Is MAT *the* Bad Boy *of* Addiction Treatment? *page 6*

Together AZ

JULY 2018

Inspiring Success on the Road to Recovery

Covert Emotional Incest:

photo: Istock

The Hidden Sexual Abuse

By Adena Bank Lees, LCSW, LISAC, BCETS, CP

"Your dad doesn't understand me the way you do." "You're such a good listener." "I can't talk to your mother like this." "I always feel so much better when I talk to you."

- Have you ever been hugged too tight or the hug was held too long?
- Did you grow up feeling responsible to meet your parent(s) needs?
- Have you ever felt you had to choose between your parent, your spouse or significant other?

If you said YES to any of the above, you may be a victim of Covert Emotional Incest.

What is Covert Emotional Incest (CEI)?

Covert Emotional Incest (CEI) is an elusive, emotional form of sexual abuse that occurs in the family system without there necessarily being direct genital contact. It is incestuous due to the undercurrent of sexual energy between a parent/caregiver and a child. It is characterized by the following: (1) triangulation (2) breach of the intergenerational boundary; (3) surrogate, substitute spouse or confidant role; (4) objectification. *

What do these concepts mean in plain English?

First, it is important to understand that the family operates as a system. This means each person in the family plays an interactive role and all impact one another. A metaphor often used to represent a family system is that of a child's mobile hanging overhead. When the child reaches up and pulls on one of the parts, it causes the mobile to go out of balance. Stress in a family is like a child pulling on one of the pieces of the mobile; it too creates an imbalance. What we know about systems is that they strive for homeostasis, another word for balance. Marital problems, addiction, serious medical/mental health issues, and being a single parent, are just a few examples of these stressors. Without asking for outside help, the family relies on itself and adapts but its balance is precarious.

Healthy families have what is called an intergenerational boundary in place. This boundary is a flexible, invisible structure or energy field that defines the power differential between the parent/caregiver and child. This structure dictates the natural consequences of behaviors and deter-mines the appropriate interaction with the child on both spoken and unspoken levels. In essence, **this means the parent is responsible to meet the child's needs, not vice versa.** The child has a voice in the family, yet does not have the final say regarding decisions that affect the family.

- If the intergenerational boundary is rigid, the child has no say in the workings of the family.

- If it is diffused or absent, it is often the case the child ends up meeting the parent's needs as well as making adult decisions. In addition, the child can end up emotionally hijacking the household.

Part of constructing the intergenerational boundary is having parents or caregivers participate as a 'unified executive committee' to maintain the framework that ensures the child's safety and wellbeing. One example is the child not being able to play one parent against the other. When there is only one parent, she/he ideally enlists assistance and support from external sources (peers and professionals) in order to sustain and enforce this boundary.

Triangulation

One adaptation to the imbalance in a family system is a dynamic called triangulation. This is a set up for CEI. Triangulation happens when major caregivers, not possessing the skills necessary to deal directly with each other, use their child as an intermediary and/or confidant. In CEI, this manifests as the child meeting the parent or caregiver's individual emotional and/or romantic needs, namely, the surrogate spouse role. This role is a sexual role, communicating sexual energy whether there is physical sex happening or not.

It sexualizes the child, creating distorted beliefs and painful behavior in regards to sex and relationships. The system has therefore employed triangulation to 'balance' and function, incorporating destructive and abusive behavior patterns. The child often feels "special" and "privileged", getting lots of attention and being trusted to keep secrets for the parent.

Objectification

Objectification is another component of CEI. The child is used, not having their feelings or needs considered. Using a person as an instrument for one's own sexual pleasure (sexual objectification), may occur as well. Again, this may happen in a hug

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It's time to talk about alcohol!

By Douglas Edwards, Director, Institute for the Advancement of Behavioral Healthcare

Perhaps at no time in recent memory have drugs so dominated the headlines. The daily drumbeat about the fight against opioid addiction has even reached the highest levels of government, with former Presidents Obama and Clinton as well as President Trump all agreeing that this is a public health emergency we can ill afford to ignore. Forty-two thousand Americans dying from opioid overdoses in one year (1) is a tragedy that demands a society-wide response.

Yet for those of us who have been associated with substance use treatment for some time, there has been a nagging question: **Why aren't we talking about alcohol, too?**

Consider this:

- 110% more Americans die annually from alcohol-related causes than from opioid overdoses (88,000 vs. 42,000).
- One-third of substance use treatment admissions are related to opioids — another one-third are related to alcohol.

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Publisher's Note

By Barbara Nicholson-Brown

"The journey into another human being's soul is a far country to travel to."

— Attributed to a medieval mystic

Along with everyone else, I was shocked to learn the news of the deaths of fashion designer Kate Spade, and storyteller, foodie and world traveler, Anthony Bourdain. Within two days, two lives lost. Because of their enormous talent and success, they became part of our culture, and many of us felt as though we knew them. May they be remembered for their contributions while with us, not for the way they left us.

#BeThe1To help someone in crisis.

The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. Committed to improving crisis services and advancing suicide prevention by empowering individuals, advancing professional best practices, and building awareness.

The Lifeline is a national network of local crisis centers across the country. The counselors at these centers answer all Lifeline calls. **1-800-273-8255.**

- ***LOCAL RESOURCES:***

LaFrontera/EmpactCrisis Hotline
(480) 784-1500 or (800) 273-8255
Teen Lifeline **(602) 248-TEEN (8336) or 1-800-248-TEEN**

Arizona Department of Health Services Suicide/Crisis Hot Lines by County
1-800-631-1214/602-222-9444 (Maricopa)
1-800-796-6762 or 520-622-6000 (Pima)
1-866-495-6735
(Graham, Greenlee, Cochise, and Santa Cruz)
1-800-259-3449
(Gila River and Ak-Chin Indian Communities)
1-866-495-6735 (Yuma, LaPaz, Pinal and Gila)
1-877-756-4090 (Mohave, Coconino, Apache, Navajo and Yavapai)

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Scottsdale, AZ 85258
Published Monthly
Arizona's Addiction Recovery Newspaper
FOUNDER & CEO: H.P.
In gratitude and the memory of
William B. Brown, Jr.
Publisher/Editor/Sales
Barbara Nicholson-Brown
Advisors
Rick Baney, George J. Nicholson, Stephanie Siete
Website: Webconsuls

Last Call?

By Dr. Dina Evan

Doesn't life seem a bit ass backwards as my dad use to say? As I am sitting here in the end stage of my life, I have begun to wonder would I have done the things I've done, if knew then, what I know now? To be really transparent and at the risk of sounding crazier than most of you already know I am... I knew early on that I had a spiritual assignment and some energy that was always with me — that I couldn't name but knew was there. It was like a whisper in my ear forever saying ***GO DEEPER***.

You have often heard me talking about the master teachers in our lives. Master teacher, sounds so lofty and yet none of my master teachers were renown, rich, or well known. They were the plumber, Paul and his wife, who lived next door and brought my sister and I over to their house every school night make sure we had a meal before going to bed. Another master teacher was my 87 year old mentor who quietly, under her breath, corrected the men who stood at the church podium teaching incorrect things. I can still hear her saying, ***"You must teach nothing but the truth, no matter what."*** And then she would say, they'll learn, and we will just love them through it." My heart wasn't quite that open, but she was determined to work on it.

Watching my Mom and Dad showed me who I didn't want to be — and what I didn't want in life. How to create what I did want, was still illusive even as I began to have kids and carve out a career. I began to focus on the people I respected and admired, and they all seemed to have some common traits. They were honest and present to everyone, not just those people they perceived were on their economic or educational level. **They demonstrated equal respect for everyone.**

I also felt a level of trust with them because I never heard them lie or even so much as dress the truth up for their personal advantage. They were honest about everything, even at times when a lie would have been easier. I knew that if they told me something today, it would be the same the next day, and the day after, because the truth never contradicts itself. I never felt I had to watch my words, or hold back my feelings because they were fully present, which made me feel I could be the same.

Over the years, I began to realize there were master teachers in my life and in the world, everywhere, once I began to look for them. They always stood out as being a bit different. They were in alignment with their own character, so telling the truth and standing in their integrity was normal, albeit not always easy, for them.

What I know now is ... the world is asking each of us to be a master teacher.

It is asking each of us to tell the truth, be fully present and stand in our own integrity because if we don't, the consequences are not only enormous, they are terrifying. It takes practice, because for years we have been taught to just survive doing whatever it takes, and do it however we can, because survival was primary.

Get enough money, enough stock, enough houses, enough whatever it takes to sprint to the end. However, somewhere along the line we forgot that the only thing that survives us, is our soul and we have not been feeding that, cherishing that, fine tuning that. **And if there ever was a time, that time is right now.**

It's not that we were doing anything wrong, we were simply doing what we were taught to do. But, look around, how is all that partisanship, prejudice and self-serving not so conscious capitalism working for us?

The only companies that are making profits today are those who are putting people before profits. And the only people we trust and respect are putting people before party and prejudices. And you and me? Well it seems to me, the only time we are truly happy and content is when we are being who we came here to be and doing what we came here to do!

So, this is a call to all master teachers...yes that's you! It's time to step up, evaluate your priorities and decide to stop playing small. Look around, it's becoming more obvious that with everything going on, if we don't step up now... it could be last call.

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.***

SAVE THE DATE:

Community Bridges, Inc. Offers Free Recovery Expo to Public on Sept. 22

Celebrate National Recovery Month, Attend Workshops, Find Resources at the Phoenix Convention Center

Community Bridges, Inc. (CBI), the premiere provider of integrated behavioral health programs in Arizona, invites the public, medical professionals, family members and others to the 13th annual Celebrate the Art of Recovery Expo (CARE) to meet leading professionals in addiction treatment and behavioral health on Saturday, Sept. 22 from 9:30 a.m. to 4 p.m. at the Phoenix Convention Center.

Participants will celebrate National Recovery Month by attending workshops, engaging in one-on-one Q and A sessions, and finding the right treatment resources from dozens of on-site providers, including private and public agencies, treatment facilities, outpatient clinics, marriage and family therapists, specialists and more.

Celebrate the Art of Recovery Expo: Saturday, Sept. 22, 2018

9:30 a.m. to 4 p.m.
Phoenix Convention Center, Hall G, South Building
Free event

CARE's keynote speaker, Justin Luke Riley, is in long-term recovery from substance use disorder. He promotes the fact that people can and do recover each and every day, just like he did at age 19. "Being in recovery is more than abstaining from a behavior," explains Justin. "It's about resiliency. We want to show people that the things they've gone through can actually be transformed as the building blocks to changing the world."

Visit celebratetheartofrecovery.org for details, or contact 877-931-9142 for immediate intervention. Recovery is possible!

About Community Bridges, Inc. (CommunityBridgesAZ.org)

Community Bridges, Inc. (CBI) is the premiere provider of integrated behavioral health programs in Arizona, including prevention, education and treatments using cutting-edge, nationally recognized models. Programs include residential, inpatient, patient-centered medical homes, medication assisted treatment (MAT), crisis units, transition points and outpatient services to individuals who are experiencing crisis, opioid use disorder, homelessness and mental illness. CBI believes in maintaining the dignity of human life, and knows recovery is possible.

Contact: Lauren Jeroski at 480-332-2629 Stacy Lloyd at 602-451-1115

IRS Currently Not Collectible Status

By Renee Sieradski, EA

A very powerful tool for getting the IRS off your back is Currently Not Collectible (CNC) status. The IRS recognizes that you maybe in a financial condition that renders you unable to pay anything on your taxes.

When I represent taxpayers who are either insolvent or are having major cash flow issues, the Currently Not Collectible Status is an option that makes the most sense. If you have negligible assets subject to levy enforcement by the IRS and have no income beyond what is absolutely necessary for you to live, the IRS may determine your liability is currently uncollectible. Currently Not Collectible status defers collection action under the undue hardship rule. If you are one of these uncollectible cases, the Revenue Officer assigned to your case will remove your case from active inventory until your financial condition improves. Currently Not Collectible Status is generally maintained for about one year. There are many reasons the IRS may close your case as uncollectible.

These include:

- *The creation of undo hardship for you, leaving you unable to meet necessary living expenses.*
- *The inability to locate any of your assets.*
- *The inability to contact you.*
- *You die with no significant estate left behind.*
- *Bankruptcy or suspension of business activities with no remaining assets.*
- *Special circumstances such as tax accounts of military personnel serving in a combat zone.*

Do keep in mind if you are in Currently Not Collectible Status, penalties and interest will continue to accrue on your tax liabilities.

Before closing your case for the reason of undue hardship, the IRS will require a financial statement from so they can review your finances. The review is similar to the review for an Installment Agreement request — both are similar to a mortgage application. You will be required to provide financial documentation such as bank statements, copies of mortgage statements and car payments, pay stubs, etc. If your assets are negligible and your net disposable income is negligible, you'll most likely to be able to obtain a CNC status.

The IRS will periodically re-examine your finances to see if your financial condition has improved to the point some payment can be demanded. The review will occur about once a year and you must then complete a new financial statement. The IRS may question you by phone or in person or they may simply send you the form and request that you return it by mail.

As with all information you give the IRS, make sure what you say is absolutely truthful. The IRS may also monitor your financial condition by computerized review of your tax returns. For example, the IRS computers may flag your return if your reported gross income exceeds some pre-established amount. Remember, the IRS only has 10 years from the date of assessment to collect delinquent taxes; once the statute expires, so does your liability.

Millions of Americans have remained in CNC for years and completely avoided having to pay their back taxes. Obviously, these folks could not title assets in their own name or have significant income available for IRS levy. Still, many of these uncollectible cases enjoyed relatively comfortable lifestyles. If you maintain no assets in your own name, you have a small income, and expect your financial situation to continue, then remaining in CNC status may be the most practical remedy. However, if you do not intend on remaining uncollectible until the statute of limitations expires, or don't want the tax liability hanging over you, you may want to consider an Offer in Compromise while your financial situation isn't so great.

On to Recovery — Powerlessness

In my personal life, I'm back on Step One in my codependency 12 step group. My sponsor wants me to work on powerlessness. I thought I understood powerlessness, however, as I work through the workbooks and questionnaires, I feel as if I am seeing powerlessness with fresh eyes. No matter what I do, or say to an addict, my words won't change their addiction. I've realized a part of me still wants to believe I have power over people. I am grateful for my sponsor and the 12 steps. I am grateful for my Higher Power. I understand now why I needed to have denial all these years while I worked through pieces of past trauma. My brain was protecting me from overload. Now it is time for me to accept my powerlessness. It's a huge part of my life that I am challenging the work is difficult but the rewards will be even greater.

You need a fierce advocate on your side when it comes to any tax issue. Renee Sieradski, EA has received extensive training in the field of IRS Representation, with over 18 years of experience as a practicing Tax Professional, and specializing in Multi-State Taxation and the Real Estate Industry. Her expertise is in resolving tax debt, with a focus on 1040, 941, 6672, and 1120 tax liens. 602-687-9768 www.phoenixtaxhelp.com. Email renee@phoenixtaxhelp.com.

Is MAT the Bad Boy of Addiction Treatment?

By Tony Bratko, MSC, LPC, LISAC

"If we only address the physical part of the disorder, other areas will be overwhelmed and lead the addict to relapse."

Is this Deja vu?

There was a time in our history when "Drug Replacement Therapy" was highly encouraged by our government under the guise of "Harm Reduction." Methadone was supposed to be the answer for heroin addiction.

We were told if heroin addicts could legally get opiates from a clinic, they would stop using heroin and not share needles. This would stop the spread of communicable diseases, thus reducing harm to themselves and society. The only problem? Many addicts continued using heroin intravenously and diverted the methadone (to sell for heroin) or used heroin in addition to the methadone. Methadone only addresses opiates and not other illicit drugs that addicts use such as methamphetamine. This still exists today.

Drive by any methadone clinic at 6:00 a.m. and you'll see lines of Uber and Lyft cars waiting to take addicts back home — all on the government's dime and taxpayer's money. Rarely are the addict's clean from all illicit substances, yet they stay on methadone maintenance for years, even decades. There is no incentive for the addict to get off methadone and definitely no incentive for the owners of the clinics to have patients free of methadone. The business is a cash cow for owners. If a patient wants to titrate off methadone, the clinics require it take up to two years, if you can't pay or lose your Medicaid, they titrate you off in three days. It's called "Fee-Toxing."

So here we are again with the government encouraging the use of medication to stop addiction. I suppose they feel it's the cheaper way than to provide addicts primary treatment in an effort to learn how to change their thoughts and behaviors. Remember, we have Doctors of Medicine dictating public policy and treatment, most of who are not educated or even have a basic understanding of addiction. Maybe it'll be different this time — I think not. Similar to methadone maintenance programs, only one hour of counseling per month is required for a patient in a MAT program. As a licensed addiction professional, I know more is needed.

Positive Aspects of MAT

I believe there are positive aspects to a MAT program, especially for addicts who constantly relapse. It gives them the ability to stop using illicit substances and create a foundation of recovery. A distinction also needs to be made between maintenance, stabilization with the goal of titration, and eventual termination of use.

As we know, addiction is a physical, psychological, and spiritual disease and all three areas need to be addressed on a daily basis for any addict to be successful.

If we only address the physical part of the disorder, other areas will be overwhelmed and lead the addict to relapse.

Optimally, a MAT program would also consist of at least one hour of individual counseling, a two hour, CBT Based Relapse Prevention group session, and consistent 12-step support meetings. Eventually, the addict will be off the medication but if they are not taught coping skills for triggers and cravings, we are setting them up for failure.

Another consideration needing to be addressed is the misuse regarding Buprenorphine — a narcotic often abused by addicts to get high.

So I ask....

- What systems will be in place to ensure that diversion is not taking place?
- What is the process and/or consequences for addict who consistently test positive for any illicit drugs while in the MAT Program?
- Should an addict who has never attempted primary treatment be admitted into the program or should they be encouraged or referred to a traditional substance use treatment center first?

These are all questions a successful and responsible MAT Program should have answered before a person in active addiction walks into their clinic.

In conclusion, I am an addict in long term-recovery as well as a professional in the substance use and mental health field. I was able to get clean by medical detox and participation in primary treatment. I also have experience working in a methadone clinic. The traditional methadone clinic concept does not work. I only had a few clients who were able to stay clean from opiates and other illicit substances, most tested positive. I had 95 clients I was required to see on a monthly basis for a one hour, individual, counseling session. Most never showed for their appointments and the ones who did were not interested in therapy. They were there to keep getting their drug. I hope our field doesn't go down this road again.

Medication Assisted Treatment needs to be used as a tool — not the answer to addiction. As we know, the addict is always looking for the softer, gentler way out of their addiction and that is not always the best way. Doing the work required is what is needed for a successful and long-term recovery.

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www.continuumrecoverycenter.com

50th Annual Southwestern School for Behavioral Health Studies in Tucson

The 50th Annual Southwestern School for Behavioral Health Studies Conference will be held August 12-16, 2018 at JW Marriott Starr Pass Resort & Spa in Tucson, Arizona.

This year's theme is ***Celebrating 50 Years of Education, Evolution, and Excellence in Behavioral Health.***

La Frontera Arizona EMPACT-Suicide Prevention Center is hosting long with many participating Sponsors and Exhibitors.

The agenda includes a dynamic group of expert speakers on topics significant to mental health, addiction, criminal justice, child welfare, cultural diversity and ethics. This year's event offers a Pre-conference on Sunday, August 12. In addition, there will be more than 100 breakout sessions as well as 8 plenary sessions beginning Monday, August 13, 2018.

Earn up to 36.75 hours of continuing education for your attendance. There will also be various networking opportunities to share ideas with hundreds of professionals from across the state of Arizona.

Please visit **www.azsws.org** for more details and to register for this exciting event.

"Have a big enough heart to love unconditionally, and a broad enough mind to embrace the differences that make each of us unique."
— D.B. Harrop

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that is too tight or held for too long, bathing with or washing a child with mal intent and/or past the age of appropriateness, comments about the child's body, voyeuring, watching pornography with the child, and so on.

A Few Client examples

Johnny is an eight-year-old boy who's father just passed away. His mother calls him ***"my little man"*** and starts relying on him to soothe and comfort her. She encourages him to sleep in bed with her because she is lonely. Many adults attending the funeral approach Johnny, giving their condolences telling him, "You are the man of the house now, take care of your mother and your sisters." Johnny was proud, yet overwhelmed and confused. As a 38 year-old married man, his wife keeps accusing him of "having an affair" with his mother. He finds himself torn between two women.

Who is he really married to? At eight, was he a man? Did he have what it takes to take care of his mother and siblings? What does "take care of mother" mean anyway? Johnny's childhood was stolen from him. He was a husband long before he was an adult.

Ann is a seasoned professional who describes, "watching myself from the ceiling" while making love with her partner. She longs to be in her body so she can experience the sensations and feelings of connection with her beloved. Ann grew up in a family where her father made peep holes in every room of their house so he could watch his wife and daughters — whenever he wanted to. "But I wasn't sexually abused by my father. He molested my two sisters, but he never touched me."

As I was defining and explaining CEI, Ann began to cry, exclaiming, "Oh my goodness! This makes sense! I am not crazy! Being a victim of Covert Emotional Incest is enough for me to have this sexual problem!"

Elana, a 41 year-old woman with 10 years of sobriety and abstinence in 12-Step programs, tells the story of how she was covertly emotionally incested by both of her parents. Since she was a teenager, she felt like she was having an affair with her father. "When Dad and I were out by ourselves, people would come up to us and ask if I was his wife. We laughed. We thought that was cute and funny." Upon the return home, Elana experienced the jealousy of her mother. Mother was angry with her, and short and curt with her father. Elana also relayed her mother's keen focus on her body, consistently commenting on her weight by telling her she would only get a boyfriend if she were thin; that her body was *her way to lure a man*. Elana received the message that in order for her to have power, worth and be loved, she needed to be sexually attractive to a man. And, of course, in order to do that, she needed to be, what her mother defined as thin. It was not a surprise that Elana had developed anorexia and bulimia and used substances to medicate painful feelings.

Core Symptoms

Those who are victims of CEI often have great difficulty in establishing and maintaining healthy relationships. They are often stuck in the caretaker, fixer, and mediator roles, which do not allow for meaningful intimacy (in-to-me-see) nor a productive sense of self.

Beliefs such as "Who I am and what I do is never enough", and "I do not have the right to have needs," combine with the codependent roles above, dictating interaction with others. Faulty boundaries, such as the struggle to say "no" and experiencing extreme guilt when saying "no", create opportunity for violation and abuse. Sexual difficulties are common, often leading to compulsivity or shut down and denial of desire. Mental health issues such as depression, anxiety, and post traumatic stress symptoms develop, interfering in the ability to have self-esteem and practice good self care. The abuse of alcohol and other drugs medicate painful feelings as well as foster a false sense of belonging and self-worth. If the only power you believe you have is in determining what goes in and out of your body, doesn't it make sense that restricting, overeating and the binge-purge cycle take place? Being underweight or overweight are frequently attempts at protection from sexual attention/advances. Disorderd eating may also be means of expressing rage toward caregivers for feeling trapped in the CEI dynamic. Spiritual struggles abound, with emptiness and disconnection, as well as anger and conflict with or about God/Higher Power.

Key Elements of Healing

The most important element of healing is the awareness of Covert Emotional Incest and validation that it is real and hurtful. This includes being cognizant of negative consequences and the fact that it was not your fault. It is parallel to the first step of 12-Step programs; You have to have a name for what you are dealing with (e.g. alcoholism), know it is a legitimate concern (it is a disease), accept your powerlessness over it and the unmanageability it causes in your life (it is not your fault and you have had negative consequences because of it).

Asking for professional help is the next step. You cannot heal from CEI, or addiction for that matter, by yourself. You already know this. Help is out there and there is no shame in asking for it. Asking is actually a strength.

Your best bet is the combination of professional and peer support. This is akin to the second and third steps of the program. "I can't, HP can, I think I'll let HP."

The B Word — Boundaries

Developing healthy boundaries is another key element of healing. What is a boundary? How do you set one? A boundary is a border or limit that is permeable and flexible. You, yourself, are responsible for setting and enforcing a boundary. This includes monitoring you own motives. The motive for a boundary MUST be self-care. Otherwise, it may be an attempt to threaten, control, get revenge, or manipulate the other person. It will thereby disrupt the relationship and cause more problems and pain. A healthy boundary says, "I choose me" versus allowing others to determine who you are and what you need. When beginning to set boundaries, you are at risk to be seen as the 'bad guy'. Tolerating this role is a must. Get support. Guilt may arise when you set a boundary. Guilt is a withdrawal symptom from the surrogate-spouse, mediator, caretaker, and other codependent roles.

The formula for setting a boundary is as follows:

- Tell the person how their behavior impacts you: "When you say/do this (specific thing in this specific way), I feel (emotions)." E.g., "When you complain to me about Dad, I feel angry and sad."
- "If you continue to do/say (specific behavior), I will (take an action), to take care of myself." E.g., "If you continue to complain to me about Dad, I will hang up the phone and call you back within twenty-four hours."

NOTE: A feeling is NOT, "I feel like ..." or "I feel that..."

These are thoughts, not feelings. With a feeling, you say, "I feel angry, sad, hurt, etc."

For the best results, make your boundary **SMART** (Crapuchettes, 2005)

SPECIFIC: "I am going to take a time-out and hang up the phone."

MEASURABLE: "I am going to hang up the phone for and get back to you within twenty-four hours.

ATTAINABLE: The action is possible and you are willing to follow it through.

REALISTIC: Can you do this exactly as you say?

TIMELY: The response is as close to the even as possible.

Cultivating your spiritual life relieves you of a core emptiness caused by being objectified and identified with the surrogate spouse role. It allows you to fully experience yourself, as well as be in meaningful relationships with others.

I define forgiveness as "a process of letting go and understanding that is a gift to one's self," is the last key element to discuss here. It is necessary to dispel the myths about forgiveness. Forgiveness is NOT a one time event, condoning, forgetting, letting the perpetrator "off the hook", absolving him/her of sin, nor superficially saying, "I forgive you", without the emotional work indicated. Forgiveness IS allowing yourself to feel feelings, acknowledge losses, make

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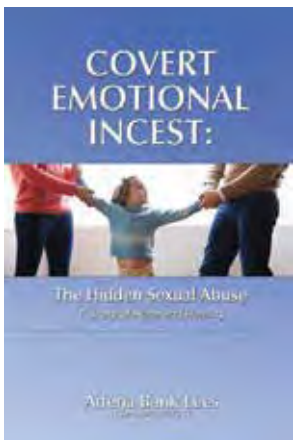
the decision to not languish in the past, and gain perspective that CEI has probably been multgenerational. In my view, forgiveness IS the grieving and healing process from CEI. It is a gift to yourself because you have a right to be free of the burdens of victimization.

For Parents in Recovery

Taking responsibility for your own behavior and needs is the best thing you can do for your children. Asking for and receiving the help you need from peers and professionals to stay sober, deal with "outside issues", and be spiritually fit are essentials for effective parenting. Strive to meet your children's needs by being aware of your own, checking your motives and listening to their very precious voices. Modeling is the most powerful form of learning. It is what you DO that matters, not so much what you say. Akin to early recovery, looking for those who "have what you want", and "sticking with the winners", your children need the same ideal so they can "have what they want" and be "a winner" in their own lives.

Knowing that Covert Emotional Incest is enough to have the struggles you have is of prime importance to your moving from the victim to survivor role and then into really living and enjoying your life. As you have probably heard before, you do not have to just survive any longer. You have the right to and can thrive! Thriving and living "happy, joyous and free" is there for the taking. **May you be bold, go and reach for it!**

Adena Bank Lees, LCSW, LISAC, BCETS, CP is an internationally recognized speaker, trainer and consultant, providing a fresh and important look at addiction treatment, traumatic stress and recovery. She is the author of the educational memoir, ***Covert Emotional Incest: The Hidden Sexual Abuse, A Story of Hope and Healing***. For more information about CEI and Adena's work, visit **www.adenabanklees.com**. Her book is available there and at www.amazon.com



* I have coined the term ***Covert Emotional Incest***. This is an expanded view of Dr. Ken Adams', term "Covert Incest", Dr. Pat Love's,"Emotional Incest," and Pia Mellody's "Emotional Sexual Abuse." It takes into account that the child is treated as an object, their needs and feelings unacknowledged. It happens in many families, yet is relatively unnamed, rarely spoken about or recognized.

Professionals Page

Recognizing Trauma in your Clients

How do I recognize if trauma is playing a part in the behavioral health concerns my patients are experiencing?

First, it is essential to understand the degree to which trauma has permeated our culture.

Consider the following statistics from the U.S. Centers for Disease Control and Prevention (CDC) and the Substance Abuse and Mental Health Services Administration (SAMHSA):

Experts estimate that about 60% of men and 50% of women will experience at least one traumatic event in their lives.

- The lifetime prevalence for sexual violence is about 50% for women and 20% for men.
- About 25% of women and 14% of men will endure severe physical violence by an intimate partner at least once in their lives.
- About 19% of men and 15% of women will survive at least one natural disaster.

Among certain populations, especially those who may need treatment for mental and/or behavioral health issues, the prevalence of trauma is much more common. The National Association of State Mental Health Program Directors has reported the following:

- More than 90% of men and women who received publicly funded behavioral healthcare have a history of trauma. Most have endured multiple traumatic events.
- About 75% of adults who receive treatment for substance abuse and addiction have a history of trauma.
- Virtually every homeless woman who struggles with mental illness has experienced physical and/or sexual abuse. About 87% of these women report having experienced this type of trauma both during childhood and as adults.

Of course, trauma is hardly limited to individuals who live in the United States. Data collected by the World Health Consortium, which included information on 68,000 adults from 24 countries, revealed that more than 70% of individuals who were studied had experienced at least one type of trauma.

In addition to appreciating the likelihood that your client or patient has experienced trauma, it is also important to understand their risk for suffering long-term negative effects. Most people who experience trauma will not struggle with ongoing impairment as a result. However, for some trauma survivors, the experience can have a catastrophic ongoing impact on their health and well-being.

The CDC reports that the following factors can significantly influence a person's risk for trauma-related problems:

- Being in close proximity to the traumatic event. Closer exposure correlates to a greater likelihood of negative effects.
- Experiencing multiple stressors, or an accumulation of stressors over time.
- Having prior exposure to trauma.
- Living with chronic physical illness and/or psychological disorders.

Finally, identifying the role that trauma may be playing is a matter of effective universal screening. SAMHSA recommends the following:

- Ask all patients about personal history of trauma.
- Use a valid instrument, such as the Adverse Childhood Experiences (ACEs) questionnaire.
- Screen all patients with a history of trauma for suicidal thoughts and behaviors.
- Do not require patients to provide detailed descriptions of past traumatic experiences during the screening process.
- Address the connection between past trauma and current behavioral/psychological struggles.
- Discuss with the patient how these trauma-related findings will be incorporated into their treatment.
- Ensure that the patient is safe, and has necessary social and emotional support, prior to the end of the screening session.

Deciding on the best program to refer patients

Treating patients whose behavioral healthcare needs are influenced by a history of trauma can be a complex endeavor. SAMHSA advises a trauma-informed treatment environment should accomplish the following objectives:

- Meeting the patient's needs in a safe, collaborative, and compassionate manner
- Ensuring that no treatment practices will re-traumatize the patient
- Building on the strengths and resilience of the patient in the context of their environments and communities
- Endorsing trauma-informed principles through support, consultation, and supervision

Depending upon the nature of your practice and the scope of your services, you may determine that a referral is in the best interest of your patient. Once you have made such a decision, the Treatment Placement Specialists (TPS) team can help.

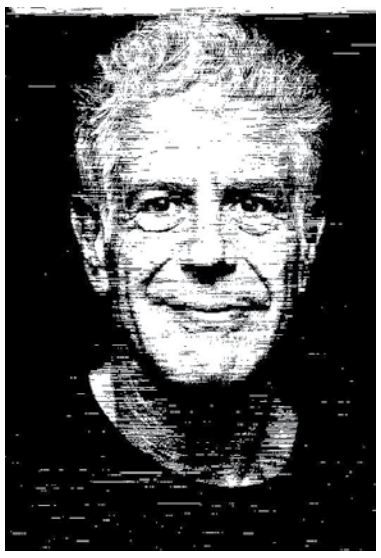
When you contact TPS, we will make sure to ask all the necessary questions to we gain a thorough understanding of your patient's needs and preferences. Our team will then conduct all necessary research, and will provide you with carefully vetted placement options for your patient.

Treatment Placement Specialists is an Initiative of Acadia Health. (833) 483-6933 or visit http://www.treatmentplacementspecialists.com

Pub note: Since the untimely death of Anthony Bourdain, this piece has been circulating the internet and Facebook. In the hopes of continuing to pay attention to the disease of alcoholism, we felt it necessary to reprint here for our readers. Rest in Peace Anthony

Can we talk about alcoholism and Anthony Bourdain?

BY JO ANN TOWLE



I didn't know Anthony Bourdain, but felt like I did in one small important way. In him, I saw a drinking alcoholic with a front-stage vigorous attempt to do it successfully. His was a fantastic life-embracing show, with drinking taking a prominent role in the joie de vivre, and sometimes that made it hard for me to watch.

When he threw back shots, indeed got wasted, I saw a fellow alcoholic living dangerously whereas most viewers I imagine saw "a man who knew how to drink, knew how to live." His state of mind will be called depression, and who can argue that in the face of suicide. But can we please, people, start connecting the dots to alcoholism (also a disease of the mind), at least when it is screamingly evident?

Perhaps I should not presume to think I know, but I can at least invite the conversation where it is uncomfortably and amazingly absent. Did alcoholism (which brings depression or ineffectively "treats" depression), ultimately take down Anthony Bourdain?

Can Bourdain's death please generate a conversation about alcoholism and not just befuddlement about his fantastic life countless people wish they had. Because you don't. The travel, the breadth of his life, sure, maybe. What an experience-rich life. But this man on the move had to stop sometimes. No cameras, no action. Just himself. I do not presume to know him, but I do know addiction and it can be a fiercely critical companion that may take a back seat but lies in wait. It can tear us down and sometimes just won't shut up — goading shame, self-loathing, and inviting emotional isolation.

When you're an addict, as he proclaimed he was, it's highly risky to keep one drug on board. He had respect and fear of the "hard drugs," reportedly grateful and humble for having escaped death by addiction decades ago.

We'll be talking about depression and suicide for days now, with Kate Spade's and Bourdain's suicides, until another famous person with a seemingly magnificent life shocks us. Bourdain was a famous, beloved "bad boy" as one friend described him. He demonstrated a generosity of self. He cared deeply, it would seem, about injustice, and about the opiate addicted with whom he empathized. I've found, working with the addicted, both using and in recovery, that addicts/alcoholics are generally extremely sensitive souls.

Alcohol "works" for the alcoholic until it doesn't. It promises and delivers what we seek from it for years, until it stops working. Yet still we want to drink like everybody else. Drinking is fun, right? It goes with culinary delights, correct? It enhances life, isn't that so? Well, yes, and no. Certainly ultimately "no" if you have the malady, which quietly marches on and in time takes our joy, even our will to live and carry on and pretend we're OK. We're not OK. We are just good actors. He perhaps was one of the best. With alcoholism, we make rules by the way, to prove we have control. We also break those rules. We take life by the tail, but, dare I say, some weary of the show and let go.

This is a progressive, chronic, fatal disease with predictable stages. The brain science is in, and has been for years, yet it is ignored or given short shrift because drinking is such a huge part of our cultural fabric. We don't stop and think about it until we're forced to; until it's obvious, undeniable, that someone we care about is suffering.

Alcoholics minimize, deny, believe their drinking is under control, and refuse to connect the dots — that drinking for escape, relief or to solve problems is creating more problems, and is taking a toll on self-worth and perhaps cognition. The substance they are drinking for "a lift" is a depressant. The guilt, shame, powerlessness and depression can take us down.

Blessedly it can also wake us up to the true nature of our disease. We stop separating "drugs" from "alcohol." We find freedom from the tyranny that is addiction, that is alcoholism. Can we at least talk about it?

Jo Ann Towle of Lexington is a certified intervention professional with a national practice helping people find treatment for addiction.

HAPPENINGS, EVENTS & SUPPORT

Professional Events

JULY 5-7—*EMDR Basic Training*. All inclusive training includes: Part 1, Part 2 and 10 hours of required consultation to become an EMDR Therapist* 8:00 AM - 5:00 PM. With specialized trainer, Lauren Day, LPC. Contact Lauren at **602-997-2880** or Lauren@DoorwaysArizona.com.

JULY 13 — 2pm-6pm. **StarlightAZ Open House**. (520) 448-3272. Network with fellow behavioral health professionals while touring Starlight Recovery Housing's Raymond's House for Men and meeting our staff.Web: StarlightAZ.com. Email: information@starlightaz.com. RSVP to Kate Owen at kowen@starlightaz.com by July 11.

July 19, 9am-3pm— Shift from Survive to Thrive: How Stress Impacts Successful Client Interaction/ Trauma Informed Training for Sober Living Home Managers and BHts. @Edgy Creating Alternatives (14 N Robson Mesa, AZ.) Cost $45 (Lunch and Certificate provided) Register: https://form.jotform.com/81487 511481156. More info: Angie Geren, Addiction Haven (angiegeren@gmail.com)

Arizona Psychodrama Institute Full Day of Basics — July 8, Sept. 15 or November 4 ($99 per session). API offers "Basics of Psychodrama" every two months and each one is uniquely different. Attend as many as you like and learn something different every time. **Cultural Competency And Diversity & Ethics.** Join Marlo Archer & Adena Bank Lees in Tucson at the *Southwestern School for Behavioral Health Studies* August 12 for 3 CEs in Cultural Competency & Diversity, 3 CEs in Ethics.

AUG. 10— 8:30-10:30 a.m.—**TUCSON BEHAVIORAL HEALTH NETWORKING BREAKFAST—** Westward Look Resort, 245 E. Ina, Tucson. Register www.desertstarARC.com. $20. E: KOwen@DesertStarARC.com.

Aug. 12-16 *The 50th Annual Southwestern School for Behavioral Health Studies* (SWS) Conference. JW Marriott Starr Pass Resort & Spa in Tucson. Agenda includes a dynamic group of expert speakers on topics significant to mental health, addiction, criminal justice, child welfare, cultural diversity and ethics. Earn 30+ hours of continuing education for your attendance. https://www.azsws.org.

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 **602-952-3939/602-952-3907**.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. Thurs. – 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) 12-step, self-help recovery program 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 2:00-3:00 p.m., Bethany Lutheran Church, 4300 N 82nd St. **480-370-3854**. **www.siawso.org/**

FAMILY RECOVERY GROUP—Facilitator, 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**

HEALTHY INTIMACY GROUP— Tucson—Weekly women's group. Explore intimacy issues and help heal relationship and intimacy wounds. **Desert Star Addiction Recovery Center**. **520-638-6000**.

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, 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 thosewhose 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. 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.

EVENTS continued page 16

LIFE 101

By Coach Cary Bayer www.carybayer.com

A Bit of an Obit

A major reason so many people put off doing what they want in their lives is because they think they have so much time left to live. The average life span of an American woman is 81.2 years, for men, 76.4. That means just 29,638 days and 27,886 days, respectively. Ladies, chances are good more than half of those days are already gone, even more if you're a man.

Each day that passes off the calendar means one less day from that total. You're not here forever; the window of opportunity in life keeps closing, a little with each exhalation of breath. I don't say this to scare you, but to alert you to the fact time is passing and, if you're not yet doing what you're really here to do, what are you waiting for? It's high time you get on with living the purpose of your life that you came to this planet to live.

You left your mother's womb naked in body, but you brought with you a genetic code inherited from your parents, and from their parents, too.

You were also born with tendencies, talents, gifts that were intended not so much to amuse yourself on a Saturday afternoon as a hobby to unwind from a rough work week doing something that you wouldn't do if you didn't need the money. You were given God-given talents to make the world a better place, to bring the world your very best with these skills you were born with. Doing anything less means depriving the world of your best.

But this is not the case: most people in the industrialized world don't enjoy what they do for a living. It's fear, of course, that prevents so many of these people from bringing what they love to the world for a livelihood, or more precisely, a lovelihood.

One powerful way to access what you really want to do in life is to do an exercise I have students do in my *"How to Discover & Live Your Purpose"* workshop.

It's called "Write your Obituary." While the word obituary strikes an even deeper fear into their hearts than doing what they love to pay their bills, the exercise works wonders.

It's true that most people won't have obituaries written for them after dying, unless their famous, but writing your own let's you see the what you really want to do in life, what's really important to you. Do you want it to say that you labored for 45 years in a career that means little to you at best, or that you hated at worst? Do you want this obituary to indicate you never did the things that stirred your soul? This exercise forces you to begin thinking about what you want to start doing in life that would make your life one that's truly worth living, one that gets you up enthusiastically every morning to do what brings you joy and fulfills the meaning of your existence.

The obituary helps you see what you're doing that's inconsistent with your true purpose. It inspires you to change what you're doing so that you can be on purpose. You may need a gradual change in that part of your life: like Rome, a business wasn't built in a day.

But does your obituary include any mention of your spiritual development? It should. To be truly on purpose you also need to get on with spiritual realization —the primary reason that you came to this planet is for you to realize your oneness with the Creator of this planet. So find something to help you wake up spiritually — be it meditation, Yoga, Tai Chi, or the esoteric inner truths of your religion.

Now that the obituary inspires you, start today by taking steps to make what you wrote what you do. You have a gap between your current reality and the life that you aspire to as recorded in your obituary. If you start closing that gap your life will become so much more exciting, and so much more fulfilling.

It's the life you were truly born to live.

GET HELP

Alcoholics Anonymous	602-264-1341
Al-Anon	602-249-1257
ACA	aca-arizona.org
Bipolar Wellness	602-274-0068
Compass Christian Church	480-963-3972
Cocaine Anonymous	602-279-3838
Co-Anon	602-697-9550
CoDA	602-277-7991
COSA	480-385-8454
Crisis Text Line	Text HOME to 741741
Crystal Meth Anonymous	602-235-0955
Domestic Violence	800-799-SAFE
Emotions Anonymous	480-969-6813
Families Anonymous	602-647-5800
Gamblers Anonymous	602-266-9784
Grief Recovery	800-334-7606
Heroin Anonymous	602-870-3665
Marijuana Anonymous	800-766-6779
Narcotics Anonymous/Phoenix	480-897-4636
Narcotics Anonymous/Casa Grande	520-426-0121
Narcotics Anonymous/Flagstaff	928-255-4655
Narcotics Anonymous/Prescott	928-458-7488
Narcotics Anonymous/Tucson	520-881-8381
Overeaters Anonymous	602-234-1195
PAL	480-300-4712
Parents Anonymous	602-248-0428
Phoenix Metro SAA	602-735-1681
RAINN (Rape, Abuse, Incest National Network)	RAINN.ORG
Rape Hotline (CASA)	602-241-9010
Sexaholics Anonymous	602-439-3000
Sex/Love Addicts	602-337-7117
Sex/Love Addicts	520-792-6450
Sex Addicts Anonymous	602-735-1681
S-ANON	480-545-0520
Suicide Hotline	800-254-HELP

Gaming Addiction Classified As A Disorder By The World Health Organization

On June 18th the World Health Organization released the newest edition of the International Classification of Diseases or ICD-11 which included the new diagnosis, **Gaming Disorder**. The ICD collects research and medical health trends from around the world to compile them into one guide for use in the medical health field as a reference and to standardize treatment. This new disorder's inclusion could result in more diagnosis and increased treatment options being decided for those that suffer from this affliction.

According to the WHO, they included Gaming Disorder to increase attention to an issue that has grown in the recent years. This should also help provide ways to standardize treatment and create lasting changes in the way that people deal with this disorder.

The WHO created three criteria to focus on when diagnosing this disorder. First is "Impaired control over gaming," meaning that someone with this disorder has a compulsion to game and remain gaming for long periods of time. Second is "The increasing priority given to gaming, as it would take precedence over other life interests and daily activities," such as sports, school or even being with friends. Finally, they also focus on "The continuation or escalation of gaming despite negative consequences."

This last one is key to understanding the disorder. Like other addiction based disorders, the focus is on negative consequences to a person's life, not just about playing too many games. Treatment methods include therapies based on the Cognitive Behavioral Model. This mostly consists of social support, education of condition and family support. Which is another way that this is similar to addiction based disorders, like how they use AA or other group-based therapy.

Some experts have argued that the presented definition is too broad and too subjective which represents a danger to being over-diagnosed. Experts like Anthony Bean a licensed psychologist who spoke to CNN about the matter. He said, "It's a little bit premature to label this a diagnosis," and that people often "use it as a coping mechanism for either anxiety or depression." Meaning that looking at the gaming is not the right way to go about it. Instead, people should focus on the reasons why these people are looking to video games and trying to understand what life outside isn't providing for them.

His stance is echoed by the American Psychological Association and their Diagnosis and Statistical Manual or DSM-5. In 2013 when they published the latest edition of the manual on mental health, they concluded that 'Internet Gaming Disorder,' as they call it, was a "Condition for Further Study" and that it could be added at a later date. This has remained the APA's stance, believing that they require more evidence before making for its inclusion into the manual. But the WHO's inclusion could signal that the APA might follow suit based on similar research findings that lead to the WHO's conclusion.

It is important to note that the WHO indicated that only a small proportion of people who engage in gaming activities have this disorder. Meaning it is not a widespread issue. The most important thing experts like Daniel Kaufmann, a researcher who spoke with KTAR News, said about how to deal with this is to avoid arguments. Try to find a way to understand what they use video games for and maybe what they aren't getting from the rest of life.

Together AZ Resources

TOGETHER AZ	602-684-1136
Art of Recovery Expo	602-684-1136
ACT Counseling & Education	602-569-4328
AZ. Dept. of Health	602-364-2086
Office of Problem Gambling	800-NEXTSTEP
Aurora Behavioral Health	877.870.7012
AzRHA	602-421-8066
BBC	602-626-8112
Calvary Healing Center	866-76-SOBER
Carla Vista Sober Living	480-612-0296
CBI, Inc.	480-831-7566
CBI, Inc. Access to Care	877-931-9142
Chandler Valley Hope	480-899-3335
Choices Network	602-222-9444
Continuum Recovery Center	602-903-2999
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
Footprints Detox	877-539-3715
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
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
Serenity Recovery Services	866-243-6001
Teen Challenge of AZ	800-346-7859
TERROS	602-685-6000
UnHooked	602-368-4471
Valley Hosptial	602-952-3939

Legal Services

Dwane Cates	480-905-3117

Starlight Mortages

Tom Sabo	602-524-8035

Real Estate

Scott Troyanos	602-376-6086

Tax Intervention

Renee Sieradski, EA	602-687-9768

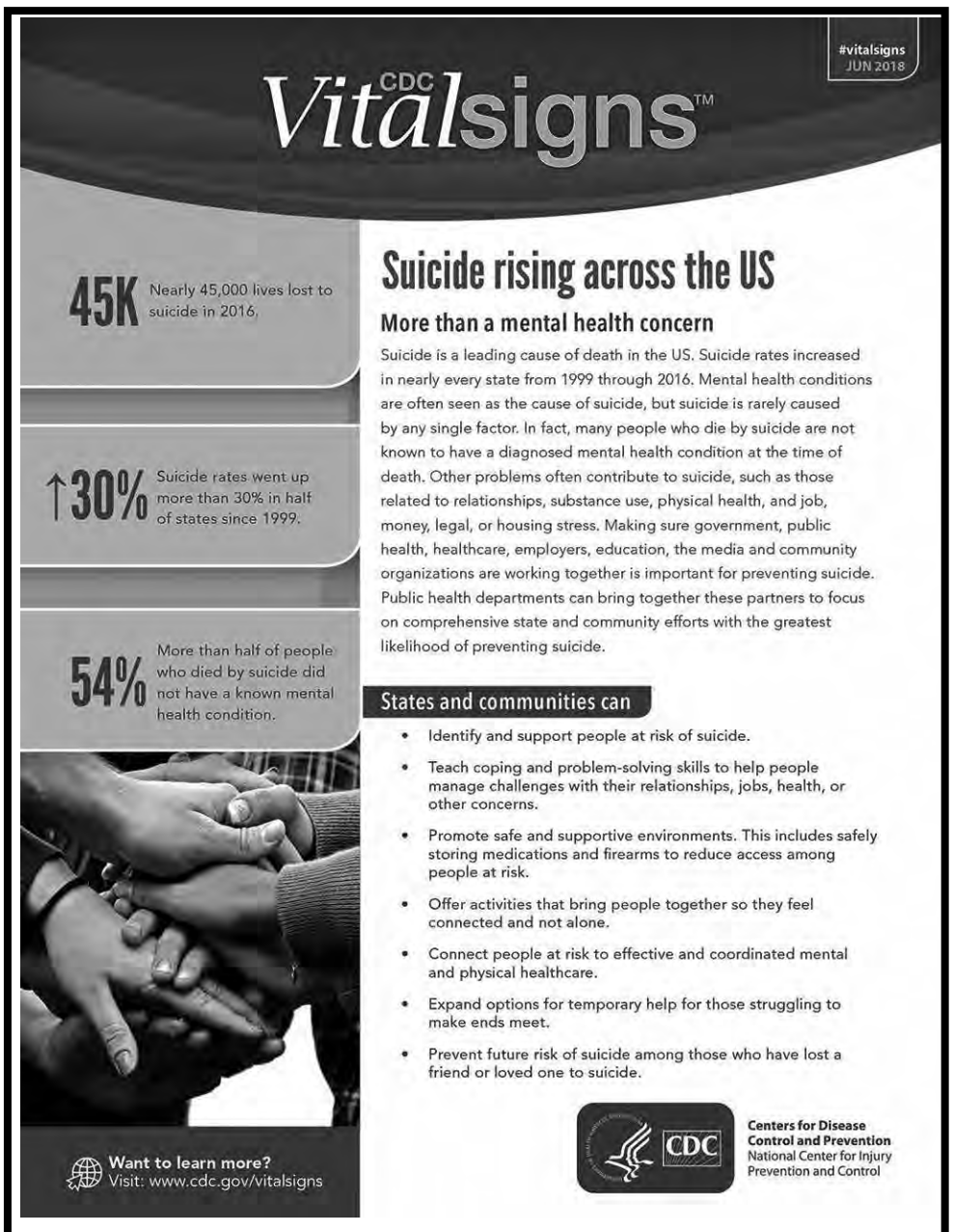
www.tax-intervention.com

TUCSON

ACA	aca-arizona.org
Alcoholics Anonymous	520-624-4183
Al-Anon	520-323-2229
Anger Management	520-887-7079
Center For Life Skills Development	520-229-6220
Co-Anon Family Groups	520-513-5028
Cocaine Anonymous	520-326-2211
Cottonwood Tucson	800-877-4520
Crisis Intervention	520-323-9373
Desert Star	520-638-6000
Narcotics Anonymous	520-881-8381
Nicotine Anonymous	520-299-7057
Overeaters Anonymous	520-733-0880
Sex/Love Addicts Anonymous	520-792-6450
Sex Addicts Anonymous	520-745-0775
Sierra Tucson	800-842-4487
Sonora Behavioral Health	520-829-1012
Starlight Recovery Housing	520-448-3272
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



Do you know the Suicide Warning Signs?

- Feeling like a burden
- Being isolated
- Increased anxiety
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or posting about wanting to die
- Making plans for suicide

5 Steps to help someone at risk

- Ask.
- Keep them safe.
- Be there.
- Help them connect.
- Follow up.
- Find out how this can save a life by visiting: **www.BeThe1To.com**

If you need help for yourself or someone else, please contact
National Suicide Prevention Lifeline
Talk: 1-800-273-TALK (8255)
Chat: www.suicidepreventionlifeline.org

TIME TO TALK from page 1

- In the current **#MeToo** climate, the role of alcohol is particularly relevant: Researchers estimate that 97,000 students between the ages of 18 and 24 annually report experiencing alcohol-related sexual assault or rape.

As the government finds ways to restrict access to opioids, I doubt we will see similar efforts for alcohol, although it is the third leading preventable cause of death in the United States.

Comprehensive discussions about addiction, regardless of substance or behavior, need to be part of national dialogues on health and healthcare, law enforcement, and education.

Yet to ensure alcohol's importance is not lost in these discussions, as I feel it has been in the past— this year the Institute for the Advancement of Behavioral Healthcare decided to rename our National Conference on Addiction Disorders as the National Conference on Alcohol and Addiction Disorders.

Our programming team has recruited speakers to specifically address alcohol, and we aim to produce resources to ensure alcohol remains part of conversations regarding addiction and behavioral health.

NCAD will continue to address the wide range of addictions and behavioral health disorders—including opioids. The Institute will continue to host national conversations regarding the opioid crisis. But at least once a year we aim to ensure alcohol is part of the country's dialogue regarding addiction.

Indeed, it's time to talk about alcohol, too.

Sources:(1) https://www.cdc.gov/drugoverdose/epidemic/index.html(2) https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics(3) https://wwwdasis.samhsa.gov/webt/quicklink/US15.htm

The National Conference on Alcohol and Addiction Disorders is produced in conjunction with IC&RC. Representing more than 50,000 professionals, IC&RC is the global leader in the credentialing of prevention, substance use treatment, and recovery professionals.

NATIONAL CONFERENCE ON Alcohol & Addiction Disorders

AUGUST 19 - 22, 2018
Disneyland, CA.
Conference information:
vendome.swoogo.com/ncad-2018/home.

EVENTS from page 12

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 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 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

"We must be willing to let go of the life we planned so as to have the life that is waiting for us."

– Joseph Campbell