Legislature passes Arizona Opioid Epidemic Act page 4

EBRUARY 2018

Inspiring Success on the Road to Recovery

Interweaving Cycles of **Addiction and Trauma**

Adapted from newly released Unspoken Legacy Claudia Black, Ph.D., Senior Fellow of The Meadows and Clinical Architect of the Claudia Black Young Adult Center at The Meadows

hen most of us wake up in the morning, we can reasonably assume that our • home, our family, our job or school, and our primary relationships will still be there when we go to bed that night. We can also • expect that the way someone treats us that morning will be more or less how he or she treats us that evening. Our world is generally stable, and we expect it to stay that way. And, most of the time, it does.

This is not true in an addicted family, where nothing is ever stable or predictable. Everything is confusing and unknown; anything can happen at any time. No one knows who is responsible for what because likely, and siblings twice as likely to be physically the normal boundaries have been shattered. No one has any idea how to make anything better. And everyone is constantly anxious, frightened, worried, and confused. You never know when something small—a dirty plate in the sink, a bad haircut, a thermostat set a degree too high—might turn into a catastrophe. As a result, family members become apprehensive about the smallest decisions. Meanwhile, outrageous and hurtful things and major, deeply important life decisions may go ignored and unaddressed. There is no more perfect recipe than this for creating trauma.

A Steady Diet of Trauma

When a family is ill with the disease of addic- Here is what else we know about abuse in tion, its members are much more likely to experience addictive family systems: trauma than non-addicted families. That trauma is also likely to be more serious and more painful, and it is likely to take longer to heal. In short, addiction worsens every dimension of trauma.

Addiction creates chronic losses for everyone in the family system: a loss of trust, connection, intimacy, stability, honesty, fun, clear communication, safety, and healthy boundaries. And that's just in the earlier stages of addiction. As the disease progresses, family members also lose jobs, relationships, financial stability, health, and sanity. Children often lose their childhoods by being forced to take on adult family roles. Sometimes people lose their lives.

As one loss gets compounded upon another, the result is usually trauma. In addition to the many losses, chronic emotional abuse is especially prevalent in addictive family systems. It can take any or all of these forms:

- Verbal abuse (ridicule, name calling, etc.)
- Severe criticism and blaming
- Lack of expressed love, care, and concern
- Unrealistic expectations
- Shaming and humiliation
- **Broken promises**
- Lying
- Unpredictability
- Sudden rages or ravings

- Overly harsh (or outright cruel) punishment
- Being forced into physically dangerous situations (such as being in a vehicle with an impaired driver)
- Breakup or abandonment of the family

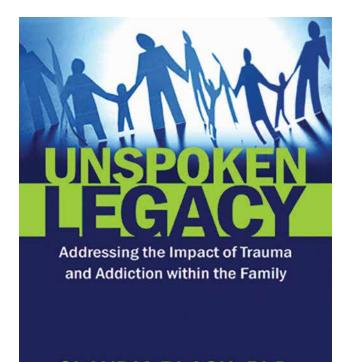
The Trauma of Physical and Sexual Abuse

In homes where there is substance abuse, kids are 2.7 times more likely to be physically and/or sexually abused. In a related study, in which I was one of the researchers, we found that in alcoholic families fathers were 10 times more likely, mothers four times more abusive to a child or sibling.

There's more. In a family where there is substance abuse, daughters are twice as likely to be sexually abused than in other families; sons are four times as likely to be sexually abused — both by family members and by people outside of the immediate family. My clinical experience suggests that usually there is more than one abuser.

We don't have good statistics on physical and sexual abuse in homes where there is a process addiction, but my forty-plus years of working with addicted families suggests that the numbers are similar.

- The ultimate act of physical abuse is murder; however, far more common abuse involves being hit, slapped, shoved, kicked, pinched, or slammed against a wall.
 - In addicted families, discipline or punishment can often turn into abuse. This typically takes the form of extreme and inappropriate punishment. For example, forcing a child to stand on one foot for ten minutes, and then beating him when he falls over. In other cases, addiction can turn a somewhat less harsh punishment into abuse, such as when a child is sent outside to stand on a cold porch for a few minutes to "think things over," and then left there all night because her parents have passed out. Often a punishment isn't particularly severe, but it is inflicted capriciously on a child who has done nothing wrong; the addict in the family is simply scapegoating the child.
- Sexual abuse is both overt and covert. Overt sexual abuse involves sexual touch. Covert sexual abuse of a child involves no touch, but can take many other forms, such as shaming them about their body or sexuality; sexual name calling (such as calling her a whore or a slut); graphic sexualized joking; exposing the child to pornography; or



CLAUDIA BLACK, PhD

using sexual innuendo. For example, Dad tells his thirteen-year-old daughter, "You are so hot looking. I wish I were your age, so I could have a shot at you."

- The more frequent the abuse, the more likely the victim is to minimize and rationalize it. As sixteen-year-old Kailie told me, "No, I wasn't abused. My mom didn't mean to break my jaw when she hit me."
- When a child has two addicted parents, the likelihood of physical or sexual abuse is substantially greater than when only one parent is an addict.
- In addicted families, abuse is especially hurtful on days of celebration, such as holidays, birthdays, anniversaries, and graduations. Often the celebration itself gets undermined, revoked, or denigrated.
- When physical and/or sexual abuse occurs in an addictive family system, people usually assume the addict is the abuser. But this is not necessarily the case. Surprisingly often, a parent or sibling who does not suffer with addiction is the abuser.

It should come as no surprise that families impacted by addiction tend to experience higher-thanaverage rates of murder, suicide, premature death, accidental death, house fires, car accidents, gun accidents, other forms of serious injury, and serious illness. For the survivors in the family, any of these can create trauma.

It's hard to find an emotional middle ground. People vacillate from one extreme to the other, often over-responding, withdrawing, or running away. People have trouble staying in the present and in

TRAUMA continued page 6

Publisher's Note

By Barbara Nicholson-Brown



ith the #metoo movement on our radar — it is perfect timing for our feature

I imagine some type of trauma is a part of every addict and alcoholics story. While it can be an uncomfortable topic to talk about openly, it is crucial for a healthy and strong recovery to do so.

When producing this issue, I read every word of our feature, Interweaving Cycles of Addiction and

Trauma by Claudia Black. And — I read it again.

Both times, memories from my past surfaced. Some, I had done the work on — others had been locked away in the vault for years. What was interesting to me as memories came back, I no longer felt the rage, anger or shame. While I physically felt the 'chills' for a few seconds, there wasn't any fear. Maybe that is forgiveness at work.

It is no surprise I sought out drugs and alcohol to soothe the pain. Growing up I had no way to process my feelings, let alone speak them out loud to my caregivers. I carried the emotional scars for a long time and used them as an excuse for bad behaviors. In recovery, I gained the willingness to share who I really am; with sponsors, therapists and people I trust. These powerful relationships have given me the courage to share my story with others and continue to heal. We all deserve to heal.

Happy Valentines readers!

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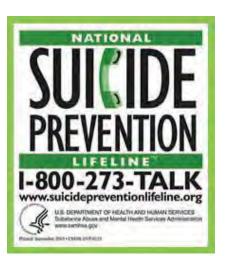
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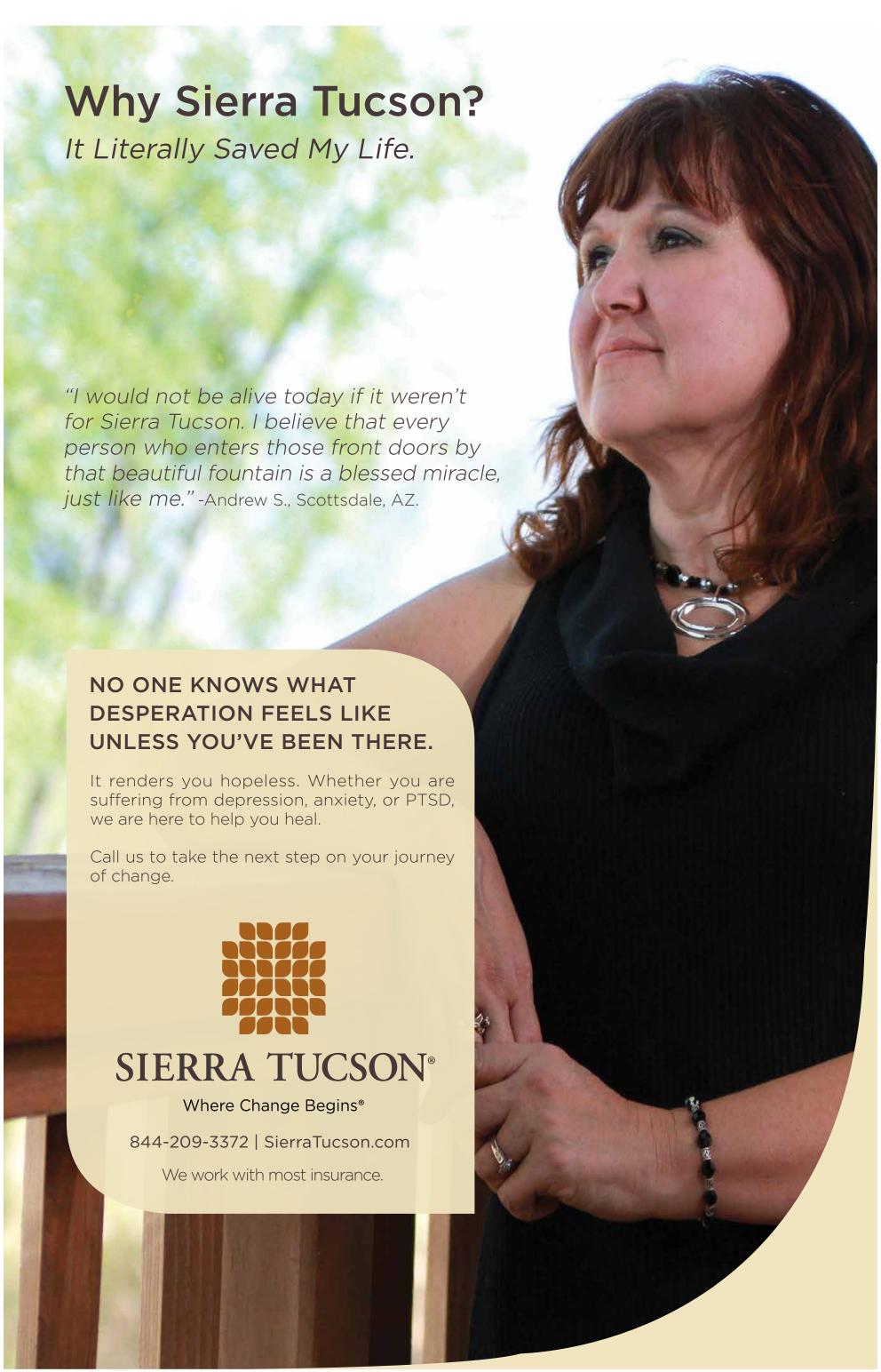
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By Dina Evan, Ph.D

have never really believed you fall in love instantly. You could conceivable fall into lust, or trip mindlessly into passion — but love, real love, takes time like cooking the perfect soufflé.

- **Love** creeps gently into your insides when you glance her way and see the sun gently reflecting off locks of red hair cascading haphazardly over her shoulder.
- **Love** is behind his eyes that seem to see forever.
- Love wells up in your throat when you listen to your voicemail and hear his sultry voice telling you to "come straight home!"
- Love smiles through lathered up faces, tucked in towels and hangs gently midair in tunes that are hummed early in the morning.
- Love grabs you like gentle thunder in the middle of an orgasm, in the middle of laughter, in the middle of dinner.
- **Love** walks into the room definitively beside you, not searching, roving or seeking something fantasized, but not yet found.
- Love is being present, profoundly here, solid and alive.
- **Love** is the connection, commitment, ecstasy and relief of right union.
- Love creates a direct path to Spirit parts, head parts, heart parts and girl parts and boy parts.
- When I was very young, I thought I'd fall into love repeatedly. Really, I was only practicing to be in love once.
- When you are older you become the love, and then give that to each other.
- When you become the love, there is no separation between who you are and what you feel and no way to give less than your best. If you still feel you are looking for the best, you have not yet found love.
- **Love** is a surprise because it's never what you thought it was and it never comes when you wish it would.
- Love can take a break when the words seem hard to find, but love never goes very far away and always comes back to resolve the issue.
- Love believes there will always be a resolve and love chooses not to sleep until we find it.
- Love reaches across the distance either we create, when we feel a need to protect ourselves and persistently, ever so gently pulls us toward each other.
- Real Love demands integrity. It tests each of our ability to stay present, aware and truthful. When we are both being love, we are able to cradle the child in each of us, respect the adult

- in each of us and encourage the Spirit
- **Love** is only able to flourish in truth. True love is about being really present, authentic and willing to risk honesty, solidity, sanctuary and grace.
- Love is in anything real. You can hear love in Chopin, Beethoven, Puccini, Groban, Streisand or Brightman.
- **Love** is about taking care of yourself and committing to your own growth so that your partner is not grieved, or required to spend time cleaning up the mess from your lack of awareness.
- **Love** is about embracing weaknesses together, talking together; tearing up together and trying to do it better together.
- Love is about believing not just enduring. It's about devotion, not just affinity. It's about passion, not just fondness. It's about soul deep connecting, not just sex.
- It's about Beingness, not just bodies.
- It's about wanting those you love to be the best they can be for themselves, not just for you.
- **Mature love** is a sacred thing. Some think it only comes once in one's lifetime. I believe it can come to anyone who wants it badly enough, with anyone they choose.
- Real love can be in the middle of every relationship we have, with everyone we know.
- Real love never just happens. It is created, moment-by-moment, dayby-day, year-by-year.
- Love is about your willingness to discover your own capacity for forgiveness, compassion and integrity.
- It is created with respect for each other's beliefs, support for each other's goals and inspiration for each other's dreams.
- When you have love, there is nothing else you need.
- When you are really in love, the grass is never greener and the questions disappear.
- When you become love you have done what you came here to do.
- Love is not an instantly falling into thing. Love is a feeling fully, failing and forgiving, filling up and flowing over, finding you and finding me — a slowly becoming a forever thing



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Update: **AZ Advocacy**

By Angie Geren, Addiction Haven.org

January 11th proved to be our most successful Addiction and Recovery Advocacy Day. Over 67 people met with their representatives and 35 confirmed meetings with individual legislators, Advocates, Senators, Representatives were scheduled. Discussions included Public Health Focused Addiction policy, what this would look like for Arizona and how it can help combat the opioid crisis in which we are currently entrenched.

Arizona is in a prime year for addiction and recovery advocacy as Governor Ducey declared a Public Health Emergency in June 2017 and his office and Department of Health Services have been working on recommendations that culminated into the Arizona Opioid Epidemic Act which was passed and signed into law, January 26, 2018. Arizona is the 41st state to have a Good Samaritan 911 law protecting people who call 911 for a drug overdose from being arrested, \$10 million of that funding will be in the newly created Substance Use Disorder fund — used for those who are underinsured/uninsured, new prescribing guidelines, prevention education funds, and mandated medical professional education. Arizona seems poised to be on front lines of fighting this epidemic however there is so much more work to do. The provisions in the passed Act rely heavily on preventing on opioid addiction which is just a small piece of the puzzle.

What is Public Health Focused Addiction Policy?

- Policy focusing on treating addiction instead of incarcerating;
- Looks at the whole picture instead of individual symptoms;
- Reduces stigma, thereby increasing the likelihood of people seeking treatment;
- Protects the safety of people by seeing them as patients in need of assistance.

What can Arizona do if they truly wanted to have a robust policy that adequately treats addiction thru the health system instead of the criminal justice system?

- Pass HB2389 which would allow syringe access programs to operate;
- Pass Sober Living Home Regulations and Pass a Ban on Patient Brokering;
- Reject HB2241 which would create mandatory minimum prison sentences for heroin
- Continue to work with individuals and organizations focused on recovery to find innovative solutions and provide quality care;

We need your voice to join us. We are the ones who are most affected and have the story to help educate our legislators on what addiction really is and that recovery is possible. I encourage you to stay updated on the progress of these bills at www.addictionhaven.com/arizona-advocacy



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Drug Use at Work costs Human Resources and Workers Comp

By Arizona Addiction Recovery Center

There's a lot of talk online, television, radio and mobile phones about the latest sexual harassment or sexual abuse story. Like many other thousands of women, I have stories to tell. I guess that's why they call it MeToo#. But there's a story I feel hasn't quite been told. Drug abuse at work costs employers and employees on many levels and although it can adversely affect businesses in their reputation, company brand, employee morale, productivity and bottom line, sexual misconduct is often a byproduct of other addictive behavior.

Owner of *Scottsdale Recovery Cen*ter, Chris Cohn, was a guest on a podcast live in Los Angeles, broadcasting worldwide. The show entitled, Work Comp Matters covers news related to employees, human resources, owners, insurance companies and attorneys on issues in the workplace. This specific program focused around the subject of addiction, how to identify it and where to go for help. But there were some unexpected twists. We talked about substance abuse — but there was the question of sexual addiction and whether it really is a disease or an excuse for bad behavior?

Why Human Resources will Beg You to Get Help

According to an article in the insurancejournal.com, an annual survey conducted by CompPharma showed that "workers' compensation payers saw an average 11 percent reduction in their pharmacy spend in 2016, driven by a 13.3 percent reduction in opioid cost." This may appear to be good news — good news for insurance companies and businesses. Unfortunately, this survey merely scratches the surface. There's a larger reason why the pharmacy spend has lessened in five of the last seven years. It's called opioid epidemic.

Addiction on the Job is Layered in Secrecy

Once the federal government cracked down on the overprescribing of opioid pills, patients were forced to either:

- Undergo a cold-turkey withdrawal process which is very painful and dangerous.
- Seek drug rehab and recovery.
- Find alternative opioids such as painkillers on the black market or heroin.

All three of the above alternatives would lessen the legal pharmacy cost to workers' compensation payers. Because of the painful withdrawal process, misinformation about options available for drug treatment, and the readily available illicit drugs on the street, many prescription opioid addicts found themselves choosing option number three.

Consider what can happen to you at your place of work. Would you even know if a coworker was under a doctor's care for some realm of pain management? No, not unless you were told. And when their prescription refill was

denied and they began to use synthetic opioids or heroin you wouldn't know that either. Until something happens on the job. Even then, would you know?

Perhaps you are that person, who needs to numb the pain. If the medical community isn't there to support your wellbeing in the manner you've grown accustomed to, what alternatives really exist? You most certainly won't admit your problem to a coworker or your supervisor. Considering yourself a functioning alcohol or addict is common but the secret can only be kept quiet for so long.

The Risks to the Employer

During the overuse of drugs or alcohol, personal inhibitions disappear. Risky behaviors come to fruition including sexual promiscuity. Let's put two and two together. If sexual desire heightens after drug or alcohol intake, then it would stand to reason that there's an increased risk of sexual misconduct on the job if drug use is in effect before or during work hours. If you are the victim of sexual harassment or sexual assault by a coworker, the employer bears some liability too.

Trauma plays a part in Addiction and Sexual Harassment at work

For the person with an addiction problem, some life event brought about trauma that engaged a perceived need for substance use. It could have been a physical illness, surgery or auto accident. There could be a mental illness. An unexpected, emotionally, painful situation may have happened. Any of these scenarios could be the catalyst to addiction.

In cases of sexual harassment or sexual assault, the person receiving the unwanted advances by another will experience trauma. This is something I know all too well. During the same interview with Cohn and Steve Appell of Work Comp Matters the subject came up and was directed at me. Here's how the exchange took place

How a victim of sexual harassment responds depends on many variables:

- Is the victim also under the influence?
- Are there past incidences of sexual assault?
- Is there a genuine support system (human resources erring on the victim not the company)?
- Is it safe to report the incident (job security, industry backlash)?

Company or industry culture regarding sexual behavior, alcohol and drug use, has been under scrutiny recently. What may be unacceptable practices at work today were quietly accepted as business-standard decades earlier. But are business owners in denial about these problems and their associated risks?

The National Safety Council did a survey in 2017 searching for employerperception of the prescription drug Scottsdale Recovery Center offers the full scope of

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problem and its impact on their business. Here's what it learned:

39% of employers think Rx drug use risks safety

24% feel Rx drug use is an issue 71% have had an issue with on the job Rx use

Is it right for Insurance Companies to bear the brunt of the cost

The Workers Compensation Research Institute conducted a study measuring the rate of worker comp claims filed involving opioid prescriptions. Only 26 states were involved, those that had the higher rates worker comp claims within the United States. Arizona did not place within the study, as our state laws tend to favor the employer vs. employee in such claims compared to other states.

After our interview on the podcast and off-air conversations, it was obvious that there still remains confusion and ambiguity about who holds the blame when on-the-job accidents occur with the presence of drug or alcohol use. Did someone say OSHA?

What Businesses Don't Know Could Hurt Them

Corporate America understands the importance of having documentation to cover their a**. This would normally include an employee handbook that, among other things, sets the guidelines for proper behavior to include prohibiting substance use. In addition, there is usually a sexual harassment policy in place. However, most businesses in this country are

Continued page 11

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their bodies. They either live mostly in their heads — reliving the painful past or imagining a horrible future — or entirely in their emotions, consumed with fear, anger, or dread.

Overlooked and Discounted Trauma

In addicted family systems, people don't just act in ways that tend to evoke trauma responses. They also tend to respond with less love, caring, and support whenever a traumatic event occurs. In a moment of crisis, family members may be unable to solve problems, perceive options, seek resources, or even pay attention. This can be particularly damaging for children.

As fifteen-year-old Darlene walked home from school, a gang of boys approached her. They grabbed her and tried to drag her into the woods, but she managed to break free and run home. Gasping and in tears, she told her mother what happened. Her mom just lifted her martini and said, "Well, honey, you learned something important about boys today, didn't you? Now leave me alone for a while. I'm watching my favorite TV show." In the space of a few minutes, Darlene was traumatized twice—first by the boys, then by her mother.

Seven-year-old Jonathan was walking to school with his friend Abbie on an icy winter day. Suddenly a slow-moving car skidded off the road and struck Abbie. She fell in a heap by the roadside. People gathered around Abbie and did what they could to save her life, but she died an hour later in the emergency room. Throughout the event, everyone ignored Jonathan. This was partly understandable, because there was a dying girl a few feet away. But Jonathan's experience of watching his friend die was traumatic for him nevertheless.

Jonathan's trauma never got addressed. Everyone — his classmates, his teachers, his principal, his parents, and even the driver of the car, who was also traumatized by the event — focused on Abbie and her family. When Jonathan tried to tell his parents how hurt and confused he felt, they told him, "Do you realize how lucky you are? That could have been you who died. Count your blessings that you got to school without a scratch." Then they lit up a joint.

It took Jonathan two more decades before he finally got treated for depression. Only then did he have a chance, for the first time, to talk about "little Jon," who had watched his friend die.

Kevin was born with cerebral palsy. He was a bright and inquisitive child who was normal from the waist up, but needed many surgeries on his legs. As a result, he was in and out of hospitals until he was in eighth grade. While his mother was often with him in the hospital, what he remembers most was her incessant crying — not about him, but about his father, who was an alcoholic and a compulsive gambler.

Today, Kevin recalls the hospital nurses and orderlies fondly. But he doesn't remember his father ever coming to the hospital. Nor does he remember his mother touching him much or doing anything to comfort him. He recently told his therapist, "I don't know whether Mom came to the hospital to be with me or to escape Dad. I felt safe in the hospital, not because of Mom, but because of the nurses and because Dad wasn't there."

Painful and difficult things occur in every child's life. Parents can't protect their children from every painful event, but they can respond in a manner that lessens the negative impact. Unfortunately, in addicted families, children are often denied caring and empathy at vulnerable times. As a result, traumatic events usually affect them with full force.

It's common for people with unhealed emotional trauma to turn to addictive substances or compulsive activities in an effort to medicate or numb their pain. Listen to some addicts describe the forces that first pulled them into addiction:

Jack: There was one reason I ever ingested alcohol, and that was to get blithering numb. Eventually, after deciding alcohol was uncool since that's what our parents did, I started taking drugs. I would take

anything to not feel.

Dana: When I did coke, I had no fear.

Hunter: I drank to relax. I was so uptight, always needing to be hypervigilant. I drank to relieve the pain. I drank to hide and to mask the way I felt. I was so anxious all of the time. I knew I was screwing up, but I didn't know what else to do.

Hannah: After being in so many foster homes, and after suffering sexual abuse at the hands of one of my foster parents, I wanted to die or, at the very least, disappear. The one source of power I was able to find was in my relationship to food. Restricting my calorie intake enabled me to wield power and control over food. At the same time, by losing weight, I was able to slowly disappear.

Lyle: My father raged and was abusive. By age eleven, I found what my father had — power in his raging. It protected me from my fears, my sense of unworthiness. Rage gave me the high, the power — and masturbation was my anesthetic. They worked in tandem for years.

Each manifestation of addiction offers its own unique way of hooking people. Food offers solace to a child who is hungry for love or attention or to anyone who feels isolated and alone. Starving can be a way to become less and less visible, in order to hide from deep inner pain or from a flesh-and-blood abuser. Cocaine can make someone who usually feels helpless, powerless, and talentless feel powerful and capable instead. Marijuana can help a chronically anxious person relax and feel comfortable.

The Trauma/Addiction Cycle

As mentioned previously, addiction often encourages trauma, and trauma can encourage addiction. This process can become what is often called a vicious circle or a negative feedback loop, with trauma contributing to addiction, which in turn fuels more trauma, which encourages still more addiction, and so on.

Here are some examples of how this process plays out in peoples' lives:

Brent

Brent grows up with a father who is highly critical and nothing that Brent does is ever good enough for him. He routinely compares Brent to his two older brothers, who are both excellent athletes and who consistently get high grades. (TRAUMA)

In contrast, Brent struggles in school, and Brent's father repeatedly accuses him of being stupid and lazy.

(TRAUMA) (Later, in his twenties, Brent discovers he has a learning disability.) Brent's mom — a professional singer who is on the road most of the time — is distant, busy, and preoccupied. (TRAUMA) She leaves most of the child rearing to her husband.

In high school, Brent becomes part of a group of close friends who spend much of their time partying together. Together, they find solace in drinking and smoking weed. (USING DRUGS TO SELF-MEDICATE) Brent especially likes that they don't have to please their parents or, at least, don't try to. By the time Brent is twenty-five, he is addicted to alcohol and pills. (ADDICTION)

One night, as he drives home from a party with his buddy Gary, his car hits a patch of ice and spins out. Brent does his best to regain control of the car, but he has had four beers and his reaction time is slow. The car tumbles into a deep culvert. Gary breaks both legs (TRAUMA); Brent suffers a serious brain injury. (TRAUMA) He is put on pain pills, which only further fuel his out-of-control drug use. (ADDICTION)

Jenna

At age fourteen, Jenna is raped by three assailants. (TRAUMA) Her parents report the crime to the police, but Jenna is terrified, ashamed, and in shock, and refuses to talk about it with anyone.

Soon after that, her attendance at school becomes sporadic. At age fifteen, she begins periodically cutting her arms with razor blades. By age sixteen she is using pills and by age eighteen, meth. (AD-DICTION) By the time Jenna is twenty, most of her friends are fellow addicts. On her twenty-first birthday, her boyfriend sells her for sex to their dealer in exchange for drugs. (TRAUMA)

Kim

Kim grows up with a severely alcoholic father and a hypercritical mother. (TRAUMA) From the time Kim is in kindergarten, her mother is preoccupied with Kim's size and weight.

Soon after Kim turns nine, her dad goes into rehab and stops drinking. A month after that, her mom reveals that she has had a longtime boyfriend, and runs off with him. (THE TRAUMA OF ABANDONMENT)

For the next eight months, Kim's parents fight over her in an angry and acrimonious divorce. (TRAUMA)

Trauma next page



At age fourteen, Kim finds herself exercising excessively to keep herself thin. About once a month, she binges on tons of junk food, then sticks her finger down her throat and vomits it up (Bulimia Nervosa).

She also begins to party hard – drinking excessively and taking large amounts of opiates. One night, when she is drunk, she passes out and is raped by several of the guys at the party. (TRAUMA) One of them posts a brief video of the rape on social media. (TRAUMA)

Kim's humiliation, shame, and inability to reach out to parents continue. So do her partying, her bulimia, and her drug use. And so do the sexual assaults. (TRAUMA)

By age twenty-four, Kim uses heroin and alcohol addictively. (ADDICTION) By age thirty-one, she has tried to kill herself three times.

Where and How Do I Begin?

Trauma and its many consequences do not need to be a life sentence. Healing is possible. The most common question people ask at the beginning of their journey is "Where and how do I begin?" The answer is to begin with where you are and what you are willing and able to do.

If you feel you need to take immediate action, this might mean finding a therapist or a recovery group or going to a treatment center. It might mean talking to someone you trust, a spiritual leader, a friend, your neighbor who attends twelvestep meetings, or an addiction counselor. It might mean a process of self-reflection and journaling. Often it is a combination.

Jordan, who was sexually abused repeatedly by family members as a child, begins by reading about substance addic-

tion in families. Before she begins any personal work, she wants to understand the family dynamics of drug abuse and addiction. She intuitively knows she will eventually need to look at and heal the wounds of her sexual abuse; but she's not ready to do that.

Michael used cocaine addictively and is now a Narcotics Anonymous member with five years of abstinence and recovery. Although he's done a good deal of work addressing his addiction, he is only now beginning to slowly and gently probe his unhealed trauma. He decides to put his toes in the water by going to a Co-Dependency Anonymous meeting and reading about codependency.

Cecily has been receiving both cognitive behavior therapy and anti-depressants for her depression and anxiety. She now seeks out a trauma therapist skilled in EMDR.

It's important to understand that if you are in active addiction you won't get very far in your healing until you are addressing the addiction too. Active addiction sabotages any chances to experience long term healing from trauma.

More than anything you need not do this alone. Addiction and trauma are both about disconnection. Healing is about reconnection to self and the ability to allow other people to be there to help shine the light and provide hope when it's hard to do that for yourself. (Note: Part 2 will be featured April 2018)

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 https://www.claudiablack.com and https://www.themeadows.com. For immediate needs call 866-424-5476.

1 am enough

The Meadows Outpatient Center is now an in-network provider with Blue Cross Blue Shield and Humana insurance carriers, 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.

OUTPATIENT PROGRAM SERVICES

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- BrainPaint Neurofeedback
- Cognitive Behavioral Therapy (CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Somatic Experiencing® (SE)
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- Acupuncture
- Specialized treatment groups facilitated by specially trained therapists
- Extensive family involvement
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We're proud to announce that the Department of Veterans Affairs and Valley Hospital have signed the Provider Agreement making us one of the go-to community resources for providing behavioral health treatment to Veterans.

We are truly proud of the treatment we provide to Veterans, Active Duty Service Members, First Responders and civilians.

As a reminder, Valley Hospital's Treatment options include:

Adult Mental Health
Adult Detox / Rehab
Adult Dual Diagnosis
Exclusively Women's Program
Freedom Care Program
PHP/IOP

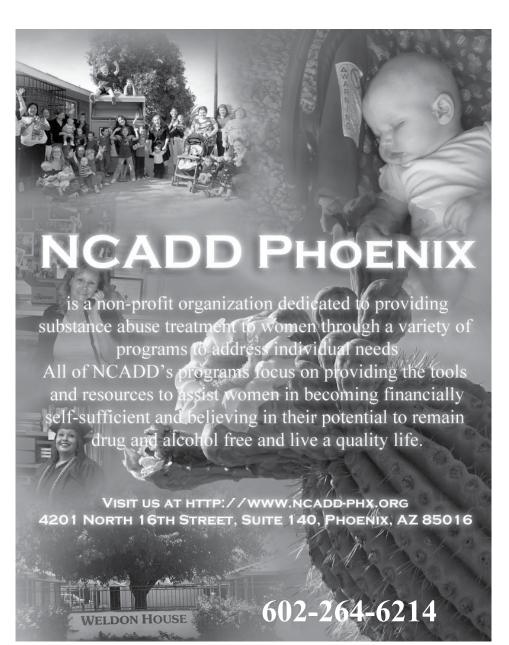
Ages 18 & Older

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



A Different Kind of VALENTINE By Alan Cohen

ebruary is the month of Valentines, when our thoughts turn to love. Usually we give gifts and affection to romantic partners. This month I would like to shift our focus to expressions of love to our family, in particular our parents.

While reading *Soul Friends* by Stephen Cole, I came upon a quote by Buddha that caused me to put the book aside and think for a long time: ". . .the debt of gratitude we owe to our parents is so great that we could carry them on our backs for our entire lives and yet still never fully repay it."

Wow.

When I was growing up, I did not appreciate my parents. I was busy living out my own desires, figuring out who I was, and exploring the world. I took mom and dad for granted. I had judgments about them and wished they were otherwise. At times I was disrespectful. I was a self-involved tenager

My father passed away when I was 18, before I reached a stage of life when I became more conscious about my relationships, so I never got to express my appreciation to him. As I have matured, I have reconsidered the many kindnesses my folks showed me. They didn't have much money. My father drove a bus at odd hours and my mother worked in a hat store during the day and a factory at night.

They did everything they could to keep me safe, comfortable, and happy. For most of my childhood we lived in an awful section of the city, where crime and depravity were rampant. Realizing the dangers of this environment, they worked harder to earn more money to move to a nicer part of town where the rent was quite high. They performed many other extraordinary generous acts. Despite their human frailties and habits I judged, their parenting was born of pure love. Looking back now, my heart is bursting with gratitude I wish I had shared with them when they walked the earth. My regret in not expressing this when I could have, is offset by the comfort that wherever they are now in God's great kingdom, they receive my appreciation.

Perhaps your parents were not so loving and you were subject to mistreatment or abuse. Perhaps one or both of your parents were alcoholic or had some other dysfunctional habit. Perhaps they fought bitterly, or one was absent, or they divorced. Perhaps you harbor resentment, hatred, or guilt about your relationship with them. Perhaps you still have a hard time being with one or both of them. Perhaps you blame them for imprinting you with negative programming

that created pain in your own relationships, and you feel thwarted from the reward you desire.

If so, there are three ways you can reframe your family experience to open you to more appreciation. The first is to reach for elements of their parenting that you genuinely value. Even if they were bad parents in many ways, they were probably good parents in some. What kindnesses did they show you? How did they encourage you? Who were they when they were at their best? They loved you somehow. Feel around for the gifts they did deliver to you. They are there. When you notice those blessings, they will expand.

Next, gain compassion for your parents by recognizing that their acts that caused you pain issued from their own pain. "Hurt people hurt people." I have coached many clients who are seeking to make sense of their relationship with a dysfunctional parent. I ask them, "What was your parent's own pain? Who trained him or her to be fearful and mean?" In every instance my client traces their parent's dysfunction back to some abuse that parent received from their own parent or another authority figure. The client's parent did not have the skills or tools to achieve healing, so they passed their pain on to their children.

A Course in Miracles tells us that every act is either a skillful expression of love or a call for love. When we reframe our parents' negative behaviors as calls for love, we ease our own pain and clear the way for us to help them.

Finally, consider how you grew as a result of the challenges your parents posed to you. Did you learn to be more independent, or set boundaries, or dig in to find worth within yourself that they were denying you? Some teachers say that sometimes we choose our parents because they help us develop soul strength we would not have gained if our situation was easier. Thus they were our friends who helped us grow and step into our own power as adults.

Most Asian families have altars in their homes honoring their ancestors — a practice we could well gain from doing ourselves. If you don't wish to build an altar to your parents in your living room, you can create a sacred space for them in your heart. This year don't reserve Valentine's gifts for your honey only. Honor those who love you more than you know.

Alan Cohen is the author of the best-selling A Course in Miracles Made Easy. For more information about books and videos, free daily inspirational quotes, online courses, and weekly radio show, visit www.alancohen.com.

A Mothers Worst Nightmare

By Dawn Cummings-Duchak

Four years ago, my life turned upside down. Thinking about what happened, I thought I would never survive the tragedy—but I have. Life is different in so many ways, I can smile, laugh and love.

At age 16, I had to place my son Zachary in rehab. Having been to court multiple times when he was younger, I was frustrated each time the judge would give him probation and nothing else. I didn't want to lose my son to drugs. So I pleaded with the judge, begging for help, but nothing really happened. I was so happy when he decided to start fresh in Phoenix.

On Dec. 11 at 4:00 a.m. I received the call no parent ever wants. I was told my son Zachary was in the hospital and on life support in Flagstaff, at the time I was living in Houston. My parents happened to be visiting me, so my mom and I flew out to Phoenix. On the plane, I heard my son say "It's all good Madre." I should have known then.

When we landed and I called the hospital, I was told he didn't make it. I remember dropping to my knees and screaming. I recall looking up and travelers was coming and going in the airport, smiling and laughing and thought, what's wrong with these people, didn't they know my world just stopped?"

My sweet Zachary had committed suicide. When I received the autopsy report, I had to Google the names of the drugs because I didn't know what most of them were. Zachary had moved to Phoenix with what I hoped to be a new start

My brother and Zachary had decided to buy a small cabin off the grid and decided to throw their cell phones away, keeping one in case of an emergency.

They lived so far out when my brother called 911 because Zachary had shot himself, an ambulance wasn't able to get to him. So he was put in the back of a truck, driven down the mountain, put into an ambulance and airlifted to a Flagstaff hospital.

Somehow my mom in her own grief was able to drive us up north. When we arrived at the hospital, I was told I couldn't see my son because he was taken for autopsy. That was devastating. I asked if they could take me to the room that he passed away in just so I could make sure he wasn't really there.

I had the opportunity to hold Zachary's hand one last time. I will never forget the peace on his face.

If you have lost a loved one to suicide, you are not alone. There are resources available to help survivors of suicide loss cope. Learn more at https://suicidepreventionlifeline.org/help-yourself/loss-survivors/. 800-273-8255

Tax news

Did you know?

- The Tax Reform that passed in December 2017 will not affect most people's 2017 tax return due in April. It will affect you for 2018.
- If you are expecting a refund for any tax year, you must file a tax return within 3 years or the IRS will keep your refund.
- The IRS can collect on back taxes for 10 years from when a tax return is filed. If you don't file a return, the 10-year statute of limitations never starts.

For more information visit www.taxintervention.com Renee Sieradski, Tax Specialist, 602-687-9768.

KFNX Exclusively Features Laura Ingraham and Michael Savage Ranked Top Ten Shows in the Country THE LAURA INGRAHAM SHOW TO advertise, host a show, or for more information: Call (602) 277-1100 or visit our website: www.1100kfnx.com

Life can be difficult at times.

We face many challenges and sometimes it seems like a lonely journey. But, you are not alone.

There is hope.

Our goal at Aurora Behavioral Health System is to help patients develop their own personal roadmaps to a healthy and happy future via mental health and chemical dependency holistic treatment, on an inpatient and outpatient basis.

We offer individualized treatment for adolescents, adults, seniors and uniformed service members. Treatment includes many facets from one-on-one doctor consultations to group therapy to yoga to art and music therapy.

AURORA – where healing starts and the road to recovery begins.



BEHAVIORAL HEALTH SYSTEM

Help is only a phone call away.

For a free, confidential assessment, call our 24/7 Patient Services Helpline 480.345.5420 www.auroraarizona.com

Confronting the AZ Opioid Crisis

Gov. Doug Ducey signed into law a sweeping plan to confront the opioid crisis that provides \$10 million for treatment, restricts timetables for opioid prescriptions and protects from drug prosecution Good Samaritans who call for emergency help if someone overdoses. Ducey signed the Arizona Opioid Epidemic Act, which the Legislature passed after a four-day special session.

"We've all heard the first-person stories of individuals who have been impacted by this crisis," Ducey said on Twitter. "There are so many other stories we haven't heard – because the individuals impacted didn't survive. More than 800 just last year. This bill is for them."

In June, Ducey declared the opioid crisis a statewide public health emergency. Since 2013, opioid overdoses have increased 74 percent, the Arizona Department of Health Services reported.

The Arizona Opioid Epidemic Act also provides: A review team to investigate overdose-related deaths and create plans to prevent overdoses, stricter guidelines for prescribers and manufacturers, preventing "pill mills" and limiting behaviors that may lead to addiction.



Community Calendar

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

Professional Events

FEB. 20 — PCS Networking Luncheon, 12:15 -1:30 pm. 3302 N. Miller Road, Scottsdale. Register: Jacquee Nickerson, 480-947-5739, email: pcs@pcsearle.com

Feb. 23—11:00 to 12:45 p.m. **Sierra Tucson Grand Rounds**, Professionals are invited to attend at Sierra Tucson. 1.0 CE available. 11:30 a.m. - 12:45 p.m. Lunch and Program. Campus tour available. *Immobility, Shame, and Healing the Roots of Trauma*, by Sharon Stanley, PhD. No cost. Register by Feb. 19. Seating limited, Cathy.Kauffman@ SierraTucson.com. (800) 624-9001, Ext. 600417

MARCH 5—8:15 a.m. – 4:15 p.m. 12th Annual DPG Symposium, *The POWER to Address Problem Gambling and its Implications.* Black Canyon Conference Center, 9440 N. 25th Ave. Phoenix. To register visit http://azgamblingsymposium.com/

Open Support Groups & Events

FEB.10—LOVE ADDICTION — Out of the Darkness presentation by Patricia L. Brooks. Edgy Gallery Alternative. 40 N. Robson, Mesa. 1:00 - 2:00 p.m. RSVP to Mike Edwards 480-646-7000. Book signing to follow, *Three Husbands and a Thousand Boyfriends*.

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 for information.Valley Hospital, 3550 East 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 in Phoenix. Thursdays – Resident Alumni. Psychological Counseling Services, 3302 N. Miller Road, Scottsdale. 5:30 – 7:00 p.m.Group is facilitated by staff of PCS at no charge for Resident Alumni. Contact Courtney at **520-624-4000**, Ext. 600205 or email: Courtney.Martinez@SierraTucson.com..

SIERRA TUCSON - Resident & Family Member Alumni. First/ third Thurs. of month – Blue Door Psychotherapy, 5929 E. Pima St. Tucson. **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. Courtney at 520-624-4000, Ext. 600205 or e: Courtney. Martinez@SierraTucson.com.

Mondays- Scottsdale - FAMILY RE-COVERY 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.

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

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

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

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

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

Jewish Alcoholics, Addicts, Families and Friends (JACS) 1st / 3rd 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

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

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

Co-Anon Family Support— 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



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. 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

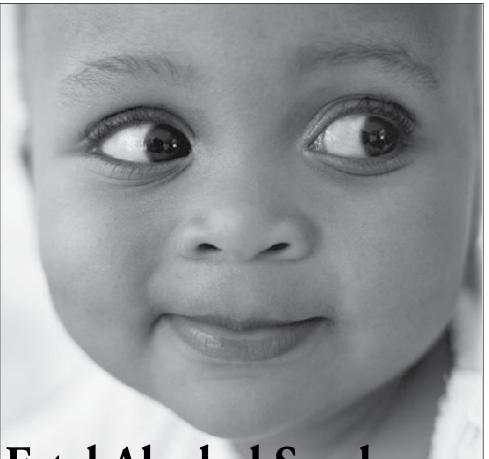
SAA — www.saa-phoenix.org 602-735-1681 or 520-745-0775.

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.

continued page 12

CRISIS & SUPPORT Group

CKI313 & 3011 OK1 Groups				
Alcoholics Anonymous	602-264-1341	Heroin Anonymous	602-870-3665	
Al-Anon	602-249-1257	Marijuana Anonymous	800-766-6779	
ACA	aca-arizona.org	Narcotics Anonymous	480-897-4636	
Bipolar Wellness	602-274-0068	Domestic Violence	800-799-SAFE	
Compass Christian Chu	ırch 480-963-3972	Overeaters Anonymous	602-234-1195	
Cocaine Anonymous	602-279-3838	PAL	480-300-4712	
Co-Anon	602-697-9550	Parents Anonymous	602-248-0428	
CoDA	602-277-7991	Phoenix Metro SAA	602-735-1681	
COSA	480-385-8454	Rape Hotline (CASA)	602-241-9010	
Crisis Text Line Text	t HOME to 741741	Sexaholics Anonymous	602-439-3000	
Crystal Meth Anonymo	ous 602-235-0955	Sex/Love Addicts	602-337-7117	
Emotions Anonymous	480-969-6813	Sex/Love Addicts	520-792-6450	
Families Anonymous	602-647-5800	Sex Addicts Anonymou	ıs 602-735-1681	
Gamblers Anonymous	602-266-9784	S-ANON	480-545-0520	
Grief Recovery	800-334-7606	Suicide Hotline	800-254-HELP	



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National Council on Alcoholism and Drug Dependence

4201 N. 16th St Phoenix, AZ Federal funding provided by SAPT

Drug use from page 5

considered small businesses and many do not have such policies.

Just one misstep on a safety guideline can cause injury or death to employees, damage to the business facility (intellectual and personal), and associated lawsuits to come. OSHA, the Occupational Safety and Health Administration can help of the U.S. Department of Labor can help. If you don't have a drug, sexual harassment or a workplace violence policy in place, you can be proactive. Establish them and integrate their policies, procedures and best practices into your business.

Don't Let Addiction Affect the Livelihood of Your Business and Its People

Talk to Someone Who's Been There. Talk to Someone Who Can Help. Arizona Addiction Recovery Center holds the highest accreditation (Joint Commission) and is Arizona's premier rehab facility since 2007. Call 888-512-1705.

Authored by Melanie Stern, Content Director for Scottsdale Recovery Center, Arizona Addiction Recovery Centers and Cohn Media, LLC. Writer and broadcaster covering the following industries: addiction rehab, health care, entertainment, technology and advocate of clear communication, positivity and humanity at its best.



Arizona's Original 12 Step Bookstore

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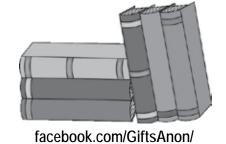
2 Valley Locations

5817 N. 7th Street, Phoenix **602-277-5256**

10427 N. Scottsdale Road (SE corner of Shea & Scottsdale Road)

480-483-6006

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THE LEGISLATURE JUST PASSED THE
Arizona Opioid Epidemic Act

The Arizona Opioid Epidemic Act provides thoughtful, aggressive policy solutions to address the growing crisis and help save lives across our state. I look forward to signing it.

Governor Doug Ducey

Together AZ Resources

TOGETHER AZ 602-684-1136 Art of Recovery Expo 602-684-1136 ACT Counseling & Education 602-569-4328 602-364-2086 AZ. Dept. of Health 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 602-222-9444 CBI, Inc. 480-831-7566 877-931-9142 CBI, Inc. Access to Care 800-877-4520 Cottonwood Tucson Crisis Response Network 602-222-9444 602-279-2585 The Crossroads **Decision Point Center** 928-778-4600 Dr. Marlo Archer 480-705-5007 602-460-5464 Dr. Janice Blair 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 Governor's Office of Youth, Faith & Family 602-542-4043 Hunkapi Programs 480-393-0870 Lafrontera -EMPACT 800-273-8255 800-632-3697 The Meadows Mercy Maricopa Integrated Care 602-222-9444 or I-800-631-1314 **NCADD** 602-264-6214 480-607-4472 PITCH 4 KIDZ

PITCH 4 KIDZ 480-607-4472
Psychological Counseling Services (PCS)
480-947-5739
Remuda Ranch 800-445-1900

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

Scottsdale Providence Recovery Cente 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 **Real Estate**

Scott Troyanos

Tax InterventionRenee Sieradski, EA 602-687-9768

www.tax-intervention.com

TUCSON

602-376-6086

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 520-513-5028 Co-Anon Family Groups Cocaine Anonymous 520-326-2211 800-877-4520 Cottonwood Tucson Crisis Intervention 520-323-9373 Desert Star 520-638-6000 Narcotics Anonymous 520-881-8381 520-299-7057 Nicotine Anonymous Overeaters Anonymous 520-733-0880 Sex/Love Addicts Anonymous

 Sex 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

Want to be a resource?

Send your request by email to aztogether@yahoo.com

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.

Remuda Ranch
AT THE MEADOWS

866.390.5100 | www.remudaranch.com | Wickenburg, AZ

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

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

GAM-ANON: Sun. 7:30 p.m. Desert Cross Lutheran Church, 8600 S. Mc-Clintock, 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— Thursday6:30 p.m. Big Book/Step Study. Rosewood Centers for Eating Disorders, 950 W. Elliot Road, Suite #201, Tempe. Contact 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 Tradtition, 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



BBC provides counseling and treatment to those facing challenges related to Substance Use Disorders, and Mental Health Concerns.

- Intensive Outpatient Treatment
- Individual, Couples and Family Counseling
- DUI/DV Evaluations, Education and Counseling
- SMART Recovery Meetings
- Specialized Programs for LGBTQA

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WE PROVIDE:

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- **▶** Addiction Care
- Mental Health Care
- Prevention
- **▶** Education
- **▶** Wellness
- ▶ Mobile Crisis

Locations Valleywide
Se proveen servicios en español
602.685.6000
terroshealth.org





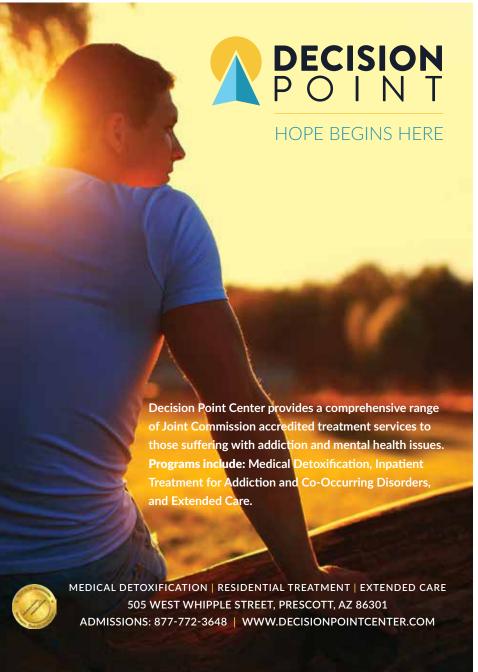












602.626.8112

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