacceptable or even bad. Angry feelings are viewed as unloving, uncaring or rebellious, and are met with negativity or punishment.

The Lesson the Children Learn:

- **Anger is bad.** If you feel angry, you are bad. Do not talk about it.
- **The Ignoring Anger Family:** This family treats anger as if it doesn't exist. When a member of the family shows anger, it receives little reaction. Anger is invisible.

The Lesson the Children Learn:

- **Anger is useless.** Don't bother with it. Do not talk about it.

None of the children growing up in these three types of families has an opportunity to learn much about anger: how to listen to its message, manage it, express it, or use it in a healthy way. By definition all of these children are growing up in an emotionally neglectful family.

But lets focus in particular on The Underground and the Ignoring Families. These two family types are similar in that all of the children growing up in them are receiving this message: When something upsets you...

Don't talk
Don't talk
Don't talk



That's what makes both types of families breeding grounds for passive-aggression.

Since anger is wired into the human brain, it exists in every human being, whether we want it or not. When you are in an environment that is chronically intolerant of this particular emotion you naturally, automatically suppress your angry feelings whenever they arise. This causes some major problems for you, and in your family.

Pushing anger down is like pushing water down

It has to go somewhere. So it may seep underground and sit there, or it may go slightly under the surface, and ripple and roil, waiting for a chance to spew.

In these two types of anger-intolerant families, the anger goes underground, but it does not disappear. It stays there. And it has to come out somehow, sometime, in some way; and probably directed at someone.

Enter passive-aggression

Passive-aggression: The indirect expression of anger and resentment, fueled by feelings that are not talked about directly.

- Molly felt anxious and uncomfortable as she sat eating dinner with her family. She was acutely aware that her parents refused to speak to each other or make eye-contact.
- Joel's dad was an hour late to pick him up after soccer practice. As Joel sat on the curb waiting, he found himself wondering if his dad was angry about the argument they had the night before.

- Jessica found it excruciating when her mother gave her the silent treatment. So she took great care to appear unaffected by it.

Many research studies have clearly established a link between passive-aggression between parents, and problems in the children.

One 2016 study by Davies, Hentges, et al., showed that children growing up in such an environment of indirectly expressed, unresolved hostility are more insecure, and take less responsibility for their own problems. They are also more

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prone to depression, anxiety and social withdrawal.

Another difficult aspect of passive-aggression is that most people are completely unaware of their own passive-aggressive behavior. They are often, also, unaware of their own underground anger and the resentment that's fueling it.

Four Steps to Become Less Passive-Aggressive

1. **Accept that you have anger.** Accept that it's normal and healthy. Accept that it's valuable, and that you can use it to make your relationships better.
2. **Increase your anger awareness.** Watch for anger in other people. Watch for it in yourself. When you start trying to feel your anger, you'll start breaking down the wall that blocks it.
3. **Read everything you can about assertiveness.** It's a skill that allows you to express your anger in a way that the other person can take in your message without becoming defensive. Buy a book on it if you can. Then read it!
4. **When something happens that makes you feel angry, take note of the feeling.** Practice sitting with it and tolerating it. Apply what you've learned about assertiveness.

And when something upsets you...

Talk Talk Talk

To learn more about emotionally neglectful families, see *EmotionalNeglect.com* and the book, *Running on Empty*.

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Founded and sponsored by NCADD, Alcohol Awareness Month was established in 1987 to help reduce the stigma so often associated with alcoholism by encouraging communities to reach out to the American public each April with information about alcohol, alcoholism and recovery. Alcoholism is a chronic, progressive disease, genetically predisposed and fatal if untreated. However people can and do recover. In fact, it is estimated that as many as 20 million individuals and family members are living lives in recovery!

Alcohol Awareness Month provides a focused opportunity across America to increase awareness and understanding of alcoholism, its causes, effective treatment and recovery. It is an opportunity to decrease stigma and misunderstandings in order to dismantle the barriers to treatment and recovery, and thus, make seeking help more readily available to those who suffer from this disease.

Each April, NCADD's National Network of Affiliates and other supporting organizations across the country will use this opportunity to address the Nation's number one public health problem through a broad range of media strategies, awareness campaigns, programs and events in their local communities.

With this year's theme — "Changing Attitudes: It's not a 'rite of passage.' " —the month of April will be filled with local, state, and national events aimed at educating people about the treatment and prevention of alcoholism, particularly among our youth, and the important role that parents can play in giving kids a better understanding of the impact that alcohol can have on their lives. Local NCADD Affiliates as well as schools, colleges, churches, and countless other community organizations will sponsor a host of activities that create awareness and encourage individuals and families to get help for alcohol-related problems.

An integral part of NCADD Alcohol Awareness Month is Alcohol-Free Weekend, which takes place on the first weekend of April to raise public awareness about the use of alcohol and how it may be affecting individuals, families, businesses and our communities. During Alcohol-Free Weekend, NCADD extends an open invitation to all Americans to engage in three alcohol-free days. Those individuals or families who experience difficulty or discomfort in this 72-hour experiment are urged to contact local NCADD affiliates, Alcoholics Anonymous (AA) and Al-Anon to learn more about alcoholism and its early symptoms.

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HAPPENINGS, EVENTS & SUPPORT

Professional Events

APRIL 6— EAPA Lunch and learn. Professional Health Programs - Mandated and Voluntary Treatment for Top-Level Professionals. 11:30 -1:30 p.m. Valley Hope /Tempe, 2115 E. Southern. Bldg 2103, Tempe. Heather Keller at azeapa.heatherkeller@gmail.com 602-790-4519.

APRIL 17 —PCS Networking Luncheon, 12:15 -1:30 pm. 3302 N. Miller Road, Scottsdale. Register: Jacquee Nickerson, 480-947-5739, email: pcs@pcsearle.com

Open Support Groups & Events

LGBTQ IOP Program. Dedicated specialty program designed to meet the mental health and substance abuse, treatment needs of the LGBTQ+ population. Mon., Tues., Thurs. 6:00-9:00 pm. Transportation available. Call **602-952-3939** or **602-952-3907**. Valley Hospital, 3550 E. Pinchot Ave. Phoenix. www.valleyhospital-phoenix.com

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.

SIERRA TUCSON— Continuing Care Groups—Phoenix. Thursdays - Resident Alumni. Psychological Counseling Services, 3302 N. Miller, Scottsdale. 5:30 -7:00 p.m. Group facilitated by staff of PCS. No charge for Resident Alumni. Courtney **520-624-4000**, Ext. 600205 or email: Courtney.Martinez@SierraTucson.com.

SIA (Survivors of Incest Anonymous) is a 12-step, self-help recovery program. SIA is for men and women, 18 years and older, who were sexually abused as children. The only requirement for membership is you were sexually abused as a child and want recovery. Scottsdale, Tues 6:00-7:00 p.m., Bethany Lutheran Church, 4300 N 82nd St. **480-370-3854**. **www.siaawso.org/**

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. 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**.

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

Open Hearts Counseling Services — Women's Therapeutic Group for Partners of Sex Addicts. Comfort, 12

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. Scottsdale Sun. 4:00 p.m., 10427 N. Scottsdale Rd., N. Scottsdale Fellowship **480-225-1555 /602-647-5800**

NICOTINE ANONYMOUS (NicA) Fellowship for those with a desire to stop using nicotine. Phoenix Sat., 5-6:00 p.m. 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. 1st / 3rd Wed., 7:30 p.m. Ina Levine Jewish Community Campus, 2nd floor. 12701 N. Scottsdale Rd. **602-971-1234 ext. 280**.

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

LIVING GRACE SUPPORT GROUP—A Christ centered approach for individuals and families affected by mental illness. Oasis Community church, 15014 N. 56th St. Scottsdale. **602-494-9557**. 2nd & 4th Tuesday 6-8 p.m.

WOMEN for SOBRIETY —women-forsobriety.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 p.m. 4110 W. Sweetwater Drive. Tucson. **800-877-4520 x2141**. www.cottonwoodtucson.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, Tucson. 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—Glendale, Tues. 7-8:00 pm. HealthSouth Rehab 13460 N. 67th Ave. Rosalie 602-540-2540.



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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 **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**, E: 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.

Eating Disorder Support Groups—PHX— Monday 7:00 p.m. 2927 E. Campbell Dr. Ste. 104, (Mt. View Christian Church). Jen (602) 316-7799 or edaphoenix@gmail.com. Wed. 7:00 p.m. Liberation Center, 650 N. 6th Ave, Phoenix. (cross street McKinley). Jennifer (602) 316-7799. Tempe—Thursday 6:30 p.m. Big Book/Step Study. Rosewood Centers for Eating Disorders, 950 W. Elliot Rd, Ste. #201, Tempe. E: info@eatingdisordersanonymous.com. Tucson— Tues. 5:30 - 6:30 p.m. Steps to the Solution. Mountain View Retirement Village, 7900 N. La Canada Drive, Tucson. leeverholly@gmail.com. Thurs. 5:30 - 6:30 p.m. EDA Big Book Step Study. Mountain View Retirement Village, 7900 N. La Canada Drive, Tucson. (203) 592-7742 / leeverholly@gmail.com. Wickenburg—Wed. 7:15 p.m. and Sunday 7:45 p.m. (N,D/SP,O,) Capri PHP program. (928) 684-9594 or (800) 845-2211. Yuma —Wed. @ 5:00 - 6:00 p.m. 3970 W. 24th St. Ste. 206 Yuma. Alyssa (928) 920-0008 or email 2014yumae.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 or **602-235-0955**. Tues. and Thurs. Stepping Stone Place, 1311 N 14th St. Phoenix



LIFE 101

By Coach Cary Bayer www.carybayer.com

SYNCHRONI-CITY is the Capital of the State of Grace

“I do believe in an everyday sort of magic — the inexplicable connect- edness we sometimes experience with places, people, works of art and the like; the eerie appropriateness of mo- ments of synchronicity; the whispered voice, the hidden presence, when we think we're alone.” —Charles de Lint, Author, The Mystery of Grace

syn·chro·nic·i·ty
noun

1. the simultaneous occurrence of events that appear significantly related but have no discernible causal connec- tion.

A student of mine suggested I teach a class on Synchronicity. While meditating, I realized she was right. So I launched *“Synchronicity: How to be in the Right Place at the Right Time.”* This woman wanted sublime secrets on how to maximize her chances of enjoying synchronicity.

Researching for the first presenta- tion, it dawned on me that synchron- icity was like a place to live, a state of consciousness where one could dwell. I dubbed this place Synchroni City, the capital of the state of grace.

Swiss Depth Psychologist C.G. Jung wrote a book called *Synchronic- ity: An Acausal Connecting Principle*, in which he talked about a patient who dreamed of a golden scarab, a popular amulet and impression seal in ancient Egypt. The next day while treating her, such a beetle collided against Jung’s office window. This was most rare for that climate. While there weren’t causal connections between the dream and waking reality scarabs, they served as a catalyst for the patient’s psychological death and rebirth.

Synchronicity often plays a role in more esoteric fields, such as parapsy- chology, astrology, and the I Ching, the ancient Chinese oracle. Experiencing it seems linked to being in a state of grace, which the dictionary defines as “unmer- ited divine assistance given humans for their regeneration (spiritual renewal) or sanctification.” The key to enjoying gifts of synchronicity, therefore, resides in being in a state of grace. So how do you do that?

To experience more grace, you need to be increasingly in tune with the flow of the Universe. That means to swim with the stream of Nature, rather than against it. Complaining about what happens in your life, fighting your “cre- ations” definitely keeps you out of such flow. Being at peace with what happens enables you to glide more through life and avoid banging your head against the wall of the Universe.

There are things you can do to flow with the Universe and be more in tune with Nature’s laws. The most effective way is to become more familiar with the level of Reality from where those

laws are structured. This home of all the laws of Nature is situated at the tran- scendental level of Being, outside the changing field of time in Eternity, deep within you at the non-changing, place where your individuality merges with your universal nature. The best ways I know of to effortlessly connect to your higher Self are through two meditation techniques that I’ve taught: Transcen- dental Meditation, which I taught for three decades, and Higher Self Healing Meditation, which I launched in 2010.

Another powerful way is to perform spiritual ceremonies that honor the in- visible forces of Nature. In India, they call these yagyas; in North America, the natives who inhabited our continent be- fore the white man arrived, performed different ceremonies to invite rain for crops, support for their battles, and so forth. There are Brahmin pundits in India who conduct such yagyas today.

You can also align your mind to a more positive way of thinking. You can do this through an enlightened three-step, holistic use of affirmations that I teach. You can also train yourself to speak harmoniously, avoid negative speech about yourself and others, and give up gossiping. Behaviorally, you can do what you know is right and avoid doing what you know is wrong.

These changes in your actions, speech, thoughts, ceremonies, and Being all invite extremely positive responses from the Universe. In other words, they bring good karma. The growth of good karma and the con- comitant decrease of bad karma put you in a more receptive place, and the opportunity to be granted a state of grace. Once there, you can enjoy the capital city of the state of Grace—**Syn- chroni City**.

For more information contact Cary at (954) 788-3380 and visit www.cary- bayer.com.



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Glendale High Schools to Get Police Officers

In the wake of the recent school shootings in Florida and Maryland, Glendale city leaders were spurred into action. Each of the nine high-school campuses will have their own school- resource officer.

The plan is necessary says Glen- dale police chief, Rick St. John, as he pointed out that threats to school security have increased since 17 students and faculty were murdered at Stoneman Douglas High School in Parkland, Florida. More than a dozen incidents have been investigated since then, in sharp contrast to the one or two threats

they would normally have seen in that time period.

Deer Valley High School, Moun- tain Ridge High School, Apollo High School, Glendale High School and Independence High School are the schools that will be receiving an SRO. Raymond S. Kellis High School, Cop- per Canyon High School, Cactus High School and Ironwood High School all already have officers and will continue the program. All of the officers will receive training to aid them in seeing the red flags that serve as a warning to future violence.

Both Mayor Jerry Weiers and City Manager Kevin Phelps saw the need to take action and do something to address violence their city's schools. The cost of the program was really not a factor, said Weiers.

“We financially really couldn’t af- ford to do this,” Weiers said, “but we can’t afford NOT to do this. Highly trained police officers are exactly what we need in our schools, protecting and serving students and staff. And that is why we have made the decision to take the lead by taking this action.”

At a cost of \$1.7 million the program will fund the five additional officers, as well as the training and equipment to allow them to do their job properly. The funds will come from the city’s general fund. Phelps is still working out the details exactly where the cuts will be made to pay for it.



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House Energy and Commerce Committee grills DEA chief over free flow of opioids

By Katie Zezima

The acting director of the Drug Enforcement Administration said a database that monitors the flow of powerful prescription painkillers from manufacturer to distribution point was compiled manually during the height of the opioid crisis, making it a reactive, not proactive, tool.

The information contained in the drug-reporting database, known as ARCOS, is key to figuring out how many painkillers were distributed to pharmacies across the country from around 2006 to 2010. The data is confidential, but some information that has been released and analyzed is staggering: In two instances, millions of pills were shipped to pharmacies in tiny West Virginia towns.

Members of the House Energy and Commerce Committee, who spent two hours aggressively questioning acting DEA director Robert W. Patterson in Washington, wanted to know how so many pills flowed freely, creating conditions for the opioid crisis, and why, they said, the DEA hasn't been forthcoming with information about how it handled opioids.

"Your agency doesn't appear to be willing to aggressively try to help us solve, or at least deal with, this crisis," Rep. Joe Barton (R-Tex.) said. Time, he told Patterson, is of the essence. "You just remember 80 people a day are dying because of legal prescription drugs. Remember that."

Patterson, who has been acting director since October, said the agency has modernized how it uses the ARCOS data in recent years. It is now computerized, and the DEA has the ability to paint a fuller picture of how many pills are being shipped by also analyzing data from state prescription-drug-monitoring programs and the Department of Health and Human Services. Drug distributors are responsible for reporting their data to the DEA.

Patterson said the modernization of the database has allowed it to be used in a "much more proactive manner" than in the past. He also said that some anomalies cannot be spotted using the database alone — it needs to be employed in concert with other data.

"I can say repeatedly in '08, '09, '10, we did not use this data in the way that we are now using it, and I think that's the key," Patterson said. "Where we fell short, we'll take responsibility for it."



When asked, Patterson said that the same thing would not happen today.

"What we wish to do ... is stop public harm," he said.

Committee members expressed extreme frustration with the DEA, claiming that the agency dragged its feet in turning over documents and redacted many of those it did give up.

"Your agency needs to be turned upside down," Rep. Chris Collins (R-N.Y.) said. "There is no doubt there is an abject failure in the DEA going back 10 years."

As Rep. Raul Ruiz (D-Calif.), a medical doctor, said of the agency: "You screwed up."

The agency also questioned Patterson as to why there was a decrease in orders preventing pharmacies or doctors that were suspected of rogue prescribing from dispensing opioids. Patterson said it was, in some cases, because U.S. attorneys asked that they complete criminal cases before shutting down the pharmacies. The names and the locations of the prosecutors were not specified.

"People continued to die, die during this period," Rep. Greg Walden (R-Ore.) said.

The testimony came during a week when Washington is focused on the opioid crisis. The Energy and Commerce Committee will hear more than 20 bills on opioids this week. On Monday, President Trump laid out his plan to solve the opioid crisis, which was filled with tough talk but few details on how he plans to carry it out.

Trump's plan includes executing some drug dealers, while also pledging to hold pharmaceutical companies accountable for their role in fostering addiction. He said he wants to cut the number of opioid prescriptions by one-third nationwide but did not lay out a blueprint for getting there.

When Trump called for eliminating drug dealers, he said he wants to "get tough" on them, an approach that has alarmed some public-health experts.

Trump's administration still has not filled numerous vacant positions that deal with the opioid crisis. Patterson is the DEA's acting director. Trump named Jim Carroll, who worked in the White House Counsel's Office, to be director of the Office of National Drug Control Policy, but he is only in an acting capacity and his nomination has not been sent to the Senate.

"I can say repeatedly in '08, '09, '10, we did not use this data in the way that we are now using it, and I think that's the key," Patterson said. "Where we fell short, we'll take responsibility for it."

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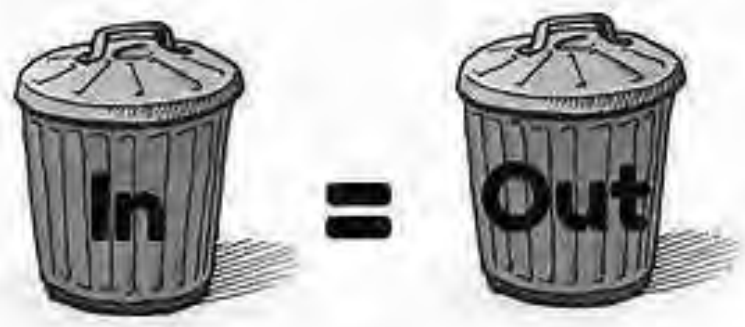
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Katie Zezima is a national correspondent covering drugs, guns, gambling and vice in America. She covered the 2016 election and the Obama White House for The Washington Post. Follow @katiezez (Source: Partnership for Drug Free)

Tips for Taking Out the Mental Trash



By Shannon Cutts

My parrot, Pearl, doesn’t have the same type of mental wrangles that his mommy does. When he looks into his mind, he likes what he sees!

My relationship with my own mind has never been an easy one.

Conditions can get toxic in there in no time flat.

As I wrestle with my mind moment by moment, I lose precious time and energy....time and energy I need to be doing other things.

I am aware of this loss, of course. It feels sort of the same way I imagine it might feel if I only had 10 minutes of oxygen left to breathe. Every moment is precious, missed. Every breath is both cherished and regretted, because that is one more breath I can never get back.

The same holds true with my mental battles. As I sit down to work on one writing project, for example, I might notice my mind has designated certain brain cells to move on ahead to the next writing project.

The cells that are assigned to the current moment’s writing project are trying their best to focus, but it isn’t easy given that the cells assigned to the next-in-line writing project are issuing a never-ending series of “hurry ups.”

So the two groups of brain cells inevitably get into it. While they are wrangling, no writing projects – current or future – are getting anyone’s attention. Any writing that does get done is sub-par and has to be re-done (or abandoned, depending on where we are in procrastination versus deadlines on any given day).

It is very frustrating

At the end of the day, I have lots of what I call “mental garbage” to sift through. If I am too tired to do it that night, it will wait...patiently...for the following morning when I have planned to do my usual morning meditation.

The moment I settle myself to meditate, all that mental garbage queues up, each jostling for position based on how important it thinks it is.

And another destroyed day begins to unfold.

It is like this until a showdown is inevitable. I have to take my mind to task, and my mind knows it, and unlike me, it is always willing to get into it for what it thinks is a good cause.

Meditation on these mornings is never easy. There is the baggage from yesterday’s mental garbage, of course, and then there is the baggage already

building up in the present moment as the day’s opportunities and obstacles are lining up for their own turn to be considered.

My challenge is to sink into a sufficiently deep (as in open, non-judgmental, receptive, impersonal) space to sort it all out.

When I can do this — and believe me it is not every day — I have the opportunity to do something I call “taking out my mental trash.”

When I can descend (ascend?) into a state with some degree of detachment present, I find it is surprisingly easy to determine what needs or deserves my attention and what does not. I also find it much easier to tell the difference between authentic concerns and the kind of time-wasting worries that only get indulged when there is time to waste.

In the space of 20 or 30 minutes, days or weeks (or sometimes months) of mental trash get sorted and taken out to their respective destinations.

- **There is compost** — this is the kind of mental trash that was useful to take a second look at.
- **There is recyclables** — this type of mental trash may even have a second life in its ability to make shorter work of future worries and obstacles.
- **There is waste** — the stuff that goes straight to the great landfill in the sky (which hopefully is better equipped to dispose of it than our landfills are here on earth).

For me an example of compost might be stewing over a memory that arose about a friendship that dissolved a few years ago. The decision was mine, it was a very hard one, it still causes pain sometimes, especially when I am reminded of that person by something.

So here, I go back to the decision I made one more time, check in with myself, reaffirm I still agree with the decision for reasons A through Z, grieve a little bit more, and then take out the trash.

An example of recyclables might be my worries about my neighbor’s loud television. He likes to open his screen door when the weather is nice, but he also likes to leave his television on all day, every day. I’ve spoken to him twice about it, and the volume has gone down. But it hasn’t gone off (nor has the screen door stayed closed, even when – which is common – he isn’t even in the same room with the television).

So when I start feeling overwhelmed by life, it is easy to notice the low-grade noise coming from just

Together AZ Resources

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ACT Counseling & Education	602-569-4328	
AZ. Dept. of Health	602-364-2086	
Office of Problem Gambling	800-NEXTSTEP	
Aurora Behavioral Health	877.870.7012	
AzRHA	602-421-8066	
BBC	602-626-8112	
Calvary Healing Center	866-76-SOBER	
Carla Vista Sober Living	480-612-0296	
Chandler Valley Hope	480-899-3335	
Choices Network	602-222-9444	
CBI, Inc.	480-831-7566	
CBI, Inc. Access to Care	877-931-9142	
Cottonwood Tucson	800-877-4520	
Crisis Response Network	602-222-9444	
The Crossroads	602-279-2585	
Decision Point Center	928-778-4600	
Dr. Marlo Archer	480-705-5007	
Dr. Janice Blair	602-460-5464	
Dr. Dina Evan	602-997-1200	
Dr. Dan Glick	480-614-5622	
Julian Pickens, EdD, LISAC	480-491-1554	
Foundations Recovery Network	855-316-0114	
Gifts Anon	480-483-6006	
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Hunkapi Programs	480- 393-0870	
Lafrontera -EMPACT	800-273-8255	
The Meadows	800-632-3697	
Meadows Ranch	866-390-5100	
Mercy Maricopa Integrated Care	602-222-9444 or 1-800-631-1314	
NCADD	602-264-6214	
PITCH 4 KIDZ	480-607-4472	
Psychological Counseling Services (PCS)	480-947-5739	
Rio Retreat Center	800-244-4949	
River Source-12 Step Holistic	480-827-0322 or 866-891-4221	
Scottsdale Detox	480-646-7660	
Scottsdale Providence Recovery Center	480-532-4208	
Teen Challenge of AZ	800-346-7859	
TERROS	602-685-6000	
Valley Hosptial	602-952-3939	
Legal Services		
Dwane Cates	480-905-3117	
Starlight Mortgages		
Tom Sabo	602-524-8035	
Real Estate		
Scott Troyanos	602-376-6086	
Tax Intervention		
Renee Sieradski, EA	602-687-9768	
www.tax-intervention.com		

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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
Sonora Behavioral Health	520-829-1012
Suicide Prevention	520-323-9372
Men’s Teen Challenge	520-792-1790
Turn Your Life Around	520-887-2643
Workaholics Anonymous	520-403-3559

across the lawn. This noise interferes with my ability to hear nature, which is a significant benefit I reap by working from home, and working outside on nice days.

I can let this noise ruin even the prettiest days if I let it. Why is he so insensitive? Why won’t he just turn it OFF? Why do some people have to have “people noise” going 24/7? Why do I keep running into this in every place I live? And so on and so forth.

This provides me with a valuable opportunity to revisit the past awfulness of noise and how I’ve handled it, and how each new place where I live presents the same challenge that clearly I haven’t dealt with in a sufficiently effective way yet, or it wouldn’t keep coming up again and again.

Here, I still don’t have any real answers. I still have to decide whether to speak with my neighbor (who is also my landlord) a third time about the matter, risking an argument or flat-out refusal, or to keep quiet and make my peace with not having the peace and quiet I want and need.

This mental trash goes in the recyclables bin, because I’m not done with it yet but I’m clearly stuck, and I’ve run out of time to worry about it any more for the moment (or the noise has temporarily abated because my neighbor has left the house or finally shut the door, so I am off the hook for a bit).

Finally, there is landfill waste. This

trash is typically so obvious – like I am mad about something some celebrity did which I think is dumb or tasteless, or somebody I don’t know well made an ambiguous remark I don’t know how to interpret, or I remember something mean someone said to me 20 years ago and start getting worked up about it all over again.

This stuff may not feel low grade when it pops up, but upon deeper examination, it clearly isn’t worth the mental space and energy it is asking me to pony up. So I ditch it, bag it, tie it and lug it out to the great landfill in the mental cosmos. And I hope it stays there (although I have discovered that with mental landfill waste at least, there are never any guarantees).

My mental trash sorted and appropriately disposed of, I can proceed to more peaceful meditation matters or, if time demands, get up and start my day feeling like I’m really beginning a brand new day rather than just re-living all of yesterday’s worries and angst.

Takeaway: Do you have a process for sorting through and resolving the things that can clutter up your mind? What helps you to calm your mind down when it has gotten itself all worked up over whatever oh-so-compelling matters have captured its attention yet again?

(Source: PsychCentrral blogs)

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The Need to Focus on Individuals with Serious Mental Illness Includes the LGBT Community

By Brian Altman, Director, SAMHSA Division of Policy Innovation and Jennie Simpson, Public Health Analyst, SAMHSA Division Policy Innovation

The week of March 26-30 was National Lesbian, Gay, Bisexual and Transgender (LGBT) Health Awareness Week. SAMHSA provided the opportunity to highlight the needs of LGBT Americans with serious mental illness (SMI).

Data from SAMHSA's 2015-2016 National Survey of Drug Use and Health provides insight on the prevalence of substance use and mental disorders among lesbian, gay and bisexual adults. The data indicate that LGBT adults have higher rates of mental illness when compared to all adults.

Nearly 40 percent of LGBT adults had a mental illness in the past year. Comparatively, just over 18 percent of all adults had a mental illness in the past year. Fourteen percent of LGBT adults had SMI compared to four percent of all adults who had SMI. Past year SMI ranged from over 16 percent for bisexual

adults to almost 11 percent of lesbian or gay adults.

While these figures are cause for concern, LGBT adults fare better in some respects. Our research tells us that LGBT adults were more likely to have had mental health treatment in the last year than all adults were, by a margin of over 27 percent to over 14 percent. However, we can all agree having less than a third of any population receiving specialized care is not acceptable and we must do more.

SAMHSA's Efforts and Resources

SAMHSA is committed to ensuring that all Americans have access to and receive quality treatment for mental and substance use disorders. This includes efforts related to serious mental illness, as well as specific resources for LGBT individuals.

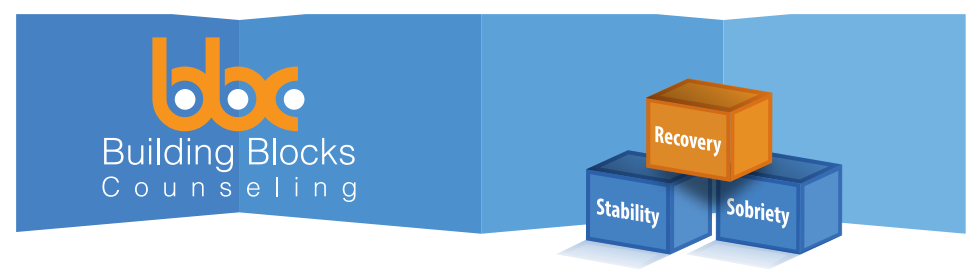
In 2017, SAMHSA convened the Interdepartmental Serious Mental Illness Coordinating Committee and issued its first report to Congress in December 2017. The report, *The Way*

Forward: Federal Action for a System That Works for All People Living with SMI and SED and Their Families and Caregivers, provided 45 recommendations to improve outcomes for people with SMI and serious emotional disturbances (SED). The recommendations support providing quality treatment and recovery support for everyone who is in need of care.

SAMHSA has developed resources and toolkits for health care and other social service providers serving people who are LGBT. These include A

Practitioner's Resource Guide: Helping Families to Support their LGBT Children, LGBT Training Curricula for Behavioral Health and Primary Care Practitioners, and Top Health Issues for LGBT Populations and Resource Kit. All of these resources can be used to better understand and provide appropriate treatment and support services to LGBT individuals with SMI.

Source: <https://blog.samhsa.gov>



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