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Inspiring Success on the Road to Recovery

Living Disconnected

The relationship between Eating Disorders, Addiction, and Trauma

By Tanja Haaland, LCPC
Clinical Director, The Meadows Ranch

Eating Disorders are a mental illness that affects an individual's ability to have a healthy relationship with food and their bodies. Anorexia, Bulimia, Binge Eating Disorder, and Other Specified Feeding and Eating Disorders are prevalent psychiatric diseases that can be life threatening. In fact, eating disorders have the highest mortality rate of any psychiatric illness. About 20% of individuals who struggle with these disorders die from medical complications or by suicide (Hudson, Hiripi, Pope, and Kessler, 2007).

Prevention and early intervention are critical with these disorders; however, even those who have struggled for decades are able to recover with the help of trained professionals. Effective treatment can be conducted in an outpatient setting, in an inpatient or residential setting with the level of care needed by the patient based on the active symptomology, severity, and duration of the disorder.

Anorexia Nervosa is categorized by an intense fear of gaining weight, a distorted body image, denial of the severity of the illness, and a weight that is lower than expected for the individual. Persons suffering from Bulimia Nervosa engage in recurrent binge eating (*consuming an excessive amount of food in a short time*) followed by self-induced vomiting, laxative abuse, excessive exercise, and/or fasting. This disorder also has an extreme focus on weight and shape, but unlike individuals who struggle with Anorexia, those who have Bulimia will often be of average, or even higher weight.

Binge Eating Disorder exhibits similarities to Bulimia, in that recurrent binge eating episodes take place, but differs because no compensatory behaviors subsequently occur. The binge eating episodes are often when the person is alone, the person eats even when not hungry, and food consumption goes past the point of feeling comfortable.

Some physiological and psychological complications of eating disorders are abnormal sleep patterns, difficulty concentrating, preoccupation with food, weight, and shape, panic attacks, social isolation, mood swings and irritability. Eating disorders are often difficult to assess and are not always readily detected by others. Those who struggle with these illnesses are often very secretive and shameful about their behaviors and will go to great lengths to hide what they are doing. They often function very well in their lives and are frequently successful high achievers. Also, with the normalization of disordered eating patterns in today's society, eating disorders can go unnoticed and be minimized in severity.

Who is Affected?

Eating disorders affect all genders, races, socioeconomic classes. They can develop at any age and impact not only the individual who has the diagnosis, but the entire family system. Family therapy is a crucial part of treatment, particularly if the struggling individual resides at home. Eating disorders often

place much strain on the family system and support for the family members is not only helpful for them, but in turn also helps the patient receive better support from their loved ones.

Temperament, genetic predisposition, cultural, and environmental factors, can all contribute to the development of an eating disorder. Those who suffer from an Eating Disorder often have other co-occurring disorders. Anxiety, Depression, Substance Abuse, Obsessive Compulsive Disorder, and PTSD are just a few of the other diagnoses observed in this patient population. Many of those who have an Eating Disorder have also experienced some form of abuse. Sexual, physical, and emotional abuse is rampant in this patient population and is a core issue that needs to be addressed for the individual to fully recover. Studies estimate that 74% of eating disorder patients have experienced abuse (Brewerton, 2008).

The type of trauma and the mediating factors, such as developmental phase, self-image at the time of the trauma, family support, and ability to process the trauma at the time of the event, all contribute to the level of integration or level of dissociation that the individual has with the traumatic event. The higher level of dissociation or the inability to integrate the trauma in a healthy manner, the more likely that the individual will resort to unhealthy coping mechanisms to mitigate the effects of the trauma.

It's Not About the Food

Having suffered abuse often creates much emo-

tional turmoil and shame, which if left unresolved can trigger the need to use eating disorder behaviors in an attempt to avoid uncomfortable feelings. It's inappropriate to just treat the symptoms of an eating disorder, so we often find ourselves saying to patients, "It's not about the food!" Perfectionism, over-functioning, the avoidance of feelings, unresolved grief, and feeling out of control, are some examples of therapeutic work that must be undertaken to enable the individual to let go of their need for maladaptive behaviors.

It is not uncommon for individuals who have an eating disorder to also struggle with substance abuse. Rates of substance abuse in this population are estimated to be 12-18% for those who struggle with Anorexia and 40-45% for those who struggle with Bulimia and Binge Eating Disorder. Treating both the eating disorder and the substance abuse simultaneously is imperative to a successful recovery. Managing symptom substitution and the development of other negative coping behaviors is crucial.

When starting the treatment process, therapists often talk about the game of Whack-a-Mole, the arcade game where a soft foam bat is used to hit moles that pop up only to have others pop up in different holes. When patients start to address one symptom, the clinician and patient need to remain vigilant to recognize other symptoms that may begin to appear or reappear. Trading symptoms is just another form of avoidance and inhibits the recovery process.

Substance abuse can also contribute to the adoption of eating disorder behaviors. For example, one



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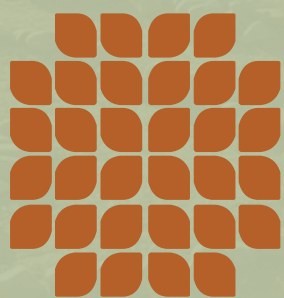
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Publisher's Note



By Barbara Nicholson-Brown

28 Years Later

In a few weeks, Father’s Day falls on June 17th, just like it did in 1990 — my first day of sobriety. That was the day I made the first commitment to something I’ve stayed *true to ever since*.

After getting hit over the head with the Cosmic 2 x 4, (*When things need to change.... Sudden, dramatic and painful things happen that tend to result in miraculous shifts*), I reached out for help and a dear friend took me to my first 12 step meeting. I don’t remember much about it, except feeling confused, full of fear, shame, nervous, shaky, and slowly coming out of a fog.

As we walked through the doors, I asked her why every one was smiling, hugging and laughing. Who are “THESE” people?, I wondered. I came to understand “those” people are “my people!” Had I found a place where I belonged and was welcomed?

When I got home after that meeting, I called my dad making up some excuse about why I forgot to send him a Father’s Day card — and without hesitation, went right into where I had just been. I was nervous as hell saying out loud, “Dad, I’m an alcoholic; I went to this meeting.” I heard a sigh of relief in his voice and a bit of hesitation, too. At the end of the call he said, “take it a day at a time, I love you.” That brief call was the beginning of the father/daughter relationship I had hoped for all my growing years, one that I had sabotaged with my addictive behaviors, lies and unfulfilled promises.

When we stay clean and sober, while we aren’t forced to — we tend to grow up. We become responsible, accountable and honest. Days can turn into months and months into years.

In sobriety, I’ve learned how to listen, care about others, reach out, ask for help, and be vulnerable. I’ve done what was suggested when I didn’t want to, dug deep inside and spilled my secrets to women I admire and respect. I’ve made mistakes and many amends. I’ve laughed hard, cried even harder, loved deeply and had my share of pain and loss.

I’ve faced challenges and made it through to the other side of every one of them, whether I believed I would or not — without numbing out. Alcohol and drugs *never did and never will solve any problem*.

The biggest gift sobriety has given me is a belief and connection to a Higher Power who always has my back; all I have to do is Trust and get out of the way! (*Something I still work on*).

When I heard fasten your seat belt, sobriety is going to be a wild ride, they weren’t kidding. Being sober means I show up for real life whether I like what’s happening or not— because I’m never alone.

To each and all who have helped, guided, steered, and called me on my &*!!!!!! — I am humbled and grateful to you.

To my dad, though no longer here, **Happy Father’s Day**, and I’m still taking it a day at a time!



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“I got sober. I stopped killing myself with alcohol. I began to think: ‘Wait a minute — if I can stop doing this, what are the possibilities? And slowly it dawned on me that it was maybe worth the risk.’
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ME First!

We are living in extraordinary times. We have young and older people marching side by side for women's rights, for educational funding, for LGBT rights, for fair wages, for sexual abuse issues, for drug abuse and the mis-use of power. Today, we are really standing up — but I am still worried.

I know it's different now, the numbers are greater, the anger is hotter, the demonstrations are bigger, and the demands are louder. However, in my life, over the last 40 plus years, along with millions of other people, I have donated thousands of dollars and written hundreds of letters to every cause I believe in.

I've marched with Whoopi for AIDS funding, I have marched with Gloria Steinem and Kathy Najimy and spoken to legislative bodies for women's rights. My children and I have walked hundreds of precincts getting signatures on petitions. With only three states left needed to ratify, I fasted 37 days on water for The passage of the Equal Right Amendment which was started in 1920! And yet, we are not much farther ahead with any of these issues. So, what's the problem?

I think it's because we are looking out there, instead of in here. Many of us are still looking for someone else to fix it. Change never occurs on a grand scale unless we change inside first.

I want to challenge us to stop, be impeccable in our integrity and ask ourselves some deep questions, questions about how much we believe what we say we believe.

For instance, we are all feeling discouraged about the number of lies coming out of Washington. We feel unsafe and no longer know what to believe. We are rightfully angry we are not getting the truth about much of anything. But, when was the last time you told what you consider to be a white lie, or a big whopper, to someone in your family, your business, to your boss, your kid, your partner or beloved — or anyone else? Can you commit to impeccable truth telling? It can't change out there, if lies are still happening in here.

We are upset and appalled about the sexual abuse and misuse of power we see in the world today. Women are enraged, rightfully so and men are enraged at being accused after years of thinking what they were doing was acceptable. However, is there a friend or someone in your family who is being abused — and have you offered to help? Have you volunteered at a crisis center? Are you allowing be yourself to be abused or dealing with a misuse of power in your own life and needing to reach out for support? It can't change out there if abuse is still happening in here.

We see parents today that are so worried about their kid's education and they want changes made in the schools. But, how many of us have put our cell phones and lap tops away every night to spend quality time with our kids on homework or just being together, talking? It can't change out there if we are disconnected in here.

How many of us think what is happening to minorities is outrageous? And yet, how many of us still feel we are more entitled, or should not have to share our blessings with other people? How many of us still feel some fear when around a person from another country? How many of us stop to smile, shake a hand or invite a family in for dinner who is different from us? How many of us still don't understand there is only one planet and one people? It can't change out there if prejudice is still happening in here.

Here's the cold truth. We are living what we created and nothing is going to change **until we do**. It's all about the energy. Accumulative energy creates change, but not by asking for someone else to do it for us. I think I have told this story before but it's worth telling again.

Gandhi is a well know spiritual leader. One afternoon a woman brought her daughter to him, having walked from a very far away city. She asked that Gandhi tell her daughter to stop eating candy. Gandhi looked and her and told her to come back in a week. She was exhausted and confused but agreed.

The next week she returned with the same request, "Tell my daughter to stop eating candy." Once again, Gandhi looked and her and told her to come back in a week. Now she was really angry given how difficult the road back and forth was, but she finally agreed. A week later she returned with the same request and Gandhi said to the daughter, "Stop eating candy!" Well the mother was totally frustrated and demanded to know, "Why did you make me come back three times to get you to tell her that!" Gandhi responded, "I had not yet stopped eating candy myself."

Let us have that same impeccable integrity and make the changes we need on the inside so that together we can change the direction in which we and the world are going. **I believe in us. I believe in you. Change is not out there, it's in here.**



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

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Boundless

“I make choices that evolve me”

By Jolene Baney

I jumped out of a plane few weeks ago... on purpose. And while many people have skydiving on their bucket list, truth be told, I most certainly did not. A completely different motivation was pulling at me, one that both intrigued and terrified me. How would it feel to confront a significant fear that has gripped me for much of my life with the payback of breaking free of it? How would it change me?

I am the opposite of an adrenaline junkie; I absolutely hate fast cars, roller coasters and high places. I get nauseous on boats and merry-go-rounds. I zip-lined once and hated it. A ropes course challenge at the top of a telephone pole ended in dismal failure. Of the four elements of Earth, Wind, Fire and Water, my spiritual home is Earth. Earth is predictable, solid, nurturing... safe. I'm perfectly and utterly fine with saying **NO** to the things that threaten my safety and peace of mind.

I've also learned the hard way about having healthy boundaries, coming from a family history of addiction. Addiction can wreck havoc on relationships within families. If you have loved ones in active addiction or in the critical beginning steps of recovery, creating boundaries restores sanity, moving from enabling the dysfunctional behavior to supporting mutual respect. Boundaries are good. Boundaries keep us safe. Boundaries help us and others become more self-reliant. Boundaries are personal and empowering.

So, why in the world would I agree to do this thing that threatens to violate my safe and secure boundaries? Of course, when the opportunity first came up to join my husband and a group of friends on this skydiving adventure, my automatic response was “Oh hell no!” But then I stepped back to dig deeper, and the real reason that came through was oh-so-revealing. You see, it wasn't that I really believed it was dangerous (it's really not), it's that I didn't trust myself. I believed that the fear was bigger than me... that I'd get up in that plane and would be paralyzed by a panic attack of epic proportions, with no way out. But then again, I mused, what if there was a gift in the experience, revealing a self-limiting part of me that really doesn't serve any purpose, and maybe I just wasn't ready to see my own ability to transcend fear? What if those false beliefs were at work in other parts of my life, keeping me from stepping into opportunities to live a more connected life?

Choosing Fear or Faith

If the opposite of fear is Faith, why was I not willing to trust in something bigger than my limited human ego? I didn't want to be on the sidelines and wish I'd been brave enough to push through the fear, never knowing what might be on the other side. I'm brave and adventurous in so many other things — traveling off the beaten path, moving to a new country alone, presenting to groups, starting a new career, pushing my limits. Why am I so fearful about heights and speed? It's annoying. It was a jumble of thoughts and emotions, and finally, in a moment of false bravado, I pushed through it all and just said yes to the jump!

In the weeks and days and hours leading up to J-Day, I refused to think about or even entertain any emotional attachment around this looming event. Compartmentalize; that's a handy, albeit sometimes unhealthy, skill! Even driving to the jump site, signing legal documents (*which basically were saying “You fool, you really shouldn't do this. You know you could die, right?”*). Watching others stick their landing ahead of us, suiting up, getting instructions, boarding the plane... all good, high fives, jokes all around.

Don't look down, don't think ahead, don't let the fear take over. I'm good, yay me! I began repeating a mantra, I'm not really sure what part of my reptilian brain it came from... **“I am boundless... I am boundless... I am boundless”**... as a slight feeling of dread started to creep in.

Then the moment of truth. We had finally climbed two miles up in the sky and others were starting to disappear through that gaping hole in the side of the plane. The rush of cold air was sucking us into the abyss. The noise was deafening. The ground below was now a real “thing” to be reckoned with. I was at the edge and there was no turning back. It was my turn.

“Oh. My. God. I'm doing this.”

We tumbled out (*jumping isn't really accurate, as it turns out*). I surrendered and let go. God might have been involved... I certainly spoke his name, along with some other colorful characters who I thought might save me. I was disoriented, every fiber of my being and all five senses were on red alert. We spun, we fell, the force was like a category three hurricane.

But despite being thrust into the most unnatural of circumstances, falling down to earth from 13,000 feet up at 125 mph, it wasn't terror at all that suddenly flooded my being. **I surrendered. I trusted. I focused. I reminded myself to be present. It struck me... I am boundless.** I can choose to be open to this experience. And what I noticed was — I was absolutely held in this bubble of safety. Roberto strapped in behind me, guiding every move, and Aaron flying around me, taking a video and reminding me to smile and enjoy the experience. They became metaphors for life. My spiritual training and my deep conviction is that God... Spirit, Divine Source, my Higher Power, the eternal energy of



“Why in the world would I agree to do this thing that threatens to violate my safe and secure boundaries?”

life... ALWAYS has my back and has a plan. And in my journey through life, there's an inner awareness... my higher self, my observer, my soul... there to remind me to be present to it all and find joy along the way. Thank you, Roberto and Aaron, for being my teachers in those few profound minutes as we glided down and ever so gently landed on solid ground, slightly nauseous and weak in the knees, but completely exhilarated! I was glad it was over, I must admit. Earth never felt so good.

“I make choices that evolve me”... this has been my mantra for the last 15 years. My choice to test my boundaries through this skydiving adventure has evolved me in ways I'm just beginning to understand. I am boundless in a different way now. I still have healthy boundaries, but I think I may move through my limiting fears in a new and more powerful way. Where am I “stuck” and tethered to the ground, preventing me from experiencing more out of life? When can I say “YES” to a new possibility? What am I afraid of... and is it really true? How can I be more present to what is, even when I'm feeling a little out of control? Who can I trust to be there to mentor and guide me through it all, and how can I lovingly release the rest? When is the timing right to “let go and let God”? These are the big questions, the lessons yet to be learned, the great mysteries of life.

So here's a challenge for you to consider... what are the ways that YOU can break free and know a greater freedom? Don't worry, you don't have to jump out of an airplane to discover your false limiting beliefs, but I challenge you to find your own test, confront your fears, and come along with me to feel the difference it makes to be “boundless”!

Jolene Baney is a Clinical Outreach Representative for Las Vegas Recovery Center. LVRC is a residential treatment center in the foothills of Las Vegas near the beautiful Spring Mountains, providing a complete continuum of care: inpatient medical managed detox, inpatient treatment, residential and partial hospitalization, and outpatient services. LVRC's Pain Recovery Program, lead by the nation's leading authority in pain recovery, Dr. Mel Pohl, has long been considered the best in the country. LVRC accepts complicated detox treatment, including high levels of methadone and Suboxone withdrawal and have programs for Veterans and First Responders. Jolene and her husband Rick live in Cave Creek, AZ. Rick plans to jump out of a plane again, Jolene plans on watching from solid ground. lasvegasrecovery.com

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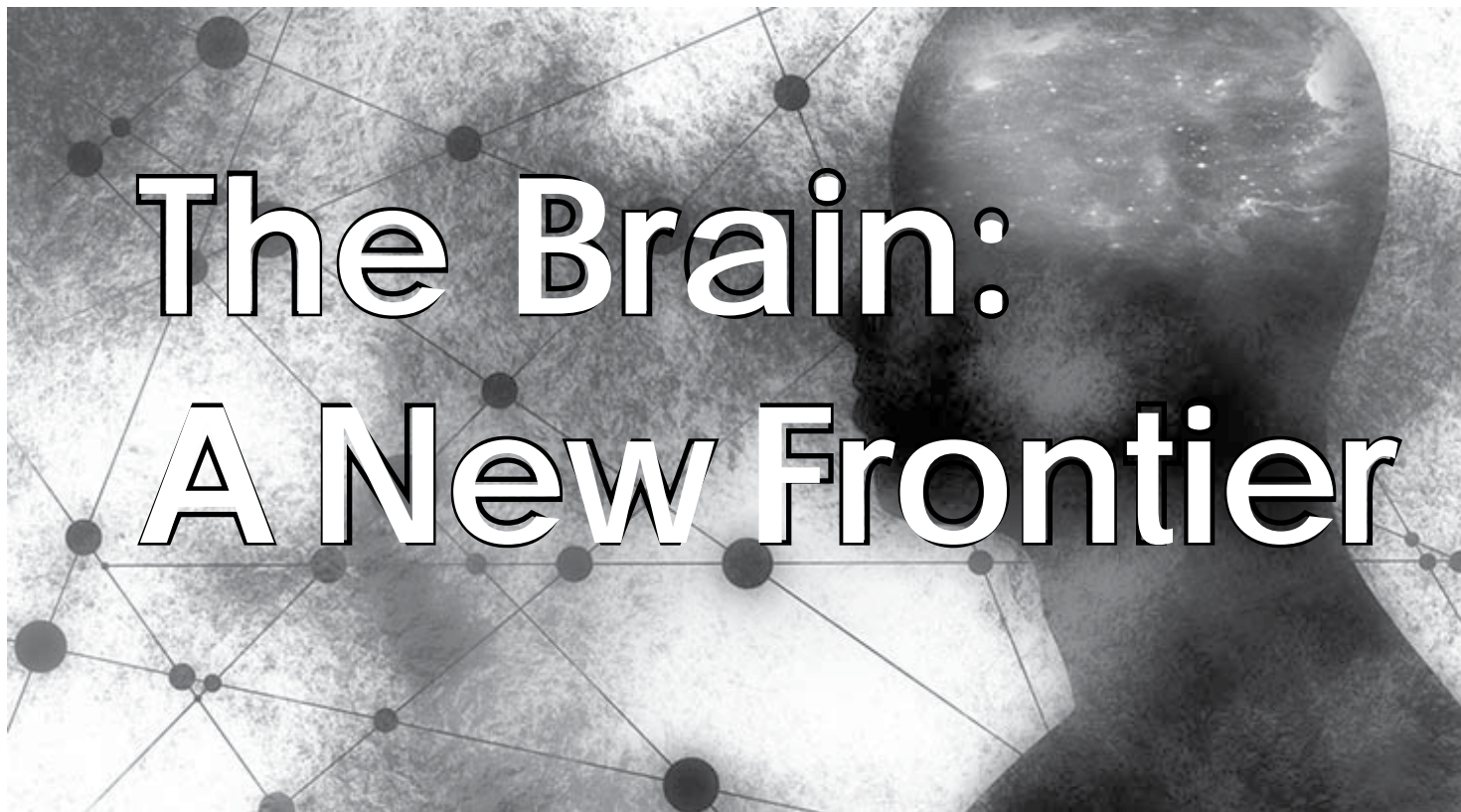
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By Dr. Stacey Smith, PhD, CSAT, EMDR

For over a decade I've worked in the recovery industry at multiple programs that have used the neuroplasticity of the brain to increase/enhance brain performance.

These programs have come under a variety of names including: Biofeedback, neurofeedback, and brain optimization. In an environment where research continues to grow and professional conferences continue to focus on these issues (*over 50 conferences internationally and 30 this year in the U.S. alone*). Whether for personal use, professional referrals, or use in treatment programs, it is important we know what how these programs work.

I have seen these tools assist clients with self-regulation and improved affect tolerance which has allowed them to remain in treatment and develop the needed foundation for recovery. Some clients focus better in session, allowing for better development of coping skills. And, many have seemed to be better equipped to deal with anxiety, depression, shame, and anger experienced during the treatment process. Many clients report feeling grounded and become willing to address traumas earlier in treatment. Therapists report their clients have better active listening skills, engage and participate in group. They respond better to difficult feedback and are more aware of thinking processes. AMA (Against Medical Advice) rates decreased as the brain balancing/optimization began.

Since the 1950's, biofeedback has been used to measure body signals that are not normally perceptible¹. Examples include heartbeats, hand temperature,

muscle tension, and galvanic skin response². Biofeedback programs work with the peripheral nervous system and through an associative learning model where the body mirrors system signals and responds to create 'normalized' responses. It does so through shaping (operant/instrumental conditioning), using reinforcement (visual/audio or both) to train the body to increase or decrease functionality of the peripheral nervous system.

An example: An individual can 'feel' the beginnings of a panic attack in the body, based on physical cues, and knows to use coping skills (i.e., breathing, meditation, etc.)³.

Neurofeedback is a form of biofeedback that works specifically with the central nervous system and brain. This process is neither static or independent. The electroencephalography (EEG) as a measurement tool can be impacted by factors such as sleep, age, caffeine use, etc., so it measures a system in motion (not static). When a 'push' is made on any of the systems that are measured by an EEG, other systems also make changes (thus not independent)⁴. As a tool, the EEG is prognostic and not diagnostic and is used to predict likely outcomes, measured against a database of norms for such areas as speed of processing, interconnectedness, regulation of arousal states and connectivity.

Neurofeedback does not control system changes, it identifies systems out of balance and through electronic signals, gives a 'push' to these weak areas, allowing plasticity of the brain to adjust systems into a more balanced

position. It has been suggested that EEG technologies could be used as an adjunctive evaluation method for cerebrovascular disease, dementia, learning and attention disorders, mood disorders and post-concussion syndrome⁵. In addition it has been suggested that neurofeedback can be beneficial in the treatment of depression⁶, anxiety disorders⁷, and ADHD⁸.

Brain optimization processes typically incorporates aspects of neurofeedback allowing the brain to examine current established neuronal patterns, to recognize those patterns adaptability for our current circumstances, and then to develop a plan that would allow for optimization. The most recent program that I've worked with, Vitanya, uses supplements (i.e., enzymes, antioxidants, etc.), support gut health and nutrition delivery, clears toxins from the brain, promotes neuroplasticity, and supports improved focus and stress management. Some of the results for clients included; a better ability to deal with anxiety, depression, shame, and anger, increased ability/willingness to participate in processing of trauma, better sleep, and ability to participate in groups at a higher level. AMA rates declined during this time.

One might wonder about the scarcity of gold standard clinical research studies (double blind, placebo controlled) published to provide validity, efficacy, and specificity for neurofeedback. This would allow individuals to use insurance for assessment and would facilitate assessment for more individuals. Some practical reasons this research has not been done include the difficulty in doing double blind EEG analysis. EEG signals currently are so sensitive they can be influenced by body movements (*coughing, sneezing, and other types of movement*) that can create difficulties. Another factor is that brain wave processes are highly individualized and not easily generalizable. It would take a study with tens of thousands of participants with individualized treatments to follow standards needed for FDA approval. Unfortunately, the typical provider of these types of treatment modalities do not have the resources to conduct this size of study⁵.

Hopefully, this has helped to give a brief introduction to processes on which books have been written. In short, at this time biofeedback and neurofeedback have been used as a form of treatment or assessment, which can be used in conjunction with other treatment modalities to facilitate clients in making significant changes in their lives.

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Dr. Stacey Smith is licensed psychologist in both Arizona and Texas and has been working in the addictions field in residential and IOP settings since 2010. He has a wide variety of experience in the addiction field, including work with individuals who suffer from addictions to alcohol, drugs, intimacy/relationships, sex, and gaming addictions. Early in his career, Dr. Smith trained in EMDR techniques, knowing the important role that trauma work plays in the recovery process. Most recently, examination of how the brain works and how technology can play a key role in client recovery has been a focus of his work. To reach Dr. Smith email him at ssmith@healththehero.org



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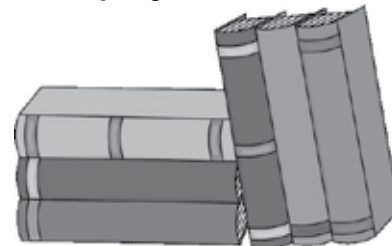
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Past Hurts and Letting Go

By John M. Grohol, Psy.D.

We've all been hurt. You can't be an adult — or teen — alive today who hasn't experienced some kind of emotional pain. It hurts. I get that. But what you do with the hurt is probably more important than the hurt itself. In short, how do you let go and move on?

Ways to Let Go of Past Hurts

The only way you can accept new joy and happiness into your life is to make space for it.

Make the decision to let it go. Things don't disappear on their own. You need to make the commitment to "let it go." If you don't make this conscious choice up-front, you could end up self-sabotaging any effort to move on. Making the decision to let it go also means accepting you have a choice to let it go. This helps us to reliving the past pain, going over the details of the story in our head every time we think of the event that caused us pain.

Express your pain — and your responsibility. Whether it's directly to the another person, or just getting it out of your system venting to a friend, writing in a journal, writing a letter you never send to the other person). Doing so will also help you understand what — specifically — the hurt is about. We don't live in a world of black and whites, even when sometimes it feels like we do.

Stop being the victim and blaming others. Being the victim feels good — it's like being on the winning team of you against the world. Don't confuse with "your feelings matter" to "your feelings should override all else, and nothing else matters." Your feelings are just one part of this large thing we call life, which is all interwoven, complex, and often messy.

Focus on the present — the here and now. When you focus on the here and now, you have less time to think about the past. When past memories creep into your consciousness (as they are bound to do from time to time), acknowledge them for a moment. And then bring yourself gently back into the present moment. Some people find it easier to do this with a conscious cue, such as saying, "It's alright. That was the past, and now I'm focused on my own happiness. Remember, if we crowd

our brains — and lives — with hurt feelings, there's little room for anything positive.

Forgive them — and yourself. We may not have to forget another person's bad behaviors, but virtually everybody deserves our forgiveness. Sometimes when we get stuck in our pain and our stubbornness, we can't even imagine forgiveness. But forgiveness isn't saying, "I agree with what you did." Instead, it's saying, "I don't agree with what you did, but I forgive you anyway."

Forgiveness is a way of tangibly letting something go. It's also a way of empathizing with the other person, and trying to see things from their point of view. Do something different today and welcome happiness back into your life.

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of my patients restricted her food intake and over-exercised as a way to counter the calories she was taking in from her alcohol use. Both the use of substances and the eating disorder served as a way for her to disconnect from the grief she was avoiding.

Just as a therapist must be cognizant of the severity of eating disorder symptomatology and the potential medical complications that may arise with these behaviors, the clinician must also be aware of the level of physiological dependence that the patient with substance use disorder may present when starting treatment. It is impossible to begin any meaningful treatment while under the influence of substances and medical attention may be needed to help the individual address any issues of withdrawal.

Treating Eating Disorders

As mentioned, treatment settings vary based on what the individual will need to be successful in starting their recovery process. The first step is finding a clinician who specializes in treating this specialty population. Once a trusting relationship has begun with the therapist and/or the treatment facility, the initial step in treating trauma in eating disorder patients is to stabilize and manage the maladaptive responses, such as restricting, bingeing, purging, or other compensatory behaviors. Psychotherapy is not as effective if an individual is in active addiction, both with an eating disorder and substances. The normalization of brain function through nutritional stabilization is critical to begin the therapeutic work. Refeeding, or normalizing meal patterns, significantly alleviates anxiety and regulates mood. It allows anti-depressants to function properly and allows psychological issues to be fully assessed. Due to the chaos disordered eating can have on the body and brain, it is vital to first nutritionally stabilize an individual before one can fully determine full treatment planning.

Entering a higher level of care can help a patient stabilize their eating disorder. With the support of trained professionals, they can safely address the underlying reasons for their eating disorder. When an individual has experienced abuse, an adaptive function of the maladaptive eating disorder behavior is to provide a sense of control. Patients often look for ways to hold onto some sense of power in their lives. They create discipline around food and/or exercise, hyper control around their bodies, and the predictability and structure takes them out of the chaos that they internally or externally are experiencing. Managing food intake becomes much easier than managing or processing emotions regarding abuse that occurred. The eating disorder can be used by the individual to feel seen and heard when they feel they have not had a voice. Becoming emaciated or obese are very visible ways that pain can be physically observed. I have frequently heard stories of an individual discharging tension and anger that they have toward their perpetrator through purging. There is an aspect of wanting to feel “clean” or “empty” that individuals who have experienced sexual trauma try to create by restricting their food intake, using laxatives and/or diuretics.

I cannot reiterate enough how the underlying factors of the eating disorder must be addressed to help the patient achieve full and long-lasting recovery. While helping a patient achieve nutritional stability is vital, it is not sufficient to create recovery.

One patient, Sally, came into treatment having been to multiple other facilities that were fantastic at helping her stabilize her eating disorder behaviors; however they did not process her trauma. Consequently, after treatment, her underlying traumatic memories would resurface making her unable to cope with her emotional distress, thereby triggering her regression back to using her eating disorder behaviors to cope with her unresolved trauma. This left her feeling both increasingly defeated and hopeless, and in a cycle of entering treatment centers where she was unsuccessful at achieving a full and long-lasting recovery. Intensive trauma work, while simultaneously addressing her eating disorder behaviors, was the necessary key to help Sally work through her pain and fully heal. Trauma processing through somatic experiencing, narrative story-telling, and other trauma treatment modalities helped her heal the hurt and pain that had burdened her for so long. A pivotal moment came during psychodrama group, where she was able to give voice to her wounded and traumatized child part. Sally was able to say to her perpetrator what she wished she could have said both as a child and now as an adult. She regained her power and was able to unburden feelings of anger, guilt, and shame, which she had held onto for years. Sally’s interpersonal relationships improved once she engaged with a more empowered sense of self. I was able to witness Sally move from operating in the world from a “less than” position to feeling more positively about herself. Once her trauma was processed, she was fully able to connect with herself and with others. Overcoming her apprehension and fear she once again connected with her body, which she had previously avoided since her childhood abuse. Establishing this connection allowed her to learn how to meet her emotional and physical needs. Addressing the underlying factors that contributed towards her need for her eating disorder was the only way Sally was going to be able to maintain recovery and live the life of which she is worthy and deserves to enjoy.

The Goals of Therapy

The goal of therapy is to take the rejected and disconnected parts of self and work to form an authentic whole. When a person experiences traumatic events they often disconnect, split, and separate from their wounded and hurt parts of self. They avoid feeling the feelings that they deem as being, “too much,” or, “overwhelming.” As clinicians, we help individuals process the emotions that have often been repressed or ignored, allowing them to be fully present and engaged in

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“If an individual allows themselves to fully engage in the process of working through their struggles, whether they result from trauma, addiction, or attachment issues, the person connects with a level of self-awareness and enlightenment.”

the world. By addressing underlying issues, they can operate in the world without the need to avoid or distract and subsequently they find their life more meaningful and their relationships improved.

Post Traumatic Growth

I love the concept of Post Traumatic Growth. The premise of this theory is that through adversity and struggle we can become more connected with ourselves, with others, and with our bodies. If an individual allows themselves to fully engage in the process of working through their struggles, whether they result from trauma, addiction, or attachment issues, the person connects with a level of self-awareness and enlightenment that many others do not make the effort to achieve. I find this to be especially true when applied to those living with eating disorders, addiction, and/or trauma.

Robert Frost says, “The only way out is through.”

The beauty about having struggle is that if we are willing to muster up the strength to face our adversity, we can come out stronger. To be clear, “stronger” does not mean tougher; in this case, it is the sense that we can face the world in a more connected and meaningful way. Recovery is being mindful and engaged. It is being connected in a way that is impossible when the eating disorder or addiction is taking the lead or the trauma responses are primary. Through recovery, people realize that as they step away from their destructive coping behaviors, they can embrace life with a new view and a new way of relating to others. They make the time to connect more with their feelings in the treatment process, allowing them to fully engage in the world in an emotionally regulated way. When an individual processes the way they are responding to the world and their environment, they automatically become more connected with their sense of self and often deepen their values and belief system.

When a person can let go of the need to hold onto a sense of control, they can begin to blossom in a world where they previously felt out of control. They become more in tune with their thoughts and feelings. With this new perspective, they can thrive. There is a sense of gratitude towards the body that develops; a person recognizes they are a human being not a human doing. The person can often identify feelings of strength and self-resilience that they have never felt before. Patients that leave treatment often find new interests that they had never spent time and energy to consider; they sometimes establish a new life path, they re-evaluate priorities, and true healing occurs. Not only that, but when a person works through a traumatic event, they often find themselves better able to withstand future struggles.

Psychological stress, whether a trauma, addiction, or an eating disorder, is an opportunity for an individual to flourish. It is an opportunity for the individual to take something destructive and negative, and process it so that it can be used

to re-establish oneself in the world in a different way, one that is more meaningful and resilient.

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Tanja Haaland, MA, LPC, Clinical Director The Meadows Ranch



Tanja received her undergraduate degree in Psychology and her master's degree in Counseling at the University of South Dakota.

Since 2006, she has specialized in the treatment of eating disorders and trauma. Her experience includes working as a trauma therapist in a psychiatric hospital setting, running her own private practice, and program director for an eating disorder partial hospitalization program. Currently, she is the Clinical Director of The Meadows Ranch, an inpatient, residential, and partial hospitalization program for women and girls, who suffer from and Eating Disorders. Tanja has lectured nationally on the topics of eating disorders and trauma and has provided clinical consultation and supervision to clinicians working toward deepening their knowledge of treating this specific population. 866-390-5100. www.meadowsranch.com

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Helping others from Summer Heat

In anticipation of what could be its hottest summer ever recorded, the **Code: Red Summer Heat Relief** has begun. The program, which will run through August 31, and is dedicated to providing food, water, and other heat relief to the elderly and homeless population in the Valley.

Men, women, and children experiencing homelessness are at risk of dying from excessive heat, a fate that 114 individuals fell victim to in 2017 in Phoenix.

Here's how you can help:

- **Organize a water drive** — challenge your co-workers, family, friends, or church to join you in providing life-saving water this summer to those who need it most. Ready to start your drive? Contact Catie Hammann: chammann@phoenixrescuemission.org or 602-346-3347 to get started.
- **Volunteer** — there are plenty of opportunities at the Phoenix Rescue Mission to make a difference in the lives of those we serve. See the latest volunteer opportunities at phoenixrescuemission.org.
- **Donate** — If you live in Arizona, you know costs rise in the summer. From air to energy, man-power and extra equipment, our summer time costs are high. Make your greatest impact by simply donating. Because of a generous donor, your GIFT WILL DOUBLE thanks to a matching grant.

Volunteer drivers will help the Hope Coach Outreach program to deliver needed items to the Valley's homeless and elderly population. Drop-off sites that accept donations of heat relief items like hats, sunscreen and water are located throughout the city.

If you are interested in helping **The Red Summer Heat Relief Campaign**, contact Catie Hammann: chammann@phoenixrescuemission.org or 602-346-3347 or learn more phoenixrescuemission.org/

Building Strength & Resilience with Life's Problems

By Dr. Tian Dayton

Resilient qualities are not only what we're born with but also the strengths we build through encountering life's challenges and developing the personal and interpersonal skills to meet them.

It is one of life's paradoxes that the worst circumstances can bring the best out of us. According to the *Adverse Childhood Experience* (ACE) studies performed by Robert Anda (2006) and his team at Kaiser Permanente's Health Appraisal Clinic in San Diego, we all will experience four or more serious life stressors that may be traumatizing, and according to positive psychology research, most of us will grow from them.

What Do We Mean by Resilience?

Research on resilience used to view resilient qualities as residing exclusively within an individual. Today this research takes the more dynamic view of seeing resilience as an individual's ability to mobilize supports within a social context. Wong and Wong (2012) write that "In the early days of resilience research, the focus was on 'the invulnerable child,' who did better than expected despite adversities and disadvantages. [D]evelopmental psychologists were interested in individual differences and the protective factors that contributed to the development of the invulnerable child".

They identify at least three prototypical patterns that resilient people appear to display, which may occur in different contexts for different individuals. These are developed as individuals meet life challenges; they are dynamic, constantly evolving qualities rather than qualities residing only within the individual.

1. **Recovery:** bouncing back and returning to normal functioning
2. **Invulnerability:** remaining relatively unscathed by the adversity or trauma
3. **Posttraumatic growth:** bouncing back and becoming stronger (Wong & Wong, 2012, p. 588).

Our Deep Need to Connect

Our highest and most evolved system, our social engagement system, is activated through our deep urge to communicate and cooperate. From the moment of birth our mind-body reaches out toward our primary attachment figures to establish the kind of connection that will allow us to survive and find our footing in the world. We fall back on our more primitive systems of defense — such as fight, flight, or freeze — only when we fail to find a sense of resonance and safety in this connection (Porges, 2004).

The body of work researchers Dan Siegel and Allan Schore have developed, which underlies interpersonal neurobiology, postulates that our skin does not define the boundaries of our beingness; from conception, we resonate in tune or out of tune with those

around us (Schore, 1999). Through relational experiences that form and inform our sense of self and through our ability to be cared for and care about others, our capacity for empathy is formed and strengthened (Schore, 1999).

Neuroception, a term coined by Stephen Porges, former Director of the Brain-Body Center at the University of Illinois at Chicago, describes our innate ability to use intricate, meaning-laden, barely perceptible mind-body signals to establish bonds and communicate our needs and intentions. While many of these communications are conscious, still more occur beneath the level of our awareness in that animal-like part of us (Porges, 2004).

Neuroception is a system that has evolved over time to enable humans and mammals to establish the mutually nourishing bonds that we need to survive and thrive.

It is also our personal security system that assesses, in the blink of an eye, whether or not the situations that we're encountering are safe or in some way threatening. According to Porges our neuroception tells us if we can relax and be ourselves, or if and when we need to self protect. If the signals that we're picking up from others are cold, dismissive, or threatening, that system sets off an inner alarm that is followed by a cascade of mind-body responses honed by eons of evolution to keep us from being harmed. That mind-body system sets off equivalent alerts if we're facing the proverbial savor-toothed tiger or savor-toothed parent, older sibling, school bully, or spouse. We brace for harm to our person on the inside — as well the outside.

When Parents Turn Away

Trauma in the home has a lasting impact. When those we rely on for our basic needs of trust, empathy, and dependency become abusive or neglectful, it constitutes a double whammy. Not only are we being hurt and confused but the very people we'd go to for solace and explanation of what's going on are the ones causing us pain.

We stand scared and braced for danger in those moments, prepared by eons of evolution, ready to flee for safety or stand and fight. If we can do neither, if escape seems impossible because we are children growing up trapped by our own size and dependency within pain engendering families, then something inside of us freezes. Just getting through, surviving the experience becomes paramount.

Relational trauma impacts all facets of the mind-body social engagement system including touch, expression, gesture, sign language, and finally words. Consequently, ferreting out just what has hurt us can be a very layered process. A parent who wears a scowl all of the time, for example, and who we couldn't reach with our attempts at connection or who begrudgingly

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reached for our hands and dragged us across a street or humiliated us for our small efforts share our feelings to take care of ourselves, can leave a legacy of hurt behind them.

In trauma engendering interactions, “people are not able to use their interactions to regulate their physiological states in relationship . . . they are not getting anything back from the other person that can help them to remain calm and regulated. Quite the opposite. The other person’s behavior is making them go into a scared, braced-for-danger state. Their physiology is being up regulated into a fight/flight mode,” says Porges. A failure to successfully engage and create a sense of safety and cooperation or to communicate needs and desires to those people we depend upon for our very survival can be experienced as traumatic. This can set the groundwork for a life long problem with self regulation.

When Children Withdraw into Themselves

For small developing children, this refusal of connection can be traumatic if it occurs consistently. The child can feel their needs are somehow incompressible if the parent does not tune into him or her. Small children have little recourse when they are young and dependent. If a parent does not support a comfortable connection, if the parent or caretaker is not available for a caring co-state in which communications on both sides are met with reciprocal attempts to understand and continue to participate in a mutually satisfying feedback loop, the child may feel very alone. They may retreat into their own little world or even dissociate. After all, why continue to try when you are getting nothing back?

What about the child who is disciplined not according to their own behavior but by their parent’s mood, and left unable to figure out how to act to stay out of trouble? Or the kid in a rage-filled home who is told to sit still and listen as the parent dumps a load of pain all over them? What recourse does this child have but to flee internally? When we dissociate, we do not process experiences normally. We do not feel it, think about it, or draw meaning from it.

How Early Relational Trauma Affects Our Relationships

People who have been traumatized in their intimate relationships can find it difficult to be in comfortable connection with others. The dependency and vulnerability that is so much a part of intimacy can trigger a person who has

been traumatized in their early, intimate relationships into the defensive behaviors they relied on as children to stay safe and to feel whole rather than splintered. To heal this relational trauma, we need to understand what defensive strategies we used to stay safe and then shift these behaviors to be more engaged and nourishing both within our relationships and ourselves. If we constantly brace for danger and rejection, then we are likely to create it. It can become a self-fulfilling prophecy.

The Long Term Impact of Parental Addiction

Experiences like growing up with parental addiction and the chaos and stress that surround it pop up over and over again as primary causes of toxic stress. Anda and his team were not looking for the effects of addiction in their research, however, it consistently emerged as an underlying factor in ACE’s. Not only are the effects of parental addiction devastating for children, but addiction is rarely a factor by itself, it is often surrounded by a cluster of other problems such as abuse and neglect.

Alcohol and drugs are often used to mask depression and anxiety in the addict but rather than make depression or anxiety better, addiction makes them worse because the depression and anxiety remain undealt with and the addiction becomes a whole, new

problem of its own. And being married to an addict creates pain in the partner which undermines their ability to be a present parent, so kids lose two parents.

ACEs or adverse childhood experiences tend to cluster; once a home environment is disordered, the risk of witnessing or experiencing emotional, physical, or sexual abuse actually rises dramatically (Anda, et al., 2006).

During one of his lectures, Dr. Anda described why ongoing traumatic experiences such as growing up with addiction, abuse, or neglect in the home can have such tenacious effects: “For an epidemic of influenza, a hurricane, earthquake, or tornado, the worst is quickly over; treatment and recovery efforts can begin. In contrast, the chronic disaster resulting from ACEs is insidious and constantly rolling out from generation to generation.” If the effects of toxic stress are not understood so children can receive some sort of understanding and support from home, school, and community, these children simply “vanish from view . . . and randomly reappear — as if they are new entities — in all of your service systems later in childhood, adolescence, and adulthood as clients with behavioral, learning, social, criminal, and chronic health problems” (Anda, et al., 2010).

Growing up is painful; families are only human after all. We will inevitably get hurt. But we need to repair that hurt in some way, and if repair doesn’t

happen at or near to the moment of the pain, it will need to happen later. When emotional pain remains split off, it becomes somehow invisible to the naked eye and it emerges as if it a whole new problem with whole new people. But we need to embrace the challenge as adults of understanding our own childhood ACE related pain and cleaning up its affects so that it doesn’t become the pain pump for today’s problems.

The idea of growth through suffering or pain is not a new one. The systematic study of it is. Post-traumatic growth (PTG), a phrase coined by Drs. Richard Tedeschi and Lawrence Calhoun—editors of *The Handbook of Post Traumatic Growth*—describes the positive self-transformation that people undergo through meeting challenges head on. Facing childhood pain and dealing with it rather than acting it out or medicating is part of post traumatic growth and part of how we create resilience today.

Dr. Dayton is a Senior Fellow at The Meadows. She is the author of fifteen books including Neuropsychodrama, The ACoA Trauma Syndrome, Emotional Sobriety, Trauma and Addiction, Forgiving and Moving On and The Living Stage. She has developed an approach for incorporating experiential work into treatment programs and group work, Relationship Trauma Repair RTR.



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HAPPENINGS, EVENTS & SUPPORT

Professional Events

JUNE 19—PCS Networking Luncheon, 12:15 -1:30 pm. 3302 N. Miller Road, Scottsdale. Register: Jacquee Nickerson, **480-947-5739**, email: pcs@pcsearle.com

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.

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.

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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.siaawso.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 relation-

ship 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-Occurring. Mon.,Tues., Thurs. 6:00-9:00 p.m. 602-952-3939. 3550 E. Pinchot Avenue, Phoenix. valleyhospital-phoenix.com

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

FAMILIES ANONYMOUS—12 step program for family members of addicts. Scottsdale Sun. 4:00 p.m., 10427 N. Scottsdale Rd., N. Scottsdale Fellowship **480-225-1555 /602-647-5800**

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

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

Jewish Alcoholics, Addicts, Families and Friends. 1st / 3rd Wed., 7:30 p.m. Ina Levine Jewish Community Campus, 2nd floor. 12701 N. Scottsdale Rd. **602-971-1234 ext. 280.**

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

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

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

Co-Anon Family Support— Message of hope and personal recovery to family and friends of someone who is addicted to cocaine or other substances. “Off the Roller Coaster” Thurs., 6:30-

7:45 p.m., 2121 S. Rural Rd., Tempe. Our Lady of Mount Carmel Church. Donna **602-697-9550 /Maggie 480-567-8002.**

Cottonwood Tucson Alumni—First Wednesday of month 6:00 p.m. 4110 W. Sweetwater Drive. Tucson. **800-877-4520 x2141.** www.cottonwoodtucson.com

ACOA Thurs., 7:00 p.m., North Scottsdale United Methodist Church, 11735 N. Scottsdale Rd., Scottsdale. **www.aca.arizona.org**

ACA. Tucson. Wed. 5:30-7:00 p.m. Streams In the Desert Church 5360 E. Pima Street. West of Craycroft, Tucson. Room A. Michael **520-419-6723.**

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

Pills Anonymous—Glendale, Tues. 7-8:00 pm. HealthSouth Rehab 13460 N. 67th Ave. Rosalie 602-540-2540. 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.



Arizona's Original 12 Step Bookstore

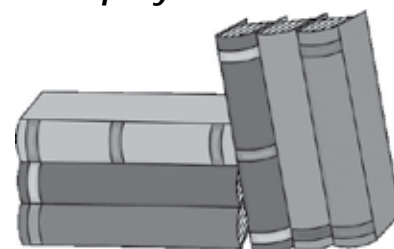
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602-277-5256

10427 N. Scottsdale Road
(SE corner of Shea & Scottsdale Road)
480-483-6006

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facebook.com/GiftsAnon/

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

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

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

What’s the Under-Employment Index?

“If you’re not doing God’s work find another employer.”

—Phil Laut, author, “Money is my Friend”

The Bureau of Labor Statistics keeps a monthly tab on the unemployment rate. This number, 4.1 percent in March 2018 — gives a thumbnail look at how many people aren’t working in America. This index, treating people as statistics, measures their financial cost for not having regular paychecks. What this quantitative measurement fails to measure, however, is the qualitative statistic I call under-employment. There’s no way to measure how 96 percent of the working population suffer for being under-employed.

If a musical composer in Woodstock, New York— and I know plenty of them — works as a handyman or contractor instead of as a composer, he’s under-employed. He’s using circular saws instead of pianos. He’s giving society a wooden bookcase that he makes with his hands instead of the song or the musical he’s writing in his head in the limited spare time that contracting affords him. The loss is to him and to us. He suffers emotionally, and we suffer for getting less than what he’s here to offer.

Actresses in Hollywood who wait tables aren’t giving the world their best. There may be a Meryl Streep among them. Instead of giving possible Academy Award-winning performances in movies, she’s bringing customers today’s blue plate special in diners or mustard-crust branzino in bistros.

Writers in New York working as proofreaders in law firms may lack the time or energy to write the next *Death of a Salesman* or *Catcher in the Rye* after long days or nights catching typos on lawsuits. I’ve known many of these people in my time.

This isn’t New

Paul Gaugain was a stockbroker. Walt Whitman toiled in the Patent office. *Dracula* creator Bram Stoker managed a theater. T.S. Eliot worked at Lloyds Bank in London while writing *The Wasteland*. Wallace Stevens was an insurance attorney for the Hartford. William Carlos Williams was a medical doctor. Kurt Vonnegut managed a Saab dealership. Philip Glass drove a cab and did plumbing. Composer Charles Ives

co-founded Ives & Myrick Insurance. Jeff Koons was a Wall Street commodities broker. It’s a phenomenon that would be great to retire.

Colleges and universities train people for jobs, often in a terrific manner — at least many do. We need steady streams of new engineers, computer scientists, and medical doctors. The MITs, Stanfords, and Yale Medical Schools of the world are there to train such people for such employment.

What we really need, in addition, are entrepreneurial schools that train composers to make a living as composers, actors to provide for themselves as actors, writers who write successfully for a living so they can also write checks for their mortgages that won’t bounce.

There are institutions like the Juilliard School in New York to train creative people for the arts. There’s the Eastman School of Music in Rochester, and the American Conservatory Theater in San Francisco to train actors, among such reputable centers. But because actors, writers, singers, and dancers are filled with creative ideas they often aren’t very good at marketing these ideas, and so these training centers need to simultaneously train their charges in basic business and marketing skills, as well, so they can work professionally in the arts and not be hyphenates like the actresses-waitresses and composer-carpenters discussed above.

Woodstock, NY, where I have lived for nearly 30 years, is a town filled with hyphenates. It has long attracted artists of all stripes, but because artists—and healers and spiritual folk, as well—are right-brained oriented, they’re not usually strong in the left-brained talents of doing business. What we really need are Entrepreneurial Institutions that focus on creative people. This would enable millions of gifted people to be sharing the talents they’ve been given and be fully supporting themselves in the process. This would lower the Under-Employment Index significantly, make them so much happier, give the society we live in the very best they have to offer, and put a smile on the face of the Great Spirit that has gifted all of these people so lovingly.



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National Council on Alcoholism and Drug Dependence

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

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

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To schedule a Drug Prevention Presentation for your group or school, contact the Public Relations office at 602-271-4084

www.tcnaz.org



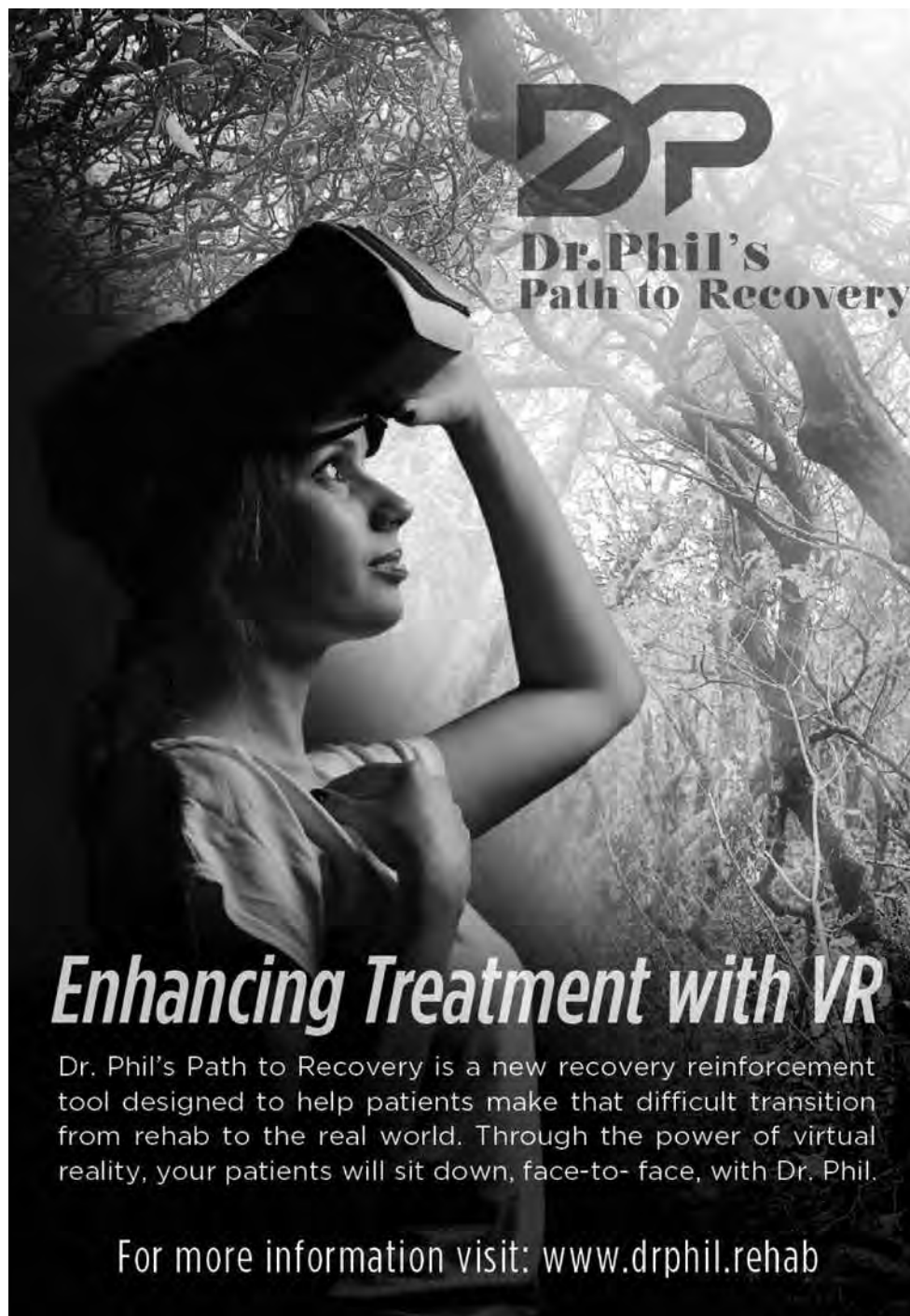
Crossroads' Lee Pioske appointed to the Arizona Substance Abuse Partnership

Crossroads is excited to announce Governor Doug Ducey has appointed our Executive Director Lee Pioske to the Arizona Substance Abuse Partnership (ASAP). Mr. Pioske's unwavering dedication to helping individuals struggling with substance abuse makes him an essential voice for advocacy in Arizona. This statewide initiative directly recommends drug and alcohol related policies, as well as best practices for meeting the community's needs. ASAP's diverse membership allows for individuals of different backgrounds to be directly involved in policymaking through fostering a cooperative environment. Mr. Pioske's commitment to high quality and affordable substance abuse treatment will continue to guide his service to the community. He is humbled and honored to accept this position and looks forward to joining the partnership.

Crossroads is committed to serving the community's health needs by offering well crafted, successful, and affordable substance abuse treatment services. Thank you for your continued support.

Visit www.thecrossroadsinc.org/

"If we are facing in the right direction, all we have to do is keep on walking." – Zen proverb



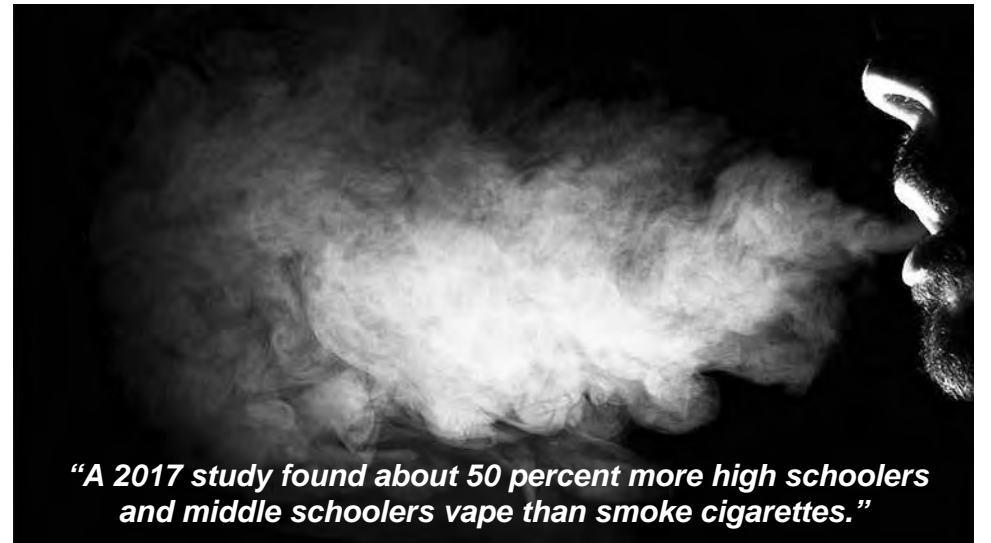
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Popularity of e-cigarettes among younger Americans draws scrutiny from federal regulators



"A 2017 study found about 50 percent more high schoolers and middle schoolers vape than smoke cigarettes."

Citing a wish "to better understand the youth appeal of these products," the Food and Drug Administration said that four manufacturers of e-cigarettes have until July 12 to hand over documents related to their marketing strategies and product designs.

"Too many kids continue to experiment with e-cigarette and vaping products, putting them at risk for developing a lifelong nicotine addiction," Scott Gottlieb, a physician and FDA commissioner, said in a statement. "We'll explore all of our regulatory options, including enforcement actions, based on what we learn from the information these manufacturers are required to provide."

Introduced as a means of helping smokers kick the habit, or at least switch to a nicotine-delivery vehicle containing less deadly tar and chemicals, e-cigarettes have instead become the most commonly used tobacco product among U.S. youth, who are more likely than adults to use e-cigarettes.

Made to look like regular cigarettes, pens or USB sticks, most e-cigarettes have a battery that heats a liquid usually containing nicotine. Using them is referred to as "vaping."

A 2017 study found about 50 percent more high schoolers and middle schoolers vape than smoke cigarettes. Earlier research by the Centers for Disease Control and Prevention found in 2016 that more than 2 million middle and high school students had used e-cigarettes, including 4.3 percent of middle school students and 11.3 percent of high school students.

The FDA's action follows a warning sent by the agency in May to 13 companies selling e-cigarette liquid in child-appealing packaging resembling juice boxes or candy.

The FDA, which did not regulate e-cigarettes as tobacco products until 2016, earlier this year also requested internal documents from Juul, the biggest player in the American vaporizer market, as part of a government crackdown on the sale of e-cigarettes to minors.

The agency sent warning letters in April to 40 retailers that sell e-cigarettes, including 7-Elevens, Circle Ks and vape shops.

The companies contacted by the FDA in its latest action include: J Well, of Paris, France; YGT Investment and 7 Daze of Baldwin Park, California; Liquid Filling Solutions of King of Prussia, Pennsylvania; and SVR of Las Vegas.

(Source: cbsnews.com/news/fda-too-many-kids-experimenting-with-e-cigarettes-vaping/)



Keeping Them Safe

Family prevention begins with a healthy and honest conversation.

Visit www.SubstanceAbuse.az.gov to download the **"Keep Them Safe"** brochure & Family Prevention Substance Abuse Plan and the Parent Talk Kit.

Provided to the community by
The Governor's Office of Youth, Faith and Family.

4 Ways the Family Plays a Role in Addiction Recovery

By Brittany Meadows

As a family member, spouse, or close friend, you know that substance addiction doesn't just affect the individual who is drinking or using – it also affects the friends and family. This idea translates to recovery, as well: recovery affects friends and families just as much as the addiction affects them. Recovery from drug or alcohol addiction is not something that should be done alone.

The support of family and friends often plays a large role in addiction recovery. Because addiction recovery is a lifelong journey and it requires a lifelong commitment, your loved one isn't just going to come home from an addiction rehab facility "cured" from addiction. He or she will take sobriety day-by-day, and will need to turn his or her focus towards long-term recovery. As a family member, spouse or friend, your supporting role can be crucial to helping your loved one focus on his or her health and recovery.

Living with a person in recovery — especially early recovery — will also require a commitment on your end. Below are four ways family, spouses and friends can help a loved one in their recovery:

Understand Going to Treatment Isn't a "Fix All"

As a chronic, progressive disease — there is no 'quick-fix' for addiction. Expecting that your loved one will come home from rehab "cured" from addiction is unrealistic, and potentially a set-up for relapse. It's crucial for you to understand that while your loved one may have successfully completed 30, 60, 90 days or more in inpatient and outpatient treatment – the consequences of addiction may continue to unravel well after he or she comes home.

It's important to understand that as a result of addiction, you and your loved one may face ongoing hardships, including:

- Recovering from debt or other financial difficulties
- Gaining or regaining steady employment
- Ongoing health issues
- Rebuilding relationships and trust

Stay Involved and Supportive

When a loved one comes home from rehab, it's crucial to keep in mind that it may be necessary for your entire family to create and implement a lifestyle change. This often means family members maintaining a drug-free and alcohol-free environment within the household — especially during a loved one's early recovery. By creating this healthy, sober home environment, it reduces the temptation or using or drinking.

The early days of recovery can be especially lonely, but having the support and understanding of close friends and family can lay the foundation for

continued success in sobriety. In order for recovery to truly work, the entire family system has to be committed to it.

Find Support For Yourself

If you've been living with or close to a person in active addiction, you know it's exhausting. Your loved one isn't the only one who needs to recover from the addiction – you do, too. Take the time to take care of yourself. It won't be easy, but do your best to avoid self-blame; you are not in control of anyone's decision but your own – and you can't force him or her to change.

It's OK to ask for help — in fact, we absolutely recommend it. Find your own support system and healthy activities. Go to support group meeting such as Al-Anon or Nar-anon where you'll hear from other family members who have walked in similar shoes; talk to a professional therapist; join a local gym; journal; make time for yourself. These types of activities can provide encouragement that you need to help you cope with the physical, mental and emotional stress you've endured through the addiction — and even early recovery.

Understand and Reduce Stress

According to the National Institute of Health, stress is considered a significant factor in both the beginning of drug and alcohol abuse, as well in regard to relapse. Because of this, it's important to understand that your recovering loved one may be more susceptible to stress in his or her recovery. In understanding this connection, it's important to understand certain stress factors that increase the risk of relapse for your loved one:

- Health Issues
- Work and/or School
- Financial Problems
- Relationships with Family and Friends
- Exposure to Situations or Environments that Involve Drug or Alcohol Use

By acknowledging these factors, knowing how to help your loved one cope can be extremely important. Guide your loved one towards healthy coping mechanisms such as exercising, journaling, meditating, or even speaking with a therapist.

Understanding what is involved in living with a person in recovery — especially early recovery — is essential to helping yourself and your loved one.

Addiction may be a family disease, but recovery is a family process.

Together AZ Resources

TOGETHER AZ	602-684-1136	Scottsdale Providence Recovery Center	480-532-4208
Art of Recovery Expo	602-684-1136	Serenity Recovery Services	866-243-6001
ACT Counseling & Education	602-569-4328	Teen Challenge of AZ	800-346-7859
AZ. Dept. of Health	602-364-2086	TERROS	602-685-6000
Office of Problem Gambling	800-NEXTSTEP	UnHooked	602-368-4471
Aurora Behavioral Health	877.870.7012	Valley Hospital	602-952-3939
AzRHA	602-421-8066		
BBC	602-626-8112		
Calvary Healing Center	866-76-SOBER	Legal Services	
Carla Vista Sober Living	480-612-0296	Dwane Cates	480-905-3117
CBI, Inc.	480-831-7566	Starlight Mortgages	
CBI, Inc. Access to Care	877-931-9142	Tom Sabo	602-524-8035
Chandler Valley Hope	480-899-3335	Real Estate	
Choices Network	602-222-9444	Scott Troyanos	602-376-6086
Continuum Recovery Center	602-903-2999	Tax Intervention	
Cottonwood Tucson	800-877-4520	Renee Sieradski, EA	602-687-9768
Crisis Response Network	602-222-9444	www.tax-intervention.com	
The Crossroads	602-279-2585		
Decision Point Center	928-778-4600		
Dr. Marlo Archer	480-705-5007		
Dr. Janice Blair	602-460-5464		
Dr. Dina Evan	602-997-1200		
Dr. Dan Glick	480-614-5622		
Julian Pickens, EdD, LISAC	480-491-1554		
Foundations Recovery Network	855-316-0114		
Gifts Anon	480-483-6006		
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		

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

Scottsdale Recovery Center offers the full scope of residential style and intensive outpatient treatment for substance use issues (drug addiction & alcoholism), as well as for those struggling with dual-diagnosis disorders



SRC for integrative & effective addiction treatment that touches all facets of one's life!

www.scottsdalerecovery.com



How to Stop Absorbing Other People’s Emotions

By Melissa Renzi

If we want to stop absorbing emotional baggage from others, it all starts with taking care of our physical, social, mental, emotional, and spiritual needs. I know it sounds like the whole world is harping on the idea of self-care, but there’s a reason for this.

When our own immune system or energy is depleted, we become a perfect sponge for sopping up emotions. We must take care of ourselves to avoid absorption in the first place.

- **When You Notice Heavy Emotion, Start by Labeling What You’re Feeling**

Labeling helps to bring us into a state of pause, which can help us to gain a little distance from the emotional experience for a moment.

- **Ask Yourself if What You’re Feeling Is Yours, Someone Else’s, or a Mix of the Two**

It can be difficult to discern the difference sometimes. One approach I like to take is if I think I might be feeling a particular person’s “stuff,” I’ll imagine the person as completely whole, content, and full of light. Then I’ll revisit my own experience and see if I still feel the same way.

This played out in a recent loss in my life. While I was experiencing my own grief, when my relative who was closest to this person seemed to start to heal, I realized that much of my sadness released as well.

- **The Moment You Catch Yourself Feeling Emotions that Aren’t Yours, Raise Your Awareness of What’s Happening Within You.**

It can help to say the word “compas-

sion” to yourself as a way of intentionally focusing on what you can do to be supportive rather than allowing yourself to be overpowered by emotion.

- **Take a Deep Breath and Notice Where in Your Body You Feel the Most Calm, Grounded, or Neutral**

It might be as simple as your toe or finger. Bring your attention to that place in your body and allow it to be a centering force to keep you grounded while you process and release any feelings you may have absorbed. Sometimes just having one calm place in our body can serve as a resource when the rest of you is feeling overwhelmed.

- **Return the other Person’s Emotions to Them**

It is not your responsibility to carry other people’s emotional distress, and equally important, it helps absolutely no one. Try saying to yourself, “I’m letting this emotional pain that is not mine go now.” Remember other people have to go through their own processes in order to grow.

- **Use Visualization to Fully Release the Emotions**

I find that it helps me to visualize a waterfall flowing through my body as a final release of any residual emotional gunk I might be carrying.

At the center of all of the above steps is building the awareness to know when we’re allowing ourselves to absorb and and adopting tools to reduce this propensity. As a sensitive person, your empathy is a gift that the world needs. It’s up to each of us to channel our empathy into greater compassion so that we can remain strong and well.



Scottsdale Providence Recovery Center

RECREATE A LIFE WORTH LIVING

Our licensed therapists work to treat the underlying causes of the illness. Our individualized program allows the staff to meet clients where they are and help them to achieve clearly defined treatment goals. When clients successfully complete our 45 to 60-day treatment program they will have developed a foundation for lifetime recovery.

Substance Abuse & Mental Health



Although often misunderstood, drug addiction, alcoholism, trauma, and other mental illnesses are treatable. Scottsdale Providence is ready to help.

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